

Dear Clerk Allen,

8-16-13

On July 23, 2013 I sent your office a notice of appeal on appellate case number 2013-001598. At the time of filing I had stated that I was in fact indigent. Just prior to the filing of the appeal, I had sent an inmate trust fund account report for South Carolina Court filing fees to the financial accounting office at SCDC headquarters in Columbia to be ^{later} sent to your court. However at the time of filing my appeal the statement had not been sent back to me. As you can see by the stamped date on the statement, it was just returned to Kershaw on Tuesday - 8-13-2013. I did not receive it until 8-16-13 as

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SC Court of Appeals

was on a medical run and was away from the institution for two days. I am now forwarding a copy to you for filing. I have been indigent for over 6 years as I have hardly any family left, only my children.

Also, as an indigent litigant, it is my understanding that the S.C. office of Indigent Defense will be assigned to represent me in this appeal.

Please be advised that I have proceeded pro-se in this appeal until counsel is appointed. In the letter which you addressed to me on July 29, 2013 you addressed me as counsel. This is error as I am not an attorney.

I would like to thank you for your

time, help, understanding, and
sincere consideration in this matter.
I look forward to hearing from
you soon.

Sincerely
Jimmy D. Jones #240330
Kershaw Cor. Inst
HD-144
4848 Goldmine Hwy
Kershaw, S.C.
29067

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Kershaw
G. I
Kershaw

KerCI
MAILROOM

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

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): Jimmy D. Jones

SCDC# 240330 INMATE SIGNATURE: Jimmy D. Jones

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

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
- (2) Twenty percent (20%) of line 1 \$ 0
- (3) Account balance - current date \$ 0
- (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

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

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[Signature]
Prepared by Financial Accounting Branch - SCDC

8/8/13
Date