

S.C. Supreme Court
P.O. Box 11330
Columbia, SC 29211-1330

Re: Writ in Bryan v. SCDL, Ct. App. No. 2011-204348

Dear Clerk,

In support of my IN FORMA PAUPERIS Motion is a Financial Certificate.

8/07/13

cc: C. Florian/Attorney - w/attachment

Thank you,
T. Terrell Bryan
#254638, SAU-B19, MCC-I
386 Redemption Way
McCormick, SC 29899

RECEIVED

AUG 12 2013

S.C. SUPREME COURT

II. PLACE OF PRESENT CONFINEMENT

A. Name of Prison/Jail/Institution: _____

B. What are the issues that you are attempting to litigate in the above-captioned case? _____

C. (1) Is there a prisoner grievance procedure in this institution? Yes _____ No _____

(2) Did you file a grievance concerning the claims you are raising in this matter? Yes _____ No _____

When _____ Grievance Number (if available) _____

D. Have you received a final agency/departamental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes _____ No _____

E. When was the final agency/departamental/institutional answer or determination received by you? _____

If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.

F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes _____ No _____

G. If your answer is YES:

1. What steps did you take? _____

2. What was the result? _____

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TRUCC 31628

III. PARTIES

In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff: _____ Inmate No.: _____

Address: _____

In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.

B. Name of Defendant: _____ Position: _____

Place of Employment: _____

C. Additional Defendants (provide the same information for each defendant as listed in Item B above):

LEGAL MAIL
MAIL ROOM

FINANCIAL CERTIFICATE
FOR THE DISTRICT OF SOUTH CAROLINA
(for use in § 1983, Bivens, and non-habeas civil actions filed by prisoners)

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JUL 22 2013

MCCI
MAIL ROOM

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

T. Terrell Bryan
INMATE NAME (PRINTED)

254638
INMATE (PRISONER) NUMBER

[Signature]
INMATE SIGNATURE

MCCI
PLACE OF CONFINEMENT

◆ (1) Average monthly deposits to the inmate's account.....\$ 0

◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period.\$ 0.18

◆ (3) Current Balance\$ 0.18

◆ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 0

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AUG 06 2013

MCCI
MAIL ROOM

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

[Signature]
Authorized Officer's Signature
J. Smith Fin. Actg.
Authorized Officer's Name and Title

7/31/13
Date

T. Terrell Bryan
#254538, SMU-B19, MCC I
386 Redemption Way
McCormick, SC 29899

COA

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P.O. Box 11330
Columbia, SC 29211-1330~~

