

The Supreme Court of South Carolina

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August 25, 2015

Mr. Dameon Myers, #279666
Lieber Correctional Institution
P. O. Box 205
Ridgeville SC 29472

Re: Dameon Myers v. State
Appellate Case No. 2015-001770
Lower Court Case No. 2012CP2201132

Dear Mr. Myers:

This Court has received your notice of appeal, and the case has been assigned the appellate case number that appears above. Please use this number on all future correspondence relating to this matter.

All parties to this matter are advised that all filings must comply with the requirements of Rule 267 of the South Carolina Appellate Court Rules (SCACR). The SCACR are available online at www.sccourts.org/courtreg. Additionally, any filings submitted by counsel admitted in South Carolina must include counsel's bar number.

The attention of the parties is directed to the order relating to the inclusion of personal data identifiers and other sensitive information in documents filed with the Supreme Court of South Carolina and the South Carolina Court of Appeals. The order can be found at www.sccourts.org/courtOrders/displayOrder.cfm?orderNo=2014-04-15-02. Please note that the responsibility for insuring that information is redacted or sealed as

required by this order rests with counsel and the parties. This office will *not* review filings for redaction or to determine if materials should be sealed.

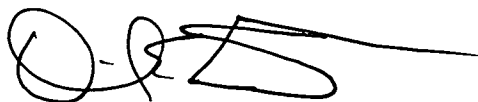
Since the public case index for Georgetown County fails to show that your Rule 59, SCRCPC, motion has been filed, I will not dismiss the notice of appeal without prejudice under *Hudson v. Hudson*, 290 S.C. 215, 349 S.E.2d 341 (1986).

Finally, you represented yourself before the circuit court, and our records currently reflect that you are representing yourself before this Court. If you desire to be represented by counsel in this matter, then you must, within fifteen (15) days of the date of this letter:

- (1) retain counsel and notify this Court of the name of that counsel, or,
- (2) complete and submit the enclosed affidavit of indigency to the Division of Appellate Defense of the Office of Indigent Defense at 1330 Lady Street, Suite 401, Columbia, SC 29201.

If you do not wish to be represented by counsel in this matter, then you must order the transcript of the post-conviction relief hearing in the manner specified by Rules 243(b) and 207 of the South Carolina Appellate Court Rules within twenty (20) days of the date of this letter.

Very truly yours,

A handwritten signature in black ink, consisting of a large, stylized initial 'C' followed by a long horizontal line extending to the right.

CLERK

Enclosure

cc: Joshua L. Thomas, Esquire

Supreme Court of South Carolina
~~IN THE FAMILY COURT~~
JUDICIAL CIRCUIT

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GEORGETOWN)
)

DAMEON MYERS)
 Plaintiff,)
 Petitioner,)

vs.)

STATE OF SOUTH CAROLINA)
 Defendant.)
 Respondent.)

AFFIDAVIT OF INDIGENCY
 AND
 APPLICATION FOR COUNSEL
 (Defense of Indigency Act, Form No.2)

APPELLATE CASE NO.
 Docket No. 2015-001770

NAME OF APPLICANT	
ADDRESS	
TELEPHONE NUMBER(S)	
DATE OF BIRTH	
SOCIAL SECURITY NO.	
NAMES OF CO-DEFENDANTS	

1. Are you presently employed? Yes No

a. If "yes", state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If "no", state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

2. Include employment information for the spouse, if applicable.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If the spouse is not currently employed, state the name and address of last employment, date of termination of employment, and amount of salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

3. 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 OF SUPPORT

4. Have you received within the past twelve months any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other sources? Yes No

If the answer to any of the above is "yes", describe each source of money and state the amount received from each during the past twelve months.

SOURCE OF MONEY	AMOUNT

5. Do you own cash, or do you have any money in a checking or savings account?

Yes No

If the answer is "yes", state the total amount of the cash owned. _____

6. Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes No

If the answer is "yes", describe the property and state the appropriate value of the items owned.

7. What kind of motor vehicle do you own? _____

Is it paid for? Yes No

If not, what are the payments? _____

8. How much do you owe (on liens, mortgages, other encumbrances or debts)? _____

I do solemnly swear that the account by me delivered into this court with my 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 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 or made over, in trust for myself or otherwise, other than is mentioned herein.

I understand 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 an amount equal to the cost of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand that such claim shall be filed in the office of the Clerk of Court in the county 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 of all of such 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 Clerk of Court 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 thirty days' notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

This ____ day of _____, _____
Applicant

Subscribed and sworn to before me this
____ day of _____, _____

(L.S.)
Notary Public for South Carolina
My Commission Expires: _____



The applicant's request for court-appointed counsel is hereby granted / denied.
Dated: _____
_____, South Carolina

Judge/Clerk or Deputy Clerk