

March 21, 2020

Jeanette Hutchings, Clerk
PO Box 11629
Columbia, SC 29211

Clarence Jenkins Jr
945 Wire Rd
Neeses, SC 29107
(803) 263-4514

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MAR 25 2020

SC Court of Appeals

REF: 2016-000598 - Clarence Jenkins Jr. vs. Amazon.com
American Zurich Ins.

SC Court of Appeals

I am providing additional document to verify deceptive practices by
Atty. Helen F. Hiser and Atty. James Russell Gaudelock. The Form 58
dated February 28, 2014 by Atty. Gaudelock that was filed with
South Carolina Worker's Compensation. The Form 58 at Question #11:
Impairment rating(s); body part(s); Physician and date of opinion -
None. The employer stated None February 28, 2014 therefore it
impossible to reach MMI as of October 23, 2013. The employer,
legal counsel and SCWC knew that MMI was not completed on
October 23, 2013 by the enclosed Form 58.

For SC Court of Appeals to Affirmed the ORDER by SCWC
is illegal and unlawful by fraudulent intent to harm. Pro Se
claimant only become more knowledgeable of the Form.

Pro Se claimant request fee exemption based on corrupt intent
and abuse by the process

Clarence Jenkins Jr
cc: Atty. Helen F. Hiser

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1303989

Claimant's Name: Clarence B. Jenkins SSN: 248-41-1391
Address: 945 Wire Road, Neeses, SC 29107
Home Phone: _____ Work Phone: (803) 791-6542
Preparer's Name: J. Russell Goudelock, II

Employer's Name: Amazon.Com.dedc, LLC
Address: 7200 Discovery Drive, Chattanooga, TN 37421
Insurance Company of the State of Pennsylvania c/o
Carrier: Sedgwick Claims Management Services, Inc.
Preparer's Phone #: (803) 227-2222

A claim for workers' compensation benefits is made based on the following grounds:

Injury Illness Repetitive Trauma

1. Comp. Rate: \$326.08 2. AWW: \$489.09 **Date of Injury: 02/10/13**
3. Type of injury and body part(s): Headaches; alleged eyes, neck and ears.
4. Facts in controversy: Did claimant sustain injury(ies) by accident arising out of and in the course of his employment to the extent alleged in Form 50? Are defendants responsible for mileage reimbursement to claimant and/or for medical treatment/evaluation by Benjamin Paysinger, M.D.?
5. Legal issues involved: S.C. Code Ann. Sections 42-1-120, 42-1-160, and 42-15-60; other applicable statutes, regulations and case law.
6. Unusual aspects: Claimant's Form 50 seeks only mileage reimbursement. Defendants reserve the right, and may move, to postpone or adjourn the scheduled hearing to exercise due process rights afforded by the S.C. Administrative Procedures Act, and other applicable law, to cross-examine, respond to and/or otherwise oppose evidence presented by Claimant.
7. Witnesses (designate if expert):* Claimant; Michael Sarnina; Kelley Wells, RN; Alicia Keisler, and/or other representative(s) from the Employer.
8. Exhibits: Employment personnel records; transcript of Claimant's deposition testimony (June 17, 2013); see No. 6 above.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Defendants' Notice (February 28, 2014).
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health HealthWorks, Columbia, S.C., occupational medicine.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: Defendants request that the SC Workers' Compensation Commission order discretionary mediation pursuant to Reg. 67-1801 B to attempt to facilitate resolution of pending issue(s) with claimant not represented by legal counsel.

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
 b. Mediation is required pursuant to Reg. 67-1802.
 c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
 d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarence B. Jenkins

address 945 Wire Road, Neeses, South Carolina 29107

on the 28th day of February 20 14

by first class postage certified mail personal service.

Signature: _____

Date of Hearing: March 12, 2014

Email: rgoudelock@mgclaw.com

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-801 through 67-815; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

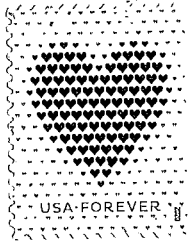
WCC FORM # 53
Revised 7/13

58

PRE-HEARING BRIEF

Edouard Jean B. Jr
945 W. W. Rd.
Neeses, SC 29107

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SC Court of Appeals

Jeanette Hutchings, Clerk
P.O. Box 11629
Columbia, SC 29211

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