

Benjamin Heyward #165514 }
Appellant
v.
South Carolina Dept of
Corrections
Respondent

The state of South Carolina
In the Court of Appeals

Case NO. 2014-CP-23-04985
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Declaration IN support of motion
To proceed in forma pauperis
MAY 06 2015
SC Court of Appeals

I Benjamin Heyward, am the appellant in the above entitled case. In support of my motion to proceed without being required to prepay fees or costs or give security therefore, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and that I believe I am entitled to redress. I declare that the responses which I have made below are true.

- 1.) I am incarcerated and I am not employed
- 2.) I haven't received any money within the past twelve months.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of April 2015
cc: Benjamin Heyward
By: Benjamin Heyward
DOB: May 30, 1967
SSN: 247-11-2292

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APR 20 2015

MAIL ROOM
LEBERCJ

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

RECEIVED

APR 29 2015

MAIL ROOM
LEBERCJ

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. 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): Benjamin Heyward EA 46

SCDC # 165514 INMATE SIGNATURE: Benjamin Heyward

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

(2) Twenty percent (20%) of line 1 \$ 0

(3) Account balance - current date \$ 0.04

(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 21737
Columbia, SC 29221-1737

*Remission rate is noted here if inmate incarcerated less than six months _____

[Signature]
Approved by Financial Accounting Branch - SCDC

4/24/15
Date

cc: Benjamin Heyward