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SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

Division of Appellate Defense
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Wanda H. Carter, Chief Appellate Defender

December 09, 2025

Lawrence Crawford, #300839
Evans Correctional Institution
610 Highway 9 West
Bennettsville, SC 29512

RECEIVED

Dec 09 2025

SC Court of Appeals

Re: Your Case (Appellate Case No. 2025-001856)

Dear Mr. Crawford:

Enclosed is the affidavit of indigency to be completed, notarized, and returned to our office by **December 31, 2025** if you wish for our office to be appointed to represent you on appeal. **Please answer all questions in full, and the affidavit must be notarized in order for it to be reviewed.**

If you have any questions, please let me know.

Sincerely,

Della White
Administrative Coordinator

cc: South Carolina Court of Appeals

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

AFFIDAVIT OF INDIGENCY

Case Name _____

Criminal Case No. _____

Current Address: _____

Are you incarcerated? Yes (If "Yes") Where? _____
 No

What were you convicted of? _____

What was your sentence? _____

Are you appealing from
_____ trial, _____ guilty plea _____ a post-conviction relief hearing?

In what county was this trial/hearing/guilty plea held? _____

Presiding Judge's name? _____

Date of trial/guilty plea or post-conviction hearing _____

Were you represented by
_____ 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. _____

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. _____

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. _____

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. \$ _____

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? _____

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 _____ day of _____, _____.

Defendant

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

SUBSCRIBED AND SWORN to before me this
_____ day of _____, _____.

Notary Public for South Carolina
My Commission Expires: _____