



SOUTH CAROLINA
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA)

COUNTY OF Richland)

Dennis Gallipeau)

Plaintiff,)

vs.)

Midas Auto Service Experts)

Defendant.)

IN THE COURT OF COMMON PLEAS

FIFTH JUDICIAL CIRCUIT

ORDER
IN FORMA PAUPERIS

FILE NO. 2024CP4006209

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* pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995).
- Leave is Denied to proceed *in forma pauperis*. Plaintiff has failed to establish compliance with the Poverty Guidelines pursuant to Rule 3(b)(1), SCRCP.

If denied, this case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before: Jan 1, 2025

JEANETTE M. MOSELEY
 CLERK OF COURT
 2024 NOV 20 AM 9:15
 RICHLAND COUNTY
 FILED

Dated: Nov 20, 2024

Presiding Judge, FIFTH Judicial Circuit

Columbia, South Carolina

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



SOUTH CAROLINA JUDICIAL BRANCH

2024CP4006209

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Dennis Gallipoli

Plaintiff,

vs.

Midas Auto Service

Defendant.

FILE NO. _____

IN THE CIRCUIT COURT

5TH JUDICIAL CIRCUIT

MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

Motion for Waiver of Costs and Fees

I, Dennis Gallipoli, am unable to pay the costs of filing and service in the present matter and request that the court waive the costs and allow me to proceed in *forma pauperis*.

RICHLAND COUNTY
FILED
2024 OCT 17 PM 12:11
JEANETTE W. BRIDGEMAN
C. C.P. G.S. § 14-2-10

Plaintiff submits the following financial declaration and affidavit in support of the above motion.

Address PO Box 210134, Columbia, SC 29221
Age 72
Occupation RETIRED
Employer NONE
Employer Address X

<u>Gross Monthly Income</u>	Amount:
1) Earnings (attach recent pay stubs)	<u>0</u>
2) Overtime	<u>0</u>
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	<u>963.00</u>
4) Unemployment	<u>0</u>
5) Alimony / Child Support (receiving)	<u>0</u>
6) Other (Specify) _____	<u>0</u>
Total Amount (Add lines 1-6):	<u>963.00</u>

<u>Assets</u>	Amount:
1) Cash	<u>9.00</u>
2) Money in Bank Accounts (Checking & Savings)	<u>147.00</u>
3) IRA / 401k / Pensions	<u>0</u>
4) Other (Specify) _____	<u>0</u>
Total Amount (Add lines 1-4):	<u>156.00</u>



Monthly Expenses

	Amount:
1) Rent / Mortgage	<u>800.00</u>
2) Utilities	<u>0</u>
3) Cell phone / Phone	<u>35.00</u>
4) Food	<u>0</u>
5) Child Support / Alimony (Paying)	<u>0</u>
6) Child Care	<u>0</u>
7) Car Payment	<u>75.00</u>
8) Car Operating Expenses (Insurance, gas, maintenance)	<u>0</u>
9) Clothing	<u>0</u>
10) Cable / Satellite TV / Internet	<u>0</u>
11) Medical / Dental / Vision Expenses	<u>0</u>
12) Medical / Dental / Vision Insurance	<u>0</u>
13) Credit Card / Loan Payments	<u>0</u>
14) Other (Specify) _____	<u>0</u>
Total Amount (Add lines 1-14):	<u>910.00</u> <u>\$ 910.00</u>

Sworn to before me this 17 day
Of October, 20 24

Danielle Galtzke
Signature of Plaintiff

[Signature]
Notary Public for South Carolina
My Commission Expires: 3/25/29

