


**STATE OF SOUTH CAROLINA  
In the Court of Appeals**

Alexander Guice, )  
 )  
 )  
 Appellant, )  
 )  
 )  
 v. )  
 )  
 )  
 US Foodservice, Inc., et al, )  
 )  
 )  
 Respondents. )

**RECEIVED**  
AUG 19 2015  
SC Court of Appeals

Case No. \_\_\_\_\_

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO PROCEED IN FORMA PAUPERIS**

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p>
<p>Signed: <u></u></p>	<p>Date: <u>08/16/2015</u></p>

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	\$0.00	\$ N/A	\$0.00	\$N/A
Self-employment	\$0.00	\$ N/A	\$0.00	\$ N/A

Income from real property (such as rental income)	\$0.00	\$ N/A	\$0.00	\$ N/A
Interest and dividends	\$0.00	\$ N/A	\$0.00	\$ N/A
Gifts	\$ 0.00	\$ N/A	\$0.00	\$ N/A
Alimony	\$0.00	\$ N/A	\$0.00	\$ N/A
Child support	\$0.00	\$ N/A	\$0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$0.00	\$ N/A	\$0.00	\$ N/A
Unemployment payments	\$0.00	\$ N/A	\$0.00	\$ N/A
Public-assistance (such as welfare)	\$0.00	\$ N/A	\$0.00	\$ N/A
Other (specify):	\$0.00	\$ N/A	\$0.00	\$ N/A
<b>Total monthly income:</b>	\$0.00	\$N/A	\$0.00	\$ N/A

2. *List your 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
Unemployed Since 11/02/2005	N/A	N/A	\$0.00
			\$
			\$

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 - DIVORCED	N/A	N/A	\$ 0.00

			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00

*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
No Financial Inst. Acct.	N/A	\$0.00	\$ N/A
		\$	\$
		\$	\$

*If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

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

Home	Other real estate	Motor vehicle #1
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ 1,092.00
		Make and year: 1999 Chevy
		Model: Silverado
		Registration #:792587949

Motor vehicle #2	Other assets	Other assets
(Value) \$N/A	(Value) \$0.00	(Value) \$0.00
Make and year:		
Model:		
Registration #:		

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
NOT APPLICABLE	\$0.00	\$ N/A
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
NOT APPLICABLE	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$625.00	\$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$175.00	\$ N/A
Home maintenance (repairs and upkeep)	\$75.00	\$N/A
Food	\$225.00	\$N/A
Clothing	\$50.00	\$N/A
Laundry and dry-cleaning	\$50.00	\$N/A
Medical and dental expenses	\$0.00	\$N/A
Transportation (not including motor vehicle payments)	\$150.00	\$N/A
Recreation, entertainment, newspapers, magazines, etc.	\$0.00	\$N/A
Insurance (not deducted from wages or included in mortgage payments)		

Homeowner's or renter's:	\$0.00	\$N/A
Life:	\$0.00	\$N/A
Health:	\$0.00	\$N/A
Motor vehicle: PROGRESSIVE	\$70.00	\$N/A
Other:	\$0.00	\$N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0.00	\$N/A
Installment payments		
Motor Vehicle:	\$0.00	\$N/A
Credit card (name): CREDIT ONE	\$75.00	\$N/A
Department store (name):	\$N/A	\$N/A
Other: CITI FINANCIAL (Balance \$13,000.00)	\$0.00	\$N/A
Alimony, maintenance, and support paid to others	\$0.00	\$N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0.00	\$N/A
Other (specify): BRIGHT HOUSE CABLE	\$150.00	\$N/A
<b>Total monthly expenses:</b>	<b>\$1645.00</b>	<b>\$N/A</b>

**\*PLEASE NOTE\* CURRENTLY BEHIND ON BRIGHTHOUSE CABLE, UTILITIES AND CITIFINANCIAL.**

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 docket fees, etc., for your appeal.

I HAVE BEEN UNEMPLOYED AND UNABLE TO OBTAIN GAINFUL EMPLOYMENT SINCE I WAS INJURED IN AN ADMITTED WORK-RELATED ACCIDENT WHILE EMPLOYED BY US FOODSERVICE, INC. ON 05/05/2005 AND SUBSEQUENTLY TERMINATED BY US FOODSERVICE, INC., ON 11/02/2005. I BARELY MAINTAIN SEPARATE MONTHLY MAINTENANCE BY RECEIPT OF ENTITLED NONTAXABLE VA DISABILITY COMPENSATION BENEFITS IN THE MONTHLY AMOUNT OF \$1,637.00. I SHALL INCUR INCONGRUOUS AND HARSH RESULTS IF I AM REQUIRED TO PAY THE \$100.00 APPELLATE COURT FILING FEE AND IF I AM REQUIRED TO PROVIDE FIFTEEN (15) COPIES OF THE FINAL BRIEF AND RECORD ON APPEAL TO THE COURT OF APPEALS DUE TO MY CURRENT FINANCIAL CIRCUMSTANCES.

13. State the [city and state] of your legal residence.

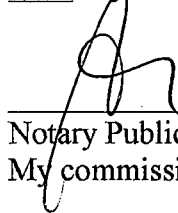
My city and state of legal residence is Tampa, Florida.

Your daytime phone number: (813) 562-0547

Your age: 44

[Last four digits of] your social-security number: Redacted

Sworn to before me this  
16 day of August, 2015





ANGELA M. JIMENEZ  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF109150  
Expires 4/2/2018

Notary Public of Florida  
My commission expires 4.2.18

Date: August 16, 2015

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

RECEIVED

Appeal from Lexington County  
The Honorable William P. Keesley, Successor Circuit Court Judge

AUG 19 2015  
SC Court of Appeals

Appellate Circuit Case No. 2013-CP-32-01272  
Appellate Circuit Case No. 2014-CP-32-00399  
Appellate Case No. \_\_\_\_\_

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION  
WCC Case No. 0506205

Alexander Guice, Appellant,

v.

US Foodservice, Inc., and Ace American Insurance  
Company, c/o Gallagher Bassett Services, Inc., Respondents.

**Proof of Service**

I hereby certify that a true copy of a cover letter; a Notice of Appeal; a copy of the dismissal Order dated July 17, 2015; a Motion for Leave to proceed in forma pauperis; an Affidavit in support of permission to proceed in forma pauperis; and a proof of service was provided to **Erin L. Hantske, Esq.**, the counsel for the Respondents, by depositing the same in the mail, via US Priority Mail, addressed to: **Erin L. Hantske, Esq. P.O. Box 650007 Mt. Pleasant, SC 29465** on this **16<sup>th</sup>** day of August, 2015. I also certify that a true copy of the Notice of Appeal and a copy of the aforementioned Circuit Court Order and a proof of service was provided to the **Clerk of the Circuit Court for Lexington, SC** by depositing the same in the mail, US Priority Mail, and addressed to: **Clerk of Court 205 East Main Street Lexington, SC 29072** on this **16<sup>th</sup>** day of August, 2015.



Alexander Guice  
P.O. Box 13281  
Tampa, FL 33681  
(813) 562-0547  
Appellant, Pro Se

August 16, 2015