

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

APPEAL From THE County of Dorchester

OF COMMON PLEA

Dorchester County Court of Common Plea Judge

Heath P. Taylor

Case No 2022 CP 1800388

Appellate Case

RECEIVED

NOV 01 2022

SC Court of Appeals

James Anthony Primus 252315

Appellate

V

Dorchester County Solicitor David M. Pascoe, Defendant

Margaret M. McDonald

Application To Proceed Without Payment of Cost And
AFFIDAVIT IN Support thereof

I, James Anthony Primus 252315 hereby Apply For leave to Proceed
IN this Action without Payment of Fee's Cost or Security therefore
IN Support of my Application

I declare under Penalty of Perjury that the Following Facts are
True

1 I am the Appellant in this Action and I believe I am entitled to redress
2 Because of my poverty I am unable to pay cost of said Proceedings or
give security thereof

Date October 28 2022

James Anthony Primus 252315
James Anthony Primus Pro Se
1516 old Billiard Rd
Ridgeville S.C. 29472

MacDougal

INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): James Anthony Primar 252315

SCDC# 252315 INMATE SIGNATURE: James Anthony Primar

I plan to file this action in the SC County of _____

The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (1) Total deposits to inmate's account for preceding six months' period* \$ 0
- (2) Twenty percent (20%) of line 1 \$ 0
- (3) Account balance - current date \$ 2.76
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 0

****NOTE to COURT:** If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

*Admission date is noted here if inmate incarcerated less than six months / /

Peggy Cowther
Prepared by Financial Accounting Branch - SCDC

10/19/2022
Date office/trusts/prepared 7/97