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NOV 13 2018

SC Court of Appeals

Request for Waiver and Affidavit

South Carolina Court of Appeals
1015 Sumter St. Box 11629 Columbia SC 29211

Derrick Mundine

Name of Requestor

803-297-1231

Home Phone or Cell Phone

P.O. Box 2511

Address

West Columbia SC 29171

City State Zip

I Derrick Mundine (Your name), being duly sworn, state that I am requesting a hearing before the South Carolina Court of Appeals and that as shown on the attached Financial Statement I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.

Derrick Mundine

Signature of Requestor

Sworn to before me this

13th day of November, 2018

Dan [Signature]

Notary Public of South Carolina

My Commission expires 3-28-2027

ORDER by the Court

Fee Waived

Waiver Denied

Chief Judge

Date

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SC Court of Appeals

Request for Waiver and Affidavit

South Carolina Court of Appeals
1015 Sumter St. Box 11629 Columbia S.C 29211

Derrick Mendline

P.O. Box 2511

Name of Requestor

Address

803-297-1231

West Columbia SC 29171

Home Phone or Cell Phone

City State Zip

I, Derrick Mendline (your name), being duly sworn, state that I am requesting a hearing before the South Carolina Court of Appeals and that as shown on the attached Financial Statement, I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.

Derrick Mendline
Signature of Requestor

Nov 13 2018

Date

ORDER By The Court

- Fee Waived
- Waiver Denied

Chief Judge

Date

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Request for Waiver and Affidavit
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

NOV 13 2018

SC Court of Appeals

Derrick Mundine
Name of Requestor

P.O. Box 2511
Address

803-297-1231 / 803 297 1231
Home Phone Office or Cell Phone

West Columbia SC 29171
City State Zip

I, Derrick Mundine (your name), being duly sworn, state that I am requesting a hearing before the Administrative Law Court and that as shown on the **attached Financial Statement**, I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.

[Signature]
Signature of Requestor

Sworn to before me this

18th day of July, 2018

[Signature]
Notary Public of South Carolina

My Commissions expires: 3-28-2027

The section below to be completed by the Court

ORDER by the Court:

_____ Fee Waived (The action will be processed and assigned to a Judge.)

_____ Waiver Denied (The filing fee must be paid within 10 days of the receipt of this order.)

Ralph K. Anderson, III
Chief Judge

Date

Instructions - If you believe you are financially unable to pay the required filing fee in order to file a case with the Administrative Law Court, you will need to complete the Request for Waiver and Affidavit form and the Financial Statement form. (See ALC Rule 71). These forms must be completed in their entirety and must be signed by you and notarized by a Notary Public of South Carolina. The completed forms should be mailed to the Administrative Law Court at the address on the top of the forms, along with all of your documentation for filing your case. The Chief Judge will review your forms, and at his discretion, will either grant or deny your request to waive the filing fee. You will be notified in writing of his decision. If you have any questions regarding these forms, you may contact the Clerk's Office at (803) 734-0550.

Financial Statement
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

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Full Name: Derrick Mundine I am 52 years of age **SC Court of Appeals**

Employer's Name: N/A Full time: [] Part time: [] Hours per week: 0

Employer's Address: N/A

Gross (before deductions) Monthly wages: N/A Hourly wages: N/A

If unemployed, date and salary of last employment: July 2006 \$1,000 weekly

Other income per month:
Public Assistance: \$ N/A
Unemployment: \$ N/A
Child Support: \$ N/A
Social Security: \$ N/A
Gifts/Other: \$ N/A

Monthly expenses:
Rent/Mortgage: \$ N/A
Car lease/payment: \$ N/A
Food: \$ 192.00
Utilities: \$ 90.00
Credit cards: \$ N/A

Assets:
Checking Account: \$ N/A
Savings Account: \$ 2.00
Est. Home Value: \$ N/A
Other Assets: \$ N/A
Automobile: Year: N/A
Make/Model: N/A

My Spouse/Partner/Live-in's Name is: N/A Age: N/A Check if no other adult in household: []

Employer's Name: N/A Full time: [] Part time: [] Hours per week: 0

Employer's address: N/A

Gross (before deductions) Monthly wages: N/A Hourly wages: N/A

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

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

Public Assistance: \$ 545.00
Unemployment: \$ N/A
Child Support: \$ N/A
Social Security: \$ N/A
Gifts/Other: \$ N/A

Checking Account: \$ N/A
Savings Account: \$ 2.00
Other: \$ N/A
Automobile: Year: N/A
Make/Model: N/A

TOTAL MONTHLY HOUSEHOLD INCOME: \$ None

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ None

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

Name: None Age: None Relation: None

Name: None Age: None Relation: None

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

Derrick Mundine
Signature

_____ Date

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SC Court of Appeals

*MMR1168DPCSTM

16261201009219989

June 26, 2014
 100-921-991-9
 DERRICK L MUNDINE
 Page 2 of 2

Date	Transaction Type	Reference Number	Description	Amount
16-06	Deposit	000000004469560		5.00

Balance Summary					
Date	Amount	Date	Amount	Date	Amount
03-06	6.01	05-16	7.01	06-06	7.01
14-06	1.01	05-06	2.01	06-06	2.01

Maintenance Fee Disclosure
 Please note if your account does not have sufficient funds to cover the full amount of the monthly maintenance fee, any uncollected portion will be held with further attempts to collect the remaining monthly maintenance fee balance during the next cycle period.

Interest Summary			
Annual percentage yield earned	0.00%	Average balance for APY	4.89
Interest-bearing days	92	Interest	0.00

Overdraft/Return Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

\$6.19 A-Day For 24hr

1 Dollar 2 Dollar 3 Dollar 4 Dollar 5 Dollar 6 Dollar

1

2

3

4

5

6

7

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RECEIVED
NOV 13 2018
BY: _____

South Carolina Court of Appeals

Docket No. _____

Derrick Mundine
Appellant

VS.

South Carolina Department of
Social Services
Respondent

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SC Court of Appeals

I hereby certify that I have served the ~~South Carolina Department of Social Services~~ (Description of document) in the above-captioned matter by depositing it in the United State Mail, postage prepaid, on Nov 13 2018 Month, Day, Year) to the below named parties at their address of record: South Carolina Court of Appeals

Office of General Counsel
Name

SCDSS P.O. Box 1520
Address

Columbia S.C. 29202
City State Zip

Derrick Mundine

Print Your Name

Derrick Mundine

Your Signature

Platt Springs Rd. 1426 Apt E-4

Jana E Shealy, Clerk
Name

1205 Pendleton St Suite 224

Address

Columbia S.C 29201

City State Zip

West Columbia SC 29169

City state zip

Honorable H.W. Kunderburk Jr
Name

1205 Pendleton St Suite 224

Address

Columbia S.C 29201

City State Zip

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Chief Judge of Appeals
Name

1015 Sumter St P.O. Box 11629

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DERRICK MUNDINE

Print Your Name

Derrick Mundine

Your Signature

Platt Spring Rd 1426 Apt E-4

Address

West Columbia SC 29169