STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON)

RICKY D. KNEECE,) Civil Action Nos. 2012-CP-32-02093 &
) 2012-CP-32-02111
Claimant/Appellant/Respondent,)

v.)

NOTICE OF MOTION AND MOTION TO ALTER OR AMEND JUDGEMENT

KNEECE FARMS,)

Employer,)

and)

LEGION IN LIQUIDATION AND THE SOUTH CAROLINA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION,)

Carrier,)

Defendants/Appellants/Respondent.)

Defendants respectfully move this Honorable Court, for an order reconsidering, altering or amending the Order in this matter signed by the Honorable R. Knox McMahon on July 18, 2013, filed July 19, 2013, and received by counsel for the Defendants on July 24, 2013. A copy of this Order is attached and incorporated by reference (Exhibit 1). Defendants'/Appellants' Brief (Exhibit 2) also attached and incorporated by reference. Defendants move, pursuant to Rule 59(e), S.C.R.C.P., and the Court's inherent authority to amend its own ruling, that the Court reconsider, alter or amend the July 19, 2013 Order as outlined below.

BACKGROUND

This appeal arises from a workers' compensation claim and involves cross appeals by the parties to the Circuit Court from a prior Order of the Appellate Panel of the Workers' Compensation Commission dated April 19, 2012. The date of accident was prior to July 1, 2007, therefore, pursuant to S.C. Code Ann. §1-23-380 and §42-17-60 these appeals were properly made to the Circuit Court of Lexington County. Appellants/Respondents/Defendants ("Employer/Carrier") are represented by Mark D. Cauthen and Peter P. Leventis, IV, of McKay, Cauthen, Settana, & Stubley, P.A. of Columbia, S.C., and Appellant/Respondent/Claimant ("Claimant") is represented by Scott Elliott of Elliot & Elliot, P.A., also of Columbia, S.C.

The Claimant was involved in an admitted work related accident on November 22, 1999. The Claimant was changing a tire, when it exploded causing injuries to the Claimant's head, brain, and left side of his body. In the instant case, the single Commissioner made a finding of fact that the Claimant's ultimate degree of disability was that he was permanently totally disabled accompanied by a physical brain injury, and therefore entitled to life time indemnity benefits under S.C. Code Ann. §42-9-10(C)(See Williams Order dated April 28, 2011).

The Claimant, by his own testimony, tax filings, prior signed submissions to the SCWCC and other evidence in the record has continued work in excess of 40 to 50 hours per week for his own farm since at least 2005. He now earns a salary far in excess of that which he made at the time of the November 1999 accident. Based on this and other evidence in the record, the Appellate Panel of the Workers' Compensation Commission determined that that Claimant was not permanently totally disabled, but rather was

entitled to a permanency award for his brain under S.C. Code of Regs. §67-1101, as well of other injuries under S.C. Code Ann. §42-9-30.

The Order from the Appellate Panel is somewhat contradictory in that the Order, drafted by counsel for the Claimant, purports to adopted each and every factual finding of the single Commissioner – including the rights to indemnity, and medical benefits pursuant to a purported finding of permanent totally disability – but goes on to reverse the single Commissioner on that point, in finding that the Claimant was not permanently totally disabled, and remanding the case back to the single Commissioner for findings of the Claimant's degree of permanent disability to the brain, among other injuries, under S.C. Code of Regs. §67-1101.

THE ORDER SHOULD BE RECONSIDERED, ALTERED OR AMEDNDED FOR THE FOLLOWING REASONS

A Rule 59(e) motion is required to preserve issues that have not been ruled upon by the trial court. See Wilder Corp. v. Wilke, 330 S.C., 71, 77, 497 S.E. 2d 731, 734 (1998) (noting that proper use of a Rule 59(e) motion is to preserve issues raised to but not ruled upon by the trial court).

Generally, an issue must be raised to and ruled upon by the circuit court to be preserved. Elam v. S. Carolina Dept. of Trans., 361 S.C. 9, 24, 602 S.E.2d 772, 780 (2004) (noting a party must file a Rule 59(e) motion "when an issue or argument has been raised, but not ruled on, in order to preserve it for appellate review"). In Coward Hund Construction Co. v. Bell Corp., 336 S.C. 1,4, 518 S.E. 2d 56, 58 (Ct. App. 1999), the Court of Appeals explained:

> "The purpose of Rule 59(e), SCRCP, to alter or amend the judgment[,], is to request the trial judge to 'reconsider matters properly encompassed in a decision on the merits.'" Arnold v. State, 309 S.C. 157, 172, 420 S.E. 2d 834, 842 (1992)

(quoting Budinich v. Becton Dickinson and Co., 486 U.S. 196, 200, 108 S. Ct. 1717, 100 L.Ed.2d 178 (1988)).

The Order of the Circuit Court does not address all of the issues which are the basis of the appeal, and/or determines the issues based on the incorrect standard of review. Under the appropriate standard of review, "[i]n workers' compensation cases, the Full Commission is the ultimate fact finder." *Shealy v. Aiken County*, 341 S.C. 448, 455; 535 S.E.2d 438, 442 (2000). Furthermore, in an appeal from the Commission, "[t]he court may not substitute its judgment for the judgment of the agency as to the weight of the evidence on questions of fact." S.C. Code Ann. § 1-23-380(5). The question of whether there is a sufficiency of evidence is strictly a matter of fact, and the findings of the Commission thereabout are final. Phillips v. Dixie Stores, Inc., 186 S.C. 374, 195 S.E. 646 (1938) [additional citations omitted]. It is well settled that findings of fact by the Industrial Commission are conclusive and binding upon both the court of common pleas and the Supreme Court, if there is any competent evidence reasonably tending to support them, even though there is evidence that would have supported a finding to the contrary. Willard v. Commissioners of Public Works of City of Spartanburg, 219 S.C. 477, 65 S.E.2d 874 (1951). In reviewing the finding of an administrative agency, neither the Court of Appeals nor the Circuit Court may substitute its judgment for that of the agency as to the weight of the evidence on questions of fact. Grant v. South Carolina Coastal Council, 319 S.C. 348, 461 S.E.2d 388 (1995).

The Employer/Carrier assert that the Circuit Court, in reversing the findings of the Appellate Panel as to the Claimant's degree of permanency, by finding that the Claimant was not permanently totally disabled, has misapprehended either the appropriate standard of review for a factual finding of disability, or failed to address how the Claimant's injury

has rendered him permanently totally disabled as a matter of law. The Order of the Circuit Court overturns the findings of the Appellate Panel which had ruled, under the facts of this case, the Claimant was not permanently totally disabled.

There are only two ways in which a claimant can be ruled permanently totally disabled as a matter of law. First is by the loss of two hands, feet, eyes, shoulders, hips, arms or legs, or any combination thereof. (S.C. Code Ann. §42-9-10(B)). None of those circumstances exist in the present case as the Claimant did not suffer a loss of any body parts. Secondly, to be declared permanently totally disabled as a matter of law, a claimant may suffer a disability of over 50% to the back. (See S.C. Code Ann. §42-9-30). The Claimant in the instant case did not suffer an injury to the back, nor receive a disability rating thereto. Therefore, the Claimant is not permanently disabled as a matter of law under either theory.

Under a factual determination by the Commission, a Claimant may also be determined to be permanently totally disabled under S.C. Code Ann. §42-9-10(A) if it is determined he has suffered an injury to a "non-scheduled" body part, or to two or more scheduled member body parts (See S.C. Code Ann. §42-9-30 and S.C. Code of Regs. §67-1101), which has resulted in a total loss of earning capacity. Similarly, if a claimant has suffered a permanent physical brain injury which has rendered him or her to have lost all earning capacity, he or she can be determined permanently totally disabled and entitled to life time benefits under S.C. Code Ann. §42-9-10(C).

Nevertheless, neither of these two types of permanent total disability (wage loss under §42-9-10(A) or (C)) are findings that can be made as a matter of law. Rather, such a determination of disability under this model is adjudicated as a factual question,

therefore the ultimate determination of disability in such circumstances *must* be determined by the Workers' Compensation Commission as the trier of fact. The Supreme Court recently clarified in two opinions earlier this year, Sparks v. Palmetto Hardwood, *Inc.*, Opinion No. 27229 (2013) and Crisp v. SouthCo., Inc., Opinion No. 27230 (Ct. App. 2013) that a physical brain injury in and of itself was not enough to make a finding that a Claimant was therefore permanently totally disabled under S.C. Code Ann. §42-9-10(C).

The petitioner in Crisp, similarly to the Claimant/Appellant/Respondent Kneece in the case *sub judice*, argued that the presence of a permanent physical brain injury or damage, triggers the operation of section 42-9-10(C) – which Crisp had essentially argued required a finding as a matter of law of permanent total disability. The Sparks and Crisp courts summarily rejected this argument, finding that such an interpretation would be contrary to legislative intent, and to the manner in which our courts have awarded compensation for injuries to the brain. Further support for the proposition that §42-9-10(C) does not implicate a finding of permanent total disability for brain injuries as a matter of law, is that S.C. Code of Regs. §67-1101 provides scheduled compensation up to 250 weeks for injuries to the brain. That is, §67-1101 is for permanent *partial* disability cases where a brain injury had occurred, but where the injured worker has not been rendered permanently totally disabled by the injury.

The Order of the Circuit Court in this matter, makes a finding that that Claimant is indeed permanently totally disabled, countermanding the Appellate Panel of the Commission's findings that he is not permanently totally disabled, and instead entitled to benefits under S.C. Code of Regs. §67-1101. This finding by the Circuit Court cannot

have been as a matter of law, as both §42-9-10(B)(amputation and member loss) and §42-9-30(21)(back injuries) are not even at issue in the instant case, and as outlined by the Crisp and Sparks Courts, a finding of permanent total disability in brain injury cases is not as a matter of law. Therefore, the finding of permanent total disability by the Court must have been a determination of fact as to the degree and severity of the injury to the Claimant's brain.

Finally, on this point, the Circuit Court Order on page 11, in weighing the evidence of the record held that: "[t]he evidence of the record, when viewed as a whole, compels the finding that the Claimant suffered physical brain damage with a severe and permanent impairment of his normal brain function." However, this newly instituted finding by the Circuit Court, in contradiction to the Appellate Panels' findings on this point, is also contradictory to the 'substantial evidence rule.' First, a finding of the degree of severity of an injury, is question of fact for the Commission. The Commission's failure to find a "severe and permanent brain injury," is most certainly supported by the evidence in the record, even if the Circuit Court were to conclude it was not by the greater weight of the evidence. Nonetheless, the Appellate Panel's ruling should stand under the applicable standard of review.

Defendants assert there is competent and substantial evidence in the record to support the Commission's failure to find a "severe permanent brain injury," with "severely impaired" function of the Claimant's brain. For example, On May 14, 2008, the Claimant underwent a neurological examination with Dr. Julian Adams of the South Carolina Neurological Clinic. Dr. Adams diagnosed Claimant with a "mild to moderate head injury with a contusion to his right frontal lobe" and he found the Claimant's

examination to be "absolutely normal." (R. p. 793). Dr. Adams subsequently ordered an electroencephalogram (EEG) test to measure brain electrical activity which was also normal. (R. p. 796). No further treatment was recommended by Dr. Adams. See also report of Dr. Tora Brawley who was in agreement with Dr. Waid (Claimant's expert) that the Claimant had experienced a "mild residual brain dysfunction as a result of his accident." (R. p. 826).

However, if the finding was made as a factual determination, Defendants contend that such a finding by the Circuit Court is improper, in that the Appellate Panel of three Commissioners in weighing the evidence as to disability, unanimously found that the Claimant was not totally disabled. Moreover, the Appellate Panel's finding was supported by substantial evidence in that the Claimant continued to work over 50 hours per week, now making significantly higher wages than he did at the time of the accident, filing tax returns on such money as wages, and previously signing a Form 17 to be filed with the SCWCC representing that he had returned to work making the same wages he earned at the time of his injury (or more) as of 2005. Therefore, under the applicable standard of review, this finding of the Appellate Panel is binding on appeal, and should have been affirmed.

Whether the Circuit Court upon its review finds that the greater weight of the evidence may have supported a finding of permanent total disability or not, such weighing of the evidence is not permitted at this point in the appeal. The only question upon appellate review of this issue is indeed whether or not the finding of the Appellate Panel (that the Claimant has not suffered permanent total disability) was supported by substantial evidence in the record. Defendants assert that such findings were so

supported, and to find otherwise was in error. Similarly on page 12 of the Order, the Circuit Court improperly engaged in weighing the evidence by finding, "[t]here is no evidence that he can operate a complicated computer operated tractor." To the contrary, there is substantial evidence in the record, to include the Claimant's own testimony at the hearing and his sworn deposition testimony. Therefore, this finding should not have been disturbed on appeal by the Circuit Court.

In addition, the Circuit Court improperly reinstating the trial Commissioner's Order of April 28, 2011, thereby making findings of fact contrary to, and in conflict with, the Appellate Panel's April 19, 2012 determination(s) that the Claimant was capable of operating a complicated computer operated tractor up to 50 hours per week and therefore was not permanently totally disabled. Also, the Circuit Court improperly relies on the "sheltered employment" doctrine to find the Claimant was permanently totally disabled through a total loss of earning capacity, when such a finding by the single Commissioner had been inherently overturned by the Appellate Panel.

That is, the Appellate abandoned this finding of "sheltered employment" in the instant case, by making its finding that the Claimant was in fact gainfully employed by virtue of his work driving a tractor up to 50 hours per week, and contemptuously ruling that he was indeed not permanently totally disabled. For the Circuit Court to have found otherwise was an impermissible weighing of the evidence as to this factual determination made by the Appellate Panel on this point. Furthermore, and as outlined in the prior appellate briefs of the Defendants to the Circuit Court, the "sheltered employment" doctrine has not been formally adopted in South Carolina. Nevertheless, even in states where "sheltered employment" has been adopted, the facts of this case are materially

different. E.g. the Claimant is technically self-employed. He is no longer employed by the Defendant employer in this claim. He has continually received raises over the past ten years since the accident, and he actually works, in almost the same capacity – driving tractors for up to three quarters of the week, for close to 50 hours or more per week, as he did prior to the date of accident and confirmed in his deposition testimony. No authority was cited by the Circuit Court for the premise that sheltered employment may be provided by a non-party employer, as was the case here.

The Defendants further argue, as outlined in the prior briefs of the parties, that any rights flowing from such a finding of permanent total disability, are in error in that life time medical benefits under S.C. Code Ann. §42-9-10 and §42-15-60 would be improper to the degree that the Claimant was incorrectly adjudicated to be permanently totally disabled. Similarly, to the degree that the Claimant was incorrectly determined to be found permanently totally disabled, lifetime/ongoing permanent disability benefits under S.C. Code Ann. §42-9-10(C) would not be available.

The Defendants further contend that even assuming the Circuit Court accurately determined the Claimant to be permanently totally disabled accompanied by a physical brain injury as a result of his accident under S.C. Code Ann. §42-9-10(C), such permanency benefits for a life time indemnity award would only be payable from the date of maximum medical improvement as adjudicated by the Workers' Compensation Commission, and not from the date of injury. Indemnity benefits from the date of accident up through the date of maximum medical improvement are only awardable to a Claimant as temporary indemnity benefits under S.C. Code Ann. §§42-9-200 et seq. No such finding of additional temporary total disability benefits was made by the single

Commissioner, the Appellate Panel or the Circuit Court in the instant case. Therefore, no further temporary benefits should be provided in the instant case between the date of accident and the date the Claimant was adjudicated to have reached maximum medical improvement; as the Claimant previously voluntarily terminated his right to further temporary indemnity benefits back in 2006 prefaced upon his 2005 return to full time employment at the same or greater earnings. Also, see Cruiel v. Environmental Management Services 376 S.C. 23, 655 S.E.2d 482 (S.C. 2007) which states in part:

> Essentially, workers' compensation benefits accrue along a time continuum: temporary total disability benefits are available from the date of injury through the date of maximum medical improvement; post-MMI benefits may then be awarded either as a permanent total or partial disability, or as a percentage of impairment to a scheduled member. Smith v. NCCI, Inc., 369 S.C. 236, 631 S.E.2d 268 (Ct.App.2006). Accordingly, the date of maximum medical improvement signals the end of entitlement to temporary total benefits.

The Defendants further argue that the Court misapprehended the appropriate legal arguments raised as the entitlement of the Claimant to the unauthorized, and previously unrequested treatment he received from the 2005 hearing until the time of his most recent hearing request before the Commission in 2010, which ultimately gave rise to this appeal. Between 2006 and 2010, the Claimant, unknown to the Defendants, sought and received treatment for approximately half a decade with unauthorized treatment providers. Defendants readily concede that under §42-15-60 the provision of medical benefits is directed by the employer/carrier, by the Commission, or upon a ruling of the Commission by the Claimant. However, in the first instance, unless or until ordered otherwise, medical care is to be directed and provided by the Employer/Carrier. This statute also provides that in instances of emergent medical necessity, the Claimant's care will be

provided for by the employer/carrier despite the fact that such treatment was not authorized by the carrier nor had been directed by the Commission.

Obviously, the fact that the statute provides for and outlines instances as to emergent medical care, elucidates that it was not intended the Commission would *retroactively* be able to provide for the Claimant to direct his or her own medical care for several years prior to a request for same. Even more so, when no such request for treatment was even pending to the Defendants nor to the Commission. Otherwise, in a day and age when many persons have their own private health insurance, the provision permitting an employer/carrier to direct medical treatment in the first instance could be totally circumvented. Like in this case, an injured employee who treated on his or her own for five years – *without* even having requested such from the employer/carrier, nor from the Commission during that time period – could come back after half a decade requesting such care be reimbursed to him or her. Such a ruling by the Court or the Commission totally emasculates the dictates of §42-15-60 that medical care be provided at the direction of the employer/carrier, or even at the direction of the Commission itself.

Defendants contend that none of the treatment with the unauthorized physician's – or the related mileages, prescriptions and co-pays – were compensable by the Carrier nor reimbursable to the Claimant. However, even accepting that the Commission properly has directed care to take place with such doctors at this point in time, as requested by the Claimant in fall of 2010, Defendants still adamantly assert that the Commission improperly ordered that such treatment/reimbursement and liabilities of the carrier date back to any time prior to the fall 2010 hearing request of the Claimant. That is, the first time the Defendants or the Commission were ever even apprised of such

unauthorized treatment being requested. The Defendants were never given an opportunity to accept, reject or provide such treatment between 2005 and 2010, and the proper remedy would have been a hearing on the matter before the Commission *at that period in time* to determine the efficacy of such treatment or provision of such, and by which party, at some time in 2005, 2006, 2007, 2008, 2009 or 2010.

Also, even if the Claimant were entitled to lifetime benefits, the Circuit Court erred in failing address appellate ground No. 10 raised by the Employer/Carrier in their request for appellate review to the both to the Appellate Panel of the Commission and the Circuit Court. Namely, that the Appellate Panel and the Circuit Court erred in affirming an award for weekly compensation benefits to the Claimant while failing to address credit for wages/earnings of the Claimant from his date of return to full time employment in 2005 to present, the error being that such issue was raised by Defendants in their appeal but not ruled upon.

As a final matter, the Defendants have raised the equitable doctrine of *laches* and *res judicata* against the Claimant for many of the numerous prescription and mileages reimbursement requests which cover 10 years prior to the hearing request of the Claimant in 2010. Note, these were not previously denied requests for reimbursement, these are simply requests that were never previously made prior to 2010. This is in addition to the request lacking the necessary specificity required for the Defendants to accurately assess the validity of such requests. *Laches* is an affirmative defense available in workers' compensation claims. See *Richey v. Dickinson*, 359 S.C. 609, 598 S.E.2d 307 (Ct. App. 2004). "*Laches* is neglect for an unreasonable and unexplained length of time, under circumstances affording opportunity for diligence, to do what in law should have been

done." *Muir v. C.R. Bard, Inc.*, 336 S.C. 266, 296, 519 S.E.2d 583, 598 (Ct. App. 1999) (citations omitted). Under the doctrine of *laches*, if a party who knows his rights does not timely assert them, and by his delay, causes another party to incur expenses or otherwise detrimentally change his position, then equity steps in and refuses to enforce those rights. *Id.* at 296, 519 S.E.2d at 599.

Claimant Kneece did not seek reimbursement for his alleged expenses for over 10 years, which Defendants assert is an unreasonable amount of time to have waited. The Claimant by his own admission worked over 40 to 50 hours a week or during that time period, and was represented by counsel, and requested and had other workers' compensation hearings apart from the one under appeal in the intervening time period. Therefore, such unreasonable delay was not excusable, and the Claimant clearly had the ability to act sooner in asserting his rights. At the very least, Claimant had an opportunity to request reimbursement for medical expenses and mileage at the 2005 hearing in this matter - but chose not to pursue them. Also note, prior to August 23, 2004, the Commission policy was not to permit mileage reimbursement to and from the pharmacy. (See www.wcc.sc.gov/welcomeandoverview/compensationrates/Pages/default.aspx). Defendants assert they are prejudiced in part by their inability to accurately go back and assess these requests, many of which are over a decade in the future and with medical providers, dates of service and treatment centers that were not authorized or known about by the Defendants.

Lastly, a hearing in this same claim for benefits, for the accident dated November 22, 1999, took place by and between these same parties on January 11, 2005. The Claimant could have raised the issue of medical mileages and reimbursements owed up

until that time, but did not do so. Therefore, the Defendant Employer/Carrier would further contend that any such benefits prior to January 11, 2005 would be further barred by doctrine of *res judicata*.

CONCLUSION

Based on the Order and its failure to specifically address the issues outlined herein above, and/or apply the appropriate standard of appellate review of such disputed issues, these Defendants respectfully ask that the Court, pursuant to Rule 59(e) S.C.R.C.P., and the Court's inherent authority to amend its own order, reconsider and then alter or amend the ORDER 2012-CP-32-02093 & 2012-CP-32-02111, entered July 19, 2013, to reconsider and/or specifically address the issues provided herein.

Respectfully Submitted,

Peter P. Leventis IV

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August 5, 2013
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STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON	)	
	)	CIVIL ACTION NO.:2012-CP-32-02093 & 2012-CP-32-02111
Ricky D. Kneece,	)	
Respondent,	)	
v.	)	CERTIFICATE OF SERVICE
Kneece Farms,	)	
Employer,	)	
and	)	
Legion Insurance Co. in Liquidation and The South Carolina Property and Casualty Insurance Guaranty Association,	)	
Carrier,	)	
Appellants.	)	

I certify that on this date, I served a copy of the Notice of Motion and Motion for Reconsideration or to Alter or Amend Judgment in this action, on Scott A. Elliott, Attorney for the Respondent, by depositing same in the U.S. Mail, in an envelope with sufficient postage affixed, addressed as follows:

Scott Elliott, Esquire
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August 5, 2013

STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON) 11th JUDICIAL CIRCUIT
)
FILED) CASE NO.: 2012-CP-32-02093 & 2012-CP-32-02111
2013 AUG 16 A 11:34
Ricky D. Kneece,)
Plaintiff,) **MOTION AND ORDER INFORMATION FORM AND COVERSHEET**
vs.)
)
Kneece Farms, et al.,)
Defendant.)

COPY

Plaintiff's Attorney:	Defendant's Attorney:
Peter P. Leventis, IV, Bar No. 76055 Address: PO Box 7217, Columbia, SC 29202 Phone: 803-256-4645 Fax 803-753-5705 E-mail: pleventis@mckayfirm.com Other: ____	Scott Elliott, Bar No. ____ Address: 1508 Lady Street, Columbia, SC 29201 Phone: ____ Fax____ E-mail: ____Other: ____

☒ **MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)**
☐ **FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)**
☐ **PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)**

SECTION I: Hearing Information

Nature of Motion: Alter or Amend Judgment
Estimated Time Needed: 30 minutes Court Reporter Needed: ☒ YES/☐ NO

SECTION II: Motion/Order Type

☐ Written motion attached
☐ Form Motion/Order
I hereby move for relief or action by the court as set forth in the attached proposed order.

Signature of Attorney for ☐ Plaintiff/☐ Defendant Date submitted

SECTION III: Motion Fee

☒ PAID – AMOUNT: $ 25.00
☐ EXEMPT: (check reason)
☐ Rule to Show Cause in Child or Spousal Support
☐ Domestic Abuse or Abuse and Neglect
☐ Indigent Status ☐ State Agency v. Indigent Party
☐ Sexually Violent Predator Act ☐ Post-Conviction Relief
☐ Motion for Stay in Bankruptcy
☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP)
☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions
Name of Court Reporter: ____
☐ Other: ____

JUDGE'S SECTION	
☐ Motion Fee to be paid upon filing of the attached order. ☐ Other: ____	JUDGE CODE ____ Date: ____

RECEIVED

CLERK'S VERIFICATION

Collected by:____ Date Filed: ____
☐ MOTION FEE COLLECTED: $ ____
☐ CONTESTED – AMOUNT DUE: $ ____

SC Court of Appeals

SCCA 233 (11/2003)