

Motion to Reopen and proceed In Civil Case

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

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APPEAL FROM DARLINGTON COUNTY

Court of Common Pleas

Roger e. Henderson 2754, Circuit Court Judge

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Appellate Case No. 2020-000058

The Roger E. Henderson

Darlington County

Trail Court case No. 2019CP1600705

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**RECEIVED**

MAY 21 2020

SC Court of Appeals

Motion to Reopen and proceed In Civil Case

Basic on the I'm on Social Security benefits with form SSA 1099

Benefits amount of 7908.00 yearly.

I have federal case that Federal has exempt processing fees basic on Federal  
Income.

S/Angel Phillips

Angel Phillips

1012 Queen St

Camden SC 29020

(803)669-2406

APPELLANT

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

Angel Phillips, )  
)  
Plaintiff, )  
)  
v. )  
)  
Commissioner of Social Security Administration, )  
)  
Defendant. )  
\_\_\_\_\_ )

C/A No. 0:20-649-DCN-PJG  
C/A No. 0:20-650-DCN-PJG

ORDER

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These matters concern an appeal from a denial of social security benefits filed by a pro se litigant. Under Local Civil Rule 73.02(B)(2) (D.S.C.), pretrial proceedings in these actions have been referred to the assigned United States Magistrate Judge.

This matter was placed on the docket as two separate cases but the court has reviewed the pleadings and attached exhibits and concludes that the cases are duplicative. Therefore, the Clerk of Court is directed to docket the Complaint (but not the exhibits) from C/A No. 0:20-650-DCN-PJG as the first attachment to the Complaint in C/A No. 0:20-649-DCN-PJG. The Clerk is also directed to administratively close C/A No. 0:20-650-DCN-PJG because they are duplicative. **Plaintiff should only use Case Number 0:20-649-DCN-PJG on any documents filed in the court in the future.**

**PAYMENT OF THE FILING FEE:**

Plaintiff submitted an Application to Proceed in District Court Without Prepaying Fees or Costs (Form AO240), which the court construes as a motion for leave to proceed *in forma pauperis*. See 28 U.S.C. § 1915. (C/A No. 0:20-649-DCN-PJG, ECF No. 4.) A review of the motion reveals that Plaintiff should be relieved of the obligation to prepay the full filing fee. Therefore, Plaintiff's motion for leave to proceed *in forma pauperis* is granted, subject to the court's right to require a payment if Plaintiff's financial condition changes, and to tax fees and costs against Plaintiff at the conclusion of this case if the court finds the case to be without merit. See *Flint v. Haynes*, 651 F.2d 970, 972-74 (4th Cir. 1981).

**TO PLAINTIFF:**

Plaintiff failed to file a summons and Forms USM-285. Therefore, the court is not able to authorize the issuance and service of process at this time. **If Plaintiff does not follow the instructions below within the time permitted by this order, this case may be dismissed for failure to prosecute and failure to comply with an order of this court under Rule 41 of the Federal Rules of Civil Procedure.**

FEBRUARY 21, 2020



ANGELA D PHILLIPS  
1012 QUEEN ST  
CAMDEN SC  
29020-3113

711 C M11

**FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2019**

Part of your social security benefits as shown in box 5 may be taxable income for 2019. Use the figure from box 5 of this statement and the enclosed notice 703 from IRS to see if any part of your benefits may be taxable on your federal income tax return. Also see general information enclosed.

1. Name ANGELA D PHILLIPS		2. Social Security Number 250-55-0334
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3. Benefits for 2019 \$ 7908.00	4. Benefits Repaid to SSA in 2019 \$ NONE	5. Net Benefits (box 3 - box 4) for 2019 \$ 7908.00
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Description of amount in box 3

PAID BY CHECK OR DIRECT DEPOSIT	\$	7908.00
BENEFITS FOR 2019	\$	7908.00

Description of amount in box 4

NONE

6. Voluntary Federal Income Tax Withheld

NONE

7. Address

ANGELA D PHILLIPS  
1012 QUEEN ST  
CAMDEN SC  
29020-3113

8. Claim Number  
(Use this number if you need to contact SSA.)

250 55 0334 A

100000000 0026010635645719333929020311312

1099 DTE:02/18/20 SSN:250-55-0334 DOC:595 UNIT:ACX PG: 001

++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2018++++  
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2018.  
+USE \$ 7704.00 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART  
OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.  
+ALSO SEE ATTACHED GENERAL INFORMATION.

- BOX 1. NAME-ANGELA D PHILLIPS
- BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-250-55-0334 (SEE BOX 8 BELOW)
- BOX 3. BENEFITS FOR 2018- \$ 7704.00 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
- BOX 4. BENEFITS REPAID TO SSA IN 2018-NONE  
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
- BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2018-\$ 7704.00
- BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE
- BOX 7. ADDRESS-ANGELA D PHILLIPS 1012 QUEEN ST  
CAMDEN SC 29020-3113
- BOX 8. CLAIM NUMBER-250-55-0334A (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)  
CROSS-REFERENCE NUMBER-250-02-7120C3

+++DESCRIPTION OF AMOUNT IN BOX 3+++

ADD:	
PAID BY CHECK OR DIRECT DEPOSIT-----	\$ 7704.00
MEDICARE PART B-----	\$ 0.00
MEDICARE PART C-----	\$ 0.00
MEDICARE PART D-----	\$ 0.00
WORKERS COMPENSATION OFFSET-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
PAID TO ANOTHER FAMILY MEMBER-----	\$ 0.00
ATTORNEY FEES-----	\$ 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD-----	\$ 0.00
TREASURY BENEFIT PAYMENT OFFSET, GARNISHMENT AND/OR TAX LEVY-----	\$ 0.00
	TOTAL ADDITIONS-\$ 7704.00
SUBTRACT:	
NONTAXABLE PAYMENTS-----	\$ 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU-----	\$ 0.00
	TOTAL SUBTRACTIONS-\$ 0.00
	BENEFITS FOR 2018 (AMOUNT SHOWN IN BOX 3)-\$ 7704.00

+++DESCRIPTION OF AMOUNT IN BOX 4+++

ADD:	
CHECKS RETURNED TO SSA-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
OTHER REPAYMENTS-----	\$ 0.00
	BENEFITS REPAID TO SSA IN 2018 (AMOUNT SHOWN IN BOX 4)-\$ 0.00

# Your New Benefit Amount

**BENEFICIARY'S NAME: ANGELA D PHILLIPS**

Your Social Security benefits will increase by **1.6%** in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

## **How Much Will I Get And When?**

- Your monthly amount (before deductions) is **\$670.00**
- The amount we deduct for Medicare Medical Insurance is **\$0.00**  
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is **\$0.00**  
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is **\$0.00**  
(If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive **\$670.00**  
on or about January 3, 2020.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit ***www.ssa.gov/non-medical/appeal*** to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** online.

## **What If I Have Questions?**

- Visit our website at ***www.socialsecurity.gov***
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**)

## Your New Benefit Amount

**BENEFICIARY'S NAME:** ANGELA D PHILLIPS

Your Social Security benefits will increase by **1.6%** in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

### How Much Will I Get And When?

- Your monthly amount (before deductions) is \$109.00
- The amount we deduct for Medicare Medical Insurance is \$0.00  
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is \$0.00  
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00  
(If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive \$109.00  
on or about January 3, 2020.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit [www.ssa.gov/non-medical/appeal](http://www.ssa.gov/non-medical/appeal) to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org) online.

### What If I Have Questions?

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- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

Angel Phillips  
1012 Queen St  
Camden SC  
29020



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MAY 21 2020

SC Court of Appeals

ATT. Clerk of Court of Appeals  
1220 Senate St Columbia  
SC 29201

FOR God so loved the world  
whoever believes in him should not perish but  
have eternal life...

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

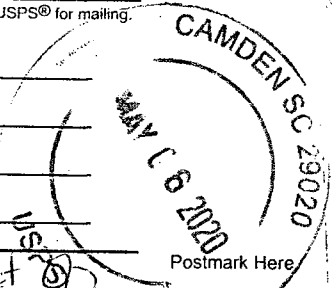


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From: Angel Phillips  
1012 Queen St  
Camden SC 29020



To: South Carolina Court of Appeals  
ATTN: Jenny Kitching  
P.O. Box 11629  
Columbia S.C. 29211