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SEP 26 2013

Kershaw

**INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES**

KerCI  
MAILROOM

**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.

Smyle?

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): William Wilson

SCDC# 326610 INMATE SIGNATURE: William Wilson

I plan to file this action in the SC County of Columbia S.C

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

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 135.12
- (2) Twenty percent (20%) of line 1 ..... \$ 27.02
- (3) Account balance - current date ..... \$ 38.47
- (4) PAYMENT AMOUNT \*\*  
(lesser of line 2 or line 3)  
Enclosed check # \_\_\_\_\_ \$ 27.02

**\*\*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    /   /   

[Signature]  
Prepared by Financial Accounting Branch - SCDC

10/7/13  
Date cfilestrust5prepared 7/97

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**FINANCIAL CERTIFICATE  
FOR THE DISTRICT OF SOUTH CAROLINA**  
(for use in § 1983, Bivens, and non-habeas civil actions filed by prisoners)

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

William Wilson  
INMATE NAME (PRINTED)

326610  
INMATE (PRISONER) NUMBER

William Wilson  
INMATE SIGNATURE

Kershaw Correctional Inst  
PLACE OF CONFINEMENT

- ◆ (1) Average monthly deposits to the inmate's account.....\$ 22.60
- ◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period. ....\$ 21.77
- ◆ (3) Current Balance .....\$ 11.45
- ◆ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 1.45

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

[Signature]  
Authorized Officer's Signature

10/7/13  
Date

J. Mark B. Acy  
Authorized Officer's Name and Title

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