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SC Court of Appeals

October 2, 2026

South Carolina Court of Appeals
Jenny A. Kitchings, Honorable Clerk
P.O.Box 11629
Columbia, SC 29211

Re: Submission of AFFIDAVIT OF INDIGENCY and APPLICATION FOR APPELLATE COUNSEL, Appellate Case No. 2026-001741

Dear Honorable Court,
Upon completion of the **AFFIDAVIT OF INDIGENCY and APPLICATION FOR APPELLATE COUNSEL** forwarded to the Appellant by his former trial counsel in the attached correspondence dated **September 16, 2026,** the Appellant submits confirmation of his indigent status; while respectfully declining Appellate Counsel.

The Appellant's decision not to accept Appellate representation at this time, is based on the actions of **ALL** counsel that has been **appointed** throughout his Unlawful insertion into an **Ineffective State Corrective Process.**

Specifically, The Appellant can ILL afford **for ALL** of his issues which address State and Federal Constitutional Violations, not to be presented for review on appeal from a Re-commitment trial, that was the result of his Unlawful Initial Commitment!

The vehement effort of ALL appointed counsel to impede upon the Appellant's Due Process Rights, extends to counsel retained by his family to represent him at trial in this re-commitment matter.
The counsel retained on **"Borrowed Funds"** in Good Faith, proceeded through the Adversarial Process in Bad faith, in his **Lack of Preparation for trial, as well as his purposeful Inconsequential presentation of the Appellant's issues at trial.**

The Appellant' Right to Effective Assistance of of Counsel, Competent Assistance or even a Right to Due Process seems to be **UNCLEAR** within the (SVP) process, even though the Supreme Court of South Carolina appears to **BRIGHT LINE** this provision within **In the Matter of the Care and Treatment of Chapman, 796 S.E. 2d 843,846-47 (S.C. 2017).**

However upon further review, it has been revealed that the **SIXTH AMENDMENT** Right to Counsel **ONLY** applies to Criminal Proceedings , apparently leaving the Appellant Void of a Right to Effective or Competent Assistance in Civil (SVP) proceedings. **See Jordan v. McMaster, C/A No.8:09-51-CMC-BHH 2010.**

Appointed, Trained ,Seasoned Counsel was obviously aware of the presiding precedent, therefore although the Appellant Lacks the Capacity, he will pursue an Equitable Review on Appeal of his Constitutional issues before the Honorable Court of Appeals Pro Se.

The Appellant Thanks the Court for its time and Consideration in this matter.

Respectfully Submitted,

Michael T. Braxton
4546 Broad River Rd
Columbia, SC 29210

cc. File

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STATE OF SOUTH CAROLINA)
)
COUNTY OF ANDERSON)

STATE OF SOUTH CAROLINA)
In The Matter of Michael T.)
Braxton (2))
vs.)
South Carolina Department)
of Mental Health)

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: Michael Todd Braxton

Alias: N/A

Address Where You Last Lived: 4546 Broad River Rd,Columbia, SC 29210

Phone Number(s) You Can be Reached at: N/A

Email Address: N/A

Section B: Case Information

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

Case Name: In The Matter of Michael T. Braxton (2) County: ANDERSON

Charging Document/Case Number(s): 2020-CP-04-1330 / APPELLATE CASE NO. 2026-0011741

Are you currently incarcerated? XXX Yes ___ No Where? WELLPATH/RECOVERY SOLUTIONS

What was your sentence? 1 DAY to LIFE

Name(s) of Co-Defendant(s): N/A

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

Name of Presiding Judge: R. SCOTT SPOUSE Hearing Date: July 20-22, 2026

Section C: Trial Attorney Information

Name of Trial Attorney: CHARLES T. BROOKS III

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

If retained, how much did you pay for attorney fees? $ 7,500.00

Do you still owe the attorney money for attorney fees? XX Yes __No How much? Borrowed Funds

Section D: Household Information

Are you currently married: ___ YesXX 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
N/A		

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

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

Section E: Employment Information

For Applicant:

Are you currently employed? ___ YesXX No

Employer Name: N/A Job Title: _____

Supervisor's Name: _____ Phone: _____

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

If unemployed, how long have you been unemployed? 90 Days

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? _____

How many vehicles do you own? N/A

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

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 28 day of September, 2026

Signature: Michael T. Bates

Date: 9/28/26

Notary Public for South Carolina

My Commission Expires: 4/15/36

STAYCHA HARRIS NOTARY PUBLIC STATE OF SOUTH CAROLINA MY COMMISSION EXPIRES 04/15/2036

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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

The Brooks Law Office, LLC

CHARLES T. BROOKS, III, ATTORNEY AT LAW
IRMA R. BROOKS, ATTORNEY AT LAW (1968-2026)
309 BROAD STREET ~ SUMTER, SOUTH CAROLINA 29150
POST OFFICE BOX 3512 ~ SUMTER, SOUTH CAROLINA 29151
(803) 418-5708
FAX: (803) 934-9618
Email: **attorneyctb@outlook.com**

September 16, 2026

SCDMH/Recovery Solutions
Attn: Michael T. Braxton
4546 Broad River Road
Columbia, South Carolina 29210
LEGAL MAIL

Re: In the Matter of Michael Todd Braxton

Dear Mr. Braxton:

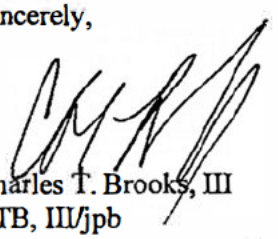
Enclosed, please find the Affidavit of Indigency and Application for Appellate Counsel. This document must be completed.

Also enclosed, you shall find an envelope with a stamp on it , for the documents to be returned to the office.

If you have any questions or concerns, feel free to contact this office.

With regards, I am

Sincerely,



Charles T. Brooks, III
CTB, III/jpb
Enclosed as stated

M. CHAEL T. GRAHAM
4546 BROAD RIVER RD
Columbia, SC 29210

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UNITED STATES OF AMERICA
FOREVER/USA

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