

No. S.C. 2017-000667

IN THE
SUPREME COURT OF THE UNITED STATES

Glynn Bennett Neal Fox — PETITIONER
(Your Name)

VS.
The medical university in S.C. — RESPONDENT(S)

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JUN 12 2017

SC Court of Appeals

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

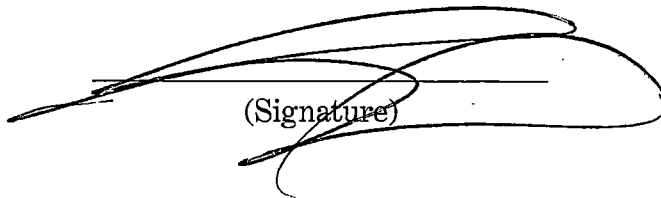
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States Supreme Court

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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


(Signature)

17-CV-10-1023

FILED
2017 MAR -2 PM 12:51
JULIA M. COLEMAN, CLERK

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

I, Glynn David Van Loam am 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	\$ Nil	\$ 1200.00	\$ Nil
Self-employment	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Income from real property (such as rental income)	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Interest and dividends	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Gifts	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Alimony	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Child Support	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Retirement (such as social security, pensions, annuities, insurance)	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Disability (such as social security, insurance payments)	\$ 1470.00	\$ Nil	\$ 1470.00	\$ Nil
Unemployment payments	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Public-assistance (such as welfare)	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Other (specify): Nil	\$ Nil	\$ Nil	\$ Nil	\$ Nil
Total monthly income:	\$ 2670.00	\$ Nil	\$ 2670.00	\$ Nil

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>8583 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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
BANK of America	Checking	\$ 0	\$ 0
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

Home
 Value 140,000.00 USD

Other real estate
 Value _____

Motor Vehicle #1
 Year, make & model _____
 Value _____

Motor Vehicle #2
 Year, make & model _____
 Value _____

Other assets
 Description X/A _____ X/B _____
 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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>Princess Alexandra Fox</u>	<u>Son</u>	<u>16</u>
<u>Mackenzie Lynn Fox</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>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 250.00	\$ - <u>1/12</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ 300.00	\$ <u>1/12</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 66.25	\$ <u>1/12</u>
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Property Taxes</u>	\$ 107.51	\$ <u>1/12</u>
Installment payments		
Motor Vehicle	\$ <u>1/12</u>	\$ <u>1/12</u>
Credit card(s)	\$ 200.00	\$ <u>1/12</u>
Department store(s)	\$ <u>1/12</u>	\$ <u>1/12</u>
Other: <u>1/12</u>	\$ <u>1/12</u>	\$ <u>1/12</u>
Alimony, maintenance, and support paid to others	\$ 800.00	\$ <u>1/12</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 200.00	\$ <u>1/12</u>
Other (specify): <u>1/12</u>	\$ <u>1/12</u>	\$ <u>1/12</u>
Total monthly expenses:	\$ 3285.16	\$ <u>1/12</u>

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? — \$/hr —

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

— \$/hr —

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? — \$/hr —

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

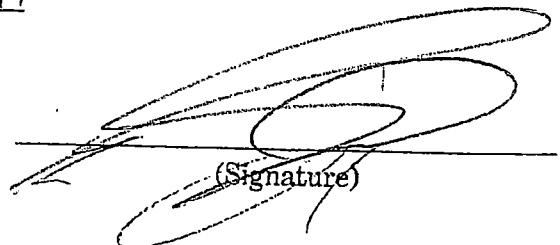
— \$/hr —

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

I have more than 100 cases within the S.C. Court System that need filing fees 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: 6th of Feb., 2017


(Signature)

No. S.C. 2017-00661

IN THE
SUPREME COURT OF THE UNITED STATES

Glydell Lewis vs Fox
(Your Name) — PETITIONER

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Wm Medical University of S-C
— RESPONDENT(S)

VS.

JUN 12 2017

SC Court of Appeals

PROOF OF SERVICE

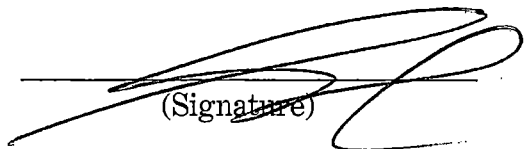
I, Glydell Lewis vs Fox, do swear or declare that on this date, 5th or 8th of June, 2017, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

S.C. Court of Appeals, P.O. Box 1220 Senate St,
Columbia, S.C. 29201 (P.O. Box 11629), Blandville, VA,
Pathway, 11401, LLC, P.O. Box 14, Charleston, S.C.
29402.

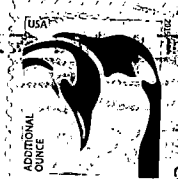
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5th or 8th of June, 2017

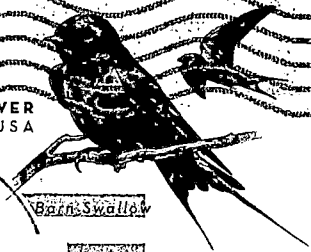

(Signature)

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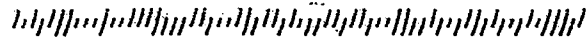
SC Court of Appeals

S. C. Court of Appeals

P.O. Box 11629

Columbia, S.C. 29201

2921171629



Dr. Noel Fox
St James - Goose Creek Parish
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Ste 104-174
St. Charles, S.C. 29406



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