

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

Linquista White, <i>et al.</i> , <p style="text-align: center;">Plaintiffs,</p> <p style="text-align: center;">v.</p> Kevin Shwedo, <i>et al.</i> , <p style="text-align: center;">Defendants.</p>	<p style="text-align: center;">Civil Action No.</p> <p style="text-align: center;">2:19-cv-030830-RMG</p>
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DECLARATION OF ADAM PROTHEROE

I, Adam Protheroe, declare as follows:

1. I am an attorney at South Carolina Appleseed Legal Justice Center (“SC Appleseed”) where I am responsible for developing and conducting the organization’s impact litigation on behalf of low-income South Carolinians. I am co-counsel for Plaintiffs in this case. I have personal knowledge of the facts set forth in this Declaration and can testify competently to them if called to do so.

2. Attached hereto as exhibits are true and accurate copies of the following:

<u>Document</u>	<u>Exhibit</u>
Janice Carter’s Contested Case Hearing Request to the South Carolina Office of Motor Vehicle Hearings (“OMVH”), Request for Fee Waiver, and Supporting Documents (July 1, 2019).....	A
Email from Adam Protheroe to Ester Haymond about Janice Carter’s OMVH Contested Case Hearing Request, Request for Fee Waiver, and Supporting Documents (July 8, 2019).....	B
OMVH Letter Response to Janice Carter’s OMVH Contested Case Hearing Request, Request for Fee Waiver, and Supporting Documents (July 3, 2019)	C

Linguista White’s Contested Case Hearing Request to the OMVH, Request for Fee Waiver, and Supporting Documents (August 19, 2019).....D

Email from Adam Protheroe to Ester Haymond about Linguista White’s OMVH Contested Case Hearing Request, Request for Fee Waiver, and Supporting Documents (August 28, 2019) E

OMVH Email Response to Linguista White’s OMVH Contested Case Hearing Request, Request for Fee Waiver, and Supporting Documents (August 29, 2019)..... F

3. On July 1, 2019, I submitted a request on behalf of Janice Carter for a consolidated contested case hearing before the South Carolina Office of Motor Vehicle Hearings (“OMVH”) concerning four suspensions on her driver’s license for failure to pay traffic tickets under South Carolina Code Section 56-25-20 (“Section 56-25-20”). The request explained that Ms. Carter was unable to pay the tickets at issue. I also submitted a request for waiver of the \$200 filing fee for an OMVH contested case hearing and attached a completed financial declaration form. To make these requests for Ms. Carter, I used the forms available on the South Carolina Administrative Law Court (“ALC”) website.

4. I submitted these requests and accompanying documents in person to the OMVH in Columbia, South Carolina. *See* Ex. A. On the same day, I also served copies of these documents by mail on the South Carolina Department of Motor Vehicles (“DMV”).

5. When I submitted these documents in person to the OMVH, the OMVH clerk on duty stated that she did not believe the OMVH could grant a hearing where the reason for the suspension was failure to pay a traffic ticket or driving under suspension. The OMVH clerk then indicated that she would check with someone about this. She returned with a person whom she identified as a staff attorney and whom I believe was OMVH staff attorney Ester Haymond.

6. The staff attorney told me that Ms. Carter's request may not be timely, but that timeliness is a legal issue for the OMVH to resolve if the parties raise it. The staff attorney also indicated that there is no provision in the OMVH Rules for waiver of the \$200 filing fee for a contested case hearing, and that the OMVH could not accept Ms. Carter's request for a contested case hearing unless that fee was paid. The staff attorney agreed to stamp Ms. Carter's documents "received" and stated that she would respond to me in writing concerning the OMVH's position on the request for waiver of the filing fee.

7. On July 8, 2019, I emailed Ms. Ester Haymond, Senior Staff Counsel at the OMVH, to follow up about Ms. Carter's request for a consolidated contested case hearing before the OMVH and her request for a fee waiver. *See* Ex. B.

8. On that same date, I received a letter from Ms. Haymond dated July 3, 2019. Ms. Haymond denied Ms. Carter's request for a single hearing concerning the four suspensions on her driver's license for failure to pay a traffic ticket. Ex. C. She also informed me that the \$200 filing fee would not be waived because it "is set by statute and there is not a waiver provision in [the] statute or the OMVH rules." *Id.*

9. The letter also stated that Ms. Carter would be required to pay a separate \$200 filing fee for each of the driver's license suspensions that she seeks to contest. *Id.* As a result of the OMVH's position, Ms. Carter would have to pay \$800 in filing fees to request hearings to challenge the four suspensions on her driver's license on the basis that she is unable to pay the traffic fines and fees due. Ms. Haymond also informed me that a request for an OMVH hearing must be "filed within ten days of notice of the suspension." *Id.*

10. On August 19, 2019, I submitted a request on behalf of Linquista White for a contested case hearing before the OMVH concerning the suspension of her driver's license for

failure to pay a traffic ticket under Section 56-25-20. *See* Ex. D. The request explained that Ms. White was unable to pay the ticket at issue. *Id.* It also sought a hearing concerning the suspension of Ms. White's driver's license for failure to pay a traffic ticket on the basis that she was unable to pay. I also submitted a request for waiver of the associated \$200 filing fee and attached a completed financial declaration form. *See id.* To make these requests for Ms. White, I used the forms available on the ALC website.

11. I submitted these requests and accompanying documents in person to the OMVH in Columbia, South Carolina. *See* Ex. D. On the same day, I served copies of those documents by mail on the DMV.

12. The OMVH clerk on duty initially told me that the OMVH could not grant a hearing for Ms. White's suspension because the suspension was based on a ticket for driving under suspension. I asked that she file the request and that any denial of the request be sent to me in writing. The OMVH clerk went to ask someone how to proceed. When she returned, the OMVH clerk stamped Ms. White's documents "filed" and attached a deficiency letter to the application. The deficiency letter stated that the request needed to attach a copy of Ms. White's Notice of Suspension. The relevant Notice of Suspension, however, was included with the documents I filed on behalf of Ms. White. *See* Ex. D at 4.

13. On August 28, 2019, I emailed Ms. Haymond to follow up on Ms. White's request for a contested case hearing before the OMVH and to inquire about the status of her request for a filing fee waiver. *See* Ex. E.

14. On August 29, 2019, I received an email response from Ms. Haymond. *See* Ex. F. It stated that the clerk attached the deficiency letter to Ms. White's request because of the

missing filing fee. *Id.* Ms. Haymond also confirmed that Ms. White's request for a contested case hearing before the OMOVH would not be processed without the associated filing fee. *See id.*

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this Declaration was executed in Columbia, South Carolina, on November 1, 2019.

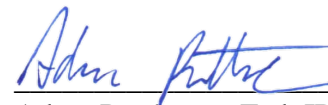

Adam Protheroe, Fed. ID 11033

EXHIBIT A



July 1, 2019

Via Hand Delivery

South Carolina Office of Motor Vehicle Hearings
1205 Pendleton Street, Suite 325
Columbia, SC 29201

RE: OMVH Contested Case Hearing Request for Janice Renee Carter

Dear Hearing Officer,

I write to request a single consolidated contested case hearing to contest four separate driver's license suspensions imposed on my client, Janice Renee Carter, by the South Carolina Department of Motor Vehicles. Attached you will find four distinct requests for a contested case hearing, each addressing an independent driver's license suspension, as well as a request for waiver of the \$200 filing fee to request a contested case hearing before the Office of Motor Vehicles under SC ALC Rule 71.

Sincerely,

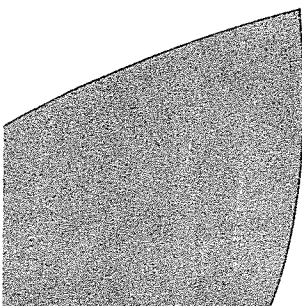
Adam Protheroe
Litigation Attorney

AP/
Enclosures

CC (first class mail):

S.C. Department of Motor Vehicles
P.O. Box 1498
Blythewood, SC 29016-0028

RECEIVED
JUL 01 2019
SCOMVH



P.O. BOX 7187
COLUMBIA, SC 29202
803.779.1113
www.scjustice.org

Request for Waiver and Affidavit
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Janice Renee Carter

Name of Requestor

Address

Home Phone

Office or Cell Phone

North Charleston

SC

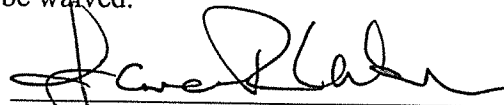
92418

City

State

Zip

I, Janice Renee Carter (your name), being duly sworn, state that I am requesting a hearing before the Administrative Law Court and that as shown on the **attached Financial Statement**, I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.



Signature of Requestor

Sworn to before me this

27th day of JUNE, 2019
Patrick Nelson Brooks

Notary Public of South Carolina

My Commissions expires: 9/28/25

PATRICK NELSON BROOKS
Notary Public, State of South Carolina
My Commission Expires Sept. 28, 2025

The section below to be completed by the Court

ORDER by the Court:

_____ Fee Waived (The action will be processed and assigned to a Judge.)

_____ Waiver Denied (The filing fee must be paid within 10 days of the receipt of this order.)

RECEIVED

JUL 01 2019

Ralph K. Anderson, III
Chief Judge

Date

SCOMVH

Instructions - If you believe you are financially unable to pay the required filing fee in order to file a case with the Administrative Law Court, you will need to complete the Request for Waiver and Affidavit form and the Financial Statement form. (See ALC Rule 71). These forms must be completed in their entirety and must be signed by you and notarized by a Notary Public of South Carolina. The completed forms should be mailed to the Administrative Law Court at the address on the top of the forms, along with all of your documentation for filing your case. The Chief Judge will review your forms, and at his discretion, will either grant or deny your request to waive the filing fee. You will be notified in writing of his decision. If you have any questions regarding these forms, you may contact the Clerk's Office at (803) 734-0550.

Financial Statement
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Full Name: Janice Renee Carter I am 41 years of age
Employer's Name: Payne Church/5LINX Full time: [] Part time: [X] Hours per week: 4-20
Employer's Address: 1560 Camp Road/e-commerce
Gross (before deductions) Monthly wages: \$420 Hourly wages:

If unemployed, date and salary of last employment:

Other income per month: Public Assistance: \$ 192 in food stamps
Monthly expenses: Rent/Mortgage: \$ 400
Unemployment: \$ 0 Car lease/payment: \$ 0
Child Support: \$ 0 Food: \$ 200
Social Security: \$ 0 Utilities: \$ 300
Gifts/Other: \$ 0 Credit cards: \$ 0

Assets: Checking Account: \$ 0
Savings Account: \$ 0
Est. Home Value: \$ n/a
Other Assets: \$ n/a
Automobile: Year:
Make/Model:

My Spouse/Partner/Live-in's Name is: Age: Check if no other adult in household: []
Employer's Name: Full time: [] Part time: [] Hours per week:
Employer's address:
Gross (before deductions) Monthly wages: Hourly wages:

If unemployed, date and salary of last employment:

Other household income and assets of Spouse/Partner/Live-in Companion:

Public Assistance: \$
Unemployment: \$
Child Support: \$
Social Security: \$
Gifts/Other: \$
Checking Account: \$
Savings Account: \$
Other: \$
Automobile: Year:
Make/Model:

TOTAL MONTHLY HOUSEHOLD INCOME: \$ 612

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ 900-1000 (depending on medical home expenses)

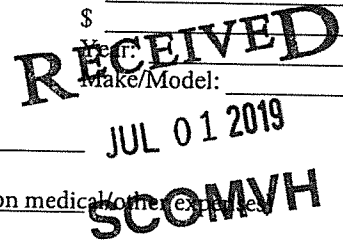
List the names and ages of all other members of your household whom you financially support: (use reverse side if more space needed)

Name: Age: Relation:
Name: Age: Relation:

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition.

Signature: Janice Renee Carter

Date: 27 June 19



**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice	Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Attorney: Adam Protheroe	
Are you represented by an Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City, State and Zip: Columbia, South Carolina 29202	
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187		Attorney E-Mail Address: adam@scjustice.org	
Attorney Work Number and Cell Number: 803-779-1113 ext. 106			

CASE INFORMATION

Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)		South Carolina Department of Motor Vehicles	
In order to have your case processed, you must attach the agency decision. Is it attached?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, please explain: I never received a copy of the decision.	
Date the decision was issued: Unknown		Date the decision was received: Never received	

Please provide a brief statement regarding why the hearing is being requested and the relief sought:
The Agency suspended my driver's license for nonpayment of Ticket # 20163070006917. I never received notice from the SC DMV about the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20. I was informed that my driver's license was suspended during a traffic stop by police on 8/15/2018. My lawyers requested my SC DMV records on 4/2/2019 and did not receive any documents addressed to me providing notice of the Agency's decision to suspend my license for failure to pay this traffic ticket. I did not have the ability to pay the fines and fees for this traffic ticket at the time I learned of the suspension. I currently do not have the ability to pay the fines and fees on this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ submitted today to the Administrative Law Court via (applicable **filing fee pursuant to ALC Rule 71**) is being U.S. Postal Service Hand-delivery Fee Waiver Requested

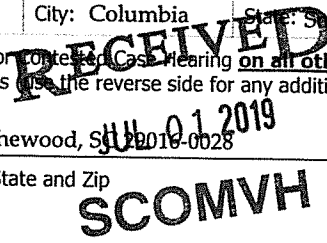
Janice R Carter *27 Jun 19*
 Your Signature or Signature of Attorney Date

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: **Adam Protheroe** Date: *7/1/2019* City: **Columbia** State: **South Carolina**

I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing **on all other parties** to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):

South Carolina
 Department of Motor Vehicles PO Box 1498 Blythewood, SC 29019-0028
 Name and/or Agency Name Address City, State and Zip



Adam Protheroe *7/1/2019*
 Your Signature or Signature of Attorney Date

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**


Last Name: Carter		First: Janice	Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

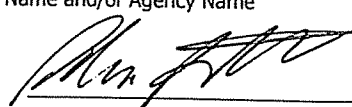
REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Attorney: Adam Protheroe	
Are you represented by an Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City, State and Zip: Columbia, South Carolina 29202	
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187		Attorney E-Mail Address: adam@scjustice.org	
Attorney Work Number and Cell Number: 803-779-1113 ext. 106			

CASE INFORMATION

Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)		South Carolina Department of Motor Vehicles	
In order to have your case processed, you must attach the agency decision. Is it attached?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
Date the decision was issued: 1/29/2019	Date the decision was received: ~2/4/2019		
Please provide a brief statement regarding why the hearing is being requested and the relief sought: The Agency suspended my driver's license for nonpayment of Ticket # 20180420103840. I received notice of the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 in the first week of February 2019 via USPS mail at my home. I did not have the ability to pay the fines and fees for this traffic ticket before the suspension went into effect. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.			
Payment via <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash for \$ submitted today to the Administrative Law Court via		(applicable filing fee pursuant to ALC Rule 71) is being <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Hand-delivery <u>Fee Waiver Requested</u>	
		27 Jun 19	
<input checked="" type="checkbox"/> Your Signature or Signature of Attorney		Date	

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe	Date: 7/1/2019	City: Columbia	State: South Carolina
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
South Carolina	PO Box 1498	Blythewood, SC 29016-0028	
Name and/or Agency Name	Address	City, State and Zip	
		7/1/2019	
<input checked="" type="checkbox"/> Your Signature or Signature of Attorney		Date	

RECEIVED
JUL 01 2019
SCOMVH

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

Kevin
Executive Director



State of South Carolina
Department of Motor Vehicles

CUSTOMER NO:
FILE NO:
DL NO:



01/29/2019
CASTER, JANICE RENEE
NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
08/15/2018	20180420103840	Driving under Suspension

COURT:
RAVENEL MAGISTRATE
5962 HWY 165 SUITE 200
RAVENEL, SC 29470
843-889-8332

BEGINNING DATE: 12:01 AM 02/18/2019

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:

There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send ca through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if this suspension is not cleared before the suspension date listed above.

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES NOT CHANGE ANY OTHER NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

Post Office Box 1498, Blythewood, South Carolina 29016

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice		Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? Yes No

Are you represented by an Attorney? Yes No

Name of Attorney: Adam Protheroe

Attorney Mailing Address: S.C. Appleseed Legal Justice Center
P.O. Box 7187

City, State and Zip: Columbia, South Carolina 29202

Attorney Work Number and Cell Number: 803-779-1113 ext. 106

Attorney E-Mail Address: adam@scjustice.org

CASE INFORMATION

Name of Agency that Issued the Decision: South Carolina Department of Motor Vehicles
(Example – Dept. of Revenue, Dept. of Insurance, DHEC)

In order to have your case processed, **you must attach the agency decision.** Is it attached?: Yes No

If no, please explain:

Date the decision was issued: 1/29/2019

Date the decision was received: -2/4/2019

Please provide a brief statement regarding why the hearing is being requested and the relief sought:

The Agency suspended my driver's license for nonpayment of Ticket # 20180420103838. I received notice of the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 in the first week of February 2019 via USPS mail at my home. I did not have the ability to pay the fines and fees for this traffic ticket before the suspension went into effect. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ submitted today to the Administrative Law Court via (applicable filing fee pursuant to ALC Rule 71) is being U.S. Postal Service Hand-delivery Fee Waiver Requested

Jane R Carter
X Your Signature or Signature of Attorney

27 Jun 19
Date

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe Date: 7/1/2019 City: Columbia State: South Carolina

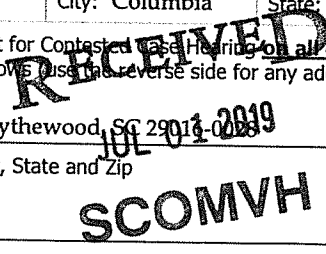
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):

South Carolina Department of Motor Vehicles PO Box 1498 Blythewood, SC 29114-0148
Name and/or Agency Name Address City, State and Zip

Name and/or Agency Name Address City, State and Zip

Adam Protheroe
X Your Signature or Signature of Attorney

7/1/2019
Date



Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.



State of South Carolina
Department of Motor Vehicles

Executive Director

01/29/2019
CARTER, JANICE RENEE
[REDACTED]
NORTH CHARLESTON, SC 29418-3499

CUSTOMER NO: [REDACTED]
FILE NO: [REDACTED]
DL NO: [REDACTED]

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
08/15/2018	20180420103838	Improper Lights

COURT:
RAVENEL MAGISTRATE
5962 HWY 165 SUITE 200
RAVENEL, SC 29470
843-889-8332

BEGINNING DATE: 12:01 AM 02/18/2019

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:

There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send through the mail.

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Driver Records Manager

Post Office Box 1498, Blythewood, South Carolina 29016

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice	Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? Yes No

Are you represented by an Attorney? Yes No

Name of Attorney: **Adam Protheroe**

Attorney Mailing Address: **S.C. Appleseed Legal Justice Center
P.O. Box 7187**

City, State and Zip: **Columbia, South Carolina 29202**

Attorney Work Number and Cell Number: **803-779-1113 ext. 106**

Attorney E-Mail Address: **adam@scjustice.org**

CASE INFORMATION

Name of Agency that Issued the Decision:
(Example – Dept. of Revenue, Dept. of Insurance, DHEC) **South Carolina Department of Motor Vehicles**

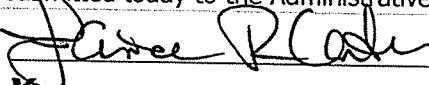
In order to have your case processed, **you must attach the agency decision.** Is it attached?:
 Yes No

If no, please explain:

Date the decision was issued: **3/13/2018** Date the decision was received: **8/20/2018**

Please provide a brief statement regarding why the hearing is being requested and the relief sought:
The Agency suspended my driver's license for nonpayment of Ticket # A8UFXEE. I did not receive notice from the SC DMV regarding the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 until August 20, 2018. On that date, I went to the SC DMV office in North Charleston to ask about my license and a SC DMV clerk handed me written notice of the Agency's decision to suspend my license for failure to pay this traffic ticket. I did not have the ability to pay the fines and fees for this traffic ticket at that time. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ (applicable filing fee pursuant to ALC Rule 71) is being submitted today to the Administrative Law Court via U.S. Postal Service Hand-delivery Fee Waiver Requested


X Your Signature or Signature of Attorney

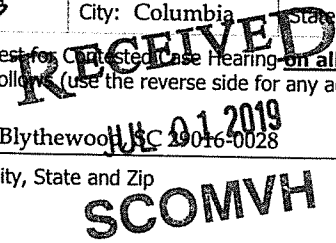
27 Jun 19
Date

PROOF OF SERVICE (MUST BE COMPLETED)

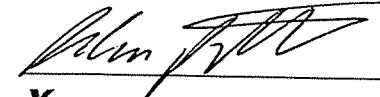
Your Name: **Adam Protheroe** Date: **7/1/2019** City: **Columbia** State: **South Carolina**

I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing **on all other parties** to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):

South Carolina
Department of Motor Vehicles **PO Box 1498** **Blythewood, SC 29016-0028**
Name and/or Agency Name Address City, State and Zip



Name and/or Agency Name Address City, State and Zip


X Your Signature or Signature of Attorney

7/1/2019
Date

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

FLORIDA UNIFORM TRAFFIC CITATION

ASUFXEE

VIOLATION NOT REQUIRING A COURT APPEARANCE

*Karin A. Shwedo
Executive Director*



*State of South Carolina
Department of Motor Vehicles*

CUSTOMER NO:
FILE NO:
DL NO:



03/13/2018
CARTER, JANICE RENEE
NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
01/19/2018	ASUFXEE	Speeding - 10 MPH and Under

COURT:
DUVAL CNTY CLERK OF COURTS TRAFFIC VIOLATIONS
501 WEST ADAMS STREET
JACKSONVILLE, FL 32202
904 255 2300

BEGINNING DATE: 12:01 AM 04/02/2018

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:

There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on or after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send cash through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if this suspension is not cleared before the suspension date listed above.

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES NOT CHANGE ANY OTHER NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

Post Office Box 1498, Blythewood, South Carolina 29016

EXHIBIT B

Adam Protheroe

From: Adam Protheroe
Sent: Monday, July 8, 2019 3:20 PM
To: ehaymond@scalc.net
Subject: Follow-up re request for OMVH hearing
Attachments: 2019 07 01 - Carter Req for Cont. Case Hrng_F.pdf

Ms. Haymond,

Hope you had a good weekend. I'm writing to follow up on the request for a contested case hearing I submitted on behalf of Janice Carter on July 1st (copy attached). Please let me know the status of this request and of the request to waive the filing fee.

Thanks,
Adam Protheroe

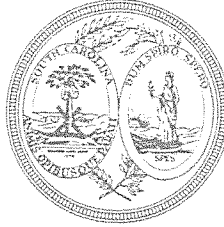
Adam Protheroe
Litigation Attorney
S.C. Appleseed Legal Justice Center
P.O. Box 7187
Columbia, S.C. 29202
Office - (803) 779-1113 ext. 106
Fax – (803) 779-5951
www.scjustice.org

This e-mail may contain privileged or confidential information. No privilege is waived by inadvertent transmission. If you are not the intended recipient, please 1) delete this e-mail and any attachments, 2) destroy any copies that may have been made, 3) do not use, copy, or distribute the contents in any form, and 4) notify the sender by return e-mail or phone.

EXHIBIT C

RECEIVED
7/8/19

STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT
OFFICE OF MOTOR VEHICLE HEARINGS



RALPH K. "TRIPP" ANDERSON, III
Director ~ SCOMVH
Chief Administrative Law Judge ~ SCALC

(803) 734-3201
FAX (803) 734-3200
WWW.SCOMVH.NET

July 3, 2019

Adam Protheroe, Esquire
SC Appleseed Legal Justice Center
P.O. Box 7187
Columbia, SC 29202

Re: Janice Renee Carter

Dear Mr. Protheroe,

We received the paperwork from you regarding Ms. Carter on July 1, 2019. Your letter stated that you wish to request one consolidated hearing on her behalf for four separate suspensions. Please note that you attached four request forms, but only provided three suspension notices. You also filed for a waiver of the filing fee pursuant to SCALC Rule 71(B).

The OMVH has separate and distinct rules from the ALC, which are available on the OMVH's website. The OMVH filing fee is set by statute and there is not a waiver provision in statute or the OMVH rules. Therefore, a request must be accompanied by the \$200 filing fee. Further, we are unable to consolidate suspensions into one contested case hearing. Accordingly, each case must be accompanied by a filing fee.

Please be advised that pursuant to S.C. Code Ann. section 56-1-370, a hearing must be filed within ten days of notice of the suspension.

Sincerely,

Ester F. Haymond
Senior Staff Counsel

enclosures

Request for Waiver and Affidavit
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Janice Renee Carter
Name of Requestor

[Redacted]
Address

[Redacted]
Home Phone Office or Cell Phone

North Charleston SC 92418
City State Zip

I, Janice Renee Carter (your name), being duly sworn, state that I am requesting a hearing before the Administrative Law Court and that as shown on the **attached Financial Statement**, I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.

[Signature]
Signature of Requestor

Sworn to before me this
27th day of JUNE, 2019
[Signature]
Notary Public of South Carolina

PATRICK NELSON BROOKS
Notary Public, State of South Carolina
My Commission Expires Sept. 28, 2025

My Commissions expires: 9/28/25

The section below to be completed by the Court

ORDER by the Court:

_____ Fee Waived (The action will be processed and assigned to a Judge.)
_____ Waiver Denied (The filing fee must be paid within 10 days of the receipt of this order.)

RECEIVED
JUL 01 2019
SCOMVH

Ralph K. Anderson, III
Chief Judge

Date

Instructions - If you believe you are financially unable to pay the required filing fee in order to file a case with the Administrative Law Court, you will need to complete the Request for Waiver and Affidavit form and the Financial Statement form. (See ALC Rule 71). These forms must be completed in their entirety and must be signed by you and notarized by a Notary Public of South Carolina. The completed forms should be mailed to the Administrative Law Court at the address on the top of the forms, along with all of your documentation for filing your case. The Chief Judge will review your forms, and at his discretion, will either grant or deny your request to waive the filing fee. You will be notified in writing of his decision. If you have any questions regarding these forms, you may contact the Clerk's Office at (803) 734-0550.

Financial Statement
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Full Name: Janice Renee Carter I am 41 years of age
Employer's Name: Payne Church/5LINX Full time: [] Part time: [X] Hours per week: 4-20
Employer's Address: 1560 Camp Road/e-commerce
Gross (before deductions) Monthly wages: \$420 Hourly wages: _____

If unemployed, date and salary of last employment: _____

Other income per month: Monthly expenses:
Public Assistance: \$ 192 in food stamps Rent/Mortgage: \$ 400
Unemployment: \$ 0 Car lease/payment: \$ 0
Child Support: \$ 0 Food: \$ 200
Social Security: \$ 0 Utilities: \$ 300
Gifts/Other: \$ 0 Credit cards: \$ 0

Assets:
Checking Account: \$ 0
Savings Account: \$ 0
Est. Home Value: \$ n/a
Other Assets: \$ n/a
Automobile: Year: _____
Make/Model: _____

My Spouse/Partner/Live-in's Name is: _____ Age: _____ Check if no other adult in household: []
Employer's Name: _____ Full time: [] Part time: [] Hours per week: _____
Employer's address: _____
Gross (before deductions) Monthly wages: _____ Hourly wages: _____

If unemployed, date and salary of last employment: _____

Other household income and assets of Spouse/Partner/Live-in Companion:

Public Assistance: \$ _____ Checking Account: \$ _____
Unemployment: \$ _____ Savings Account: \$ _____
Child Support: \$ _____ Other: \$ _____
Social Security: \$ _____ Automobile: Year: _____
Gifts/Other: \$ _____ Make/Model: _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ 612
TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ 900-1000 (depending on medical/other expenses)

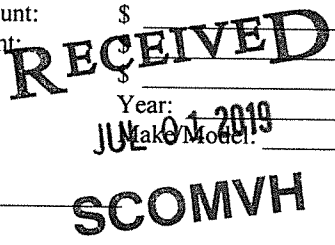
List the names and ages of all other members of your household whom you financially support: (use reverse side if more space needed)

Name: _____ Age: _____ Relation: _____
Name: _____ Age: _____ Relation: _____

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition.

Janice Renee Carter
Signature

27 JUN 19
Date



**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice		Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? Yes No

Are you represented by an Attorney? Yes No

Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187	Name of Attorney: Adam Protheroe
Attorney Work Number and Cell Number: 803-779-1113 ext. 106	City, State and Zip: Columbia, South Carolina 29202
	Attorney E-Mail Address: adam@scjustice.org

CASE INFORMATION

Name of Agency that Issued the Decision: South Carolina Department of Motor Vehicles
(Example – Dept. of Revenue, Dept. of Insurance, DHEC)


In order to have your case processed, **you must attach the agency decision.** Is it attached?:
 Yes No

If no, please explain:

Date the decision was issued: 3/13/2018 Date the decision was received: 8/20/2018

Please provide a brief statement regarding why the hearing is being requested and the relief sought:
The Agency suspended my driver's license for nonpayment of Ticket # A8UFXEE. I did not receive notice from the SC DMV regarding the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 until August 20, 2018. On that date, I went to the SC DMV office in North Charleston to ask about my license and a SC DMV clerk handed me written notice of the Agency's decision to suspend my license for failure to pay this traffic ticket. I did not have the ability to pay the fines and fees for this traffic ticket at that time. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ (applicable **filing fee pursuant to ALC Rule 71**) is being submitted today to the Administrative Law Court via U.S. Postal Service Hand-delivery Fee Waiver Requested


X Your Signature or Signature of Attorney

27 Jun 19
Date

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe Date: 7/1/2019 City: Columbia State: South Carolina

I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing **on all other parties** to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):

South Carolina Department of Motor Vehicles	PO Box 1498	Blythewood, SC 29016-0028
Name and/or Agency Name	Address	City, State and Zip
Name and/or Agency Name	Address	City, State and Zip

RECEIVED
JUL 01 2019
SCOMVH
7/1/2019


X Your Signature or Signature of Attorney

Date

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

FLORIDA UNIFORM TRAFFIC CITATION

ABUFXXE 7

EXTRACTION NOT REQUIRING A COURT APPEARANCE
within 30 calendar days of the date of the citation

Karen A. Shuck
Executive Director



State of South Carolina
Department of Motor Vehicles

CUSTOMER NO:
FILE NO:
DL NO:



03/13/2018
CARTER, JANICE RENEE

[REDACTED]
NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
01/19/2018	ABUFXXE	Speeding - 10 MPH and Under

COURT:
DUVAL CNTY CLERK OF COURTS TRAFFIC VIOLATIONS
501 WEST ADAMS STREET
JACKSONVILLE, FL 32202
904 255 2300

BEGINNING DATE: 12:01 AM 04/02/2018

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:

There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on or after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send cash through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if this suspension is not cleared before the suspension date listed above.

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES NOT CHANGE ANY OTHER NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

RECEIVED

JUL 01 2019

SCOMVH

Post Office Box 1498, Blythewood, South Carolina 29016

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice	Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? Yes No

Are you represented by an Attorney? Yes No

Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187	Name of Attorney: Adam Protheroe
Attorney Work Number and Cell Number: 803-779-1113 ext. 106	City, State and Zip: Columbia, South Carolina 29202
	Attorney E-Mail Address: adam@scjustice.org

CASE INFORMATION

Name of Agency that Issued the Decision: **South Carolina Department of Motor Vehicles**
(Example – Dept. of Revenue, Dept. of Insurance, DHEC)

In order to have your case processed, **you must attach the agency decision.** Is it attached?:
 Yes No

If no, please explain:

Date the decision was issued: **1/29/2019** Date the decision was received: **~2/4/2019**

Please provide a brief statement regarding why the hearing is being requested and the relief sought:

The Agency suspended my driver's license for nonpayment of Ticket # 20180420103838. I received notice of the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 in the first week of February 2019 via USPS mail at my home. I did not have the ability to pay the fines and fees for this traffic ticket before the suspension went into effect. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ submitted today to the Administrative Law Court via **(applicable filing fee pursuant to ALC Rule 71) is being**
 U.S. Postal Service Hand-delivery Fee Waiver Requested

Janice R Carter *27 Jun 19*
X Your Signature or Signature of Attorney Date

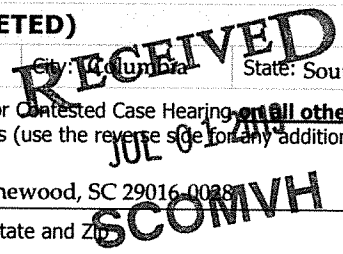
PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: **Adam Protheroe** Date: **7/1/2019** City: **Columbia** State: **South Carolina**

I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on **all other parties** to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):

South Carolina Department of Motor Vehicles	PO Box 1498	Blythewood, SC 29016-0088
Name and/or Agency Name	Address	City, State and Zip
<u><i>Adam Protheroe</i></u>		<u><i>7/1/2019</i></u>
Name and/or Agency Name	Address	City, State and Zip

X Your Signature or Signature of Attorney Date



Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.



State of South Carolina
Department of Motor Vehicles

Executive Director

01/29/2019
CARTER, JANICE RENEE
[REDACTED]

CUSTOMER NO:
FILE NO:
DL NO: [REDACTED]

NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
08/15/2018	20180420103838	Improper Lights

COURT:
RAVENEL MAGISTRATE
5962 HWY 165 SUITE 200
RAVENEL, SC 29470
843-889-8332

BEGINNING DATE: 12:01 AM 02/18/2019

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:
There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:
Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. **YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.**

REINSTATEMENT FEE:
You must pay a \$100.00 reinstatement fee if your compliance notice shows payment after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send through the mail.

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Driver Records Manager

RECEIVED

JUL 01 2019

SCOMVH

Post Office Box 1498, Blythewood, South Carolina 29016

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

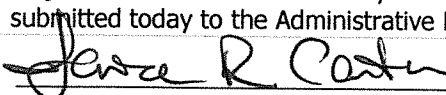
Last Name: Carter		First: Janice		Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

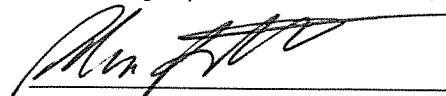
REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Attorney: Adam Protheroe	
Are you represented by an Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City, State and Zip: Columbia, South Carolina 29202	
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187		Attorney E-Mail Address: adam@scjustice.org	
Attorney Work Number and Cell Number: 803-779-1113 ext. 106			

CASE INFORMATION

Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)		South Carolina Department of Motor Vehicles	
In order to have your case processed, you must attach the agency decision. Is it attached?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
Date the decision was issued: 1/29/2019	Date the decision was received: ~2/4/2019		
Please provide a brief statement regarding why the hearing is being requested and the relief sought: The Agency suspended my driver's license for nonpayment of Ticket # 20180420103840. I received notice of the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 in the first week of February 2019 via USPS mail at my home. I did not have the ability to pay the fines and fees for this traffic ticket before the suspension went into effect. I currently do not have the ability to pay the fines and fees for this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.			
Payment via <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash for \$ submitted today to the Administrative Law Court via		(applicable filing fee pursuant to ALC Rule 71) is being <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Hand-delivery <u>Fee Waiver Requested</u>	
		27 Jun 19	
X Your Signature or Signature of Attorney		Date	

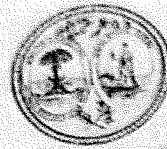
PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe	Date: 7/1/2019	City: Columbia	State: South Carolina
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
South Carolina	PO Box 1498	Blythe, Ga, SC 29016-0028	
Name and/or Agency Name	Address	City, State and Zip	
Name and/or Agency Name		City, State and Zip	
		7/1/2019	
X Your Signature or Signature of Attorney		Date	

RECEIVED
JUL 01 2019
SCOMVH

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

*Kevin
Executive Director*



State of South Carolina
Department of Motor Vehicles

CUSTOMER NO:
FILE NO:
DL NO:



01/29/2019
CARTER, JANICE RENEE
NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE TICKET# VIOLATION
08/15/2018 20180420103840 Driving under Suspension

COURT:
RAVENEL MAGISTRATE
5962 HWY 165 SUITE 200
RAVENEL, SC 29470
843-889-8332

BEGINNING DATE: 12:01 AM 02/18/2019

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:
There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:
Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:
You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send cash through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if this suspension is not cleared before the suspension date listed above.

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES NOT CHANGE ANY OTHER NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

Post Office Box 1498, Blythewood, South Carolina 29016

RECEIVED
JUL 01 2019
SCDMVH

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: Carter		First: Janice		Middle: R	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: North Charleston		State and Zip: SC 92418	
Home Number:		Work Number:		Cell Number: [REDACTED]	*E-Mail Address: [REDACTED]	

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission


REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Attorney: Adam Protheroe	
Are you represented by an Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City, State and Zip: Columbia, South Carolina 29202	
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187		Attorney E-Mail Address: adam@scjustice.org	
Attorney Work Number and Cell Number: 803-779-1113 ext. 106			

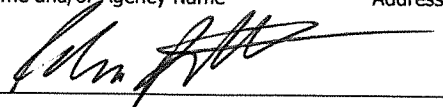
CASE INFORMATION

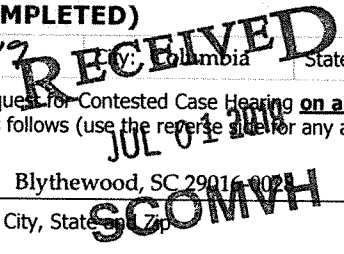
Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)		South Carolina Department of Motor Vehicles	
In order to have your case processed, you must attach the agency decision. Is it attached?: Yes <input checked="" type="checkbox"/> No		If no, please explain: I never received a copy of the decision.	
Date the decision was issued: Unknown		Date the decision was received: Never received	

Please provide a brief statement regarding why the hearing is being requested and the relief sought:
The Agency suspended my driver's license for nonpayment of Ticket # 20163070006917. I never received notice from the SC DMV about the Agency's decision to suspend my driver's license for failure to pay this traffic ticket under S.C. Code Section 56-25-20. I was informed that my driver's license was suspended during a traffic stop by police on 8/15/2018. My lawyers requested my SC DMV records on 4/2/2019 and did not receive any documents addressed to me providing notice of the Agency's decision to suspend my license for failure to pay this traffic ticket. I did not have the ability to pay the fines and fees for this traffic ticket at the time I learned of the suspension. I currently do not have the ability to pay the fines and fees on this traffic ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash for \$ submitted today to the Administrative Law Court via	(applicable filing fee pursuant to ALC Rule 71) is being <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Hand-delivery <u>Fee Waiver Requested</u>
 X Your Signature or Signature of Attorney	27 Jun 19 Date

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe	Date: 7/1/2019	City: Columbia	State: South Carolina
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
South Carolina Department of Motor Vehicles	PO Box 1498	Blythewood, SC 29016-0102	
Name and/or Agency Name	Address	City, State and Zip	
Name and/or Agency Name	Address	City, State and Zip	
 X Your Signature or Signature of Attorney		7/1/2019 Date	



Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

EXHIBIT D

STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT
OFFICE OF MOTOR VEHICLE HEARINGS

RALPH K. "TRIPP" ANDERSON, III
Director ~ SCOMVH
Chief Administrative Law Judge ~ SCALC



(803) 734-3201
FAX: (803) 734-3200
WWW.SCOMVH.NET

NOTICE


Re: Administrative Hearing Request

Dear Lingvista N. White

We have received your request for a contested case hearing. Your request has been filed with our office. Your request has been filed with our office. However, we did not receive other information necessary to process the case further. Pursuant to Rule 4 (C) of the Rules of Procedure of this office, the request will not be assigned to a hearing officer until all of the required information is received. Please submit a copy of the Notice of Suspension (NOS) or the Official Notice from the DMV within fifteen (15) days of the date of this letter. Once we receive the written request, NOS and filing fee we will process your request for a hearing.

Please return a copy of this letter when you resubmit required information for filing purposes. Also, please be advised that any current or pending suspension with the Department of Motor Vehicles is not currently stayed. Further, please be aware that pursuant to the South Carolina Code of Laws and the Rules of Procedure of this office, all requests for hearings must be made within thirty (30) days of the notice of suspension.

If you have any questions, you may reach me at (803) 734-3201.

Sincerely,

Yolanda P. Williams
Administrative Coordinator, OMVH

FILED
AUG 19 2019
SCOMVH



August 19, 2019

South Carolina Office of Motor Vehicle Hearings
1205 Pendleton Street, Suite 325
Columbia, SC 29201

RE: OMVH Contested Case Hearing Request for Linquista Nicole White

Dear Hearing Officer,

I write to request a contested case hearing to contest one driver's license suspension imposed on my client, Linquista Nicole White, by the South Carolina Department of Motor Vehicles. Attached you will find the request for a contested case hearing form, the relevant South Carolina DMV Notice of Suspension, a request for waiver of the \$200 filing fee to request a contested case hearing before the Office of Motor Vehicles under SC ALC Rule 71, as well as a signed financial statement from my client.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Protheroe".

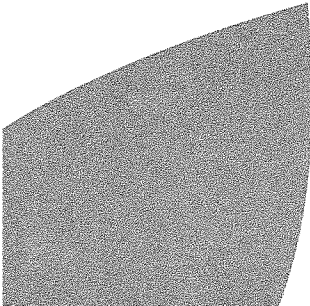
Adam Protheroe
Litigation Attorney
S.C. Appleseed Legal Justice Center

AP/
Enclosures

CC (first class mail):

S.C. Department of Motor Vehicles
P.O. Box 1498
Blythewood, SC 29016-0028

FILED
AUG 19 2019
SCOMVH



P.O. BOX 7187
COLUMBIA, SC 29202
803.779.1113
www.scjustice.org

**South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201**

Last Name: White		First: Linguista	Middle: N	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address: [REDACTED]			City: Charleston	State and Zip: SC 29412		
Home Number:	Work Number:	Cell Number: [REDACTED]		*E-Mail Address: [REDACTED]		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you represented by an Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of Attorney: Adam Protheroe
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187	City, State and Zip: Columbia, South Carolina 29202
Attorney Work Number and Cell Number: 803-779-1113 ext. 106	Attorney E-Mail Address: adam@scjustice.org

CASE INFORMATION

Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)	South Carolina Department of Motor Vehicles
In order to have your case processed, you must attach the agency decision. Is it attached?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Date the decision was issued: 3/4/2019	Date the decision was received: 4/26/2019

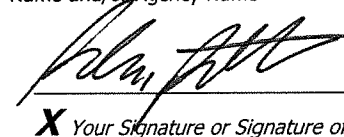
Please provide a brief statement regarding why the hearing is being requested and the relief sought:

The Agency suspended my driver's license for nonpayment of Ticket # 4102P0210339. I did not receive notice of the Agency's decision to suspend my license for failure to pay this traffic ticket under S.C. Code Section 56-25-20 until my attorneys gave me a copy of the Agency's decision on 4/26/2019. I did not have the ability to pay the \$647 of fines and fees for this ticket before the suspension went into effect. I currently do not have the ability to pay the \$647 of fines and fees for this ticket or the \$100 DMV reinstatement fee for this suspension. Nonetheless, I request that the Agency lift my suspension for failure to pay this ticket.

Payment via Check Money Order Cash for \$ submitted today to the Administrative Law Court via (applicable **filing fee pursuant to ALC Rule 71**) is being U.S. Postal Service Hand-delivery **Fee Waiver Requested**

 X Your Signature or Signature of Attorney	8/19/2019 Date
-----------------------------------------------------------------------------------------------------------------------------------------	-------------------

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name: Adam Protheroe	Date: 8/19/2019	City: Columbia	State: SC
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
SCDMV	P.O. Box 1498	Blythewood, SC 29016-0028	
Name and/or Agency Name	Address	City, State and Zip	
 X Your Signature or Signature of Attorney		8/19/2019 Date	

FILED
AUG 19 2019
SCOMVH

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.

South Carolina
Department of Motor Vehicles



03/04/2019

WHITE, LINQUISTA NICOLE
[REDACTED]
NORTH CHARLESTON, SC 29418-5887

CUSTOMER NO: [REDACTED]
FILE NO: [REDACTED]
DL NO: [REDACTED]

OFFICIAL NOTICE

You may not drive commercial or non-commercial motor vehicles.

REASON: FAILURE TO PAY TRAFFIC TICKET SECTION OF LAW: 56-25-20

VIOL DATE	TICKET#	VIOLATION
09/04/2018	4102P0210339	Driving under Suspension

COURT:
JAMES ISLAND MAGISTRATE
615 RIVERLAND DRIVE
JAMES ISLAND, SC 29412
8437951140

BEGINNING DATE: 12:01 AM 03/24/2019

ENDING DATE: When you receive notice from the Department that this action has been cleared.

SPECIAL DRIVING PRIVILEGES:
There are no special driving privileges available to you. You may not drive until you have done the following:

COMPLIANCE:
Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

REINSTATEMENT FEE:
You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on or after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send cash through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if this suspension is not cleared before the suspension date listed above.

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES NOT CHANGE ANY OTHER NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

FILED
AUG 19 2019
SCOMVH

Request for Waiver and Affidavit
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Linquista White
Name of Requestor
[Redacted]
Home Phone Office or Cell Phone

[Redacted]
Address
Charleston SC 29412
City State Zip

I, Linquista White (your name), being duly sworn, state that I am requesting a hearing before the Administrative Law Court and that as shown on the **attached Financial Statement**, I do not have the funds available to pay the costs of filing this action. Therefore, I request that the filing fee associated with this action be waived.

[Signature]
Signature of Requestor

Sworn to before me this

15th day of August, 2019
[Signature]
Notary Public of South Carolina

PATRICK NELSON BROOKS
Notary Public, State of South Carolina
My Commission Expires Sept. 28, 2025

My Commissions expires: 9/28/25

The section below to be completed by the Court

ORDER by the Court:

_____ Fee Waived (The action will be processed and assigned to a Judge.)

_____ Waiver Denied (The filing fee must be paid within 10 days of the receipt of this order.)

Ralph K. Anderson, III
Chief Judge

Date

Instructions - If you believe you are financially unable to pay the required filing fee in order to file a case with the Administrative Law Court, you will need to complete the Request for Waiver and Affidavit form and the Financial Statement form. (See ALC Rule 71). These forms must be completed in their entirety and must be signed by you and notarized by a Notary Public of South Carolina. The completed forms should be mailed to the Administrative Law Court at the address on the top of the forms, along with all of your documentation for filing your case. The Chief Judge will review your forms, and at his discretion, will either grant or deny your request to waive the filing fee. You will be notified in writing of his decision. If you have any questions regarding these forms, you may contact the Clerk's Office at (803) 734-0550.

FILED
AUG 19 2019
SCOMVH

Financial Statement
SC Administrative Law Court
1205 Pendleton St., Suite 224, Columbia, SC 29201

Full Name: Linquista White I am 46 years of age
Employer's Name: Medical University of South Carolina Full time: Part time: Hours per week: _____
Employer's Address: 1 Poston Road, Charleston, South Carolina 29412

Gross (before deductions) Monthly wages: ~\$2,600 Hourly wages: _____

If unemployed, date and salary of last employment: _____

Other income per month:

Public Assistance: \$ _____
Unemployment: \$ _____
Child Support: \$ _____
Social Security: \$ _____
Gifts/Other: \$ _____

Monthly expenses:

Rent/Mortgage: \$ 877
Car lease/payment: \$ 152
Food: \$ 300
Utilities: \$ 225-275
Credit cards: \$ _____
Child care \$ 300

Assets:

Checking Account: \$ -\$732.63 (negative balance)
Savings Account: \$ _____
Est. Home Value: \$ _____
Other Assets: \$ _____
Automobile: Year: 2012
Make/Model: Honda Civic

Money owed on other traffic tickets:

\$ 1,270 (Ticket # 20190420145956)
\$ 440 (Ticket # 20190420146157)
\$ 232 (Ticket # 20190420144683)

My Spouse/Partner/Live-in's Name is: N/A Age: _____ Check if no other adult in household:

Employer's Name: _____ Full time: Part time: Hours per week: _____

Employer's address: _____

Gross (before deductions) Monthly wages: _____ Hourly wages: _____

If unemployed, date and salary of last employment: _____

Other household income and assets of Spouse/Partner/Live-in Companion:

Public Assistance: \$ _____ Checking Account: \$ _____
Unemployment: \$ _____ Savings Account: \$ _____
Child Support: \$ _____ Other: \$ _____
Social Security: \$ _____ Automobile: Year: _____
Gifts/Other: \$ _____ Make/Model: _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ 2,600

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ ~1,880 (also, \$ 1,942 owed in traffic tickets and a negative bank account balance of -\$732.63)

List the names and ages of all other members of your household whom you financially support: (use reverse side if more space needed)

Name: [Redacted] Age: 9 Relation: daughter

Name: [Redacted] Age: 17 Relation: god daughter

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition

[Signature]
Signature

8-15-19
Date

FILED
AUG 19 2019
SCOMVH

EXHIBIT E

Adam Protheroe

From: Adam Protheroe
Sent: Wednesday, August 28, 2019 7:54 AM
To: 'Ester Haymond (Work)'
Subject: Request for contested case hearing - Linqvista White
Attachments: 2019 08 19 - White Req. for Cont. Case Hrng_F.pdf

Ms. Haymond,

I'm writing to follow up on a request for contested case hearing I filed on behalf of Linqvista White (attached). The cover letter I was given at the time of filing requests a copy of the NOS. However, that was filed along with her request for hearing and request for fee waiver. I wanted to confirm whether there would be any action on her fee waiver request or if there was some other deficiency that would need to be cured before any action on her request for hearing.

Thanks,
Adam Protheroe

Adam Protheroe
Litigation Attorney
S.C. Appleseed Legal Justice Center
P.O. Box 7187
Columbia, S.C. 29202
Office - (803) 779-1113 ext. 106
Fax – (803) 779-5951
www.scjustice.org

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EXHIBIT F

Adam Protheroe

From: Ester Haymond <ehaymond@scal.net>
Sent: Thursday, August 29, 2019 11:36 AM
To: Adam Protheroe
Subject: RE: Request for contested case hearing - Linqvista White

Mr. Protheroe,

You received the letter that is given at the window when something is missing from the hearing request. In this case, it was the filing fee. The last sentence of the first paragraph states that the request will not be processed until the filing fee is received. I believe you know from previous requests that this office has no provision to accept a filing fee waiver.

*Ester F. Haymond
Senior Staff Counsel
Office of Motor Vehicle Hearings
1205 Pendleton Street, Suite 325
Columbia, SC 29201
(803) 734-3201
ehaymond@scal.net*

From: Adam Protheroe <adam@scjustice.org>
Sent: Wednesday, August 28, 2019 7:54 AM
To: Ester Haymond <ehaymond@scal.net>
Subject: Request for contested case hearing - Linqvista White

Ms. Haymond,

I'm writing to follow up on a request for contested case hearing I filed on behalf of Linqvista White (attached). The cover letter I was given at the time of filing requests a copy of the NOS. However, that was filed along with her request for hearing and request for fee waiver. I wanted to confirm whether there would be any action on her fee waiver request or if there was some other deficiency that would need to be cured before any action on her request for hearing.

Thanks,
Adam Protheroe

Adam Protheroe
Litigation Attorney
S.C. Appleseed Legal Justice Center
P.O. Box 7187
Columbia, S.C. 29202
Office - (803) 779-1113 ext. 106
Fax - (803) 779-5951
www.scjustice.org

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