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OCT 20 2015

SC Court of Appeals

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

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): William Sparrow

SCDC# 121283 INMATE SIGNATURE: William Sparrow

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*..... \$ _____
- (2) Twenty percent (20%) of line 1 \$ _____
- (3) Account balance - current date \$ _____
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ _____

****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 ____/____/____.

Livesay A

SCDC-FINANCIAL ACCTS.
2015 OCT -7 PM 12:37

FINANCIAL CERTIFICATE
FOR THE
DISTRICT OF SOUTH CAROLINA
(for use in § 1983, *Bivens*, and non-habeas civil actions filed by prisoners)

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

<u>William Sparrow</u> INMATE NAME (PRINTED)	<u>121283</u> INMATE (PRISONER) NUMBER
<u>William Sparrow</u> INMATE SIGNATURE	<u>LIVESAY</u> PLACE OF CONFINEMENT

- ◆ (1) Average monthly deposits to the inmate's account.....\$ 38.47
- ◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period.\$ 8.62
- ◆ (3) Current Balance\$.21
- ◆ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 0

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

Nicole R Suber
Authorized Officer's Signature

October 13, 2015
Date

Nicole R Suber Accounts Manager
Authorized Officer's Name and Title

DEAR V. CLAIRE Allen (Deputy)

This in regards to your

letter filed 9-28-15 regarding my APPEAL ON
CASE # 2015 ALJ 040260AP

Appellate CASE # 2015-001403.

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SC Court of Appeals

William SPARROW 121283 Appellant

v.

South CAROLINA Department of Corrections

I mailed a letter to you on Oct 6th 2015 asking
for an extension on my filing fee if one is
needed. I am enclosing my financial certificate
for the District of South CAROLINA so I can
pay it if I need to. This should enable me
to continue my case.

Thank you in advance

William Sparrow

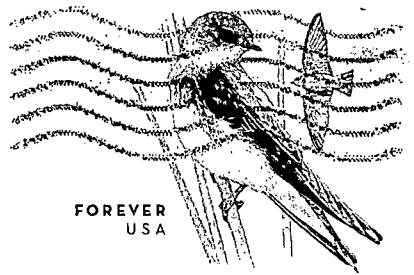
William Sparrow

121283

LCI YARD A A-7B
P.O. Box 580
UNA, S.C. 29378

William Sparrow 121283
LCI YARD A A-7B
P.O. Box 580
UNA SC. 29378

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Bank Swallow

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SC Court of Appeals

South CAROLINA Court of Appeals
Jenny Abbott Kitchings, Clerk
P.O. Box 11629
Columbia, S.C. 29211

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