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

Linquista White, et al.,	
Plaintiffs,	
v.	Civil Action No.
Kevin Shwedo, et al.,	2:19-cv-030830-RMG
Defendants.	

### **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>	<b>Exhibit</b>
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

Fee Waiver, and Supporting Documents (August 19, 2019)	D
Email from Adam Protheroe to Ester Haymond about Linquista White's OMVH	
Contested Case Hearing Request, Request for Fee Waiver, and Supporting	
Documents (August 28, 2019)	E
OMVH Email Response to Linquista 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

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missing filing fee. Id. Ms. Haymond also confirmed that Ms. White's request for a contested

case hearing before the OMVH 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

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### **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,

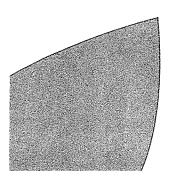
Adam Protheroe Litigation Attorney

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 2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-1 Page 3 of 11

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

		and the state of t	
	Janice Renee Carter		
	Name of Requestor	Address	
		North Charleston	SC 92418
	Home Phone Office or Cell Phone	City	State Zip
	I, <u>Janice Renee Carter</u> (your name)	, being duly sworn, state	that I am requesting
	a hearing before the Administrative Law Court at	nd that as shown on the	attached Financial
	Statement, I do not have the funds available to pa	y the costs of filing this	action. Therefore, I
	request that the filing fee associated with this action		,
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	Sworn to before me this	Signature of Requestor	
/	note The		
7	day of 100 , 20 9		
	fahuel Pruls	DATRICK AITHORN	
	Notary Public of South Carolina	PATRICK NELSON Notary Public, State of S	South Carolina
Ι.	My Commissions expires: $\frac{9}{28}/25$	My Commission Expires	Sept. 28, 2025
1			
	The section below to be completed by the Court		
	ORDER by the Court:		
	Fee Waived (The action will	be processed and assigned	d to a Judge.)
	Waiver Denied (The filing fe of this order.)	REGELMET	days of the receipt
		JUL 01 2019	
	Ralph K. Anderson, III	Date SCOMVH	
	Chief Judge	SCUIVIAL	<u> </u>

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.

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### 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	
Employer's Address:1560 Camp Road/e-com	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gross (before deductions) Monthly wages: \$420	Hourly wages:
If unemployed, date and salary of last employment:	
Other income per month:  Public Assistance: \$\frac{192 \text{ in food sta}}{0}\$  Unemployment: \$\frac{0}{0}\$  Child Support: \$\frac{0}{0}\$  Social Security: \$\frac{0}{0}\$  Gifts/Other: \$\frac{0}{0}\$  Assets:	Car lease/payment: \$ 0 Food: \$ 200 Utilities: \$ 300 Credit cards: \$ 0
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: [ ]
	Full time: [ ] Part time: [ ] Hours per week:
Employer's address:	
	Hourly wages:
If unemployed, date and salary of last emplo	pyment:
Other household income and assets of Spouse/Partner/L	ive-in Companion:
Public Assistance: \$ Unemployment: \$ Child Support: \$ Social Security: \$ Gifts/Other: \$	Savings Account: \$ Other: \$ Automobile:
TOTAL MONTHLY HOUSEHOLD INCOME:	######################################
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$900-1000 (depending on medical form Carlot Carl
List the names and ages of all other members of your ho	usehold whom you financially support: (use reverse side if more space needed)
	ge: Relation:
Name: A	ge: Relation:
	rue and accurate. I have made no attempt to misrepresent my financial  Date

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## 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:	First:	and the second of the second o	Middle:	y'	***************************************	Docket No. (To Be Completed by ALC)		
Carter		Janice	R	☐ Mr. ☐ Mrs.	☐ Miss 図 Ms.	bocket no. (To be completed by ALC)		
Mailing Address:	Mailing Address:			City: State and Zip: SC 92418				
Home Number:	Work Number	f:	Cell Number			*E-Mail Address:		
*By providing your e-mail address, you	u consent to re	ceive court orders a	nd notices via	electronic	transmissio			
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Are you represented by an Attorney?	)	Name of Att	orney:	Adan	n Protheroe			
Attorney Mailing Address: S.C. A P.O. I	Appleseed Leg Box 7187	gal Justice Center	City, State a	nd Zip:	THE RESERVE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	nbia, South Carolina 29202		
Attorney Work Number and Cell Numb		1113 ext. 106	Attorney E-N	1ail Addre		@scjustice.org		
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In order to have your case proof the agency decision. Is it at	must attach	If no, please explain:						
Yes 🔯 No				I never received a copy of the decision.				
Date the decision was issued: Please provide a brief statemen		known	Date the decision was received: Never received					
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Jana R Cal	<u> </u>		273	Jun	10	T		
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and the second second of the s	PROOF	OF SERVICE (	MUST BE	СОМРІ	LETED)			
Your Name: Adam Protheroe	ing principles (Medical Colonia) in the developing application of Medical Colonia (Colonia) in the Colonia (Colonia) in t	Commercial and the commercial an	ate: 7/1/			Columbia State: South Carolina		
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Name and/or Agency Name	Address			City,	State and Z	SCOMVH		
Name and/or Agency Name	Address			City	, State and 2	Zip 2/1/2019		
X Your Signature or Signature of At	ttorney			***	Date	?		

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

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

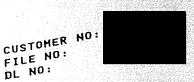
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Carter	First:	Janice	Middle: R	□ Mr. □ Mrs.	☐ Miss 図 Ms.	Docket No. (To Be Completed by ALC)	
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Home Number:	Work Number		Cell Number	•		*E-Mail Address:	
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*By providing your e-mail address, yo	ou consent to rea	ceive court orders a	and notices via	electronic	transmissio	THE CONTRACT OF THE SECOND SEC	
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Attorney Mailing Address: S.C. 2	gal Justice Center	***************************************	*******************	The second second section is a second	nbia, South Carolina 29202		
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submitted today to the Adminis	trative Law (	Court via	U.S. Pos	stal Sen	vice 🛭 Ha	nd-delivery <u>Fee Waiver Requested</u>	
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Your Name: Adam Protheroe	and the the experience of the state of the contract of the con		ate: 7/1/	2015	~~~~~~~~~ <del>~~</del> ~~~	Columbia - That South Carolina	
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Name and/or Agency Name	Address				State and Zi	SCOMVH	
Name and/or Agency Name	Address			City,	State and 2	ip	
pring yo						1/1/2019	
X Your Signature or Signature of Al	torney				Date		

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

Date Filed 11/01/19 Entry Number 17-1 2:19-cv-03083-RMG Page 7 of 11 Executive Director

House M. Marsh La française que





01/29/2019

NORTH CHARLESTON, SC 29418-3499

OFFICIAL NOTICE

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

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

VIOL DATE TICKET# VIOLATION

Driving under Suspension 08/15/2018 20180420103840

COURT:

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

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

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

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance pation the you a compliance notice which shows the description of the violation, the date of the violation, the date the violation, the date the violation, the date the violation. 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.

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, Blythowood, South Carolina 29016

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

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Carter	First:	Janice	Middle: R	□ Mr. □ Mrs.	☐ Miss 図 Ms.	Docket No. (To Be Completed by ALC)	
Mailing Address:			City: State and Zip: SC 92			State and Zip: SC 92418	
Home Number:	Work Numbe						
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*By providing your e-mail addres	ss, you consent to re	eceive court orders a	and notices via	electronic	transmissio	Π	
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X Your Signature or Signature of	of Attorney		Date				
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Your Name: Adam Protheroe		The second secon	······································	2019			
I hereby certify that on the date a this matter by depositing the same	nd place listed above in the United State	re. I served a convid	of the foregoing	Poguact	for Contact		
South Carolina			-, -, -, -	.u us 10110	E Sagar	reverse side for any additional names):	
Department of Motor Vehicles	PO Box	1498	<del></del>	Bly	thewood	6G 2901 1-02 189	
Name and/or Agency Name	Address			City,	State and Z	COMVH	
Name and/or Agency Name	Address			City	. State and Z	/**	
form Joll					7	11/2019	
X Your Signature or Signature	of Attorney				Date		

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

Entry Number 17-1 Page 9 of 11 Date Filed 11/01/19 2:19-cv-03083-RMG

State of South Carolina Department of Motor Vehicles

Localus Director

01/29/2019

JANICE RENEE

NORTH CHARLESTON, SC 29418-3499

CUSTOMER NO: FILE NO: DL NO:

OFFICIAL NOTICE

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

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

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

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

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

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

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 of the violation, the date of the violation of the violation and the violation the date of the violation the date. violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THI 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.

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment o after the suspension date. This fee can be paid at any DMV Office, mailed to Drive 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.

Your license must be returned to any DMV Office or mailed to Driver Records if th 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, Blythowood, South Carolina 29016

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## 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:	First:			, colui	libia, SC		
Carter		Janice	Middle: R	□ Mr. □ Mrs.	☐ Miss 図 Ms.	Docket No. (To Be Completed by ALC)	
Mailing Address:			City: North Charleston			State and Zip: SC 92418	
Home Number:	Work Number:	and accomplying a female and a second of the	Cell Number:			E-Mail Address:	
*By providing your e-mail address, yo	u consent to rece	ive court orders a	nd notices via	electronic	tranemiccio		
	the first or problem arrangement of the second contracts.	The state of the second	ENTATIO	the many than the contract of the contract of			
Are you representing yourself?   Yes	⊠ No	alle alone y tal alone age on a replace of the section in the section and		THE SERVICE OF THE SE	e transcription of the second	and the second s	
Are you represented by an Attorney?	The second secon	Name of Att	orney:	Adam	Protheroe		
Attorney Mailing Address: S.C. Appleseed Legal Justice Center P.O. Box 7187			City, State a	nd Zip:	tina atau ali pera di Nadilla di America di	nbia, South Carolina 29202	
Attorney Work Number and Cell Number: 803-779-1113 ext. 106			Attorney E-N	1ail Addre		®scjustice.org	
		CASE INF	ORMATIC	N	CONTRACTOR AND		
Name of Agency that Issue (Example – Dept. of Revenue, Dept. of	d the Decision Insurance, DHE	on: C)	South	Carolina	a Departme	ent of Motor Vehicles	
In order to have your case processed, you must attach the agency decision. Is it attached?:  2 Yes  No			If no, please explain:				
Date the decision was issued:	3/:	13/2018	Date the c	lecision	was recei	ved: 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 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 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 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 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 reinstatem 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 I submitted today to the Administrative Law Court via						ction 56-25-20 until August 20, 2018.  Ilerk handed me written notice of y to pay the fines and fees for this t or the \$100 DMV reinstatement fee et.  uant to ALC Rule 71) is being	
A Your Signature or Signature of Atte	orney		Date		Control of the second s		
	PROOF O	F SERVICE (	MUST BE	СОМРІ	ETED)	THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PERSON OF	
Your Name: Adam Protheroe	and attraction of the infrared on their states are entirely and pro-	The second secon	ate: 7/1/2	2019		Columbia State: South Carolina	
I hereby certify that on the date and plathis matter by depositing the same in the South Carolina Department of Motor Vehicles Name and/or Agency Name	ace listed above, le United States I PO Box 14 Address	Mail, postage paid	the foregoing , and addresse	d as follo		Trace Hearing on all other parties to reverse side for any additional names):	
Name and/or Agency Name	Address			City,	State and Z	ip	
X Your Signature or Signature of At	torney					11/299	

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

Date Filed 11/01/19 Entry Number 17-1 RMG Page 11 of 11 INPRACTION NOT REQUISING A COURT AFFE THORIDA ON TORU TRAFFIC CITATION **ABUFXEE** on the statement of a contract of the statement Koor of Shoots , soon M calendar days of the " Service. Charalter Director Cold Cold Cold Gray D. Wandson 7 P 2 CUSTOMER NO! Department of Water Valides 03/13/2016 FILE HO: CARTER. JANICE RENE DL NO: NORTH CHARLESTON, SC 29418-3499 þ OFFICIAL NOTICE SECTION OF LAW: 56-25-20 Y REASON: FAILURE TO PAY TRAFFIC TICKET R VIOL DATE TICKET# VIOLATION V 01/19/2018 ABUFXEE Speeding - 10 HPH and Under COURT: DUVAL CHTY CLERK OF COURTS TRAFFIC VIOLATIONS C R 501 WEST ADAMS STREET 5 JACKSONVILLE, FL 32202

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

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

904 255 2300

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B

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C

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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 state of the violation, the date of the violation, the market THIS violation. you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was paid.

COMPLIANCE TO YOUR TO YOU MUST BRING THIS Violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OR AND THE DECORDS, POST OFFICE BOX COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET WAS END OF SUSPENSION MAY REMAIN IN DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT.

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

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### **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 1<sup>st</sup> (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.

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### **EXHIBIT C**

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## 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

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

Janice Renee Carter					
Name of Requestor		Address			
		North Charle	eston	SC	92418
Home Phone	Office or Cell Phone	City		State	Zip
			-	***************************************	
I, Janice Renee Carte	or (vour nan	ne), being duly s	www.state	that I am	a requesting
	Administrative Law Court				•
	have the funds available to		f filing this	action.	Therefore, I
request that the filing	g fee associated with this act	ion be waived.  Signature of	f Requestor	Cal	~
Sworn to before me t	this		4		
day of	11415- 2019				
		,	r eller		
Notary Public of Sou	th Carolina 1		CK NELSON		
Two ary 1 done of bod	all Caronna	Notery Pul My Commi	blic, State of ssion Expires	South Card Sept. 28, 2	olina 2025
My Commissions ex	pires: 1/28/25	die.	<del></del>		programming to the state of the
	( )				
The section below to be c	ompleted by the Court				
ORDER by the Cour	t:				
	Fee Waived (The action w	ill be processed	and assigne	ed to a Jud	lge.)
	Waiver Denied (The filing of this order.)	g fee must be pa	id webec!	e lays G	The receipt
	Waiver Denied (The filing of this order.)		JUL	01 2019	3
Ralph K. Anderson, I Chief Judge	Ш	Date	SC	VMO:	H

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.

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### 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-comme	rce
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 Unemployment: \$ 0 Child Support: \$ 0 Social Security: \$ 0 Gifts/Other: \$ 0  Assets:  Checking Account: \$ 0 Savings Account: \$ 0 Est. Home Value: \$ n/a Other Assets: \$ n/a Automobile: Year:	Car lease/payment: \$ 0 Food: \$ 200 Utilities: \$ 300 Credit cards: \$ 0
Make/Model:  My Spouse/Partner/Live-in's Name is:  Employer's Name:	Age: Check if no other adult in household: [ ]Full time: [ ] Part time: [ ] Hours per week:
Gross (before deductions) Monthly wages:	
	ent:
Other household income and assets of Spouse/Partner/Live-	
Public Assistance: \$	Savings Account: REGEIVE
TOTAL MONTHLY HOUSEHOLD INCOME:	\$ 612 COMVH
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$900-1000 (depending on medical/other expenses)
List the names and ages of all other members of your house	hold whom you financially support: (use reverse side if more space needed)
	Relation:
	Relation:
	and accurate. I have made no attempt to misrepresent my financial

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### 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:	□ Mr. □ Mrs.	☐ Miss ☑ Ms.	Docket No. (To	Be Completed by ALC)	
Mailing Address:		The state of the s	City: North Charleston			State and Zip:	State and Zip: SC 92418	
Home Number:	Work Number		Cell Number: *E-Mail			*E-Mail Address:	Mail Address:	
*By providing your e-mail addr	ess, you consent to re	ceive court orders	and notices via	electronic	transmissio	)n		
		REPRE	SENTATIO	N				
Are you representing yourself?	☐ Yes   No	1981 - Saddalalar da yangan yangay, me yandari sasayal basa sa a sasaba	THE RESERVE OF THE PARTY OF THE	The second second as a second	er den en er er begon benegende som	on the second of		
Are you represented by an Atto	rney? 🖫 Yes 🔲 No	mentaminan dan dan dan pengalangkan pengalangkan dan dalam dan	Name of A	torney:	Adar	n Protheroe		
Attorney Mailing Address:	gal Justice Cente	r City, State	and Zip:	n 1900 filosofi e nje premodenova svjeteveni svetevijaja	mbia, South Ca	rolina 29202		
Attorney Work Number and Cell Number:  803-779-1113 ext. 106  Attorney E-Mail Address:  adam@scjustice.org								
		CASE IN	FORMATI	ON				
Name of Agency that I (Example – Dept. of Revenue, I	<b>Issued the Decis</b> Dept. of Insurance, DH	sion: IEC)	Sout	h Carolin	a Departm	ent of Motor V	ehicles	
In order to have your case processed, <b>you must attach</b> the agency decision. Is it attached?:  Yes  No								
Date the decision was iss	ued:	3/13/2018	Date the	decision	was rece	ived: 8/2	20/2018	
hearing is being requeste The Agency suspended my dr Agency's decision to suspend On that date, I went to the SC the Agency's decision to suspe traffic ticket at that time. I curr for this suspension. Nonethele <b>Payment via</b> Check D	iver's license for non my driver's license fo DMV office in North and my license for fai tently do not have the ses, I request that the	payment of Ticke or failure to pay t Charleston to as ilure to pay this t e ability to pay th Agency lift my si	his traffic tick k about my lic raffic ticket. I he fines and fe uspension for	et under i ense and did not ha es for this failure to	S.C. Code S a SC DMV ave the abil traffic tick pay this tic	ection 56-25-20 clerk handed m ity to pay the fir et or the \$100 Diket.	until August 20, 2018. e written notice of	
submitted today to the Ac			Ù U.S. P	ostal Ser	vice 🗖 Ha	and-delivery I	Fee Waiver Requested	
Harre K	(odu		27	Jun	19.			
X Your Signature or Signature	e of Attorney	di 1968 ta dimini di mpimi penmenji papagana na mana	Date					
	PROOF (	OF SERVICE	(MUST BE	СОМР	LETED)			
Your Name: Adam Prothero	oe .	v no delice and	Date: 7/1/	2019	City:	Columbia	State: South Carolina	
I hereby certify that on the date this matter by depositing the sa	and place listed above me in the United State	e, I served a copy s Mail, postage pa	of the foregoir id, and addres	g Request sed as follo	for Contest ows (use the	ed Case Hearing reverse side for	on all other parties to any additional names):	
South Carolina Department of Motor Vehicle	los PO Pour	1400		D1		CC 2001 ( 0020		
Name and/or Agency Name	les PO Box Address	1498		City	secreta E	SC 29016-0028.	ED	
Name and/or Agency Name		City, State and Zip 0 1 2019						
Min Jill SARMVI					/H			
X Your Signature or Signature	ire of Attorney				Dati	p		

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

2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-3 Page 6 of 11 ALOREM (NEW YEAR) CHANGE Ken 1 51.24 ABUFXEE and the subsection days of the Landon Districtor OsArak, Service States of Same Miller di sandadi kalendar in the second CUSTOMER NO: Department I Motor Voluntes FILE NO: OX/IX/DATE Dr MO: DETH CHARLESTON, SC 29418-3499 OFFICIAL NOTICE SECTION OF LAW: 56-25-20 ¥ REASON: FAILURE TO PAY TRAFFIC TICKET ĸ VIOL DATE TICKET VIOLATION 01/19/2018 ABUFXEE Speeding - 10 MPH and Under ø COURT: C DUVAL CNTY CLERK OF COURTS TRAFFIC VIOLATIONS 501 WEST ADAMS STREET 5 JACKSONVILLE, FL 32202 R 904 255 2300 8 ENDING DATE: When you receive notice from the Department that this action has been cleared. B E There are no special driving privileges available to you. You may not drive until you have done the following: c have done the following: 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 violation, the date of the violation, the date of the violation. you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket was notice to the description of the violation, the date the ticket was notice to the date the ticket was not the date of the date of the violation. Violation, the date the ticket was paid, and the ticket number. YOU MUST BRING THIS COMPLIANCE TO YOUR LOCAL DMV OFFICE OF MATTER RECORDS, POST OFFICE BOX COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 29016-0028. NOTE 1498, BLYTHEWOOD, SC 29016-0028. NOTE: IT IS YOUR RESPONSIBILITY TO GIVE THE DEPARTMENT PROOF THAT THIS TICKET WAS ENDED TO SUSPENSION MAY REMAIN IN DEPARTMENT PROOF THAT THIS TICKET HAS BEEN PAID OR THE SUSPENSION MAY REMAIN IN EFFECT. You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on o after the suspension data. This form after the suspension date. This fee can be paid at any DMV Office, mailed to Driver Records, PO Box 1498. Rivthoused Company and DMV Office, mailed to Driver Records, PO Box 1498, Blythewood, SC 29016-0028 or paid by credit card online at www.scdmvonline.com. Make observed. www.scdmvonline.com. Make checks and money orders payable to SCDMV. Do not send cast through the mail through the mail. Your license must be returned to any DMV Office or mailed to Driver Records if this THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND LOSS NOT CHANGE ANY OTHER JUL 01 2019 NOTICES WE HAVE SENT TO YOU. SCOMVH Driver Records Manager

Post Office Box 1498, Blythewood, South Carolina 29016

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### 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	☐ Mr. ☐ Mrs.	Miss Ms.	Docket No. (To Be Completed by ALC)			
Mailing Address:		City:	th Charles	ston	State and Zip: SC 92418			
Home Number:	Work Number:	Cell Numb	Cell Number:		*E-Mail Address:			
*By providing your e-mail address, yo	ou consent to receive court orders ar	nd notices vi	a electronic	transmissio				
The second of th	REPRES	ENTATIO	ON					
Are you representing yourself?   Yes	s 🛮 No	eren er en	· · · · · · · · · · · · · · · · · · ·	entro e transcententi con ambiano.	CONTROL OF THE CONTRO			
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 INF	ORMATI	ION		Reference of the Paparage and the contract of			
Name of Agency that Issue (Example – Dept. of Revenue, Dept. of	f Insurance, DHEC)	Sou	th Carolin	a Departm	ent of Motor Vehicles			
In order to have your case pro <b>the agency decision</b> . Is it a ☑ Yes ☐ No	cessed, <b>you must attach</b> ttached?:	If no, ple	ease expl	ain:				
Date the decision was issued:	1/29/2019	Date the	decision	was rece	ived: ~2/4/2019			
Please provide a brief stateme hearing is being requested and		The free to the control of the contr	North Control of the	** See ** P*** - Se *** Selection processes Section and consequences				
The Agency suspended my driver suspend my driver's license for fa USPS mail at my home. I did not I currently do not have the abil suspension. Nonetheless, I requestions are considered to the property of th	's license for nonpayment of Tic ilure to pay this traffic ticket und have the ability to pay the fines ity to pay the fines and fees it t that the Agency lift my suspen ney Order \(\sigma\) Cash for \$	der S.C. Co and fees fo for this tra sion for fai (applica	de Sectior or this traff offic ticket lure to pay ble <b>filing</b>	n 56-25-20 i fic ticket be or the \$1 y this ticke	suant to ALC Rule 71) is being			
submitted today to the Administrative Law Court via			☐ U.S. Postal Service ☐ Hand-delivery <u>Fee Waiver Requested</u>					
Hare 12 Cater			27 Jun 19					
X Your Signature or Signature of Attorney			Date					
	PROOF OF SERVICE (	MUST B	Е СОМР	LETED)				
Your Name: Adam Protheroe		Date: 7/1	12019	-env:1	State: South Carolina			
South Carolina	the United States Mail, postage paid	f the foregoi I, and addres	ssed as folk	ows (use the	ed Case Hearing on all other parties to reverse side for any additional names):			
Department of Motor Vehicles	PO Box 1498	···			SC 29016-0028			
Name and/or Agency Name	Address		City	, State and 2				
Name and/or Agency Name	Address		City	, State and	Zip			
folin AM					41/2019			
X Your Signature or Signature of A	Attorney			Date	ė			

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

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Dogwood Dogwood

01/29/2019 ARTIE. JANICE BENEE

And the second 0.000000000000

NORTH CHARLESTON, SC 29418-3499

CUSTOMER NO: FILE NO: DL NO:

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

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

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

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 of the violation, the date of the violation of the violation. 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.

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment o after the suspension date. This fee can be paid at any DMV Office, mailed to Drive 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 o through the mail.

Your license must be returned to any DMV Office or mailed to Driver Records if th suspension is not cleared before the suspension date I to Labore Telephone

THIS NOTICE CONCERNS ONLY THE ACTION LISTED ABOVE AND DOES HO TO THER NOTICES WE HAVE SENT TO YOU. NOTICES WE HAVE SENT TO YOU.

Driver Records Manager

SCOMVH

Post Office Box 1498, Blythowood, South Carolina 29016

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### 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:	□ Mr. □ Mrs.	☐ Miss 図 Ms.	Docket No. (	To Be Completed by ALC)		
Mailing Address:		City:		1	State and Zip			
and an analysis of the second and th	THE GOVERNMENT AND ADDRESS AND	Nort	h Charles	ston		SC 92418		
Home Number:	Work Number:	Cell Numbe	r:	K. Perinden international statements	*E-Mail Address	:		
*By providing your e-mail address, yo	ou consent to receive court orders a	nd notices via	electronic	transmissio				
The second secon	REPRES	ENTATIO	N					
Are you representing yourself?   Ye	s 🖾 No	Section Constitution (Consequence of the Consequence of the Consequenc		Control Control (not to a control or an area or a	The trade to the transfer of adjustment	and a second to the property of the second s		
Are you represented by an Attorney? Sa Yes			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 Num	Attorney E-Mail Address: adam@scjustice.org							
	CASE INF	ORMATI	ON	1 1 1 1 1 1 1 1 1				
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 pro the agency decision. Is it a ☑ Yes ☐ No	ocessed, <b>you must attach</b> ttached?:	If no, ple	ase expl	ain:				
Date the decision was issued:	1/29/2019	Date the	decision	was recei	ved:	~2/4/2019		
Please provide a brief statement hearing is being requested and The Agency suspended my driver suspend my driver's license for fauspend my driver license fauspend my driver	If the relief sought: If so license for nonpayment of Ticket under the pay this traffic ticket under the ability to pay the fines ity to pay the fines and fees to that the Agency lift my suspense.	der S.C. Cod and fees for for this traf sion for fail	le Sectior this traff fic ticket are to pa	56-25-20 in fic ticket be or the \$10 y this ticket	n the first wee fore the suspe 00 DMV rein	ek of February 2019 via ension went into effect. Istatement fee for this		
Payment via ☐ Check ☐ Money Order ☐ Cash for \$ submitted today to the Administrative Law Court via			(applicable <b>filing fee pursuant to</b> ALC Rule 71) is being □ U.S. Postal Service □ Hand-delivery <u>Fee Waiver Requested</u>					
Alere K (0	27Jun 19.							
X Your Signature or Signature of At	Date							
AND AND ADMINISTRATION OF THE COMMISSION OF THE	PROOF OF SERVICE (	MIIST RE	COMB	ETENT-	IVET			
Your Name: Adam Protheroe		ate: 7/1/	1201		Columbia	State: South Carolina		
I hereby certify that on the date and p this matter by depositing the same in South Carolina Department of Motor Vehicles	place listed above. I served a copy of	f the foregoin	g Request ed as follo	for Chillete	01.2019	on all athor parties to		
Name and/or Agency Name	Address		City	, State and Z	lip .			
Name and/or Agency Name  Name and/or Agency Name	Address		City	, State and	2/1/2019	;		
Your Signature or Signature of A	Attornev			Date	?			

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

Page 10 of 11 Executive Director

State of South Carolina Department of Motor Vehicles

CUSTOMER NO: FILE NO: DL NO:

01/29/2019 CARTER, JANICE RENEE

House M. Walle La programme

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

20180420103840 Driving under Suspension 08/15/2018

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

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

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

Pay the fine for the ticket to the court. When the fine is paid, the court will give you a compliance notice which should be a compliance notice. you a compliance notice which shows the description of the violation, the date of the violation, the date the ticket violation, the date the ticket was paid, and the ticket number. POST OFFICE BOX COMPLIANCE TO YOUR LOCAL DMV OFFICE OR MAIL IT TO DRIVER RECORDS, POST OFFICE BOX 1498, BLYTHEWOOD, SC 2001, OCCUPANT OF THE 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.

You must pay a \$100.00 reinstatement fee if your compliance notice shows payment on after the current statement after the current statement 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 chedit card online at www.scdmvonline.com. Make checks and money order payable to scope. 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 office. suspension is not cleared before the suspension da

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, Blythowood, South Carolina 29016

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## 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:	☐ Mr. ☐ Mrs.	☐ Miss ☑ Ms.	Docket No. (To Be Completed by ALC)	
Mailing Address:			City:	th Charles	ston	State and Zip: SC 92418	
Home Number:	Work Numb	er:	Cell Number	Cell Number:		*E-Mail Address:	
*By providing your e-mail addr	ess, you consent to	receive court orders a	nd notices vi	a electronic	transmissio		
	****		ENTATIO			The state of the s	
Are you representing yourself?	☐ Yes ☑ No	Financia (Acc) - Miles Madinator (Acad propagate Visual or propagate	erien e mener menere e e san en esta esta esta esta esta en esta esta esta esta esta esta esta esta		Marine de la companya	Angles continued to a mark the highest Annual content and a mark to mark them when the highest terms of the content and the co	
Are you represented by an Atto	orney? 🛭 Yes 🔲 I	No	Name of A	ttorney:	Adar	n 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 Ce		9-1113 ext. 106	Attorney E	-Mail Addre		@scjustice.org	
	The Confedence of the Confeden	CASE IN	ORMATI	ON			
Name of Agency that : (Example – Dept. of Revenue,	Dept. of Insurance, [	OHEC)	Sou	th Carolin	a Departm	ent of Motor Vehicles	
In order to have your case processed, <b>you must attach the agency decision</b> . Is it attached?: Yes 🔯 No			If no, please explain:  I never received a copy of the decision.				
Date the decision was iss	sued: Ti	nknown	Date the decision was received: Never received				
was suspended during a traffic saddressed to me providing notice fines and fees for this traffic tick- ticket or the \$100 DMV reinstate	ed and the relief ser's license for nonpalicense for failure to stop by police on 8/15 as of the Agency's deet at the time I learned ment fee for this susp	Sought:  syment of Ticket # 201  pay this traffic ticket to 5/2018. My lawyers recision to suspend my d of the suspension. I pension. Nonetheless,	under S.C. Co quested my S license for fai	ode Section IC DMV rec ilure to pay	56-25-20. I ords on 4/2, this traffic	re from the SC DMV about the Agency's was informed that my driver's license (2019 and did not receive any documents ticket. I did not have the ability to pay the pay the fines and fees on this traffic spension for failure to pay this ticket.	
Payment via ☐ Check ☐ Money Order ☐ Cash for \$ submitted today to the Administrative Law Court via			(applicable <b>filing fee pursuant to</b> ALC Rule 71) is being ☐ U.S. Postal Service ☐ Hand-delivery <u>Fee Waiver Requested</u>				
Las R Calle			275419				
X Your Signature or Signature of Attorney			Date				
	PROOF	OF SERVICE (	MIICT DI	E COMP	I ETEN\		
Your Name: Adam Prother	and the first of the property of the contract	and a commence of the contract	ate: 7/1	12019	TIO.	Elimbia State: South Carolina	
I hereby certify that on the date this matter by depositing the sa	e and place listed abo me in the United Sta	ove, I served a copy o tes Mail, postage paid	f the foregoing and address	ng Request sed as follo	Contest	ed Case Hearing on all other parties to ereperse side for any additional names):	
South Carolina			•		JUI	<b></b> ♥ .	
Department of Motor Vehic Name and/or Agency Name	les PO Bo Address	x 1498	***************************************		thewood, State	SC 2901 COPH	
Name and/or Agency Name	Address			City	, State and	Zip 7/1/2~a	
X Your Signature or Signature	ire of Attorney	·····			Date		

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

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### **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 LINGUISTA 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



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,

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





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

Date Filed 11/01/19 Entry Number 17-4 2:19-cv-03083-RMG Page 4 of 7

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

First: Last Name: Middle: Docket No. (To Be Completed by ALC) ☐ Miss Ms. White Linquista ☐ Mrs. Mailing Address: City: State and Zip: SC 29412 Charleston Home Number: Work Number: Cell Number: \*E-Mail Address: \*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission REPRESENTATION Are you representing yourself? 

Yes Are you represented by an Attorney? 

Yes Name of Attorney: Adam Protheroe Attorney Mailing Address: City, State and Zip: S.C. Appleseed Legal Justice Center P.O. Box 7187 Columbia, South Carolina 29202 Attorney Work Number and Cell Number: Attorney E-Mail Address: 803-779-1113 ext. 106 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 If no, please explain: the agency decision. Is it attached?: Yes ☐ No 3/4/2019 Date the decision was issued: 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 \$ (applicable filing fee pursuant to ALC Rule 71) is being ☐ U.S. Postal Service ☐ Hand-delivery Fee Waiver Requested submitted today to the Administrative Law Court via Date Your Signature or Signature of Attorney PROOF OF SERVICE (MUST BE COMPLETED) Date: 8/19/2019 City: Columbia State: SC Your Name: Adam Protheroe 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): P.O. Box 1498 Blythewood, SC 29016-0028 SCDMV Name and/or Agency Name Address City, State and Zip 5/2019 AUG 19 2019 SCOMUL City, State and Zip Address Name and/or Agency Name

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.

X Your Signature or Signature of Attorney

Date

# South Carolina Department of Motor Vehicles

03/04/2019

### WHITE, LINQUISTA NICOLE

NORTH CHARLESTON, SC 29418-5887

CUSTOMER NO: FILE NO: DL NO:

### 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



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

Linquista White			
Name of Requestor	Address		
	Charleston	SC	29412
Home Phone Office or Cell Phone	City	State	Zip
I, Linquista White (your		-4-4-41-41-4-T	
	name), being duly sworn,		
a hearing before the Administrative Law (	Court and that as shown or	n the attache	d Financial
Statement, I do not have the funds availab	le to pay the costs of filing	this action.	Therefore, I
request that the filing fee associated with thi	s action be waived.  Signature of Requ	tule estor	7 <u></u>
Sworn to before me this			
day of Avoler, 20/	2		
Notary Public of South Carolina	Notary Public	NELSON BRO State of South on Expires Sept.	Carolina
My Commissions expires: 9/25/25			
The section below to be completed by the Court			
ORDER by the Court:			
•			
Fee Waived (The action	on will be processed and as	signed to a Ju	dge.)
Waiver Denied (The of this order.)	filing fee must be paid with	hin 10 days o	f the receipt
Ralph K. Anderson, III	Date		one control of the co
Chief Judge	Date		

Instructions - If you believe you are financially unable to pay the required filing fee in order to file a case of 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 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 OTHE Q 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, Survey contact the Clerk's Office at (803) 734-0550.

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

Full Name: Linquista White	and the second succession of the second seco	I am 46	years of age
Employer's Name: Medical University of Sou	th Carolina	Full time: [x ] Part	time: [ ] Hours per week:
Employer's Address: 1 Poston Road, Charlesto	on, South Car	olina 29412	
Gross (before deductions) Monthly wages: _~\$2,6	00	Hourly wages:	
If unemployed, date and salary of last employmen	nt:		
Other income per month:  Public Assistance: \$ Unemployment: \$ Child Support: \$ Social Security: \$ Gifts/Other: \$		nthly expenses: Rent/Mortgage: Car lease/payment: Food: Utilities: Credit cards:	\$ 877 \$ 152 \$ 300 \$ 225-275
	2012	Money owed on oth	\$ 300 er 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 t	ime: [ ] Hours per week:
Employer's address:			
Gross (before deductions) Monthly wages:	The state of the s	Hourly wages:	In manufacture distribution of the Control of the C
If unemployed, date and salary of last en	nployment:		
Other household income and assets of Spouse/Partn	er/Live-in Com	panion:	
Public Assistance: \$ Unemployment: \$ Child Support: \$ Social Security: \$ Gifts/Other: \$		Checking Account: Savings Account: Other: Automobile:	\$ \$ \$ Year: Make/Model:
TOTAL MONTHLY HOUSEHOLD INCOME:	\$	2,600	
TOTAL MONTHLY HOUSEHOLD EXPENSES:		1,880 (also, \$ 1,942 owed i	n traffic tickets and a negative bank
List the names and ages of all other members of you	r household wl	nom you financially support:	(use reverse side if more space needed)
Name:	Age: 9	Relation:	daughter
Name:	Age: <u>17</u>	Relation:	god daughter
To the best of my knowledge, the information above condition  Signature	is true and acc	curate. I have made no attem	AUG 19 2019 SCOMVH

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### **EXHIBIT E**

2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-5 Page 2 of 2

### **Adam Protheroe**

From: Adam Protheroe

Sent: Wednesday, August 28, 2019 7:54 AM

**To:** 'Ester Haymond (Work)'

**Subject:** Request for contested case hearing - Linquista 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 Linquista 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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2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-6 Page 1 of 3

### **EXHIBIT F**

2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-6 Page 2 of 3

### **Adam Protheroe**

From: Ester Haymond <ehaymond@scalc.net>
Sent: Thursday, August 29, 2019 11:36 AM

**To:** Adam Protheroe

**Subject:** RE: Request for contested case hearing - Linquista 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@scalc.net

From: Adam Protheroe <adam@scjustice.org> Sent: Wednesday, August 28, 2019 7:54 AM To: Ester Haymond <ehaymond@scalc.net>

Subject: Request for contested case hearing - Linquista White

Ms. Haymond,

I'm writing to follow up on a request for contested case hearing I filed on behalf of Linquista 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 2:19-cv-03083-RMG Date Filed 11/01/19 Entry Number 17-6 Page 3 of 3

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