

BEFORE THE SOUTH CAROLINA
SUPREME COURT

APPELLATE CASE NO.: 2021-000318

RECEIVED

Oct 20 2021

S.C. SUPREME COURT

Alicia Ruffin

Plaintiff,

vs.

Addendum

Builders Firstsource, Inc., Employer, and
Liberty Mutual Insurance Company, Carrier,
Attorney Amanda Neely
and Attorney Mary-Kate Littlejohn,

Defendants.

Request for Extension to Submit Petition for Certiorari

TO: The South Carolina Supreme Court
Amanda Neely, Esquire
Mary-Kate Littlejohn, Esquire

The Plaintiff, formally petitions the Supreme Court to ask for an Extension to submit Petition for Certiorari. Attorney Amanda Neely submitted to the Appeals Court that she was not Properly served by the Appellant, Alicia M. Ruffin. Thus, impacting the Appeals Court decision to deny the Appellant's request for a Re-Hearing. The Appellant process served Mary-Kate Littlejohn, Esquire. By all accounts, was the only attorney representing the interests of Liberty Mutual and Builders Firstsource, Inc. Mary-Kate Littlejohn notified the Plaintiff that Amanda Neely was on Maternity Leave. It was not until the Appeals Court Decision on September 13, 2021; that the Plaintiff was made aware that Atty. Amanda Neely was Representing Builders Firstsource and Liberty Mutual.

On October 14, 2021, Attorney Amanda Neely submitted to the Workers' Compensation Commission a Motion to Certify Form 19; included an expired reward check dated for 03/15/21 addressed to: "C/O WJC&B-Mary Kate Littlejohn and Alicia M. Ruffin." The evidence/check was withheld until after the Appeal's Court decision on September 13, 2021. The evidence/check was part of the decision that was rendered December 10, 2020, under the Workers' Compensation Commission by Commissioner Beck.. The Appellant was petitioning the Court of Appeals to over-turn the decision to request a Re-Hearing.

To date, Atty, Amanda Neely is still In Contempt of a written order dated for December 10, 2020 by the Workers' Compensation Commission and acted in "Bad Faith" by keeping in her possession an award past its expiration date that was not addressed to her. She also, in violation of 42 U.S.C and the 14th Amendment Rights to the United States Constitution by Concealing evidence that could have directly impacted an Appeal Court Decision.

I, beg the courts to allow this statement to serve as reason to allow the fulfillment of this request. All supporting documents are included to give witness that the Appellant's statement is true.

Respectfully I Submit,

Alicia M. Ruffin

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

cc: Amanda Neely, Esquire
Mary-Kate Littlejohn, Esquire

Order served Via Email and USPS

Alicia Ruffin, Appellant
563 Duncan Station Drive
Duncan, South Carolina 29334

Amanda Neely, Esquire
Attorney for Liberty Mutual/Builders First Source
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
aeneely@wjlaw.net

Mary Kate Littlejohn, Esquire
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
mklittlejohn@wjcblaw.com

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party (ies)

By: Alicia M. Ruffin on October 20, 2021

Re: Alicia Ruffin v. Liberty Mutual/Builders FirstSource



Mary Kate Littlejohn <mklittlejohn@wjcblaw.com>

To: Alicia Smith <innocentlyal@yahoo.com>

Ms. Ruffin:

Amanda Neely has been on maternity leave. I filled in in her absence. She will be back in a week and will resume have any questions.

Mary Kate Littlejohn

Sent from my iPhone, please excuse the brevity and typos



Mary Kate Littlejohn, Attorney
mklittlejohn@wjlaw.net
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
Phone: (864) 527-3285
Fax: (864) 235-6015
wjcblaw.com

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you receive this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

On Apr 1, 2021, at 5:43 PM, Alicia Smith <innocentlyal@yahoo.com> wrote:

Dear Ms. Littlejohn,

I apologize. I was unaware that you needed to be informed of my efforts to appeal the discussion of Worker's Compensation time keeping up with who is actually the attorney on this case, since Amanda Neely was removed. Enclosed is a document shortly. If you have any questions, please do not hesitate to call.

Sincerely,

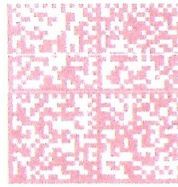
Alicia M. Ruffin

[Sent from Yahoo Mail on Android](#)
<2021-4-1_41523.pdf>

(5)

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

GREENVILLE SC 296
12 OCT 2021PM 3 L

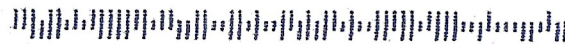


quadiant
FIRST-CLASS MAIL
\$000.53⁰
10/11/2021 ZIP 29607
043M30222401

US POSTAGE

Alicia Ruffin
563 Duncan Station Drive
Duncan, SC 29334

29334-854753



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 EMP		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

Handwritten signature

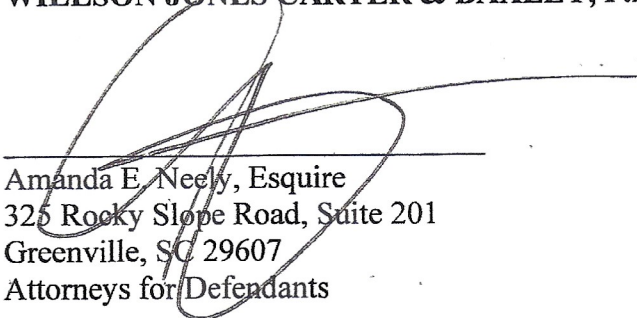
⑈04912144⑈ ⑆011900445⑆000000067585⑈

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

(8)

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 18, 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.	112.4	10/05/2018	11/30/2020	\$67,818.66
2. Number of weeks T.T.	Awarded 45 weeks at \$602.45 for a total of \$27,110.25 with an overpayment of			\$3,012.25
3. Number of weeks P.P.	\$24,098.00 (included in Number of weeks T.T. amount) for an award of \$3012.25			\$0.00
4. Disfigurement				\$0.00
5. Agreement and Final Release				\$0.00
Total Compensation Paid				\$70,830.91
6. Total Medical Benefits* Paid				\$26,388.08
7. Funeral Benefits				\$0.00

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.

(10)