SCCID
SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

Division of Appellate Defense
1330 Lady Street, Suite 401
Columbia, South Carolina 29201-3332
Post Office Box 11589
Columbia, South Carolina 29211-1589
Telephone: (803) 734-1330
Facsimile: (803) 734-1345

Wanda H. Carter, Chief Appellate Defender

September 02, 2026

Scott Horton, #126091
Kirkland Correctional Institution
4344 Broad River Road
Columbia, SC 29210

Re: Your Case (Appellate Case No. 2026-001449)

Dear Mr. Horton:

This office is in receipt of a notification from the South Carolina Court of Appeals that you have filed a Notice of Intention to Appeal. We received your Affidavit of Idigency however we are unable to accept this affidavit since it is on the wrong form. If you are still wanting this office to represent you on appeal, **please complete the attached form and answer <u>all</u> questions on the enclosed Affidavit of Indigency, have it notarized and return it to me no later than September 21, 2026** , or we will be closing our file. If we do not hear from you by this time we must assume that you have retained private counsel to perfect your appeal.

Also, if it is approved for this office to represent you on appeal, I will request the transcript from the court reporter. The court reporter has sixty (60) days in which to type the transcript or request an extension of time in which to do so. After this office receives the transcript, I will assign your case to an attorney, and that attorney will write you a letter informing you of your new counsel of record on appeal.

Sincerely,

s/Della White
Administrative Coordinator

dw

Enclosure
cc: South Carolina Court of Appeals
Attorney General

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

STATE OF SOUTH CAROLINA)
)
vs.)
)
_____)

AFFIDAVIT OF INDIGENCY AND APPLICATION FOR APPELLATE COUNSEL

NOTICE: You may be required to submit verification of your household income which may include (1) most recent pay stub, or (2) most recent W-2, or (3) most recent Tax Return, or (4) a Written Statement from your Employer. All questions must be answered truthfully. False information in the application may lead to criminal prosecution for perjury.

Section A: Personal Information

Full Name: _____

Alias: _____

Address Where You Last Lived: _____

_____

Phone Number(s) You Can be Reached at: _____

Email Address: _____

Section B: Case Information

Type of Case: ___ Criminal ___ Juvenile ___ Family Court ___ PCR _____ SVP

Case Name: _____ County: _____

Charging Document/Case Number(s): _____

_____

Are you currently incarcerated? _____ Yes ____ No Where? _____

What was your sentence? _____

Name(s) of Co-Defendant(s): _____

_____

You are appealing from: _____ Trial / PCR Evidentiary Hearing _____ Guilty Plea

Name of Presiding Judge: _____ Hearing Date: _____

Section C: Trial Attorney Information

Name of Trial Attorney: _____

Was your Trial Attorney: _____ Court Appointed ____ Public Defender ____ Retained /Hired

If retained, how much did you pay for attorney fees? _____

Do you still owe the attorney money for attorney fees? __Yes ___No How much? _____

Section D: Household Information

Are you currently married: ___ Yes __ No

Please list the total number of persons in your home that you are financially responsible for:

Name (or Initial if under 18)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you court ordered to pay child support? ___ Yes ___ No County: _____

Amount court ordered to be paid per month? _____ Actual amount paid per month? _____

Section E: Employment Information

For Applicant:

Are you currently employed? ___ Yes ___ No

Employer Name: _____ Job Title: _____

Supervisor's Name: _____ Phone: _____

Hours Worked Per Week: _____ Monthly Net Pay (after deductions) _____

If unemployed, how long have you been unemployed? _____

For Applicant's Spouse:

Is your spouse currently employed? ____ Yes ____ No

Employer Name: _____ Job Title: _____

Supervisor's Name: _____ Phone: _____

Hours Worked Per Week: _____ Monthly Net Pay (after deductions) _____

If unemployed, how long have you been unemployed? _____

Section F: Other Money Received

The following is a list of different kinds of other money received. Do you or your spouse receive any of money from the following sources? Circle yes or no and explain any yes answers below.

Child Support/Spousal Support	Y N	Money from Friends, Relative, Other	Y N
Rental Income	Y N	Money from Inheritance	Y N
Lottery Winnings	Y N	Pension/Retirement	Y N
Insurance/Lawsuit Settlement	Y N	Railroad Benefits	Y N
Interest/Dividend Income	Y N	Social Security Benefits	Y N
Workers Compensation	Y N	Unemployment Benefits	Y N
Veteran's Benefits	Y N	Other (specify)_____	Y N

For all items above circled yes, provide the following:

Type of Other Money Received	Who Received	How Much	When Received

Section G: Assets

Do you or your spouse currently own or rent your currently home? _____

Do you or your spouse own or are purchasing the following:

Annuities/Money Market Account	Y N	Inheritance/Trust	Y N
Business Accounts/Inventory	Y N	Life Estate/ Life Lease	Y N
Cash on Hand	Y N	Real Property	Y N
Certificates of Deposit	Y N	Retirement Funds (IRA etc)	Y N
Checking/Credit Union Accounts	Y N	Savings Bonds	Y N
House/Mobile Home	Y N	Stocks/Bonds/Mutual Funds	Y N
Income Producing Equipment	Y N	Other (specify) _____	Y N

For all items above circled yes, provide the following:

Type of Asset	Value	How Much Owed

How many vehicles do you own? _____

List all vehicles you own, jointly own, or being purchased by you and/or your spouse.

Make/Model	Year	Value	Amount Owed

Section H: Acknowledgement

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that the Office of Appellate Defense represent me on my appeal. I understand that if I have supplied false information in the application, it may lead to criminal prosecution and conviction. I understand that I have a continuing duty to inform the court of any changes in my financial condition, employment status or household size. By signing this application, I authorize the Office of Appellate Defense to investigation my income, assets and benefits and that this form will serve as a Release of Information to any source which might have such information regarding my financial condition and employment.

SWORN to before me this _____ day

of _____, _____

Signature: _____

_____ Date: _____

Notary Public for South Carolina
My Commission Expires: _____

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FOR USE BY SCREENER ONLY

Supporting Document(s) Requested: ___ Yes ___ No What Documents?_____

_____

Applicant is found to be:

___ Not Indigent. The application for counsel is denied.

Reason for denial: _____

___ Indigent. Office of Appellate Defense will provide representation.

Date: _____ _____

Person Reviewing Application