

The SOUTH CAROLINA COURT OF APPEALS  
Clerk JENNIFER ABBOTT KITCHINGS  
P.O. Box 11629 - Columbia, S.C. 29211

July 13<sup>th</sup> 2016

RECEIVED

JUL 19 2016

RE: The State vs. ARTHUR MOSELEY aka SHALIM MATEO  
SC Court of Appeals  
C/N: 2014-000199

DEAR CLERK KITCHINGS:

MAY THE LORD GOD OF ABRAHAM BLESS YOU, FAMILY & STAFF!

MAM, Please ANSWER BELOW & ADDRESS ISSUES OF MERIT!

1) What are the Judges names that viewed my "ORAL ARGUMENT"  
JUNE 8<sup>th</sup> 2016!?

2) EXH. A / Financial Certificate, 6/20/16, via Financial Acct., M. BOYKIN,  
validates my INDIGENCY. I seek waiver of \$25 Fee for  
TRANSCRIPT of "ORAL ARGUMENT". I am INDIGENT & DESERVE TO  
HAVE RECORD of "ORAL ARGUMENT" HEARING IN WHICH IS MY DUE  
PROCESS 14<sup>th</sup> Amend. & ACCESS TO COURT'S RIGHTS 5<sup>th</sup> Amend.;

3) What are the SCAPOR, STATUTES etc. THAT PROHIBITED me FROM  
ATTENDING "ORAL ARGUMENT"! Ms. Lavelle DURANT ESQ. MY APPELLANT  
Defense counsel informed me I COULD NOT ATTEND.

A COPY of Letter is ENCLOSED. I ASK YOU TO PLEASE RETURN me  
A clocked stamped copy to me at Below address. MAY GOD BLESS

Sincerely,  
Shalim Mateo

I ATTEST THAT ON Below date a COPY of Letter has BEEN sent to  
Clerk KITCHINGS & Ms. Lavelle DURANT ESQ. I ASK A clocked  
stamped copy be mailed to me at Below address. ON THIS 14<sup>th</sup>  
Day of, JULY, 2016 s/ Shalim Mateo  
Shalim Mateo #199388, LCI, P.O. Box 205, Ridgeville, S.C. 29472

EXH. A

RE

RECEIVED

JUN 17 2016

MAILROOM  
LIEBER CI

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

JUN 30 2016

MAILROOM  
LIEBER CI

JUN 19 2016

SC Court of Appeals

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.

AKA

Arthur Moseley  
INMATE NAME (PRINTED)

719938  
INMATE (PRISONER) NUMBER

EA 50

Arthur Moseley  
INMATE SIGNATURE

DORCHESTER County  
PLACE OF CONFINEMENT

- ◆ (1) Average monthly deposits to the inmate's account.....\$ 4.52
- ◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period.....\$ 415.9
- ◆ (3) Current Balance .....\$ 152
- ◆ (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.

M. Boyton  
Authorized Officer's Signature

6/28/16  
Date

M. Boyton Financial Acct  
Authorized Officer's Name and Title

9000 5000 4000 3000 2000 1000  
2016 JUN 20 12 21 39  
2016 JUN 20 12 21 39