

STATE of SOUTH CAROLINA

COURT of APPEALS

RECEIVED

NOV 09 2018

SC Court of Appeals

Darius Michael Gould, #189007, Appellant,

v.

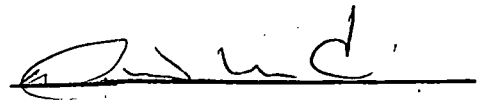
South Carolina Department of Corrections, Respondent.

APPELLATE CASE No. 2018-001903

Certificate of Service

I hereby certify that filing fee check for 250⁰⁰ was taken from Appellant's account on this day. Due to the Department of Corrections policy it will take 14 days to send check to the Court of Appeals. Through no fault of Darius Michael Gould, #189007 Appellant

Jenny Abbott Kitchings, Clerk
South Carolina Court of Appeals
Post office Box 11629

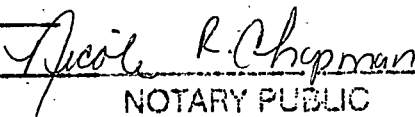


Darius Michael Gould
#189007

MacDougall CI c2-c7A
1516 Old Gilliard Rd
Ridgeville SC. 29472

~~SUBSCRIBED AND SIGNED BEFORE ME~~

THIS 6 DAY OF October 20 18



NOTARY PUBLIC

STATE OF SOUTH CAROLINA

MY COMMISSION EXPIRES 12-22-2026

Date



The South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS
CLERK

V. CLAIRE ALLEN
DEPUTY CLERK

POST OFFICE BOX 11629
COLUMBIA, SOUTH CAROLINA 29211
1220 SENATE STREET
COLUMBIA, SOUTH CAROLINA 29201
TELEPHONE: (803) 734-1890
FAX: (803) 734-1839
www.sccourts.org

October 25, 2018

Darius Gould, 189007
MacDougall Correctional Institution
1516 Old Gilliard Rd.
Ridgeville SC 29472

Re: Darius Gould #189007 v. SCDC
Appellate Case No. 2018-001903

Dear Mr. Gould:

Upon reviewing your notice of appeal, the following deficiencies have been noted under the South Carolina Appellate Court Rules (SCACR), and each deficiency must be corrected within ten (10) days of the date of this letter or this appeal will be dismissed:

- The required filing fee has not been submitted. Pursuant to the order of the Supreme Court dated October 9, 2018, the filing fee is \$250.00 for a notice of appeal filed on or after October 15, 2018.
- A proof of service showing that a copy has been timely served on the Administrative Law Court has not been provided as required by Rule 203(b)(6), SCACR.

Very truly yours,


CLERK

cc: Kensey Barrett, Esquire

South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Financial Accounting
Branch Use Only:

Facility: M A R D O U G A I I

0 4 2 2
Location Code

Date: 1 1 0 6 1 8
M M D D Y Y

ACCOUNT INFORMATION

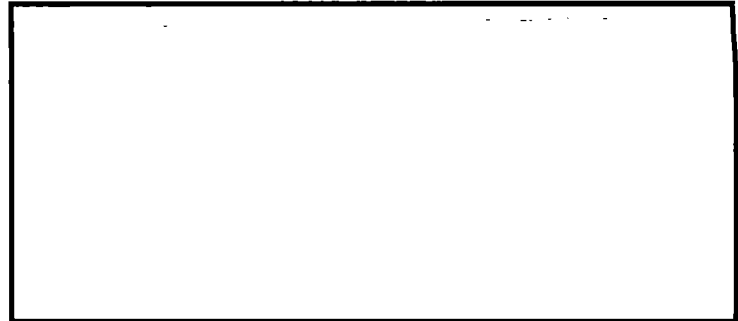
Account Number: 1 8 9 0 0 7
Inmate # or Employee SS#

Account Name: D A R I U S
First

M G O U L D
MI Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$, 2 5 0 . 0 0



[Signature]
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

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SC Court of Appeals

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business S C C O U R T O F A P P E A L S

Individual
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box P O B O X 1 1 6 2 9

Street/box (optional line)

C O L U M B I A
City

S C
State

2 9 2 1 1
Zip Code

VENDOR ATTACHMENT: Y/N

Y

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y-yes; if none, enter N.

NO other types of attachments (letters, cards, etc.) will be accepted.

Darius M. Gould, # 189067
MacDougal Ct C2-C7A
1516 Old Gilliard Rd
Ridoeville SC 29472

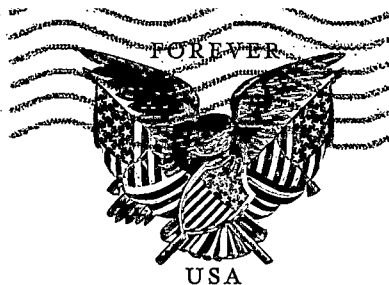
CHARLESTON SC 294

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South Carolina Court of Appeals

Jenny Abbott Kithinas, Clerk

Post Office Box 11629

Columbia, South Carolina 29211

29211-162929

