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INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES

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INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom.  
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): Bryan Jordan Phillips MB 229

SCDC # 318212 INMATE SIGNATURE: Bryan Phillips

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

*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 ..... \$ 0.16

(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 21767  
Columbia, SC 29221-1767

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

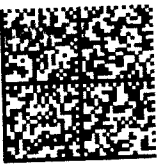
[Signature] Date 5/29/14

Bryan Phillips 318212  
P.O. Box 205 - LCF  
Ridgerville, SC 29472

CHARLESTON SC 294

05 JUN 2014

FIRST CLASS



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South Carolina Court of Appeals **RECEIVED**

P.O. Box 11629

Columbia, SC 29211

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