SOUTH CAROLINA
JUDICIAL BRANCH

State of South Carolina	In the South Carolina Court of APPEALS

Mohamad Haisam Kodaimati Appellant vs. Eric James Adamczyk Respondent	File No. _____ Court of Common Pleas Case No. 2026-CP-22-00424 Magistrate Case No. 2026CV221040024

Motion and Affidavit to Proceed in Forma Pauperis (Motion for Waiver of Costs and Fees)

I, Mohamad Haisam Kodaimati, 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: 3084-B STEED CREEK RD , HUGER SC. 29450

Age: 65
[Fill in Plaintiff's Age]

Occupation: RETIRED
[Fill in Plaintiff's Occupation]

Employer: NA
[Fill in Plaintiff's Employer]

Employer Address: NA
[Fill in Employer Address]

Gross Monthly Income

1) Earnings **(attach recent pay stubs)** $0
[Fill in Earnings Amount]

2) Overtime $0
[Fill in Overtime Amount]

3) Social Security, VA Benefits, Workers' Comp or Disability (SSI) — $1,209.00
[Fill in Social Security, VA Benefits, Workers' Comp or Disability Amount]

4) Unemployment — $0
[Fill in Unemployment Amount]

5) Alimony / Child Support (receiving) — $0
[Fill in Alimony / Child Support Amount]

6) Other — $0
[Fill in Other Amount]

[If Amount is Entered for "Other",

Specify] _____

Total Amount (Add lines 1-6): $1,209.00
[Fill in Total Amounts]

Assets

1) Cash — $5
[Fill in Cash Amount]

2) Money in Bank Accounts (Checking & Savings) — $280
[Fill in Money in Bank Amount]

3) IRA / 401K / Pensions — $0
[Fill in IRA / 401K / Pensions Amount]

4) Other — $0
[Fill in Other Asset Amount(s)]

[If Amount Entered for "Other",

Specify] _____

Total Amount (Add lines 1-4): $285
[Fill in Total Asset Amounts]

Monthly Expenses

1) Rent / Mortgage — $0 HOMELESS NOW
[Fill in Rent / Mortgage Amount]

2) Utilities — FUEL $300
[Fill in Utilities Amount]

3) Cell Phone / Phone — $50
[Fill in Cell Phone / Phone Amount]

4) Food — $600
[Fill in Food Amount]

5) Alimony / Child Support (Paying) — $0
[Fill in Alimony / Child Support Paying Amount]

6) Child Care	$0 [Fill in Child Care Amount]
7) Car Payment	$0 [Fill in Car Payment Amount]
8) Car Operating Expenses (Insurance, gas, maintenance)	$300- $500 [Fill in Car Expenses Amount]
9) Clothing	$50 [Fill in Clothing Amount]
10) Cable / Satellite TV / Internet	$0 [Fill in Cable / Satellite TV / Internet Amount]
11) Medical / Dental / Vision Expenses	$25 [Fill in Medical / Dental / Vision Expenses Amount]
12) Medical / Dental / Vision Insurance	$202.90 [Fill in Medical / Dental / Vision Insurance Amount]
13) Credit Card / Loan Payments	$0 [Fill in Medical / Dental / Vision Amount]
14) Other	$100 [Fill in Other Amount]

[If Amount Entered for "Other", Specify] LAUNDRY, SHOWERS & HYGEIN

Total Amount (Add lines 1-14):	$1,827.90 [Fill in Total Amounts]

Household Information

1) Number of Adult Dependents Residing in the Home	0 [Fill in Number of Adult Dependents Residing in the Home]
2) Number of Minor Dependents Residing in the Home	0 [Fill in Number of Minor Dependents Residing in the Home]
Total Number (Add lines 1-2):	0 [Fill in Total Number of Dependents]

Signature of Plaintiff

Sworn to and subscribed before me this 8TH day of JUNE 2026

Signature of Notary Public

Hugh W. Taylor
NOTARY PUBLIC
State of South Carolina
My Commission Expires 9/4/2029
Printed Name of Notary Public

My Commission expires the day of

Social Security Administration
Benefit Verification Letter

Date: February 9, 2026
BNC#: 26L1578J08037
REF: A

MOHAMAD HAISAM KODAIMATI
3084 STEED CREEK RD
SUITE B
P O BOX 417
HUGER SC 29450-0417

0101BEV14E00XSF CCM.M72.BEV14.R260209

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning February 2026, the full monthly Social Security benefit before any deductions is $1,209.00.

We deduct $202.90 for medical insurance premiums each month.

The regular monthly Social Security payment is $1,006.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2025 to January 2026, the full monthly Social Security benefit before any deductions was $1,209.00.

We deducted $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was $1,209.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning March 2026.

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SC Court of Appeals

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JUDICIAL BRANCH

STATE OF SOUTH CAROLINA	)	
	)	IN THE South Carolina Court of Appeals
Mohamad Haisam Kodaimati		
Appellant,	)	ORDER
	)	IN FORMA PAUPERIS
vs.	)	
	)	common Pleas No. 2026-CP-22-00424
Eric James Adamczyk	)	Magistrate case No. 2026CV221040024
Respondent.	)	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, _____

Columbia , South Carolina

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