

I Savaria Walker am RECEIVED

MAY 06 2024

SC Court of Appeals

requesting an Informa

Pauperis in this case

because I am indigent

and this has already

been proven in lower

court where my Informa

Pauperis has already been

Approved Oct 9, 2023

A copy will be Added

X Savaria Walker

SN: The clerk stated on the phone that the Appellate court don't have a form

for Informa Pauperis so I used one

from the Greenville County Clerk website

1900 Boling Rd ETT

Taylor SC 29687

Apt 26F 5/2/24

STATE OF SOUTH CAROLINA,)
)
 ~~SUP~~ COUNTY OF Court of Appeals)

~~IN THE COURT OF COMMON PLEAS~~ SW)
)
 ~~JUDICIAL CIRCUIT~~ SW)

Saria Walker)
)
 Plaintiff)

**MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS**

vs.)

St Francis Downtown)
)
 Defendant.)

Appellate case

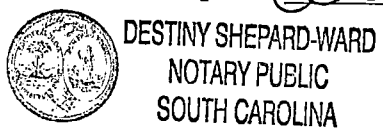
~~SW~~ FILE NO. 2024-000467

I, Saria Walker being duly sworn, state that I am the Plaintiff and that I do not have the funds available to pay the costs of filing and service in the present matter. I hereby request that the complaint be filed and service made without costs.

Sworn to and Subscribed before me
this 20 day of May, 2024)
)
 Destiny Shepard-Ward)
 Notary Public for South Carolina)

Saria Walker)
 Signature of Plaintiff or)
 Person Filing Complaint on Behalf of)
 Plaintiff)

My Commission expires October 2027)



ORDER

- Leave is *granted* to proceed in forma pauperis without payment of the filing fee.
- Leave is *granted* to proceed in forma pauperis without payment of the service cost.
- Leave is *denied* to proceed in forma pauperis.

Dated: _____, 2 _____
_____, South Carolina

JUDGE/CLERK OF COURT

NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

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Handwritten text, possibly a name or title.

Handwritten text, possibly a date or location.

Handwritten text, possibly a signature or a note.

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23 OCT 9 PM 4:55
Brice Garrett CJC GUL SC

STATE OF SOUTH CAROLINA,)
COUNTY OF Greenville)
Saria Walker)
Plaintiff)

IN THE COURT OF COMMON PLEAS
_____ JUDICIAL CIRCUIT

**MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS**

St. Francis Downtown (AKA) vs. Bon Secours Health System Inc (AKA)
Bon Secours St Francis Health System
Defendant.) FILE NO. 2023CP2304980

I, Saria Walker being duly sworn, state that I am the Plaintiff and that I do not have the funds available to pay the costs of filing and service in the present matter. I hereby request that the complaint be filed and service made without costs.

Sworn to and Subscribed before me
this 3 day of October, 2023
Dorian Burnam
Notary Public for South Carolina

Saria Walker
Signature of Plaintiff or
Person Filing Complaint on Behalf of
Plaintiff

My Commission expires October 11, 2029
DORIAN BURNAM
Notary Public
State of South Carolina
My Commission Expires Oct 11, 2029

ORDER

- Leave is *granted* to proceed in forma pauperis without payment of the filing fee.
- Leave is granted to proceed in forma pauperis without payment of the service cost.
- Leave is *denied* to proceed in forma pauperis.

Dated: 10/9, 2023
Greenville, South Carolina

[Signature]
JUDGE/CLERK OF COURT

NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

FINANCIAL DECLARATION

Address	1900 Bowling Rd Ext Taylors SC 29687 Apt 26F
Age	25
Occupation	None
Employer	None
Employer Address	None

<u>Gross Monthly Income</u>	<u>Amount:</u>	<u>Monthly Expenses</u> (have proof of expenses available)	<u>Amount:</u>
1) Earnings (attach recent pay stubs)	_____	1) Rent/Mortgage	_____
2) Overtime	_____	2) Utilities	<u>200</u>
3) Social Security, VA Benefits Workers Comp or Disability (SSI)	_____	3) Cell phone/Phone	<u>25</u>
4) Unemployment	_____	4) Food	_____
5) Alimony/Child Support	<u>50 week</u>	5) Child Support/Alimony (outside of this case)	<u>700/F</u>
6) Other (Specify) _____	_____	6) Child Care	_____
(Add lines 1-6) Total Amount:	_____	7) Car Payment	_____
		8) Car Operating Expenses (Insurance, gas, maintenance)	<u>60</u>
		9) Clothing	_____
		10) Cable/Satellite TV/Internet	<u>27</u>
		11) Medical/Dental/Vision Expenses (self)	_____
		12) Medical/Dental/Vision Expenses (child)	_____
		13) Medical/Dental/Vision Insurance (self)	_____
		14) Medical/Dental/Vision Insurance (child)	_____
		15) Credit Card/Loan Payments	_____
		16) Other (Specify) _____	_____
		(Add lines 1-16) Total Amount:	<u>369</u>

Assets Amount:

1) Cash 0

2) Money in Bank accounts (Checking & Savings) \$ 0.53

3) IRA/401K/Pensions _____

4) Other (Specify) _____ _____

(Add lines 1-4) Total Amount: _____

How many other biological children in the home? 1

Name(s) and Date(s) of Birth

Ava Rayford

3-26-18

Sara Ward

Signature

Sworn to before me this 3 day
of October, 2023

Sarah Burnam

Notary Public for South Carolina
My Commission Expires: October 11, 2029

