

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

IN THE MATTER OF:)

ANDREW DURHAM)
an alleged incapacitated individual.)

▲ PROBATE COURT USE ONLY ▲

~~IN THE PROBATE COURT~~
CASE NUMBER _____ -GC- _____

APPELLATE CASE NO: 2024-000421

MOTION TO PROCEED IN FORMA PAUPERIS

I, ANDREW DURHAM, being duly sworn, state that I am the Petitioner in the above-captioned matter and that I do not have the funds available to pay the filing fee in this case. I hereby request that the Court consider my below Affidavit of Indigency and allow that my Petition be filed without the requirement of a filing fee. I understand that if my Motion is granted the Court may still assess the fee at a later time, if funds are available for payment.

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SC Court of Appeals

AFFIDAVIT OF INDIGENCY

1. Are you presently employed? Yes

a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE
	SSI	12/31/2019

2. Include employment information for your spouse, if applicable.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER
	N/A

If spouse is not currently employed, state the name and address of last employment, date of termination of employment, and amount of salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE
	N/A	

3. List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.

NAME	DATE OF BIRTH	RELATIONSHIP	AMOUNT OF SUPPORT
N/A			

4. Have you and/or the alleged incapacitated individual (the A.I.I.) received within the past twelve (12) months any money from any of the following sources?

- | | <u>YOU</u> | | <u>A.I.I.</u> | |
|--|---|--|------------------------------|-----------------------------|
| a. Business, profession or from self-employment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payment, interest or dividends? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Gifts or inheritances? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Any other sources (including SS/SSI/Medicaid)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe each source of money and state the amount received from each and by whom during the past twelve months.

SOURCE OF MONEY	RECEIVED BY	AMOUNT
PRISON INDUSTRY EMPLOYMENT	SELF.	7.25 Per Hr
POSITION WAS TERMINATION W/AY, OR		
ABOUT 12/22/2022		

5. Do you and/or the alleged incapacitated individual own cash, or have any money in a checking or savings account? Yes No

If the answer is "yes" state the total amount of the cash and owner: \$ LESS THAN 300⁰⁰

6. Do you and/or the alleged incapacitated individual own any real estate, stocks, bonds, TRUST notes, or other valuable property (excluding ordinary household furnishing and clothing)? ACCOUNT

Yes No

If the answer is "yes," describe the property and the state the appropriate value of the items owned and who owns it:

PROPERTY	AMOUNT	OWNER(S)

7. What kind of motor vehicle do you and/or the alleged incapacitated individual own?

Year: N/A Make: _____ Model: _____

Is it paid for? Yes No

If not, what is the monthly payment? \$ _____.

8. How much do you owe (on liens, mortgages, other encumbrances or debts)? \$ N/A.

I do solemnly swear that the above information is true and accurate and that my assets and debts have been fully reported without exception, whether they are assets which I control, assets that any person is holding in trust for me, assets to which I am entitled or expect to receive, and that there are no assets other than what is reported in this Affidavit, all said information confirming that I do not have funds available to pay the filing fee in the above matter.

Executed this 24th day of May, 2024.

SWORN to before me this 24th day of May, 2024.

[Signature]
Print Name: K. Paige Dowdle

Notary Public for: South Carolina
(State)

My Commission Expires: 04-27-25
(Date)

Signature: [Signature]

Print Name: Andrew S. Durham

Address: P.O. Box 570
Una SC 29378

Preferred Telephone: N/A

Secondary Telephone: N/A

Email: N/A

Relationship to the alleged incapacitated individual: Self

ORDER TO PROCEED IN FORMA PAUPERIS

This Court has considered the above Motion, Affidavit, and all other supporting documents. The Motion is hereby GRANTED DENIED. If the Motion is granted, the filing fee may still be assessed at the hearing or at a later time.

IT IS SO ORDERED.

_____, Judge of Probate

____ day of _____, 20____
_____, South Carolina

STATE OF SOUTH CAROLINA,) ADMINISTRATIVE LAW

COUNTY OF RICHLAND,) COURT, COURT OF APPEALS

)

ANDREW DURHAM,) CASE NO.: 2024-000421

APPELLANT,)

v.)

SOUTH CAROLINA DEPT.) CERTIFICATE OF MAILING,

OF CORRECTIONS,)

RESPONDANT.)

I, ANDREW DURHAM, HEREBY SWEAR UNDER PENALTY OF PERJURY THAT A TRUE AND CORRECT COPY OF THE APPLICATION TO PROCEED IN FORMA PAUPERIS WAS PLACED POSTAGE PREPAID IN THE OUTGOING MAIL OF THE LIVESAY CORR. FACILITY THIS 29TH DAY MAY, 2024 TO THE FOLLOWING:

1. SOUTH CAROLINA DEPT. CORR.
DEPARTMENT OF GENERAL COUNSEL
P.O. BOX 21787
COLUMBIA, SC, 29221

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JUN 03 2024
SC Court of Appeals

Respectfully

x

ANDREW DURHAM, # 274498

P.O. Box 580

UNA, SC, 29378

Andrew S. Durham 274498
L. Ve Say CF
P.O. Box 580
Una SC 29378

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SC Court of Appeals

South Carolina Court of Appeals
Jenny A. Bottelichings Clerk

P.O. Box 11629
Columbia SC 29211

GREENVILLE SC 296

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