



The Supreme Court of South Carolina

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March 11, 2019

Mr. John Henry Dial, Jr.
2100 LeGrand Road
Lot #55
Columbia SC 29223

Re: The State v. John H. Dial, Jr.
Appellate Case No. 2017-002205

Dear Mr. Dial:

Unfortunately, I must advise you that your counsel in this case, Robert William Mills, Esquire, has died. Therefore, it will be necessary for you to obtain new counsel in this case.

If you are going to retain counsel in this case, you will need to provide this Court with the name of the counsel that you have retained within twenty (20) days of the date of this letter. If you are indigent and desire to have counsel appointed to represent you in this case, you will need to complete and return the enclosed affidavit of indigency to this Court within twenty (20) days of the date of this letter.

Very truly yours,

CLERK

Enclosure

cc: William M. Blich, Jr., Esquire
Heather Savitz Weiss, Esquire

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 THE STATE OF SOUTH CAROLINA)
)
 vs.)
)
JOHN H. DIAL, JR.)

IN THE ~~COURT OF GENERAL SESSIONS~~
~~JUDICIAL CIRCUIT,~~
SUPREME COURT
 AFFIDAVIT OF INDIGENCY
 AND
 APPLICATION FOR COUNSEL
 (Defense of Indigency Act, Form No.2)

APPELLATE CASE NO. _____
 CRIMINAL CHARGING DOCUMENT NO. 2017-002205

NAME OF APPLICANT	
ADDRESS	
TELEPHONE NUMBER(S)	
DATE OF BIRTH	
SOCIAL SECURITY NO.	
NAMES OF CO-DEFENDANTS	

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.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

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

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

2. Include employment information for the spouse, if applicable.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If the spouse is not currently employed, state the name and address of last employment, date of termination of employment, and amount of salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

3. 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	AGE	RELATIONSHIP	AMOUNT OF SUPPORT

4. 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 or inheritances? 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.

SOURCE OF MONEY	AMOUNT

5. 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. _____

6. Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes No

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

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

Is it paid for? Yes No

If not, what are the payments? _____

8. 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 with my 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 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 or made over, in trust for myself or otherwise, other than is mentioned herein.

I understand 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 an amount equal to the cost of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand that such claim shall be filed in the office of the Clerk of Court in the county 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 of all of such 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 Clerk of Court 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 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 or Parent/Guardian if applicable

Subscribed and sworn to before me this

_____ day of _____, _____

(L.S.)

Notary Public for South Carolina

My Commission Expires: _____

The applicant's request for court-appointed counsel is hereby granted / denied.

Dated: _____

Judge/Clerk or Deputy Clerk

_____, South Carolina