



SCCID

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

Division of Appellate Defense
1330 Lady Street, Suite 401
Columbia, South Carolina 29201-3332
Post Office Box 11589
Columbia, South Carolina 29211-1589
Telephone: (803) 734-1330
Facsimile: (803) 734-1397

Robert M. Dudek, Chief Appellate Defender
Wanda H. Carter, Deputy Chief Appellate Defender

February 27, 2019

RECEIVED
FEB 27 2019
SC Court of Appeals

Mr. Jontez M. Ward, #320975
Kirkland Correctional Institution
4344 Broad River Road
Columbia, SC 29210

Re: Your Case

Dear Mr. Ward:

This office is in receipt of a notification from the South Carolina Court of Appeals that you have filed a Notice of Intention to Appeal. If you are possibly wanting this office to represent you on appeal, **please complete the following questions and answer all questions on the enclosed Affidavit of Indigency, and have it notarized and return it to me no later than March 15, 2019, or we will be closing our file. If we do not hear from you by this time we must assume that you have retained private counsel to perfect your appeal.**

Are you appealing from a trial conviction hearing or from a post-conviction relief hearing? _____

In what county was this hearing held? _____

Presiding Judge's name: _____

List **all hearing dates** related to your case and the purpose of each hearing (include the Judge's name if different from the Judge listed above):

Mr. Ward, #320975
February 27, 2019
Page Two

Were you represented by a court-appointed attorney, public defender or retained counsel?

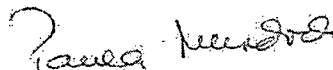
Name of attorney/public defender: _____

If represented by retained counsel, how much was paid for his/her services and how much is still owed this attorney? _____

After receipt of this information and the Affidavit of Indigency, it will be presented to the Chief Appellate Defender to see if this office will be able to offer its services to you. If you do not hear from me, you will know that it was approved for this office to represent you on your appeal.

Also, if it is approved for this office to represent you on appeal, I will request the transcript from the court reporter. The court reporter has sixty (60) days in which to type the transcript or request an extension of time in which to do so. After this office receives the transcript, I will assign your case to an attorney, and that attorney will write you a letter informing you of your new counsel of record on appeal.

Sincerely,



Paula Murdoch
Administrative Coordinator

/mpm

cc: **South Carolina Court of Appeals**
Ms. Aimee J. Zmroczek, Esquire

Enclosure

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

AFFIDAVIT OF INDIGENCY

Case Name _____

Criminal Case No. _____

Current Address: _____

Are you incarcerated? Yes (If "Yes") Where? _____
 No

What were you convicted of? _____

What was your sentence? _____

Are you appealing from
_____ trial, _____ guilty plea _____ a post-conviction relief hearing?

In what county was this trial/hearing/guilty plea held? _____

Presiding Judge's name? _____

Date of trial/guilty plea or post-conviction hearing: _____

Were you represented by
_____ a court-appointed attorney _____ public defender or _____ retained counsel?

Name of attorney/public defender? _____

If retained, how much did you pay for attorney fees? \$ _____

If you still owe money to your attorney, how much? \$ _____

1. Are you presently employed? Yes _____ No _____

a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer: _____

b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month. _____

2. 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. _____

3. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or form of self-employment?

Yes _____ No _____

b. Rent payments, interest or dividends?

Yes _____ No _____

c. Pensions, annuities or life insurance payments?

Yes _____ No _____

d. Gifts of inheritance?

Yes _____ No _____

e. Any other sources?

Yes _____ No _____

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months. _____

4. Do you own cash, or do you have any money in a checking or savings account?

Yes _____ No _____

If the answer is "yes," state the total amount of the cash owned. \$ _____

5. Do you own any real estate, stocks, bonds, notes or other valuable property (excluding ordinary household furnishing and clothing)? Yes _____ No _____

If the answer is "yes," describe the property and state the appropriate value of the items owned. _____

6. What kind of motor vehicle do you own? _____

Is it paid for? Yes _____ No _____

If not, what are the monthly payments? \$ _____

7. How much do you owe (on liens, mortgages, other encumbrances or debts)? _____

I do solemnly swear that the account by me delivered into this Court 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 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 time since charges were made against me or before, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned herein.

I understand that the State shall file a claim against me in an amount equal to the cost for representation, but that such claim shall not constitute a lien against my property, unless, the claim is reduced to judgment by the Order of the Court after giving me at least thirty days' notice.

Under penalty of perjury, I certify that the information given by me on this affidavit is true and correct, and I understand that I will be subject to civil and/or criminal penalties if I knowingly furnish false information.

I am financially unable to employ counsel.

This _____ day of _____, _____.

Defendant

I understand that I am entitled to at least thirty days' notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

This _____ day of _____, _____.

Defendant

SUBSCRIBED AND SWORN to before me this
_____ day of _____, _____.

Notary Public for South Carolina
My Commission Expires: _____