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SOUTH CAROLINA COURT OF APPEALS

MS. HONORABLE: JENNY A. KITCHINGS,

— CLERK —

COLUMBIA, SOUTH CAROLINA 29211

Stanley D. LINDER, # 137337
MacDougal Correction Institution
1516 Old Billard Rd.
Ridgeville, South Carolina 29472

To: The Honorable: Jenny A. KITCHINGS

Dear Clerk,

With Personal respect I hope you are doing Fine, And I appreciate you allowing me one more chance to fight injustice.

Enclosed is The original of A Cooper Trust Fund Account Report Dated on The 31st. of October, The Mail Room Personnel ~~of~~^{SC} swiped my card and still I am indigent. They, Ms. Cross and Ms. Way, told me to mail this Document to you because Nothing has Change accordingly.

However, IF I still need to file for another Document please let me know,

RECEIVED
FEB 09 2013
SC Court of Appeals

With Kindness Regards

x Stanley D. Linder

Stanley D. Linder # PRO SE
Ridgeville, S.C. 29472

RECEIVED

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

MacDougall

OCT 21 2014
INSTRUCTIONS TO INMATE: Complete top portion then give to your mail room. If returned from Accounting, you must mail this form with any payment to Court.

MacDougall Corr. Inst. Mailroom

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): Stanley Linder

SCDC # 137337 INMATE SIGNATURE: Stanley Linder

I plan to file this action in the SC County of _____.

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

- (1) Total deposits to inmate's account for preceding six months' period* \$ 125.10
- (2) Twenty percent (20%) of line 1 \$ 25.02
- (3) Account balance - current date \$ 10.01
- (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 ____/____/____.

Prepared by [Signature] Date 11/25/14 cfilestrust5prepared 7/97

Stanley Linder # 132337
MacDougal C. I.,
15 1/2 Old Mill Pond Rd.
Ridgelyville, SC 29472

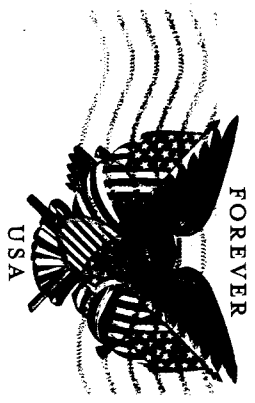
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FEB 06 2015

MacDougal Corr. Inst.
Mailroom

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THE HONORABLE: JENNY A. KITCHINGS, CLERK
P.O. BOX 11629
Columbia, S.C. 29211

