



State of South Carolina	In the Court of Common Pleas
County of <u>Horry</u> [Fill in the County Where this Form will be Filed]	<u>15th</u> [Fill in the Circuit Where this Form will be Filed] Judicial Circuit

Plaintiff(s): <u>Valarie Harrison</u> [Fill in Plaintiff(s) Name]	File No. <u>2024CP2608610</u> [Fill in File Number]
VS.	
Defendant(s): <u>Holiday Inn Club Vacations</u> [Fill in Defendant(s) Name]	

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

I, [Fill in Name] Valarie Harrison, 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: 16 Francis Street. ACP# 14251. Annapolis MD 21401
[Fill in Plaintiff's Address]

Age: 50
[Fill in Plaintiff's Age]

Occupation: Disabled
[Fill in Plaintiff's Occupation]

Employer: NA
[Fill in Plaintiff's Employer]



SOUTH CAROLINA
JUDICIAL BRANCH

Employer
Address: NA
[Fill in Employer Address]

Gross Monthly Income

- 1) Earnings (attach recent pay stubs) NA
[Fill in Earnings Amount]
- 2) Overtime NA
[Fill in Overtime Amount]
- 3) Social Security, VA Benefits,
Workers' Comp or Disability (SSI) \$0. See letter attached.
[Fill in Social Security, VA Benefits, Workers'
Comp or Disability Amount]
- 4) Unemployment NA
[Fill in Unemployment Amount]
- 5) Alimony / Child Support (receiving) NA
[Fill in Alimony / Child Support Amount]
- 6) Other NA
[Fill in Other Amount]

[If Amount is Entered for "Other",

Specify] _____

Total Amount (Add lines 1-6):

[Fill in Total Amounts]

Assets

- 1) Cash \$0
[Fill in Cash Amount]
- 2) Money in Bank Accounts (Checking
& Savings) \$9.10 See attached screenshots
to
verify.
[Fill in Money in Bank Amount]
- 3) IRA / 401K / Pensions NA
[Fill in IRA / 401K / Pensions Amount]
- 4) Other NA
[Fill in Other Asset Amount(s)]

[If Amount Entered for "Other",

Specify] _____

Total Amount (Add lines 1-4):

[Fill in Total Asset Amounts]

Monthly Expenses

- 1) Rent / Mortgage NA
[Fill in Rent / Mortgage Amount]



- 2) Utilities NA
[Fill in Utilities Amount]
- 3) Cell Phone / Phone \$27.50
[Fill in Cell Phone / Phone Amount]
- 4) Food FoodStamps
[Fill in Food Amount]
- 5) Alimony / Child Support (Paying) NA
[Fill in Alimony / Child Support Paying Amount]
- 6) Child Care NA
[Fill in Child Care Amount]
- 7) Car Payment NA
[Fill in Car Payment Amount]
- 8) Car Operating Expenses
(Insurance, gas, maintenance) NA
[Fill in Car Expenses Amount]
- 9) Clothing NA
[Fill in Clothing Amount]
- 10) Cable / Satellite TV / Internet NA
[Fill in Cable / Satellite TV / Internet Amount]
- 11) Medical / Dental / Vision
Expenses NA
[Fill in Medical / Dental / Vision Expenses
Amount]
- 12) Medical / Dental / Vision
Insurance NA
[Fill in Medical / Dental / Vision Insurance
Amount]
- 13) Credit Card / Loan Payments \$500
[Fill in Medical / Dental / Vision Amount]
- 14) Other _____
[Fill in Other Amount]

[If Amount Entered for "Other",

Specify] _____

Total Amount (Add lines 1-
14):

\$527.50
[Fill in Total Amounts]

Household Information

- 1) Number of Adult Dependents
Residing in the Home NA
[Fill in Number of Adult Dependents
Residing in the Home]
- 2) Number of Minor Dependents
Residing in the Home NA
[Fill in Number of Minor Dependents
Residing in the Home]



Total Number (Add lines 1-2): NA
[Fill in Total Number of Dependents]



SOUTH CAROLINA
JUDICIAL BRANCH

Valerie Harrison
Signature of Plaintiff

Sworn to and subscribed before me this [Fill in Sworn Day] 30th day of [Fill in Sworn Month] JUNE, [Fill in Sworn Year] 2026.

[Signature]
Signature of Notary Public

IFEOMA C. MBANEFOH
Printed Name of Notary Public

Ifeoma C Mbanefoh
Notary Public
Prince George's County
Maryland
My Commission Expires 10/03/2026

My Commission expires the [Fill in Expiration Day] 03 day of [Enter Expiration Month] OCTOBER, [Fill in Expiration Year] 2026



SOUTH CAROLINA
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA)

COUNTY OF Horry)

Valarie Harrison)

Plaintiff,)

vs.)

Holiday Inn Club Vacations)

Defendant.)

IN THE Appeal Court

15th JUDICIAL CIRCUIT

ORDER
IN FORMA PAUPERIS

FILE NO. 2024CP2608610.

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.