

South Carolina Court Of Appeals.

Michael J. Ferola # 291941

Appellate

Appellate Case Number

vs-

S.C. Dept Of Corrections

Respondent(s)

Motion AND Affidavit
To Proceed IN FORMA Pauperis

I Michael J. Ferola, being duly sworn, state that I am the plaintiff/
Appellate and that I do not have the funds available to pay for the
cost of filing this action. [See attached Inmate Account Ledger]

Subscribed and sworn before me this

29th day of May 2013

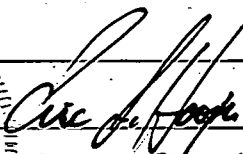
Michael J. Ferola

Michael J. Ferola # 291941

Evans Correctional Institution

610 Hwy 9 West

Bennettsville, SC. 29512



Expires: Feb. 9th, 2020

Certificate Of Service

I do hereby certify that I've mailed a true and correct copy
of the within "motion/Affidavit on this 31st day of May
2013 to:

RECEIVED

JUN 04 2013

SC Court of Appeals

David Tatarsky - legal Counsel

Office General Counsel

4444 Broad River Rd

Columbia, South Carolina 29210

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

Evans

APR 15 2013

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) Michael J. Ferola

SCDC# 291941

INMATE SIGNATURE: Michael J. Ferola

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

APR 23 2013

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

- (1) Total deposits to inmate's account for preceding six months' period* \$ 0.06
- (2) Twenty percent (20%) of line 1 \$ 0
- (3) Account balance - current date \$ 15.37
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 0

X \$15 tv freez

****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

RECEIVED
JUN 04 2013

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

SC COURT OF APPEALS

Prepared by Financial Accounting Branch - SCDC

Date 4/23/13 edit: 6/20/07