

# LIZZI LAW FIRM, PC

## Attorney at Law

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January 5, 2026

**Via Mail Delivery:**

Cory Gethers 00228241 F3B-0157-A  
**Kirkland Correctional Institution**  
4344 Broad River Road,  
Columbia, SC 29210

**RECEIVED**

**Jan 16 2026**

**SC Court of Appeals**

**RE: State of South Carolina v. Cory Gethers**  
**Our File No.: 25-CR-2335**

Dear Mr. Gethers:

Enclosed please find the Affidavit of Indigency. We are required to file this Affidavit with the South Carolina Commission on Indigent Defense as a part of your Appeal.

Please fill out this affidavit and sign it in the presence of a notary and return it to our office in the enclosed self-addressed stamped envelope.

If you have any questions, please reach out to the office.

Yours very truly,



Christopher Lizzi

CDL/see  
Enclosure

RECEIVED

Jan 16 2026

SC 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: \_\_\_\_\_