THE APPLICANT'S MOTION TO PROCEED WITHOUT PAYMENT OF COSTS AND FEES

THE APPLICANT BOBBY JOE BARTON MOVES THE COURT FOR AN ORDER PERMITTING HIM TO PROCEED IN THIS ACTION WITHOUT PAYMENT OF FEES OR COSTS ON ACCOUNT OF HIS POVERTY. IN SUPPORT OF THIS MOTION, THE APPLICANT SUBMITS THE ATTACHED AFFIDAVITS AND FINANCIAL STATEMENT.

WHEREFORE, THE APPLICANT RESPECTFULLY REQUESTS THE COURT TO ALLOW HIM TO PROCEED WITHOUT COSTS OR FEES IN THIS ACTION AND FOR SUCH OTHER AND FURTHER RELIEF IN FAVOR OF THE APPLICANT THAT THE COURT DEEMS JUST AND APPROPRIATE.

THIS 29, DAY OF JULY, 2026.

s/ Bobby Joe Barton
BOBBY JOE BARTON

CERTIFICATE OF SERVICE

THE HEREBY UNDERSIGNED STATE THAT HE DID SERVE A TRUE EXACT COPY & ORIGINAL MOTION TO PROCEED WITHOUT PAYMENT OF COSTS AND FEES ON PATRICIA A. HOWARD, CLERK OF SC SUPREME COURT WITH AFFIDAVITS AND FINANCIAL STATEMENT BY PLACING DOCUMENTS IN THE UNITED STATES POSTAL SERVICE FROM LIVESAY (B) CAMP, DIVISION OF S.C.D.C. ON THE 29, DAY OF JULY, 2026 AND ADDRESSED AS FOLLOWS:

ATTN: PATRICIA A. HOWARD, CLERK
SC SUPREME COURT
P.O. BOX 11330
COL., SC 29211

s/ Bobby Joe Barton
BOBBY JOE BARTON,
PRO SE

CC: BOBBY JOE BARTON, #163629

Livesay

SCDC-FINANCIAL ACCTG
2026 APR 21 AM 11:34

INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): Bobby Joe BARTON

SCDC # 163629 **INMATE SIGNATURE:** Bobby Joe Barton

I plan to file this action in the SC County of Columbia, SC.

The section below is for SCDC - Financial Accounting Branch's use ONLY.

(1) Total deposits to inmate's account for preceding six months' period*..... $ 4.02

(2) Twenty percent (20%) of line 1 ..... $ 0.80

(3) Account balance - current date ..... $ 7.01

(4) PAYMENT AMOUNT ** (lesser of line 2 or line 3)
Enclosed check # * no ck was cut $ 0.80

****NOTE to COURT**: If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

*Admission date is noted here if inmate incarcerated less than six months ____/____/____.

Cornelia Baffey
Prepared by Financial Accounting Branch - SCDC

4/22/26
Date

cfile\sctrust5\prepared 7/97

STATE OF SOUTH CAROLINA,)

COUNTY OF RICHLAND)

BOBBY JOE BARTON, PROSE)
/Appellant)

vs.)

STATE OF SOUTH CAROLINA)
/Respondent.)

THE STATE OF SOUTH CAROLINA
IN THE SOUTH CAROLINA COURT OF APPEALS

MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

APP. CT. NO. 2026 — 001140

I, BOBBY JOE BARTON being duly sworn, state that I am the Plaintiff/Appellant and that I do not have the funds available to pay the costs of filing and service in the present matter. I hereby request that the complaint be filed and service made without costs.

Sworn to and Subscribed before me
this 3rd day of June, 2026.

Heather Karen Garner
Notary Public for South Carolina

My Commission expires 5.21.34

Bobby Joe Barton
Signature of Plaintiff/Appellant or
Person Filing Complaint on Behalf of
Plaintiff/Appellant

NOTICE TO CLERK OF CT. The Court may assess costs against either party at hearing.

FINANCIAL DECLARATION

Address	LIVESAY (B) CAMP, P.O. BOX 580, Ung, SC 29378-0580
Age	68 Yrs. Old
Occupation	PRISONER IN S.C. DEPT. OF CORR.
Employer	N/A
Employer Address	N/A

Gross Monthly Income — Amount:

1) Earnings **(attach recent pay stubs)** -0-
2) Overtime
3) Social Security, VA Benefits
   Workers Comp or Disability (SSI)
4) Unemployment
5) Alimony/Child Support
6) Other (Specify) _____
   (Add lines 1-6) Total Amount: -0-

Assets — Amount:

1) Cash -0-
2) Money in Bank accounts
   (Checking & Savings)
3) IRA/401K/Pensions
4) Other (Specify) _____
   (Add lines 1-4) Total Amount: -0-

Monthly Expenses — Amount:
(have proof of expenses available)

1) Rent/Mortgage -0-
2) Utilities
3) Cell phone/Phone
4) Food
5) Child Support/Alimony
   (outside of this case)
6) Child Care
7) Car Payment
8) Car Operating Expenses
   (Insurance, gas, maintenance)
9) Clothing
10) Cable/Satellite TV/Internet
11) Medical/Dental/Vision Expenses (self) STATE FUNDED
12) Medical/Dental/Vision Expenses (child)
13) Medical/Dental/Vision Insurance (self)
14) Medical/Dental/Vision Insurance (child)
15) Credit Card/Loan Payments
16) Other (Specify) _____
(Add lines 1-16) Total Amount: -0-

How many other biological children in the home? NONE
Name(s) and Date(s) of Birth

_____
_____
_____

; MAILED ON 24, DAY OF JULY, 2026

Bobby Joe Bunker
Signature

Sworn to before me this 3rd day
of June, 2026

Heather Karen Garner
Notary Public for South Carolina
My Commission Expires: 5.21.34

AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, BOBBY JOE BARTON, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. 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 amount during the past 12 months**		**Amount expected next month**	
	You	Spouse	You	Spouse
Employment	$ -0-	$ N/A	$ -0-	$ N/A
Self-employment	$ -0-	$ N/A	$ -0-	$ N/A
Income from real property (such as rental income)	$ -0-	$	$ -0-	$
Interest and dividends	$ -0-	$	$ -0-	$
Gifts	$ -0-	$	$ -0-	$
Alimony	$ -0-	$	$ -0-	$
Child Support	$ -0-	$	$ -0-	$
Retirement (such as social security, pensions, annuities, insurance)	$ -0-	$	$ -0-	$
Disability (such as social security, insurance payments)	$ -0-	$	$ -0-	$
Unemployment payments	$ -0-	$	$ -0-	$
Public-assistance (such as welfare)	$ -0-	$	$ -0-	$
Other (specify):	$ -0-	$	$ -0-	$
Total monthly income:	$ 6.00	$ N/A	$ 6.00	$ N/A

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

Employer	Address	Dates of Employment	Gross monthly pay
NONE			$
NONE			$
NONE			$

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
N/A	N/A	N/A	$ N/A

4. How much cash do you and your spouse have? $_____
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
S.C.D.C. PINE A. ACCT	INMATE ACCOUNT	$ #5.00	$
STATE PRISONER		$	$ N/A
		$	$

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

☐ Motor Vehicle #1
Year, make & model NONE
Value _____

☐ Motor Vehicle #2
Year, make & model NONE
Value _____

☐ Other assets
Description NONE
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
S.C.D.C.	$ THOUSANDS'	$ N/A
STATE COURTS	$ HUNDREDS'	$ N/A
DIST FED. CT.	$ HUNDREDS'	$ N/A

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

Name	Relationship	Age
NONE	NONE	NONE
N/A	N/A	N/A
N/A	N/A	N/A

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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	$ -0-	$ N/A
Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ -0-	$
Home maintenance (repairs and upkeep)	$ -0-	$
Food	$ -0-	$
Clothing	$ -0-	$
Laundry and dry-cleaning	$ -0-	$
Medical and dental expenses	$ THOUSANDS'	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ -0-	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ -0-	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ -0-	$
Life	$ -0-	$
Health	$ -0-	$
Motor Vehicle	$ -0-	$
Other: _____	$ -0-	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ -0-	$
Installment payments		
Motor Vehicle	$ -0-	$
Credit card(s)	$ -0-	$
Department store(s)	$ -0-	$
Other: _____	$ -0-	$
Alimony, maintenance, and support paid to others	$ -0-	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ -0-	$
Other (specify): _____	$ -0-	$ N/A
Total monthly expenses:	$ 20% of 46.00	$ N/A

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 paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

BECAUSE I AM INDIGENT INMATE IS SC DEPT. OF CORR, AND ONLY RECIEVE $6.00 MONTHLY OR EVERY OTHER MONTH,

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 24 DAY OF JULY, 2026

Bobby Joe Benton
(Signature)

IN THE STATE OF SOUTH CAROLINA
IN THE SOUTH CAROLINA COURT OF APPEALS

BOBBY JOE BARTON, #163629 PLAINTIFF,

V.

STATE OF SOUTH CAROLINA, DEFENDENT.

APPELLATE CASE NO. 2026-001140

"CERTIFICATE OF SERVICE"

MOTION IN FORMA PAUPERIS"

CIVIL ACTION NO.: 2025-CP-23-05558

THE HEREBY UNDERSIGNED STATE UNDER THE PENALTY OF PERJURY THAT HE HAS SERVED A MOTION TO PROCEED IN FORMA PAUPERIS FOR INITIATION FEE $250.00, THE $50.00 MOTION FILING FEE AND ANY OTHER FEES CONNECTED WITH THIS CASE, UPON "HON. JENNY ABBOTT KITCHINGS, CLERK OF COURT OF APPEALS & A COPY TO MS. CARLY H. DAVIS, ESQ. OF SC ATTORNEY GENERALS OFFICE WITH THE NECESSARY DOCUMENTS & EXHIBITS TO SUPPORT HIS APPLICATION FOR PROCEEDING IN FORMA PAUPERIS.. THIS WAS ACCOMPLISHED BY PLACING IN THE U.S. POSTAL SERVICE ON THE 24, DAY OF JULY, 2026,

SWORN AND SCRIBED before me
this 17th, day of JULY, 2026
Heather Karen Farmer
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 5.21.31

/s/ Bobby Joe Barton, Prose

BOBBY JOE BARTON, PROSE
#163629

SCDC
JUL 24 2026
MAILROOM

SCDC
JUL 24 2026
MAILROOM

CC: CARLY H. DAVIS, ESQ
BOBBY JOE BARTON, PROSE
COMMISSION OF INDIGENT DEFENSE