

STATE OF SOUTH CAROLINA)

COUNTY OF Sumter)

Khadisha Frieren)

Plaintiff,)

vs.)

Archdale Apartments)

Defendant.)

Court of
IN THE Common Pleas
3rd JUDICIAL CIRCUIT

ORDER
IN FORMA PAUPERIS

RECEIVED

Aug 20 2026

FILE NO.

2026-CP-43 1370

SC Court of Appeals

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 costs.
- ☐ 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: August 10, 20 26

Presiding Judge, _____ Judicial Circuit

Sumter, South Carolina

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

STATE OF SOUTH CAROLINA

COUNTY OF Sumter

Khadaisha Friesen

Plaintiff,

vs.

Archdale Apartments

Defendant.

Court of
IN THE Common Pleas
3rd JUDICIAL CIRCUIT

MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS

2026-CP-43-1370

FILE NO.

Motion for Waiver of Costs and Fees

I, Khadaisha Friesen, 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

Age

Occupation

Employer

Employer Address

660C Archdale dr Sumter SC 29209

29

Teacher

None

None

- Taking care of my sick 4yr old - taking Chemo

Gross Monthly Income

- 1) Earnings (attach recent pay stubs)
- 2) Overtime
- 3) Social Security, VA Benefits,
Workers' Comp or Disability (SSI)
- 4) Unemployment
- 5) Alimony / Child Support (receiving)
- 6) Other (Specify)

Total Amount (Add lines 1-6):

Amount:

\$0

0

0

0

0

\$150 per mth

0

Assets

- 1) Cash
- 2) Money in Bank Accounts (Checking & Savings)
- 3) IRA / 401k / Pensions
- 4) Other (Specify)

Total Amount (Add lines 1-4):

Amount:

0

0

0

0

0

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Monthly Expenses

- 1) Rent / Mortgage
- 2) Utilities
- 3) Cell phone / Phone
- 4) Food
- 5) Child Support / Alimony (Paying)
- 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
- 12) Medical / Dental / Vision Insurance
- 13) Credit Card / Loan Payments
- 14) Other (Specify) _____

Total Amount (Add lines 1-14):

Amount:

\$1060
150
free
food stamps - \$700
Special needs
none
none
0
0
0
0
Medicaid
Medicaid
0

Sworn to before me this 10 day
Of August, 2026

Katherine Fierro
Signature of Plaintiff

[Signature]
Notary Public for South Carolina
My Commission Expires: 07/14/2031

