

THE STATE OF SOUTH CAROLINA
[In The Supreme Court]

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MAY 19 2026

S.C. SUPREME COURT

APPEAL FROM LEXINGTON COUNTY
Master-In-Equity

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MAY 21 2026

James O. Spence, Master in Equity Judge
Walton J. McLeod, Circuit Court Judge

SC Court of Appeals

Case No.

US Bank National Association

Respondent

v.

Tracie L. Green, Cardinal Pines Homeowners' Association, Inc, Palmetto Citizens Federal Credit Union, Joint Municipal Water and Sewer Commission, Defendants

Of which Tracie L. Green is the Appellant.

Clarification of Addendum and Attachment to Notarized Motion and Affidavit to Proceed in Forma Pauperis (Motion for Waiver of Costs and Fees)

Clarification to statements made on page 3 of 4 of the Notarized Motion and Affidavit to Proceed in Forma Pauperis are as follows:

- 1) Addendum: The Authorities, including the Internal Revenue Service (IRS), have been notified and continue to be notified of notice(s) of accounts I am unaware of/without access to.
- 2) Attachment: The August 30, 2025 Notarized Informa Pauperis application submitted to this Court is 9 pages.

May 13, 2026

Sincerely,



Tracie L. Mitchem-Green
608 SE Defender Drive
Lake City, Florida 32025
Appellant
(803) 361-0602

State of South Carolina	In the Court of Common Pleas
County of <u> In The Supreme Court </u>	<u> In the Supreme Court </u> Judicial Circuit

Plaintiff(s): <u> US Bank National Association, Respondent </u> vs. <u> Tracie L. Green, Cardinal Pines Homeowners' Association, Inc, Palmetto Citizens Federal Credit Union, Joint Municipal Water and Sewer Commission, Defendant(s) of which Tracie L. Green is the Appellant. </u>	File No. <u> </u>
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**Motion and Affidavit to Proceed in Forma Pauperis
(Motion for Waiver of Costs and Fees)**

I, [Fill in Name] Tracie L. Green ("Tracie Mitchem-Green"), am unable to pay the costs of filling 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.

Plaintiff's Address:	<u> [temporary, out of town address] 608 SE Defender Drive, Lake City, Florida 32025 </u>	<u> [Legal Residence] 123 Cardinal Pines Drive, Lexington, South Carolina 29073 </u>
Age:	<u> 49 </u>	
Occupation:	<u> Private Duty/Self-Employed </u>	
Employer:	<u> Private Duty/Self-Employed </u>	
Employer Address:	<u> Private Duty/Self-Employed </u>	

Gross Monthly Income

1) Earnings (attach recent pay stubs)	0 (recent pay stub not applicable)
2) Overtime	0
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	0
4) Unemployment	0
5) Alimony / Child Support (receiving)	\$440
6) Other	0
[If Amount is Entered for "Other", Specify] _____	
Total Amount (Add lines 1-6):	\$440

Assets

1) Cash	0
2) Money in Bank Accounts (Checking & Savings)	\$100
3) IRA / 401K / Pensions	0
4) Other	0
[If Amount Entered for "Other", Specify] <u>Westgate Timeshare being litigated (denied relinquishment); worth \$19,000;</u> Money Owed \$1000	
Total Amount (Add lines 1-4):	less than \$100

Monthly Expenses

1) Rent / Mortgage	Being litigated
2) Utilities	Being litigated
3) Cell Phone / Phone	\$175.00



4) Food	\$255	_____
5) Alimony / Child Support (Paying)	0	_____
6) Child Care	0	_____
7) Car Payment	0	_____
8) Car Operating Expenses (Insurance, gas, maintenance)	0	_____
9) Clothing	0	_____
10) Cable / Satellite TV / Internet	0	_____
11) Medical / Dental / Vision Expenses	0	_____
12) Medical / Dental / Vision Insurance	0	_____
13) Credit Card / Loan Payments	being litigated	_____
14) Other	\$200; \$0	_____

[If Amount Entered for "Other",

Specify] Litigation costs (ink, paper, mailing, etc.); student loans (in deferment) & unable to pay personal loans

Total Amount (Add lines 1-14): \$630

Household Information

1) Number of Adult Dependents Residing in the Home	1	_____
2) Number of Minor Dependents Residing in the Home	0	_____

Total Number (Add lines 1-2): 1

1) Addendum: I have received notice(s) of accounts I am unaware of/without access to. The Authorities have been notified, including the Internal Revenue Service (IRS).

2) Attachment: August 30, 2025 Notarized Informa Pauperis application submitted to this Court (11 pages)



Tracie Mitchem-Green

Signature of Plaintiff
Tracie Mitchem-Green

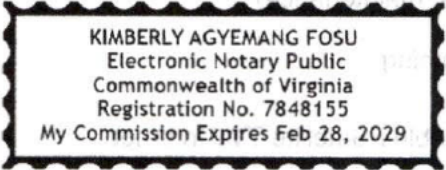
State of Virginia County of Prince William

Sworn to and subscribed before me this [Fill in Day Sworn] 12th Day of [Fill in Month Sworn] May, [Fill in Year Sworn] 2026.

Signature of Notary Public

Kimberly Agyemang Fosu

Printed Name of Notary Public



My Commission expires the [Fill in Expiration Day] 28th day of [Fill in Expiration Month] February, [Fill in Expiration Year] 2029.

This notarial act was an online notarization.
ID produced by Tracie Ledora Mitchem-Green was a SC DL



SOUTH CAROLINA
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA)

COUNTY OF _____)

US Bank National)
Association)

Plaintiff,)

vs.)

Tracie L. Green,)
Cardinal Pines Homeowners')
Association, Inc, Palmetto Citizens)
Federal Credit Union, Joint)
Municipal)
Water and Sewer Commission,)
Of which Tracie L. Green is the)
Appellant.)

Defendant.)

IN THE SUPREME COURT

JUDICIAL CIRCUIT

ORDER
IN FORMA PAUPERIS

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SC Court of Appeals

FILE NO. _____

ORDER

Leave is Granted to proceed *in forma pauperis* without payment of the filing fee.

Leave is Granted to proceed *in forma pauperis* without payment of the service cost.

Leave is Denied to proceed *in forma pauperis* pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995).

Leave is Denied to proceed *in forma pauperis*. Plaintiff has failed to establish compliance with the Poverty Guidelines pursuant to Rule 3(b)(1), SCRCP.

If denied, this case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before _____, 20 ____.

Dated: _____, 20 ____

Presiding Judge, _____ Judicial Circuit

_____, South Carolina

NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

State of South Carolina	In the Court of Common Pleas
Supreme Court of South Carolina	
County of _____	Judicial Circuit _____

Plaintiff(s): <u>US Bank National Association,</u> <u>Respondent</u> Tracie L. Green, Cardinal Pines Homeowners' Association, Inc, Palmetto Citizens vs. Federal Credit Union, Joint Municipal Water and Sewer Commission, Defendant(s) <u>Of which Tracie L. Green is the</u> <u>Appellant.</u>	Case No. _____
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Motion and Order Information Form and Coversheet

Plaintiff's Attorney: John Kay Sanford (Bar No. 7914)
Sarah Oliver Leonard (Bar No. 80165)
Ashley Zarrett Stanley (Bar No. 74854)
Kenneth Gregory Wooten III (Bar No. 73586)

Bar Number: _____

Address: 240 Stoneridge Drive, Suite 400
Columbia, South Carolina 29210

Phone Number: (803) 726-2700

Email: john.kay@hutchenslawfirm.com
k.gregory.wooten@hutchenslawfirm.com
ashley.stanley@hutchenslawfirm.com
sarah.leonard@hutchenslawfirm.com

Fax: _____

Other: _____

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MAY 21 2026

SC Court of Appeals

Tracie L. Green ("Tracie Mitchem-Green"),
Prose Appellant
[out-of-town address] 608 SE Defender Drive
Lake City, Florida 32025
iloveamerica20242024@outlook.com

Defendant's
Attorney: _____

S. Nelson Weston Jr. (Bar No. 12902)
Post Office Drawer 7788

Bar
Number: _____

Columbia, South Carolina 29202
Attorney for Palmetto Citizens Federal Credit
Union
(803)771-4400,
nweston@richardsonplowden.com

Address: _____

Phone
Number: _____

James Davis Randall (Bar No. 1580)
140 East Main Street
Old Courthouse Place
Post Office Box 489

Email: _____

Lexington, South Carolina 29071
Attorney for Joint Municipal Water and Sewer
Commission
(803) 359-2512
(803)359-7478 fax, randy@oldcourthouse.com

Fax: _____

Other: _____

Select Applicable Checkbox:

- | |
|---|
| <input type="checkbox"/> MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III) |
| <input checked="" 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: _____

Estimated
Time Needed: _____

Court Reporter
Needed: _____

SECTION II: Motion / Order Type

Select Applicable Checkbox:

- Written motion attached
- Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

T. Mitchemgreen

May 14, 2026

Signature of Attorney for (Check One):

Date Submitted

- Plaintiff(s)
- Defendant(s)

SECTION III: Motion Fee

Check Applicable Checkbox:

Paid
Amount Paid: \$ _____

Exempt:

Check Reason:

- Rule to Show Cause in Child or Spousal Support
- Domestic Abuse or Abuse and Neglect
- Indigent Status
- State Agency v. Indigent Status
- Sexually Violent Predator Act
- Post-Conviction Relief
- Motion for Stay in Bankruptcy
- Motion for Execution (Rule 69, SCRCP)
- Motion for Publication
- Proposed Order Submitted at Request of the Court; or, Reduced to Writing from Motion Make in Open Court Per Judge's Instructions

Name of Court Reporter: _____

Other _____

Judge's Section

Check Reason: Motion Fee to be paid upon filing of the attached order.
 Other _____

Judge's Signature Judge's Code Date of Signature

Clerk's Verification

Collected By: _____ Date Filed: _____

Motion Fee Collected: \$ _____
 Contested: \$ _____

Custodial Parent (if applicable): _____

STATE OF SOUTH CAROLINA)
 COUNTY OF Lexington)

IN THE COURT OF COMMON PLEAS
 FOR THE _____ JUDICIAL CIRCUIT

Tracie L. Mitchem-Green [aka Tracie L. Green]

**APPLICATION FOR WAIVER OF
 PAYMENT OF NEUTRAL FEES**

*With Motion and Affidavit
 to Proceed Informa Pauperis*

James Spence, Walter McCleod, Mona Huggins, Lisa Cromer
 and Lexington County Courthouse; Catherine Harrison and
 South Carolina Court of Appeals; Richard Dolan, AND
 LEXINGTON COUNTY ASSESSOR'S OFFICE; JANE/JOHN)
 DOE, AND LEXINGTON COUNTY DEPARTMENT OF SOCIAL)
 SERVICES)

Docket No. _____

NAME OF APPLICANT	Tracie L. Mitchem-Green [aka Tracie L. Green]
ADDRESS	[out of town address: 608 SE Defender Drive,
CITY, STATE, ZIP CODE	Lake City, Florida 32025
TELEPHONE NUMBER(S)	(803) 361-0602

1. Are you presently employed? Yes No
 a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	FULL OR PART TIME
	see attachment	

- b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE
	see attachment	

2. List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.

NAME	AGE	RELATIONSHIP	AMOUNT OF SUPPORT
see attachment			

I, Tracie Mitchem-Green, am unable to pay the court costs of filing and service in the present matter and request SCADR150C (04/2021) that the court waive the costs and allow me to proceed in forma pauperis.

3. Have you received within the past twelve (12) months any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other sources? Yes No

If the answer to any of the above is "yes," describe each source of money and state the amount received from each and by whom during the past twelve months.

SOURCE OF MONEY	AMOUNT
see attachment	

4. Do you own cash, or do you have any money in a checking or savings account?

Yes No

If the answer is "yes" state the total amount of the cash and owner: \$

5. Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes No

If the answer is "yes," describe the property and the state the appropriate value of the items owned and who owns it:

PROPERTY	AMOUNT
see attachment	

6. What kind of motor vehicle do you and/or the alleged incapacitated individual own?

Year: Make: Model:

Is it paid for? Yes No [see attachment]

If not, what is the monthly payment? \$

7. How much do you owe (on liens, mortgages, other encumbrances or debts)? \$

see attachmen

I do solemnly swear that the above information is a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, whether they are assets which I control, assets that any person is holding in trust for me, or in which I have any interest. I have not recently, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned here.

I do solemnly swear I am financially unable to pay the Neutral Fees associated with the mandatory mediation required by the Court.

This 30 day of AUG, 2025

[Signature]
Applicant Signature

Subscribed and sworn to before me this

30 day of AUGUST, 2025 in person

[Signature]
Notary Public for ~~South Carolina~~ FLORIDA
My Commission Expires: April 09, 2027



.....
The Application for Waiver of Payment of Neutral Fees is hereby Granted / Denied.

Dated: _____

Judge/Clerk or Deputy Clerk

_____, South Carolina

[REDACTED]

[REDACTED]

Tracie Mitchem-Green)
 Plaintiff/Petitioner)
 v.)
 [REDACTED])
 Defendant/Respondent)

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
 (Long Form)**

Affidavit in Support of the Application	Instructions
<p>I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.</p> <p>Signed: <u>Tracie Mitchem-Green</u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>08/21/2025</u></p>

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 7,034.00	\$	\$ 0.00	\$
Self-employment	\$ 0.00	\$	\$ 0.00	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$ 440.00	\$	\$ 440.00	\$

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	23.00	\$	0.00
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	7,497.00	\$	0.00
			\$	440.00
			\$	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
VNS Health	220 E 42nd St, New York	2022- 2025	\$ 7,034.00
Independent Contractor	varies	2020-present (variable)	\$ 0.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Not applicable			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
see attached		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	being litigated	\$
Other real estate (Value)	Westgate Timeshare (denied relinquishment)	\$ 19,000.00
Motor vehicle #1 (Value)		\$ 5,000.00
	Make and year: 2024	
	Model: Toyota	
	Registration #: out of state	
Motor vehicle #2 (Value)		\$
	Make and year:	
	Model:	
	Registration #:	
Other assets (Value)		\$
Other assets (Value)		\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
being litigated	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
CG [redacted due to targeting]	child	18

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Being litigated Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i> Being litigated	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$ 255.00	\$
Clothing	\$ 200.00	\$
Laundry and dry-cleaning	\$ 100.00	\$
Medical and dental expenses	\$ 50.00	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle: [name deducted due to targeting]	\$ 330.00	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card <i>(name):</i> [name deducted due to targeting]	\$ 500.00	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 1,435.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
 Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No
If yes, how much? \$ 0.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings. Please see associated filings for additional, detailed information

12. Identify the city and state of your legal residence.
Lexington, South Carolina

Your daytime phone number: (803) 361-0602

Your age: 48 Your years of schooling: 25

Case No

Tracie L. Mitchem-Green v [redacted]

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

#4:

<u>Checking/Savings</u>	\$ 11.98/0.80	\$0
<u>Checking</u>	\$2.18	\$
<u>Checking/Savings</u>	\$4.16/1.12	\$
<u>Savings/MMA</u>	\$0.01/0.39	\$
<u>Checking/Savings</u>	\$8	\$
<u>Checking/Savings</u>	\$9.98/25.00	\$
<u>Checking</u>	\$15.75	\$

[NOTE: Financial Institution names withheld due to prior fraudulent activity.]

#9.

I am actively seeking employment. NOTE: Recurrent targeting directly contributed to loss of employment in the past. Law Enforcement has been notified.

