

Livesay

SCDC FINANCIAL ACCOUNTING
INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

2026 AUG 26 PM 12:15

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: _____

I plan to file this action in the SC County of Richland

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

- (1) Total deposits to inmate's account for preceding six months' period* \$ 6.02
- (2) Twenty percent (20%) of line 1 \$ 1.20
- (3) Account balance - current date \$ 7.30
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 1.20
*no ck was att

****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

8/27/26

STATE OF SOUTH CAROLINA,

COUNTY OF GREENVILLE

BOBBY JOE BARTON

Plaintiff/Appellant

vs.

STATE OF SOUTH CAROLINA

Defendant/Respondent.

IN THE COURT OF COMMON PLEAS

13TH JUDICIAL CIRCUIT

**MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS**

FILE NO. 2025 -CP-23- 05538

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 4th day of September, 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 PLAINTIFF: The Court may assess costs against either party at hearing.

FINANCIAL DECLARATION

Address	<u>LIVESAY (B) CAMP</u>
Age	<u>69 YRS.</u>
Occupation	<u>DORM WORKER</u>
Employer	<u>S.C. DEPT. OF CORRECTIONS (SCDC)</u>
Employer Address	<u>4444 BROAD RIVER RD. COL SC</u>

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

(have proof of expenses available)

Amount:

- | | |
|--|------|
| 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 | -0- |
| 10) Cable/Satellite TV/Internet | N/A |
| 11) Medical/Dental/Vision Expenses (self) | SCDC |
| 12) Medical/Dental/Vision Expenses (child) | N/A |
| 13) Medical/Dental/Vision Insurance (self) | SCDC |
| 14) Medical/Dental/Vision Insurance (child) | N/A |
| 15) Credit Card/Loan Payments | N/A |
| 16) Other (Specify) _____ | N/A |
| (Add lines 1-16) Total Amount: | N/A |

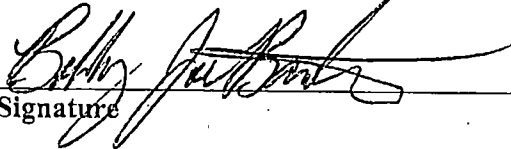
How many other biological children in the home? NONE
 Name(s) and Date(s) of Birth

Sworn to before me this 4th day
 of September, 2020

Heather Kaun Farmer

Notary Public for South Carolina

My Commission Expires: 5-21-34


 Signature

**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-	\$ NA	\$ -0-	\$ NA
Self-employment	\$ ↑	\$ ↑	\$ ↑	\$ ↑
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$ -0-	\$ ✓	\$ -0-	\$ ✓
Total monthly income:	\$ 11.00 \$ 72.00	\$ N/A	\$ 6.00 \$ 28.12	\$ 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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0-</u>
			\$
			\$

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0-</u>
			\$
			\$

4. How much cash do you and your spouse have? \$ NONE
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
<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
		\$	\$
		\$	\$

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

☐ Home Value <u>NONE</u>	☐ Other real estate Value <u>NONE</u>
☐ Motor Vehicle #1 Year, make & model <u>NONE</u> Value <u>NONE</u>	☐ Motor Vehicle #2 Year, make & model <u>NONE</u> Value _____
☐ Other assets Description <u>N/A</u> 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

N/A

\$ N/A

\$ N/A

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

Name

Relationship

Age

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

\$ -0-

\$ N/A

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

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.

I AM A STATE PRISONER AND I'M INDIGENT AND HAVE ATTACHED AN S.C.D.C. INMATE FINANCIAL STATEMENT TO SUPPORT MY CLAIM OF INDIGENCY!

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

Executed on: Sept. 1, 2026

5.

Bobby J. [Signature]
(Signature)

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE
CASE NUMBER 2025CP2305538

Bobby Joe Barton

South Carolina State Qf

PLAINTIFF(S)

DEFENDANT(S)

Submitted by:

Attorney for: ☐ Plaintiff ☒ Defendant

☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsu
☐ Rule 43(k), SCRCP (Settled); ☐ Other: _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRCP; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or
modify arbitration award; ☐ Other: _____
- ☐ **STAYED DUE TO BANKRUPTCY**
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other: _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; (formal order to follow) ☐ Statement of Judgment by the Court;

ORDER INFORMATION

I HEREBY DIRECT THE CLERK OF COURT TO FILE THE ABOVE CASE AND COLLECT THE FILING FEE
ACCORDANCE WITH S.C. CODE ANN. STATUTE 24-27-100 ET. SEQ.

This order ☐ ends ☐ does not end the case.

Additional Information for the Clerk: _____

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)

If applicable, describe the property, including tax map information and address, referenced in the order: _____

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

E-Filing Note: In E-Filing counties, the Court will electronically sign this form using a separate electronic signature page.

Circuit Court Judge

Judge Code

9/3/2025

Date

For Clerk of Court Office Use Only