

STATE OF SOUTH CAROLINA) IN THE COURT OF _____
) _____ JUDICIAL CIRCUIT
 COUNTY OF _____)
)
 _____)
 Plaintiff,)
 vs.)
 _____)
 Defendant.) Docket No. _____

**CERTIFICATION OF
 INDIGENT REPRESENTATION
 PURSUANT TO RULE 3(b)(2), SCRCP**

Attorney Name: _____
 SC Bar No.: _____ Telephone No.: _____ Email Address: _____
 Legal Service/Agency/Nonprofit Organization: _____
 Client Name(s): _____

Pursuant to Rule 3(b)(2) SCRCP, a party represented in a civil action by an attorney working on behalf of or under the auspices of a legal aid society or legal services or other nonprofit organization funded in whole or substantial part by funds appropriated by the United States Government or the South Carolina General Assembly, which has as its primary purpose the furnishing of legal services to indigent persons, or the SC Pro Bono program, shall have fees related to the filing of the action waived without necessity of a motion and court approval.

I hereby certify I represent _____ (name of client), and I am providing such representation on behalf of or under the auspices of _____ (list the appropriate legal aid society, legal services or other nonprofit organization) and that he/she is not able to pay the filing fees associated with this action. Therefore, pursuant to Rule 3 (b)(2), SCRCP, the filing fees in the above-referenced matter are waived.

I further agree to notify this court should my representation of _____ change in regard to the status referenced herein.

 Attorney for _____

_____, SC

Date: _____