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Dec 19 2024

SC Court of Appeals

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STATE OF SOUTH CAROLINA)
COUNTY OF AIKEN)

AFFIDAVIT OF INDIGENCY AND
APPLICATION FOR APPOINTED COUNSEL

STATE VS. Malachi Fedrick

ARREST WARRANT / TICKET & CHARGE:

- 2024 A02 205 00078 - Assault + Battery of High + Aggr.
- 2024 A02 205 00050 - Carjacking
- 2024 A02 205 00077 - Robbery
- 2024 A02 205 00052 - Failure to stop blue light
- 2024 A02 205 00051 - Poss weapon during violent crime

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and the amount of your salary or wages per month and/or week.

NAME: _____ ADDRESS: _____

NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: Resturant - Dish-washer

NET WAGES: \$ 250 WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: Before lock up.

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): live alone w aunt

aunt works @ family dollar

NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY unknown.

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or Self-Employment? Yes No
- b. Rent Payments, Interest or Dividends? Yes No
- c. Pensions, Annuities or Life Insurance Payments? Yes No
- d. Gifts or Inheritance? Yes No
- e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)? Yes No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months

SOURCE: _____ AMOUNT: _____

4. LIST BY NAME, AGE AND RELATIONSHIP TO YOU, ANY PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT. INDICATE BESIDE EACH HOW MUCH YOU CONTRIBUTE TOWARD THEIR SUPPORT.

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

NAME: 1 AGE: 1 RELATIONSHIP: 1 AMOUNT \$ 1

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT
CASH: \$ _____ CHECKING: \$ _____ SAVINGS: \$ _____

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES NO

PLEASE SPECIFY: _____

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL) _____
 PAID FOR? YES NO AMOUNT OF PAYMENT(S) \$ _____
 8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? What pays
 9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? _____
 AMOUNT \$ _____

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein.

I understand that the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court, part or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty (30) days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice

Applicant Council 191

Sworn to before me this 20 day of February, 2024.

me Notary Public for South Carolina My commission expires: 1-25-32

RACE: B SEX: M AGE: 20 - IN JAIL. - OUT ON BOND
 SSN: 664 20 4175 DATE OF ARREST: 2-13-24
 DATE OF BIRTH: 7-31-03 BOND AMOUNT: Denied
 ADDRESS: to 2243 Roanoke Row BONDSMAN: _____
 CITY & STATE: Aug GA 30900 CO-DEFENDANTS: _____
 TELEPHONE: 803-293-6742-mum Apt 54

E-MAIL: _____
3445 Wauville Circle
Aug GA 30900

The applicant's request for counsel is hereby

GRANTED

 DENIED

ACMc
 Judge/ Clerk or Deputy Clerk
 DATE: 2/24/24