

State of South Carolina  
County of McCormick  
Bryan Thomas K. Murray # 32560418  
Plaintiff

-VS-

South Carolina Department of Corrections  
Defendants et al

IN THE Court of Common Pleas  
Motion and Affidavit to  
Proceed IN FORMA PAUPERIS  
Case No. \_\_\_\_\_

Rule 3. SC B. REP

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MAY 26 2018

SC Court of Appeals

I Bryan Thomas K. Murray being duly sworn, state that I am the Plaintiff  
and that I do NOT have the funds available to pay the costs of filing  
and service in the present matter. I hereby request that the Com-  
plaint be filed and service made without cost.

sworn to and subscribed before me  
this 3-8-18 day of 3-8-18 2018

Bryan Thomas K. Murray  
Signature of Plaintiff  
Person Filing Complaint on  
Behalf of Plaintiff

~ OFFICIAL ~

- leave is granted to proceed in forma pauperis without payment of the filing fee.
- leave is granted to proceed in forma pauperis without payment of the service fee.
- leave is denied to proceed in forma pauperis...

date: . . . , 2018

. South Carolina

Judge / Clerk of Court

notice to Plaintiff: the Court may assess cost against either party  
at her/his/...

State of South Carolina  
County of McCormick.

Brunstadius H. Murray #356248  
Plaintiff.

-VS-

South Carolina Department of Corrections  
Defendant.

IN THE COURT OF COMMON PLEAS  
CASE NO. \_\_\_\_\_

DECLARATIONS  
IN SUPPORT MOTION TO  
PROCEED IN FORMA  
PAUPERIS

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SC Court of Appeals

I, Brunstadius H. Murray, am the Plaintiff in the above entitled case. IN SUMM  
of me motion to proceed without being required to prepay fees or costs or give  
security therefore, I state that because of my poverty I am unable to pay the costs  
of said proceedings or to give security therefore, and have proof, therefore I am entitled  
to redress.

I declare that the responses which I have made below are true.

- 1) If you are presently employed, state the amount of your salary wage per month,  
and give the name and address of your employer non-qualifier
- 2) If you are not presently employed state the date of last employment and amount  
of salary per month that you received and how long the employment lasted.
- 3) Have you received, within the past twelve months, any money from any of the following  
sources:

A. Business, professional or firm of self-employment?

Yes \_\_\_\_\_ NO X

B. Rent payments, interest or dividends?

Yes \_\_\_\_\_ NO X

C. Pensions, annuities, or life insurance payments?

Yes \_\_\_\_\_ NO X

D. Gifts or inheritances?

Yes \_\_\_\_\_ NO X

Legal

Murray-356248

e. Any form of Public assistance?  
Yes \_\_\_\_\_ NO X

f. Any other sources?  
Yes \_\_\_\_\_ NO X

If the answer to any of Questions (a) through (f) is Yes,  
describe each source of money and state the amount received  
from each during the past month 0.00 Balance

4. Do you have any cash or money in a checking or savings account?  
none available If the answer is Yes, state the total value. . . .

5. Do you own any real estate, stock, bonds, notes, automobiles, or other valuable  
property (including ordinary household furnishings and clothing)? Yes If  
the answer is Yes, state the total value owned. \$ 900.00

6. List the persons who are dependent on you for support, state your relationship to  
those persons, and indicate how much you contribute toward their support at the  
present time. none available

7. If you live in a rented apartment or other rented building, state how much you pay  
each month for rent. Do not include rent contributed by other people. none available

8. State any special financial circumstances which the court should consider in this  
application. S.S. & History "checks". Problems thru Birth record health history 2018  
2018, Williams Hall, Bethman mental health, vouchers, some

I understand that a false statement or answer to any questions in this declaration  
will subject me to the penalties of perjury. . .

I declare under penalties of perjury that the foregoing is true  
and correct. . .

Signed this 3 day of 8, 2018.

[Signature]  
Signature

4-7-1994

Date of Birth 25-93-6372

social security number. . .

Legal

Murray-356248

Norshel  
C.I  
Cyp31

# K ED INMATE TRUST FUND ACCOUNT REPORT for SOUTH CAROLINA COURT FILING FEES

FEB 16 2018

SCDC-FINANCIAL ACCOUNTING

INSTRUCTIONS TO INMATE: Complete top portion then mail to **KerCI MAILROOM**. When received from Accounting, you must mail this form with any payment to the Court.

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): Bryantavio H. Murray Bryantavio Murray

SCDC# 356248 INMATE SIGNATURE: Bryantavio Murray

I plan to file this action in the SC County of McCormick South Carolina

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

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 0
- (2) Twenty percent (20%) of line 1 ..... \$ 0
- (3) Account balance - current date ..... \$ 0
- (4) PAYMENT AMOUNT \*\*  
(lesser of line 2 or line 3)  
Enclosed check # \_\_\_\_\_ \$ 0

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SC Court of Appeals

\*\*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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FEB 27 2018

\*Admission date is noted here if inmate incarcerated less than six months \_\_\_\_\_

KerCI MAILROOM

[Signature]

2/22/18

Prepared by Financial Accounting Branch - SCDC

Date \_\_\_\_\_

© 2018 SCDC - Form 1/97

**GWENDOLYN D. CHILES**  
McCormick Co. Clerk of Court  
133 S. Mine St. • Room 102  
McCormick, SC 29835



**FP**  **US POSTAGE**  
**\$002.44<sup>0</sup>**

**First-Class - IMI**  
**ZIP 29835**

05/21/2026

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**MAY 26 2026**

**SC Court of Appeals**

Court of Appeals  
Denesha Stanley  
1220 Senate St.  
Columbia, SC 29201