

OCT 19 2026

State of South Carolina		In the Court of Appeals
County of _____		Judicial Circuit _____
Plaintiff(s): <u>Antoni Lawrence</u> # 226913	File No. <u>26-ALJ-04-0398-AP</u>	
VS.		
Defendant(s): <u>South Carolina Department of Corrections</u>		

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

I, [Fill in Antoni Lawrence Name], 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.

Plaintiff's Address: SCDC - Evans C.I.
610 Highway 9 West Bennettsville, SC 29512

Age: Fifty (50) years old

Occupation: Education Department

Employer: SCDC

Employer Address: 610 Highway 9 West Bennettsville, SC 29512



Gross Monthly Income

- 1) Earnings (attach recent pay stubs) _____ 0
- 2) Overtime _____ 0
- 3) Social Security, VA Benefits,
Workers' Comp or Disability (SSI) _____ 0
- 4) Unemployment _____ 0
- 5) Alimony / Child Support (receiving) _____ 0
- 6) Other _____ 0
- [If Amount is Entered for "Other",
Specify] _____

Total Amount (Add lines 1-6):

_____ 0

Assets

- 1) Cash _____ 0
- 2) Money in Bank Accounts (Checking &
Savings) _____ 0
- 3) IRA / 401K / Pensions _____ 0
- 4) Other _____ 0
- [If Amount Entered for "Other",
Specify] _____

Total Amount (Add lines 1-4):

_____ 0

Monthly Expenses

- 1) Rent / Mortgage _____ 0
- 2) Utilities _____ 0
- 3) Cell Phone / Phone _____ 0



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JUDICIAL BRANCH

- 4) Food 0
- 5) Alimony / Child Support (Paying) 0
- 6) Child Care 0
- 7) Car Payment 0
- 8) Car Operating Expenses (Insurance,
gas, maintenance) 0
- 9) Clothing 0
- 10) Cable / Satellite TV / Internet 0
- 11) Medical / Dental / Vision Expenses 0
- 12) Medical / Dental / Vision Insurance 0
- 13) Credit Card / Loan Payments 0
- 14) Other 0
[If Amount Entered for "Other",
Specify] _____

Total Amount (Add lines 1-14): 0

Household Information

- 1) Number of Adult Dependents 0
Residing in the Home
- 2) Number of Minor Dependents 0
Residing in the Home

Total Number (Add lines 1-2): 0



Signature of Plaintiff

Sworn to and subscribed before me this [Fill in Day Sworn] 13th Day of [Fill in Month Sworn] October, [Fill in Year Sworn] 2026

Signature of Notary Public

Sandra Outlaw

Printed Name of Notary Public

My Commission expires the [Fill in Expiration Day] 28 day of [Fill in Expiration Month] February
[Fill in Expiration Year] 2034

