

RECEIVED

MAR 27 2014

AFFIDAVIT OF INDIGENCY

SC Court of Appeals

I, the undersigned, being first duly sworn upon my OATH, deposes and STATES:

1. THAT I AM the Appellant in the foregoing instrument.
2. THAT I believe I am entitled to the relief sought.
3. THAT because of my poverty, I do not have sufficient means, monies, properties, or OTHER securities to pay the costs for service that I Request.
4. I have \$0.00 in my prison Account.

I, the undersigned, Affirm under penalties for perjury that the foregoing Representations ARE true to the best of my knowledge and belief.

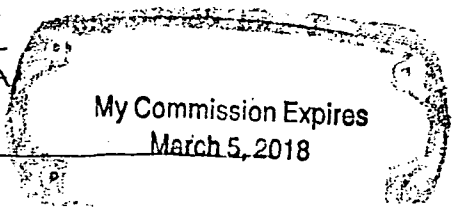
FURTHER AFFIANT SAYETH NOT

Ronnie C. Swafford, Jr.
Ronnie C. Swafford, Jr.

Sworn before me this
27th DAY OF Jan, 2014

Susan H. Frye
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES: _____



MO
243

Brell

FINANCIAL CERTIFICATE
FOR THE
DISTRICT OF SOUTH CAROLINA
(for use in § 1983, Bivens, and non-habeas civil actions filed by prisoners)

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

Ronnie C. Swafford Jr.
INMATE NAME (PRINTED)

218281
INMATE (PRISONER) NUMBER

Ronnie C. Swafford Jr.
INMATE SIGNATURE

BRCI (Broad River Ct)
PLACE OF CONFINEMENT

- ◆ (1) Average monthly deposits to the inmate's account.....\$ 0
- ◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period.....\$ 0
- ◆ (3) Current Balance\$ 0
- ◆ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 0

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I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

[Signature]
Authorized Officer's Signature

3/7/14
Date

J. Smith for Adj.
Authorized Officer's Name and Title