

FORM 7
PROOF OF SERVICE OF A NOTICE OF APPEAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals
[In The Supreme Court]

APPEAL FROM GREENVILLE COUNTY
Court of Common Pleas

George E. Brown, Circuit Court Judge

Case No. 2000-CP-00-0000

Stephen L. Doe, as Personal
Representative of the Estate of
John B. Doe, Respondent,

v.

Jane C. Roe, Appellant.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Stephen L. Doe by depositing a copy of it in the United States Mail, postage prepaid, on September 15, 2000, addressed to his attorney of record, Mary P. Jones, Post Office Box 456, Greenville, South Carolina 29000 [by personally delivering a copy of it to his attorney of record, Mary P. Jones, at her office at 123 Oak Street, Greenville, South Carolina 29000, on September 15, 2000].

September 15, 2000

s/ John E. Smith
John E. Smith
Post Office Box 123
Greenville, South Carolina 29000
(864) 000-000-0000
Attorney for Appellant

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 _____)

IN THE SUPREME COURT

**AFFIDAVIT OF INDIGENCY
 AND
 APPLICATION FOR COUNSEL**

Rodney C. Brown, Petitioner,)
)
 v.)
)
State of South Carolina, Respondent.)
)
Appellate Case No. 2019-001887)
)

NAME OF APPLICANT	Rodney C. Brown
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: _____