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Before the South Carolina Court of Appeals

OCT 18 2021

SC Court of Appeals

Alicia M. Ruffin,)
 Employee,)
 Appellant,)
 vs.)
 Builders Firstsource,)
 Employer,)
 and)
 Liberty Mutual Company,)
 _____)

Case No.: 2021-000318

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Oct 19 2021

S.C. SUPREME COURT

**Petition Requesting Motion for Extension
to submit Writ of Certiorari**

I, Alicia M. Ruffin, hereby beg the court to allow my request for Motion of the an Extension to submit *Writ of Certiorari* to the courts. Under SC Rule 242, "Certiorari to the Court of Appeals. The Appellant's injuries are permanent. The Appellant is still under doctors care for the work-related injury. Due to the initial injuries sustained by the Employer, Builders First Source's equipment and the authorized treating physicians Liberty Mutual provided to the Appellant; the Appellant is left with permanent nerve damage; leaving the Appellant disabled/unemployable. Please allow the Appellant an extension to provided the court with this submission. The Appellant, will be sending a money order in the amount for \$50 to cover the payment of the Appeal Court filing fee. The Appellant will be sending a copy of this Motion to the following by placing a copy thereof in the United States mail, first class certified mail to:

Amanda E. Neely, Esquire
 324 Rocky Slope Rd., Suite 201
 Greenville, SC 29607

RESPECTFULLY, I SUBMIT THIS REQUEST.

Alicia M. Ruffin
 Employee,
 Appellant,

RECEIVED

BEFORE THE SOUTH CAROLINA COURT OF APPEALS Oct 19 2021

S.C. SUPREME COURT

Alicia M. Ruffin,)
 Employee,)
 Appellant)
 vs.)
 Builders Firstsource,)
 Employer,)
 and)
 Liberty Mutual Company,)
 _____)

Case No: 2021-000310

RECEIVED

OCT 18 2021

SC Court of Appeals

Addendum

TO: The South Carolina Court Of Appeals
Amanda Neely, Esquire

On October 14, 2021, the Appellant received a Motion to Certify Form 19. And also, a copy of the monetary award Commissioner Beck ordered the Appellant to receive as of December 10th 2020. Prior to October 14, 2021, there has been no mention or acknowledgment of the award by anyone from the office of Willson, Jones, Carter & Baxley including Atty. Mary-Kate Littlejohn nor by Atty. Amanda Neely. Liberty Mutual addressed the award to the Attorney that was representing the interests of Liberty Mutual and Builders Firstsource, "C/O WJC&B-Mary Kate Littlejohn". But the statement/testimony of Atty. Neely to the Court of Appeals was that she was not properly served by the Appellant. The check that Atty. Neely concealed and still has in her possession until after your HONORS rendered their decision on September 13, 2021; has since expired and was voided 90 days after 03/15/21. There is no mention of Atty. Neely on the copy of the check she submitted as evidence to Workers' Compensation Commission on October 11, 2021. Thus, this give support to the Claimants argument that Atty. Mary Kate Littlejohn was the only attorney to be acknowledge as representing the interest of Liberty Mutual and Builders First Source. And Atty. Neely mislead the Court of Appeals to believe that she not properly served. To date, Atty. Amanda Neely is in Contempt of the December 10, 2020 Order by the Workers Compensation Commission, since she deliberately acted in "Bad Faith" by keeping in her possession the award pass it's expiration date. All support documents are included to give witness that Appellant's statement is true.

Alicia M. Ruffin

Appellant 10/15/2021



willson jones
carter & baxley

attorneys at law
greenville | charleston | columbia
charlotte | myrtle beach | raleigh | atlanta

Amanda E. Neely
Direct (864) 272-2668
Fax (864) 235-6015
aeneely@wjcbllaw.com

325 Rocky Slope Road, Suite 201
Greenville, SC 29607
www.wjcbllaw.com

October 11, 2021

Claims Dept.
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Your copy

Re: Alicia Ruffin vs. Builders Firstsource, Inc.
WCC File No.: 1815744 DOI: 10/4/2018
Carrier: Liberty Mutual Insurance Company - Claim No.: WC555-E13688
WJC&B File No.: 0010.05283

Dear Ms. Bracy:

Enclosed please find a Motion to Certify Form 19 in the above-referenced matter, along with a check in the amount of \$50.00 in payment of the Commission's filing fee. Please return a filed copy of the Form 19 to my office in the provided stamped envelope. By copy of this correspondence, a copy of the Motion is being served upon Alicia Ruffin, claimant.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.

Amanda E. Neely

AEN/tlb

Enclosures

cc (w/enclosure):

✓ Alicia Ruffin (US Mail)
Ms. Marie Warner-Smith (via e-mail)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1815744

Alicia Ruffin,)
Employee,)
Claimant,)
vs.)
Builders Firstsource, Inc.,)
Employer,)
and)
Liberty Mutual Insurance Company,)
Carrier,)
Defendants.)

MOTION TO CERTIFY FORM 19

TO: South Carolina Workers' Compensation Commission;
Alicia Ruffin, Claimant:

YOU WILL PLEASE TAKE NOTICE that on the tenth day of service hereof or as soon thereafter as the matter can be heard, the Defendants, Builders Firstsource, Inc. and Liberty Mutual Insurance Company, will move before the jurisdictional Commissioner for an Order certifying the Form 19 Receipt of Compensation. Grounds for this motion are as follows:

1. This claim arises from an admitted accident that occurred on October 4, 2018 that resulted in minor injuries to Claimant's neck and back.
2. On February 19, 2020, Defendants filed a Form 21, Request for Hearing, to stop payment of temporary disability benefits, determine what, if any, further benefits Claimant is entitled to, and to request credit for temporary total disability benefits paid in excess of maximum medical improvement.
3. This case was heard by Commissioner T. Scott Beck on September 16, 2020 on Defendants' Form 21. Commissioner Beck issued Order Instructions on October 15, 2020 and instructed the Undersigned to draft the Decision and Order.

4. On December 10, 2020, Commissioner Beck filed the Decision and Order with the South Carolina Workers' Compensation Commission and emailed it to the parties. In pertinent part the Order found: that result of Claimant's accidental injury occurring on October 4, 2018, she has sustained 15% permanent partial disability to the back, for which she is entitled to 45 weeks of compensation, at the compensation rate of \$602.45 per week totaling \$27,110.25. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation in the amount of \$24,098.00, which represents 40 weeks of overpayment from February 19, 2020 to November 24, 2020. This results in a net award of \$3,012.25. *See Commission's file.*

5. At some time after the Decision and Order was entered, Claimant filed some sort of attempt at an appeal. The Claimant's Form 30 Request for Commission Review was dismissed by the Commission on January 6, 2021, as the Claimant failed to comply with the requirements of S.C. Code 42-17-50, and S.C. Regulation 67-701. *See Commission's file.*

6. Claimant subsequently filed a "Motion to Reinstate Claimant's Workers' Compensation Benefits," asking the Commission to Order Defendants to resume payment of TTD benefits pending her appeal. *See Commission's file.*

7. The Motion to Reinstate Claimant's Workers' Compensation Benefits was denied on February 24, 2021. *See Commission's file.*

8. Defendants have made numerous good faith attempts to send Claimant her award check pursuant to the December 10, 2020 Order for \$3,012.25 and to have her sign the Form 19, but Claimant has refused to do so.

3. Defendants now request that the Commission issue an Order certifying the Form 19 so that the award money can be paid out to Claimant and the file can be closed.

FOR THE FOREGOING REASONS, Defendants Builders Firstsource, Inc. and Liberty Mutual Insurance Company move for an Order certifying the Form 19 Receipt of Compensation.

BRANCH OFFICE ADDRESS:
 PO BOX 8016
 WAUSAU, WI 54402
 813-264-6588



B. CODE 189	CHECK NUMBER 04912144	CHECK DATE 03/15/21
	CHECK AMOUNT ***\$3012.25	BLOCK NUMBER 002456

PAGE 1 OF 1

OSN: EE2501031503-002680

CLAIM #: WC 555-E13688
 CONTRACT #: WA7-65D-004212-127

CONTROL #: 000001299 ID: CRS0163

PAYEE: ALICIA RUFFIN

DATE OF INJURY: 10/04/18
 EMPLOYEE: RUFFIN, ALICIA
 563 DUNCAN STATION DRIVE
 DUNCAN, SC 29334
 EMPLOYER: BUILDERS FIRSTSOURCE INC
 DATES OF SERVICE: 03/15/21-03/15/21
 LOCATION CODE: SSPSYD

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/15/21	03/15/21	TT EHP		602.45	3012.25	3012.25	

NOTE: ONE TIME ORDER

TOTAL GROSS 3012.25
 TOTAL PAYABLE: 3012.25
 TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00
 TOTAL AMOUNT PAID: 3012.25

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BNA *001919*
 813-264-6588
 PO BOX 8016
 WAUSAU, WI 54402



BANK OF AMERICA
 HARTFORD, CT

*PAY*THREE*THOUSAND*TWELVE*DOLLARS*TWENTY*FIVE*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
555	189	CLAIM WC 555-E13688	04912144	03/15/21

PAY \$ 3012.25

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

PAY TO THE ORDER OF: ALICIA RUFFIN
 C/O WJC&B-MARY KATE LITTLEJOHN
 325 ROCKY SLOPE RD SUITE 201
 GREENVILLE SC 29607

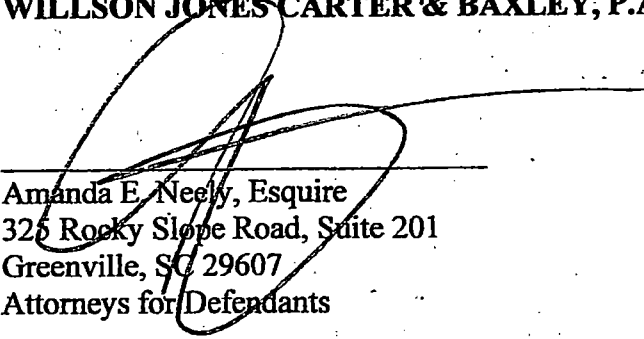
de 2 part

⑈04912144⑈ ⑆011900445⑆000000067585⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Amanda E. Neely, Esquire
325 Rocky Slope Road, Suite 201
Greenville, SC 29607
Attorneys for Defendants

Date: October 13, 2021

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 P.O. BOX 1715
 Columbia, SC 29202-1715
 (803)737-5723

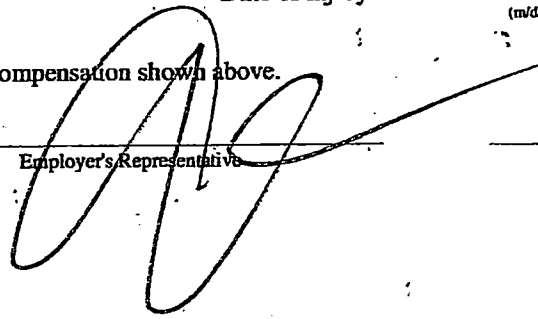


WCC File #: 1815744
 Carrier File #: WC555-E13688
 Carrier Code #: 417
 Employer FEIN #: 38-2774524

Claimant's Name: Alicia Ruffin Employer's Name: BUILDERS FIRSTSOURCE INC
 Address: 563 DUNCAN STATION DRIVE DUNCAN SC 29334 Address: 8035 HOWARD STREET SPARTANBURG SC 29303
 City: DUNCAN State: SC Zip: 29334 City: _____ State: _____ Zip: _____
 Home Phone: 8648148350 Work Phone: _____ Insurance Carrier: Liberty Insurance Corporation
 Preparer's Name: marian culp Law Firm: _____ Preparer's Phone #: (800) 532-7706

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of weeks T.T.	<u>112.4</u>	<u>10/05/2018</u>	<u>11/30/2020</u>	<u>\$67,818.66</u>
2. Number of weeks T.T.				
3. Number of weeks P.P.	<u>Awarded 45 weeks at \$602.45 for a total of \$27,110.25 with an overpayment of \$24,098.00 (included in Number of weeks T.T. amount) for an award of \$3012.25</u>			<u>\$3,012.25</u>
4. Disfigurement				<u>\$0.00</u>
5. Agreement and Final Release				<u>\$0.00</u>
Total Compensation Paid				<u>\$70,830.91</u>
6. Total Medical Benefits* Paid				<u>\$26,388.08</u>
7. Funeral Benefits				<u>\$0.00</u>

Case Denied Date of injury: 10/04/2018
 (m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.
 By: _____ Claimant By:  Employer's Representative Date: 03/16/2021
 (m/d/yyyy)

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

By: _____

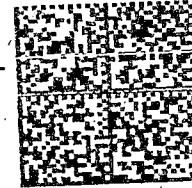
Report of Additional Fees and Recoupment
 A. Carrier Reimbursement by Third Party: _____
 B. Attorney's Fee Paid by Employer: _____
 C. Attorney's Fee Paid by Claimant (Non contingent fees only) _____

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.

TLB
Willson, Jones, Carter & Baxley
325 Rocky Slope Rd Suite 201
Greenville, SC 29607

GREENVILLE SC 296

12 OCT 2021 PM 3 L



quadiant

FIRST-CLASS MAIL

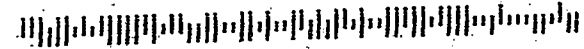
\$000.53⁰

10/11/2021 ZIP 29607
043M30222401

US POSTAGE

Alicia Ruffin
563 Duncan Station Drive
Duncan, SC 29334

29334-894763



BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1815744

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SC Court of Appeals

Alicia Ruffin,)
Employee,)
Claimant,)
vs.)
Builders Firstsource, Inc.,)
Employer,)
and)
Liberty Mutual Insurance Company,)
Carrier,)
Defendants.)

CERTIFICATE OF SERVICE

I, Tina L. Burgin, do hereby certify that I am the Legal Assistant for Amanda E. Neely, Esquire, attorney for the defendants with **WILLSON JONES CARTER & BAXLEY, P.A.** in Greenville, South Carolina, and that on the 11th day of October, 2021, I mailed the foregoing MOTION TO CERTIFY FORM 19 to the following by placing a copy thereof in the United States mail, first class, proper postage affixed thereto:

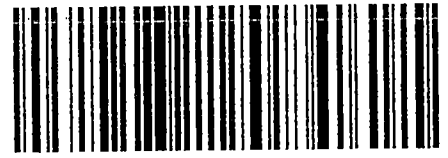
Alicia Ruffin
563 Duncan Station Drive
Duncan, SC 29334



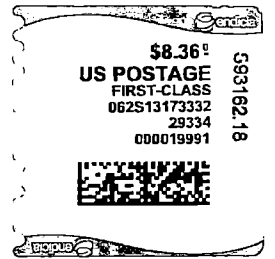
Tina L. Burgin
Legal Assistant to Amanda E. Neely, Esquire
WILLSON JONES CARTER & BAXLEY, P.A.
325 Rocky Slope Road, Suite 201
Greenville, SC 29607

Alicia M. Ruffin
563 Duncan, Station Drive
Duncan, South Carolina 29334

CERTIFIED MAIL



7020 3160 0001 8509 9276



RECEIVED
OCT 18 2021
SC Court of Appeals

South Carolina Court of Appeals
Honorable Jenny Ketchings
1220 Senate Street
Columbia, South Carolina 29201