

SCWCC JUDICIAL DEPARTMENT

MEMORANDUM

March 29, 2016

FORM 32

**SCWCC File No.:1410083
Claimant v Employer/Carrier**

Your **Form 32 Request to Waive the Filing Fee** in this matter has been received by the Commission and processed.

Pursuant to **Regulation 67-792**, the Form 32 has been reviewed by the Chair of the Commission and has been rejected.

If you are filing a request for hearing to appeal the Decision and Order of the Single Commissioner, please submit the \$150.00 filing fee to process your request for appeal.

If we do not receive the fee within 10 days of the date of this letter, your Appeal will be dismissed.

If you have further questions, you may call the Commission at 803.737.5700 or visit our website at www.wcc.sc.gov.

Kim Falls
Judicial Analyst

SCWCC
Post Office Box 1715
Columbia, South Carolina 29202
803.737.5700



Claimant's Name: Terry McCall SSN: [REDACTED] Employer's Name: Hire Quest, LLC
 Address: [REDACTED] Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Home Phone: NONE Work Phone: NONE Carrier: Ace American Ins. Co.
 Preparer's Name: Terry McCall Preparer's Phone #: Incarcerated in Prison

Please provide all of the information requested. Incomplete forms will delay the review process.

REQUEST TO WAIVE APPEAL FILING FEE

- Are you presently employed? Yes No IN S.C. PRISON SYSTEM
 - If yes, state the name and address of your employer and wages below.

 - If no, where did you last work, when did you stop working, and what were your wages?
on or About July 12, 2014 Trojan Labs / Hire Quest, \$9.00 hrly
 - Is your spouse employed? Yes No NOT MARRIED If yes, where? _____ What are your spouse's wages? \$ 0
 - What is the total income of all working members of your household?

- How many people are dependent on you for their support (include children and relatives)? 0
 How much do you spend weekly for their support? \$ 0
- List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, other).
None "Incarcerated in S.C. Prison with no Job pay/money"
- Do you have a checking or savings account? Yes No we do not earn money here
 If yes, what is the balance in each account? Checking: \$ 0 Savings: \$ 0
- Do you rent or own your home? Rent Own IN PRISON Rent or mortgage payment: \$ 0
- Do you own a car? Yes No Payments: \$ 0
- List the names of your creditors and amount of debt.
Hospital Bills for this worker comp job related injury at G.H.S. Guile Hospital system.

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Signature: Terry McCall

RECEIVED 4/19/16
 Date: (JMC)

For official use only. Fee Waived Waiver Rejected Other Disposition

APR 26 2016

Chair, S.C. Workers' Compensation Commission
[Signature] S.C. WORKERS' COMP. COMM. EXECUTIVE DIRECTOR

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.

MAR 9 2010

MAILROOM

INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

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): Jerry McCall

SCDC # 233236 INMATE SIGNATURE: Jerry McCall

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* \$ 53.53
- (2) Twenty percent (20%) of line 1 \$ 10.71
- (3) Account balance - current date \$ 8.25
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 0

****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 90 days _____

M. Boykin Date 3/11/10
Prepared by Financial Accounting Branch - SCDC Date file/submit/entered 7/9*

✶ Prior Restitution hold



Ellen M. Adams | D: 803.255.0416 | E: eadams@collinsandlacy.com

(This Reflects my waiver filing Fee for motion was APPROVED: SAME financial status for Appeal)

February 15, 2016

The Honorable Gene McCaskill
Amy Brace, Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Terry McCall v. Hire Quest, LLC & ACE American Ins. Co./CorVel Enterprise Co.
WCC File No.: 1410083
Claim No.: C494C3994793
Date of Injury: 7/4/2014
C&L File No.: 001840-00804

Dear Commissioner McCaskill and Amy:

Please allow this letter to confirm that the Defendants will not proffer a response to claimant's Motion for Reconsideration or Motion for Enlargement of Time as the Decision and Order has not been prepared or filed to date.

By copy of this letter to, the pro se claimant, we are notifying him of our correspondence to you.

Sincerely,

Ellen M. Adams

EMA/var
Enclosure

Cc: Terry McCall pro se
Rochelle Taylor
Becky Harvey