

RECEIVED

May 23 2023

SC Court of Appeals

NOTICE OF INTENT TO APPEAL
THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS
FROM AIKEN COUNTY

May 23, 2023

Indictment #: 2020-GS-02-01398
2021-GS-02-00698
2021-GS-02-00699

THE STATE OF SOUTH CAROLINA -- Respondent

VS.

CALVIN M. PATTEN -- Appellant

NOTICE OF INTENT TO APPEAL

Calvin M. Patten plead guilty on May 16, 2023, to two counts of resisting arrest and unlawful carrying of a pistol. He was sentenced before Judge Courtney Clyburn Pope, and he appeals his conviction. Lakesicha Davis served as the Court Reporter.



William McKellar
Attorney for Defendant

Other Counsel of record is:
Bill Weeks
Solicitor
Post Office Box 3368
Aiken, South Carolina 29802

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NOTICE OF INTENT TO APPEAL

State of South Carolina

Vs:

CALVIN M. PATTEN

2020-GS-02-01398

2021-GS-02-00698

2021-GS-02-00699

CERTIFICATE OF SERVICE

I, Rebecca, do hereby certify that I have this day served the original of Appellant's Notice to Appeal upon the South Carolina Court of Appeals, and copies of appellant's Notice of Intent to Appeal to the Clerk of Court of Aiken County and to Ashley Hammack, Deputy Solicitor, Second Judicial Circuit by placing same in the United States Mail properly addressed and with correct postage affixed thereto:

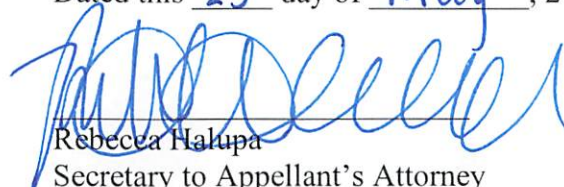
South Carolina Court of Appeals
Post Office Box 11629
Columbia, SC 29211

South Carolina Commission
Of Appellate Defense
P. O. Box 11589
Columbia, SC 29211

Clerk of Court
Aiken County Judicial Circuit
Post Office Box 583
Aiken, South Carolina 29802

Bill Weeks
Solicitor
Post Office Drawer 3368
Aiken, South Carolina 29802

Dated this 23 day of may, 2023,



Rebecca Halupa
Secretary to Appellant's Attorney
Post Office Drawer 2247
Aiken, SC 29802
803-642-1732

App Fee Paid

65

STATE OF SOUTH CAROLINA)
COUNTY OF AIKEN) AFFIDAVIT OF INDIGENCY AND APPLICATION FOR APPOINTED COUNSEL

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SC Court of Appeals

STATE VS. Calvin Patten
ARREST WARRANT / TICKET & CHARGE: 2021A0220101488 RA
2021A0220101491 Assault upon white RA
2019A0220101061 UCAP 2019A0220101063 PSV

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and the amount of your salary or wages per month and or week

NAME: ADDRESS:
NET WAGES: \$ WEEKLY BI-WEEKLY MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER:
NET WAGES: \$ WEEKLY BI WEEKLY MONTHLY DATE OF TERMINATION:

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable) lives with Celestine Walker (his mom)
She works at Goodwill (he thinks she makes about 8.00/hr.)
NET WAGES: \$ 200 WEEKLY BI-WEEKLY MONTHLY She is his rep payee
he had a stroke and she works for him since

3 Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or Self-Employment? Yes No
- b. Rent Payments, Interest or Dividends? Yes No
- c. Pensions, Annuities or Life Insurance Payments? Yes No
- d. Gifts or Inheritance? Yes No
- e. Any Other Source (including Unemployment, Retirement, Disability and or Food Stamps) Yes No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months

SOURCE: disability + food stamps AMOUNT: 773.00 + 97.00

4. LIST BY NAME, AGE AND RELATIONSHIP TO YOU, ANY PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT. INDICATE BESIDE EACH HOW MUCH YOU CONTRIBUTE TOWARD THEIR SUPPORT.

NAME:	AGE:	RELATIONSHIP:	AMOUNT \$

5 DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT
CASH: \$ CHECKING: \$ SAVINGS: \$

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES NO

PLEASE SPECIFY:

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL) _____

PAID FOR? YES ___ NO ___ AMOUNT OF PAYMENT(S) \$ _____

8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? _____

350 / month (mon pay)

9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC? _____

AMOUNT \$ _____

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein

I understand that the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court, part or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty (30) days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

Unable to sign due to COVID19
Applicant

Sworn to before me this 2nd day of February, 20 21



Notary Public for South Carolina My commission expires: 7/7/26

RACE: B SEX: M AGE: 48

IN JAIL _____ OUT ON BOND

SSN: _____

DATE OF ARREST: 1-25-21

DATE OF BIRTH: _____

BOND AMOUNT: 5000

ADDRESS: _____

BONDSMAN: Angels Bail Bonds

CITY & STATE: _____

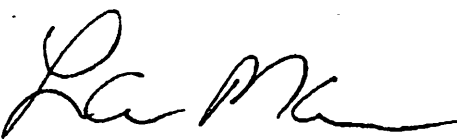
CO-DEFENDANTS: _____

TELEPHONE: _____

The applicant's request for counsel is hereby

GRANTED

DENIED



Judge Clerk or Deputy Clerk

DATE: 2/3/2021

OFFICE OF THE SECOND JUDICIAL CIRCUIT PUBLIC DEFENDER

**211 York Street, NE
Post Office Box 2247
Aiken, South Carolina 29802**

May 23, 2023

South Carolina Commission
On Indigent Defense
Attention: Della White
P. O. Box 11589
Columbia, SC 29211

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RE: NOTICE OF INTENT TO APPEAL
CALVIN M. PATTEN
2020-GS-02-01398
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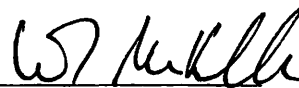
Dear Mrs. White:

Please find enclosed Notice of Intent to Appeal, Indictments, Arrest Warrants, Sentence Sheets, and Defendant's affidavit of indigency.

Calvin M. Patten plead guilty on May 16, 2023, to two counts of resisting arrest and unlawful carrying of a pistol. He was sentenced before Judge Courtney Clyburn Pope, and he appeals his conviction. Lakesicha Davis served as the Court Reporter.

I am available to discuss this case if you so desire.

Sincerely,



William McKellar
Assistant Public Defender

WM: rh
Enclosure