

THE SUPREME COURT OF SOUTH CAROLINA
IN THE SUPREME COURT OF SOUTH CAROLINA
MOTION TO PROCEED IN FORMA PAUPERIS
AFFIDAVIT IN SUPPORT

CASE NO.

James Anthony Primus 252315 Appellant
VS.

STATE OF SOUTH CAROLINA Respondent

Now comes James Anthony Primus Pro Se 252315 Hereby
Certify under Penalty of Perjury that the information
given in this above affidavit is True and Correct
Submits as follows

1. That due to my Incarceration that I am unable to
Pay the cost of filing and service
- 2 I proceed in this action in good faith with profound
belief that the issues are meritorious and that I am
entitled to Relief
- 3 I Respectfully Submit that if This Honorable Court should
deny This Motion That such would defeat the fair
Administration of Justice

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 1st day of July 2014
NOTARY Lee M. Cross
MY Commission Expires Jan 16, 2024

By _____
James Anthony Primus 252315
MacDougall Correctional Inst.
1516 Old Gilliard Road
Ridgeville S.C. 29472

RECEIVED

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

MAY 05 2014

MacDougall

MacDougall, Corr. Inst.
Mailroom

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): James A. Primus Ma 05

SCDC# 252315 INMATE SIGNATURE: James A. Primus

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* \$ 60.03
- (2) Twenty percent (20%) of line 1 \$ 12.01
- (3) Account balance - current date \$ 10.00
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 0

* Prior court restitution freeze

**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

RECEIVED

MAY 20 2014

MacDougall Corr. Inst.
Mailroom

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

[Signature]

5/13/14