

The State of South Carolina
In The Court of Appeals

Case No.: 2012-CP-1801745

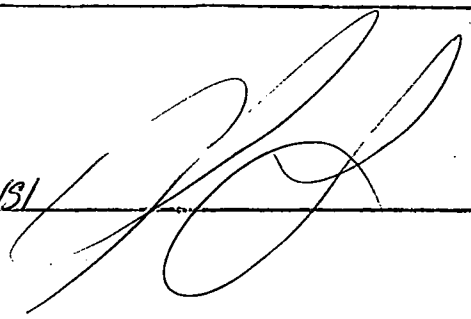
Christopher Lane # 307401

Motion and Affidavit To
Proceed Informa Pauperis

South Carolina Department
of Corrections

I, Christopher Lane # 307401, being duly sworn state that I am the
appellant and I do not have the funds available to pay the Filing Fee and
services in the present matter. I do not have any means to earn money, I
do not receive any income. I am hereby swearing that I am an inmate
housed in South Carolina Department of Corrections. I am indigent and am
asking to proceed under 24-27-100 (chapter 27) as such. Hereto attached is
a Financial Statement of My Indigent Status.

Sworn To and Subscribed before me
This day of 2013
My Commission Expires on
Exp. Date
131

131 

ORDER

Leave (Granted) / (Denied) To proceed Informa Pauperis
Dated 2013 131

RECEIVED

MAY 13 2013

SC Court of Appeals

RECEIVED

APR 11 2013

INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES

l. e. e.
RECEIVED

MAILROOM 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 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.

INMATE NAME (print): Christopher Lane MA-122

SCDC # 307401 INMATE SIGNATURE: 

I plan to file this action in the SC County of _____

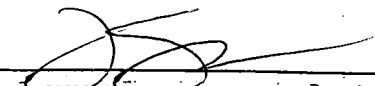
The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (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 \$ 0.94
- (4) PAYMENT AMOUNT **
(lessor of line 2 or line 3)
Enclosed check # _____ \$ 0

**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



Received by Financial Accounting Branch - SCDC

3/18/13 RECEIVED
MAY 13 2013

Date File Number/Recorded 1/97

SC Court of Appeals