

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Gwendolyn Singleton — PETITIONER
(Your Name)

Orangeburg County ^{VS.} Special Needs Board — RESPONDENT(S)

PROOF OF SERVICE

I, Gwendolyn Singleton, do swear or declare that on this date, December 13, 2020, 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:

Gwendolyn Singleton 385 Windward Ave
Orangeburg S.C.

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

Executed on December 13, 2020

Gwendolyn Singleton
(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Gwendolyn Singleton PETITIONER
(Your Name)

VS.
Orangeburg County Disability
Special Needs Board — RESPONDENT(S)

PROOF OF SERVICE

I, Gwendolyn Singleton, do swear or declare that on this date,
march 17, 2021, 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:

Orangeburg County Disability Special Needs
Board

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

Executed on march 17, 2021

Gwendolyn Singleton
(Signature)