

RECEIVED
JAN 31 2025
SC Court of Appeals

STATE OF SOUTH CAROLINA,)
COUNTY OF Richland)
JOHN HENRY)
Plaintiff)
vs.)
BRAIN KENDALL)
Defendant.)

IN THE COURT OF COMMON PLEAS
5th JUDICIAL CIRCUIT

MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS

2024CP4006430

FILE NO. _____

I, JOHN HENRY 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 14th day of October, 2024
Leech Bryant
Notary Public for South Carolina
My Commission expires March 31, 2031

[Signature]
Signature of Plaintiff or
Person Filing Complaint on Behalf of
Plaintiff

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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: _____, 20____
_____, South Carolina
JUDGE/CLERK OF COURT

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

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

IN THE COURT OF COMMON PLEAS

JOHN HENRY)
Plaintiff)

FINANCIAL DECLARATION
IN SUPPORT OF
IN FORMA PAUPERIS REQUEST

-vs-

BRAIN KENDALL)
Defendant)

OF _____
Case # **2024CP400** 6430

GROSS MONTHLY INCOME FROM:

Salary and wages (including commissions, bonuses and overtime) ..\$ 0
Pensions and Retirement\$ 0
Social Security.....\$ 0
Disability and Unemployment Insurance.....\$ 0
Public Assistance (AFDC payments, etc.).....\$ 0
Child/Spousal support (prior marriage, etc.).....\$ 0
Dividends and Interest.....\$ 0
Rents.....\$ 0
All other sources (specify).....\$ 0
.....\$ 0
.....\$ 0
TOTAL MONTHLY INCOME.....\$ 0

ITEMIZE DEDUCTIONS FROM GROSS INCOME:

Income Taxes (State and Federal)\$ 0
Social Security.....\$ 0
Disability Insurance.....\$ 0
Medical or other insurance\$ 0
Union or other dues.....\$ 0
Retirement or Pension Fund\$ 0
Savings plan.....\$ 0
Other (specify)\$ 0
.....\$ 0
.....\$ 0
TOTAL DEDUCTIONS.....\$ 0

NET MONTHLY INCOME.....\$ 0

FILED OCT 31 AM 2:42
CLERK OF COURT

ESTIMATED MONTHLY EXPENSES:

Rent (residence)	\$	0
Note or mortgage payments (residence)	\$	0
Real property taxes (residence).....	\$	0
Real property insurance (residence)	\$	0
Maintenance (residence)	\$	0
Food and household supplies.....	\$	0
Utilities.....	\$	0
Telephone.....	\$	0
Laundry and cleaning.....	\$	0
Clothing.....	\$	0
Medical.....	\$	0
Dental	\$	0
Insurance (Life, Health, Accident, etc.)	\$	0
Child Care	\$	0
Payment of child/spousal support (prior marriage, etc.)	\$	0
School	\$	0
Entertainment	\$	0
Incidentals.....	\$	0
Auto expenses (Insurance, gas, oil, etc.).....	\$	0
Auto payments	\$	0
Other installment payment(s) (insert total here and itemize below) ..	\$	0

<u>Creditors Name</u>	<u>For</u>	<u>Monthly Pmt</u>	<u>Balance</u>

Other (specify) _____	\$	0
_____	\$	0
_____	\$	0

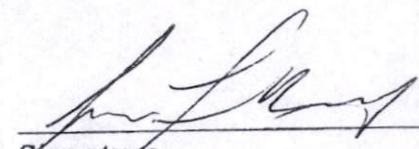
TOTAL EXPENSES \$ 0

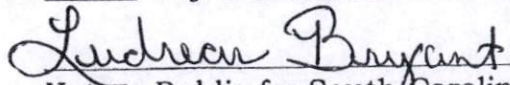
Other debts and obligations **NOT** payable in monthly installments:

<u>Creditors Name</u>	<u>For</u>	<u>Date Payable</u>	<u>Balance</u>
_____			\$ 0
_____			\$ 0
_____			\$ 0
_____			\$ 0

ALL PROPERTY I OWN:

Cash on hand	\$	0
Money in checking accounts	\$	0
Money in saving accounts	\$	0
Money in credit union	\$	0
Money in any other accounts or deposits	\$	0
Retirement or pension fund	\$	0
Life Insurance cash value	\$	0
Value of any stocks and/or bonds	\$	0
Value of real property	\$	0
Value of all other property	\$	0
TOTAL PROPERTY	\$	0


Signature
10-14-2024
Date

Subscribed and sworn before me this
14th Day of October, 2024.

Notary Public for South Carolina
My commission expires: March 31, 2031

0421 Lieber JUL 16 2024

INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

MAIL ROOM
LIEBER C.I.

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): JOHN HENRY WC 261

SCDC # 299199 INMATE SIGNATURE: [Signature]

I plan to file this action in the SC County of Richland County

The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (1) Total deposits to inmate's account for preceding six months' period* \$ 0
- (2) Twenty percent (20%) of line 1 \$ 0
- (3) Account balance - current date \$ 0.65
- (4) PAYMENT AMOUNT ** Insufficient Balance
(lesser of line 2 or line 3)
Enclosed check # _____ \$ _____

***NOTE to COURT:** If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

*Admission date is noted here if inmate incarcerated less than six months ____/____/____

[Signature]

07/09/24