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JUN 07 2024

S.C. SUPREME COURT

INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

4B0208

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): Christopher Kennan

APR 02 A.M.

SCDC # 385016 INMATE SIGNATURE: Christopher M. Kennan

I plan to file this action in the SC County of SC Supreme Court

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

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

**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

Prepared by Financial Accounting Branch - SCDC

Date 03/25/24 cfile:actrust5\prepared 7/97

The Supreme Court of South Carolina

2024-000832

Case # ~~2023-001275~~

Affidavit in Support of Motion to Proceed Without Payment of Costs and Fees

Christopher Kennan,
Appellant,
v.
SCDC,
Respondent

I, Christopher Kennan, having been first duly sworn, depose and say the following:

1. I, Christopher Kennan, the plaintiff named above, suffer from no legal disabilities, and give this affidavit from personal knowledge in connection with my motion to proceed in forma pauperis.
2. I state that the following is an accurate list of my monthly income and expenses:

Income: \$0.00 per month (incarcerated individual)

Rent: \$0.00

Food: \$0.00

Utilities: \$0.00

Transportation: \$0.00

Clothes: \$0.00

Total Expenses: \$0.00

Assets: \$0.00 including \$0.00 on Plaintiff's Cooper Trust Prison Account.

This ~~7th~~^{7th} day of February, 2024

Christopher M. Kennan

Christopher M. Kennan #385016

Evans CI

612 Hwy 9W

Bennettsville, SC 29512

Witness and Subscribed before me on 07 day of February 2024
Sarah [Signature]
Clerk of Court
Bennettsville, SC 29512
2/17/24