

INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES

*Carshaw*

*PB11*

**RECEIVED**  
**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.

**RECEIVED**  
**MAR 31 2015**  
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 §50-150 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): Jose Anzaldo

SCDC # 334118 INMATE SIGNATURE: Jose A Anzaldo

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\* ..... \$ 0.22

(2) Twenty percent (20%) of line 1 ..... \$ 0.04

(3) Account balance - current date **APR 09 2015** ..... \$ 1.37

(4) PAYMENT AMOUNT **SC Court of Appeals** (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 1/1/15

*JS*  
Prepared by Financial Accounting Branch - SCDC

3/26/15 Date cfile\strust\prepared 7/97