

STATE OF SOUTH CAROLINA )  
COUNTY OF AIKEN )

AFFIDAVIT OF INDIGENCY AND  
APPLICATION FOR APPOINTED COUNSEL

*WA*

STATE VS. MATTHEW BOUCHER  
ARREST WARRANT / TICKET & CHARGE: 2014-A02-201-00362 Larceny B+E Auto  
2014-A02-201-00363 Poss CS -1st  
2014-A02-201-00364 Petit or Simple Larceny ≤ \$2,000

1. ARE YOU PRESENTLY EMPLOYED? YES  NO  If yes, Please state the name and address of your employer and the amount of your salary or wages per month and/or week.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
NET WAGES: \$ \_\_\_\_\_ WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: Odd jobs  
NET WAGES: \$ 400 WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: 2013

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): Has been staying at Salvation Army. Homeless  
NET WAGES: \$ \_\_\_\_\_ WEEKLY / BI-WEEKLY / MONTHLY

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or 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 Source (including Unemployment, Retirement, Disability and/or Food Stamps)? Yes \_\_\_\_\_ No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months.

SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

4. 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.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT  
CASH: \$ \_\_\_\_\_ CHECKING: \$ \_\_\_\_\_ SAVINGS: \$ \_\_\_\_\_

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES \_\_\_\_\_ NO

PLEASE SPECIFY: \_\_\_\_\_

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): \_\_\_\_\_

PAID FOR? YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT OF PAYMENT(S) \$ \_\_\_\_\_

8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? Homeless

9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

I do solemnly swear that the information reported by me for this application for counsel 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 any way 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 indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein.

I understand that the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court, part or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty (30) days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

[Signature]  
Applicant

Sworn to before me this 30 day of May, 2014.

[Signature] Notary Public for South Carolina. My commission expires: 4/2/24

RACE: W SEX: M AGE: 32  
SSN: 250-69-9360  
DATE OF BIRTH: 10/17/81  
ADDRESS: 126 Turkey Hill Rd  
CITY & STATE: Aiken, SC 29801  
TELEPHONE: 803-226-4639

IN JAIL       OUT ON BOND  
DATE OF ARREST: 5/20/14  
BOND AMOUNT: \$15,000  
BONDSMAN: \_\_\_\_\_  
CO-DEFENDANTS: \_\_\_\_\_

The applicant's request for counsel is hereby

GRANTED  
 DENIED

[Signature]  
Judge/ Clerk or Deputy Clerk  
DATE: 5-30-14