



RETIRED

RECEIVED

JUN 22 2021

SC Court of Appeals

June 21, 2021

US MAIL DELIVERY OR PERSONAL SERVICE

The Honorable Daniel E. Steakhouse, Clerk
Supreme Court of South Carolina
Columbia, SC 29211

Re: Previous Emailed Request to Amend my Appeal/ Petition for Writ of Certiorari of SC COA April 23, 2021 Order viewed online April 28, 2021 to the S.C. Supreme Court- Terry Capone v. City of Columbia and Companion Third Party Administrator, LLC Supreme 2021-000453 **Appellate Case No.: 2019-000369 / Associated Case: 2018-001364 W.C.C. File Nos. 1322451, 1319203, 1420487**

Dear Hon Daniel E Steakhouse:

1. I never received a response from my May 24, 2021 email inquiry to the Court, addressing "can I amend my petition, and if so the procedure for doing so? **See attached Evidence EXHIBIT # 1**
2. This letter is also to give notice to the Court, that after the SC Court of Appeals dismissed my appeal that is being petitioned in this Court, the Respondents and their attorneys has continued to perpetrate Fraud on the Court /Tribunal and submitted fraudulent documents to the SC Workers Compensation Commission, their actions are directly related to the matters before this Court, most recently April 28, 2021 the Respondent through their attorneys submitted fraudulent documents labeled "WCC Form #19 in regards SC WCC#1319203 Date of Injury 10/12/2013, to the SC Workers Compensation Commission stating they had **Total Compensation Paid \$0.00** and **Case Denied**, see attached evidence **EXHIBIT #2**

Excerpts of Check: City of Columbia Workers Compensation No.:700000004250 001 Loss Date: 10/12/13
Date 01/06/14 Check No.: 0000151461 Claimant TERRY CAPONE Dollars \$2729.48
Coverage: WORKERS COMPENSATION
Cause of loss: WORKERS COMPENSATION
Explanation of Payment: TEMPORARY TOTAL DISABILITY FROM 12/6/13-1/2/14 (4WKS)

Excerpts of Check: City of Columbia Workers Compensation No.:700000004250 001 Loss Date: 10/12/13
Date 01/07/14 Check No.: 0000151494.Claimant TERRY CAPONE Dollars \$682.37
Coverage: WORKERS COMPENSATION
Cause of loss: WORKERS COMPENSATION
Explanation of Payment: TEMPORARY TOTAL DISABILITY FROM 1/03/2014 To 1/09/2014

Excerpts of Check: City of Columbia Workers Compensation No.:700000004250 001 Loss Date: 10/12/13
Date 01/14/14 Check No.: 0000151611 Claimant TERRY CAPONE Dollars \$682.37
Coverage: WORKERS COMPENSATION
Cause of loss: WORKERS COMPENSATION
Explanation of Payment: TEMPORARY TOTAL DISABILITY FROM 1/14/2014 TO 1/16/2014

This brings the Fraud On the Court in my South Carolina Workers' Compensation claims on appeal "full circle" into the present date and time, as it ends how it started with Fraud on the Court.

1. The SC WCC 1420487 Claim No: 700000004739, date of Injury 6/24/2014 does not exist, this is a date that was incorrectly put in by the SC Workers Compensation Commission. The correct date of Injury 6/24/2013 was corrected and agreed on by both parties on the record. See, **attached evidence EXHIBIT #3**

I have submitted a timely SC WCC FORM #15 to the SC Workers Compensation Commission for the illegal stopping of my South Carolina Workers Compensation Benefits, and failure of the respondents/Employer to follow proper procedures to stop my SC workers Compensation pay, nothing has been done about it.

The Respondents/Employer denied mold/fungi just to have the records release years later showing I was exposed to mold/fungi .

Indicating I do not agree with the termination of temporary compensation. I request a hearing to determine whether I am entitled to further compensation. Form 15(II) has not been received. **See attached EVIDENCE # 4.**

I have continued to notify the South Carolina Workers Compensation Commission and Court of these matters and nothing has been done about it, please see attached.

I am not an attorney. Thank you for your assistance with this matter, please contact me if you have any questions. Thank you for your consideration.

Enclosure(s) as Stated
SC Supreme Court
SC Court of Appeals
SC Workers Compensation Commission
Insurance Fraud Division, Attorney Generals Office
Cc: Cynthina C Dooley
Carmelo B Sammataro
Attorney for Respondents

With The Highest Regards,



Mr. Terry H. Capone
Fire Battalion Chief-Retired
1 Arsenal Hill Court
Columbia, SC 29201
803.622.6578
Email: tcapone@liberty.edu

EXHIBIT 1

RECEIVED

May 25 2021

S.C. SUPREME COURT

From: Capone, Terry
To: Supreme Court Filings
Subject: Fwd: TCAPONE 2021-000453 Petition for Certiorari of a void judgment Terry Capone v. City of Columbia
Date: Tuesday, May 25, 2021 8:42:14 AM
Attachments: TCAPONE_2021_00453_5_24_2021_Petition_of_Certiorari_of_a_Void_Judgment.pdf

Good morning,

The attached message was sent in error yesterday to: athompson@sccourts.org. please see attached and below message sent yesterday.

From: Capone, Terry <tcapone@liberty.edu>
Sent: Monday, May 24, 2021, 9:27 PM
To: Court Of Appeals Filings; athompson@sccourts.org
Cc: Dooley, Cindy C.
Subject: Re: TCAPONE 2021-000453 Petition for Certiorari of a void judgment Terry Capone v. City of Columbia

Greetings Supreme Court,

Please see attached 2021-000453 Petition for Certiorari of a void judgment Terry Capone v City of Columbia mailed certified today, also to SC COA and Attorney Dooley.

I would like to know can I amend my petition, and if so the procedure for doing so, thank you. See attached

Sent from Terry H Capone's Verizon 4G LTE smartphone
PSALM 35 -The Lord the Avenger of His people
A Psalm of David. Plead my cause, O Lord, with those who strive with me;

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The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

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EXHIBIT 2

Re: TCAPONE FORM 19 Ms.Dooley 1719990, 1519702, 1423445, 1503655, 1322789

Capone, Terry <tcapone@liberty.edu>

Thu 5/13/2021 3:41 PM

To: Hollmon, Eugenia <EHollmon@wcc.sc.gov>; Calhoun, Benjamin E <BCalhoun@TurnerPadget.com>; Dooley, Cindy C. <cdooley@turnerpadget.com>; WCC-Judicial_Email <Judicial@wcc.sc.gov>

Cc: Ragland, Laura S <LRagland@TurnerPadget.com>

3 attachments (3 MB)

ATT DOOLEY FORM 19 April 28 2021.pdf; SC FORM 15 5 13 2021.pdf; Capone v. City of Columbia WCC CHECKS.pdf;

Greetings Ms.Hollmon, Judicial and WCC,

I received the attached form 19 from Ms. Dooley and I needed to know why I was receiving them and if I needed to respond?

I previously notified the commission and submitted the attached form 15 for illegal stopping of my workers compensation benefits, and failure to follow proper procedures to stop my pay. The document Ms. Dooley submitted is fraudulent, since clearly the city paid me workers compensation benefits (DOI:10/12/2013)as noted on the checks and then failed to follow procedures to stop my pay and nothing has been done about it(see actual check copies), and denial of mold /fungi's just to have the records released showing my exposure to mold /fungi. I thought we were getting to the truth and I just keep experiencing fraud; what am I supposed to do with these papers? Please see attached and advise.

Sent from Terry H Capone's Verizon 4G LTE smartphone

PSALM 35 -The Lord the Avenger of His people A Psalm of David. Plead my cause, O Lord, with those who strive with me;

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Turner | Padget

April 28, 2021

Cynthia C. Dooley
Email: CDooley@TurnerPadget.com
Writer's Direct Dial: 803-227-4209

Ms. Sonji Spann, Director of Claims
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

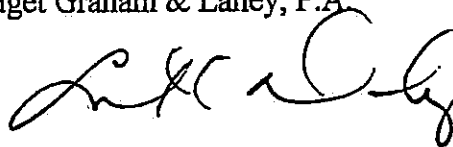
RE: Claimant: Terry H. Capone
 Employer: City of Columbia
 Carrier: Companion Third Party Administrators, LLC
 Claim No.: 70000004250
 WCC File No.: 1319203
 Our File No.: 15030.00120
 D/A: 10/12/2013

Dear Ms. Spann:

Please find enclosed the original and one copy of a Form 19 in the above referenced matter. We would appreciate it if you would ensure that this form is appropriately noted to the Commission's file and return to us a clocked stamped copy in the enclosed stamped self-addressed envelope.

Sincerely,

Turner Padget Graham & Laney, P.A.



Cynthia C. Dooley, Esquire

CCD/ewg

cc: Jonathan Duarte via email
 Dana Thye via email
 Demetrius Rumph via email
 Terry Capone

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500 • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 www.wcc.sc.gov



WCC File #: 1319203
 Carrier File #: 70000004250
 Carrier Code #: _____
 Employer FEIN #: _____

Claimant's Name: Terry H. Capone Employer's Name: City of Columbia
 Address: _____ Address: 1737 Main Street
 City: Columbia State: SC Zip: 29201 City: Columbia State: SC Zip: 29201
 Home Phone: () -6397 Work Phone: _____ Insurance Carrier: Companion Third Party Administrators, LLC
 Preparer's Name: Cynthia C. Dooley, Esquire Law Firm: Turner Padgett Graham & Laney, P.A. Preparer's Phone #: 803-227-4209

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of Weeks T.T.	_____	_____	_____	\$ _____
2. Number of Weeks T.P.	_____	_____	_____	\$ _____
3. Number of Weeks P.P.	_____	_____	_____	\$ _____
4. Disfigurement	_____	_____	_____	\$ _____
5. Agreement and Final Release	_____	_____	_____	\$ _____
Total Compensation Paid				\$ <u>0.00</u>
6. Total Medical Benefits* Paid	_____	_____	_____	\$ _____
7. Funeral Benefits	_____	_____	_____	\$ _____

Case Denied

Date of Injury: 10/12/2013
 (m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: _____
 Claimant

By: [Signature]
 Employer's Representative

4-28-202
 Date
 (m/d/yyyy)

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of Additional Fees and Recoupment

A. Carrier Reimbursement by Third Party	_____	\$ _____
B. Attorney's Fee Paid by Employer	_____	\$ _____
C. Attorney's Fee Paid by Claimant (Non-contingent fees only)	_____	\$ _____

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. * Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within 16 days of final payment of compensation. Form 19 must be filed when a claim is denied.

Turner Padget

April 28, 2021

Cynthia C. Dooley
Email: CDooley@TurnerPadget.com
Writer's Direct Dial: 803-227-4209

Ms. Sonji Spann, Director of Claims
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

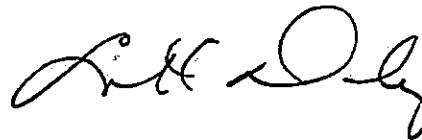
RE: Claimant: Terry Capone
 Employer: City of Columbia
 Carrier: Companion Third Party Administrators, LLC
 Claim No.: 700000004739
 WCC File No.: 1420487
 Our File No.: 15030.00121
 D/A: 06/24/2014

Dear Ms. Spann:

Please find enclosed the original and one copy of a Form 19 in the above referenced matter. We would appreciate it if you would ensure that this form is appropriately noted to the Commission's file and return to us a clocked stamped copy in the enclosed stamped self-addressed envelope.

Sincerely,

Turner Padget Graham & Laney, P.A.



Cynthia C. Dooley, Esquire

CCD/ewg

cc: Jonathan Duarte via email
Dana Thye via email
Demetrius Rumph via email
Terry Capone

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500 • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 www.wcc.sc.gov



WCC File #: 1420487
 Carrier File #: 700000004739
 Carrier Code #: _____
 Employer FEIN #: _____

Claimant's Name: Terry Capone Employer's Name: City of Columbia
 Address: _____ Address: 1737 Main Street
 City: Columbia State: SC Zip: 29201 City: Columbia State: SC Zip: 2920
 Home Phone: () -6397 Work Phone: _____ Insurance Carrier: Companion Third Party Administrators, LLC
 Preparer's Name: Cynthia C. Dooley, Esquire Law Firm: Turner Padgett Graham & Laney, P.A. Preparer's Phone #: 803-227-4209

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of Weeks T.T.	_____	_____	_____	\$ _____
2. Number of Weeks T.P.	_____	_____	_____	\$ _____
3. Number of Weeks P.P.	_____	_____	_____	\$ _____
4. Disfigurement	_____	_____	_____	\$ _____
5. Agreement and Final Release	_____	_____	_____	\$ _____
Total Compensation Paid				\$ <u>0.00</u>
6. Total Medical Benefits* Paid	_____	_____	_____	\$ _____
7. Funeral Benefits	_____	_____	_____	\$ _____

Case Denied

Date of Injury: 06/24/2014
 (m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: _____
 Claimant

By: [Signature]
 Employer's Representative

4-28-20
 Date (m/d/yyyy)

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of Additional Fees and Recoupment

A. Carrier Reimbursement by Third Party	_____	\$ _____
B. Attorney's Fee Paid by Employer	_____	\$ _____
C. Attorney's Fee Paid by Claimant (Non-contingent fees only)	_____	\$ _____

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. * Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within 16 days of final payment of compensation. Form 19 must be filed when a claim is denied.

EXHIBIT 3

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Bank of America
Bank of America

City of Columbia Workers Compensation
COMPANION TPA, LLC - ADMINISTRATOR
P. O. BOX 100159 COLUMBIA, SC 29202-3165

No. 0000151461

323
F118

CLAIM NO: 700000004250-0001 LOSS DATE: 10/12/13
POLICY NO: CCW 0000001 INSURED'S NAME: CITY OF COLUMBIA

DATE: 01/06/14 CHECK NO.: 0000151461
CLAIMANT NAME: TERRY CAPONE

TWO THOUSAND SEVEN HUNDRED TWENTY NINE & 48/100

DOLLARS \$2,729.48

PAY TO THE ORDER OF: TERRY CAPONE

• Void after 6 months



CASHER: For your protection,
require two IDs from payee.

AUTHORIZED SIGNATURE

PLEASE TEAR AT PERF TO DETACH CHECK

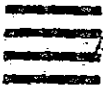
Fern: 111111111

Coverage: WORKERS COMPENSATION
Cause of Loss: WORKERS COMPENSATION

Explanation of Payment:

TEMPORARY TOTAL DISABILITY FROM 12/6/13 - 1/2/14 (4WKS)

If you have any questions concerning this payment,
please contact Doris Quizhpe at ext. 44262



Acct #:

State: 39

MCO: 01

TERRY CAPONE

4209 WOODRIDGE DRIVE
COLUMBIA, SC

29201

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



City of Columbia Workers Compensation
COMPANION TPA, LLC - ADMINISTRATOR
P. O. BOX 100159 COLUMBIA, SC 29202-3165

No. 0000151494

32-1
1115

CLAIM NO: 700000004250-0001 LOSS DATE: 10/12/13
POLICY NO: CCM 0000001 INSURED'S NAME: CITY OF COLUMBIA

DATE: 01/07/14 CHECK NO.: 0000151494
CLAIMANT NAME: TERRY CAPONE

SEX HUNDRED EIGHTY TWO & 37/100

DOLLARS 5602.37

PAY TO THE ORDER OF: TERRY CAPONE

Void after 6 months

CASHER: For your protection,
require two IDs from payor.

AUTHORIZED SIGNATURE

PLEASE TEAR AT PERF TO DETACH CHECK

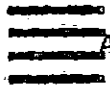
FEIN: 111111111

Coverage: WORKERS COMPENSATION
Cause of Loss: WORKERS COMPENSATION

Explanation of Payment:

TT TERRY CAPONE 01/03/2014 TO 01/09/2014

If you have any questions concerning this payment,
please contact Doris Quizhpe at ext. 44262



Acct #:

State: 39

MCO: 01

TERRY CAPONE

4209 WOODRIDGE DRIVE
COLUMBIA, SC

29203

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Bank of America

Bank of America



City of Columbia Workers Compensation
COMPANION TPA, LLC - ADMINISTRATOR
P. O. BOX 100159 COLUMBIA, SC 29202-3165

No. 0000151611

351
1110

CLAIM NO: 700000006250-0003 LOSS DATE: 10/12/13 DATE: 01/16/14 CHECK NO: 0000151611
POLICY NO: CCR 0000001 INSURED'S NAME: CITY OF COLUMBIA CLAIMANT NAME: TERRY CAPONE

SIX HUNDRED EIGHTY TWO & 37/100

DOLLARS \$682.37

PAY TO: TERRY CAPONE
THE
ORDER OF

Valid for 6 months

CASHIER: Use your personal ID's from payroll

AUTHORIZED SIGNATURE

PLEASE TEAR AT PERF TO DETACH CHECK

FBI: 111111111

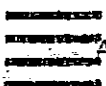
Coverage: WORKERS COMPENSATION

Cause of Loss: WORKERS COMPENSATION

Explanation of Payment:

TT TERRY CAPONE 01/10/2014 TO 01/16/2014

If you have any questions concerning this payment,
please contact Doris Quizhpe at ext. 44262



Acct #:

State: 39

MCO: 01

TERRY CAPONE

1209 WOODRIDGE DRIVE
COLUMBIA SC

29203

EXHIBIT 4

Form 8259 Revised 7/8/2012 Print or type in black ink		EMPLOYER'S DISABILITY EMPLOYMENT STATUS REPORT To Be Completed by Applicant's Payroll/Benefits Officer SC Public Employee Benefit Authority South Carolina Retirement Systems Attention: Customer Services Annuity Claims PO Box 11980, Columbia, SC 29211-1980		<input type="checkbox"/> SCRS <input checked="" type="checkbox"/> PORS <input type="checkbox"/> GARS
The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.				
Employee Name: TERRY E CAPONE		Social Security Number: Revised Ann: Linda Paulsloh		
Employer: CITY OF COLUMBIA		RECEIVED JAN 15 2014		Employer Code: 740.05
Position Title: FIRE BATTALION CHIEF				
1. Is the position title shown above correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please explain)		2. Annual salary on date of disability: CUSTOMER CLAIMS \$ 54,688.66		
3a. Is the employee currently working? <input checked="" type="checkbox"/> No (last day physically worked): 10/21/2013 (skip to Question 4a) <input type="checkbox"/> Yes (proceed to Question 3b) MM-DD-YYYY		3b. Is the employee performing all regular duties? <input type="checkbox"/> Yes (skip to Question 6a) <input type="checkbox"/> No (proceed to Question 3c)		
3c. In what capacity is the employee currently working? <input type="checkbox"/> Light duty* <input type="checkbox"/> Diminished capacity* <input type="checkbox"/> Leave without pay (not terminated) (attach copy of Personnel Policy) <input type="checkbox"/> Reduced hours <input type="checkbox"/> Other (please explain):		3d. Has a member been placed in a status shown at left: CUSTOMER SERVICE JAN 15 2014 <input checked="" type="checkbox"/> No (skip to Question 5) <input type="checkbox"/> Yes (date of termination): MM-DD-YYYY		
*Attach letter explaining current duties in relation to normal work functions.				
4b. Last day compensation was earned (including pay continuation, using annual and sick leave): MM-DD-YYYY		4c. Amount of lump-sum payments for unused leave Annual leave \$ _____ Sick leave \$ _____		4d. Number of days of unused leave: (complete and proceed to Question 6a) Annual leave _____ Sick leave _____
6. Employee's current payroll status (check one and indicate appropriate date): <input type="checkbox"/> On annual leave (date leave began): _____ <input type="checkbox"/> On sick leave (date leave began): _____ <input type="checkbox"/> On leave without pay (date leave began): _____ <input type="checkbox"/> Applied for leave under sick leave bank (date leave begins): _____ <input checked="" type="checkbox"/> Other (please explain): WORKERS COMP				
6a. Was this employee injured on the job? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (date of injury): MM-DD-YYYY		6b. Is employee on leave without pay (not terminated) pending settlement of a Workers' Compensation claim? <input type="checkbox"/> No <input type="checkbox"/> Claim settled (date): MM-DD-YYYY <input checked="" type="checkbox"/> Yes		
I hereby certify that to the best of my knowledge, the information above correctly reflects the records of the employing entity.				
Prepared by: CHARLENE HARVEY		Title: HR SPECIALIST		
Signature: <i>[Signature]</i>		Date: 01-15-14 Telephone: 915-3027		
Return completed form to the SC Retirement Systems (address above). Please call SC Retirement Systems Customer Service with any questions: (800) 868-3002 (In state) or (803) 737-8800				

COLUMBIA
 1601 ASSEMBLY ST
 COLUMBIA, SC 29201-9998
 451804-0202
 (800)275-8777
 07/22/2020 01:59 PM

Product	Qty	Unit Price	Price
First-Class Mail® Large Envelope Domestic COLUMBIA, SC 29202 Weight:0 Lb 9.90 Oz Estimated Delivery Date Saturday 07/25/2020	1	\$2.80	\$2.80
Cert Mail RstrDel Recipient name CYTHIA DOOLEY USPS Certified Mail # 70183090000117809673			\$9.00
Return Receipt USPS Return Receipt # 9590940254049189437121			\$2.85
First-Class Mail® Large Envelope Domestic COLUMBIA, SC 29202 Weight:0 Lb 9.70 Oz Estimated Delivery Date Saturday 07/25/2020	1	\$2.80	\$2.80
Total:			\$17.45

Debit Card Remit'd \$17.45
 Card Name:VISA
 Account #:XXXXXXXXXXXX9326
 Approval #
 Transaction #:040
 Receipt #:037329
 Debit Card Purchase:\$17.45
 Cash Back:\$0.00
 AID:A0000000980840 Chip
 AL:US DEBIT
 PIN:Verified

 Due to limited transportation availability as a result of nationwide COVID-19 impacts package delivery times may be extended. Priority Mail Express® service will not change.

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mail
 Track your Packages
 Sign up for FREE @
www.informedelivery.com

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

COLUMBIA SC 29202
OFFICIAL USE

7018 3090 0001 1780 9673

Certified Mail Fee	\$2.80
Extra Services & Fees (check box, add fee)	\$0.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.80
Total Postage and Fees	\$14.65

Postmark Here
 07/22/2020

Sent To *Cynthia Dooley Carmello Sr*
 Street and Apt No for PO Box Use *PO Box 1473*
 City, State, ZIP+4® *Columbia SC 29202*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



RETIRED

July 22, 2020

US MAIL OR PERSONAL DELIVERY

South Carolina Workers' Compensation Commission
Director Cannon and Records Manager
1333 Main Street Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715

Re: Form#15 --Temporary Compensation Report: Motion For Reconsideration Fraud On The Court/Tribunal --Denial of Due process and Equal Protections Under the Color of Law
Employer: Terry Capone v. City of Columbia SC WCC File Case No.:1319203, 1322451, 1420487

Dear SC WCC Judicial Dept:

Please see attached Temporary Compensation Report and Request for Hearing/Motion for Reconsideration and I have attached the \$100.00 Filing fee Check #1483 and \$1484 in amount of \$50.00 Each. I was never informed by the South Carolina Workers' Compensation Commission of the process or procedure my employer/carrier needed to follow before stopping compensation, and was due to Fraud On The Court/Tribunal and a denial of Procedural due process and Equal protection under the color of law. I am under disability under the law, no rights are lost and I am not a lawyer. Based on new developments/ evidence a remand is necessary for reconsideration accept this as a motion. Thank you for your assistance with this matter, please contact me if you have any questions. Please consider the attached evidence.

With The Highest Regards,

Enclosure(s) Evidence sheet as stated, attached #1-14
Cc: Cynthia C Dooley
Carmelo B. Sammataro Attorney for Respondents

Mr. Terry H. Capone
Fire Battalion Chief-Retired
130 Summerlea Drive
Columbia, SC 29203
803.622.6578
Email: tcapone@liberty.edu

CERTIFICATE OF SERVICE

The undersigned hereby certifies that he served the forgoing court copy referenced "Terry Capone v. City of Columbia SC WCC File Case No.:1319203, 1322451, 1420487

SC Court of Appeals Appellant Case. No. 2019-000369

July 22, 2020 Claimant

- Form#15 –Temporary Compensation Report: Employer: Terry Capone v. City of Columbia: No Form 15 II Has Not been Received
- Motion for Reconsideration July 22, 2020

by depositing a copy of the same in the United States Mail, Certified postage prepaid or better or personal delivery on July 22, 2020 to the following addressed to the Defendant Legal Representative known to be:

Cythia C Dooley

P.O.Box 1473

Columbia, SC 29202

This 22th day of July 2020.



Mr. Terry H Capone
Fire Battalion Chief-Retired
130 Summerlea Drive
Columbia, SC 29203
803.622.6578
Email: tcapone@liberty.edu

Columbia, South Carolina

TERRY H. CAPONE
 4209 WOODBRIDGE DR. 130 Summerlea
 COLUMBIA, SC 29203

67-7873/2539 05 1485
 ID-STATE 7/22/2020

Pay to the order of SC WCC \$ 50.00
~~by cash~~

SCU STATE CREDIT UNION
 1319203, 1322457, 1420087
 COLUMBIA, SOUTH CAROLINA 29202
 Notice Temporary Comp has been stopped (Compensation)

WCC Form #15-11 New filed 118

TERRY H. CAPONE
 4209 WOODBRIDGE DR. 130 Summerlea Dr
 COLUMBIA, SC 29203

67-7873/2539 05 1484
 ID-STATE 7/22/2020

Pay to the order of SC WCC \$ 50.00
~~by cash~~

SCU STATE CREDIT UNION
 1319203, 1322457, 1420087
 COLUMBIA, SOUTH CAROLINA 29202
 Found on the Court

Motion for Decree due for new service 118

TERRY H. CAPONE
 4209 WOODBRIDGE DR. 130 Summerlea Dr
 COLUMBIA, SC 29203

67-7873/2539 05 1483
 ID-STATE 7/22/20

Pay to the order of SC WCC \$ 50.00
~~by cash~~

SCU STATE CREDIT UNION
 1319203
 COLUMBIA, SOUTH CAROLINA 29202
 Notice Temporary Comp #1319203 has been stopped (Additional)

WCC Form #15-11 New filed 118

Insurance Fraud Complaint Form

Your Name

TERRY CAPONE

Name of Your Organization (if applicable)

Your Address

1 ARSENAL HILL CT

Your Email Address

tcapone@liberty.edu

Street Address

Your Telephone Number

803-622-6578

Address Line 2

COLUMBIA, SC

- ### -

City, State

29201

Zip

What is the false statement / misrepresentation / potential fraud you believe was committed and by whom? (Please attach copies of any supporting documentation to this complaint).

Workers Compensation Insurance fraud stemming from 2015 to present claims that are currently on appeal. Most recent April 28, 2021 the City of Columbia through their attorney submitted fraudulent documents to the SC Workers Compensation Commission that I was never paid SC workers Compensation for DOI 10/12/2013 and it was denied. Copies of check attached.

How do you know it is a false statement / misrepresentation / potential fraud and what evidence supports your conclusion?

Workers Compensation Insurance Fraud City of Columbia, Initially in 2015 illegally stopped my SC Workers Compensation Pay, failed to follow proper procedures, never issued a form 15 (II) and continued to deny legitimate claims.

Why does the false statement / misrepresentation / potential fraud matter?

Because concerns South Carolina Workers Compensation employer Insurance Fraud and I believe your office fails to properly track, documents complaints, under reports and under investigates employer Workers Compensation Insurance fraud.

Did a licensed professional participate?

Yes

No

If representing a business / organization, what was the amount claimed?

If representing a business / organization, what was the amount paid?

Date of Loss

10/12/2013 , 6/24/2013 and others

MM - DD - YYYY

Date of Claim

10/12/2013, 6/24/2013 and others

MM - DD - YYYY

Individuals Involved - Suspects

City manager, City Attorney Dana Thye, City third Party Administrators Doris Muccbins, Turner Padget Graham & Laney , PA Attorney Cynthia C. Dooley, SC Workers Compensation Commission McCaskill and others

If available, please include names, addresses, and telephone numbers of any parties you believe are involved in the false statement / misrepresentation / potential fraud.

Individuals Involved - Witnesses

I gave notice to City of Columbia Employees Mayor Steve Benjamin, City manager Teresa Wilson, Fire Chief Aubrey Jenkins, Director of Safety & Risk Management Demetrius Herbert Rumph, South Carolina Workers Compensation Commission and Commissioners, South Carolina Court of Appeals and South Carolina Supreme Court and others

If available, please include names, addresses, and telephone numbers of any parties you believe may have witnessed the false statement / misrepresentation / potential fraud.

Other Agencies or Individuals Contacted About This Matter

City of Columbia, their Attorneys and third party Administrators Companion TPA, LLC, SC Workers Compensation Commission, SC Court of Appeals , SC Supreme Court

Please mail this form to our office, with all supporting documentation to:

Insurance Fraud Division
Office of the Attorney General
P. O. Box 11549
Columbia, SC 29211-1549

RECEIVED

JUN 22 2021

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE SOUTH CAROLINA
COURT OF APPEALS

Appellate Case No.: 2021-000453

PROOF OF SERVICE

Terry H Capone, Claimant,

Petitioner,

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 21th day of June 2021, that I have served a copy of the attached Letter to the Court of Inquiry into Amending Appeal/Petition and provide Notice to the Court of continued Fraud on The Court/ Tribunal by Respondent/Defendants and in support Appeal/Petition for A Writ of Certiorari of the April 23, 2021 SC COA Order by depositing a copy of the same in the United States Mail, postage prepaid or better or personal delivery to the following addressed to the South Carolina Court of Appeals and Defendant Legal Representative and other known to be:

Cynthia C. Dooley, Esquire
Carmelo Barone Sammataro,
Esquire Attorneys for Respondents
TURNER PADGET
P.O. Box 1473
Columbia, SC 29202


The Hon. Jenny A Kitchings, Clerk
South Carolina Court of Appeals
P. O. Box 11629
Columbia, SC 29211

Insurance Fraud Division
Office of Attorney General
P.O. Box 11549
Columbia, SC 29211

SC Workers Compensation Commission
Appeals-Judicial Department
P.O.Box 1715
Columbia, SC 29202-1715

SIGNATURE PAGE TO FOLLOW

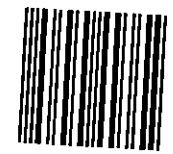
June 21, 2021

By: 
Mr. Terry H Capone
1 Arsenal Hill Court
Columbia, SC 29201
(803) 622-6578
Email: tcapone@liberty.edu
APPELLANT, PRO PER

Mr Terry H Capone
1 Arsenal Hill Court
Columbia SC 29201



1000



29211

U.S. POSTAGE
FCM LG ENV
COLUMBIA, SC
29201
JUN 21, 21
AMOUNT
\$5.20
R2304H108791-3

RECEIVED
JUN 22 2021
SC Court of Appeals

To The Hon. Jenny A. Kitchens, Clerk
South Carolina Court of Appeals
P.O. Box 11629
Columbia SC 29211