

STATE OF SOUTH CAROLINA IN THE COURT OF APPEALS.

TYRONE LORENZA ROBINSON Case no: \_\_\_\_\_  
vs. **RECEIVED**

TOP DOLLAR PAWN & SALES  
And  
Raymond CLARK, owner  
OF TOP DOLLAR PAWN & SALES

OCT 28 2015  
SC Court of Appeals  
MOTION AND  
Affidavit to  
proceed IN  
FORMA PAUPERIS

I TYRONE LORENZA ROBINSON being  
duly sworn, state that I am the  
PLAINTIFF and that I do NOT have the  
funds available to pay the costs  
of filing and service in the  
present matter. I hereby request  
that THIS COURT OF APPEALS  
ALLOW ME TO PROCEED IN THIS  
APPEAL IN FORMA PAUPERIS  
WITH OUT COSTS.

sworn to and subscribed before  
me this 21 day of October

2/015  
NOTARY PUBLIC OF SOUTH CAROLINA  
Jamaica Cinwell My Commission Expires  
September 25, 2023

SIGNATURE:  
PRINT: TYRONE LORENZA ROBINSON  
Date: October 12th 2015

2B117

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

*Perry*

**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): Tyrone Lorenza Robinson

SCDC# 235104 INMATE SIGNATURE: Tyrone L Robinson

I plan to file this action in the SC County of Beaufort

*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
- (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   /  /  

*[Signature]* 6/5/15  
Prepared by Financial Accounting Branch - SCDC Date c:\filescust\prepared 7/97