

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY  
Court of Common Pleas

Jocelyn Newman, Circuit Court Judge

Appellant Case No.: 2017-002145  
Civil Case No. 2017-CP-40-02350

RECEIVED  
NOV 21 2017  
SC Court of Appeals

Glenda Couram

Appellant,

v.

Sherwood Tidwell,

Respondent.

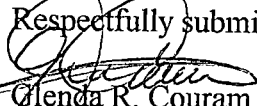
**REQUEST FOR EXTENSION TO PAY  
FILING FEE AND WHY I DO NOT QUALIFY FOR FILING  
IN FORMA PAUPERIS**

I received the court's denial of my request to file *in forma pauperis* despite my inability to pay. In this **Motion**, I ask that the court grant an extension on payment of the filing fee to December 30, 2017 to allow me time to get the money together in the interest of justice.

I also ask the court with all due respect to *please* explain why I do not qualify for filing in forma pauperis given my current circumstances and financial declaration.

I have asked the other Attorney of Request to let this court know if the transcript in needed in this matter as the issue before the court is straight forward.

Respectfully submitted by:

  
Glenda R. Couram, pro se  
104 Macaw Lane  
Lexington, SC 29073  
grcouram@hotmail.com  
803 358-0127

*continued on next page*

PH

✓

Jescelyn T. Spitz, Esquire  
ATTORNEY FOR RESPONDENT  
Clawson and Staubes  
1612 Marion Street, Suite 200  
Columbia, SC 29201

Lexington County, South Carolina  
Dated this 28<sup>th</sup> Day of November 2017

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FINANCIAL STATEMENT  
MOTION  
TO FILE IN FORMA PAUPERIS  
SCRPC RULE 3

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I am 59 years of age

Full Name: Glenda R. Couram

Employer's Name: Not Employed Lost job April 3, 2017 Applied for Disability

Employer's Address: NA

Gross (before deductions) Monthly wages: None Hourly wages: N/A

If unemployed, date and salary of last employment: SCDMV, October 2004 to April 3, 2017  
Yearly \$24,356 ~

Other income per month:

Public Assistance:	\$192	Food Stamps	Mortgage:	see below
Unemployment:	\$0		Car:	Paid In Mortgage
Child Support:	\$0		Utilities:	see below
Social Security:	\$0		Credit Cards:	see below
Gifts/Other:	\$0			

( Including medical bills result of Accident proffered to Judge Newman including ongoing medical expenses not taken care of due to income or medical insurance) about \$17,000 in ongoing medical bills.

Assets:

Checking Account: Surrently less than \$1,000 last of retirement will be used to pay mortgage and Signature Loan and utilities for remainder December Mortgage 2017

Savings Account: \$ 0

Est. Home Value: \$100,000 owe about 73K (danger of loss of home, as a result of this accident)

Other Assets: \$ 0

Automobile: Year: 2012 Honda Fit Hatch Back in mortgage

My Spouse/Partner/Live-ins Name is: N/A

Check if no other adult in household: N/A

Employer's Name: N/A Full time:  Part time:  Hours per

week: Employer's address: N/A

Gross (before deductions) Monthly wages: N/A

If unemployed, date and salary of last employment: N/A

Other household income and assets of Spouse/Partner/Live-in Companion: N/A

TOTAL MONTHLY HOUSEHOLD INCOME: \$ 0

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ about 1000 without paying due to loss of income living on retirement not income; student loan is \$0 based on income -- would be about \$1300 mo

I have recently filed for disability, this currently under reconsideration with attorney involved

I have also recently been accepted to vocational rehab here in Lexington, SC and have loss of full use of left arm and back issues resulting from the car accident. I have an appointment thru vocational rehab coming up with Doctors Care with the hope they will find what is wrong - I had a blood clot in left leg in 2010/2011

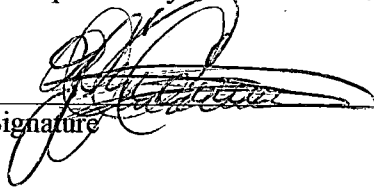
List the names and ages of all other members of your household whom you financially support: (use reverse side if more space needed)

Name: N/A Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: N/A Age: \_\_\_\_\_ Relation: \_\_\_\_\_

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I have no income except what is left of the retirement.

Signature



Date

11/20/17

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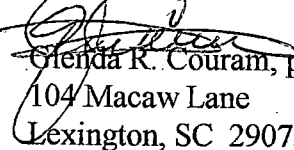
Respondent.

PROOF OF SERVICE

I certify that I have served/mailed to this court a *Request to extend payment of the required filing fee to December 30, 2017*, November 16, 2017 a copy of the proof of service has been mailed to the attorney of record as addressed below:

Dated this 20<sup>th</sup> day of November 2017.

Respectfully submitted by:

  
Glenda R. Couram, pro se  
104 Macaw Lane  
Lexington, SC 29073  
grcouram@hotmail.com  
803 358-0127

Jescelyn T. Spitz, Esquire  
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Lexington County, South Carolina

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SC Court of Appeals  
CLERK OF COURT  
1220 Senate Street  
Columbia, SC 29201

29201-376888

