

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY

Court of Common Pleas

Civil Case No. 2016-CP-40-58

RECEIVED

MAY 16 2019

SC Court of Appeals

TherL Taylor

Appellant/Plaintiff

Virginia Grubbs, SCOC, etal

Respondent/Defendant

MOTION AND AFFIDAVIT  
TO PROCEED IN FORMA PAUPERIS

I, TherL Taylor, being duly sworn, state that I am the Plaintiff and was certified in the lower Court as Indigent Status, propelling defendant 'SCOC' to pre pay the filing fee on constitutional and statutory grounds.

I still do not have the funds available to pay the Appellate Court filing fee in this case. In fairness, Appellant respectfully pleads that the Notice of Appeal be filed without up front cost to Appellant.

\* Legal photocopies denied two weeks and basic Mail Room services 6 days

sworn to before me  
this 14 day of may 2019

S. G. Grew  
Notary Public  
My Commission Expires: 2/17/24

TherL Taylor  
Appellant/Plaintiff

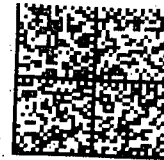
Jeanette W. McBride  
CLERK OF COURT  
RICHLAND COUNTY  
P.O. Box 2766  
Columbia, SC 29202-2766

MacDougall Correctional Inst.  
Mailroom

APR 19 2019

RECEIVED

Presort  
First Class Mail  
CombiasPrice



U.S. POSTAGE >>> PITNEY BOWES



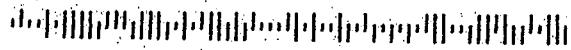
ZIP 29204 \$ 000.42<sup>8</sup>  
02 1W  
0001375672 APR 16 2019

*Evan*  
*1B0139* *Rec'd*  
*5/2*  
MAY 02 2019

*Attachment A*



587621320 35 CHIRMB 29472



INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

1B0139

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print) Therly Taylor March 5, 2019

SCDC# 260961 INMATE SIGNATURE Therly

I plan to file this action in the SC County of Richland or other

The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 0
- (2) Twenty percent (20%) of line 1 ..... \$ 0
- (3) Account balance - current date ..... \$ -17¢
- (4) PAYMENT AMOUNT \*\*  
(lesser of line 2 or line 3)  
Enclosed check # \_\_\_\_\_ \$ 0

SCDC - FINANCIAL ACCTG  
2019 MAR - 7 AM B: 49

\*\*NOTE to COURT: If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections  
Financial Accounting - Room 234  
PO Box 21787  
Columbia, SC 29221-1787

RECEIVED  
MAY 16 2019  
SC Court of Appeals

\* Admission date is noted here if inmate incarcerated less than six months

Peggy Cantelmo  
Prepared by Financial Accounting Branch - SCDC

3/11/19  
Date