

STATE OF SOUTH CAROLINA)
)
 COUNTY OF York)
)
Tonya Blake)
 Plaintiff,)
)
 vs.)
)
Brenda Burris)
 Defendant.)

IN THE District Court
 _____ JUDICIAL CIRCUIT
 MOTION AND AFFIDAVIT TO
 PROCEED IN FORMA PAUPERIS

RECEIVED
 SEP 10 2025
 Court of Appeals

FILE NO. 2025CP4800272

Motion for Waiver of Costs and Fees

I, Tonya R Blake, 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*.

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

Address 201 Sidney Street, Rock Hill, S.C 29730
 Age 50
 Occupation unemployed
 Employer _____
 Employer Address _____

Gross Monthly Income **Amount:**

1) Earnings (attach recent pay stubs)	_____
2) Overtime	_____
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	<u>\$1989.00</u>
4) Unemployment	_____
5) Alimony / Child Support (receiving)	_____
6) Other (Specify) _____	_____
Total Amount (Add lines 1-6):	_____

Assets **Amount:**

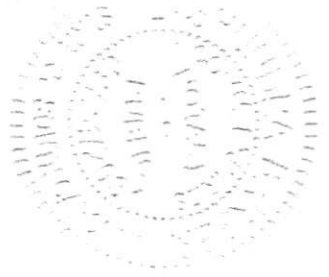
1) Cash	<u>0</u>
2) Money in Bank Accounts (Checking & Savings)	<u>0</u>
3) IRA / 401k / Pensions	<u>0</u>
4) Other (Specify) _____	_____
Total Amount (Add lines 1-4):	_____

<u>Monthly Expenses</u>		<u>Amount:</u>
1)	Rent / Mortgage	<u>500</u>
2)	Utilities	<u>300</u>
3)	Cell phone / Phone	<u>100</u>
4)	Food	<u>300</u>
5)	Child Support / Alimony (Paying)	_____
6)	Child Care	_____
7)	Car Payment	<u>300</u>
8)	Car Operating Expenses (Insurance, gas, maintenance)	<u>200</u>
9)	Clothing	<u>100</u>
10)	Cable / Satellite TV / Internet	<u>100</u>
11)	Medical / Dental / Vision Expenses	_____
12)	Medical / Dental / Vision Insurance	_____
13)	Credit Card / Loan Payments	_____
14)	Other (Specify) _____	_____
Total Amount (Add lines 1-14):		_____

Sworn to before me this 4th day
of September 20 25

[Signature]
Signature of Plaintiff

[Signature]
Notary Public for South Carolina
My Commission Expires: 9/24/2031



STATE OF SOUTH CAROLINA)
)
COUNTY OF York)
)
Tonya Blake)
)
Plaintiff,)

IN THE Sc. Court of
Appeals JUDICIAL CIRCUIT
MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS

vs.)

Brenda Burreis)
)
Defendant.)

FILE NO. 2025 CP4601222

Motion for Waiver of Costs and Fees

I, Tonya R Blake, 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*.

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

Address 201 Sidney Street Rock Hill, SC 29730
Age 50
Occupation unemployed
Employer _____
Employer Address _____

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SC Court of Appeals

Gross Monthly Income

	<u>Amount:</u>
1) Earnings (attach recent pay stubs)	_____
2) Overtime	_____
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	<u>1989.00</u>
4) Unemployment	_____
5) Alimony / Child Support (receiving)	_____
6) Other (Specify) _____	_____
Total Amount (Add lines 1-6):	_____

Assets

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

<u>Monthly Expenses</u>		<u>Amount:</u>
1)	Rent / Mortgage	<u>500</u>
2)	Utilities	<u>300</u>
3)	Cell phone / Phone	<u>100</u>
4)	Food	<u>300</u>
5)	Child Support / Alimony (Paying)	_____
6)	Child Care	_____
7)	Car Payment	<u>300</u>
8)	Car Operating Expenses (Insurance, gas, maintenance)	<u>200</u>
9)	Clothing	<u>100</u>
10)	Cable / Satellite TV / Internet	<u>100</u>
11)	Medical / Dental / Vision Expenses	_____
12)	Medical / Dental / Vision Insurance	_____
13)	Credit Card / Loan Payments	_____
14)	Other (Specify) _____	_____
Total Amount (Add lines 1-14):		_____

Sworn to before me this 4th day
 Of September, 2025

[Signature]
 Signature of Plaintiff

[Signature]
 Notary Public for South Carolina
 My Commission Expires: 9/24/2031

