

Dear Court of Appeals,

4-12-2024

I'm writing you concerning my case against South Carolina Dept (Respondent) of corrections concerning my \$250 filing fee for my appeal. I'm currently incarcerated and have been out of work ~~for~~ since Dec-2022. I'm requesting that wave the fee until a later date or until I settle my case. Thank you for your time and careful consideration.

**RECEIVED**

Sincerely  
Bobby E. Arnold.

APR 16 2024

SC Court of Appeals

Appellate Case No. 2024-000527

Honorable Judge Reibold

Appellate  
Case NO. 2024-000527

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Bobby Arnold, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Cross amounts, that is, amounts before any deductions for taxes or otherwise.

RECEIVED  
APR 16 2024  
SC Court of Appeals

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ NA	\$ NA	\$ /	\$ /
Self-employment	\$ /	\$ /	\$ /	\$ /
Income from real property (such as rental income)	\$ /	\$ /	\$ /	\$ /
Interest and dividends	\$ /	\$ /	\$ /	\$ /
Gifts	\$ 60	\$ /	\$ /	\$ /
Alimony	\$ /	\$ /	\$ /	\$ /
Child Support	\$ /	\$ /	\$ /	\$ /
Retirement (such as social security, pensions, annuities, insurance)	\$ /	\$ /	\$ /	\$ /
Disability (such as social security, insurance payments)	\$ /	\$ /	\$ /	\$ /
Unemployment payments	\$ /	\$ /	\$ /	\$ /
Public-assistance (such as welfare)	\$ /	\$ /	\$ /	\$ /
Other (specify):	\$ /	\$ /	\$ /	\$ /
<b>Total monthly income:</b>	\$ 60	\$ /	\$ /	\$ /

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	\$ NA

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	\$ NA

4. How much cash do you and your spouse have? \$ NONE  
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home Value <u>NA</u>	<input type="checkbox"/> Other real estate Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NA</u> Value <u>\$ 0</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>50</u> Value <u>NA</u>
<input type="checkbox"/> Other assets Description <u>NONE</u> Value _____	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA	NA	NA

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Amari Cox	son	12

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot-rented for mobile home)	NA	NA
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	NA	NA
Home maintenance (repairs and upkeep)	0	
Food	0	
Clothing	0	
Laundry and dry-cleaning	0	
Medical and dental expenses	0	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
<b>Total monthly expenses:</b>	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No If yes, describe on an attached sheet.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form?  Yes  No

If yes, how much? \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

NA

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes  No

If yes, how much? \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

NO

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have no income. I get a few dollars from friends every now and then, maybe \$60 a month

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: April 4, 2024

Appellate case Balfanz  
no. 2024-000527 BA  
(Signature)

**RECEIVED**

APR 16 2024

SC Court of Appeals

CERTIFICATE OF SERVICE

I hereby certify that I, Bobby Arnold, on the 12th day of April 2023, in Una, South Carolina, served a copy of the "ORIGINAL BRIEF" on the Respondent by depositing one copy of the same in the United States Mail, postage prepaid, addressed as follows:

GENERAL COUNSEL  
P.O. BOX 21737/4444 BROADRIVER ROAD  
COLUMBIA, SOUTH CAROLINA 29221-1737

Administrative Law Court  
1205 Pendleton Street Suite 224  
Columbia SC 29201

BY: Bobby Arnold  
PRO SE  
POST OFFICE BOX 530  
UNA, S.C. 29373

South Carolina Court of Appeals  
P.O. Box 11629  
Columbia, SC 29211

Appellate Case No. 2024-000527

Bobby Arnold 280996

P.O. Box 580

UNA SC 29378

**SCDC**

APR 12 2024

MAIL ROOM

**RECEIVED**

APR 16 2024

SC Court of Appeals

SC. Court of Appeals

P.O. Box 11629

Columbia, SC 29211