



STATE OF SOUTH CAROLINA)
)
 COUNTY OF LEXINGTON)
)
 Anna Palasz)
)
 Petitioner,)
)
 vs.)
)
 Cecila Able et al)
)
 Respondent.) FILE NO. _____

IN THE COURT OF APPEALS
 11TH JUDICIAL CIRCUIT
 MOTION AND AFFIDAVIT TO
 PROCEED IN FORMA PAUPERIS

Motion for Waiver of Costs and Fees

I, Anna Palasz, 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 912 Old Lexington Hwy
 Age 46
 Occupation none
 Employer None – on public assistance due to health
 Employer Address n/a

Gross Monthly Income

	<u>Amount:</u>
1) Earnings (attach recent pay stubs)	_____
2) Overtime	_____
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	_____
4) Unemployment	_____
5) Alimony / Child Support (receiving)	_____
6) Other (Specify) SNAP/TANF	800
Total Amount (Add lines 1-6):	800

Assets

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



<u>Monthly Expenses</u>		<u>Amount:</u>
1) Rent / Mortgage		_____
2) Utilities		50
3) Cell phone / Phone		50
4) Food		400
5) Child Support / Alimony (Paying)		_____
6) Child Care		_____
7) Car Payment		_____
8) Car Operating Expenses (Insurance, gas, maintenance)		200
9) Clothing		_____
10) Cable / Satellite TV / Internet		15
11) Medical / Dental / Vision Expenses		_____
12) Medical / Dental / Vision Insurance		_____
13) Credit Card / Loan Payments		_____
14) Other (Specify)		_____
Total Amount <i>(Add lines 1-14):</i>		715

Signature of Petitioner