

FINANCIAL DECLARATION

Address	LIVESAY C.I. (B) CAMP, P.O. BOX 580, UNK, SC 29378
Age	66 YRS, old
Occupation	INMATE OF S.C. DEPT. OF CORRECTIONS
Employer	NONE
Employer Address	N/A

Gross Monthly Income

Amount:

- | | |
|---|-----|
| 1) Earnings (attach recent pay stubs) | -0- |
| 2) Overtime | -0- |
| 3) Social Security, VA Benefits
Workers Comp or Disability (SSI) | -0- |
| 4) Unemployment | -0- |
| 5) Alimony/Child Support | -0- |
| 6) Other (Specify) _____ | -0- |
| (Add lines 1-6) Total Amount: | -0- |

Monthly Expenses

Amount:

(have proof of expenses available)

- | | |
|--|--------|
| 1) Rent/Mortgage | -0- |
| 2) Utilities | -0- |
| 3) Cell phone/Phone | -0- |
| 4) Food | -0- |
| 5) Child Support/Alimony
(outside of this case) | -0- |
| 6) Child Care | -0- |
| 7) Car Payment | -0- |
| 8) Car Operating Expenses
(Insurance, gas, maintenance) | -0- |
| 9) Clothing | -0- |
| 10) Cable/Satellite TV/Internet | -0- |
| 11) Medical/Dental/Vision Expenses (self) | \$5.00 |
| 12) Medical/Dental/Vision Expenses (child) | -0- |
| 13) Medical/Dental/Vision Insurance (self) | \$5.00 |
| 14) Medical/Dental/Vision Insurance (child) | -0- |
| 15) Credit Card/Loan Payments | -0- |
| 16) Other (Specify) _____ | -0- |
| (Add lines 1-16) Total Amount: | \$5.00 |

Assets

Amount:

- | | |
|---|--------|
| 1) Cash | -0- |
| 2) Money in Bank accounts
(Checking & Savings) | \$5.00 |
| 3) IRA/401K/Pensions | -0- |
| 4) Other (Specify) _____ | -0- |
| (Add lines 1-4) Total Amount: | \$5.00 |

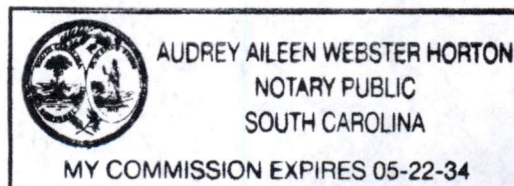
How many other biological children in the home? 0

Name(s) and Date(s) of Birth

Sworn to before me this 18 day
of July, 2024

Audrey Aileen Webster Horton
Notary Public for South Carolina
My Commission Expires: 05-22-34


Signature
BOBBY JOE BARTON, #163629



0113 Hrsay

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): Bobby Joe BARTON

SCDC # 163629 INMATE SIGNATURE: Bobby Joe Barton

I plan to file this action in the SC County of Richland, SC.

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

- (1) Total deposits to inmate's account for preceding six months' period* \$ 6.03
 - (2) Twenty percent (20%) of line 1 \$ 1.20
 - (3) Account balance - current date \$ ~~10.00~~ * Prior Holds
 - (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

06/05/24 Date

c:\filestrust\5prepared 7/97

SCDC-FINANCIAL ACCTG

2024 MAY 7:36