

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM LEXINGTON COUNTY
Court of Common Pleas

William P. Keesley, Successor Circuit Court Judge

Case No. 2013-CP-32-01272
Case No. 2014-CP-32-00399

Appellate Case No. 2015-001821

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

Alexander Guice, Appellant,

v.

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

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Rule 240(d), SCACR; and/or other holding authorities, Appellant **ALEXANDER GUICE**, the *pro se* Appellant; the Injured Employee (“Petitioner” or “Injured Employee”), alleges the pleadings in this matter are being filed by Appellant *in propria persona* wherein pleadings are to be considered without regard to technicalities. Hulsey v. Ownes, 63 F3d. 354 (5th Cir 1995); also see Conley v. Gibson, 355 U.S. 41 at 48 (1957). Specifically, Appellant seeks permission from this Court to waive the \$25.00 filing fee with respect to the ‘Motion for Leave to Stay Pending Adjudication of Petition for Writ of Prohibition and/or Mandamus Filed with the Supreme Court’, and would further allege as follows:

1. Appellant is unemployed and has been unemployed since Appellant's employment was terminated by US Foodservice, Inc., on November 2, 2005, wherein Appellant has been unemployed now for more than ten (10) years. Employee Status Notice, dated 11/02/2005. Att. "1". Redacted Social Security Statement of Alexander Guice. Att. "2".

2. Appellant, who served on active duty in the U.S. Army for seven years, maintains monthly separate maintenance through receipt of entitled non-taxable monthly U.S. Department of Veterans Affairs (VA) Disability Compensation Benefits, wherein Appellant's monthly maintenance bills precludes Petitioner's ability to pay the \$25.00 filing fee. See attached Sworn Financial Affidavit of Alexander Guice.

3. Appellant was recently diagnosed with Type 2 Diabetes, which requires Petitioner to spend additional and already scarce funds to address complications with this disease, to include attending additional medical appointments; purchasing adjusted nutritional requirements, etc. September 22, 2016 VA Medical Report. Att. "3".

4. Appellant contends that this Court lacks subject matter jurisdiction over the instant workers' compensation appeal, as of June 24, 2016, wherein Appellant should already be in receipt of unlawfully withheld TTC Compensation payments from Respondent US Foodservice, Inc., et al.

5. Appellant is experiencing "harsh" and "incongruous" circumstances, and requiring Appellant to pay the \$25.00 filing fee would impose further undue burdens upon Appellant.

6. Petitioner's health and financial circumstances constitutes an 'extraordinary' case wherein granting this motion to waive the \$25.00 filing fee is justified.

CONCLUSION

Based on the foregoing, Appellant moves the Court to grant this motion for leave and waive the \$25.00 filing fee normally required to pay with the Rule 240, SCACR Motion to stay pending adjudication of Appellant's Petition for a writ with the Supreme Court, because of the extraordinary circumstances regarding Petitioner's health and financial disposition, which precludes Petitioner's ability to afford payment of the same.

Respectfully submitted,

By: 

Alexander Guice
U.S. African American Citizen
Honorable Disabled Veteran
Post Office Box 13281
Tampa, FL 33681
(813) 562-0547
alguice@hotmail.com
Petitioner, Pro Se

November 1, 2016

ATTACHMENT 1



ROUTE TO:
 1) Human Resources
 2) Payroll (if applicable)

EMPLOYEE STATUS NOTICE

(rev 03/2005)

(Hires/Changes/Transfers)

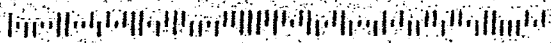
Effective Date:		Employee ID (8 digits)		Name (First)		(Middle Initial) (Last)	
11/2/05		121674		Alexander		Guice	
Section 1	Action(s)		Reason(s)		SIP (if applicable)		
1	Termination		IO9 - NO Position Available Permanent lifting restrictions				
Section 2	Comments/Special Processing						
2	Termination of Employment - Released from Doctor with permanent lifting restrictions not comparable with job duties						
Job Information - Present (A)				Job Information - Proposed (B)			
Business Unit (5 digits)		Job Code (5 chars)		Business Unit (5 digits)		Job Code (5 chars)	
USF - Conway, S.C. site							
Position # (8 digits)		Grade		Position # (8 digits)		Grade	
Section 3	Delivery Driver			Job Title			
3	Same			Job Title			
Department # (10 digits) and name				Department # (10 digits) and name			
Transportation				Location (4 digits) and name			
Conway, S.C.							
General Employment Information - Complete if new hire, rehire, or changing							
Reg/Temp:		Empl Class:		Union Code:		Employee Type:	
<input type="checkbox"/> Regular		<input type="checkbox"/> Standard (blank)		<input type="checkbox"/> Non-Union		<input type="checkbox"/> Salaried	
<input type="checkbox"/> Temporary		<input type="checkbox"/> Commission		<input type="checkbox"/> Union		<input type="checkbox"/> Hourly	
Full time / Part time:		<input type="checkbox"/> Stepdown		Union Code:		<input type="checkbox"/> Exception Hourly (only commissions)	
<input type="checkbox"/> Full time		<input type="checkbox"/> Incentive					
Std Work Hours							
<input type="checkbox"/> Part time							
Std Work Hours							
Current Pay Group		Current Tax Location (4 digits)		Proposed Pay Group:		Proposed Tax Location (4 digits)	
Compensation - Current (A)				Compensation - Proposed (B)			
Comp Rate Code		<input type="checkbox"/> NAANNL(annual) <input type="checkbox"/> NAHRLY(hourly)		Comp Rate Code		<input type="checkbox"/> NAANNL(annual) <input type="checkbox"/> NAHRLY(hourly)	
Comp Rate (annual amount or hourly rate)		Target Bonus %		Comp Rate (annual amount or hourly rate)		% Cng Target Bonus	
Additional Pay - Present (A)				Additional Pay - Proposed (B)			
Car Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No		Car Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount/pay period: \$				Amount/pay period: \$			
Other (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Other (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount/pay period: \$				Amount/pay period: \$			
APPROVALS (some changes may require only some of the signatures indicated)							
Immediate Supervisor		Date		Date		Date	
Mike Sanders		11/2/05		11-2-05			
R A Bennen		Date		Zone or Region President (for exceptions or regional staff change)		Date	
PAB		11/2/05					
Division President		Date		Region HR VP (for exceptions or regional staff changes)		Date	
Approval for DIVISION TRANSFERS - Sending Division				Processed by HR			
Division HR (sending division)		Date		11-2-05		Date	
				Processed by Payroll		Date	

ATTACHMENT 2



Your payment would be about
a month
at full retirement age

000070752 1-000000 0921 13 555



707161 AT 0.413



ALEXANDER GUICE
3717 W WYOMING AVE APT 11
TAMPA FL 33611-4259

September 21, 2015

Your Social Security Statement

This *Social Security Statement* tells you about **how much you or your family would receive** in disability, survivor or retirement benefits. It also includes our record of your lifetime earnings. Check out your earnings history, and **let us know right away if you find an error.** This is important because we base your benefits on our record of your lifetime earnings.

Social Security benefits are not **intended to be your only source of income when you retire.** On average, Social Security will replace about 40 percent of your annual preretirement earnings. You will need other savings, investments, pensions or retirement accounts to make sure you have enough money to live comfortably when you retire.

To view your *Statement* online anytime, create a **my Social Security account** at socialsecurity.gov/myaccount.

To view your *Social Security Statement* online anytime create a **my Social Security** account today!



my Social Security
socialsecurity.gov/myaccount

Carolyn W. Colvin
Acting Commissioner

Follow the Social Security Administration at these social media sites:



Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1987	\$	\$
1988		
1989		
1990		
1991		
1992		
1993		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001	44,386	44,386
2002	49,055	49,055
2003	53,137	53,137
2004	55,959	55,959
2005	38,173	38,173
2006	0	0
2007	0	0
2008	0	0
2009	0	0
2010	0	0
2011	0	0
2012	0	0
2013	0	0
2014	Not Yet Recorded	

You and your family may be eligible for valuable benefits.

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled - even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:
 You paid:
 Your employers paid:

Estimated taxes paid for Medicare:
 You paid:
 Your employers paid:

Note: Currently, you and your employer each pay a 6.2 percent Social Security tax on up to \$118,500 of your earnings and a 1.45 percent Medicare tax on all your earnings. If you are self-employed, you pay the combined-employee and employer amount, which is a 12.4 percent Social Security tax on up to \$118,500 of your net earnings and a 2.9 percent Medicare tax on your entire net earnings.

*If you have earned income of more than \$200,000 (\$250,000 for married couples filing jointly), you must pay 0.9 percent more in Medicare taxes.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from last year may not be shown on your Statement. It could be that we still were

processing last year's earnings reports when your Statement was prepared. Your complete earnings for last year will be shown on next year's Statement. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings on which you pay Social Security taxes each year. The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, all of your earnings are taxed for Medicare.)

Call us right away at 1-800-772-1218 (7 a.m. - 7 p.m. your local time; TTY 1-800-325-0778) if any earnings for years before last year are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)

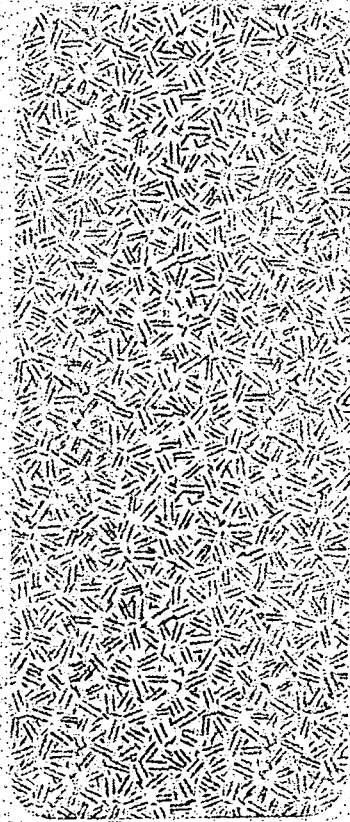
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SOCIAL SECURITY ADMINISTRATION
WILKES BARRE DATA OPERATIONS CENTER
PO BOX 7004
WILKES BARRE PA 18767-7004

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

FIRST-CLASS MAIL
PRESORTED
POSTAGE & FEES
PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11



ATTACHMENT 3

LOCAL TITLE: AMBULATORY CARE NOTE (PCC)

STANDARD TITLE: PRIMARY CARE E & M NOTE

DATE OF NOTE: SEP 22, 2016@08:14 ENTRY DATE: SEP 22, 2016@08:14:18

AUTHOR: BHALEEYA, PRATIKSHA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

GUICE, ALEXANDER

MALE

PURPOSE OF VISIT: Re-eval chronic conditions diabetes mellitus, pure hypercholesterolemia, etc / meds / labs if available

HPI:

diabetes mellitus- not taking meds. Vet states he is at verge of being homeless and has not been eating healthy foods. No routine exercise. He is working w/ SW for housing issues.

pure hypercholesterolemia- not taking meds. He has not been following low fat diet. Eating lot of cheese/fat-containing foods which he gets hands on.

Vet has been having cough x ~3 days w/ thick, clear to occasionally grayish phlegm. No fever, no chills. No night sweats. No cp. No sob.

REVIEW OF SYSTEMS: also see hpi.

ALLERGIES & ADVERSE REACTIONS (As listed in VISTA): [x]
PENICILLIN, BETAMETHASONE DIPROPIONATE CREAM

PAST MEDICAL HISTORY:

SCLU - LFT/2 OCC 6M (HS) (max 2 occurrences or 6 months)

Collection DT	Spec	ALT	AST	Albumi	Protein	TotBili	AlkPhos
09/19/2016 08:20	PLASM	29	16	4.5	6.9	0.8	115
04/19/2016 08:51	PLASM	37	18				

HEMOGLOBIN A1C - 9.0 on 9/19/16

LAB TESTS SELECTED

Collection DT	Specimen	Test Name	Result	Units	Ref Range
09/19/2016 08:20	PLASMA!!	GLUCOSE	214 H	mg/dL	65 - 110
04/19/2016 08:51	PLASMA	GLUCOSE	101	mg/dL	65 - 110

LAB CUMULATIVE SELECTED

No selection items chosen for this component.

TSH

Collection DT	Spec	TSH
09/19/2016 08:20	PLASM	1.669

IMPRESSION/PLAN:

1. diabetes mellitus- worsend from 5.6 to 9.0.
 - low carb diet/exercise as tolerated advised.
 - Vet has dietitian appt on 10/5/16.
 - will rx metformin 500mg BID.
 - pharmacy clinic consulted; vet agrees to f/u.
 - dm shoes/sock thru prosthetics.
 - Eye clinic consulted.

2. pure hypercholesterolemia-
 - advised on low fat diet/exercise as tolerated.
 - agrees to lowest dose simvastatin.
 - vet will discuss w/ dietitian and agrees to pharmacy clinic management/adjustment in future prn.

3. cough x ~3 days w/ thick, clear to occassionally grayish phlegm
 - adequate hydration advised.
 - will rx cough syrup w/ expectorant.
 - continue acetaminophen prn.

4. asthma hx- continue albuterol inh/nebs prn; sx controlled overall.

/es/ PRATIKSHA D BHALEEYA, MD
PRATIKSHA D BHALEEYA, MD
Signed: 09/22/2016 13:29

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
Total monthly income:	\$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
Total monthly expenses:	\$1645.00	\$N/A

***PLEASE NOTE* CURRENTLY BEHIND ON BRIGHTHOUSE CABLE, UTILITIES AND CITIFINANCIAL AND "OTHER DEBTS".**

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. ON SEPTEMBER 22, 2016 I WAS DIAGNOSED WITH TYPE 2 DIABETIES WHICH REQUIRE ADDITIONAL FUNDS TO TREAT THE CIRCUMSTANCES ASSOCIATED WITH THE DISEASE. I SHALL INCUR FURTHER INCONGRUOUS AND HARSH RESULTS IF I AM REQUIRED TO PAY THE \$25.00 APPELLATE COURT FILING FEE.

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: 45

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

THE STATE OF SOUTH CAROLINA
In The Supreme Court

IN THE SUPREME COURT'S ORIGINAL JURISDICTION

Appellate Case No. 2016-

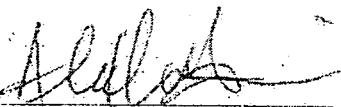
Alexander Guice, Petitioner,

v.


The Honorable James Edward Lockemy,
Acting In His Official Capacity as
Chief Justice, South Carolina Court Of Appeals,
Respondent.

VERIFICATION

I, **Alexander Guice**, the named and undersigned self-represented African American Injured Petitioner/Appellant in this matter, do hereby swear, under penalty of perjury, that I prepared, read and reviewed the information contained within the "Complaint"; the "Petition for Writ of Prohibition and/or Mandamus"; the "Memorandum in Support for Petition for Writ of Prohibition and/or Mandamus"; the "Motion for Leave to Proceed in Forma Pauperis" (filed for both this action and in Appellate Case No. 2015-0001821); and the "Sworn Financial Affidavit of Alexander Guice" (filed for both this action and in Appellate Case No. 2015-0001821); that said information is submitted in good faith, and believe it to be true and correct to the best of my knowledge and ability.

By: 
Alexander Guice
U.S. African American Citizen
Honorable Disabled Veteran
Post Office Box 13281
Tampa, FL 33681
(813) 562-0547
alguice@hotmail.com
Petitioner, Pro Se

Sworn to before me this
1st day of November, 2016


Notary Public of Florida
My commission expires 08/13/2017

November 1, 2016.

