

State of South Carolina
In the Court of Appeals

JUN 01 2014

Perry Gilmore #344879,
Appellant,

Appellate
Case No. 2014-004093-100 Appeals

v.

South Carolina Department of
Corrections, Respondent.

AFFIDAVIT OF PERRY
GILMORE

I, Perry Gilmore, swear:

1. My name is Perry Gilmore, I'm over eighteen, and am of sound mind.
2. I am indigent and therefore cannot pay the filing fee. Therefore, I need the filing fee waived and I need the court to permit me to proceed in forma pauperis pursuant to all applicable laws and rules. (See attached Inmate Trust Fund Account Report)

I, Perry Gilmore, swear under the penalty of perjury the above is true and correct.

Date: 5/29/14

Perry Gilmore

Sworn before me this 29th

Perry Gilmore #344879
LCI 5M4 B-239
P.O. Box 205
Ridgville, SC 29472

day of May, 20 14

Ludreen Bryant (Seal)
Notary Public for South Carolina

My Commission Expires: May 26, 2020

In Appellate Case No. 2014-001093

**INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES**

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned 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): Perry Gilmore

SCDC # 344879 INMATE SIGNATURE: Perry Gilmore

I plan to file this action in the SC County of Richland

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****
(lessor of line 2 or line 3)
Enclosed check # \$ 0

****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

*Remember date is noted here if inmate incarcerated less than six months

J. Smith, Fin. Acct.

5/29/14