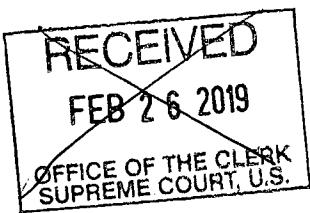


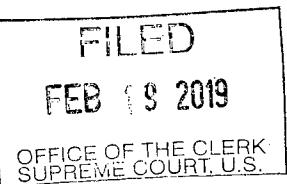
No. 18-8128

IN THE SUPREME COURT OF THE
UNITED STATES



C. Collie,
Petitioner,

v.



SCCLC
Respondents.

MOTION FOR PERMISSION
TO PROCEED
IN FORMA PAUPERIS

C. Collie
Post Office Box 187
Sullivans Island, SC 29482-0187
843.883.3010

10

For substantial justice affecting substantial rights, the petitioner respectfully requests permission to proceed *in forma pauperis* (IFP) with abeyance and submits the attached Form 4 in support of this motion. For good cause, permission is requested to proceed IFP.

Respectfully submitted,

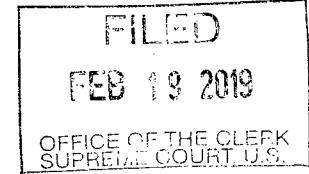
Dated 2/8/17


C. Collier
P.O. Box 187
Sullivans Isd., SC 29482-0187
843.883.3010

No.

IN THE SUPREME COURT OF THE
UNITED STATES

C. Collie,
Petitioner,



v.

SCCLC
Respondents.

FORM 4, FRAP

C. Collie
Post Office Box 187
Sullivans Island, SC 29482-0187
843.883.3010

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: January 30, 2019

My issues on appeal are: *Constitutional challenge to S.C. Code Sec. 15-36-10.*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	You	Spouse	You	Spouse
Employment	\$ N/A	\$ N/A		\$ N/A	\$ N/A
Self-employment	\$ 7362.25			\$ 6715.50	
Income from real property (such as rental income)	\$ 0			\$ 0	
Interest and dividends	\$ 425			\$ 425	
Gifts	\$ 0			\$ 0	
Alimony	\$ 2500			\$ 2500	
Child support	\$ 0			\$ 0	
Retirement (such as social security, pensions, annuities, insurance)	\$ 0			\$ 0	
Disability (such as social security, insurance payments)	\$ 0			\$ 0	
Unemployment payments	\$ 0			\$ 0	
Public assistance (such as welfare)	\$ 0			\$ 0	
Other (specify):					
Total monthly income:	\$ 9887.25			\$ 9240.50	

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			

4. How much cash do you and your spouse have? \$120
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>BANK</u>	<u>CHECKING</u>	<u>\$ 5,500.00</u>	<u>\$ 114</u>
<u>BANK</u>	<u>CHECKING</u>	<u>\$ 2,000</u>	<u>\$</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor vehicle #1	(Value)
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UND DE INTEREST NO Make & year: _____

Motor vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
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Make & year: 1960 Model: _____

Registration #: _____

6. Name every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
---------------------------------------	--------------------	----------------------------

ACCTS RECEIVABLE 750

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
<u>CHOLMS</u>	<u>son</u>	<u>25-37 years</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$1300</u>	\$
Home maintenance (repairs and upkeep)	<u>\$100</u>	\$
Food	<u>\$480</u>	\$
Clothing	<u>\$100</u>	\$
Laundry and dry-cleaning	<u>\$50</u>	\$
Medical and dental expenses	<u>MINIMAL</u>	\$
Transportation (not including motor vehicle payments)	<u>\$100</u>	\$
Recreation, entertainment, newspapers, magazines, etc.	<u>MINIMAL</u>	\$
Insurance (not deducted from wages or included in mortgage payments)	<u>\$70</u>	\$
Homeowner's or renter's:		
Life:		
Health:		
Motor Vehicle:		
Other:		
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>EDS, STATE, BUS. PROJ.</u>		
Installment payments		
Motor Vehicle		
Credit card (name):		
Department store (name):		
Other:		
Alimony, maintenance, and support paid to others	<u>\$3,410.25</u>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>\$7388.65</u>	\$
Other (specify):		
Total monthly expenses:	<u>\$8888.65</u>	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? TBD
 Yes No If yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for ~~expenses~~ or attorney fees in connection with this lawsuit?
 Yes No If yes, how much? \$40.00

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. SC Code Section 15-36-10
Sanctions of over \$500,000.00.

12. State the city and state of your legal residence.
1611 POE AVE

SULLIVAN ISLAND, SC 29482

Your daytime phone number: (843) 883-3000
Your age: 63 Your years of schooling: 1064-Y - m.d., INTEGRITYSHIP, 3 yrs of
Last four digits of your social-security number: 4676 RESIDENCY

(As amended Apr. 24, 1998, eff. Dec. 1, 1998; Apr. 28, 2010, eff. Dec. 1, 2010; Apr. 16, 2013, eff. Dec. 1, 2013.)