

EVANS
2A0196

**INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES**

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

AUG 28 2019

INMATE NAME (print): Jack Waylon Huykendall SEP 17 2019

SCDC# 355988 INMATE SIGNATURE: [Signature]

I plan to file this action in the SC County of Richland
Ridgeland
Columbia, S.C.

The section below is for SCDC - Financial Accounting Branch's use ONLY.

RECEIVED

- (1) Total deposits to inmate's account for preceding six months' period * \$ 0
- (2) Twenty percent (20%) of line 1 \$ 0
- (3) Account balance - current date \$ 0.13¢
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # _____ \$ 0

SEP 26 2019
SC Court of Appeals
2019 AUG 29 PM 1:35
SCDC-FINANCIAL ACCTG

****NOTE to COURT:** If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

*Admission date is noted here if inmate incarcerated less than six months 1/1

[Signature]
Prepared by Financial Accounting Branch - SCDC

8/30/19
Date edit: correct by system 7/97