



SOUTH CAROLINA  
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

Wesley S. Brawn )  
Plaintiff, )

vs. )

South Carolina Dept. )  
of Corrections )  
Defendant. )

IN THE \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

MOTION AND AFFIDAVIT TO  
PROCEED IN FORMA PAUPERIS

FILE NO. \_\_\_\_\_

**Motion for Waiver of Costs and Fees**

I, Wesley S. Brawn, 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	<u>1057 Revolutionary Trail Fairfax, SC 29827</u>
Age	<u>50</u>
Occupation	<u>Ø</u>
Employer	<u>Ø</u>
Employer Address	<u>Ø</u>

**Gross Monthly Income**

Amount:

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

**Assets**

Amount:

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



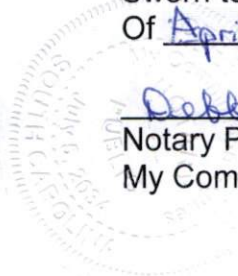
**Monthly Expenses**

**Amount:**

1) Rent / Mortgage	<u>0</u>
2) Utilities	<u>0</u>
3) Cell phone / Phone	<u>0</u>
4) Food	<u>0</u>
5) Child Support / Alimony (Paying)	<u>0</u>
6) Child Care	<u>0</u>
7) Car Payment	<u>0</u>
8) Car Operating Expenses (Insurance, gas, maintenance)	<u>0</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>
<b>Total Amount</b> (Add lines 1-14):	<u>0</u>

Sworn to before me this 30 day  
Of April, 20 26

[Signature]  
**Signature of Plaintiff**



Deborah S. Phillips  
Notary Public for South Carolina  
My Commission Expires: 7/5/2034

[Signature]