

CASE NUMBER: 2021-CP-10-05234

RECEIVED

Nov 05 2025

MOTION TO STAY

SC Court of Appeals

I, TOMEKA ELMORE AS OF TODAY NOVEMBER

4, 2025 REQUESTING A MOTION OF STAY

AT MY ADDRESS ON FILE, 3074 RIVER ROAD

JOHNS ISLAND, SC 29455 IN REFERENCE

TO THE CASE NUMBER ABOVE THE SERVICE OF

A NOTICE OF APPEAL WAS FILED AND SERVED

TO ALL RESPONSIBLE PARTIES IN A TIMELY

MATTER AND AFTER THE FINDING OF MR.

BERLINSKY IMPROPER DELIVERY OF THE

ORDER FOR BOND REACHED THAT WAS

HELD IN MY ABSENCE OF BEING ADMITTED

IN THE HOSPITAL. MR. BERLINSKY SERVED

HIS OWN CLIENTS ADDRESS INSTEAD OF MINE

WHICH HAVE BEEN CORRECTED IN COURT

AND ON ANY DOCUMENTS I'VE FILED SINCE

FILED
2025 NOV -4 PM 3:10
JULIE J. BOSTROM
CLERK OF COURT

I'M ALSO ASKING FOR THIS MOTION TO STAY TO BE FILED AND HEARD AS WELL PENDING POST-TRIAL MOTIONS TO PLEASE TAKE IN CONSIDERATION THE LEVEL OF ENDANGERMENT THIS EXPOSES ME AND MY KIDS TO, I HAVE A 10 YEAR OLD AND 6 YEAR OLD IN MY HOME. ALL ISSUES AS A RESULT OF THE CASE BEING HEARD ARE IN REFERENCE TO THE INDIVIDUAL WILLIAM STALEY WHO I HAVEN'T BEEN WITH IN OVER 3 YEARS. I POSE NO HARM TO MR. BERLINSKY'S CLIENTS WHO ARE MY GRAND UNCLES AND AUNTS. SO I'M PLEADING WITH THE COURT TO HEAR AND ACCEPT THIS MOTION TO STAY ON BEHALF OF THE SAFETY AND WELL BEING

OF ME AND MY KIDS UNTIL THE
APPELLANT I FILED MAY 28, 2025
HAVE BEEN HEARD. I'VE SHARED WITH
THE COURT OVERLYING HEALTH ISSUES
I'VE SUFFERED ON THE RECORD THAT
I'M STILL DEALING WITH, I HAVE A WELL
DOCUMENTED HEALTH HISTORY WHICH ALSO
PREVENTED MY ATTENDANCE AT THE
MOTION FOR BOND THAT LED TO ME BEING
HOSPITALIZED FOR DAYS, MY KIDS AND I
HAVE NO WHERE TO GO AND WE'VE BEEN ON
MY FAMILY'S LAND OVER 18 YEARS. THE LACK
OF NOTICE, IMPROPER DELIVERY, RISK OF
ENDANGERMENT FOR MY KIDS AND I ARE JUST
A FEW REASONS ALONG WITH OTHERS MENTIONED
ABOVE I ASK THE MOTION OF STAY TO BE ACCEPTED.
~~Sam~~ / ~~Sam~~

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CASE NO.: 2021-CP-10-05234

MOTION AND ORDER INFORMATION
FORM AND COVERSHEET

TOMEKA ELMORE)
)
Plaintiff,)

vs.)

FREDRICK FIELDS)
)
Defendant.)

Plaintiff's Attorney: _____, Bar No. _____ Address: _____ Phone: _____ Fax _____ E-mail: _____ Other: _____	Defendant's Attorney: <u>BRUCE BERLINSKY</u> _____, Bar No. _____ Address: <u>1 CARRIAGE LANE, SUITE F</u> <u>CHARLESTON SC 29407</u> Phone: _____ Fax _____ <u>(843)852-2202</u> E-mail: _____ Other: _____
<input checked="" type="checkbox"/> MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III) <input type="checkbox"/> FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III) <input type="checkbox"/> PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)	
SECTION I: Hearing Information	
Nature of Motion: <u>MOTION TO STAY</u> Estimated Time Needed: <u>LESS THAN 10 DAYS</u> Court Reporter Needed: <input type="checkbox"/> YES / <input type="checkbox"/> NO	
SECTION II: Motion/Order Type	
<input checked="" type="checkbox"/> Written motion attached <input type="checkbox"/> Form Motion/Order I hereby move for relief or action by the court as set forth in the attached proposed order.	
Signature of Attorney for <input type="checkbox"/> Plaintiff / <input type="checkbox"/> Defendant Date submitted _____	
SECTION III: Motion Fee	
<input type="checkbox"/> PAID - AMOUNT: \$ _____ <input type="checkbox"/> EXEMPT: (check reason) <input type="checkbox"/> Rule to Show Cause in Child or Spousal Support <input type="checkbox"/> Domestic Abuse or Abuse and Neglect <input type="checkbox"/> Indigent Status <input type="checkbox"/> State Agency v. Indigent Party <input type="checkbox"/> Sexually Violent Predator Act <input type="checkbox"/> Post-Conviction Relief <input type="checkbox"/> Motion for Stay in Bankruptcy <input type="checkbox"/> Motion for Publication <input type="checkbox"/> Motion for Execution (Rule 69, SCRCF) <input type="checkbox"/> Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions Name of Court Reporter: _____ <input checked="" type="checkbox"/> Other: _____	
JUDGE'S SECTION	JUDGE CODE _____
<input type="checkbox"/> Motion Fee to be paid upon filing of the attached order. <input type="checkbox"/> Other: _____	Date: _____
CLERK'S VERIFICATION	
Collected by: _____ Date Filed: _____ <input type="checkbox"/> MOTION FEE COLLECTED: \$ _____ <input type="checkbox"/> CONTESTED - AMOUNT DUE: \$ _____	