

STATE OF SOUTH CAROLINA, )  
 )  
 COUNTY OF MARLBORO )  
 )  
 DERRICK B WOODS )  
 )  
 Plaintiff )  
 )  
 vs. )  
 )  
 EVANS CORRECTIONAL INST. ET )  
 AL )  
 Defendant. )

IN THE COURT OF COMMON PLEAS  
 4TH JUDICIAL CIRCUIT

**MOTION AND AFFIDAVIT TO  
 PROCEED IN FORMA PAUPERIS**

RECEIVED

NOV 03 2016

SC Court of Appeals

FILE NO.

I, DERRICK B WOODS, 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 the complaint be filed and service made without costs.

Sworn to and Subscribed before me )  
 this day of , 2 )  
 )  
 )  
 Notary Public for South Carolina )  
 )  
 My Commission expires )

\_\_\_\_\_  
 Signature of Plaintiff or  
 Person Filing Complaint on Behalf of  
 Plaintiff

**ORDER**

- Leave is *granted* to proceed in forma pauperis without payment of the filing fee.
- Leave is *granted* to proceed in forma pauperis without payment of the service cost.
- Leave is *denied* to proceed in forma pauperis.

Dated: 9-28-2016  
 BENNETTSVILLE, South Carolina

\_\_\_\_\_  
 JUDGE/CLERK OF COURT

NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES

EVANS

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)

Derrick B. Woods

3B0208

SCDC#

197141

INMATE SIGNATURE:

Derrick B Woods

I plan to file this action in the SC County of

Marlboro

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

SCDC-FINANCIAL ACCOUNTING  
216 FEB 11 PM 2:11

\*\*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

FEB 19 2016

\* Admission date is noted here if inmate incarcerated less than six months 1/1

M. Boykin

2/12/16

Prepared by Financial Accounting Branch - SCDC

Date: 2/12/16