

GSC
NM

STATE OF SOUTH CAROLINA)
COUNTY OF AIKEN) AFFIDAVIT OF INDIGENCY AND APPLICATION FOR APPOINTED COUNSEL

STATE VS. Derek Matthew Roberson
ARREST WARRANT / TICKET & CHARGE: 2016-A02-102-01056-homicide by child abuse

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: odd jobs - yard work, construction, brick mason
NET WAGES: \$ 1200.00 WEEKLY / BI-WEEKLY / MONTHLY DATE OF TERMINATION: June 2014
approximately

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): mother - takes care of kids
father - janitor

NET WAGES: \$? WEEKLY / BI-WEEKLY / MONTHLY
unsure of h/h income

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Rent Payments, Interest or Dividends? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pensions, Annuities or Life Insurance Payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Gifts or Inheritance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

RECEIVED
APR 17 2018
SC Court of Appeals

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: FS AMOUNT: \$194.00/mth

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: <u>6 children</u>	AGE: <u>8</u>	RELATIONSHIP: <u>daughter</u>	AMOUNT \$ <u>> ordered child support @ \$664/mth for 2</u>
NAME: _____	AGE: <u>6</u>	RELATIONSHIP: <u>son</u>	AMOUNT \$ _____
NAME: _____	AGE: <u>4</u>	RELATIONSHIP: <u>son</u>	AMOUNT \$ _____
NAME: _____	AGE: <u>3</u>	RELATIONSHIP: <u>daughter</u>	AMOUNT \$ <u>> provides support when he can</u>
	<u>10</u>	<u>son</u>	
	<u>1</u>	<u>son</u>	

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) \$ father

8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR ~~MORTGAGE~~? def lives w/ mother & when he

9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? Can he will give money toward lights or water
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.

[Signature]
Applicant

Sworn to before me this 12th day of July, 2016.

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

RACE: B SEX: M AGE: 30

SSN: -

DATE OF BIRTH: -

ADDRESS: -

CITY & STATE: Aiken, SC 29801

TELEPHONE: (mother)

IN JAIL OUT ON BOND

DATE OF ARREST: 7/31/2016

BOND AMOUNT: NO bond

BONDSMAN: -

CO-DEFENDANTS: -

The applicant's request for counsel is hereby

GRANTED
 DENIED

[Signature]
Judge/ Clerk/ or Deputy Clerk

DATE: 7-12-16