

State Of South Carolina  
Court Of Appeals

Michael J. Ferola #291941

Case No #

-vs-

S.C. Department Of Corrections  
et al Defendants

Motion AND Affidavit To  
Proceed In Forma Pauperis

I Michael J. Ferola being duly sworn under oath, state that  
I am the Appellant and that I do not have the funds  
Available to pay for the cost of this action. Appellant refers  
this honorable court to the institutional Account ledger in  
Support hereof:

Respectfully Submitted  
Michael J. Ferola  
Evans Correctional Inst  
610 Hwy 9 West  
Bennettsville, SC 29512

Certificate Of Service

I do hereby certify I've mailed a true AND correct copy  
of the within "motion, Affidavit, Order, Notice of Appeal,  
AND Financial Certificate" on this 19th day of June 2013  
to:  
Office General Counsel  
4444 Broad River Rd  
Columbia, SC 29210

2-C  
RECEIVED  
JUN 21 2013  
FEB 11 2013

INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES FEB 11 2013

Evans

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 ~~Clarendon~~ CLAREN DON

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

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 0.43
- (2) Twenty percent (20%) of line 1 ..... \$ 0
- (3) Account balance - current date ..... \$ 15.36
- (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 1 1

[Signature]  
Prepared by Financial Accounting Branch - SCDC

2/14/13

Date 2/14/13 ed's court prepared 1/97