

RETURN

STATE OF SOUTH CAROLINA

COUNTY OF

AIKEN

THE STATE

against

MARQUISE TERREL GREEN

INFORMATION ON DEFENDANT

Name MARQUISE TERREL GREEN

Address BEECH ISLAND, SC 29842

Phone _____

Sex Male Race Black Height 510

Weight 160 Birth date _____

Social Security Number _____

Constable or Law Enforcement Officer

A copy of this Arrest Warrant was delivered by me to the following defendant:

Marquise Green

on the 31 day of December 2015

[Signature]
Constable or Law Enforcement Officer

ARREST WARRANT

Offense: Violation of Conditions of Probation Supervision

Offense Section: 24-21-450

Date: 9/17/2015

Officer and Agency: SC Department of Probation, Parole and Pardon Services

Trinity Claros

This Warrant is certified for service in [County of warrant Certification] County. The accused is to be arrested and brought before me to dealt with according to law.

(L.S.)
Signature of Judge

Disposition _____

Sentence _____

Co-Defendants _____

INFORMATION ON WITNESSES

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

PRELIMINARY HEARING held by

Magistrate _____
on _____
with _____
Attorney for the Defendant.

Decision _____

BAIL

Date Set 12/4/15

Magistrate [Signature]

Amount \$40,000.00

Surety _____

Probation

STATE OF SOUTH CAROLINA

ARREST WARRANT

COUNTY OF AIKEN

Indictment Number 15-GS-02-01134

ORIGINAL

Warrant Number W-02-15-0195

State Identification No. (SID) 02135548

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR COUNTY OR OF THE MUNICIPALITY OF AIKEN, AND ANY CONSTABLE OF THIS MAGISTERIAL DISTRICT:

It appearing from the attached affidavit that there are reasonable grounds to believe that MARQUISE TERREL GREEN, did on the 17 day of September, 2015 violate the criminal laws of the State of South Carolina as set forth below:

DESCRIPTION OF OFFENSE:

Marquise Green has violated conditions 1, 2, 7, 9, 10, 11 and special conditions of his probationary sentence ordered in Aiken County General Sessions Court.

Now, therefore, you are empowered and directed to arrest the said defendant and bring MARQUISE TERREL GREEN before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable. Done at AIKEN, S. C. this 17 day of September, 2015.



Signature of Probation and Parole Agent (L.S.)

County of AIKEN

STATE OF SOUTH CAROLINA

AFFIDAVIT

Personally appeared before me, one Trinity Claros, who, first being duly sworn, deposes and says that MARQUISE TERREL GREEN did within this County and State on the 17 day of September, 2015, violate the criminal laws of the State of South Carolina in the following particulars:

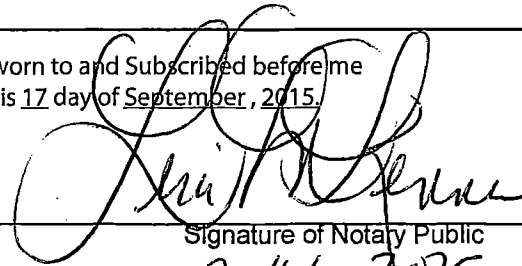
DESCRIPTION OF OFFENSE:

Marquise Green has violated conditions 1, 2, 7, 9, 10, 11 and special conditions of his probationary sentence ordered in Aiken County General Sessions Court.

The affiant states that there is probable cause to believe that the defendant named above did commit the crime(s) set forth, and that such probable cause is based on the following facts:

Marquise Green has violated his probationary sentence by: Failing to report as instructed on 8/18/2015, 9/1/2015, and 9/8/2015; Failing to obtain the consent of his agent prior to changing his residence as discovered during a home visit on 9/14/2015, making his whereabouts unknown; Failing to pay restitution, arrearage \$50.00, balance \$1,161.65; Failing to pay the Court ordered fine as instructed, arrearage \$22.00, balance being \$648.90; Failing to pay supervision fees, arrearage \$100.00; Failing to pay PSE fee and drug test fee; Failing to complete 100 hours PSE which constitutes a violation of conditions 1, 2, 7, 9, 10, 11 and special conditions of his probationary sentence.

Sworn to and Subscribed before me
this 17 day of September, 2015.



Signature of Notary Public (L.S.)
7-14-2025
My Commission Expires



Affiant

Address: P.O. BOX 2194
AIKEN, SC 29802-2194
AIKEN
USA
(803) 641-7690

BMA

STATE OF SOUTH CAROLINA)

COUNTY OF AIKEN)

AFFIDAVIT OF INDIGENCY AND APPLICATION FOR APPOINTED COUNSEL

STATE VS

Terrel
Marquise Green

ARREST WARRANT / TICKET & CHARGE:

15-GS-02-01134/W-02-15-0195-PV

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and the amount of your salary or wages per month and/or week.

NAME: _____ ADDRESS: _____

NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: never have worked

NET WAGES: \$ _____ WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: _____

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable):

MOTHER - ARU, Circle K, #cleans

NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY

car dealership
(last lived w/ mother Aug. 2014)
States no longer lived w/ her

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or Self-Employment? Yes No
- b. Rent Payments, Interest or Dividends? Yes No
- c. Pensions, Annuities or Life Insurance Payments? Yes No
- d. Gifts or Inheritance? Yes No
- e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)? Yes No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months.

SOURCE: _____ AMOUNT: _____

4. 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 \$ _____

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT

CASH: \$ _____ CHECKING: \$ _____ SAVINGS: \$ _____

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES NO

PLEASE SPECIFY: _____

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): N/A

PAID FOR? YES ___ NO ___ AMOUNT OF PAYMENT(S) \$ _____

8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? def has been in jail since

9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.?

NOV. 2014 - lived w/ mother prior to jail

AMOUNT \$ _____

I do solemnly swear that the information reported by me for this 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 way 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 any property, or made over in trust for myself or otherwise, other than mentioned herein.

I understand that 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 the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court 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 or all of such a 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 Public Defender's Office 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 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

X Marquis Lee
Applicant

Sworn to before me this 17th day of December, 20 15.

Jimmy Dupals

Notary Public for South Carolina. My commission expires: 3/9/2019

RACE: B SEX: M AGE: 19

SSN: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY & STATE: New Ellenton, SC 29823

TELEPHONE: _____ (mother)

IN JAIL OUT ON BOND
DATE OF ARREST: 12/3/2015
BOND AMOUNT: \$40,000
BONDSMAN: _____
CO-DEFENDANTS: _____

The applicant's request for counsel is hereby

GRANTED
 DENIED

W. O. B.
Judge/ Clerk or Deputy Clerk
DATE: 12-7-15