

91217

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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NOV 12 2019

SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
APPELLATE PANEL

W.C.C. File Nos. 1322451, 1319203, 1420487  
Appellate Case No.: 2019-000369

Terry H Capone, Claimant.....Appellant,

v.

City of Columbia, Employer, and

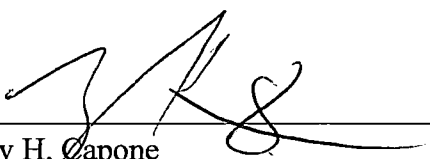
Companion Third Party Administrator, LLC, Carrier, .....Respondents.

**MOTION FOR EXTENTION OF TIME (3<sup>rd</sup> FINAL)**

Pursuant to Rule 240, SCACR, the Appellant *pro se* Terry H Capone, Employee ("Appellant") request a (30) day extension of time 2<sup>nd</sup> to prepare and file the Appellant Briefs Due November 12, 2019, Designation of Matter to be included in the Record on Appeal and other filings. In the interest of Judicial Economy I am a disabled Fire Battalion Chief and Marine veteran and I have previously noticed this Court that I suffer from PTSD, TBI dementia, Migraines and chronic pain and others, causing extraordinary circumstance to exist that are out of my control, in which I am rendered incapable of managing myself and my affairs in my ordinary life due to the worsening of my disabilities making it impossible for me to comply with the courts request of a November 12, 2019 date. I am asking this Court not to be cast-iron or rigged, as it would be contrary to my life and God's will. I am not a doctor, but I have started the human heart in my hands and with God's grace. I ask this Court to be flexible, as

it has been for the South Carolina Workers Compensation Commission taking 6 months to make a decision in the present matters and 1 year in matters that will soon come before this Court. I am requesting that you allow a third and (Final) extension, which is half the time the SCWCC took to make theirs, as requested. I have a God given right to protect my rights and I aim to do that, if just given another opportunity to do so. In the event I am not able to do so, within the (Final) time frame of this request if granted, I will understand your dismissal. I am requesting an additional 30 days Extension 3<sup>rd</sup> and (Final) from the Court.

Respectfully Submitted,

By:   
Mr. Terry H. Capone  
Fire Battalion Chief-Retired  
130 Summerlea Drive  
Columbia, South Carolina 29203  
Email: [tcapone@liberty.edu](mailto:tcapone@liberty.edu)  
(803) 622- 6578

Richland, South Carolina  
November 12, 2019

Eosure(s) as stated  
Cc: Cythia Dooley, Carmelo Sammataro  
Attorney's for Respondents (w/all enclosures



# South Carolina Department of Motor Vehicles

## Application for Placard and/or License Plate for People who have a Disability

RG-007A  
(Rev 11/18)

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**Section 1 - Check type of transaction**

Original   
  Renewal   
  Replacement - Prior Plate/Placard No. \_\_\_\_\_   
  Add Parking Authorized (\$1.00)

**LICENSE PLATE**   
  Passenger Vehicle (\$20.00)   
  Motorcycle (\$10.00)

Purple Heart Wheelchair (Must also meet requirements for Purple Heart; No fee - Permanent Plate)   
  Veteran Wheelchair (Must also meet requirements for Veteran)

Veteran Wheelchair (HV) (Must also meet requirements for Veteran who has a disability; No fee - Permanent Plate).

PLACARD - \$1.00 Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

Temporary (impairment must be at least 4 months not to exceed 1 year)   
  Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

DECAL (For display on Purple Heart motorcycle, Veteran who has a disability motorcycle, and World War II plates only)

Applications are accepted at SCDMV branches or can be mailed along with a check or money order (no cash accepted) payable to the SCDMV:  
 SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019  
 Warning: A person who duplicates, forges, or sells a placard or a person who falsifies information on an application form for a placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than \$500 and not more than \$1,000.

**Section 2 - Person's Information - Required for Placard or Plate (\*\* indicates optional information)**

Last Name: CAPONE    First Name: TERRY    Middle Name: H

Residential Address: 4209 WOODRDGE DRIVE

City: Columbia    State: SC    Zip Code: 29203

Mailing Address (if different): 130 summerlea drive

All correspondence will be mailed to the address of the applicant.

City: COLUMBIA    State: SC    Zip Code: 29203

(Area Code) Telephone Number: (803) 622-6578    Person's SC Driver License, BP, or ID Number: 007051734

Date of Birth: 06-10-1970    Social Security No.: 133-58-7472    Email Address: tcapone@liberty.edu

I certify that this information is true and correct.

Signature of Person: [Signature]    Printed Name of Person: TERRY H CAPONE    Date: 09/04/2019

**Section 3 - Vehicle Information - Required for Plate Only**

Vehicle identification Number: 4J8BB86E86A035016    Gross Vehicle Weight: 6329

Owners Information: UJ8BB86E86A035016    Make: MERZ    Year: 2006    Current Vehicle Plate Number: VT14386

Last Name: CAPONE    First Name: DEMETRIA    Middle Name: T

Street Address: 4209 WOODRDGE DRIVE

Mailing Address (if different): \_\_\_\_\_

City: Columbia    State: SC    Zip Code: 29203    Email: tcapone@liberty.edu

(Area Code) Telephone Number: (803) 312-1042    SC Driver's License, BP or ID: 008789079

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation: 5 .00

**INSURANCE CERTIFICATION**

Under penalties of perjury, I declare this vehicle is insured with USAA and I will maintain liability insurance throughout the registration period.

Signature of Vehicle Owner: [Signature]    Printed Name of Vehicle Owner: DEMETRIA T CAPONE    Date: 09/04/2019

**Section 4 - Physician's Statement**

A licensed physician or an Advanced Practice Registered Nurse (APRN) must complete this portion of the application and must indicate the disability and length of disability. APRNs are nurse practitioners; certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. **APPLICANTS WHO HAVE A DISABILITY MUST BE CERTIFIED BY A LICENSED PHYSICIAN OR AN APRN.**

This is to certify that TERRY H CAPONE    06-10-1970    has the following condition(s):

Name of Applicant (Please Print)    Date of Birth

an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;

an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;

a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;

requires use of portable oxygen;

a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;

a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or

blindness.

This disability is:   
  Permanent   
  Temporary - length of time \_\_\_\_\_ (impairment must be at least for 4 months not to exceed 1 year)   
 Physician Office Phone Number: 803-256-0101

I certify that I am:   
 a licensed Physician   
 an APRN   
 Professional License No. 35843

Print Name of Physician or APRN: [Signature]    Signature of Physician or APRN: [Signature]    Date: 09/04/2019

Check No. _____	Amount _____	Plate No. _____	Placard No. <u>8180210</u>	Specialist Initials: <u>JB</u>	DMV USE ONLY
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SC Court of Appeals

**DISABLED VETERAN**



**H 22192**  
**V 22192**

**South Carolina**



**VA**  U.S. Department  
of Veterans Affairs

 Member ID

Card Expires: 09/17/2029

 VA HEALTHCARE ENROLLEE  
SERVICE CONNECTED

Plan ID: (80840)

Member  
**TERRY H CAPONE**



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*This is not a credit card*

For Questions Concerning Health Benefits:  
**1-877-222-VETS (8387)**  
[www.va.gov/healthbenefits](http://www.va.gov/healthbenefits)

Veterans Crisis Line 1-800-273-8255  
Foreign Medical Program 1-877-345-8179  
In emergency call 911 or go to nearest medical facility  
Report any emergency care to your VA treatment team within 24 hours.  
For questions concerning non-health care VA benefits 1-800-827-1000  
Property of the U.S. Government. If found, drop in nearest U.S. mail box.  
POSTMASTER - RETURN TO:  
Health Eligibility Center, 2957 Clairmont Road, Suite 200, Atlanta, GA 30329



Department Of Veterans Affairs  
 6437 Garners Ferry Road  
 Columbia, SC 29209

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NOV 12 2019

October 18, 2019

In Reply Refer To: **SC Court of Appeals**

TERRY CAPONE  
 130 SUMMERLEA DR  
 COLUMBIA SC 29203

CSS XXXXX  
 Capone T H

Dear Terry H Capone,

This is in reply to your request for a statement verifying your service-connected disabilities.

Department of Veterans Affairs (VA) records show your service-connected disabilities are as follows:

<u>Percentage</u>	<u>Disability</u>	<u>Diag Code</u>
70	posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI)	9411
30	migraine headache	8100
10	peripheral neuropathy, right lower extremity	8520
0	pseudofolliculitis barbae	7806
0	tinea cruris	7813
0	tinea pedis	7813
<b>80</b>	<b>Combined Rating</b>	

**Do You Have Questions or Need Assistance?**

If you have any questions, you may contact us by telephone, e-mail, or letter.

<b>If you</b>	<b>Here is what to do.</b>
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Claims Intake Center PO Box 5235 Janesville, WI 53547-5235 Toll Free Fax: 844-531-7818 DID Fax: 248-524-4260

For the Veteran's Use Only

With sincere regard for the Veteran's service,

RO Director  
VA Regional Office

To email us visit <https://iris.va.gov>

**Do You Know About eBenefits?**

Please be aware that you can change your address or direct deposit, create a benefits letter, check the status of your claim, obtain a copy of your DD 214, and access additional VA benefit information via eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov). To register for an account, you can speak with an eBenefits specialist by dialing 1-800-827-1000 or visit your local VA regional office.



Department Of Veterans Affairs  
6437 Garners Ferry Road  
Columbia, SC 29209

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September 18, 2019

TERRY CAPONE  
130 SUMMERLEA DR  
COLUMBIA SC 29203

In Reply Refer To: 319/VSC/BL  
CSS XXXXX  
Capone T H

Dear Terry H Capone,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

**Personal Claim Information**

Your VA claim number is:

You are the Veteran.

**Military Information**

The character(s) of discharge and service date(s) of the veteran include:

Honorable for VA Purposes, Marine Corps, 10/26/1988-04/16/1997

(There may be additional periods of service not listed above)

**VA Benefits Information**

Service-connected disability: Yes

Your combined service-connected evaluation is: 80%

Your current monthly award amount is:

Are you entitled to a higher level of disability due to being unemployable: Yes

Are you considered to be totally and permanently disabled due to your service-connected disabilities:

**Yes, effective date: February 3, 2014**

Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at

<http://www.va.gov/statedva.htm>.

## Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below:

With sincere regard for the Veteran's service,

RO Director  
VA Regional Office

To email us visit <https://iris.va.gov>



**COLUMBIA FIRE**  
**DEPARTMENT**

Aubrey Jenkins  
*Fire Chief*

Harry Tinsley  
*Deputy Chief*

Michael Edmonds  
*Assistant Chief of  
Administration*

Albert k. Owusu  
*OH&S Chief*

**CONTACT**  
**INFORMATION**

Occupational Health &  
Safety Division  
Phone: 803-545-0223  
Fax: 803-545-4063



We Are Columbia


Occupational Health &  
Safety Division  
Columbia Fire Department  
1800 Laurel Street  
Columbia, South Carolina  
29201  
[www.columbiasc.net/fire](http://www.columbiasc.net/fire)

October 20, 2014

TO WHOM IT MAY CONCERN

This letter is to notify you that Terry Capone is a former member of the Columbia Fire Department. On March 29, 2014, Mr. Capone retired on medical disability due to Post Traumatic Stress Disorder.

Sincerely,

  
Aubrey D. Jenkins,  
Fire Chief

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Appellate Case No.: 2019-000369

PROOF OF SERVICE

Terry H Capone, Claimant.....Appellant,

v.

City of Columbia, Employer, and  
Companion Third Party Administrator, LLC, Carrier, .....Respondents.

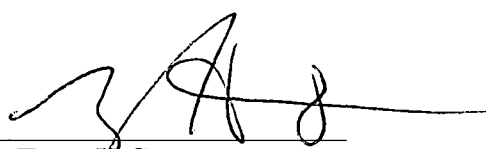
Terry H Capone, of Richland County, Pro Se Appellant.

I certify this 12<sup>th</sup> day of November 2019 that I have served a copy of the Appellants' Motion for Extension of Time 3<sup>rd</sup> (FINAL) on the Respondents by personal service or mailing same, postage prepaid in the United States mail, addresses to the following:

Cynthia C. Dooley, Esquire  
Carmelo Barone Sammataro, Esquire  
TURNER PADGET GRAHAM & LANEY P.A.  
P.O. Box 1473  
Columbia, SC 29202

ATTORNEYS FOR RESPONDENTS

November 12, 2019

By:   
Mr. Terry H Capone  
130 Summerlea Drive  
Columbia, SC 29203  
(803) 622-6578  
Email: tcapone@liberty.edu  
APPELLANT, PRO PER



**RETIRED**

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SC Court of Appeals

November 12, 2019

VIA USPS MAIL OR PERSONAL SERVICE

The Honorable Jenny Abbott Kitchings, Clerk  
South Carolina Court of Appeals  
1220 Senate Street  
Columbia, SC 29201

Re: Request Motion for Extension of Time (2nd) To the Court Terry Capone, Appellant, v. City of Columbia, Employer, and Companion Third Party Administrator, LLC, Carrier, Respondent Case No.2019-000369

The Honorable Jenny Abbott Kitching, Clerk and SC Court of Appeals:

Respectfully request a (30) day extension of time 3<sup>rd</sup> (Final) to prepare and file the Appellant Briefs Due November 12, 2019, Designation of Matter to be included in the Record on Appeal and other filings. In the interest of Judicial Economy, I am a disabled Fire Battalion Chief and Marine veteran and I have previously noticed this Court that I suffer from PTSD, TBI dementia, Migraines and chronic pain and others, causing extraordinary circumstance to exist that are out of my control, in which I am rendered incapable of managing myself and my affairs in my ordinary life due to the worsening of my disabilities making it impossible for me to comply with the courts request of a November 12, 2019 date. I am requesting that you allow a third and (Final) extension, which is half the time the SC WCC took in the remand of my case, as requested. I have a God given right to protect my rights and I aim to do that, if just given another opportunity to do so. In the event I am not able to do so, within the (Final) time frame of this request if granted, I will understand your dismissal. I am requesting an additional 30 days Extension 3<sup>rd</sup> and (Final) from the Court.

SIGNATURE PAGE TO FOLLOW

With Regards,

A handwritten signature in black ink, appearing to be 'T. Capone', written in a cursive style.

Mr. Terry H. Capone  
Fire Battalion Chief-Retired  
130 Summerlea Drive  
Columbia, SC 29203  
(803) 622-6578  
Email: [tcapone@liberty.edu](mailto:tcapone@liberty.edu)