

State of South Carolina  
In the Court of Appeals

Perry Gilmore #344879,  
Appellant,

v.

South Carolina Department of  
Corrections, Respondent.

Appellate  
Case No. 2014-001094

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

29<sup>th</sup> day of May, 2014

Judith Bryant (Seal)

Notary Public for South Carolina

My Commission Expires: May 26, 2020

In Appellate Case No. 2014-001094

**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 \*\***  
(Lesser 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

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

J. Smith, Fin. Acct.

5/29/14

Hamate Perry Gilmore #344979  
LCI SM4 B-239  
P.O. Box 205  
Ridgerville, SC 29472

**RECEIVED**

JUN 02 2014

MALLROOM  
LIEBER CI

FOR LEGAL USE ONLY

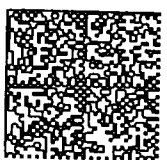
*SOUTH Carolina Court of Appeals  
Clerk of Court  
P.O. Box 11629  
Columbia, SC 29211*

**RECEIVED**

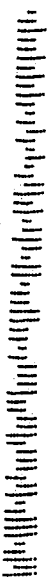
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SC Court of Appeals

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THE DEPARTMENT OF CORRECTIONS HAS NOT  
INSPECTED OR CENSORED THIS ITEM; THEREFORE,  
THE DEPARTMENT DOES NOT ASSUME RESPONSIBILITY  
FOR ITS CONTENTS.

LIEBER CORRECTIONAL INSTITUTION  
S.C. DEPARTMENT OF CORRECTIONS