

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

Washington D.C.

Randy Williams — PETITIONER  
(Your Name)

VS.

See attached — RESPONDENT(S)

**PROOF OF SERVICE**

I, Randy Williams, do swear or declare that on this date, \_\_\_\_\_, 20\_\_\_\_\_, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

See attached \_\_\_\_\_ behind this copy

---

---

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Sept 16 Oct 2, 2020

Randy Williams  
(Signature)

## Exhibit two

12/16/2016 Com. v. [REDACTED] Civil Case # [REDACTED] Allegations of Negligence

### Defendant No. 1

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Street Address \_\_\_\_\_

City and County \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address (*if known*) \_\_\_\_\_

South carolina workers' compensation  
workers' compensation commission  
1333 main street suite 500  
columbia richland county  
south carolina 29202-1715  
803-732-5423  
not relevant

### Defendant No. 2

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Street Address \_\_\_\_\_

City and County \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address (*if known*) \_\_\_\_\_

### Defendant No. 3

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Street Address \_\_\_\_\_

City and County \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address (*if known*) \_\_\_\_\_

### Defendant No. 4

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Street Address \_\_\_\_\_

City and County \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address (*if known*) \_\_\_\_\_