

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

APPEAL FROM CHARLESTON COUNTY

COURT OF COMMON PLEAS

J.C. Nicholson, Circuit Court Judge

2014-CP-10-305

RECEIVED  
OCT 08 2014  
SC Court of Appeals  
RESPONDENT.

STATE

v.

SIDNEY FIELDS

APPELLANT.

AFFIDAVIT OF INDIGENCY

UNDER S.C. Code Ann. §24-27-100 and 150

I Sidney Fields # 254392 being an inmate in the South Carolina Dept. Of Corrections (SCDC), do hereby declare under penalty of perjury that I am indigent and do not have the funds to cover the cost to file this appeal. Therefore, under the seal of the below notary, and pursuant to the attached financial statement of my prison account, I Sidney Fields do hereby give this court the permission to have (SCDC) deduct from my account, the funds to cover the cost to file this appellate action. (when those funds become available in my account).

Date September 25, 2014

SWORN TO AND SUBSCRIBED BEFORE ME

This 26th DAY OF September 2014

Judson A. Drye (LS)  
NOTARY PUBLIC OF SOUTH CAROLIA

MY COMMISSION EXPIRES

My Commission Expires  
March 5, 2018

Sidney Fields  
Sidney Fields # 254392

B.R.C.I. 4460 Broad River Rd.

Wateree # 177

Columbia, S.C. 29210

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

BRCI  
Wa  
77

**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): Sidney Fields

SCDC # 254392

INMATE SIGNATURE: Sidney Fields

I plan to file this action in [REDACTED] The S.C. Court Of Appeals

*The section below is for SCDC - Financial Accounting Branch's use ONLY.*

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 863.66
- (2) Twenty percent (20%) of line 1 ..... \$ 172.73
- (3) Account balance - current date ..... \$ 15.15
- (4) PAYMENT AMOUNT \*\*  
(lesser of line 2 or line 3)  
Enclosed check # \_\_\_\_\_ \$ 0

*\* \$15 to 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

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

[Signature]  
Prepared by Financial Accounting Branch - SCDC

9/30/14  
Date