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S.C. SUPREME COURT

NOVEMBER 22, 2019

Appellate CASE NO. 2019-001887

HONORABLE DANIEL E. SHEAROUSE, CLERK OF COURT,

Sir, Please find my proof of Service indicating that the Notice of Appeal has been served on the Counsel for the State in addition to a completed affidavit of indigency.

Thank You,

Rodney C. Bryan #329517

Lee CI - F2B - #2256

990 Wisacky Hwy.

Bishopville, SC 29010

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM LEXINGTON COUNTY
COURT OF COMMON PLEAS

EDGAR W. DICKSON, CIRCUIT COURT JUDGE

Case NO. 2019-001887

RODNEY C. BRYAN,

Petitioner - Respondent

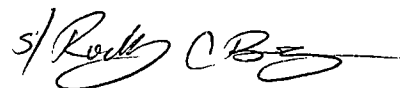
v.

STATE OF SOUTH CAROLINA,

Respondent - Petitioner.

I certify that I have served the Notice of Appeal on State of South Carolina by depositing a copy of it in the United States Mail, postage prepaid, on November 6, 2019, addressed to his attorney of Record, Melody J. Brown, Senior Assistant Deputy Attorney General, Post Office Box, 11549, Columbia, South Carolina 29211

November 6, 2019



Rodney C. Bryan seDC # 329517,
F-2-B - #2256-LEE CT
990 Wisacky Highway
Bishopville, SC 29610

STATE OF SOUTH CAROLINA)
)
 COUNTY OF Lexington)
)
)

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 ⁽²⁸⁾ BRYAN SCDC NO. 329517
ADDRESS	F-2-B #2256 990 WISACKY HIGHWAY BISHOPVILLE, SC 29010
TELEPHONE NUMBER(S)	- N/A -
DATE OF BIRTH	04/16/1974
SOCIAL SECURITY NO.	251-43-5537
NAMES OF CO-DEFENDANTS	- N/A -

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
\$ 25.00 + 1/4	PRISON INDUSTRIES, 990 WISACKY HWY BISHOPVILLE, SC 29010

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
	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

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
N/A			

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
Family and Friends	\$ 300.00 +/-

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

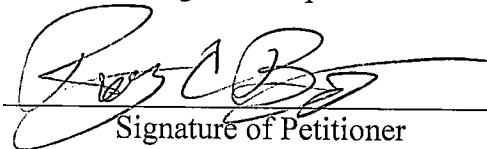
If not, what are the payments? _____

8. How much do you owe (on liens, mortgages, other encumbrances or debts)? \$ 0

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 22 day of November, 2019.



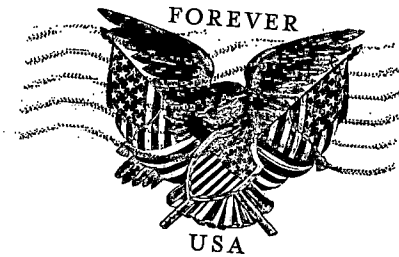
Signature of Petitioner

Subscribed and sworn to before me this _____ day of _____, _____ (L.S.)

Notary Public for South Carolina
My Commission Expires: _____

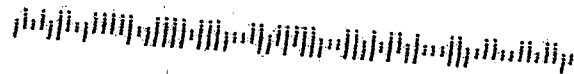
RODNEY C BRYAN.
SCDC # 329517
LEE CI / F-2-B / #2256
990 W Rocky Hwy
Bishopville, SC 29010

COLUMBIA SC 290
25 NOV 2010 PM 2 L



THE SUPREME COURT OF SOUTH CAROLINA
DANIEL E. SHEAROUSE, CLERK OF COURT
POST OFFICE BOX 11330
COLUMBIA, SC 29211

29211-133090



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