

Oct 03 2025

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF RICHLAND )

AFFIDAVIT OF INDIGENCY

S.C. SUPREME COURT

Case Name DENNIS MICHAEL GALLIPERU V. STATE OF SOUTH CAROLINA

<sup>SUP. CT.</sup>  
Criminal Case No. 2025-000890  
<sup>CASE</sup>

Current Address: 1920 ASHFORD LN., COLY SC 29210

Are you incarcerated?  Yes (If "Yes") Where? \_\_\_\_\_  
 No

What were you convicted of? N/A

What was your sentence? N/A

Are you appealing from ORDER DENYING PETITION FOR REMOVAL  
 trial,  guilty plea  a post-conviction relief hearing?

In what county was this ~~trial/hearing/guilty plea~~ held? THERE WAS NO HEARING

Presiding Judge's name? HEATH P. TAYLOR

Date of trial/guilty plea or post-conviction hearing NO HEARING. ORDER DATED 4/25/2025

Were you represented by: NO  
 a court-appointed attorney  public defender or  retained counsel?

Name of attorney/public defender? \_\_\_\_\_

If retained, how much did you pay for attorney fees? \$ \_\_\_\_\_

If you still owe money to your attorney, how much? \$ \_\_\_\_\_

1. Are you presently employed? Yes \_\_\_\_\_ No

a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer: \_\_\_\_\_

b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month. I HAVE NOT BEEN EMPLOYED SINCE 2001.

2. 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. N/A

3. Have you received within the past twelve months any money from any of the following sources?

- a. Business, profession or form of self-employment?  
Yes \_\_\_\_\_ No
- b. Rent payments, interest or dividends?  
Yes \_\_\_\_\_ No
- c. Pensions, annuities or life insurance payments?  
Yes \_\_\_\_\_ No
- d. Gifts of inheritance?  
Yes \_\_\_\_\_ No
- e. Any other sources?  
Yes  No \_\_\_\_\_

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

SOCIAL SECURITY RETIREMENT: \$ 864 MO  
SSI BENEFIT \$ 173 MO

4. Do you own cash, or do you have any money in a checking or savings account?  
Yes  No \_\_\_\_\_

If the answer is "yes," state the total amount of the cash owned. \$ 43.00

5. Do you own any real estate, stocks, bonds, notes or other valuable property (excluding ordinary household furnishing and clothing)? Yes \_\_\_\_\_ No

If the answer is "yes," describe the property and state the appropriate value of the items owned.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What kind of motor vehicle do you own? 2010 Ford F150

Is it paid for? Yes  No \_\_\_\_\_

If not, what are the monthly payments? \$ \_\_\_\_\_

I do solemnly swear that the account by me delivered into this Court 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 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 time since charges were made against me or before, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned herein.

I understand that the State shall file a claim against me in an amount equal to the cost for representation, but that such claim shall not constitute a lien against my property, unless, the claim is reduced to judgment by the Order of the Court after giving me at least thirty days' notice.

Under penalty of perjury, I certify that the information given by me on this affidavit is true and correct, and I understand that I will be subject to civil and/or criminal penalties if I knowingly furnish false information.

I am financially unable to employ counsel.

This 15<sup>th</sup> day of September, 2025

*[Signature]*  
Defendant PETITIONER

I understand that I am entitled to at least thirty days' notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Defendant PETITIONER

SUBSCRIBED AND SWORN to before me this

15 day of September, 2025

*[Signature]*  
Notary Public for South Carolina

My Commission Expires: 12/28/2028

DANIELLE RATSIMBAHARISON  
Notary Public, State of South Carolina  
My Commission Expires 12/28/2028