



# The Supreme Court of South Carolina

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July 23, 2019

Tara Dawn Shurling, Esquire  
3614 Landmark Drive  
Suite A  
Columbia SC 29204

Re: Gary J. Means v. State  
Appellate Case No. 2019-000617

Dear Counsel:

This responds to your email dated July 22, 2019.

Although the notice of appeal was filed in April 2019, no further action has been taken to perfect this case. While this office has been patient up until this point and understands that your client may have been less than diligent in deciding if he is going to hire you for this appellate proceeding, this case must move forward.

Therefore, within fifteen (15) days of the date of this letter, you must either make a motion to be relieved as counsel for the petitioner under Rule 264(b) of the South Carolina Appellate Court Rules (SCACR), or provide this Court with a copy of correspondence showing the transcript has been ordered in the manner specified by Rule 207, SCACR, if you are going to continue to represent him in this case.

I am providing your client with a copy of this letter. I would strongly encourage him to either retain you or some other counsel to represent him in this matter, or if

he is indigent, to seek representation from the Division of Appellate Defense of the Office of Indigent Defense. Being represented by an attorney trained in the law would be extremely beneficial to him in this case.

I have enclosed an affidavit of indigency which petitioner can complete if he believes that he is indigent and cannot afford to hire counsel. **If petitioner believes that he is indigent, this affidavit must be completed by petitioner and returned to this office within fifteen (15) days of the date of this letter.**

I warn petitioner that if he fails to take action to either retain counsel or complete and return the enclosed affidavit of indigency, the Court may find he has waived his right to be represented by counsel and require him to represent himself in this appellate case. If petitioner represents himself in this case, this Court will require full compliance with all applicable rules and procedures, and failure to comply with such rules and procedures could result in the dismissal of the matter and forfeiture of the right to discretionary review. I again strongly encourage him to either hire counsel or seek to have counsel appointed if he is indigent.

Very truly yours,

A handwritten signature in black ink, consisting of a large, stylized initial 'D' followed by a series of loops and a long horizontal stroke extending to the right.

CLERK

cc: Johnny Ellis James, Jr., Esquire (with copy of e-mail dated July 22, 2019)  
Gary Jerrell Means, Jr., (with Affidavit of Indigency)

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 )

IN THE SUPREME COURT

**AFFIDAVIT OF INDIGENCY  
 AND  
 APPLICATION FOR COUNSEL**

\_\_\_\_\_, )  
**Petitioner,** )  
 )  
 v. )  
 )  
**State of South Carolina, Respondent.** )  
 )  
**Appellate Case No.** \_\_\_\_\_ )  
 )

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 am financially unable to employ counsel and request that counsel be assigned to represent me.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(L.S.)

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_