

Bernard Bagley
175851/HA162/KER.CI
4848 Goldmine Hwy.
Kershaw, SC 29067

April 17, 2013

V. Claire Allen, Deputy Clerk
SC Court of Appeals
P.O. Bpx 11629
Columbia, SC 29211

RE: Bagley v. SCDPPPS, Case 2013-000042.

RECEIVED
APR 22 2013

SC Court of Appeals

Dear Ms. Allen:

I'm in receipt of your letter dated April 15th, 13, in which you stated that I owe the court an additional \$25.00, for a filing fee for a motion for extension. Please be advise that you miscontrued my letter as a motion when there was no certificate, etc., with such. I was asking the court to allow the additional time because the checks were being issued from the SDCD Cooper Account.

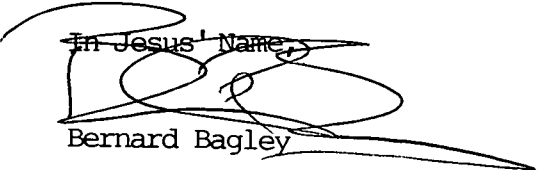
Also, I misconstrued your letter as the appeal filing fee was \$25.00, rather than \$100.00. Enclosed is the Cooper Trust Fund Withdrawal dated the 2nd, in the amount of \$50.00, where I requested the officials to delete based on your letter dated the 2nd of April. I misread the letter, and thought you telling me that the appeal correct filing fee is \$25.00. As such, I will be able to resubmit the \$50.00 final filing fee on the 22nd, but I must ask that you allow a waiver on the \$25.00 on a so called motion for extension, when my correspondence was simply a letter of request informing you of my situation.

I truly apologize for the mistake as well as the misunderstanding on my behalf, and do assure you that your office will receive the \$50.00, upon SCDC issue of the check for the final portion of the filing fee dated on the 22nd.

Again, I apologize for the mix-up, and ask that this letter in no way be construed as a motion in any manner.

Thank you for considering this matter.

In Jesus' Name,


Bernard Bagley

cc: Tommy Evans, Jr., SCDPPPS

South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Financial Accounting
Branch Use Only:

Facility: **KERSHAW**

Date: **04 02 13**
M M D D Y Y

ACCOUNT INFORMATION

Account Number: **175851**
Inmate # or Employee SS#

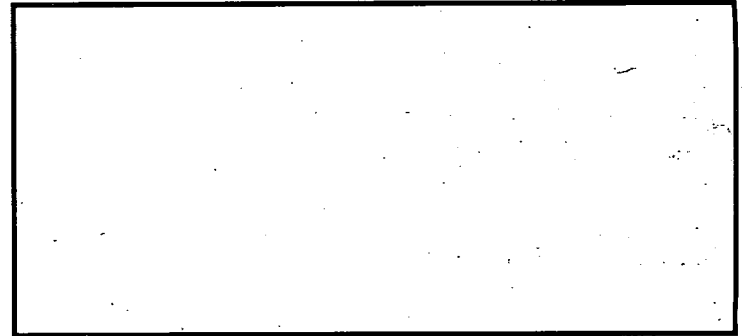
RECEIVED
APR 22 2013

Account Name: **BERNARD**
First

BAGL **SC Court of Appeals**
MI Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$ **---**, **50.00**



[Signature]
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Making Inmate ID Verification

Inmate Thumb & Index fingerprints required.

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business **SC COURT OF APPEALS**

Individual **2013-000042**
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box **PO BOX 11629**

Street/box (optional line)

COLUMBIA **SC** **29211**
City State Zip Code

VENDOR ATTACHMENT: Y/N

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y=yes; if none, enter N. NO other types of attachments (letters, cards, etc.) will be accepted.