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June 4, 2014

RECEIVED

JUN 04 2014

SC Court of Appeals

Via US Mail and Facsimile (803) 734-1839
 Loriene French, Legal Services Coordinator
 SCCID, Division of Appellate Defense
 PO Box 11589
 Columbia SC 29211-1589

The State v. Leonard Eugene Brockington, Appellate Case No. 2014-000989

Dear Ms. French:

Previously I sent you information that included the *True Billed Indictment, Two (2) Arrest Warrants, Notice of Intent to Appeal along with Proof of Service, Sentencing Sheets and Motions filed by the State, as well as, the defense.* I believe I sent you everything except the Affidavit of Indigency. I have now received that back from Mr. Brockington. I am faxing the same to you and will mail you the original.

In the meantime, if you have any questions or comments, please do not hesitate to contact me.

With kindest personal regards, I am

Sincerely,

Henry M. Anderson, Jr.
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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

AFFIDAVIT OF INDIGENCY

Case Name 2012-G-3-21-447

Criminal Case No. NA

Current Address: 1541 RODMAN ROAD SPARTAN, S.C. 29591

Are you incarcerated? Yes (If "Yes") Where? EVANS SCDJN BEHRE
 No CHILD UNDER 16

What were you convicted of? SEX/LEWD ACT, COMMITTING OR ATTEMPTING

What was your sentence? 15 YEAR

Are you appealing from a trial, a guilty plea a post-conviction relief hearing?

In what county was this trial/hearing/guilty plea held? FLORENCE

Presiding Judge's name? MICHAEL G. NETTLES

Date of trial/guilty plea or post-conviction relief hearing 4/21/14

Were you represented by a court-appointed attorney public defender or retained counsel?

Name of attorney/public defender? HANK ANDERSON

If retained, how much did you pay for attorney fees? \$ 15,000

If you still owe money to your attorney, how much? \$ NONE

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. NA

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. AFURDUSTIC'S
DARLINGTON S.C. TERM. 4/24/14 2400/mo.

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. MARBLEH CAIN
79, MOTHER, 700.00 MNT.
SHE IS CURRENT SURVIVOR

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 or 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. NA

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 furnishings 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? 2001 CRYSLER CONCORD

Is it paid for? Yes No _____

If not, what are the monthly payments? \$ _____

7. How much to you owe (on liens, mortgages, other encumbrances or debts)? N/A

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 give 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 15 day of MAY 2014.

Leonard E. Bushmiller
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 15 day of MAY 2014.

Leonard E. Bushmiller
Defendant

SUBSCRIBED AND SWORN to before
me this 15th day of MAY 2014.
Lawrence D. Shen - Taylor
NOTARY PUBLIC FOR SOUTH CAROLINA

My commission Expires: April 12, 2008