

STATE OF SOUTH CAROLINA)

IN THE COURT OF APPEALS

)

JUDICIAL CIRCUIT

COUNTY OF RICHLAND)

)

AFFIDAVIT OF INDIGENCY

The State of South Carolina)

AND

Plaintiff,)

APPLICATION FOR COUNSEL

)

(Defense of Indigency Act, Form No.2)

vs.)

)

RECEIVED

Yolanda Shatten)

JUN 26 2019

Defendant.)

SC Court of Appeals

CRIMINAL CHARGING DOCUMENT NO. 2016-GS-40-00189

NAME OF APPLICANT	YOLANDA SHATTEN
ADDRESS	141F PELHAM DR STE. 114 COLUMBIA SC 29209
TELEPHONE NUMBER(S)	864-670-5102
DATE OF BIRTH	3/7/79
SOCIAL SECURITY NO.	247-51-4418
NAMES OF CO-DEFENDANTS	NONE

1. Are you presently employed? 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
	N/A

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
	N/A	

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

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER
	N/A

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
	N/A	

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? No
- b. Rent payments, interest or dividends? No
- c. Pensions, annuities or life insurance payments? No
- d. Gifts or inheritances? No
- e. Any other sources? 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?

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)?

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

8. How much do you owe (on liens, mortgages, other encumbrances or debts)? NONE

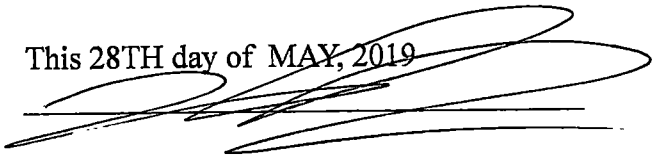
I do solemnly swear that the account by me delivered into this court with my application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession 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.

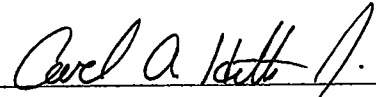
This 28TH day of MAY, 2019



Defendant or Parent/Guardian of Defendant if applicable

Subscribed and sworn to before me this

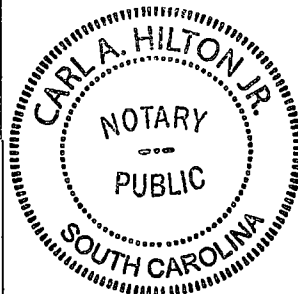
28 day of MAY, 2019



(L.S.)

Notary Public for South Carolina

My Commission Expires: 12/12/2027



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

Dated: _____


Judge/Clerk or Deputy Clerk

_____, South Carolina

Transcript Request Form

Pursuant to Rule 207 and 607 of the South Carolina Appellate Court Rules, the transcribed paper copy is the official record of court proceedings. You may request a transcript by completing this form and emailing it to the Court Reporter and to South Carolina Court Administration at transcripts@sccourts.org. Click [here](#) for instructions on how to find the court reporter's email and mailing addresses. Once the court reporter receives your request, it will be processed pursuant to Rule 207 and 607 of the SCACR. Rule 607(h) governs the fees for transcripts, which are not provided for free or at reduced rates to any party. Please send by mail a money order or certified bank check to the court reporter in order to obtain the transcript. Some court reporters may accept personal checks. Please check with the court reporter to see if this option is available. Once your request is received, you will receive a copy of this form with the bottom portion completed. Please promptly submit your payment in order for the transcript to be provided. If you need to cancel the transcript request for any reason, you are responsible for paying for the pages of the transcript that have already been completed at the time of the cancellation.

Requestor's Information			
Full Name <i>Yolanda Shatten</i>	Phone Number	Email Address <i>Shatt89@gmail.com</i>	
Mailing Address <i>141F Pelham Dr Ste 114</i>	City <i>Columbia</i>	State <i>SC</i>	Zip Code <i>29709</i>
Transcript Information			
Docket Number <i>2016-65-40-00189</i>	Case Caption (i.e. State v. John Doe or Smith v. Smith) <i>State v. Yolanda Shatten</i>		
Date(s) of Proceeding <i>5/6/19, 5/7/19</i>	Circuit Family	County <i>Richland</i>	
Presiding Judge <i>Drice</i>	Expedited <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Court Reporter(s) _____	Opposing Counsel _____		

Requestor's Signature:  Date: *5/15/19*
(Typed name will serve as signature)

Note: If you are ordering a transcript pursuant to Rule 207(a)(1), SCACR, you must contemporaneously furnish all parties, the Office of Court Administration, and the clerk of the appellate court with copies of all correspondence with the court reporter.

For Court Reporter Use Only			
Full Name	Date Received	Email Address	
Notice of Estimate to Requestor Party			
Date: _____	Number of Pages: _____	Estimated Amount: _____	
Mailing Address for Payment	City	State	Zip Code

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JUN 26 2019

TRANSCRIPT REQUEST FORM

5 messages

Yolanda Shatten <shatt8@gmail.com>
To: transcripts@sccourts.org

Wed, May 15, 2019 at 4:04 PM

I'M REQUESTING ALL RELATED TRANSCRIPTS FOR CASE #

2016-GS-40-00189

STATE v. YOLANDA SHATTEN

 **TRANSCRIPT REQUEST 5:15:2019.pdf**
93K

Owens, Michele A. <mowens@sccourts.org>
To: Yolanda Shatten <shatt8@gmail.com>

Mon, May 20, 2019 at 11:17 AM

This information is received. We will forward the request to a court reporter to prepare. The court reporter will then contact you to make arrangements for payment and delivery of the transcript. Please be advised that court reporters have 60 days to prepare a transcript after satisfactory payment arrangements have been made.

[Quoted text hidden]

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**Owens, Michele A.** <mowens@sccourts.org>  
To: Yolanda Shatten <shatt8@gmail.com>

Mon, May 20, 2019 at 3:43 PM

Ms. Shatten:

You need to send the first request of August 1, 2018 to: **Stacy S. Johnson**  
**sjohnson@sccourts.org**  
125 Firebridge Drive  
Chapin, SC 29036

**From:** Yolanda Shatten [mailto:shatt8@gmail.com]  
**Sent:** Wednesday, May 15, 2019 4:05 PM  
**To:** transcripts <transcripts@sccourts.org>  
**Subject:** TRANSCRIPT REQUEST FORM

**RECEIVED**  
JUN 26 2019  
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STATE v. YOLANDA SHATTEN

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Yolanda Shatten <shatt8@gmail.com>
To: sjohnson@sccourts.org

Mon, May 20, 2019 at 3:56 PM

[Quoted text hidden]

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Yolanda Shatten <shatt8@gmail.com>
To: sjohnson@sccourts.org

Mon, May 20, 2019 at 3:56 PM

[Quoted text hidden]