

# G. von Fox

St. James-Goose Creek Parish†8983 University Blvd.†Suite 104-174†N. Charleston, South Carolina 29406

*Tha Belmonto Herke*  
*Corporation.*  
Respondent, )

Motion

v. )

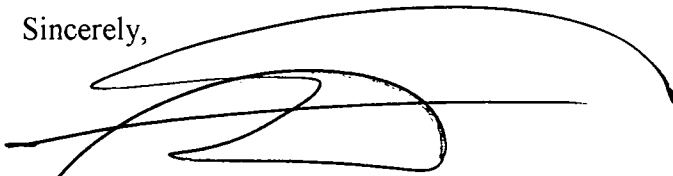
*Glynndevin von Fox*  
Appellant. )

Case #: 2016-CP-10-6077

## Motion to Proceed Informa Pauperis

I request from this honorable court to proceed *Informa Pauperis* with the attached financial declaration.

Sincerely,



Glynndevin von Fox  
St. James-Goose Creek Parish  
8983 University Blvd.  
Suite 104-174  
N. Charleston, South Carolina 29406

**RECEIVED**

MAY 19 2017

SC Court of Appeals

RECEIVED

MAY 19 2017

17-CP-10-993

SC Court of Appeals

FILED  
2017 MAR -2 PM 12:53  
JULIE A. GIBSON  
CLERK OF COURT

AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Glynn David Van Bogam the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

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	\$ 1200.00	\$ 1/2	\$ 1200.00	\$ 1/2
Self-employment	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Income from real property (such as rental income)	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Interest and dividends	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Gifts	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Alimony	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Child Support	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Retirement (such as social security, pensions, annuities, insurance)	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Disability (such as social security, insurance payments)	\$ 1470.00	\$ 1/2	\$ 1470.00	\$ 1/2
Unemployment payments	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Public-assistance (such as welfare)	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
Other (specify): <u>1/2</u>	\$ 1/2	\$ 1/2	\$ 1/2	\$ 1/2
<b>Total monthly income:</b>	<b>\$ 2670.00</b>	<b>\$ 1/2</b>	<b>\$ 2670.00</b>	<b>\$ 1/2</b>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>FCF</u>	<u>5583 Uni. Varsity Blvd., Charleston, S.C. 29406</u>	<u>2011 - present</u>	<u>\$ 1200.00</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
<del>_____ X/12</del>	<del>_____ X/12</del>	<del>_____ X/12</del>	<del>\$ _____ X/12</del>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 0  
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
<del>BANK of America</del>	<del>Checking</del>	<del>\$ 0</del>	<del>\$ 0</del>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Home<br>Value <u>140,000.00 USD</u>                          | <input checked="" type="checkbox"/> Other real estate<br>Value _____                            |
| <input checked="" type="checkbox"/> Motor Vehicle #1<br>Year, make & model _____<br>Value _____  | <input checked="" type="checkbox"/> Motor Vehicle #2<br>Year, make & model _____<br>Value _____ |
| <input type="checkbox"/> Other assets<br>Description <u>X/1</u> _____ <u>X/12</u><br>Value _____ |   |

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
<del>_____</del>	\$ <del>_____</del>	\$ <del>_____</del>
<del>_____</del>	\$ <del>_____</del>	\$ <del>_____</del>
<del>_____</del>	\$ <del>_____</del>	\$ <del>_____</del>

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

Name	Relationship	Age
<u>Princess Alexandra Sof</u>	<u>Son</u>	<u>16</u>
<u>Madeline Lynn Sof</u>	<u>Daughter</u>	<u>12</u>
_____	_____	_____

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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>None</u>	\$ <u>None</u>
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>None</u>	\$ <u>None</u>
Home maintenance (repairs and upkeep)	\$ <u>175.00</u>	\$ <u>None</u>
Food	\$ <u>350.00</u>	\$ <u>None</u>
Clothing	\$ <u>500.00</u>	\$ <u>None</u>
Laundry and dry-cleaning	\$ <u>140.00</u>	\$ <u>None</u>
Medical and dental expenses	\$ <u>200.00</u>	\$ <u>None</u>

V

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 250.00	\$ 1/12
Recreation, entertainment, newspapers, magazines, etc.	\$ 300.00	\$ 1/12
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 66.25	\$ 1/12
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>property taxes</u>	\$ 107.51	\$ 1/12
Installment payments		
Motor Vehicle	\$ 1/12	\$ 1/12
Credit card(s)	\$ 200.00	\$ 1/12
Department store(s)	\$ 1/12	\$ 1/12
Other: <u>1/12</u>	\$ 1/12	\$ 1/12
Alimony, maintenance, and support paid to others	\$ 500.00	\$ 1/12
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 200.00	\$ 1/12
Other (specify): <u>1/12</u>	\$ 1/12	\$ 1/12
<b>Total monthly expenses:</b>	<b>\$ 3285.16</b>	<b>\$ 1/12</b>

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? — \$/a —

If yes, state the attorney's name, address, and telephone number:

— \$/a —

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? — \$/a —

If yes, state the person's name, address, and telephone number:

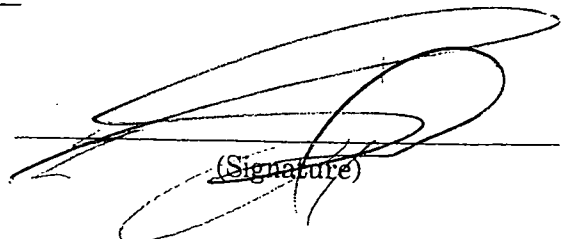
— \$/a —

12. Provide any other information that will help explain why you cannot pay the costs of this case.

*I have more than paid fees within the S.C. Court System that I had already paid for my own process within the United States of America*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 6<sup>th</sup> of Feb., 2017

  
(Signature)