

STATE OF SOUTH CAROLINA, )

COUNTY OF \_\_\_\_\_ )

Tyrone Perry 307793 )

Plaintiff )

vs. )

SCDC )

Defendant. )

IN THE COURT OF COMMON PLEAS

\_\_\_\_\_ JUDICIAL CIRCUIT

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

FILE NO. \_\_\_\_\_

I, Tyrone Perry 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 May, 2024

Mae  
Notary Public for South Carolina

My Commission Expires 10-4-32

Tyrone Perry

Signature of Plaintiff or  
Person Filing Complaint on Behalf of  
Plaintiff

**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.

SCCA 405CP (10/10)

**RECEIVED**

FEB 19 2025

SC Court of Appeals

STATE OF SOUTH CAROLINA )

COUNTY OF RICHLAND )

IN THE COURT OF COMMON PLEAS

FINANCIAL DECLARATION  
IN SUPPORT OF  
IN FORMA PAUPERIS REQUEST

-vs-

Plaintiff )

OF \_\_\_\_\_

Defendant )

Case # \_\_\_\_\_

**GROSS MONTHLY INCOME FROM:**

Salary and wages (including commissions, bonuses and overtime) ..\$ \_\_\_\_\_

Pensions and Retirement .....\$ \_\_\_\_\_

Social Security.....\$ \_\_\_\_\_

Disability and Unemployment Insurance.....\$ \_\_\_\_\_

Public Assistance (AFDC payments, etc.).....\$ \_\_\_\_\_

Child/Spousal support (prior marriage, etc.) .....\$ \_\_\_\_\_

Dividends and Interest.....\$ \_\_\_\_\_

Rents.....\$ \_\_\_\_\_

All other sources (specify) \_\_\_\_\_\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME.....\$ \_\_\_\_\_**

**ITEMIZE DEDUCTIONS FROM GROSS INCOME:**

Income Taxes (State and Federal).....\$ \_\_\_\_\_

Social Security.....\$ \_\_\_\_\_

Disability Insurance.....\$ \_\_\_\_\_

Medical or other insurance .....\$ \_\_\_\_\_

Union or other dues.....\$ \_\_\_\_\_

Retirement or Pension Fund .....\$ \_\_\_\_\_

Savings plan.....\$ \_\_\_\_\_

Other (specify) \_\_\_\_\_\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DEDUCTIONS.....\$ \_\_\_\_\_**

**NET MONTHLY INCOME.....\$ \_\_\_\_\_**

**ESTIMATED MONTHLY EXPENSES:**

Rent (residence) ..... \$ \_\_\_\_\_

Note or mortgage payments (residence) ..... \$ \_\_\_\_\_

Real property taxes (residence) ..... \$ \_\_\_\_\_

Real property insurance (residence) ..... \$ \_\_\_\_\_

Maintenance (residence) ..... \$ \_\_\_\_\_

Food and household supplies ..... \$ \_\_\_\_\_

Utilities ..... \$ \_\_\_\_\_

Telephone ..... \$ \_\_\_\_\_

Laundry and cleaning ..... \$ \_\_\_\_\_

Clothing ..... \$ \_\_\_\_\_

Medical ..... \$ \_\_\_\_\_

Dental ..... \$ \_\_\_\_\_

Insurance (Life, Health, Accident, etc.) ..... \$ \_\_\_\_\_

Child Care ..... \$ \_\_\_\_\_

Payment of child/spousal support (prior marriage, etc.) ..... \$ \_\_\_\_\_

School ..... \$ \_\_\_\_\_

Entertainment ..... \$ \_\_\_\_\_

Incidentals ..... \$ \_\_\_\_\_

Auto expenses (Insurance, gas, oil, etc.) ..... \$ \_\_\_\_\_

Auto payments ..... \$ \_\_\_\_\_

Other installment payment(s) (insert total here and itemize below) .. \$ \_\_\_\_\_

<u>Creditors Name</u>	<u>For</u>	<u>Monthly Pmt</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other (specify) _____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**TOTAL EXPENSES** ..... \$ \_\_\_\_\_

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

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

ALL PROPERTY I OWN:

Cash on hand ..... \$ \_\_\_\_\_

Money in checking accounts ..... \$ \_\_\_\_\_

Money in saving accounts ..... \$ \_\_\_\_\_

Money in credit union ..... \$ \_\_\_\_\_

Money in any other accounts or deposits ..... \$ \_\_\_\_\_

Retirement or pension fund ..... \$ \_\_\_\_\_

Life Insurance cash value ..... \$ \_\_\_\_\_

Value of any stocks and/or bonds ..... \$ \_\_\_\_\_

Value of real property ..... \$ \_\_\_\_\_

Value of all other property ..... \$ \_\_\_\_\_

**TOTAL PROPERTY** ..... \$ \_\_\_\_\_

Tyrone Perry  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this  
3 Day of May, 2024.

Connie Eady

Notary Public for South Carolina

My commission expires: 10-4-32

