



Office of the Governor  
State of South Carolina

Application for Magistrate and Masters-in-Equity

Your nomination **will not** be complete until this application is filed. Please refer to your nominating authority (County Legislative Delegation or Senator's Office) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms. INCLAN ROBERTO MARK  
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

SPARTANBURG COUNTY MAGISTRATE

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 4<sup>th</sup>

204 E. WOODGLEN RD

SPARTANBURG, SC 29301

4] Home Telephone: 864-576-7360 Office Telephone: 864-562-4006 6] Fax: 864 596-3622  
864-596-2564

7] Mobile Telephone: 864-680-1862 8] Email Address: RINCLAN@SPARTANBURG.COUNTY.ORG

9] Drivers License # SC 00 2352289 10] Social Security #: 251-02-3423

11] Voter Registration # 2094 638 12] Date of Birth: 9/4/1950

13] Race: WHITE 14] Sex: Male / Female

15] Level of Educational Background Completed:

Completed four year degree? WOFFORD COLLEGE

Professional degree (please specify) USC SCHOOL OF LAW (JD) JUNIOR DOCTOR

16] Present Employer SPARTANBURG COUNTY MAGISTRATE DIVISION

Address 180 MAGNOLIA STREET, SPARTANBURG SC 29301

17] Years of residence in South Carolina: 40 YEARS

18] How many years have you practiced law? 5 YEARS ( for Master in Equity )

19] Have you ever been convicted of a crime other than a minor traffic violation? NO  
If so, give details\*

20] Have you filed state and federal income tax returns for the past five years? YES  
If not, give details.\*

21] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.\*

- 22] Have you ever defaulted on any state or federal student loan? NO If so, give details.\*
- 23] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO  
If so, give details.\*
- 24] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO  
If so, give details.\*
- 25] Have you ever served in the military? NO  
Were you honorably discharged? \_\_\_\_\_ If not, give details.\*
- 26] Have you ever been terminated from employment for cause? NO If so, give details.\*
- 27] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.\*
- 28] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.\*
- 29] Do you serve on any local or state board, commission, committee, or elected office? NO If so, list.\*
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.\*
- 32] I hereby agree to attend the state or called meetings of this entity to which I am about to be appointed and further agree that should I miss:
- A. Three consecutive meetings or,  
B. Half of the meetings within a six month period,
- Unless excused by the Chair prior to the meeting, for reasons beyond my control (illness, death in family, etc.), I will resign my appointment
- \*Use extra sheet if necessary.

### CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Robert M. Chelani  
Applicant's Signature

Sworn and subscribed before me this 5<sup>th</sup> day of March, Two Thousand and fifteen.

April T. Cash  
Notary Public for South Carolina

My commission expires 8/1/2024