

IN THE SUPREME COURT
OF SOUTH CAROLINA

RECEIVED
APR 17 2017
S.C. SUPREME COURT

Campbell, Gregory L.
Plaintiff
Address: P.O. Box 2036
Georgetown, SC 29442

V.

The State
Defendant
Attorney for defense
Leslie A. Cotter, Jr., Bar No. 1414
Address: Richardson Plowden & Robinson, PA
PO Drawer 7788,
Columbia, SC 29202

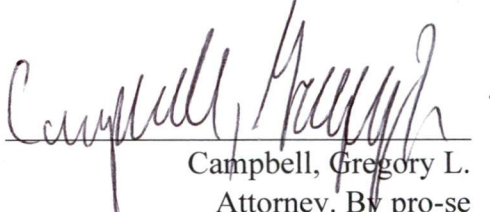
Motion for leave to proceed in forma pauperis

The petitioner asks leave to file attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

State of South Carolina circuit court 15th Cir. and State of South Carolina Court of Appeals 22nd Cir.

Petitioner's affidavit and declaration in support of this motion is attached hereto.

So submitted this 13th day of April, 2017.


Campbell, Gregory L.
Attorney. By pro-se

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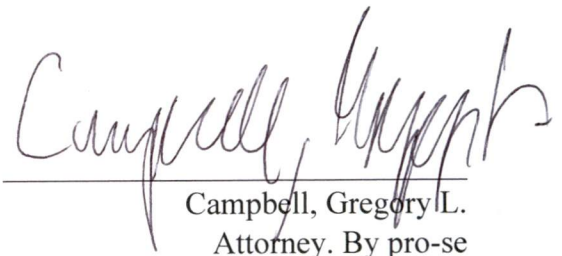
Affidavit Accompanying Motion For permission to appeal in forma pauperis

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 answer on this form are true and correct. (28 U.S.C 1746; 18 U.S.C 1621.) (Please see attached *Financial Declaration, Financial Statement, and Proof of Income.*)

My issues on appeal are:

1. The judgement received from the Court of Appeals in the form of an order that states: The order of the circuit court grants the respondents' motion to set aside entry of default is not immediately appealable. (Noting generally the denial of a motion to dismiss does not establish the law of the case and the issue can be raised again at a later stage of the proceedings). Therefore the initial appeal is dismissed.

So, submitted on this 13th day of April, 2017


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Attorney. By pro-se

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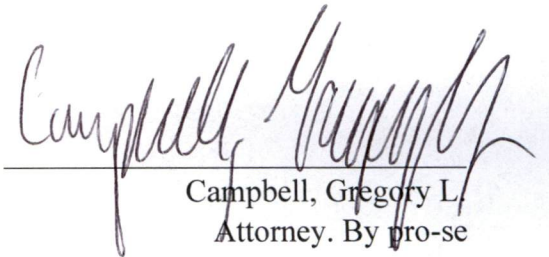
Certificate of Service

This is to certify that I have sent this motion for leave to proceed in forma pauperis, and financial affidavit to the clerk of Supreme Court of South Carolina, by United States Postal Service in an envelope affixed to ensure delivery to the following:

Clerk of Supreme Court
P.O. Box 11330
Columbia, SC 29211

From:
Gregory L. Campbell
P.O. Box 2036
Georgetown S.C.29442

So, submitted on this 13th day of April, 2017


Campbell, Gregory L.
Attorney. By pro-se

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SOCIAL SECURITY ADMINISTRATION

S.C. SUPREME COURT

Date: December 22, 2016
Claim Number: XXX-XX-5106A
XXX-XX-5106DC

GREGORY L CAMPBELL
607 N HAZARD ST
GEORGETOWN SC 29440-3343

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly
Social Security benefit before any deductions is.....\$ 1164.80

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1164.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning February 2003, the current
Supplemental Security Income payment is.....\$ 0.00

This is after we have withheld 52.00 to recover an overpayment.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning February 2004.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-748-2090. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
413 KING ST
GEORGETOWN, SC 29440

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

OFFICE MANAGER

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 1100.00	\$ N/A	\$ 1100.00	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 1,100.00	\$ N/A	\$ 1,100.00	\$ 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.) N/A

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

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.) *N/A*

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you ~~and your spouse~~ have? \$ *100.00*

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
<i>SunTrust</i>	<i>Savings</i>	<i>\$ 100.00</i>	<i>\$ N/A</i>
<i>SunTrust</i>	<i>Checking</i>	<i>\$ 65.00</i>	<i>\$ N/A</i>
		<i>\$</i>	<i>\$ N/A</i>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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. *N/A*

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
		Make and year:
		Model:
		Registration #:

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 280.00	\$ N/A
Clothing	\$ 200.00	\$ N/A
Laundry and dry-cleaning	\$ 20.00	\$ N/A
Medical and dental expenses	\$ 160.00	\$ N/A
Transportation (not including motor vehicle payments)	\$ 150.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ N/A
Life:	\$ 0	\$ N/A
Health:	\$ 0	\$ N/A
Motor vehicle:	\$ 0	\$ N/A
Other: Rent	\$ 300.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ N/A
Installment payments		
Motor Vehicle:	\$ 0	\$ N/A
Credit card (name):	\$ 0	\$ N/A
Department store (name):	\$ 0	\$ N/A
Other:	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A
Total monthly expenses:	\$ 1310.00	\$ N/A

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

Yes No

If yes, describe on an attached sheet.

I plan to relocate and will be conducting matters from abroad which will decrease my funds further.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. Everything should be self explanatory.

I just don't receive enough finances to file this suit and provide for myself.

12. State the city and state of your legal residence.

Woodstock, Georgia

Your daytime phone number: (424) 332-6490

Your age: 36 Your years of schooling: 17.5 yrs.

Last four digits of your social-security number: 5106

Gregory L. Campbell
P.O. Box 2036
Cokergetown, S.C. 29442



Supreme Court of South Carolina
Clerk of Supreme Court
P.O. Box : 11330
Columbia S.C. 29211

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