THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS COMPENSATION COMMISSION

T. Scott Beck, Commissioner

Case Nos. 1215025 and 1215026

Sara Lynette Hughes, Appellant,

v.

Drake Convenience, LLC and Owners Insurance Company, Respondents,

MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

I, Sara Lynette Hughes, bring duly sworn, state that I am the Appellant and that I do not have the funds available to pay the costs of filing and service in the present matter. I have not been able to work since October 25, 2012 and a back surgery has been recommended by my doctors, but I cannot afford it. I receive Food Stamps and my daughter is on Medicaid. I do not have any income and do not receive child support for my 12 year old daughter who lives with me. I hereby request that the Notice of Appeal and service be made without costs.

Sara Lynette Hughes
Appellant

SWORN TO BEFORE ME THIS 11th
day of September, 2013.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: 2-11-21

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: 1215025 & 1215021
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Sara Lynette Hughes SSN: 250-63-1324
Address: PO Box 632
City: Honea Path State: SC Zip: 29654
Home Phone: 864 369 0742 Work Phone:

Employer's Name: Drake Convenience, LLC
Address: 305 E. Calhoun Street
City: Anderson State: SC Zip: 29621
Carrier: Owners Insurance company

Preparer's Name: John P. Griffith, Esq.
Preparer's Phone #: 864 222 2293

Please provide all of the information requested. Incomplete forms will delay the review process.

REQUEST TO WAIVE APPEAL FILING FEE

1. Are you presently employed? ☐ Yes ☒ No
   a. If yes, state the name and address of your employer and wages below.

   b. If no, where did you last work, when did you stop working, and what were your wages?
   Drake Convenience, LLC, 305 E. Calhoun St, Anderson, SC 29621; last day 10/25/12; $7.25/hr, 40 hrs week

   c. Is your spouse employed? ☒ Yes ☐ No If yes, where? Westgate Pizza, Honea Path, SC
   What are your spouse's wages? $ 400.00

   d. What is the total income of all working members of your household?
   $400.00/month, my common law spouse, Jason Manley, occasionally gets extra work, his best month would be around $600.00/month

2. How many people are dependent on you for their support (include children and relatives)? 1 daughter
   How much do you spend weekly for their support? $ 30.00

3. List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance,
   I have received about $200.00 from my mother to help with bill; we receive food stamps and my daughter is on Medicaid. Checking account joint with Jason Manley and Jason Manley owns the home I live in.

4. Do you have a checking or savings account? ☒ Yes ☐ No
   If yes, what is the balance in each account? Checking: $ 50.00 Savings: $

5. Do you rent or own your home? ☐ Rent ☐ Own Rent or mortgage payment: $

6. Do you own a car? ☒ Yes ☐ No Payments: $ 0.00

7. List the names of your creditors and amount of debt.
   Chase Bank credit card approx. $500.00; Self Memorial Hospital approx. $5,000.00; Ware Shoals Family Medicine approx. $200-$300; Imaging Center of Greenwood approx $500.00; Attorney John P. Griffith costs $1,265.22

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Sara L. Hughes
Signature

08/16/2013
Date

For official use only. ☐ Fee Waived ☒ Waiver Rejected ☐ Other Disposition

Chair, S.C. Workers' Compensation Commission 9/3/13

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.