

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

Application To Proceed Without Payment of Costs
And Affidavit In Support thereof.

I, Mr. Eddie Lee Hall, hereby apply for leave to proceed in this action without prepayment of fees or costs or security therefor, in support of my application, I declare under penalty of perjury that the following facts are true: I am the applicant in this action and I believe I am entitled to redress, because of my poverty I am unable to pay the costs of said proceeding or give security thereof.

Sworn or Affirmed to and
Subscribed Before Me This
4 Day of September 2013

Caroline A. Orsca

Notary Public

My Commission Expires My Commission Expires December 22, 2018

RECEIVED

SEP 09 2013

SC Court of Appeals

Bless Ye The Lord

Respectfully Submitted

Eddie L. Hall

Mr. Eddie L. Hall, Christian Jew
Kershaw C. I. Palmetto B.R. 33B #184752
4848 Goldmine Highway
Kershaw S.C. 29067

RECEIVED

RECEIVED

Kershaw
C.I.
Kershaw
PB33

JUL 30 2013

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

MAILROOM (NORTH)

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): Mr. Eddie L. Hall

SCDC # 184752 INMATE SIGNATURE: Eddie L. Hall

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

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 \$ 0.11
- (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

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

[Signature] 7/31/13