

FORM 7  
PROOF OF SERVICE OF A MOTION OF  
RECONSIDERATION IN FORMA PAUPERIS

RECEIVED  
MAR 26 2025  
SC Court of Appeals

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals  
[In The Supreme Court]

APPEAL FROM SUMTER COUNTY  
Court of Common Pleas

George McFaddin, Circuit Court Judge

Case No. 2025-000242

McLaughlin Ford  
950 N. Main Street  
Sumter, SC 29150,

Respondent,

v.

Barbara Ann Johnson  
308 Ruby Street  
Lake City, SC 29560,

Appellant.

Notice of Motion to Reconsideration in Forma Pauperis

I certify that I have served the request Motion to Reconsideration in Forma Pauperis,  
CASE NO: 2025-000242 to Paula H. Thomas at South Carolina Court of Appeals PO Box 11629  
Columbia, SC 29211.

March 25, 2025

s/ Barbara Ann Johnson  
308 Ruby Street  
Lake City, South Carolina 29560  
(843) 206-2523  
Appellant

**Motion of Reconsideration for In Forma Pauperis**

To Judge Paula H. Thomas

I, Barbara A. Johnson, being duly sworn, state that I am the Plaintiff and request a reconsideration of in forma pauperis 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. I am permanently disabled and have only Social Security Disability as income. The charge of \$250 will create a financial hardship and I would not be able to recover financially.

- Please see attached documents, my social security income and my food stamp statement (which indicates my low income).

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Very Respectfully,

*Barbara Ann Johnson*

Barbara Ann Johnson

308 Ruby Street

Lake City, SC 29560

[barbarashaw308@gmail.com](mailto:barbarashaw308@gmail.com)

843-206-2523

Notary Public:

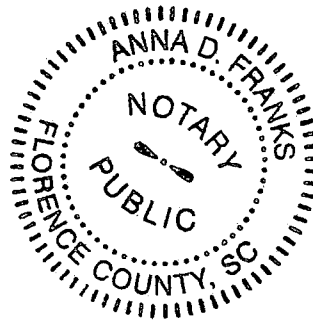
*Anna Franks*

Notary's Name:

ANNA FRANKS

Commission Expiration Date:

05/11/2026





# Social Security Administration Benefit Verification Letter

Date: March 18, 2025  
BNC#: 25J2162E79593  
REF: A, DI

BARBARA ANN JOHNSON  
308 RUBY ST  
LAKE CITY SC 29560-3274

\*0201BEV259HE021\* CCM.M72.BEV25.R260818

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2024, the full monthly Social Security benefit before any deductions is \$895.20.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$895.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on August 18, 1999.

## Information About Past Social Security Benefits

From December 2023 to November 2024, the full monthly Social Security benefit before any deductions was \$873.40.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$873.00.  
(We must round down to the whole dollar.)

## Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

**Information About Supplemental Security Income Payments**

Beginning February 2025, the current Supplemental Security Income payment is \$82.00.

This is after we have withheld \$10.00 to recover an overpayment.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on August 18, 1999.

**Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a disabled individual.

**Medicare Information**

You are entitled to hospital insurance under Medicare beginning February 2002.

You are entitled to medical insurance under Medicare beginning August 2003.

Your Medicare number is 2RE4A34CD64. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

**Date of Birth Information**

The date of birth shown on our records is November 13, 1963.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions****Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-888-385-1173.

SOCIAL SECURITY  
181 DOZIER BLVD  
FLORENCE SC 29501

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*

CAP2

CASE PROFILE - PAGE 2

032525 11:03

LAQUENTTA G

CASE NAME: JOHNSON, BARBARA A

CASE NUMBER: 00120346

LAST MR MAILED: 021925 SNAP ANNUAL REVW DUE: 0327 \*ESAP\* MIGRANT :N  
 MR RECEIVED: 031725 HOMELESS :N  
 ----- POTENTIAL FI TIME LIMITS ----- CAT. ELIGIBLE:Y  
 FI CERT THRU: N/A 1ST AVAILABLE MTH: \*N/A NXT 6MTHS:

PROGRAM	ALERT	DOM	BENEFIT	APP	PRORATE	RECEIVED	SIZE	TYPE	STATUS	DENIAL/ CLOSURE	STATUS	CURRENT
		VIO									DATE	MONTH
AF		N	090505	090505	01	NS			CLOSED	VW	093005	1005
FS		N	110115	032224	01	SP			OPEN		032824	0425

CLIENT	ALERT	DOB	REL	SEX	PART/RESN	CODES
					AF	FS
JOHNSON, BARBARA A		111363	PI	F		IN
KHALIQ, AZRIEL		062519	GC	F		OU
KHALIQ, ISRAEL		062519	GC	M		OU

NEXT-->

**FLORENCE COUNTY DSS  
 345 S. RON MCNAIR BLVD.  
 LAKE CITY, SC 29560**

\* INFO \* MORE PAGES EXIST

FSBH

FS BENEFIT HISTORY

032525 11:03

LAQUENTTA G

CASE NAME: JOHNSON, BARBARA A

CASE NUMBER: 00120346

MONTH	HH SIZE	GROSS CTB INC	STD DED	---ALLOWABLE DEDUCTIONS---			SHELTER COST	BEN TYP	AMT	RCP	NET BEN	ISS IND
				%DED	EXCESS MED	DEP CARE						
0425	01	977	204	0	0	0	262	RE	138	0	138	MO
0325	01	987	204	0	0	0	215	RE	121	0	121	PM
0225	01	987	204	0	0	0	215	RE	121	0	121	PM
0125	01	987	204	0	0	0	215	RE	121	0	121	PM
1224	01	963	204	0	0	0	227	RE	132	0	132	PM
1124	01	963	204	0	0	0	227	RE	132	0	132	PM
1024	01	963	204	0	0	0	227	RE	132	0	132	PM
0924	01	963	198	0	0	0	215	RE	126	0	126	PM
0824	01	963	198	0	0	0	215	RE	126	0	126	PM
0724	01	963	198	0	0	0	215	RE	126	0	126	PM
0624	01	963	198	0	0	0	215	RE	126	0	126	PM
0524	01	963	198	0	0	0	215	RE	126	0	126	PM
0424	01	963	198	0	0	0	215	RE	126	0	126	PM
0324	01	963	198	0	0	0	218	RE	126	0	126	PM

NEXT-->

CAIN CASE INQUIRY ----- PAGE 1

032525 11:03

**PROSPECTIVE**

LAQUENTTA G

CASE NAME: JOHNSON, BARBARA A

CASE NUMBER: 00120346

MAILING: C/O:  
308 RUBY ST LAKE CITY SC  
29560 3274

RESIDENCE: C/O:  
308 RUBY STREET LAKE CITY SC  
29560

CASE RESIDENCE COUNTY/SITE: 21 1 SNAP ISSUANCE DAY: 6

PHONE: PRIMARY - 843 2062523 (H) SECONDARY - ( )

**HOUSEHOLD MEMBERS**

	PART/RESN	RL	DOB	AGE	CLIENT ID
	AF FS				
JOHNSON, BARBARA A	IN	PI	11131963	61	323267
KHALIQ, AZRIEL	OU	GC	06252019	5	4442716
KHALIQ, ISRAEL	OU	GC	06252019	5	4442717

NEXT-->

CAIN

CASE INQUIRY ----- PAGE 2

032525 11:04

**PROSPECTIVE**

LAQUENTTA G

CASE NAME: JOHNSON, BARBARA A

CASE NUMBER: 00120346

**UNEARNED INCOME**

**AMOUNT RECEIVED BY**

895.00 JOHNSON, BARBARA A  
82.00

**OTHER EXPENSES**

**AMOUNT**

MANDATORY UTILITY 378.00  
INSURANCE - HOMEOWNERS 243.00  
TAXES - PROPERTY 28.42

NEXT-->