

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

IN THE SUPREME COURT
OF
SOUTH CAROLINA

_____, PETITIONER,)
)
v.)
)
STATE OF SOUTH CAROLINA, RESPONDENT.)

AFFIDAVIT

PERSONALLY appeared before me, _____, who being sworn, deposes and says:

1. I am the petitioner in the above case.
2. A notice of appeal has been filed on my behalf in this matter. I understand that I have a right to seek appellate review and that I am entitled to an appointed attorney to assist me due to my indigent status. It is my desire to withdraw the notice of appeal.
3. The attorney representing me in this matter has advised me of the consequences of withdrawing this appeal. If the appeal is withdrawn, I understand that the notice of appeal will be dismissed and this will mean that the decision of the circuit court will be the final decision in this matter. I understand that I will not be able to seek review in this matter at some later time.
4. I have made the decision to withdraw this appeal. This decision is made of my own free will with a full understanding of the consequences of withdrawing this appeal. I request that the notice of appeal be withdrawn and that the notice of appeal be dismissed.

Signature of Petitioner

SWORN TO before me this _____
day of _____, 20_____.

Notary Public for South Carolina
My Commission Expires: _____