



SOUTH CAROLINA
JUDICIAL BRANCH

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Feb 19 2026

SC Court of Appeals

STATE OF SOUTH CAROLINA)

COUNTY OF Richland)

Uhong Christopher Ubovudom)
Petitioner / Plaintiff,)

The Honorable Daniel Cable - Respondent)
vs.)

University of South Carolina)
Defendant.)

IN THE South Carolina
Court of Appeals

MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS

RECEIVED

FILE NO. FEB 17 2026

Motion for Waiver of Costs and Fees SC Court of Appeals

I, Uhong Christopher Ubovudom, 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 P.O. Box 1594
Age 38
Occupation Taco Bell Employee
Employer Taco Bell
Employer Address 234 Knox Abbott Dr.
Cayce SC 29033

Gross Monthly Income

- | | Amount: |
|---|--|
| 1) Earnings (attach recent pay stubs) | <u>\$722.14/month 982.89 (over 2 months)</u> |
| 2) Overtime | <u>N/A</u> |
| 3) Social Security, VA Benefits,
Workers' Comp or Disability (SSI) | <u>N/A</u> |
| 4) Unemployment | <u>N/A</u> |
| 5) Alimony / Child Support (receiving) | <u>107.28 (per month) 0.00</u> |
| 6) Other (Specify) _____ | <u>N/A</u> |
| Total Amount (Add lines 1-6): | <u>722.14</u> |

Assets

- | | Amount: |
|--|-----------------|
| 1) Cash | <u>\$3.00</u> |
| 2) Money in Bank Accounts (Checking & Savings) | <u>\$225.00</u> |
| 3) IRA / 401k / Pensions | <u>N/A</u> |
| 4) Other (Specify) _____ | <u>N/A</u> |
| Total Amount (Add lines 1-4): | <u>\$228.00</u> |

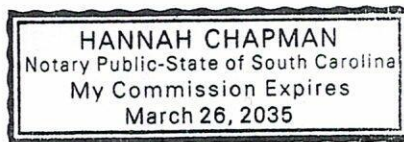


**SOUTH CAROLINA
JUDICIAL BRANCH**

<u>Monthly Expenses</u>	<u>Amount:</u>
1) Rent / Mortgage	<u>0</u>
2) Utilities	<u>0</u>
3) Cell phone / Phone	<u>\$200</u>
4) Food	<u>\$450</u>
5) Child Support / Alimony (Paying)	<u>101.38</u>
6) Child Care	<u>0</u>
7) Car Payment	<u>0</u>
8) Car Operating Expenses (Insurance, gas, maintenance)	<u>80</u>
9) Clothing	<u>0</u>
10) Cable / Satellite TV / Internet	<u>0</u>
11) Medical / Dental / Vision Expenses	<u>0</u>
12) Medical / Dental / Vision Insurance	<u>0</u>
13) Credit Card / Loan Payments	<u>0</u>
14) Other (Specify) _____	<u>0</u>
Total Amount (Add lines 1-14):	<u>701.38</u>

Sworn to before me this 10th day
Of February, 2026

Notary Public for South Carolina
My Commission Expires: 03/26/35



[Signature]
Signature of Plaintiff

State of South Carolina
County of Richland

On this 10th day of February, 2026 before me
personally appeared Thom Dekuym, who
provided satisfactory evidence of his/her identification to be
the person whose name is subscribed to this instrument
and he/she acknowledged that he/she executed the
foregoing instrument by his/her signature here.

[Signature]
Document Holder's Signature

**Bell American Group LLC**

[REDACTED]
[REDACTED]

Gross Earnings	Pre-Tax Deductions	Tax Withholding	After-Tax Deductions	Net Earnings
521.51	0.00	51.34	101.88	368.29

UBONG UBOKUDOM

[REDACTED]
[REDACTED]

Personnel No. [REDACTED]
Soc.Sec.No. XXX-XX-XXXX
Hire Dates (Original/Recent) 05/14/2025 / 05/14/2025
Payment Date 02/03/2026
Payroll Period 03.2026
Pay Period Dates 01/14/2026 - 01/27/2026
Payroll Area B1
Home Location [REDACTED]

Gross Earnings	Hourly Rate	Hours	Amount
Week of 01/14/2026 to 01/20/2026			
Hourly Wages	12.50	29.47	368.38
Weekly Total Hours Worked		29.47	
Weekly Total Paid			368.38

Gross Earnings	Hourly Rate	Hours	Amount
Week of 01/21/2026 to 01/27/2026			
Hourly Wages	12.50	12.25	153.13
Weekly Total Hours Worked		12.25	
Weekly Total Paid			153.13

Payroll Period	Hourly Rate	Hours	Amount	YTD Total
Hourly Wages	12.50	41.72	521.51	1,419.90
Payroll Period Total Hours Worked		41.72		
Payroll Period Total			521.51	

Tax Withholding	Filing Status	Amount	YTD Total
Tax Authority/Tax Type			
Federal	Single		
TX EE Social Security Tax		32.33	88.03
TX EE Medicare Tax		7.56	20.59
South Carolina	Single		
TX Withholding Tax		11.45	30.00
Tax Withholding Total		51.34	138.62

After-Tax Deductions	Amount	YTD Total
Description		
Family Fund	0.50	1.50
Child Support	101.38	304.14
After-Tax Deductions Total	101.88	305.64

Payment Details	Bank Name	Account No.	Amount
Method			
Direct Deposit	[REDACTED]	XXXXXXXXXX [REDACTED]	368.29

Explanations

* The hourly wages above are your base hourly rate. Overtime (OT) is separate from your hourly wages, and is paid at an additional .5 time your hourly wages.

* Overtime is paid at your regular rate of pay, which takes into account hourly wages and nondiscretionary bonuses earned. When nondiscretionary bonuses are paid, supplemental overtime is also paid to adjust the regular rate of pay based on the bonus(es) earned.

If you have questions about your wage statement or believe anything is incorrect about your pay, please contact Payroll via email at [REDACTED] or by phone at [REDACTED]

**Bell American Group LLC**

Gross Earnings	Pre-Tax Deductions	Tax Withholding	After-Tax Deductions	Net Earnings
461.38	0.00	44.94	101.88	314.56

UBONG UBOKUDOM

Personnel No. [REDACTED]
Soc.Sec.No. XXX-XX-XXXX
Hire Dates (Original/Recent) 05/14/2025 / 05/14/2025
Payment Date 02/17/2026
Payroll Period 04.2026
Pay Period Dates 01/28/2026 - 02/10/2026
Payroll Area B1
Home Location [REDACTED]

Gross Earnings	Hourly Rate	Hours	Amount
Week of 01/28/2026 to 02/03/2026	12.50	21.36	267.00
Hourly Wages		21.36	
Weekly Total Hours Worked		21.36	
Weekly Total Paid			267.00

Gross Earnings	Hourly Rate	Hours	Amount
Week of 02/04/2026 to 02/10/2026	12.50	15.55	194.38
Hourly Wages		15.55	
Weekly Total Hours Worked		15.55	
Weekly Total Paid			194.38

Payroll Period	Hourly Rate	Hours	Amount	YTD Total
Hourly Wages	12.50	36.91	461.38	1,881.28
Payroll Period Total Hours Worked		36.91		
Payroll Period Total			461.38	

Tax Withholding	Filing Status	Amount	YTD Total
Tax Authority/Tax Type			
Federal	Single		
TX EE Social Security Tax		28.61	116.64
TX EE Medicare Tax		6.69	27.28
South Carolina	Single		
TX Withholding Tax		9.64	39.64
Tax Withholding Total		44.94	183.56

After-Tax Deductions	Amount	YTD Total
Description		
Family Fund	0.50	2.00
Child Support	101.38	405.52
After-Tax Deductions Total	101.88	407.52

Payment Details	Bank Name	Account No.	Amount
Method			
Direct Deposit	[REDACTED]	XXXXXXXXXX [REDACTED]	314.56

Explanations

- * The hourly wages above are your base hourly rate. Overtime (OT) is separate from your hourly wages, and is paid at an additional .5 time your hourly wages.
- * Overtime is paid at your regular rate of pay, which takes into account hourly wages and nondiscretionary bonuses earned. When nondiscretionary bonuses are paid, supplemental overtime is also paid to adjust the regular rate of pay based on the bonus(es) earned.

If you have questions about your wage statement or believe anything is incorrect about your pay, please contact Payroll via email at [REDACTED] or by phone at [REDACTED]