CLASSIFICATION SUMMARY REPORT DATED 05/07/2024 SCDC# 00352269 RILEY, JAMAAL TERRELL FBI# 823892LD7 OFFENDER TYPE: ADULT-STRAIGHT SENTENCE RESIDENT STABILITY: NA INSTITUTION: UNK DORM_ROOM_BUNK_CODE: 0000 SECURITY/CUST: 2 MEDIUM NEW CUSTODY: PROJ MAXOUT DATE: 09/16/2020 CURR INCARC SENT: 10 YRS 0 MOS 0 DAYS VICTIM WITNESS: Y SEPREQ:Y PROJ PAROLE DATE: -EWC JOB: NO CURRENT JOB INST RESTRICT: ASSIGNMENT: EWC LEVEL: 0 EEC LEVEL: CURRENT PROGRAM: NO CURRENT PROGRAM SEX REGISTRY: N DNA: C AGE: 31 PREVIOUS NUMBERS: *NO PREVIOUS NUMBERS* **CURRENT OFFENSES** *NO CURRENT OFFENSES* SENTENCE SENTENCE COMPLETED OFFENSES YRS MOS DYS COUNTY START V/NV CAT **INDICT** CRIMINAL CONSPIRACY 5 0 0 BARNWELL 08/05/2011 N 2 12GS0600070 KIDNAPPING V 10 0 0 BARNWELL 5 08/05/2011 12GS0600071 ARMED ROBBERY 10 0 0 BARNWELL 08/05/2011 V 4 12GS0600069 PRIOR COMMITMENTS OVER 90 DAYS: *INMATE HAS NO PRIORS* OFFENSES UNDER PREVIOUS NUMBER: *NO PREVIOUS OFFENSES* DETAINERS (HOLD, WANTED, NOTIFY): *NO DETAINERS* ESCAPES: *NO ESCAPE HISTORY* CRIMINAL CHARGES: *NO CRIMINAL CHARGES HISTORY* ASSAULTIVE DISCIPLINARIES: 02/24/2019 POSSESSION OF A WEAPON CONVICTED MAJOR DISC. Ν HEARING MAJOR DISC. 03/26/2018 POSSESSION OF A WEAPON DISMISSED N HEARING 11/30/2017 POSSESSION OF A WEAPON MAJOR DISC. CONVICTED N HEARING MAJOR DISC. 07/14/2015 STRIKING AN EMPLOYEE WITH/WITHOUT

Records for Production FOIA 0127-24 000001

HEARING

HEARING

MAJOR DISC.

MAJOR DISC. **HEARING**

CONVICTED

CONVICTED

CONVICTED

WEAPON

06/30/2014 POSSESSION OF A WEAPON

05/22/2013 POSSESSION OF A WEAPON

Ν

N

UNKNOWN

SCDC# 00352269 RILEY, JAMAAL TERRELL (CONTINUED)

PREVIOUS ASSAULTIVE DISCIPLINARIES:

NO PREVIOUS ASSAULTIVE DISCIPLINARY HISTORY

NON-ASSAULTIVE DISCIPLINARIES:

04/21/2020	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
08/07/2019	USE,POSS NARC,MARIJ,UNAUTH DRUG,INHALANT	DISMISSED	MAJOR DISC. HEARING
02/24/2019	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
11/02/2018	USE,POSS NARC,MARIJ,UNAUTH DRUG,INHALANT	DISMISSED	MAJOR DISC. HEARING
03/26/2018	THREATENING TO INFLICT HARM,ON INMATE	DISMISSED	MAJOR DISC. HEARING
11/30/2017	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
07/25/2017	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
05/19/2017	STG AFFILIATION	CONVICTED	MAJOR DISC. HEARING
05/04/2017	POSSESSION OF A NEGOTIABLE INSTRUMENT	CONVICTED	MAJOR DISC. HEARING
05/04/2017	STG AFFILIATION	CONVICTED	MAJOR DISC. HEARING
09/22/2016	USE,POSS NARC,MARIJ,UNAUTH DRUG,INHALANT	CONVICTED	MAJOR DISC. HEARING
09/15/2016	REFUSING OR FAILING OBEY ORDERS	CONVICTED	ADMINISTRATIVE RESOLUTION
09/14/2016	REFUSING OR FAILING OBEY ORDERS	CONVICTED	ADMINISTRATIVE RESOLUTION
09/05/2016	INCITING/CREATING A DISTURBANCE	DISMISSED	MAJOR DISC. HEARING
04/03/2016	INTERFERING WITH COUNT	CONVICTED	MAJOR DISC. HEARING
04/03/2016	INTERFERING WITH DUTIES OF ANY PERSON	DISMISSED	OTHER ACTION TAKEN/INFORM
04/03/2016	INTERFERING WITH COUNT	DISMISSED	OTHER ACTION TAKEN/INFORM
04/03/2016	INCITING/CREATING A DISTURBANCE	CONVICTED	MAJOR DISC. HEARING
04/03/2016	INTERFERING WITH DUTIES OF ANY PERSON	DISMISSED	MAJOR DISC. HEARING
04/03/2016	INCITING/CREATING A DISTURBANCE	DISMISSED	OTHER ACTION TAKEN/INFORM
02/22/2016	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
07/23/2014	CREAT/ASSIST WITH SOCIAL NETWORKING SITE	CONVICTED	MAJOR DISC. HEARING
07/23/2014	POSS. OR/ATTEMPT TO POSSESS CELL PHONE	CONVICTED	MAJOR DISC. HEARING
07/23/2014	STG AFFILIATION	CONVICTED	MAJOR DISC. HEARING
07/17/2014	INCITING/CREATING A DISTURBANCE	DISMISSED	MAJOR DISC. HEARING
03/20/2014	USE,POSS NARC,MARIJ,UNAUTH DRUG,INHALANT	CONVICTED	MAJOR DISC. HEARING
11/12/2013	USE,POSS NARC,MARIJ,UNAUTH DRUG,INHALANT	CONVICTED	MAJOR DISC. HEARING
02/22/2013	REFUSING OR FAILING OBEY ORDERS	CONVICTED	ADMINISTRATIVE RESOLUTION
02/22/2013	USE OBSCENE, VULGAR, PROFANE LANG/GESTURES	CONVICTED	ADMINISTRATIVE RESOLUTION

PREVIOUS NON-ASSAULTIVE DISCIPLINARIES:

NO PREVIOUS NON-ASSAULTIVE DISCIPLINARIES HISTORY

HISTORY OF MOVEMENTS:

09/01/2022	UNK	RELEASE	EXPIRATION OF SENTENCE
09/01/2020	AIKEN CO	COMMUNITY SUPERVISION	COMMUNITY SUPERVISION
12/16/2019	RIDGELAND	INCARCERATED	ADMINISTRATIVE
12/16/2019	KIRKLAND	INCARCERATED	MEDICAL
11/12/2019	RIDGELAND	INCARCERATED	ADMINISTRATIVE
11/12/2019	KIRKLAND	INCARCERATED	MEDICAL
11/06/2018	RIDGELAND	INCARCERATED	ADMINISTRATIVE
04/05/2018	BROAD RIVER	INCARCERATED	ADMINISTRATIVE
01/10/2018	PERRY	INCARCERATED	ADMINISTRATIVE
01/03/2018	BROAD RIVER	INCARCERATED	ADMINISTRATIVE
10/19/2017	PERRY	INCARCERATED	ADMINISTRATIVE
10/19/2017	ANDERSON CO	AUTH ABSENCE (AWL)	MEDICAL
05/03/2017	PERRY	INCARCERATED	ADMINISTRATIVE
03/02/2017	MCCORMICK	INCARCERATED	ADMINISTRATIVE
01/30/2017	LIEBER	INCARCERATED	ADMINISTRATIVE
06/15/2013	LEE	INCARCERATED	MEDICAL
06/15/2013	PRISMA HEALTH RICHLAND	AUTH ABSENCE (AWL)	MEDICAL
01/08/2013	LEE	INCARCERATED	ADMINISTRATIVE
09/07/2012	KIRKLAND	INCARCERATED	NEW ADMISSION

HISTORY OF EARNED WORK CREDIT ASSIGNMENTS:

JOB DESCRIPTION	START DATE	END DATE	TERMINATION REASON	JOB LVL
WARDKEEPER	05/05/2020	09/01/2020	INSTIT TRANSFER	3F5
WARDKEEPER	02/18/2020	05/04/2020	ASLT/DRUG/MAJOR DISC	2F5
WARDKEEPER	11/09/2018	02/17/2020	POLICY CHANGE 2020	5F5
WARDKEEPER ASSISTANT	10/23/2018	11/02/2018	PLACED IN ST/SP CUSTODY	5F5
WARDKEEPER ASSISTANT	09/28/2017	12/10/2017	PLACED IN ST/SP CUSTODY	3F5
WARDKEEPER ASSISTANT	06/29/2017	09/27/2017	CUSTODY REVIEW	5F5
WARDKEEPER ASSISTANT	05/04/2017	05/18/2017	PLACED IN ST/SP CUSTODY	5F5
GENERAL WORKER	03/03/2017	03/23/2017	PLACED IN ST/SP CUSTODY	5F5
GENERAL WORKER	01/30/2017	02/21/2017	PLACED IN ST/SP CUSTODY	5F5

HISTORY OF EARNED EDUCATION CREDITS:

EEC DESCRIPTION	START DATE	END DATE	TERMINATION REASON
BONUS 15 OR MORE	01/28/2019	04/17/2019	POOR ATTENDANCE
LVL 3 - FULL TIME(NO EWC)	05/31/2013	08/05/2013	PLACED IN ST/SP CUSTODY
LVL 2 - FULL TIME(NO EWC)	02/15/2013	05/30/2013	ASLT/DRUG/MAJOR DISC
LVL 3 - FULL TIME(NO EWC)	02/05/2013	02/14/2013	MI ELIGIBLE FOR LEVEL 2

PPP ASSESSMENT SCORES

NO HISTORY OF PPP ASSESSMENT SCORES

PPP PROGRAM REFERRALS

NO HISTORY OF PPP PROGRAM REFERRALS

****** END OF REPORT *******

SCDC OFFENDER MANAGEMENT SYSTEM SEPARATION REQUIREMENT \ CAUTION NOTICE SUMMARY

RILEY, JAMAAL

352269 LEE

DATE: 11/17/16

THE ABOVE NAMED INMATE IS NOT TO BE ASSIGNED TO THE SAME INSTITUTION/CENTER AS THE FOLLOWING:

NAME

SCDC #

INST

DATE ISSUED

INFO OBTAINED

ALLENDALE

7/ 7/16

MELISSA NICHOLS

* * NOTE * *

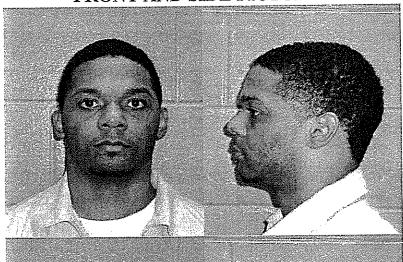
PRIOR TO TRANSFERRING ANY OF THE ABOVE INMATES A CHECK OF THE SEPARATION REQUIREMENT \ CAUTION NOTICE SCREEN AND THE INMATE"S PRESENT FACILITY LOCATION SHOULD BE CHECKED.

SHOULD ADDITIONAL INFORMATION BE NEEDED BEFORE TRANSFERRING ANY OF THE ABOVE INMATES, PLEASE CALL THE DIVISION OF INMATE OPERATION AND CONTROL.

DISTRIBUTION:

STATE CLASS FILE OFFENDER RECORDS (EACH INMATE) INSTITUTION RECORDS (EACH INMATE)

FRONT AND SIDE PICTURES



South Carolina Department of Corrections

Inmate#: 352269 Name: Jamaal Riley Photo Date: 02/01/2019



South Carolina Department of Corrections

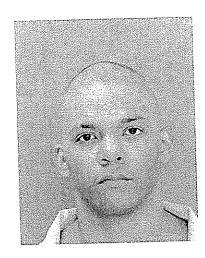
Inmate#: 352269 Name: Jamaal Riley Photo Date: 02/01/2019

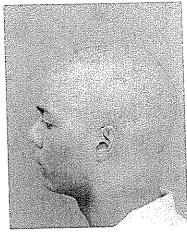


South Carolina Department of Corrections

Inmate#: 352269 Name: Jamaal Riley Photo Date: 02/01/2019

Source File:ShowPic.jsp





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE NUMBER:

00352269

LAST NAME:

RILEY

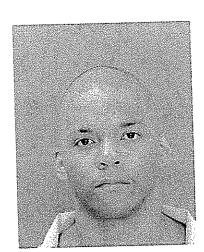
FIRST NAME:

JAMAAL

MIDDLE NAME:

PHOTO DATE:

09-07-2012





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE NUMBER:

00352269

LAST NAME:

RILEY

FIRST NAME:

JAMAAL

MIDDLE NAME:

PHOTO DATE:

09-07-2012



SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL TERRELL

RACE----:BLACK FBI NUMBER----:823892LD7
SEX----:MALE BIRTH DATE----

HEIGHT----:5 FT 8 IN RELIGION----:

WEIGHT----:CITIZEN - NATIVE BORN

EYE COLOR----:BROWN MARITAL STATUS----:SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----: LIGHT BROWN SOCIAL SECURITY #--:

BODY BUILD----: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

MARKS/SCARS---:SEE REPORT 5

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---:RIDGELAND CURR SENT START---:08/05/11

CURR CUST LVL-:ME2 EWC JOB LEVEL----:03355 CURR ASSIGN.--:WARD KEEPER WARD #2

ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12

HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:09/16/2020

VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000

PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM: 99/99/9999

SEQ# INCARC SENT VIOL CONS SUSP COMP STATUS CURRENT OFFENSE SENTENCE CHAR CNTS TYPE IND IND YRS CNTY

YRS MO DYS
S00003 CRIMINAL CONSPIRACY 5 0 0 F 1 ST TIM N N BARNWEI

AC NO PROBATION

S00002 KIDNAPPING 10 0 0 F 1 ST TIM V N BARNWEI

AC. NO PROBATION

S00001 ARMED ROBBERY 10 0 0 F 1 ST TIM V N BARNWEI AC NO PROBATION

REPORT 1 CONTINUED
INMATE NO:352269

NAME: RILEY, JAMAAL TERRELL

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. REVIEW RECORD-NOT HAYES. ABOYD 3/29/17 MODIFIED OFFENSE #2 SEX REGISTRY INDICATOR FROM YES TO NO PER ORDER IN RECORD. E. WILLIAMSON IRO 08/10/2019..ON CONV#1 THE PLEA CODE WAS MODIFIED TO N-NOT GULTY PER SENTENCE SHEET; COMPLETED BY L. MILES IRO 6/8/20...ON CONV#3 THE PLEA CODE WAS MODIFIED FROM G-GUILTY TO N-NO GUILTY PER SENTENCE SHEET; 2ND MAXOUT AUDIT COMPLETED BY L. MILES IRO 7/27/20...

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL TERRELL

RACE----: BLACK FBI NUMBER----: 823892LD7
SEX----: MALE BIRTH DATE----HEIGHT----: 5 FT 8 IN RELIGION-----

WEIGHT-----:CITIZEN - NATIVE BORN

EYE COLOR----: BROWN MARITAL STATUS----: SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----:LIGHT BROWN SOCIAL SECURITY #-BODY BUILD---: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

MARKS/SCARS---: SEE REPORT 5

******** DATA CURRENT AS OF: 07/28/20 ****************

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---:RIDGELAND CURR SENT START---:08/05/11
CURR CUST LVL-:ME2 EWC JOB LEVEL----:03355

CURR ASSIGN. --: WARD KEEPER WARD #2

ESCAPE/ATTEMPT: SEE ESCAPE HISTORY SCDC ADMIT DTE----: 09/07/12

HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:09/16/2020 VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000

PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

INCARC SENT VIOL CONS SUSP COMM SEO# CHAR CNTS TYPE IND IND YRS STATUS CURRENT OFFENSE SENTENCE YRS MO DYS S00003 CRIMINAL CONSPIRACY 5 0 0 \mathbf{F} 1 ST TIM N Ν BARNWEI ACNO PROBATION S00002 KIDNAPPING 10 0 F 1 ST TIM V И BARNWEI O NO PROBATION O 0 F 1 ST TIM V \mathbf{N} BARNWEI S00001 ARMED ROBBERY 1.0 AC NO PROBATION

REPORT 1 CONTINUED

INMATE NO:352269

NAME: RILEY, JAMAAL TERRELL

******* NO CONSECUTIVE STRUCTURE

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. REVIEW RECORD-NOT HAYES. ABOYD 3/29/17 MODIFIED OFFENSE #2 SEX REGISTRY INDICATOR FROM YES TO NO PER ORDER IN RECORD. E. WILLIAMSON IRO 08/10/2019..ON CONV#1 THE PLEA CODE WAS MODIFIED TO N-NOT GULTY PER SENTENCE SHEET; COMPLETED BY L. MILES IRO 6/8/20...ON CONV#3 THE PLEA CODE WAS MODIFIED FROM G-GUILTY TO N-NO GUILTY PER SENTENCE SHEET; 2ND MAXOUT AUDIT COMPLETED BY L. MILES IRO 7/27/20...

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

PERSONAL/IDENTIFICATION DATA

INMATE NO: 352269

NAME: RILEY, JAMAAL -

RACE:BLACK SEX:MALE HEIGHT:5 FT 8 IN WEIGHT:187 EYE COLOR:BROWN HAIR COLOR:BLACK SKIN TONE:LIGHT BROWN BODY BUILD:MEDIUM MARKS/SCARS:SEE REPORT 5	FBI NUMBER: 823892LD7 BIRTH DATE: RELIGION: CITIZEN - NATIVE BORN MARITAL STATUS: SINGLE MEDICAL STATUS: NONE ON FILE SOCIAL SECURITY #: AIMS GRP ASSIGNMENT: NOT ON F
****** DATA CUR	RENT AS OF: 03/23/20 **************
CURR STATUS: INCARCERATED CURR INST: RIDGELAND CURR CUST LVL-: ME2	TOTAL SENTENCE: 10 YRS 0 MOS 0 DYS CURR SENT SERVING: 10 YRS 0 MOS 0 DYS CURR SENT START:08/05/11 EWC JOB LEVEL:03355

CURR ASSIGN.--:WARD KEEPER WARD #2
ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12
HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:09/13/2020
VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:09/13/2020
PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

*****	COMMITMENT	INFORMATION	*****

SEQ# STATUS	CURRENT OFFENSE	INCA SENT YRS	CENC	CE DYS	CHAR	CNT		SENT TYPE	VIOL IND	CONS IND	SUSP YRS	COMM
S00003	CRIMINAL CONSPIRACY	5	0	0	F	1	ST	MIT	N :	N	BAI	RNWEI
AC	NO PROBATION											
S00002	KIDNAPPING	10	0	0	\mathbf{F}	1	st	TIM	V :	Ŋ	BAI	RNWEI
AC	NO PROBATION									_		
S00001	ARMED ROBBERY	10	0	0	F	1	ST	TIM	V :	N	BAI	RNWEI
ΆC	NO PROBATION											



MAR 2 3 2020

REPORT 1 CONTINUED

INMATE NO:352269

NAME: RILEY, JAMAAL -

************************** NO CONSECUTIVE STRUCTURE

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. .REVIEW RECORD-NOT HAYES. ABOYD 3/29/17 MODIFIED OFFENSE #2 SEX REGISTRY INDICATOR FROM YES TO NO PER ORDER IN RECORD.. E. WILLIAMSON IRO 08/10/2019..

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 000352269 NAME: RILEY, JAMAAL -

RACE-----:BLACK FBI NUMBER-------823892LD7
SEX----:MALE BIRTH DATE----HEIGHT----:5 FT 8 IN RELIGION-----

WEIGHT----:192 U.S.CITIZEN----:CITIZEN - NATIVE BORN

EYE COLOR----: BROWN MARITAL STATUS----: SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----: LIGHT BROWN SOCIAL SECURITY #--

BODY BUILD----: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

MARKS/SCARS---: SEE REPORT 5

NO PROBATION

AC

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---:RIDGELAND CURR SENT START---:08/05/11
CURR CUST LVL-:ME2 EWC JOB LEVEL----:03355

CURR ASSIGN.--: WARD KEEPER WARD #2

ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12

HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:09/24/2020

VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000

PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

INCARC SENT VIOL CONS SUSP COMM SEQ# TYPE IND IND YRS CNTY STATUS CURRENT OFFENSE SENTENCE CHAR CNTS YRS MO DYS S00003 CRIMINAL CONSPIRACY 0 1 ST TIM N BARNWELL NO PROBATION AC 10 1 ST TIM V BARNWELL S00002 KIDNAPPING NO PROBATION AC10 0 0 F 1 ST TIM V N BARNWELL S00001 ARMED ROBBERY

FILED 9/25/19

REPORT 1 CONTINUED

CHADEK BONNAKI

INMATE NO:000352269

NAME: RILEY, JAMAAL -

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. .REVIEW RECORD-NOT HAYES. ABOYD 3/29/17 MODIFIED OFFENSE #2 SEX REGISTRY INDICATOR FROM YES TO NO PER ORDER IN RECORD... E. WILLIAMSON IRO 08/10/2019..





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL -

RACE----:BLACK FBI NUMBER----:823892LD7
SEX----:MALE BIRTH DATE----:

HEIGHT----:5 FT 8 IN RELIGION-----

WEIGHT----:CITIZEN - NATIVE BORN

EYE COLOR----: BROWN MARITAL STATUS----: SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----:LIGHT BROWN SOCIAL SECURITY #--

BODY BUILD---: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

MARKS/SCARS---: SEE REPORT 5

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---: BROAD RIV CURR SENT START----: 08/05/11

CURR CUST LVL-:ST3 EWC JOB LEVEL----:NO CURRENT JOB

CURR ASSIGN.--:LOCKED - UP

ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12 HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:12/25/2020

HLD/WNT-DETAIN:NONE ON FILE PROJ EWC-MAX-OUT---:12/25/2020 VICTIM/WITNESS:*** V/W ***

PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000 PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

SENT VIOL CONS SUSP COM INCARC SEQ# TYPE IND IND YRS CNT CHAR CNTS SENTENCE STATUS CURRENT OFFENSE YRS MO DYS 1 ST TIM N BARNWE: Ν S00003 CRIMINAL CONSPIRACY 5 0 0 NO PROBATION AC 0 \mathbf{F} ST TIM V BARNWE 10 0 1 S00002 KIDNAPPING NO PROBATION

S00001 ARMED ROBBERY 10 0 0 F 1 ST TIM V N BARNWE AC NO PROBATION

REPORT 1 CONTINUED

NAME: RILEY, JAMAAL -

INMATE NO:352269

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. .REVIEW RECORD-NOT HAYES. ABOYD 3/29/17





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL -

RACE----: BLACK FBI NUMBER----: 823892LD7
SEX----: MALE BIRTH DATE-----

HEIGHT----: 5 FT 8 IN RELIGION-----: CITIZEN - NATIVE BORN

EYE COLOR----:BROWN MARITAL STATUS----:SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----:LIGHT BROWN SOCIAL SECURITY #--:

BODY BUILD---: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F
MARKS/SCARS---: SEE REPORT 5

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---:LEE CURR SENT START---:08/05/11

CURR CUST LVL-: ME3 EWC JOB LEVEL----: NO CURRENT JOB

CURR ASSIGN. --: GENERAL DETAIL UNEMP

ESCAPE/ATTEMPT: SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12 HLD/WNT-DETAIN: YES, SEE REPORT 2 PROJ EWC-MAX-OUT---:01/06/2021

VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000
PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

SENT VIOL CONS SUSP COMM INCARC SEO# TYPE IND IND YRS CNTY STATUS CURRENT OFFENSE SENTENCE CHAR CNTS YRS MO DYS S00003 CRIMINAL CONSPIRACY 5 0 1 ST TIM N BARNWEL. NO PROBATION ACBARNWEL: S00002 KIDNAPPING 10 0 0 F 7 ST TIM V Ν NO PROBATION AC

S00001 ARMED ROBBERY 10 0 0 F 1 ST TIM V N BARNWELL AC NO PROBATION



SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT 1 CONTINUED

OFFENDER SUMMARY

INMATE NO:352269

NAME: RILEY, JAMAAL -

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. . .





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL -

RACE----: BLACK FBI NUMBER----: 823892LD7
SEX----: MALE BIRTH DATE----: RELIGION-----: RELIGION------

WEIGHT----:CITIZEN - NATIVE BORN

EYE COLOR----:BROWN MARITAL STATUS----:SINGLE

HAIR COLOR----: BLACK MEDICAL STATUS----: NONE ON FILE

SKIN TONE----: LIGHT BROWN SOCIAL SECURITY #--:

BODY BUILD---: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

********** DATA CURRENT AS OF: 09/30/13 **************

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING--: 10 YRS 0 MOS 0 DYS

CURR INST.---:LEE CURR SENT START----:08/05/11

CURR CUST LVL-:MI3 EWC JOB LEVEL----:NO CURRENT JOB

CURR ASSIGN. --: GENERAL DETAIL UNEMP

ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE----:09/07/12 HLD/WNT-DETAIN:YES, SEE REPORT 2 PROJ EWC-MAX-OUT---:08/12/2020

VICTIM/WITNESS:*** V/W ***
PRIOR CONV OVER 90 DYS---: 0 PROJ EWC PAR-ELIG--:00/00/0000

PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

SENT VIOL CONS SUSP COMM INCARC SEO# TYPE IND IND YRS CNTY SENTENCE CHAR CNTS STATUS CURRENT OFFENSE YRS MO DYS BARNWEI ST TIM N S00003 CRIMINAL CONSPIRACY 5 0 1 NO PROBATION ACBARNWEI ST TIM V S00002 KIDNAPPING 10 F Ν NO PROBATION ST TIM V N BARNWEI 10 0 0 F 1 S00001 ARMED ROBBERY ACNO PROBATION

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT 1 CONTINUED

OFFENDER SUMMARY

INMATE NO:352269

NAME: RILEY, JAMAAL -

** COMMITMENT TEXT **

AUDITED ON 9/25/12 BY AGWHITE. . .

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS OFFENDER SUMMARY

INMATE NO: 352269 NAME: RILEY, JAMAAL -

****************** PERSONAL/IDENTIFICATION DATA *************

RACE----: BLACK FBI NUMBER----: 823892LD7
SEX----: MALE BIRTH DATE----:

HEIGHT----:5 FT 8 IN RELIGION----:CITIZEN - NATIVE BORN

EYE COLOR---: BROWN MARITAL STATUS---: SINGLE

HAIR COLOR---: BLACK MEDICAL STATUS---: NONE ON FILE

SKIN TONE----: LIGHT BROWN SOCIAL SECURITY *--: BODY BUILD---: MEDIUM AIMS GRP ASSIGNMENT: NOT ON F

BODY BUILD---: MEDIUM AIMS G
MARKS/SCARS---: SEE REPORT 5

TOTAL SENTENCE----: 10 YRS 0 MOS 0 DYS
CURR STATUS---: INCARCERATED CURR SENT SERVING-: 10 YRS 0 MOS 0 DYS

CURR INST.---: KCI CURR SENT START---: 08/05/11

CURR CUST LVL-:IN ENC JOB LEVEL---:NO CURRENT JOB

CURR ASSIGN.--:R & E CENTER CURRENT LOCK----: A20035A ESCAPE/ATTEMPT:SEE ESCAPE HISTORY SCDC ADMIT DTE---: 09/07/12

HLD/WNT-DETAIN:YES, SEE REPORT 2 PROJ EWC-MAX-OUT---:09/09/2020

VICTIM/WITNESS:NONE ON FILE
PRIOR CONV OVER 90 BYS---: 0 PROJ EWC PAR-ELIG--: 00/00/0000
PRIOR CONV 90 DYS OR LESS: 0 LABOR CREW/WORK PGM:99/99/9999

SEQ# INCARC SENT VIOL CONS SUSP COM STATUS CURRENT OFFENSE SENTENCE CHAR CNTS TYPE IND IND YRS CNT YRS MO DYS

SOOOOS CRIMINAL CONSPIRACY 5 0 O F 1 ST TIM N N BARNWE

AC NO PROBATION SOCOCO KIDNAPPING 10 O O F 1 ST TIM V N BARNUE

C NO PROBATION

SOCOOL ARMED ROBBERY 10 0 0 F 1 ST TIM V N BARNUE AC NO PROBATION

NO PROBATION

7415 (1 MOS COLYS

COL 5 Olekoner

19 mod 1/10 Cellus

Records for Production FOIA072144 001021

REPORT 1 CONTINUED

INMATE NO:352269

NAME: RILEY , JAMAAL -

NO COMMITMENT TEXT ON FILE...



REPORT 2

INMATE NO: 352269

NAME: RILEY, JAHAAL -

PERSON TO NOTIFY IN EMERGENCY:

HAME:

LOUVENTA LANDER

STREET: CITY:

STATE:

RELATIONSHIP OF ABOVE: MOTHER

ADDRESS AT TIME OF ARREST:

STREET:

CITY: STATE:

PERSON LIVING WITH AT ARREST: SELF -

RELATIONSHIP OF ABOVE: SELF

ALIAS NAMES:

JAMAAL RILEY

ACCOMPLICE NAMES: NONE ON FILE.

CAUTION		AGENCY	COUNTY	STATE	OFFEN:
UANTED	JUDGE	HOLLAND		SOUTH CAROLINA	52
WANTED	JUNGE	HOLLAND		SOUTH CAROLINA	75
WANTED	JUDGE	HOLLAND		SOUTH CAROLINA	10
VANTED	JUTHE	HOLLAND		SOUTH CAROLINA	12

REPORT 3

INMATE NO: 352269

NAME: RILEY, JAMAAL -

FAMILY INFORMATION

NAME:

STREET ADDR:

CITY:

STATE:

NAME:

STREET ADDR:

CITY:

STATE:

WILLIAMS SUE

LOUVENIA

SANDERS

RELATIONSHIP: GRANDMOTHER

AGE: 56

RELATIONSHIP: MOTHER

AGE: 40

REPORT 4

INMATE NO: 352269

NAME: RILEY, JAMAAL -



EMPLOYMENT HISTORY:

EMPLOYER: UNEMPLOYED

CITY:

STATE:

POSITION HELD: UNEMPLOYED

WHAT KIND OF WORK DO YOU USUALLY DO?:

MAJOR OCCUPATION ..: GENERAL LABORER

SECOND OCCUPATION .:

WERE YOU EVER EMPLOYED BY LAW ENFORCEMENT?...:
WHERE AND WHAT POSITION...:

REPORT 5

INMATE NO: 352269

NAME: RILEY, JAMAAL -

MARKS AND SCARS

NONE NOTED.

STG:

ARE YOU A MEMBER OF A GANG?: N



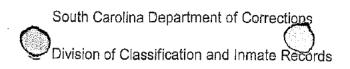


REPORT 6

INMATE NO: 352269

NAME: RILEY, JAMAAL -





R&E Records Intake

R&E/IN	TAKE CENTER: KCI	PCI		L	.CI		_ cc	GCI_		_					
			16184	ATE I	SIA NIZ										
Final	TAMAA	,	IININI	AIE	VAME		T		·	T	T	T	T-	T	Т
First	UMMIAINI	\mathcal{L}_{\parallel}		<u> </u>	<u> </u>	<u> </u>	<u>. </u>	<u> </u>		<u> </u>	1	<u> </u>			
Middle	TERRE	ムし	,												
Last	RILLEY														
Suffix															
						.'									
			ALIA:	S NA	ME:			1	Γ	T	ι	Ţ			
First					j				<u> </u>						<u> </u>
Middle															
Last						÷		`							
Suffix		•								,					
I HAVE V	ERIFIED THAT THIS INMATE	HAS AN I	NCA	RCE	RATIV	Æ SE	NTE	NCE	LENG	ETH C)F 91	DAY	3 OR	MORE	Ξ
RACE_	dk sex Male	DO			וחכ	VTY_		Ь							
HEIGHT	5 FT 8 IN E							TF	080	~~~~					
*	175 LBS HAIR COLOR														
WEIGHI_	LBS HAIR COLOR A		BIRI	H CC	ואטע	ΚY			,	_ ss /					
INTAKE E	MPLOYEE INITIALS	7					ATE_	09	107	1/2	012	Ļ			
ENTRY EN	MPLOYEE INITIALS $\underline{\mathcal{D}}$	M				D	ATE.		9/	7/	12	_/			
PREVIOUS	S INMATE # <i>\\0</i>		_		,				J	,					
NEW INMA	ATE#_ 3503(9				T	DTAL	.#0	FPA	GES _.					

SCDC 18-17 (REVISED 6/28/11)

, STATE OF SOUTH CAROLINA) IN THE COURT OF GENERAL SESSIONS
COUNTY OF Barnw	· · · · · · · · · · · · · · · · · · ·
STATE VS.	INDICTMENT/CASE#: / 2012GS0600070 V
Jamaal Terrell Riley	A/W#: M565551 V
AKA:	Date of Offense: 7/21/2011 ,
Race: Sex: M Age: 19	S.C. Code § : 16-17-0410
DOB: Addre) CDR Code #:0049
City,Si	-) X/2 0-5115
DL#:	SENTENCE SHEET OF SSI
*CDL res No CNIV res No Mazinat Yes	
In disposition of the said indictment comes now the Defendant	
TO: Criminal Conspiracy	
	C. Code of Laws, bearing CDR Code # 0049
Ø NON-VIOLENT ☐ VIOLENT ☐ SERIOUS	MOST SERIOUS Mandatory GPS(CSC \$17-25-45
The charge is: As Indicted, Lesser Included Offense,	w/minor 1st or Lewd Act)
The plea is: Without Negotiations or Recommendation,	_
ATTEST:	
Ringler, Susanna Marie SC Bar#	Defendant Attorney for Defendant SC Bar#
	•
	State Department of Corrections, County Detention Center,
for a determinate term of	
	on the service of days/months/years and/or payment
of \$; plus costs and assessments as applicable	*; the balance is suspended with probation for
months/years and subject to South Carolina Department of P	robation, Parole and Pardon Services standard conditions of
probation, which are incorporated by reference.	ence on: 9 16 2 20 265 0 000 69 nant to S.C. Code § 24-13-40 to be calculated and applied
The Defendant is to be given and it for time assets assets	ence on: 91412 20125 0000 69
by the State Department of Corrections. 398 days	g 24-13-40 to be calculated and applied
The Defendant is to be placed on the Central Registry of	Child Abuse and Neglect pursuant to S.C. Code §17-25-135.
	on convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal
Domestic Violence) to ship, transport, possess, or receive a	
SPEC	CIAL CONDITIONS:
RESTITUTION: Deferred Def. Waives Hearing	Ordered PTUP
Total: \$ plus 20% fee: \$	days/hours Public Service Employment
Payment Terms:	Obtain GED
Set by SCDPPPS	
Recipient:	May serve W/E begining
	Substance Abuse Counseling
*Fine: \$ \$ \$ 14-1-206 (Assessments 107.5 %) \$	Random Drug/Alcohol testing
0141011414140	Fine may be pd. in equal, consecutive weekly/monthly pmts. of \$
§ 14-1-211(A)(2) (DUI Surcharge) \$100 \$	STATE OF SOUTH CAROLINA
§ 56-5-2995 (DUI Assessment) \$12 \$	I, Rhonda D. McElveen, Clerk of Court for Barnwell County,
§ 56-1-286 (DUI Breath Test) \$25 \$	Other: South Carolina do hereby certify that the foregoing constitutes a true and correct copy of the original
Proviso 47.9 (Public Def/Prob) \$500 \$ \$ 14-1-212 (Law Enforce, Funding) \$25 \$ 71	documents which have been filed in my office
§ 14-1-212 (Law Enforce, Funding) \$25 \$ 21 § 14-1-213 (Drug Court Surcharge) \$150 \$	Clerk of Court, Barnwell County, SC
§ 50-21-114(BUI Breath Test Fee) \$50 \$	By: <u>IR</u> Date: <u>4-6-10</u>
§ 56-5-2942(J) (Vehicle Assessment) \$40/ea \$	Appointed PD or appointed other counsel,
Proviso 90.5 (SCCJA Surcharge) \$5 \$ 5.	§ 47.12 requires \$500 be paid to Clerk
3% to County (if paid in installments) \$ 3.	during probation.
TOTAL \$ [33	() //
	Presiding Judge
Clark of Court / Deputy Clerk & haron H. (Ye	Tchia Judge Code: 21277
· • • • • • • • • • • • • • • • • • • •	oduction FOIA 0 Benzenoe0Date: 9-4-2
SCCA/217 (03/2011)	

STATE OF SOUTH CAROLINA) IN THE COURT OF GENERAL SESSIONS /
COUNTY OF Barny	
STATE VS.	INDICTMENT/CASE#: 2012GS0600071
Jamaal Terrell Riley	A/W#: M565552
AKA:	Date of Offense: 7/21/20111
Race: Sev. M Age: 19	S.C. Code § : 16-03-0910
DOB:	CDR Code #: 0095
Address	X
City, Sta	SENTENCE SHEET 0-30
DL#:) (//)
*CDL Yes No CMV Yes No Hazmat Yes No	
In disposition of the said indictment comes now the Defendant who w	as CONVICTED OF or PLEADS
	of Laws, bearing CDR Code # 0095
☐ NON-VIOLENT ☑ VIOLENT ☐ SERIOUS ☐ MC	OST SERIOUS Mandatory GPS(CSC §17-25-45
The charge is: As Indicted, Lesser Included Offense, Defend	w/minor 1st or Lewd Act) ant Waives Presentment to Grand Jury. (defendant's initials)
_	Negotiated Sentence, Recommendation by the State.
ATTEST:	
Ringler, Susanna Marie SC Bar# Defe	endant Attorney for Defendant SC Bar#
	,
WHEREFORE, the Defendant is committed to the State De	epartment of Corrections,
	ander the Youthful Offender Act not to exceed years
and/or to pay a fine of \$; provided that upon the se	ervice of days/months/years and/or payment
of \$; plus costs and assessments as applicable*; the ba	lance is suspended with probation for
months/years and subject to South Carolina Department of Probation,	Parola and Pardon Services standard conditions of
probation, which are incorporated by reference.	, raiole and raidon bervices standard conditions of
CONCURRENT or CONSECUTIVE to sentence on:	9/14/12 2012650400069
The Defendant is to be given credit for time served pursuant to S.	C. Code § 24-13-40 to be calculated and applied
by the State Department of Corrections. (398 days CV)	edit)
The Defendant is to be placed on the Central Registry of Child Al	ouse and Neglect pursuant to S.C. Code §17-25-135.
Pursuant to 18 U.S.C Section 922, it is unlawful for a person conv.	icted of a violation of Section 16-25-20 or 16-25-65 (Criminal
Domestic Violence) to ship,transport,possess,or receive a firearm	
·	ONDITIONS:
RESTITUTION: Deferred Def. Waives Hearing Orders	
Total: \$ plus 20% fee: \$	days/hours Public Service Employment
Payment Terms: Set by SCDPPPS	Obtain GED
Set by SCDPPPS	Attend Voc. Rehab, or Job Corp.
Recipient:	May serve W/E begining
,	Substance Abuse Counseling
*Fine: \$	Random Drug/Alcohol testing
§ 14-1-206 (Assessments 107.5 %) \$	Fine may be pd. in equal, consecutive weekly/monthly
§ 14-1-211(A)(1) (Conv. Surcharge) \$100 \$ 100 \$ 14-1-211(A)(2) (DUI Surcharge) \$100 \$	pmts. of \$ STATE REPORTED CAROLINA COUNTY OF BARNWELL
§ 56-5-2995 (DUI Assessment) \$12 \$	I, Rhondar Di ditte Wetalici De Spudor Fatt Barnvell Codoty,
§ 56-1-286 (DUI Breath Test) \$25 \$	Other: Ot
Proviso 47.9 (Public Def/Prob) \$500 \$	documents which have been filed in my office.
§ 14-1-212 (Law Enforce, Funding) \$25 \$ 1.5,00	Clerk of Court, Barnwell County, SC
§ 14-1-213 (Drug Court Surcharge) \$150 \$	By: 3R Date: 9-10-12
§ 50-21-114(BUI Breath Test Fee) \$50 \$	XL2-PS13675 ± 0D
§ 56-5-2942(J) (Vehicle Assessment) \$40/ea \$	Appointed PD or appointed other counsel,
Proviso 90.5 (SCCJA Surcharge) \$5 \$ 5-00 3% to County (if paid in installments) \$ 3,90	§ 47.12 requires \$500 be paid to Clerk
	during probation.
TOTAL \$ (33.40	· /J, //, //
0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Presiding Judge
Clerk of Court Deputy Clerk haron H. Retche	Judge Code: 2-12#
Court Reporter: Cheri Haung Records for Production Fo	OIA 013% 100000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SCCA/217 (03/2011)	

' STATE OF SOUTH CAROLINA) IN THE COURT OF GENERAL SESSIONS
COUNTY OF BE	arnwe D) (
***	VS.) INDICTMENT/CASE#: 2012GS0600069
	Terrell Riley	// A/W#: <u>M565550</u>
AKA:		Date of Offense: 7/21/2011
Race: Sex: M	. Age: 1	19) S.C. Code § : 16-11-0330(A)
DOB:) CDR Code #: 0139
Address City,Sta		-) X/
DL#:		\longrightarrow SENTENCE SHEET LOVIS Ω
*CDL Yes No CMV Yes	No Hazmat Yes [<u> </u>
In disposition of the said indictment	t comes now the Defenda	apt who was X CONVICTED OF or PLEADS
TO: Armed Robbery	\longrightarrow	
in violation of § 16-11-0330(A	of the S	S.C. Code of Laws, bearing CDR Code # 0139 V
☐ NON-VIOLENT X VIO	LENT SERIOUS	MOST SERIOUS Mandatory GPS(CSC §17-25-45 w/minor 1st or Lewd Act)
The charge is: As Indicted,	esser Included Offense.	W/mmor 1st or Lewd Act) [Defendant Waives Presentment to Grand Jury. (defendant's initials)
· -	ions or Recommendation	
ATTEST:		, <u> </u>
Ringler, Susanna Marie	SC Bar#	Defendant Attorney for Defendant SC Bar#
WHEREFORE, the Defendant is co	/	State Department of Corrections, County Detention Center,
		· · · · · ·
	; provided that u	r under the Youthful Offender Act not to exceed years upon the service of days/months/years and/or payment
and/or to pay a fine of \$ of \$; plus costs and a		le*; the balance is suspended with probation for
·•		
		Probation, Parole and Pardon Services standard conditions of
probation, which are incorporated by CONCURRENT or		
The Defendant is to be given or		
by the State Department of Correction	ons. (398 d	lays credit .
The Defendant is to be placed of	on the Central Registry o	of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.
	•	rson convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal
Domestic Violence) to ship, transp		a firearm or ammunition. ECIAL CONDITIONS:
RESTITUTION: Deferred	Def. Waives Hearing	Ordered PTUP
Total: \$ plus 20	_	
Payment Terms:		Obtain GED
Set by SCDPPPS		
		May serve W/E begining
Recipient:		Substance Abuse Counseling
*Fine:		Random Drug/Alcohol testing
§ 14-1-206 (Assessments 107.5 %) § 14-1-211(A)(1) (Conv. Surcharge)	\$100 \$ 10	Fine may be pd. in equal consequence of the control
§ 14-1-211(A)(1) (Collett Surcharge)	\$100 \$ (o)	pmts. of \$ COUNTREDIBITER NWELL I, Rhonda D. McElveen, Clerk of Court for Barnwell County,
§ 56-5-2995 (DUI Assessment)	\$12	South Malfolina Roll Responsibility and the doregoing
§ 56-1-286 (DUI Breath Test)	\$25	documents which have been filed in my office.
Proviso 47.9 (Public Def/Prob)	\$500 \$	Clerk of Court, Barnwell County, SC
§ 14-1-212 (Law Enforce, Funding) § 14-1-213 (Drug Court Surcharge)	. \$25 \$ <u>2</u>	By: 8R Date: 9-6-12
§ 50-21-114(BUI Breath Test Fee)	\$50 \$	XL2-PSI3673 RED
§ 56-5-2942(J) (Vehicle Assessment)	\$40/ea \$	Appointed PD or appointed other counsel,
Proviso 90.5 (SCCJA Surcharge)		§ 47.12 requires \$500 be paid to Clerk
3% to County (if paid in installment		3.90 during probation.
TOTAL	\$ 13	3.90
		Presiding Judge
Glerk of Court/ Deputy Clerk	haran Hill	Judge Code: 21 77
	Records for Pr	roduction FOIA 0128e24690600Bate: 9-(e-12-
SCCA/217 (03/2011)	a	•

ORIGINAL ORIGINAL ORIGINAL	ORIGINAL ORIGINAL
Lawson Jordan Holland (Municipal) Jr.) Issuing Court	Bamwell, SC 29812
Signature of issuing higher (L.S.)) Judge's Telephone	141 Main Street P O Box 723
on 09/19/2011) Judge's Address	General Sessions
soon thereafter as is practicable Sworn to and subscribed before me	RETURN WARRANT TO:
Having found probable cause and the above affiant having sworn before me, yo her before me forthwith to be dealt with according to law. A copy of this Arrest V	Signature of Constitute Law Enforcement Officer
DESCRIPTION OF OFFENSE: Robbery / Armed Robbery, robbery w	The state of the s
	on 19.27.27:
on or about 7/21/2011 defendant Jama did violate the criminal laws of the State of South Carolina for organizations.	of this aggest warrant was
It appearing from the above affidav	RETURN
OF THIS STATE OR MU	Date:
ARKITU W	Signature of Judge
	(L.S.)
	dealt with according to the law.
Barnwell) Affant's Telephone	is to be arrested and brought before me to be
STATE OF SOUTH CAROLINA County/ Municipality of Affant's Address E	County/ Municipality of The accused
agliavie of Anian.	This warrant is CERTIFIED FOR SERVICE in the
Complete of Affinal	ce Sec:
	Offense Code: 0139
	Offense: Robbery / Armed Robbery, robbery while armed
the city limits of Barnwell SC. This act is a violation of the SC code	School of School
That on 07-21-2011, one Jamaal Riley did take with intent to deprive firearm, a deadly weapon. This crime taking place at Jimbo's Morris	DL Stat
the crime set forth and that probable cause is based on the fol	e:
	Address:
recovery (a sense a recovery) recovery	Jamaal Terrell Riley
DESCRIPTION OF OFFENSE Robberty / Armed Robberty robberty wh	against
in the following particulars:	THE STATE C11-07-2773
about 07/21/20	Barnwell
being duly sworm deposes and says that defendant Jamaal Top	County X Municipality of
Personally appeared before me the affiant Frank Sutton	ATE OF SO
Barnwell X municipality or) A	M-565550
	SANCOL MANIGANI

prive money from Jimbo's Morris' Mart #9 while armed with bris' Mini Mart #9 10000 Dunbarton Blvd which is located within ЭĞ e, you are empowered and directed to arrest the said defendant and bring him or est Warrant shall be delivered to the defendant at the time of its execution, or as ry while armed or allegedly armed with a deadly weapon idavit that there are reasonable grounds ode of laws as amended. Municipality of SPALITY OR ANY CONSTABLE OF THIS COUNTY: WARRANT Terrell Riley maal Terrell Riley while armed or allegedly armed with a deadly weapon AFFIDAVIT ordinance of that the defendant named above did commit following facts: Barnwell, SC 29812-P O Box 776 Post Office Box 776 Barnwell, SC 29812 Barnwell) as set forth below. violate the criminal laws of the to believe that S.C. Attorney General April 21, 2003 SCCA 518

OKIGINAL

₩'no

Magistrate ·

X Municipal

Circuit

ORIGINAL

ORIGINAL

	Signatured Constable Law Enforcement Officer
	Ill Carrel
	04.211.2011
	Copy of this arrest werram was delivered to
,	RETURN
	Date:
	Signatura of Judge
	(LS.)
	dealt with according to the law.
	s to be arrested and brought before me to be
	The accused
]
	Sode/Ordinance Sec: 16-17-0410
	Offense Code: 0049
	conspiracy defined
	Offense: Conspiracy / Criminal Conspiracy, Common Law
	ing Agency: Barnwell Police Department
	SC0060100
	lex: M Race: B Height: 5 6 Weight: 160
	hone:
	ddress:
	amaal Terrell Riley
.*	THE STATE C11-07-2773
	Barnweil.
	County/ X Municipality of
	IVI-OCOCO I
	こことできます。

DESCRIPTION OF OFFENSE Conspiracy / Criminal Conspiracy, Common Law conspiracy defined in the following particulars: State of South Carolina (or ordinance of did within this county and state on or about being duly sworn deposes and says that defendant Personally appeared before me the affant Barnwell 07/21/201 County/ Frank Sutton Jamaal Terrell Riley Municipality of Barnwell violate the criminal laws of the

₹

I further state that there is probable cause to believe that the the crime set forth and that probable cause is based on the following f

defendant named

ábove did

COMITI

robbery. This crime taking place at Jimbo's Morris' Mini Mart #9 10000 Dunbarton Blvd which is located within the city limits of That on 07-21-2011, one Jamaal Riley did with another person unlawfully plan or scheme to accomplish the crime of armed

Barnwell SC. This act being a violation of the SC code of laws as amended.

STATE OF SOUTH CAROLINA Barnwell County/ X Municipality of Signature of Affiant Affiant's Address Affiant's Telephor Bamwell, SC 29812-PO Box 776 27-24 000034

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY: violate the criminal laws of the State of South Carolina (or ordinance of County/ 7/21/2011 X Municipality of appearing from Barnwell the above affidavit that there defendant ARREST WARRANT Jamaal Terrell Riley are) as set forth below: reasonable grounds б believe Records for

DESCRIPTION OF OFFENSE: Conspiracy / Criminal Conspiracy, Common Law conspiracy defined

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as Sworn to and subscribed before me soon thereafter as is practicable 09/19/2011 (LS.) Judge's Address Post Office Box 776 Barnwell, SC 29812

RETURN WARRANT TO:

General Sessions

141 Main Street

P O Box 723

Barnwell, SC 29812

ORIGINAL

ORIGINAL

ORIGINAL ludge Code: 2330 ORIGINAL

Lawson Jordan Holland (Municipal) Jr.

Signature of Issuing Budge

Judge's Telephone

ORIGINAL

Issuing Court:

Magistrate

ORIGINAL

X Municipal

Circuit

ORIGINAL

RETURN A copy of this arrest warrant was delivered to defendant on 39 - 2 79 -	Prosecuting Officer: Frank Sutton - 0104 Offense: Kidnapping / Kidnapping Offense Code: 0095 Code/Ordinance Sec: 16-03-0910 This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of The accused is to be arrested and brought before me to be dealt with according to the law. Signature of Judge (L.S.)	STATE OF SOUTH CAROLINA County! Examination of State of South Carolina Batrinwell THE STATE THE STATE THE STATE Address: Address: Address: Phone: B. Height: 5 6 Weight: 160 DL Stale: 9C DL# Agency OR! # SC0060100 Batrinwell Police Department
the above affidence of the above affidence of the carolina for ovell for the carolina for t	Signature of Affiant STATE OF SOUTH CAROLINA County/ County/ Barnwell Affiant's Telephone ARREST WARRANT ARREST WARRANT ARREST WARRANT	Barnwell Personally appeared before me the affiant Prank Sutton Personally appeared before me the affiant being duly swom deposes and says that defendant Jamaai Terrell Riley did within this county and state on or about 07/21/2011 State of South Carolina; (or ordinance of State of South Carolina; (or ordinance of South Carol
axit that there are reasonable grounds to believe that tatal Terrell Riley cordinance of as set forth below: you are empowered and directed to arrest the said defendant and bring-him or at Warrant shall be delivered to the defendant at the time of its execution, or as Post Office Box 776 Barnwell SC 29812 Magistrate X Municipal Circuit	ecords for Production FOIA 0127-24 000035	who who who who who who who without authority of law. This crime taking the city limits of Barnwell SC. This act being

. .

ORIGINAL

ORIGINAL

ORIGINAL CINCORIGINAL

A ORIGINAL Issuing Court:

Magistrate

SOUDRIGINAL CONTROL ORIGINAL

Judge Code:

JAIL TIME REPORT FOR SCDC TRANSFER

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INMATE RECORDS OFFICE, PO BOX 21787, COLUMBIA, SC 29221-1787 OFFICE #: (803) 896-8531 FAX #: (803) 896-1217

COUNTY SUBMITTING FORM: Barnwell County Detention Contex

PURSUANT TO SC STATUTE 24-13-40 ... In every case in computing the time served by a prisoner, full credit against the sentence shall be given for time served prior to trial and sentencing ...

Name: Riley	Jamaal Terrell	Date of Birth:		
Social Re	Curity #.	Race/Sex: BM	;	44
SID#:		FBI #:		
Arrest Date	Charge	Warrant # (or) Indictment #	Release Date	Reason for Release *
8-5-2011	Armed Robbery	W#M565550v 2012 GS0600069	9-7-1a	sentenced scoc
85-2011	Criminal Conspiracy	₩# 11/565551V 2013-GSOC00070	9-7-12	Sentenced SCDC
8-5-2011	Kidnapping	₩# M56552 30#2G50600011	9-7-12	Sontenced SCDC
8-5-2011	Kidnapping	W# M565494 I#		HOLD Pending charge
8-5-2011	Contegia acy/Chimidal Congina	W#M565495 I#		HOLD Pendinky change
852011	Weapons (Poss weapon during	W#M565496 I#		HOLD Pending charge
852011	Robbery / Armed Robbery	W# M565468	·	HOLD Pending change
Approved	By: Cpl M. Bennett	Date:	9-6-	

^{*} Reason for Release (i.e., Explain if transferred to another county/city jail, or if inmate bonded). Please submit this form at the time of the inmate's transfer and admission to the SCDC, however, if unable to do so, please mail or fax to the address or number listed above.

Inmate Name: Rwad Kill	ey	SCDC#: <u>3</u>	2769 Institution: PCI	
Interviewing Employee (Print/Title):	5,4	awtel		
SIECOROS UZ SCIPROMECCIONISC				
Inmate's Reason(s) for Requesting S	MU placemen	t due to Protective (Concerns:	
Inmate(s) Involved:				
Employee(s) Involved:				
I do want to be placed in SMU-	due to protecti M∏ = due to p r	ive concerns (SP)	SP)	
Inmate Signature: Canash Ru	ley		ate: <u>1 - 17 - 18</u>	
NOTE: Your signature on this line Agency, in the exercise of its' disc	e Leinsing 21AT	U placement due t lacing you in SMU	o Protective Concerns does not pro (SP).	hibit the
Interviewing Officials Recommend	ded Action:			
Return to General Population (inc Recommended Placement in SP i Other	for further Inve	stigation		
			Date:	-
Date Forwarded to Institutional F				
and the second section of the second section is a second section of the second section of the second section of				
			mayayindings	
Disposition (Check one):	Valid	Invalid	Further Investigation	
	Valid	Invalid	Further Investigation	
Disposition (Check one):	Valid	Invalid	Further Investigation	
Disposition (Check one): Reason/Recommendation:	Valid	Invalid	Further Investigation	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson:	Valid	Invalid	Further Investigation	
Disposition (Check one): Reason/Recommendation:	Valid	Invalid	Further Investigation	-
Disposition (Check one): Reason/Recommendation: IPCC Chairperson:	Valid Classification	Invalid Date:	Further Investigation	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institutional (Valid Classification (Valid Invalid Transfer to	Invalid Date: Committee (ICC)	Further Investigation	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institutional Commendation of the Comme	Valid Classification of the control	Date: Committee (ICC) OMANICIES RES	Further Investigation All Samuel States and Sam	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institutional Commendation of the comme	Valid Classification of the control	Date: Committee (ICC) OMANICIES RES	Further Investigation All Samuel States and Sam	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institutional Commendation of the Comme	Valid Classification of the control	Date: Committee (ICC) OMANICIES RES	Further Investigation All Samuel States and Sam	
Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institutional Company of the Company of	Valid Valid Invalid Transfer to Approved	Date: Committee (ICC)	Further Investigation All Samuel States and Sam	

White: Green: Yellow: Pink: Gold:

IPCC Inmate SCC Institutional Records Central Records

SCDC Form 19-47 (Aug. 2008) Records for Production FOIA 0127-24 000041

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

nmate Name: <u> </u>	1 Kiley scDc#: 3522(A Institution: Perry
nterviewing Employee (Print/Ti	1 Riley scoc#: 3520(AInstitution: Perry tle): Unit Manager Golden
SECTIONS IS MEADINGCINY	E CONCERNS EVALUATION
nmate's Reason(s) for Requesting	ng SMU placement due to Protective Concerns:
Inmate(s) Involved:	
Employee(s) Involved:	
I do want to be placed in SN I do not want to be placed in	MU- due to protective concerns (SP) n SMU – due to protective concerns (SP)
Inmate Signature:	Date: 9-2M-17
NOTE: Your signature on this	line refusing SMU placement due to Protective Concerns does not prohibit the liscretion, from placing you in SMU (SP).
Interviewing Officials Recomm	nended Action:
other Return bac at Im Riley's reg	warden /Duty Warden/Approved Designee to remain within Ur
Date Forwarded to Institution SOCORDONALES USSEMBLIGHE Disposition (Check one):	al Protective Custody Committee (IPCC)
Date Forwarded to Institution SOCORDONALES USSEMBLIGHE Disposition (Check one):	al Protective Custody Committee (IPCC) NAIL RECORDS CONTINUE (CONTINUED IN LEGISLE) UValid Univalid University Investigation
Date Forwarded to Institution Composition (Check one): Reason/Recommendation:	al Protective Custody Committee (IPCC) NAIL RECORDS CONTINUE (CONTINUED IN LEGISLE) UValid Univalid University Investigation
Date Forwarded to Institution Size in the least of the l	al Protective Custody Committee (IPCC)
Date Forwarded to Institution Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institution	al Protective Custody Committee (IPCC)
Date Forwarded to Institution Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institution	al Protective Custody Committee (IPCC)
Date Forwarded to Institution Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institution Disposition (check one):	Date:
Date Forwarded to Institution Disposition (Check one): Reason/Recommendation: IPCC Chairperson: Date Forwarded to Institution Disposition (check one):	Date: Valid

CC:

Institutional Records Central Record Inmate IPCC

Records for Production FOIA 0127-24 000042 SCDC Form 19-47 (Aug. 2008)





9-27-17-4

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT

	Page 1 of 1			
Institution/Center: Perry Correctional	Date of Report: 09-27-17			
Reporting Official (Full Name): Unit Manager Golden	Time of Report: 1454pm			
Employee ID #: C032340	Date of Incident: 09-27-17			
Location of Incident: Q4A Classification Office	Time of Incident: 1554pm			
Inmate(s)/Resident: SCDC # Age: Sex: Race				
1. Jamal Riley 352269 M BLK	1. Unit Counselor Davis			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
On the above date and approximate time:				
threats within the adjustment unit. He also stated that he was concerned for his son's safety but that his son felt comfortable speaking to me. Im Riley stated that he didn't want to be removed from the adjustment unit and would rather be moved in attempt to keep from going to lock up. Im Riley was given the opportunity to write a statement and a 19-47 was conducted. Im Riley was moved one last time in attempt to keep from being removed from the program and due to feeling safe within the unit due to the move. It was also explained to him that after this final move he would have to be olaced in lockup. No further incident.				
Signature Title: U	M			
Evidence: See inmate statement and 19-47	•			
Disposition of Evidence:	,			
Supervisor's Comments: Informetror	STG Related - Refer to STG Committee Yes No Unknown			
Printed Name: 09-27-17	This incident is DRUG related			
Signature: Title: Um Date/Time: 1608pn	n ✓ Yes No Unknown			
Major/Responsible Authority:	Responsible Authority			
Forward to Major Classification Printed Name: 950	Action Taken Informal Resolution Administrative Resolution			
Signature: Date/Time: 9/28/1-	Refer to Disciplinary Hearing			

SCDC Form 19-29A (Rev. January 2005)

E've Boon gotting into it with avindividuals on tier Z13-Z24 Aside Q4 & about two weeks this is my second time switching tiers. I feel 3 the thout if I give it one where try on tier Z01-Z12 then I should a chay Everywhere I go I no matter what institution I'm Being followed Ra Perce tag I don't fear for my life Im Just trying to Advisor a situation and Gentry. I do not want to leave Q4 A for no Reason, I Just want to be placed a above another tree for the last time.

9-27-17

Jamol Yelen 352269 QYA

The individuals was also Rewarded for getting me out of the obem with dece I don't want to get no one in trouble for this madness that has considered took have I dust want to give it this last tay on QYA All this has to do with a price of even date on lock up individuals get paid to d dash — men bees, Im proceed they were Reward with meth, weed, An Cigo I don't want to get no c

SOUTH CLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

Inmate Name: 12 Interviewing Employee (Print/Title) SECTIONES PROTECTIVE CONCERNS TO VALUE OF A THOU Inmate's Reason(s) for Requesting SMU placement due to Protective Concerns: Inmate(s) Involved: Employee(s) Involved: Ldo want to be placed in SMU- due to protective concerns (SP) I do not want to be placed in SMU - due to protective concerns (SP) Date: NOTE: Your signature on this line refusing SMU placement due to Protective Concerns does not prohibit the Agency, in the exercise of its' discretion, from placing you in SMU (SP). Interviewing Officials Recommended Action: Return to General Population (indicate reason) Recommended Placement in SP for further Investigation Other Approvell/Disapproved: Warden /Duty Warden/ Approved Designee Date Forwarded to Institutional Protective Custody Committee (IPCC) SECULIONALES ANSTERNATIONAL BRIGHT CHEMISTERS FOR DAY COMMITTURES Further Investigation Invalid Disposition (Check one): Valid Reason/Recommendation: Date: IPCC Chairperson: Date Forwarded to Institutional Classification Committee (ICC) Valid Disposition (check one): Invalid Transfer to General Population at Approved for Placement on Statewide Protective Custody Recommendation: Date: S/

White: IPCC
Green: Inmate
Yellow: SCC
Pink: Institutional Records
Gold: Central Records

SCDC Folkers Records 1972 Manduction FOIA 0127-24 000045

State Classification Representative

DIVISION OF CLASSIFICATION AND INMATE RECORDS

RESTRICTIVE HOUSING UNIT PLACEMENT/EXTENSION

RHU EXTENSION
Inmate Name:SCDC #
Date:/
Reason for Extension:
Length of Extension: (up to 10 days only)
Requesting Official: Title.
Approved/Disapproved: Date:/
Warden/Deputy Warden
NOTICE OF DIACEMENT IN DUIL
Inmate Name: Jana Rico scot #352269 Custody: ML3
Reason for Placement in RHU: Current Escape Risk Maintain the Integrity of an Investigation
☐ Protective Concerns ☐ Inmate is a threat to the physical safety of other inmates or staff
□Inmate's presence in the population would create a threat to the safety, security and/or order the institution
S/ Lt. O. Ken y Warden, Associate Warden, Major Gaptain Date 2/4/17 Time: 7.45 AM/PM
I certify that I was given a copy of this notice within 72 hours of my placement in RHU. I also certify that this notice is clear and readable and that I will appear before the Institutional Classification Committee within seven (7) calendar days of my placement in RHU.
Inmate/Witness Signature: Date
Serving Officer/ Witness Signature: Date 2/20/17 Time: 1:18 AM/PM

SCDC 19-67 (Rev., April 2015)

White: Institutional Record

Canary: Central Record

Pink: Inmate

Records for Production FOIA 0127-24 000046



RESTRICTIVE HOUSING UNIT PLACEMENT/EXTENSION

RHU EXTENSION				
Inmate Name:		SCDC #		
Date:/				
Reason for Extension:				
Length of Extension: (up to 10	days only)			
Requesting Official:		Title:		
Approved/Disapproved:		Date:/		
	Warden/De	puty Warden		
	NOTICE OF PLA	CEMENT IN RHU		
Inmate Name: JONAL K	iley_so	DC #352269 Custody: MLS		
Reason for Placement in RHU:	□Çurrent Escape Risk □	Maintain the Integrity of an Investigation		
		Inmate is a threat to the physical safety of other inmates or staff		
	☐Inmate's presence in the the institution	population would create a threat to the safety, security and/or order		
S/ Lt. D. Keny Warden, Associate Warden, Major	aptain	Date 2 17 17 Time: 7.45 AM PM		
I certify that I was given a copy of this readable and that I will appear before in RHU.	s notice within 72 hours of e the Institutional Classifica	my placement in RHU. I also certify that this notice is clear and ation Committee within seven (7) calendar days of my placement		
Inmate/Witness Signature:	l Geley	Date <u>2/26/11</u> Time: 1: 17 (AM) PM		
Serving Officer/ Witness Signature:	H. D.	Date <u>2/26/17</u> Time: <u>/:/8</u> AM/PM		

SCDC 19-67 (Rev., April 2015)

White: Institutional Record Canary: Central Record Pink: Inmate

Records for Production FOIA 0127-24 000047

SOUTH ROLINA DEPARTMENT OF COR TIONS INCIDENT REPORT

ı	Page ' of '
Institution/Center: Ligher Correctional	Date of Report: 2-19-17
Reporting Official (Full Name): Captain Darry Ma Chee	Time of Report: Approx. 12:45 pm
Employee ID #: とらてられて	Date of Incident: 2-19-17
Location of Incident: OPEVations	Time of Incident: Apprix 11 40 AN
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1. Jamai Rilsy 352269 BM	1.
2.	2.
3.	3.
4.	4.
5.	5.
On the above date and approximate time: L captain Daviel	
FROM A UNKNOWN FRIMER STATEM That her SON I'M J	Amor Riley SCOCH 3522 Gy MM
LIFE OVE IN DANGEY IN EDISTO UNIT She Also Strates the	
Colling her about this matter, I'm Riley + 3522 69 L	JAS ESCOVERO tO OPEVATIBLOS
and was allowed to speak with his mother via phone.	La Lie as by Fore a Drike
The survey states that Several Enmoyees on Light Yes	y MAS A HIE ON HIM IWA & FILLY
incident that took place At LECT. Innecte will be place at RHU LOCKUP BED MAIIT	SEDE FORM 19-47 SIGNEDATED
With Written From Directe softwelves Attaches.	3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DAR WITHOUTH DIRECTE MANAGE	
Signature: Luin Title: C	ertaid
Evidence:	
Disposition of Evidence:	
Supervisor's Comments: IM Riley Placed ON	STG Related - Refer to STG Committee
P/C Dending Intestigation.	()Yes ()No ()Unknown
Refer to Malois Wice	
Printed Name Deloris Kin6	This incident is DRUG related
Signature: Date/Time: 2-19-17 57	() Yes () No () Unknown
Major/Responsible Authority:	Responsible Authority
	Action Taken
	1
	() Informal Resolution
Printed Name:	() Administrative Resolution
Signature: Title: Date/Time:	- [

I was gone get Shot. I Just took a Beaten the other day

For the same incluent. An now this Matter has came about again

that I'm a Root and I cent live on Compound, or I'm noot allowed

that I'm a Root from this day forth if I want to live. So I don't

on this yord from this day forth if I want to live. So I don't

on this yord from the compound Period. I got Jumped By

feel safe no where on this Compound Period. I got Jumped By

feel safe no where on the identified for this same matter that Come

serveal immates that can't be identified for this same matter that Come

serveal immates that can't be identified for this same matter that Come

serveal immates that can't be identified for this same matter that Come

serveal immates that can't be identified by mother ? Said that they was gone kill

From another institution. They katled my mother ? Said that they was gone kill

physod filly 352269

SOUTH CAROLINA DEPARTMENT OF CORRECT S Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

Inmate Name: James Riley scoc#352269 Institution: Lie ber
Interviewing Employee (Print/Title): Lt. Delans King
SECURON DE PRODUCCIONA CON CONSIEVA ETA TROS
Inmate's Reason(s) for Requesting SMU placement due to Protective Concerns: Fear for his Life DI Yard Due to an Incident that took Place at Lee CI (65) Inmate(s) Involved:
Employee(s) Involved: NONC
☐ I do want to be placed in SMU- due to protective concerns (SP) JR ☐ I do not want to be placed in SMU – due to protective concerns (SP)
Inmate Signature: Sympol Wiley Date: 2-19-17
NOTE: Your signature on this line refusing SMU placement due to Protective Concerns does not prohibit the Agency, in the exercise of its' discretion, from placing you in SMU (SP).
Interviewing Officials Recommended Action:
 □ Return to General Population (indicate reason) □ Recommended Placement in SP for further Investigation □ Other
Approved/Disapproved: Cool Party Me Chee Date: 2-19-17 Warden / Duty Warden / Approved Designee
Date Forwarded to Institutional Protective Custody Committee (IPCC)
SECTION IN PRINCIPIONAL INDUITIONAL GROUNCER SECURITARY COMPARITIES
Disposition (Check one): Valid
Reason/Recommendation Jacon Meanured & Vaild due L
Nones grang like al AT. int still fear for Tilige
IPCC Chairperson: Velley Date: 2-22-7
The state of the s
Date Forwarded to Institutional Classification Committee (ICC)
SECTION TO STATE CLASSIFICATION COMMUNICATION WAS ASSESSED.
Disposition (check one): Ualid Invalid Transfer to General Population at Approved for Placement on Statewide Protective Custody
Recommendation:
S/ Date:
CONTRACTOR AND A CONTRA

CC: Institutional Records Central Record Inmate IPCC

SOUTH ROLINA DEPARTMENT OF COR CTIONS Classification Waiver

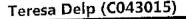
SCDC #:	Inmate Name:	Date:
352 269	Jamol Liley	1-10-17
	required 48-hour waiting perio the Classification Committee.	d between my notification and
	, ,900	
not appearing I wa	ppear before the Classification Calive any grievance rights that I mutional Classification Committee.	ay have regarding any decisions
	12	
Signature of Inmate:	Signature of	ommittee Charperson:
Samood Gales	South	My
Distribution: Institutional Record SCDC 18-39 (Revised February 2006)		

SOLI CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

Inmate Name: Jamas Riley SCDC#: 352269 Institution: Les
Interviewing Employee (Print/Title): 14, H. Johnson
CAPTURE AS A TOTAL DESCRIPTION OF THE TAX EVALUATION OF THE STATE OF T
Inmate's Reason(s) for Requesting SMU placement due to Protective Concerns: A phone call From the OUTSI de State ing that GANG members where going to End him Immate(s) Involved: And his own Statement
Employee(s) Involved: JAN 0 3 2017
I do want to be placed in SMU- due to protective concerns (SP) I do not want to be placed in SMU – due to protective concerns (SP) LEE CI AW OPERATIONS
Inmate Signature: Agand Wiley Date: Box
NOTE: Your signature on this line refusing SMU placement due to Protective Concerns does not prohibit the Agency, in the exercise of its' discretion, from placing you in SMU (SP).
Interviewing Officials Recommended Action:
Return to General Population (indicate reason) Recommended Placement in SP for further Investigation Other
Approved/Disapproved: Warden /Duty Warden/ Approved Designee Date:
Date Forwarded to Institutional Protective Custody Committee (IPCC)
73/17
Disposition (Check one): Valid Invalid Inv
Reason/Recommendation: Refer to the STG for further Investigation
397 Lloyd interviewed I/M Riley Immate Riley Stated that his lit
Ha Vali SEN TO LETURN OU
1 (1 /N /\C 3/ A
IPCC Chairperson: Date: 10 2017 / () 0 1/23/
1/10/2017 1/10/2017
IPCC Chairperson: Date: 10 2017 / () 0 1/23/
Date: 10 2017 Date: 10 2017 Date Forwarded to Institutional Classification Committee (ICC)
Date: 10 2017 Date: 10 2017 Date Forwarded to Institutional Classification Committee (ICC) Disposition (check one): Ualid Invalid Transfer to General Population at
Date: 10 2017 Date: 10 2017 Date Forwarded to Institutional Classification Committee (ICC) Disposition (check one):
Date: 10 2017 Date: 10 2017 Date Forwarded to Institutional Classification Committee (ICC) Disposition (check one):

CC: Institutional Records
Central Record
Inmate
IPCC

IFCC



From:

Keith Lloyd (C016267)

Sent:

Friday, January 13, 2017 2:38 PM

To:

Teresa Delp (C043015)

Cc:

Kenneth Sharp (SharpKe); Clarence Rogers (Rogers); Annie McCullough (C030598);

Chestinner Vanderhall (C043074); Barbara Reames (Reames)

Subject:

RE: Interview PC Inmates

SGT.LLOYD (STG) Interview the following inmates Jamal Riley B/M 352269 refused to return to general population. a validation worksheet was done on I/M Riley as being .A suspected in the gang stated that his life was in danger.I/M Calderone Bracey B/M 347965 refused to return to general population. Stated that they threaten to kill him gang members don't say what gang.

From: Teresa Delp (C043015)

Sent: Wednesday, January 11, 2017 9:45 AM

To: Keith Lloyd (C016267) <Lloyd.Keith@doc.sc.gov>

Cc: Kenneth Sharp (SharpKe) <Sharp.Kenneth@doc.sc.gov>; Clarence Rogers (Rogers) <Rogers.Clarence@doc.sc.gov>;

Annie McCullough (C030598) <McCullough.Annie@doc.sc.gov>; Chestinner Vanderhall (C043074) <Vanderhall.Chestinner@doc.sc.gov>; Barbara Reames (Reames) <Reames.Barbara@doc.sc.gov>

Subject: Interview PC Inmates

Good morning Sgt. Lloyd

Please interview the below listed inmates for Protective Concerns.

Inmate Jamal Riley scdc#352269 for stating gang members was going to kill him and mother called stating the same. school him up out of F5 for showing a

Please advise of your findings in an email back.

Thank you

Jeresa A. Delp

Gaseworker

Lee Classification

South Garolina Department of Corrections

Office #: 803-896-2571/2473

Email: Desp.teresa@doc.sc.gov

16-12-310

SOUTH AROLINA DEPARTMENT OF COR OCTIONS

INCIDENT REPORT

		Page of
Institution/Center: Loc C I		Date of Report: 12-36-16
Reporting Official (Full Name): Henry Johnson		Time of Report: 4:00 RM
Employee ID #: 02840\		Date of Incident:/2-30-16
Location of Incident: F-4 R-Wings # 2137		Time of Incident: 3:30 AM
Inmate(s)/Resident: SCDC # Age: Sex:	Race:	Employee(s)/Witnesses Involved:
1. Riley, JAMAN #357269 B	Λ	1.
2.		2.
3.		3.
4.		4.
5.		5.
On the above date and approximate time: T 14. H. Z	<u>d</u> 2250	n was informed by sof E. Lucky
that the control room of Ms. Hicks C.	alled	him in the Shift OFFICE State
that sho got An outside CAN About I/M	Riley	JAMAH # 352269 1. FOLLIAS
in dancer and they was going to kill	نسنط	when he came out the cell. I
H. Johnson wort to F-4 CC1/2/37 to ch	<u>eck o</u>	n I/m Riby JAMAAI #352769
And her stated to me It. Johnson that he	طور م	sted and needed pro-terctive
Custo he cause herdidat Fee SAFE And	3 Ang	member's wanted to kill him.
JM Riley JAMAA # 3522 69 wrote A.S.	Atmer	HASKING FOR PC. T. L. H.
Johnson informed the on call of Fical and of	<u>omav</u>	CIM Riley out OF F4 and
placed him the A-building holding cell		Walter 187 2 8 / 5/1
		JAN 0 3 2017
		LEE CI
		AW OPERATIONS
Signature: H. Shun Ashum T	itle: <u>}</u>	Att of Enthose
Evidence:		
Disposition of Evidence:		
Supervisor's Comments:		STG Related - Refer to STG Committee
		()Yes ()No ()Unknown
		()100 ()100
		4
Printed Name: My whough	-30-/5	This incident is DRUG related
Signature: Mille Date/Time: -	1450	() Yes () No () Unknown
Major/Responsible Authority:	7	Responsible Authority
		Action Taken
		Action Taken
		(),,
		() Informal Resolution
Printed Name:		() Administrative Resolution
Signature: Title: Date/Time:		() Refer to Disciplinary Hearing
Signature: Title. Date/Title.		() Refer to Disciplinary Hearing

OUTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF CLASSIFICATION AND INMATE RECORDS

RESTRICTIVE HOUSING UNIT PLACEMENT/EXTENSION

	RHU EXTENSION
Inmate Name:	SCDC #
Date:/	
Reason for Extension:	
Length of Extension: (up to 10 o	days only)
Requesting Official:	Title:
Approved/Disapproved:	Date:/ Warden/Deputy Warden
	warden/Deputy warden
	NOTICE OF PLACEMENT IN RHU
Inmate Name: Jamaal	Riley scot #: 352269 Custody:
Reason for Placement in RHU:	☐Current Escape Risk ☐ Maintain the Integrity of an Investigation
	Perfotective Concerns □Inmate is a threat to the physical safety of other inmates or staff ○ S
	□Inmate's presence in the population would create a threat to the safety, security and/or order the institution
S/ <u>Menda Mom</u> Warden, Associate Warden, Major, Ca	Date <u>[] [] [] [] [] [] [] [] [] [] [] [] [] [</u>
I certify that I was given a copy of this readable and that I will appear before in RHU.	notice within 72 hours of my placement in RHU. I also certify that this notice is clear and the Institutional Classification Committee within seven (7) calendar days of my placement
Inmate/Witness Signature:	Date / 2/30 / GTime: 10:35 (M) PM
■	•

SCDC 19-67 (Rev., April 2015)

White: Institutional Record Canary: Central Record

Pink: Inmate

Info 1612-304

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

NCIDENT REPORT		ı		
	Page	- /	of	ľ

Institution/Center: Lee Correctional Institution I	Date of Report: 12-30-2016
	Time of Report: Apox 3:00am
Employee ID #: 052964	Date of Incident: 12-30-2016
Location of Incident: Lee Cuntrol	Time of Incident apple 2:48am
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
	assigned to lee Control. I,
OFC HICKS receive a Call approximately 2:4	18am from an unknown call-
	her. The unknown caller-
Stated that she was getting messages that	someone was going to kill-
her son in the morning. I of thicks non	fified Sqt E. Kucker. End-
Ol remit	
of reporti	
	`
	,
Signature Much Hills 052964 Title: (0
Evidence:	
Disposition of Evidence:	
	STG Related - Refer to STG Committee
Supervisor's Comments: Norm Purpost	()Yes ()No ()Unknown
	() res () roo () Omenown
Printed Name: Mbl Would	This incident is DRUG related
	m () Yes () No () Unknown
Major/Responsible Authority	Responsible Authority
	Action Taken
	() Informal Resolution
	() Administrative Resolution
Printed Name:	· ·
Signature: Title: Date/Time:	, () Refer to Disciplinary Hearing

of

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT

			Page of
Institution/Center: Lec	CI		Date of Report: 12-30-16
Reporting Official (Full Name):	Edward	Lucky	Time of Report: 3116 An
Employee ID #: 032048			Date of Incident: 12-30-16
Location of Incident: らん・4	toffice		Time of Incident: 2150 Am
Inmate(s)/Resident: SCDC #	Age:	Sex: Race:	
1.			1.
2.			2.
3.			3.
4.			4.
5.		- // /:	5.
On the above date and approx		Sg + Lucky	De la Formania
Control of CHick		+ she go	to kill innate Riley,
1 /2 ~ ~ ~ ()	oncone vo	15 50:ns	
Jamaa 352267	· + 5, F	ducity in	Formed L+ H. Johnson.
		<u> </u>	
			TO THE PROPERTY OF THE PARTY OF
,			ALCEIVE!
			EW S
			JAN 0 3 2017.
			LEE CI
			AW OPERATIONS
			JAN OF LIVE TO
		····	
Signature	under 1	Title:	Sat
Evidence:			
Disposition of Evidence:			
Supervisor's Comments:	m Dinco	SE	STG Related - Refer to STG Committee
11.76.11.			() Yes () No () Unknown
Printed Name: Msl. Abu	<u>, h</u>		This incident is DRUG related
L		ate/Time: 12 -30	-/ a
MANA	Title Capt Di	ale/1 line. 7315C	Am () Yes () No () Unknown
Major/Responsible Authority:	ſ	·	Responsible Authority
,			Action Taken
			() Informal Resolution
			() Administrative Resolution
Printed Name:			
Signature:	Title: Records for Pro	ate/Time: oduction FOIA 0127-2	4 00 057 () Refer to Disciplinary Hearing

I was informed by Ome gang members that they was gone kill me when the doors open an though Some one called my Relatives about the mandress I feel is the I need to get moved to a were environment Because I don't iel Safe in many Pe

Janaol Releef 3 12-30-16 RECEIVED

JAN 0 3 2017

LEE CI AW OPERATIONS



DEC 0 1 2016

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

EE CI CLASSIFICATIO

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: LEE

WARRANT #: M-565496

CHARGE: POSSESSION OF WEAPON

DETAINER COUNT TOTAL:

THE FOLLOWING HAS BEEN REMOVED FROM YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

SERVED:

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

ISSUING STATE: SOUTH CAROLINA

ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL POLICE DEPT

REMARKS:

NP CONVICTED OF OTHER CHARGES 2/6/13

CREATED BY: MOORE, DIANNE

UPDATED BY: ROBERSON, LILA

DATE CREATED: 09/13/12

DATE UPDATED:

11/22/16

-----CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF-----------WANTEDS, HOLDS, NOTIFIES, VICTIM/WITNESS------

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: LEE

WARRANT #: M-565495

CHARGE: CRIMINAL CONSPIRACY

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN REMOVED FROM YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

SERVED:

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

ISSUING STATE: SOUTH CAROLINA

ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL POLICE DEPT

REMARKS:

NP CONVICTED OF OTHER CHARGES 2/6/13

CREATED BY: MOORE, DIANNE

UPDATED BY: ROBERSON, LILA

DATE CREATED: 09/13/12

DATE UPDATED: 11/22/16

------CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF-----______WANTEDS, HOLDS, NOTIFIES, VICTIM/WITNESS------

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: LEE

WARRANT #: M-565494

CHARGE: KIDNAPPING

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN REMOVED FROM YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

SERVED:

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

ISSUING STATE: SOUTH CAROLINA ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL POLICE DEPT

REMARKS:

NP CONVICTED OF OTHER CHARGES 2/6/13

CREATED BY: MOORE, DIANNE

UPDATED BY: ROBERSON, LILA

DATE CREATED: 09/13/12

DATE UPDATED: 11/22/16

------CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF-----------WANTEDS, HOLDS, NOTIFIES, VICTIM/WITNESS------

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269 RILEY, JAMAAL -CURRENT LOC: LEE

WARRANT #: M-565468 CHARGE: ARMED ROBBERY

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN REMOVED FROM YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12 SERVED:

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

ISSUING STATE: SOUTH CAROLINA ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL POLICE DEPT

REMARKS:

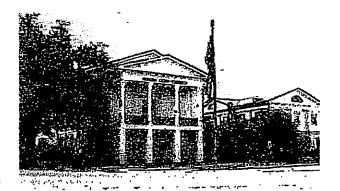
NP CONVICTED OF OTHER CHARGES 2/6/13

CREATED BY: MOORE, DIANNE

UPDATED BY: ROBERSON, LILA

DATE CREATED: 09/13/12
DATE UPDATED: 11/22/16

------CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF------WANTEDS, HOLDS, NOTIFIES, VICTIM/WITNESS--------



Rhonda D. McElveen - Clerk of Court

141 Main Street Room 101 - Courthouse
P.O. Box 723

Barnwell, SC 29812

Phone# (803) 541-1020 Fax# (803) 541-1025

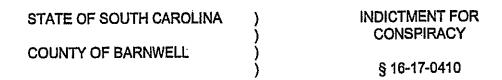
Fax					
From:	hay Ritch	ate Records		3-896-2749 22-16	
☐ Urgent	☐ For review	☐ Please comment	Please reply	☐ Please recycle	
Notes:					

2016 NOV 22 PM 1:01

oreperson of Petit Jury			Pate: January 3, 2012	Level Heles	ACTION OF GRAND JURY		ARREST WARRANT NUMBER W565495	of Frank Sutton	Barnwell Police Department	WITNESSES
J. STROM THURMOND, SOLICITOR	§ 16-17-0410	CONSPIRACY	Indictment for	CONVINCES SUSANTER	NOT PROPLY OF OTHER 2-6-20	THE STATE vs.	JANUARY TERM 2012	County of Barnwell	The State of South Carolina	DOCKET NO. 2012GS0600066

INMATE RECORDS OFFICE

2016 NOV 22 PM 1: 01



At a Court of General Sessions, convened on January 3, 2012, the Grand Jurors of Barnwell County present upon their oath:

That JAMAAL TERRELL RILEY did in Barnwell County, on or about July 22, 2011 unlawfully unite, combine, conspire, confederate, agree and have tacit understanding with each other and/or others for the purpose of committing the crime of ARMED ROBBERY, in violation of Section 16-17-410, Code of Laws of South Carolina (1976), as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

J. STROM THURMOND, SOLICITOR

KIDNAPPING

§ 16-03-0910

comicyed of other CDR #: 0095 COURT OF GENERAL SESSIONS JAMAAL TERRELL RILEY **JANUARY TERM 2012 County of Barnwell** Indictment for THE STATE 2-6-2013

4 VITNESSES

DOCKET NO. 2012GS0600065

*INMATE RECORDS OFFICE

2016 NOV 22 PM 1: 01

The State of South Carolina

§ 16-03-0910

STATE OF SOUTH CAROLINA)	INDICTMENT FOR KIDNAPPING
COUNTY OF BARNWELL	į	§ 16-03-0910

At a Court of General Sessions, convened on January 3, 2012, the Grand Jurors of Barnwell County present upon their oath:

That JAMAAL TERRELL RILEY did in Barnwell County, South Carolina on or about July 22, 2011, knowingly, willfully, and unlawfully seize, confine, inveigle, decoy, by any means whatsoever without kidnap, abduct or carry away one authority of law and without his consent, in violation of § 16-3-910 of the Code of Laws of South Carolina, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

DOCKET NO. 2012GS0600067

6 VITNESSES

2016 NOV 22 PM 1: 02

COURT OF GENERAL SESSIONS

父なられ 2-6-2013

STATE OF SOUTH CAROLINA COUNTY OF BARNWELL

INDICTMENT FOR ** POSSESSION OF WEAPON DURING A **VIOLENT CRIME**

§ 16-23-0490

At a Court of General Sessions, convened on January 3, 2012, the Grand Jurors of Barnwell County present upon their oath:

That JAMAAL TERRELL RILEY did in Barnwell County on or about July 22, 2011, possess or visibly display a firearm or visibly display a knife during the commission or attempted commission of a violent crime, to wit: ARMED ROBBERY, all in violation of Section 16-23-490, Code of Laws of South Carolina (1976), as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

Records for Production FOIA 0127-24 000069

N Enforcement Case #: C11-07-2801 2016 8/9 ITNESSES rank Sutton arnwell Police Department oreperson of Petit Jury 565468 ete: January 3, CTION OF GRAND JURY reperson of Grand Jury ARREST WARRANT NUMBER 2012 NOT Prop. Charges J. STROM THURMOND, SOLICITOR The State of South Carolina **COURT OF GENERAL SESSIONS** JAMAAL TERRELL RILEY **JANUARY TERM 2012** County of Barnwell ARMED ROBBERY § 16-11-0330(A) Indictment for THE STATE

2-6-2013

DOCKET NO. 2012GS0600064 INMATE RECORDS OFFICE

2016 NOV 22 PM 1: 02

STATE OF SOUTH CAROLINA

§ 16-11-0330(A)

At a Court of General Sessions, convened on January 3, 2012, the Grand Jurors of Barnwell County present upon their oath:

That JAMAAL TERELL RILEY did in Barnwell County on or about July 22, 2011, while armed with a deadly weapon, feloniously take from the person or presence of the person of the person or presence of the person or presence of the person of the perso

2016 NOV 22 PM 1: 09

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

STROM THURMOND, SOLICITOR

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: KIRKLAND

WARRANT #: M-565496

CHARGE: PUSSESSION OF WEAPON

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN PLACED AGAINST YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

188UING STATE: SOUTH CAROLINA

ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL FULICE DEPT

REMARKS:

CREATED BY: MOORE, DIANNE UPDATED BY: MOORE, DIANNE

DATE CREATED: 09/13/12 DATE UPDATED: 09/13/12

------CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF---------WANTEDS, HOLDS, NOTIFIES, VICTIM/WITNESS-------

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: KIRKLAND

WARRANT #: M-565495

CHARGE: CRIMINAL CONSPIRACY

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN PLACED AGAINST YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

ISSUING STATE: SOUTH CAROLINA

ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL POLICE DEPT

REMARKS:

CREATED BY: MOORE, DIANNE

UPDATED BY: MOORE, DIANNE

DATE CREATED: 09/13/12 DATE UPDATED: 09/13/12

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CAUTION/DETAINER NOTIFICATION

SCDC #: 00352269

RILEY, JAMAAL -

CURRENT LOC: KIRKLAND

WARRANT #: M-565468

CHARGE: ARRED ROBBERT

DETAINER COUNT TOTAL: 1

THE FOLLOWING HAS BEEN PLACED AGAINST YOU AS A WANTED

DATE DETAINER RECEIVED: 09/07/12

DATE DETAINER ISSUED: 08/05/11

DETAINER ISSUED BY: MAGISTRATE/JUDGE

JUDGE HOLLAND

188UING STATE: SOUTH CAROLINA

ISSUING COUNTY/CITY: BARNWELL

CONTACT: BARNWELL PULICE DEPT

REMARKS:

CREATED BY: MOURE, DIANNE

UPDATED BY: MOURE, DIANNE

DATE CREATED: 09/13/12 DATE UPDATED: 09/13/12

------CHECK DETAINER APPLICATION FOR TOTAL NUMBER OF------

RETURN WARRANT TO: General Sessions 141 Main Street P O Box 723	S. H. Wat - Constable Law Enforcement Officer	A copy of this arrest warrant was delivered to defendant Standard L. L. / C.	(L.S.) Date:	The accused is to be arrested and brought before me to be dealt with according to the law.	Code/Ordinance Sec: 16-17-0410 This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of	Offense: Conspiracy defined Offense: Conspiracy defined Offense: Conspiracy defined Offense: Code: 00049		Address:	THE STATE C11-07-2801 against	Barnwell X Municipality of	M-565495
on 08/10/2011) Judge's Address Post Office Box 776 Barnwell, SC 29812 Signature of legacy Judge's Tetephone	onspirz above	on or about 7/22/2011 defendant Jamaal Terrell Riley did violate the criminal laws of the State of South Carolina (or ordinance of County/ [X] Municipality of Barnwell () above affidavit that there are reasonable grounds to believe that there are reasonable grounds to believe that the priminal laws of the State of South Carolina (or ordinance of) as set forth below:		Barnwell X Mann's Telephone Affant's Telephone	OUTH CAR	-24 000076	ick SC w	I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:	State of South Carolina (or ordinance of County X Multicipality of Barnwell in the following particulars: DESCRIPTION OF OFFENSE Conspiracy / Criminal Conspiracy, Common Law conspiracy defined	hat defendant Jamaal Terrell Riley. sout 07/22/2011 violate the criminal laws o	

Judge Code: Lawson Jordan Holland (Municipal) Jr. (L.S.) Judge's Address Judge's Telephone Issuing Court: Post Office Box 776 Barnwell, SC 29812 Magistrate X Municipal

that

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ر. ح

Barnwell, SC 29812

ORIGINAL ORIGINAL OR	General Sessions 141 Main Street P O Box 723 Barnwell, SC 29812	Signalure of Gothstabhal Law Enforcement Officer TETURN WARRANT TO:	sefendant The file area warrant was delivered to befendant The file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be fendant for the file area warrant was delivered to be for the file area warrant was delivered to be for the file area warrant was delivered to be for the file area warrant warrant was delivered to be for the file area warrant warra		Affense Code: 0093 ode/Ordinance Sec: 16-03-0910 fits warrant is CERTIFIED FOR SERVICE in the County/ Murrichality of The accused to be arrested and brought before me to be east with according to the law.	Race: jency: napping		STATE OF SOUTH CAROLINA County/ Barnwell THE STATE C11-07-2801	M-565494
ORIGINAL ORIGINAL	on 08/10/2011) Judge's Address Post Office Box 776 Signature of IsringJudge Lawson Jordan Holland (Municipal) Jr. Judge's Telephone Lawson Jordan (Municipal) Jr. Judge's Telephone Judge Code: 2330) Issuing Court: Magistrate	Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable Swom to and subscribed before me	on or about 7/22/2011 defendent Jamaal Terrell Riley did violate the criminal laws of the State of South Carolina (or ordinance of Barnwell DESCRIPTION OF OFFENSE: Kidnapping / Kidnapping	ARREST WARRANT TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY: It appearing from the above affidavit that there are reasonable ground.		That on 07-22-11; one Jamaal Riley did unlawfully seize and contro vithout authority of law. This crime takin place at Morris' Quick and Easy 10077 Marlboro Ave: which is located within the city limits of Barnwell SC. This act being a violation of the SC code of laws as amended.	DESCRIPTION OF OFFENSE Kidnapping / Kidnapping I further state that there is probable cause to believe that the defendant the crime set forth and that probable cause is based on the following facts:	Personally appeared before me the affiant Frank Sutton Personally appeared before me the affiant Frank Sutton being dufy sworn deposes and says that defendant Jamaal Terrell Riley did within this county and state on or about 07/22/2011 State of South Carolina (or ordinance of County/ X Municipality of in the following particulars:	County/ X Municipality of) AFFIDAVIT
ORIGINAL	0x 776 29812 E X Municipal Circuit	and directed to arrest the said defendant and bring him or livered to the defendant at the time of its execution, or as) as set forth below:	ls to believe	SC 29812-	vithout authority of taw. This crime taking ity limits of Barnwell SC. This act being a 000077	nt named above did commit.	who violate the criminal laws of the Barnwell	UKIGINAL S.C. Attorney General April 21, 2003 SOCA 518

A copy of this arrest warrant was delivered to defendent than a least warrant was delivered to defendent than a least to defend the least to defen	is to be arrested and brought before me to be dealt with according to the law. (L.S.) Date:	Prosecuting Agency: Barnwell Force Department Prosecuting Officer: Frank Sutton - 0104 Offense: Robbery / Armed Robbery, robbery while armed or allegedly armed with a deadly wcapon Offense Code: 0139 Code/Ordinance Sec: 16-11-0330(A) This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of The accused	ile	County/ Barnwell THE STATE C11:07-2801 against	M-565468
on or about 7/22/2011 did violate the criminal laws of the State of South Carolina (or ordinance of) as set forth below: County/ X Municipality of Barnwell DESCRIPTION OF OFFENSE: Robberty / Armed Robberty, robberty while armed or allegedly armed with a deadly weapon her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant and bring him or before me iorthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant and bring him or a soon thereafter as is practicable shorn me on 08/04/2011 Suprature of Issung Indige Lawson Jordan Holland (Municipal) Jr. Judge's Address Post Office Box 776 Barnwell Sc 29812 Suprature of Issung Indige Lawson Jordan Holland (Municipal) Jr. Judge's Telephone Lawson Jordan Holland (Municipal) Jr. Barnwell, SC 29812 Suprature of Issung Indige Circuit ORIGINAL ORIGINA	NSTABL are	Signature of Affiant STATE OF SOUTH CAROLINA County: County: Signature of Affiant Affiant's Address P O Box 776 Barnwell: SC 29812-	S ⊒ B ⊒ G ·	being duly sworn deposes and says that defendant Jamaal Terrell Riley did within this county and state on or about 07/22/2011 State of South Carolina (or ordinance of County) [X] Municipality of Barnwell in the following particulars: DESCRIPTION OF OFFENSE Robbery / Armed Robbery, robbery while armed or allegedly armed with a deadly weapon	County/ X Municipality of) Barnwell Proposity appeared before me the affiant Frank Sutton
as set forth below: ly armed with a deadly weapon eded to arrest the said defendant and bring him or to the defendant at the time of its execution, or as to the defendant at the time of the execution, or as to the defendant at the time of the execution, or as to the defendant at the time of the execution, or as to the defendant at the time of the execution, or as to the defendant at the time of the execution, or as to the execution of the exec	FOF THIS COUNTY: reasonable grounds to believe Rhat	tion FOIA 0127-24 000078	above did commit k and Easy while armed with Ave. which is located within the	violate the criminal laws of the	who

Records for Production FOIA 0127-24 000078

gra Permis



		In term	/
ro: NAME:	TITLE:	DATE:	/ 1242
LASSIFICATION		07/02/0	HUSU
NMATE'S NAME:	Riley Janual	07/02/0 SCDC #: 3522	49
NSTITUTION:		LIVING QUARTE	RS/
CI		697	Port
vill be September 01, 2020. CAN NOT BE CHANGED Keep in mind, if the county DETAINER F NO DETAINER IS CIRC TRAVELING BY BUS (W.	RELEASE TYPE: COMMU Complete the listed information below a If a bus ticket is needed, you will be re AFTER THE 20TH OF THE MONTH). is picking you up for a DETAINER, you CLED, SELECT ONE OF THE FOLLOWHERE TO) WILL BE LIVING WITH: First Name	and place it in the mail TODAY. leased September 02, 2020. (MC will NOT recieve a BUS TICK NO WING: FAN	
	/ITH PERSON: (mother, father, etc.)	father	
Stro Cit TELEPHO: Ho			
RETURN COMPLETED I	FORM TODAY TO CLASSIFICATION	IN THE BLUE MAILBOX.	
DISPOSITION BY S'	TAFF MEMBER:		
	. · · · · · · · · · · · · · · · · · · ·		
			· .
DATE:	SIGNATURE: Records for Production FOIA	0127-24 000079	

Institution: BCT

#1)	Inmate Name: Hotchins Pour scot #: 342433	Bed Assign: 638 Custody: HT
	Does the inmate have convictions for Assault on other inmates or Staff?	YES NO
	Has the inmate indicated yes on either of the PREA, questions?	
	Does the inmate have any bottom bunk/lower tier requirement?	
#2)	Inmate Name: PIEY Jamas SCDC #: 35226	Bed Assign: GBB Custody: MZ
	Does the inmate have convictions for Assault on other inmates or Staff?	YES NO
	Has the inmate indicated yes on either of the PREA questions?	
	Does the inmate have any bottom bunk/lower tier requirement?	YES NO
#3)	Inmate Name:SCDC #:	Bed Assign: Custody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES NO
	Has the inmate indicated yes on either of the PREA questions?	YES NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES NO
CO	MMENTS:	
Cor	nmittee Members:	
Cor	nmittee Chairperson	ite: 11/R/19
	Approved Disapproved	

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000080

Pink: Inmate #3 Institutional Record

Institution:

#1)	Inmate Name: Craig Hartavascoc #: 375713	Bed Assign:	<u> 2602</u> Cust	tody: <u>ME2</u>
	Does the inmate have convictions for Assault on other inmates or Staff?		YES	NO
mail section	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?			
#2)	Inmate Name: PILEY, James SCDC #: 35006	Bed Assign:	202 Cus	tody: LEZ
	Does the inmate have convictions for Assault on other inmates or Staff?		YES _	ŅΟ
	Has the inmate indicated yes on either of the PREA questions?			
	Does the inmate have any bottom bunk/lower tier requirement?		YES _	No
#3)	Inmate Name:SCDC #:	_Bed Assign: _	Cus	stody:
	Does the inmate have convictions for Assault on other inmates or Staff?		_YES	No
	Has the inmate indicated yes on either of the PREA questions?		_YES _	NO
	Does the inmate have any bottom bunk/lower tier requirement?		_YES _	NO
COI	AMENTS:			. See .
	nmittee Members: Da	te: <u>6/5</u>	15	
	Approved Disapproved			

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000081

Pink: Inmate #3 Institutional Record



Institution: PCI

#1)	Inmate Name: Bilfy James SCDC #: 350009	_ Bed Assign:	36 Custody:	1E2
	Does the inmate have convictions for Assault on other inmates or Staff?		ES	NO
	Has the inmate indicated yes on either of the PREA questions?			
	Does the inmate have any bottom bunk/lower tier requirement?	Y	ES	NO
#2)	Inmate Name: STEELS, MCHFL SCDC #: 354959	_ Bed Assign:	36 Custody:	- 1IQ
,	Does the inmate have convictions for Assault on other inmates or Staff?			NO
	Has the inmate indicated yes on either of the PREA questions?			
	Does the inmate have any bottom bunk/lower tier requirement?			
#3)	Inmate Name:SCDC #:	Bed Assign:	Custody:	
	Does the inmate have convictions for Assault on other inmates or Staff?	Y	TES	NO
	Has the inmate indicated yes on either of the PREA questions?	7	res	NO
	Does the inmate have any bottom bunk/lower tier requirement?		/ES	NO
CO	MMENTS:			
Cor	mittee Members: Stacy Hamith			
Cor	minitiee Chair person.	ate: 11/00/1	8	
· •	Approved Disapproved			

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record

Pink: Inmate #3 Institutional Record

۷. ۰. ۲

DISCIPLINARY REPORT AND HEARING RECORD

Living Area: EA0042A Job: WARD KEPPER WARD #2 Custody: ME2 Offense Date: 412/12/D2D_Offense Time: 01:40	Case#. 20-00035 I	mate Name: RILEY, JAMAAL	SCDC	#: 352269
Offerse Date: 4/21/2020 Offerse Time: 61:40 AM [PM Institution: Ridgeand Correctional Institution 898 The Possession of Any Communication Device: The possession, receipt, use, concealment, storage, purchase, sal or facilitation of cellular phones or other communications equipment and/or any components thereof. This includes, but is not limited to, MP3 players, I-pods, e-readers or any like devices. Charging Officer/Employee: R. OUTING			Job: WARD KEEPER WARD #2	Custody: ME2
Offense Description: 898 The Possession of Any Communication Device: The possession, receipt, use, concealment, storage, purchase, sal or facilitation of cellular phones or other communications equipment and/or any components thereof. This includes, but is not limited to, MP3 players, I-pods, e-readers or any like devices. Charging Officer/Employse: R. OUTING THIS NOTICE. TO UNITED AT THE KIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT. OI GIVE UP MY RIGHT TO 48-LOW NOTICE AND AUTHORIZE THE HEARING OFFICER 48-HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. TO UNITED THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT. OI GIVE UP MY RIGHT TO 48-LOW NOTICE AND AUTHORIZE THE HEARING OFFICER 48-HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. TO UNITED THE HEARING OFFICER 48-HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. TO UNITED THE HEARING OFFICER AS HOURS OR STATEMENT. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OI HOW AND THE ACCUSED PRESENT AT MY HEARING. OFFICIAL AS A STATEMENT OF THE EVEN OFFICE PROVED OF THE PROPERTY OF THE				
898 The Possession of Any Communication Device: The possession, receipt, use, concealment, storage, purchase, sal or facilitation of cellular phones or other communications equipment and/or any components thereof. This includes, but is not limited to, MP3 players, I-pods, e-readers or any like devices. Charging Officer(Employee: R. OUTING Charging Officer(Employee: R. OUTING PNAME NOTICE AND AUTING THE REARING OFFICER 48 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WAITEN STATEMENT AND MAKE A VERBAL STATEMENT. DI GIVE UP MY RIGHT TO 48-HOUR NOTICE AND AUTINGIZE THE HEARING OFFICER 48 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WAITEN STATEMENT AND MAKE A VERBAL STATEMENT. DI GIVE UP MY RIGHT TO 48-HOUR NOTICE AND AUTINGIZE THE HEARING OFFICER 48 HOURS GREGATION ONLY I DO NOT WANT TO BE PRESENT AT MY HEARING I DO WANT MY ACCUSER PRISENT AT MY HEARING I DO WANT MY ACCUSER PRISENT AT MY HEARING I DO WANT MY ACCUSER PRISENT AT MY HEARING I DO WANT MY ACCUSER PRISENT AT MY HEARING I DO NOT WANT TO BE PRESENT AT MY HEARING I DO NOT WANT TO BE PRESENT AT MY HEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO COUNSELS SUBSTITUTE I DO NOT WANT TO COUNSELS SUBSTITUTE BEARING THE REALING (6) IF ACCUSED WAS EXCLUDED BEACK. I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO BE PRESENT AT WHEARING I DO NOT WANT TO		020		
INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 49 HOURS OR MODE AFTER YOUR RECEIPT OF THIS MOTTCE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT. DI GIVE UP WY RIGHT TO 44 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING ID HOW WANT TO BE PRESENT AT MY HEARING RHUGHT SERREATION ONLY DI LOD WANT MY ACCUSER PRESENT AT MY HEARING RHUGHT SECRECATION ONLY DI LOD WANT MY ACCUSER PRESENT AT MY HEARING IN WANT TO BE PRESENT AT MY HEARING ID LONGT WANT A COUNSEL SUBSTITUTE DIE & TIME NOTIFIED: DIE & TIME NOTIFIED: AND WANT MY ACCUSER PRESENT AT MY HEARING ID LONGT WANT A COUNSEL SUBSTITUTE DIE & TIME NOTIFIED: DIE & TIME NOTIFIED: DIE ASSIGNATION DIE ASSIGNATION OF THE PUTDENCE STAGE IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE PUTDENCE STAGE IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING (6) IF HOME AT WAS NOT PRESENT DURING PART OF THE HEARING, (2) IF ACCUSED WAS EXCLUDED FROM THE PLANT OF THE PUTDENCE STAGE IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING (7) IF HEARING WAS DELAYED. OFFENSE CODES REMAILE PLEAG (G.NG. NOS.) (NGM) (GMI) LOSS OF PRIVILEGES (Days) FINDINGS (G. NG. DS.) (NGM) (GMI) LOSS OF PRIVILEGES (Days) FROM THE HEARING, (6) IF INMATE WAS DELAYED. SANCTIONS: LOSS OF PRIVILEGES (Days) FROM THE HEARING, (6) IF INMATE WAS DELAYED. SECURITION OF GUILT. (A) APPLIESSION OF GUILT. (A) APPLIESSION OF GUILT. (A) APPLIESSION OF GUILT. (B) APPLIESSION OF GUILT. (C) APPLIESSION OF G	898 The Possession of Gazilitation of G	ellular phones or other comm	nunications equipment and/or any co	concealment, storage, purchase, sale omponents thereof. This includes,
DI GIVE UP MY RIGHT TO 48-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING DIDO NOT WANT TO BE PRESENT AT MY HEARING RHUGHH SEGREGATION ONLY DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT A COUNSEL SUBSTITUTE DID NOT WANT A COUNSEL SUBSTIT	TABLE A STORY A CONTROL OF A T	TON, MOTHURY ADDEAD DEED	RE A HEARING OFFICER 48 HOURS OR A WRITTEN STATEMENT AND MAKE	MORE AFTER YOUR RECEIPT OF
DID NOT WANT TO BE PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT MY ACCUSER PRESENT AT MY HEARING DID NOT WANT A COURSEL SUBSTITUTE Date: JUNEAU				
Hearing Date: \$ / / / Dob. Hearing Time: // / (an)pm Medela DD: Assigned Counsel Substitute: EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED PROM ANY PART OF THE EVIDENCE STAGE: IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED PROM THE HEARING; (6) IF IMMATE WAS DENED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING OR (7) IF HEARING WAS DELAYED. OFFENSE CODES INMATE PLEA (G, NG, NG, DS) (NGMI) (GMI) IF GUILLY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILL: (A) ADMISSION OF GUILL: (B) OFFICER: SREPORTI (C) WITNESS FESTIMONY; (D) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (B) OFFICER: SREPORTI (C) WITNESS FESTIMONY; (D) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (A) ADMISSION OF GUILL: (B) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (B) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (B) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (B) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILL: (C) OTHER EXPLAIN IN DETAIL:	☐ 1 DO NOT WANT TO ☐ 1 DO WANT MY AC ☐ 1 DO NOT WANT M Date & Time Notified:) BE PRESENT AT MY HEARING CUSER PRESENT AT MY HEARING	RHU/GPH G □ I WANT. RRING □ I DO NO AN/PM By (Print): Sey LU	segregation only a counsel substitute t want a counsel substitute Coulta Washweton
Hearing Date: \$ 14 200 Hearing Time: A Company Meddle DD: Assigned Counsel Substitute: EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE: IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; (6) IF IMMATE WAS DENED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING OR (7) IF HEARING WAS DELAYED. OFFENSE CODES INMATE PLEA (G, NG, NG, DS) (NGMI) (GMI) IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND FRASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT: (B) OFFICER'S REPORT (C) WITNESS FESTIMONY; (D) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILT: (B) OFFICER'S REPORT (C) WITNESS FESTIMONY; (D) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILT: (A) ADMISSION OF GUILT: (A) ADMISSION OF GUILT: (B) OFFICER'S REPORT (C) WITNESS FESTIMONY; (D) OTHER EXPLAIN IN DETAIL: (A) ADMISSION OF GUILT: (A) ADMISSION O	HEARING INFORMA	TION STOLMAR SALE		
EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE RUTDENCE STAGE. IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING OR (7) IF HEARING WAS DELAYED. OFFENSE CODES INMATE PLACE (G, NG, None) FINDINGS (G, NG, DS) (NGMI) (GMI) IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADJUSTION OF GUILT: (B) DEFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAININ DETAIL: (A) ADJUSTION OF GUILT: (B) DEFICIENCE OF THE HEARING; (E) IF ACCUSED WAS EXCLUDED. SANCTIONS: Loss of Privileges (Days) Property (Days): Property (Days): Canteen (Days): Disciplinary Detention (Days): Phone (Days): Phone (Days): ADJUSTICAL OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED. ADJUSTICAL OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED. TO THE HEARING; (3) IF ACCUSED WAS EXCLUDED. TO THE HEARING; (4) IF ACCUSED WAS EXCLUDED. PROPERTY OF THE HEARING; (6) IF INMATE PLACED IN PHD: DATE INMATE PLACED IN PHD: INMATE SIGNATURE FOR RECEIPT OF EINHA REPORT: DATE INMATE PLACED IN PHD: INMATE SIGNATURE FOR RECEIPT OF EINHA REPORT: DATE:	-		34 ampm Medela	
EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE RUTDENCE STAGE. IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING OR (7) IF HEARING WAS DELAYED. OFFENSE CODES INMATE PLACE (G, NG, None) FINDINGS (G, NG, DS) (NGMI) (GMI) IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADJUSTION OF GUILT: (B) DEFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAININ DETAIL: (A) ADJUSTION OF GUILT: (B) DEFICIENCE OF THE HEARING; (E) IF ACCUSED WAS EXCLUDED. SANCTIONS: Loss of Privileges (Days) Property (Days): Property (Days): Canteen (Days): Disciplinary Detention (Days): Phone (Days): Phone (Days): ADJUSTICAL OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED. ADJUSTICAL OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED. TO THE HEARING; (3) IF ACCUSED WAS EXCLUDED. TO THE HEARING; (4) IF ACCUSED WAS EXCLUDED. PROPERTY OF THE HEARING; (6) IF INMATE PLACED IN PHD: DATE INMATE PLACED IN PHD: INMATE SIGNATURE FOR RECEIPT OF EINHA REPORT: DATE INMATE PLACED IN PHD: INMATE SIGNATURE FOR RECEIPT OF EINHA REPORT: DATE:	55 4 1 10 m ml			
OFFENSE CODES INMATE PLEA (G, NG, None) FINDINGS (G, NG, DS) (NGMI) (GMI) IE GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (C) WITNESS IESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: (A) ADMISSION OF GUIL SANCTIONS: Loss of Privileges (Days) Property (Days): Canteen (Days): Disciplinary Detention (Days): Phone (Days): SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: CREDITFOR PHD TIME SERVED? VES NO IF YES, DAYS: DATE INMATE PLACED IN PHD: DATE INMATE RELEASED FROM PHD INMATE SIGNATURE FOR RECEIPT OF EINAL REPORT: CANADA SANCTIONS Reprimand: Loss of Good Time (Days): Restitution: S Restitution: S Cell Restriction (Days): Other: (Days): DATE INMATE RELEASED FROM PHD INMATE SIGNATURE FOR RECEIPT OF EINAL REPORT: CANADA SANCTIONS DATE: DATE	EXCLUDED FROM AN' FROM THE HEARING:	(PART OF THE EVIDENCE STAGE; (6) IF INMATE WAS DENIED CONF	TE AND COMPTNICSES (ALTICIC LIMENTAL	I IUN. OR (3) EVIDENCE WAS EACHODED
OFFENSE CODES INMATE PLEA (G, NG, None) FINDINGS (G, NG, DS) (NGMI) (GMI) IE GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (C) WITNESS IESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (C) WITNESS IESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (C) WITNESS IESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (A) ADMISSION OF GUIL (C) OFFICER'S REPORT; (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (A) ADMISSION OF GUIL (C) OFFICER'S REPORT; (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (A) ADMISSION OF GUIL (B) OFFICER'S REPORT; (A) ADMISSION OF GUIL (C) OFFICER'S REPORT; (A) ADMISSION OF GUIL				
FINDINGS (G, NG, DS) (NGMI) (GMI) IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAININ DETAIL. SANCTIONS: Loss of Privileges (Days) Property (Days): Canteen (Days): Canteen (Days): Disciplinary Detention (Days): SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: CREDIT FOR PHD TIME SERVED? VES NO IF YES, DAYS: DATE INMATE PLACED IN PHD: DATE INMATE RELEASED FROM PHD INMATE SIGNATURE FOR RECEIPT OF EINAL REPORT: CANADA SANCTIONS Reprimand: Loss of Good Time (Days): Loss of Good Time (Days): Cell Restriction (Days): Other: (Days): DATE INMATE RELEASED FROM PHD INMATE SIGNATURE FOR RECEIPT OF EINAL REPORT: CANADA SANCTIONAL	OF	FENSE CODES	898	
E GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT: (B) DEFICER'S REPORT: (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: (C) FIRM COLOR OF GUILT: (B) DEFICIENT OF GUILT: (A) ADMISSION OF GUILT: (B) DEFICIENT OF GUILT: (A) ADMISSION OF GUILT: (B) DEFICIENT OF GUILT: (C) ADMISSION OF GUILT: (B) DEFICIENT OF GUILT: (C) ADMISSION OF G			47	
(B)DFFICER'S REPORT (C) WITNESS TESTIMONY; (D) OTHER EXPLAIN IN DETAIL: CLIPTONS: SANCTIONS: Loss of Privileges (Days) Property (Days): Canteen (Days): Disciplinary Detention (Days): SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: CREDITFOR PHD TIME SERVED? VES NO IF YES, DAYS: DATE INMATE PLACED IN PHD: INMATE SIGNATURE FOR RECEIPT OF EINAL REPORT: TABLE 1977 And The Server of The County of T	पन	NDINGS (G, NG, DS) (NGMI)	(GMI) (Z.	
SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: DATE INMATE PLACED IN PIDE SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: DATE INMATE PLACED IN PIDE SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: DATE INMATE PLACED IN PIDE SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: DATE INMATE PLACED IN PIDE SPECIFIC FACTUAL REASON PUNISHMENT IMPOSED: SPECIFIC FAC	SANCTIONS: Loss of Privileges (D Property (Days): Canteen (Days):	ALE CUI DENTE, ALE CUI DENTE, ALE CUI DENTE, Augs) Augs) Augs) Augs) Augs) Augs)	Reprimand: Extra Duty (Hours): Visit Suspension (Days)	Loss of Good Time (Days): Restitution: \$ ** Cell Restriction (Days):
CREDITFOR PHD TIME SERVED? YES NO IF YES, DAYS: DATE INMATE PLACED IN PHD: DATE INMATE RELEASED FROM PHD INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: OF THE STATE OF TH			120 day	S Other: (Days):
DATE INMATE PLACED IN PHID: DATE INMATE RELEASED FROM PHID DATE: DATE:	SPECIFIC FACTURE	LREASON(S) FOR PARTICUL		un if the office.
	DATE INMATE PL INMATE SIGNATU	ACED IN PHD: RE FOR RECEIPT OF FINAL REF	DATE INMATE RELEA!	SED FROM PHD DATE: 5/1/2022
APPROVED/DD MODIFICATION ONLY WARDEN WARDEN CONTACT YOUR CLASSIFICATION CKSEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM. White – Institutional Record Canary – Inmete (Service of Disciplinary Report) Golden Rad – Inmete (Service of Disciplinary Hearing Disposition) Pink – Central Record	APPROVED/DD MC	DIFICATION ONLY	WARDEN OR COUNSEL SUBSTITUTE IF YOU DO	

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS (NOTDENT DEPORT)

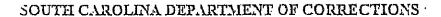
	<u></u>	TIAC	JUENIE	CET OW I	_ 4 ^
020-04-14	3				Page 1 of
Institution/Center: Rid	geland Corre				Date of Report: 04/22/2020
Reporting Official (Fu	ll Name): Out	ing, Resho	onda	<u></u>	Time of Report: Approx. 11:50am
Employee ID #: N/A					Date of Incident: 04/21/2020
Location of Incident:		2			Time of Incident: Approx. 1:40pm
Inmate(s)/Resident:	SCDC#	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:
1. Riley, Jamaal	352269		Male	Black	1. Sgt James Williams
2. Dennis, Adarius	336620		Male	Black	2. Sgt Earl Scott
3. N/A					3. Ofc Albert Mitchel
4. N/A		<u></u>			4. N/A
5. N/A					5.N/A
On the above date a	ad approxima	te time:			ott and Ofc A. Mitche conducted a
sink/toilet. I/M Riley (898).	claimed owr	ership; the	eretore I,	Sgt Outin	g recommend that he be charged with
) 1h m // \	AXXXX		Title: Sg	ot .
Signature:	<u>ILUNOKOS. JA</u>	(94 /		11110 3	
Evidence: SCDC/19					
Disposition of Evide	nce: Attached				
Supervisor's Comments:					STG Related - Refer to STG Committee
Forusard	to higher	Qust	bonty fo	22.	Yes No Unknown
Printed Name: Printed Name:	N /	hem			This incident is DRUG related
Signature:		le: fr. st.	Date/Time	io 12:30p	Yes ✓ No Unknown
Major/Responsible Auth	cority: Char	ge in N	1/10	Piley	Responsible Authority
with a 8	198 inci	dont	report		Action Taken
Validated ST	G				Informal Resolution
Distable 1	ad 12-11000				Administrative Resolution
Printed Name: At h	ay Bailey	le: AWA	Date/Tim	ie: 7:30 A	Refer to Disciplinary Hearing
E/10/20/2000 / 10(1)	7	/ J VV I.I		1. IUP	1 - MONOT OF TOWNS

SCDC Form 19-29A (Rev. January 2005)

4-22-20

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Classification Waiver

SCDC #:		Inmate Nam	~·	D 1	
0/0/		initiate Nam	e. 	Date:	6/2/
3536	69	15, 1EY	Aprol		125/19
X	I wish to waive my appearance Reasons:	the required 48-h dee at the Classificati	our waiting period on Committee.	d betwee	n my notification and
•	A	NNUAL REVIEW			
- 123	made by the li Reasons:	nstitutional Classific	K:M TUSTING TRIST I MAS	ommittee. ay have n	I understand that by egarding any decisions
Signature of Distribution; Institution	Inmate:	ANNUAL REVIEW	Signature of Co	mmittee	Æhairperson:
SCDC 18-39 (Revised			-		



ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST

I, DILEY, Democ , SCDC # 500000000000000000000000000000000000	ria
Is inmate eligible for hardship transfer?	
If not, why? DISCIPLINARY INFRACTION	
☐ I do ☐ I do not want to request a hardship transfer.	
Geographical area	
Janopal - Miller Date 9/25/19	
Inmate Stanature 9/25/16	
Date	

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS $\mathbf{RECORD} \ \mathbf{CHECKLIST}$

352269 Inamate Name:	Tamas	Institution: Ridgeland Correctional Institution
352269 Inmate Name:	Ocerrial	
		CONCERNIAL VIDA
ITEMS TO BE CHECKED	YES NO	ACTION TAKEN
1. Up-to-date face sheet to include any new		,
` sentences.	\mathcal{V}	
2. Commitment Order Same as CRT Entry		
Name matches CRT	\sim	
Indictment Number		
Warrant Number	V	
Date Sentenced		
Judge's Name		
• Statute		
• CDR Code	V	
GPS Indicator	V	
Character Code	~	
Offense Code	V	
-		
Offense Date		
• Plea		
• Counts		
Offense County		
Type Sentence		
Total Sentence	/	
Incarcerated Sentence		
 Probation Sentence 		
SCDC Juris Date		
 Mandatory Sentence requirement 		
HIP Sentence		
Hayes Credit		
 Jail Time Credit 	1	
Restitution Requirement		·
Consecutive Indicator		
Spousal Abuse	V	
Sentence Start Date	V	Dot cay Dalated
Sex Registry		Not sex Related
No Parole Indicator		
Audit entered in RECAUD		
TAGGE CANCEL		
3. NCIC report in record.		
4. Remarks		
	•	
		1 M1 1 Capta
I have thoroughly reviewed this record and er	nsured that its contents are	accurate, complete, and filed appropriately.
I have thoroughly fortoned and forth		//
	(/ /.	* on
Date: 8/8/19 Caseworke	r/Supervisor:	(IN-
Date. O/O/10		
	$\overline{}$	

White Copy: Warden's Jacket

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

1. SCDC #: 2. Inmate's Name: 379037 Jannes Rilly 4. Transferred From: Area: Title: UMCISSIGNED Code:	3. Institution: Ridgeland 5. Transferred To: Area: Charleston Unit Title: Ward Keeper Code: 03355 [A Fyll-Time
☐ Full-Time ☐ Part-Time Hours Per Day Days Per Week Date Effective 6. Reason for Transfer/Termination (a reason must be indicated)	Date Effective ————————————————————————————————————
6. Reason for transfer/ termination (a reason must be indicated)	
7. Comments:	
8. Bonus Educational Credit:	
ADD DELETE Date Effect	12-14 Hrs/Wk
□4-7 Hrs/Wk □8-11 Hrs/Wk □	9. Losing Supervisor:
Return This Form To Classification.	Date: 10. Gaining Supervisor: Whe Manuel Date: 4-12-19 (11) Classification Caseworker: Date: 4-12-19 Alleren Date: 4-16-19
13. CRT Entries: EWC X EEC 6	Assignment Location:

DISTRIBUTION:

White: Institutional Record Yellow: Losing Supervisor Pink: Gaining Supervisor Gold: Inmate Pay Designee

SOUTH AROLINA DEPARTMENT OF CORAL TIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

GB62B

1. SCDC #: 2. Inmate's Name: 352249 Jamas F	3. Institution: RCI						
	5. Transferred To:						
4. Transferred From:	Area:						
Area: Title:	Title:						
Code:	Code: Part-Time Part-Time						
□ Full-Time □ Part-Time Hours Per Day Days Per Week	Hours Per Day Days Per Week						
Date Effective	Date Effective						
6. Reason for Transfer/Termination (a reason must be indicated	ed):						
Poor Attendance							
7. Comments:							
8. Bonus Educational Credit:							
1 '	tive						
□4-7 Hrs/Wk □8-11 Hrs/Wk □	12-14 Hrs/Wk 🗆 15 or MORE Hrs/Wk						
(9. Losing Supervisor: Salle R John Date; 417-19 10. Gaining Supervisor:						
Return This Form To	Date:						
Classification.	11. Classification Caseworker: 4/30//5						
	12. CRT Entry by: Atturn Date: 430/19						
13. CRT Entries: EWC EEC	Assignment Location:						

DISTRIBUTION:

White: Institutional Record
Yellow: Losing Supervisor
Pink: Gaining Supervisor
Gold: Inmate Pay Designee

DISCIPLINARY REPORT AND HEARING RECORD

ase#: 19-00032	2 _ Inmate Name	RILEY, JA	AMAAL			DC#: 352		_
iving Area: GE	ORGETOWN B C	ELL #62	Jol	: WARD KEE	PER WARD #2	2	Custody:	ME2
ffense Date: 2/	24/2019 Offe	nse Time:		AM PM Inst			ectional Instituti	on
fense Description								
							t	
898 The Poss	ession of Any (Communica	ation Device:	The possession	n, receipt, us	se, concea	iment, storag	e, purchase, sale
or facilitation	of cellular pho	nes or othe	r communica	tions equipme	nt and/or any	y compon	ents thereof.	inis includes,
but is not limi	ted to, MP3 pla	ayers, I-pod	ls, e-readers	or any like dev	ices.			
							ac.	
harging Officer	Employee: MBR	OWN					SGT	TREGERE OF
THE REPORT AND ADDRESS.	CATION: YOU VOU HAVE THE	TOTAL ADDICA	R BEFORE A. UBMIT A WR	HEARING OFFIC TTEN STATEM	ER 48 HOURS ENT AND MA	OR MORI KE A VER	E AFTER YOUR BAL STATEME	NT.
T OIVE TID MV	RIGHT TO 48-HOU	IR NOTICE A	ND AUTHORIZ	E THE HEARING	OFFICER TO P	ROCEED W	ITH THE HEAR	NG
	nt to be presen				RHU/G	PH SEGRE	GATION ONLY	,
_	Y ACCUSER PRES						NSEL SUBSTITU	
	T MY ACCUSER I				□ I DO	NOT WAN	T A COUNSEL S	UBSTITUTE
Date &Time Not	ified: <u>2 /28</u>	149 9	AM/	PM By (Print):				2/20/17
Inmate Signature	: _ James I	Riber			SCDC#: <u></u>	17 5560	Date;	<u> </u>
EARING INFO	RMATION:							
		3 77	Fime: 4/19 an	Madel				
Hearing Date	13 1201	7 Hearing	1 mie: 4,// an	De la				
	101.00							
DD: Assigned Cou	insel Substitute:							
	BY NUMBER: (1)	TO DETERMENTATION	DETACE, IDANI	V /31 WITHIECCEC	TALD DOCUMEN	TABLE OF	K (3) EVIDENCE	AA VO アゾクアウロロロ
FROM THE HEAR	ING; (6) IF INMAT	E WAS DENII	ED CONFRONT	ATION QUESTIO	NING AND/OR	CROSS EXA	MINATION OF A	WITNESS AT THE
HEARING OR (7)	IF HEARING WAS	DELAYED.						
	OFFENSE CODE	ES		8-98		<u> </u>		_
	INMATEPLEA)	Ni	¥			
	FINDINGS (G	. NG. DS) (NGMI) (GMI	16	~			
	DENIOR DEFECTATI	TED CONEI	DEDED AND I	EASONS FOR I	DETERMINAT	ION OF G	UILT: (A).ADM	ISSION OF GUILT
E GUILTY, EVI	PPORT-(C) WITH	JESS TESTII	MONY: (D) OT	HER. EXPLAIN	INDEIAIL: C	24416	en Ke	Dorol.
Dichery	G 42 1	eviden	5/4/ 5	CD15-2	3 Bad	199.	-79- <i>P</i> L	A che
States	-64-6 35	T. BR	our_					
		·						
SANCTIONS:								(Dave):
Loss of Privilege	es (Days)			Reprimand:			Loss of Good Til	me (Days):
Property (Days):				Extra Duty (Hou		,	Restitution: \$	(Doug):
Canteen (Days)				Visit Suspension			Cell Restriction (Other:	
Disciplinary Det	ention (Days):			Phone (Days):	/len an	φ	Other:	(Days)
	•							
CDECIEIC EAC	TUAL REASON	(S) FOR PAI	RTICULAR PI	INISHMENT IN	IPOSED: /	r	14 .	
SI ECHIC PAC	TOAD ROOM	(0) 1 01(11)			NACKUR	(ب مير	740 O	fferso.
CREDITEOR PH	ID TIME SERVED?	YE	s no	IF YES, I				•
	E PLACED IN PI			DATE	NMATE REL	EASED FI	ROM PHD	- 1
	ATURE FOR REC		IAL REPORT:	Samal	Liley		_ date: 🔼	15 12019
INMATE SIGN	TOTAL TOTAL		(10-	12.				
HEARING OFF	ICER (PRINT NA	ME)	ALEKID.	- CHARE				
) (L\ /1	C L /	REASON			
, ,	MODIFICATIO		WARI	DEN				
SONTACT YOU	IR CLASSIFICAT	ON CASYW	ORKER OR CO	UNSEL SUBSTI	TUTE IF YOU I	DO NOT UN	NDERSTAND TH	HS FORM.
White - Institutional F		•	Disciplinary Report)		d Inmate (Service o			Pink Central Record
		-						

19-00032

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

AIG 42 15-2 INCIDENT REPORT						
019-02-183	Page 1 of 1					
Institution/Center: RIDGELANDCORRECTIONAL	Date of Report: 02/24/2019					
Reporting Official (Full Name): SGT.MACK BROWN	Time of Report: APPROX. 2:30 AM					
Employee ID #:	Date of Incident: 02/24/2019					
Location of Incident: GEORGETOWN B-WING CELL #62	Time of Incident: APPROX. 1:45 AM					
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:					
1. RILEY, JAMAAL 352269 M B	1.LT. EDWARD MOLE					
2	2.					
3.	3.					
4.	4.					
5.	5.					
On the above date and approximate time:						
OCCUPIED BY I/M RILEY, JAMAAL #352269. ON THE BUNK OF I/M RILEY I CONFISCATED (1) LIGHT BLUE SAMSUNG TOUCHSCREEN CELL PHONE AND (1) WHITE CELL PHONE CHARGER AND (1) HOMEMADE EDGE WEAPON APPROXIMATELY 7"IN LONG WAS FOUND UNDER I/M RILEY'S MATRESS. I/M RILEY CLAIMED OWNERSHIP OF THE CELL PHONE, CHARGER, AND THE HOMEMADE EDGE WEAPON. I SGT. BROWN RECOMMEND THAT I/M RILEY BE CHARGED WITH (898) POSSESSION OF ANY CELL PHONE OR COMMUNICATION DEVICE AND (811) POSSESSION OF A WEAPON. END OF REPORT.						
Signature: Mack Brum Title: SG Evidence: 5-23, 19-79, Photo	Γ					
Disposition of Evidence: Affached						
Supervisor's Comments:	STG Related - Refer to STG Committee					
Shita Gog nother of Incident. I'm will be charged accordingly	Yes No Unknown					
Printed Name: //scar lu Torres	This incident is DRUG related					
Signature: A Tower Title: J Date/Time: 25/14/19 35/10an	Yes No Unknown					
Major/Responsible Authority: Charle immale	Responsible Authority					
Riley with 898 and 811.	Action Taken					
A second of the	y alberta, il alberta para materia di la programa della programa di la constitució de la constitució d					
	Informal Resolution					
Printed Name: While in Buston	Administrative Resolution					
Signature: Muller Sunt Fitle: Alw/O Date/Time: 2-29-9	Refer to Disciplinary Hearing					

DISCIPLINARY REPORT AND HEARING RECORD

ase#: 19-00033 Inmate Name: RILEY	, JAMAAL		_ SCDC#: <u>3324</u>	.09	
iving Area: GEORGETOWN B CELL #62	Job:	WARD KEEPER WAR	D #2	Custody: M	E2
ffense Date: 2/24/2019 Offense Time		M PM Institution: R	idgeland Correc	tional Institution	1
ffense Description:					
811 Possession of a Weapon: The ac	tual or constructiv	e possession by an in	mate of any in	strument that	could be used
to inflict physical injury on any perso					
to manus projection and may are a 1 1					
TOTAL CONTRACT				SGT	
Charging Officer/Employee: MBROWN			Title:		POPINE OF
NMATE NOTIFICATION: YOU WILL APP HIS NOTICE. YOU HAVE THE RIGHT TO	ÆAR BEFORE A HE O SUBMIT A WRITT	ARING OFFICER 48 HO EN STATEMENT AND	URS OR MORE. MAKE A VERB	AFTER YOUR R AL STATEMEN	ECEIFT OF T.
I GIVE UP MY RIGHT TO 48-HOUR NOTIC					
1 DO NOT WANT TO BE PRESENT AT MY			U/GPH SEGREG		
2 1 DO WANT MY ACCUSER PRESENT AT M			WANT A COUNS		
3 100 WANT MY ACCUSER PRESENT AT N □ 100 NOT WANT MY ACCUSER PRESENT			I DO <i>NOT</i> WANT		
•	.1			0	
Date &Time Notified: 2 28/19	4 A AND PM	By (Print): <u>L-7</u> ?	1D/ MMIC	Bryany	<u> </u>
Inmate Signature: James de les			6222 24 :#	Date:	!!
HEARING INFORMATION:					
3	- 146				
Hearing Date: 3 / 5 / 20/9 Hearing	ng Time: 4;/9 an/p	M/W			
DD: Assigned Counsel Substitute:					
EXPLAIN BELOW BY NUMBER: (1) IF COUNS			n i non opportunite	ADDIC: (2) IE AC(CLICETO IALA É
		<u> </u>			1
OFFENSE CODES	:	0 %			1
INMATE PLEA (G, NG, No					ļ
FINDINGS (G, NG, DS) (NGMI) (GMI)	<u> </u>			}
JE-GUILTY, EVIDENCE PRESENTED COM	SIDERED AND REA	ASONS FOR DETERMIN	NATION OF GU	LT: (A) ADM	SION OF GUIL
(B)APPICER'S REPORT: (C) WITNESS TES	TIMONY: (D) OTHE	R, EXPLAIN IN DETAIL	is South	241 /5	e pont
Dicterra the affer	se, scac	5-23 Aud	19634		
1 //					······································
SANCTIONS:			_		(Danis)
Loss of Privileges (Days)		orimand:		ss of Good Time	(Days):
110perty (22)		ra Duty (Hours):		stitution: \$	
Canteen (Days): 160 + 30 = 191		it Suspension (Days):		Restriction (Da	
Disciplinary Detention (Days): <u>30 day</u>	<u>u</u>	one (Days): <u>//6/) +30=</u>	170004 01	:her:	(Days):
SPECIFIC FACTUAL REASON(S) FOR I	NIIG GALIFFICA	ISHMENT IMPOSED:		<i>.</i> .	
SPECIFIC FACTUAL REASON(S) FOR I	ARTICOLARION	NA	Hupe G	Ho a	Exense.
			0.		0.
CREDIT FOR PHD TIME SERVED?	YES NO	IF YES, DAYS:			
	123 110	DATE INMATE I	RELEASED FRO	M PHD	, ,
DATE INMATE PLACED IN PHD:	TOTAL DEPONE	_ 3 .0 4		DATE: 3	15-1201
INMATE SIGNATURE FOR RECEIPT OF	FINAL REPORT:	1. Samotal a	<u></u>	, DATE:	-
HEARING OFFICER (PRINT NAME)	-Atlewise (lAMB.			
	W/V	クフ			
PPROVEDOD MODIFICATION ONLY	نر کاسالیہ آ	REAS	ON	5 *	
CONTACT YOUR CLASSIFICATION CASE	1777	NT .			
CONTROL TOOK CHARSTERCATION CAST	WARDER WORKER OR COUN	N ISEL SUBSTITUTE IF YO	OU DO NOT UND	ERSTAND THIS	FORM.
\	WORKER OR COUN	ISEL SUBSTITUTE IF Y			
White insulutional Record Canary inmate (Service)	WARDEN WORKER OR COUN LE of Disciplinary Report)	N NSEL SUBSTITUTE IF Y Gelden Rod – lamate (Ser			FORM. Pink - Central Recon

19-00033

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

019-	02-183				Page 1 of 1	
Institution/Center: RII		RRECTIO	ONAL		Date of Report: 02/24/2019	
Reporting Official (Fu					Time of Report: APPROX. 2:30 AM	
Employee ID #:					Date of Incident: 02/24/2019	
Location of Incident:	GEORGETOV	NN B-WI	NG CELL	#62	Time of Incident: APPROX. 1:45 AM	
Inmate(s)/Resident:	SCDC#	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:	
1. RILEY, JAMAAL	352269		М	В	1.LT. EDWARD MOLE	
2.					2.	
3.					3.	
4.					4.	
5.					5.	
On the above date a	nd approximat	te time:				
I SGT. MACK BROWN ALONG WITH INTELLIGENCE OFFICER LT. EDWARD MOLE WERE CONDUCTING A TARGET CELL SEARCH ON GEORGETOWN B-WING OF CELL #62 OCCUPIED BY I/M RILEY, JAMAAL #352269. ON THE BUNK OF I/M RILEY I CONFISCATED (1) LIGHT BLUE SAMSUNG TOUCHSCREEN CELL PHONE AND (1) WHITE CELL PHONE CHARGER AND (1) HOMEMADE EDGE WEAPON APPROXIMATELY 7"IN LONG WAS FOUND UNDER I/M RILEY'S MATRESS. I/M RILEY CLAIMED OWNERSHIP OF THE CELL PHONE, CHARGER, AND THE HOMEMADE EDGE WEAPON. I SGT. BROWN RECOMMEND THAT I/M RILEY BE CHARGED WITH (898) POSSESSION OF ANY CELL PHONE OR COMMUNICATION DEVICE AND (811) POSSESSION OF A WEAPON. END OF REPORT.						
Signature: Mack	Brun			Title: SG	т.	
Evidence: 5-23,	19-79	Photo				
Disposition of Evide	nce: Attach	J				
Supervisor's Comments:			1.11	M.	STG Related - Refer to STG Committee	
	tridery was to		Il be cho	nged.	Yes No Unknown	
District Names	To-				This incident is DRUG related	
Signature: // /	Tours Title	:6	Date/Time	35/Van	Yes No Unknown	
Major/Responsible Auth	1/1 /	11 11	-	A		
			1 Λ Λ Λ Λ Λ	7,	Responsible Authority	
Peley se	rith 8	98a	ud 8	11.	Action Taken	
Peley 1	rith 8	*98a	ud 8	<u>e.</u> 11	–	
Printed Name:	Mith 8	38a Suite	nmo	<u>e, </u>	Action Taken	

SOUTIONS AROLINA DEPARTMENT OF COROTIONS REQUEST TO STAFF MEMBER

TO: NAME: TITLE:	DATE:
OFC Ward	2 20 8 SCDC #:
INMATE'S NAME:	SCDC #:
Jamaal Kiley	352269
INSTITUTION: BRCI	LIVING QUARTERS:
ORCI	WA-164
I do not feel Safe on BRCI do to the	fact there are a man on
egsy tokemanifulated by the immates. The	ithat words !
egisy tokmanifulated by the immates. The officers & more its Just too much for me to de	work were an are very
in the immates, The	inmates are controlling to
officers & more its Just too much for me to de	cal with the
officers & more its Jost too much for me to de by force, Lt. Anderson, cript, Jones, capt Livi	north of all a
by forec, Lt. Anderson, CART, Jones, CART LIV. the It's not some for anybody they hard time the head is Rose Gold last	had I Conspiring with
has the hear	Tell them temales to give a
TO CIOID INST	NAME IS all a
Compared for our bounths And I have a	the Den on this particular
Compared for our 6months. And I have so of don't for the	en those 3 temples do alat
of dort for the to the Pain Treatly sons appreciate them for playing in	+ that it's Just Ridiculous :
I really sont appreciate them for playing a not feel safe on not no other level 3 Company	with my life at all -
lady D. I	nd Fuer the book Class for
lady Boston is in canada with a B DISPOSITION BY STAFF MEMBER:	membere - cassification
DISPOSITION BY STAFF MEMBER:	
Ref. to the Mas. for further	invertisation
Ret. to the maj. To	1,1052112 oction 1
FILED	
	s
JAN 1 7 2019	1
A deli	RECEIVED BY
DATE: SIGNATURE.	GLASSIFICATION
1/1/2/2018 R. W. Q.	JAN A 7 2019
11/2/2018 K. Went	

Records for Production FOIA 0127-24 000097

SCDC FORM 19-11 (REV.FEB 2001)

u goes by the name of J-Rilla she does whater he tells be her like it to Complete my Annual Review on Sept. 21,2018 She wanted 31 says after extra actual day of my Review on I feel like the only Reason she would ahead done it is because I had my Pops Call up here is get on her as in that when it gat handled, I was suppose to have my level 2 since sept but a lirry classification boston listened to the inmate she deads with!

Jamool Gelej

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

nmate Name: Riley, Jamaa SCDC#: 352269 Institu	tion: BRCI
nterviewing Employee (Print Name/Title): Ward OFC	
SECTION I: PROTECTIVE CONCERNS EVALUATION	Control of the Contro
Inmate's Reason(s) for Requesting RHU placement due to Protective Concerns	5:
Inmate(s) Involved: Adam, Rodecikus,	
Inmate(s) Involved: <u>Adam, Roderikus</u> , Employee(s) Involved: <u>Lt. Anderson, Cpt. Janes, Cpt. Livings</u>	ton, MRS. Boston
I do want to be placed in RHU- due to protective concerns (SP) I do not want to be placed in RHU – due to protective concerns. (SP)	
Inmate Signature: Damsol Killy	Date: 11/2/18
NOTE: Your signature on this line refusing RHU placement due to Prote Agency, in the exercise of its' discretion, from placing you in RHU (SP).	ective Concerns does not prohibit the
Interviewing Officials Recommended Action:	· ·
Return to General Population (indicate reason) Recommend Placement in SP for further Investigation	
1: Other	Date: 11.2.18
Approved/Disapproved Warden/ / Duty Warden/ Approved Designee	
Date Forwarded to Institutional Protective Custody Committee (IPCC)	
SECTION II INSTITUTIONAL PROTECTIVE CUSTODY COMM	ITTEE.
Disposition (Check one):ValidInvalidFurther Inv	vestigation
Reason/Recommendation:	
•	Date:
IPCC Chairperson:	
PHIS SECTION IS ONLY TO BE COMPLETED IF THE INITIAL IF WORKING DAYS FOR FURTHER INVESTIGATION.	
Disposition (Check one): Valid Invalid	
Reason/Recommendation:	
IPCC Chairperson:	Date:
SECTION TILL CENTRAL CLASSIFICATION COMMITTEE REVI	EW.
Disposition (check one): Valid Invalid Transfer to General Population at	· •
Approved for Placement on State	wide Protective Custody
Recommendation:	
	Data
S/Central Classification Representative	Date:
cc: IPCC	
Inmate Institutional Records Contral Records	



SCDC#: 352269	Name of Inma RILEY, J	ate: AMAAL		Institution: Ridgeland Correctional Inst.
ITEMS TO BE CHECKED:		YES	МО	CORRECTIVE ACTION
Up-to-date face sheet to include new sentence	yns ek			
2. Up-to-date picture I.D.				
All applicable commitment par record	oers in			
4. Commitment papers clear and	l legible		<u> </u>	
Commitment papers coincide offense information on face sh	with neet		<u> </u>	·
6. Current FBI Rap Sheet or NC	IC Report	$\perp \checkmark$		
Copy of all disciplinary action documentation				
Current disposition of all detainers, wanteds, and holds		V/		Nove Noted
9. Social Security Card filed in re	V/		Nome in Regard	
10. All Escape/Attempt information			NONE NOTED	
11. Staff Memorandum Form (Co Sheet), SCDC 18-68, filed or Section 4 and properly docur	n top of	V/		
12. Separation Requirement (If à	V		Employee-ACI	
13. Remarks:				, ,
I have thoroughly reviewed this r	ecord and ens	(1	contents 10	are accurate, complete and filed appropriately.

SCDC S-13(February 1999)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

	<u> </u>
1. SCDC #: 2. Inmate's Name:	3. Institution:
350269 BITIFY JAMA	L BCI
4. Transferred From:	5. Transferred To: 5077
Area: UPSSIONED Title: Code: Code: Full-Time Part-Time Hours Per Day Days Per Week Date Effective	Area: GEORGE TOWN Title: WARD KEEPER Code: 03355 EFfull-Time D Part-Time Hours Per Day Days Per Week Date Effective 11/9/16
6. Reason for Transfer/Termination (a reason must be indicated	ted):
7. Comments:	
8. Bonus Educational Credit: □ ADD □ DELETE Date Effec	
□4-7 Hrs/Wk □8-11 Hrs/Wk □	112-14 Hrs/Wk □15 or MORE Hrs/Wk
	9. Losing Supervisor: Date:
Return This Form To Classification.	10. Gaining Supervisor: Date: 11. Classification Caseworker: Date: 12. CRT Entry by:
	Havenor Date: 11/13/18
13. CRT Entries: EWC V EEC	Assignment Location:
DIOTRIDICAL	ru cn

DISTRIBUTION:

White: Institutional Record
Yellow: Losing Supervisor
Pink: Gaining Supervisor
Gold: Inmate Pay Designee

FILE

NOV 1 4 2018

Records for Production FOIA 0127-24 000101

SCDC 19-54 (Rev. August 1997)

MH

SOUTH CA JLINA DEPARTMENT OF CORRECTIONS Classification Waiver

SCDC #:	inmate Name:	_	Date:			
352269	Jamaal	Kiley	10.23.18			
I wish to waive the my appearance at Reasons:	required 48-hou the Classification	ur waiting period n Committee.	d between my notification and			
		i Per				
I do not wish to appear before the Classification Committee. I understand that by not appearing I waive any grievance rights that I may have regarding any decisions made by the Institutional Classification Committee. Reasons:						
Signature of Inmate:		Signature of Co	ommittee Chairperson:			
Distributions Institutional Record		U. Br	sta			

SCDC 18-39 (Revised February 2006)

-

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST

r, Riley, Jamaal , scoc # 352	269	have been informed of	of the
hardship transfer process. I understand that if I reques	t a hardship	transfer and meet the c	riteria
for approval, I will be screened for an appropriate instit	ution in the	geographical area and n	iot ioi
a specific institution.			
Is inmate eligible for hardship transfer? YES If not, why? DISCIPINAN WILLAM	Мио		
is initiate original for marginal management of the state	Λ,		
If not, why? DISCIPLINAN WILL IZM	onths		
\ /			
I do X I do not want to request a hardship	p transfer.		
Geographical area		-	
<i>λ</i>		11 1	
<u>Jamasl Liley</u> Inmate Signature	Date	16.23.18	
Inmate Signature			•
a. Boston		18.52.18	
a. 130800	Date _	16:23:18	
Caseworker Signature			

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

1. SCDC #: 2. Inmate's Name: 352269 Riley Jamaa	3. Institution: BRC1-Waterec
4. Transferred From: Area: Title: Code: Full-Time Hours Per Day Days Per Week Date Effective 6. Reason for Transfer/Termination (a reason must be indicated)	5. Transferred To: Area: DORM Title: WardKeeper Code: 053/D [AFull-Time
7. Comments: 8. Bonus Educational Credit: ADD DELETE Date Effect	•
□4-7 Hrs/Wk □8-11 Hrs/Wk □	12-14 Hrs/Wk
Return This Form To Classification.	Date: 10. Gaining Supervisor: 11. Classification Caseworker: 12. CRT Entry by: 13. Poster Date: 10.23.18
13. CRT Entries: EWC EEC	Assignment Location: 5060

DISTRIBUTION:

White: Institutional Record Yellow: Losing Supervisor Pink: Gaining Supervisor Gold: Inmate Pay Designee



RESTRICTIVE HOUSING UNIT PLACEMENT/EXTENSION

RHU EXTENSION				
Inmate Name:	SCDC #			
Date:/				
Reason for Extension:				
Length of Extension: (up to 10	days only)			
Requesting Official:	Title:			
Approved/Disapproved:	Date:			
	Warden/Deputy Warden			
#=====================================				
	NOTICE OF PLACEMENT IN RHU			
Inmate Name: Rouge	melscDc#:352269_custody:_51			
Reason for Placement in RHU:	□Current Escape Risk □Maintain the Integrity of an Investigation			
	□Protective Concerns □Inmate is a threat to the physical safety of other inmates or staff			
	Inmate's presence in the population would create a threat to the safety, security and/or order the institution			
S/ Warden, Associate Warden, Major, C	Date 3 26/18 Time: 6 40 AM/PM			
I certify that I was given a copy of thi readable and that I will appear befor in RHU.	s notice within 72 hours of my placement in RHU. I also certify that this notice is clear and e the Institutional Classification Committee within seven (7) calendar days of my placement			
Inmate/Witness Signature:	Date / / Time: AM/PM			
2	m ³			

SCDC 19-67 (Rev., April 2015)

White: Institutional Record Canary: Central Record

Pink: Inmate

Records for Production FOIA 0127-24 000105



Institution: Parry 4A

# 1)	Inmate Name: SHOULY PATRICK SCDC #: 1195	Bed Assign:	<u> 3B</u> Custody:	MI
	Does the inmate have convictions for Assault on other inmates or Sta	\1		NO
	Does the inmate have any bottom bunk/lower tier requirement?			
#2)	Inmate Name: Kuly Jamal SCDC #: 3500	69 Bed Assign:	<u>V3T</u> Custody:	MI
μ	Does the inmate have convictions for Assault on other inmates or Sta	aff? <u>\</u>	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?		_yes <u> </u>	NO
#3)	Inmate Name:SCDC #:	Bed Assign: _	Custody:	
	Does the inmate have convictions for Assault on other inmates or St	aff?	YES	NO
	Has the inmate indicated yes on either of the PREA questions?		YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?		_ YES	МО
COM	MMENTS:	· · · · · · · · · · · · · · · · · · ·		_
Con	nmittee Members: Man			
Con	nmittee Chairperson:	Date: 3/3/2	Q18	
$\sqrt{}$	Approved Disapproved			

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record

Pink: Inmate #3 Institutional Record

Records for Production FOIA 0127-24 000106

SOUTH TOLINA DEPARTMENT OF CORRECT ON'S DISCIPLEMARY REPORT AND HEARING RECURD

0	nse#: 27 & 28	Inmate Name:	RILEY IA	MAAI.	1001 011		SCDC#	352269	
	ving Area: Q4A20		IGDD 1, 37H	-11110	Joh W	ARD KEEPER	004 911	Custody: MI3	•
	ffense Date: 11 /		Times	8.55			PERRY C.I.	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
		30 / 2017 OH	ense lime:		- Alvi	FIVI HISTITUTION.	· · · · · · · · · · · · · · · · · · ·	- 	
Of	ffense Description:							4	
	#27	898	possess	con-	of	Communi	cati	egupnet	
	#28	811	posses	- Rui	, or	l a	weep	ν.	
TR	harging Officer/En NMATE NOTIFICA HIS NOTICE. YOU	ATTON: VOIL U	MIL ADDEAL	R BEFOR JBMIT A	RE A HEA) WRITTE	RING OFFICER 48 N STATEMENT AT	HOURS OR I	Title: SGT. MORE AFTER YOUR RECEIPT OF VERBAL STATEMENT.	
	□ I DO NOT WAN □ 1 DO WANT MY □ I DO NOT WAN	T TO BE PRESE ACCUSER PRE I' MY ACCUSER	NT AT MY H SENT AT THE R PRESENT A	EARING HEARIN THE HE	ig Baring		RWU/GPH SE I WANT A C I DO NOT W	OCEED WITH THE HEARING EGREGATION ONLY OUNSEL SUBSTITUTE ANT A COUNSEL SUBSTITUTE	4/
	Date &Time Notifi			30 (AM/PM	By (Print):	rommy	/	Ť
	Inmate Signature:	Am.	my			sc	DC#: <u>352</u>	269 Date: 2181	L
H	EARING INFORM	ATION:					,,,		_
	Hearing Date: /	12/1/7	Hearing	Time: 2	?[am/p	in.			-
E	ROM THE HEARIN	NEW DARK OF OF TH	HE EVIDENCI MATE WAS D	e stage; enied c	TEANV (N WITNESSES (A) I	OCUMENTAT NG AND/OR ((2) IF ACCUSED FION, OR (5) EVIDENCE WAS EXCLU- PROSS EXAMINATION OF A WITNE	UI
-									
-								45-6	_
-					4-	1011	<u> </u>	0//	
	i i	DFFENSE CODE NMATE PLEA (-	<u>_</u>	7,5			
		FINDINGS (G			·	9		6	
[(i	NCE PRESENT	TED CONSID	DERED A	ND REAS O) OTHER	SONS FOR DETER EXPLAIN IN DET	MINATION (FAIL: (A)	OF GUILT: (A) ADMISSION OF G	U/
-	21216	8	98	- 81	//	89	7 f	f	ť
1	Canteer Phone (Discipli	y (Days) n (Days) / 5 ((Days) / 5 (inary Detention (Days)	:)	90	Extra Visit Cell I	mand: Duty (Hours): Suspension / So Restriction (Days):	(10079) G	Loss of Good Time (days): Restitution: \$**	- -
	SPECIFIC FACTUA	Tug dy Time served?	Arlio (87 74	ZLO (YES, DAY	7.13.5.117. j	<u>* 81/ </u>	18/30/14/ 5+h	<u>Z</u>
	DATE INMATE PL INMATE SIGNAT		/ EIPT OF FIN	AL REPO	ORT: X	Grood High		DATE: 12 /2#//	_ ≁
	HEARING OFFICE	ER (PRINT NA	ME)_R,_L	7/2	rny	1			
(APPROVEDADD N	ODIFICATIO	NONLY	\times	VARDEN	RE	EASON		
	White - Institutional Golden Rod - Inmate **(Note - When there	Record (Sarvice of Disci e is restitution, a c	Pirat y Hearing	VORKEF Pirositi	R OR COU	(NSEL SUBSTITU Canary - Inmate 0107 Pink - Central R d to Financial Accoun	(Service of Dis ecord	OO NOT UNDERSTAND THIS FOI ciplinary Report)	RI
	SCDC 19-69 (Rev., 1	Feb 2017)				,		,	

SCDC 19-69 (Rev., Feb 2017)

\$98 811 \$27 #28

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

12/5/17 (12/25)	Page of
THE TOTAL COLUMN TO THE TO	Date of Report: 11-30-17
2 T T T T T T T T T T T T T T T T T T T	Time of Report: Oppox • 400am
Employee 22 OCCOO	Date of Incident: 11-30-7
Economical Company Of the Company of	Time of Incident: Opprox :855am
	Employee(s)/Witnesses Involved:
1. Jamaal Kiley 352269 Blm	1. Ogenay Search Team
2.	2. KBTO
3.	3.
4.	4.
5.	5.
On the above date and approximate time: Sot. B. Mortin	along with members of the
OST and KKT conducted a search CX OYA CELL	2002 and tound a samsung
verizon tilip cellonone and Changer insidea sh	ampoo bottle. U 4/nc/
shank was tound in the toylet. In addit	or a ginen and asing)
piece of metal, and a 31, inch metal weapon	n was tand under the
	neo awarnip ana wii
De Chargeal with 848 and 811.	
U	
e wany t	7-
Signature: // /////// Title: 55	T
Evidence: (Pllonone, charaer, shank, metal, weapor)
Disposition of Evidence: Civen to controhand	
Supervisor's Comments:	STG Related - Refer to STG Committee
898 811	()Yes ()No ()Unknown
Printed Name:	This incident is DRUG related
J 134.13	1
Signature: Title: Date/Time: dozon	() Yes () No () Unknown
Major/Responsible Authority:	Responsible Authority
898- Communication device	Action Taken
811- Wegpon	() Informal Resolution
	` '
Printed Name: 1/5/orn	() Administrative Resolution
Signature: Benutt Title: Cast Date/Time: 12/1/12	(4) Ref er to Disciplinary Hearing

	In	estitution: POLILY	∄		
#1)	Inmate Name: Rilly burns	scdc #: 3500 (4)	9_Bed Assign: 2	<u>WB</u> Custo	ody: <u>M</u>
1	Does the inmate have convictions for Assa	ult on other inmates or Staff?	_X_	YES	NO
	Does the inmate have any bottom bunk/lov	wer tier requirement?		YES /	NO
#2)	Inmate Name: Withell, Chris	scdc #: 30353	O Bed Assign:	200 TCusto	ody: <u>M</u>
	Does the inmate have convictions for Assa	ult on other inmates or Staff?		YES	NO
	Does the inmate have any bottom bunk/lov	wer tier requirement?			
#3)	Inmate Name:	SCDC #:	Bed Assign:	Custo	ody:
	Does the inmate have convictions for Assa	ult on other inmates or Staff?		_YES	NO
	Has the inmate indicated yes on either of the	he PREA questions?		_YES	NO
	Does the inmate have any bottom bunk/lov	wer tier requirement?		_YES	NO
COI	MMENTS:				·
	umittee Members:	m#	Date:		

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record

Pink: Inmate #3 Institutional Record

Approved

__ Disapproved

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST

I, Jamoal Riley	, SCDC# <u>3527.69</u>	have been informed of the hardsh	nip
		sfer and meet the criteria for approval cal area and not for a specific institutio	
will be screened for an appropria	ne memunon m me geograpme	car area and not for a specific institution	11.
To invote alimible for bondable to	onefo-2	X NO	
Is inmate eligible for hardship tra		A NO	
If not, why?	DISC		
	, 1 1-1 * ,		
☐ I do not wa	ant to request a hardship transf	er.	
Geographical area Coastal			
			
a door.		Date 9-72-17	
Inmate Signature		Date Co 1	
22			
1 h	mule	Date 09 22 17	
Caseworker Signature	1200	Date	
SCDC Form 18-80 (Created Feb	oruary 2014)	ŧ	
, SOUTH C	CAROLINA DEPARTMENT C	F CORRECTIONS	
5001110	Classification Waiver	1	
en e	•		
SCDC#	Inmate Name	Date:	 .
3CDC#	Immuto Ivamo		
362269	1 Jamaal	9-22-17	
I wish to waive the re	equired 48-hour waiting per	riod between my notification and	my
appearance at the Classification	. Committee:		;
Reasons:			
I do not wish to appear t	before the Classification Comm	nittee. I understand that by not appeari	ing
I waive any grievance rights that	it I may have regarding any dec	cisions made by the Institution	
Classification Committee. Reasons:			
ACCIDORS, 1. C.		•	
	•		
Som of Dillor		thank	
THE PART WELL			
Signature of Inmate:	e	Signature of Committee Chairpers	on:

SCDC 18-39 (Revised February 2006)

SOU CAROLINA DEPARTMENT OF CORRECTIONS DISCIPLINARY REPORT AND HEARING RECORD

471.30

Case#: 26 Inmate Name: RILEY, JAMAAL	SCDC#: 352269
Living Area: Q4A121	Job: WARD KEEPER Custody: ME3
Offense Date: 07 / 25 / 2017 Offense Time: 3:10	AM ✓ PM Institution: PERRY C.I.
Offense Description:	
898 The Possession of Any Communication Dev	rice: The possession, receipt, use, concealment, storage, purchase, si nications equipment and/or any components thereof. This includes, ers or any like devices.
•	
4	
D DAVIC	Title: UNIT COUNSELOR
Charging Officer/Employee: R. DAVIS	Title: UNIT COOKSELOK RE A HEARING OFFICER 48 HOURS OR MORE AFTER YOUR RECEIPT OF
THIS NOTICE, YOU HAVE THE RIGHT TO SUBMIT A	WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.
	THORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING
I DO NOT WANT TO BE PRESENT AT MY HEARING I I DO WANT MY ACCUSER PRESENT AT THE HEARIN	
DI DO NOT WANT MY ACCUSER PRESENT AT THE HE	EARING I WANT A COUNSEL SUBSTITUTE
	☐ I DO NOT WANT A COUNSEL SUBSTITUTE
Date &Time Notified: \(\(\gamma \) \(\lambda \) \(\lambda \) \(\frac{\(\gamma \) \(\gamma \) \(\gamma \) \(\gamma \) \(\gamma \)	AMPM) By (Print): 1 6 LLWy)
Inmate Signature: Man Riky	SCDC#: \$ 2766 Date: \$ /1/
HEARING INFORMATION:	
Hearing Date: 8/15/17 Hearing Time: 9	Ty fanyom M
EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITE EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; FROM THE HEARING; OR (6) IF INMATE WAS DENIED OF THE HEARING.	IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLU ONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNES
OFFENSE CODES	898
INMATE PLEA (G, NG, None)	
FINDINGS (G, NG, DS)	AND DE A COMO ECOR DETERMINATION OF CHILT. (A) ADMISSION OF CH
(B)OFFICER'S REPORT; (C) WITNESS TESTIMONY; (L)	NO REASONS FOR DETERMINATION OF GOLL! (A ALWISSION OF SC)) OTHER. EXPLAIN IN DETAIL: (A) (B) (D) (D) (D) (D)
	(&)
SANCTIONS:	Year (Oct of The Mary)
Loss of Privileges (Days) Property (Days)	Reprimand: Loss of Good Time (days): Extra Duty (Hours): Restitution: \$**
Canteen (Days) /> 0 DN>70	Visit Suspension
Phone (Days)	Cell Restriction (Days):
Disciplinary Detention(Days) 3() Other (Days)	1.00
SPECIFIC FACTUAL REASONS) FOR PARTICULAR P	UNISHMENT IMPOSED: 2 MS 9 F Stuff 2/2/ History for 1 1 Part 4th Stuff 5/3
CREDITFOR PHD TIME SERVED? YES NO WA IF Y	ES, DAYS
DATE INMATE PLACED IN PHD / / INMATE SIGNATURE FOR RECEIPT OF FINAL REPO	y my
HEARING OFFICER (PRINT NAME) R.L.	Tymer
	ARDEN REASON
White - Institutional Record	OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORI Canary - Inmate (Service of Disciplinary Report)
Golden Rod - Inmate (Service of Disciplinary Hearing Disposition Records for Production FOIA 01 **(Note - When there is restitution, a copy of this form should be	on) Pink - Central Record 27-24 000111

SCDC 19-69 (Rev., Feb 2017)

44	~	$\boldsymbol{\rho}$
-11	/	メリコ

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT	. 4
8 2 17 (8 22)	Page \ of
Institution/Center: Peru CI	Date of Report: 7-25-17
Reporting Official (Full Name): UC Quis	Time of Report: Opprox: 315 pm
Employee ID #: 051389	Date of Incident: 7-25-17
Location of Incident: OHA (All 12)	Time of Incident: Oppmx:310m
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1. Jamaai Biley 352269 BM	1. Ogency Search Team
2.	2. 0 0
3.	3.
4.	4.
5.	5.
On the above date and approximate time: UC DUIS	along with members of the
agricu search team conducted a search of 04/4	cersus and tound of
Celletione changes in a jar of Deanut Dutter.	Inmote Jamaal Riley
352269 claimed authorship and will be	changed with 848.
	U
	-
,	
1 100 - 111-	1
Signature: Kobart & Allo Title:	7/
Evidence: CALOHONE Charges	
Disposition of Evidence: Given to Controbond	
Supervisor's Comments:	STG Related - Refer to STG Committee
oupor 11001 5 Commonw.	
	() Yes () No () Unknown
	1
Printed Name: Robertson 9:02a	This incident is DRUG related
Signature: Title: Um Date/Time: 7-26-17	()Yes ()No ()Unknown
71 A 44 - 14	
Major/Responsible Authority: NM (+	Responsible Authority
<u> </u>	Action Taken
898 all shone	
0.00 000 9.00-1	() Informal Resolution
Printed Name: 050/A.	() Administrative Resolution
1 /4/2	
Signature: Bount Title: 19t Date/Time: 7/27/17	(1) Refer to Disciplinary Hearing
Records for Production FOIA 0127-24 0001	12

SOUT AROLINA DEPARTMENT OF CORRECTION Division of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

Inmate Name: Jamal Kilty SCDC#: 352269 Institution: meci
Interviewing Employee (Print/Title): ulm J. Thomphn'
SECTION 15 SEROTECTIVE CONCERNS BUALTIA HOVE
Inmate's Reason(s) for Requesting SMU placement due to Protective Concerns: I'm Stated the Was out to kill him. Ilm Stated he Couldn't go back to the Yard Inmate(s) Involved:
Employee(s) Involved: RECEIVED
I do went to be placed in SMU- due to protective concerns (SP) 1 do not want to be placed in SMU – due to protective concerns (SP)
Inmate Signature: Date: Date:
NOTE: Your signature on this line refusing SMU placement due to Protective Concerns does not prohibit the Agency, in the exercise of its' discretion, from placing you in SMU (SP).
Interviewing Officials Recommended Action:
Return to General Population (indicate reason) Recommended Placement in SP for further Investigation Other The placed on Projective Concerns
Approved/Disapproved: Um J. Thumphis Date: 3-11-17 Warden / Duty Warden Approved Designee
Date Forwarded to Institutional Protective Custody Committee (IPCC)
SECTION HES DESTRUCTION TO PROTECT DUT ASSISTED WIGOXIMIQUISE
Disposition (Check one): Valid Invalid Further Investigation
Reason/Recommendation:
IPCC Chairperson: Date: B/22 17
Date Forwarded to Institutional Classification Committee (ICC)
SECTION THE WOLVE CHASSIFICATION COMMITTEEF REVIEW
Disposition (check one): Valid Invalid Transfer to General Population at
Approved for Placement on Statewide Protective Custody
Recommendation:
S/ Date:

White: 1PCC

White: IPCC
Oreen: Inmate
Yellow: SCC
Pink: Institutional Records
Gold: Central Records
Records for Production FOIA 0127-24 000113
SCDC Form 19-47 (Aug., 2008)

State Classification Representative

CLAI360D SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CUSTODY REVIEW

03/29/17 C028602

LOCATION...: MCCORMICK REVIEW DATE: 03/23/17

SCDC #: 00352269 REVIEW TYPE: STATUS NAME..: RILEY, JAMAAL -Y NO. OF CLASS I ESCAPES: 00 NO. OF CLASS II ESCAPES....: 00

IN PAST 6 MOS....: 00 IN PAST 24 MOS...: 00 OVER 6 MOS..... 00 OVER 24 MOS....: 00 CURRENT VIOLENT OFFENSE..: Y MAJOR DISTURB. OR RIOT: N

OFFENSE DISQUALIFIED FOR LEVEL 1: Y HIGHEST CATEGORY DETAINER: 1 MAXOUT DATE..... 08/04/2 RESIDENT STABILITY: NA NOT APPLICABLE

APPROVED SECURITY..... L3 RECOMMENDED CUSTODY..... ME

ASSIGNED CUSTODY...... PC APPROVED BY: M BOWDRE

OVERRIDE....: 00/00/00 STATE APPROVED CUSTODY..... APPROVED BY:

OVERRIDE....:

REVIEW REASON...... G SECURITY REVIEW

IPCC AGREES INMATE REQUEST FOR PC IS VALID; (1) NICKNAME GIVEN; FEARS FOR LIFE

FURTHER TO STG COORDINATOR; CHAIRED BY A/W GLIDEWELL.

CUSTODY REVIEW RECORD PART II DISPLAYED ...

<PF12>PRINT SD REP

JAMAAL Kiley #352269

SOUTH CROLINA DEPARTMENT OF CORROTIONS INCIDENT REPORT

·	Page of
Institution/Center: MCCI	Date of Report: 3 / 11 / 2017
Reporting Official (Full Name): 4/m J. Thomph- 3	Time of Report: /2:10
Employee ID #: 016160	Date of Incident: 3/11/2017
Location of Incident: MCCI operation	Time of Incident: 12:15
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1. Jamal K. ry 352269	1.
2.	2.
3.	3.
4. 5.	4.
	1 3
On the above date and approximate time: I'm stated Kill him. I'm . Stated he Couldn't g	a back to the yard
Kill him. Ilm. Stuted he Couldn's g	a back to the yard
1	
// 1/	
Signature: Jak 1660 Title: M	CC J
Evidence: U	
Disposition of Evidence:	
Supervisor's Comments:	STG Related - Refer to STG Committee
	1
	()Yes ()No ()Unknown
Printed Name:	-
	This incident is DRUG related
Signature: Title: Date/Time:	() Yes () No () Unknown
Major/Responsible Authority:	Responsible Authority
	Action Taken
,	
· ·	() Informal Resolution
Printed Name:	() Administrative Resolution
	() Administrative Resolution
Signature; Title: Date/Time;	() Refer to Disciplinary 11 aring



PRE-HEARING DETENTION PLACEMENT/EXTENSION

PHD EXTENSION				
Inmate Name	SCDC #			
Date:/				
Reason for Extension:	·			
	·			
Length of Extension: (up to 10 days only)				
Requesting Official:	Title:			
Approved/Disapproved:	Date:/			
Warden/I	Outy Warden			
	CEMENT IN PHD			
Inmate Name: Juma K. ley	SCDC#: 352269 Custody:			
•	laintain the Integrity of an Investigation mate is a threat to the physical safety of other inmates or staff			
☐Inmate's presence in the pop	ulation would create a threat to the safety, security, and/or order of			
st ulm J. Thumphus	Date 3 / 1/ / 17 Time: 12:10 AMPM			
Warden, Associate Warden, Major, Captain,				
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. I also certify that this notice is clear and readable and that I will appear before the Institutional Classification Committee within seven (7) calendar days of my placement in PHD.				
Inmate/Witness Signature:	Date 3 / // / Time: 12:15 AM/PM			
Serving Officer/ Witness Signature: LT S. Lew	Date 3 / // / 7 Time: /2// AM/PM			

SCDC 19-67 (Rev., August 1999)

White: Records for Reduction FOIA 0127-24 000116

Canary: Central Record T-----

South Carolina Department Of Corrections
Division Of Classification And Inmate Record

PRE-HEARING DETENTION PLACEMENT/EXTENSION

Ulm J. Thumphini

PI	HD EXTENSION			
Inmate Name	SCDC #			
Date:/				
Reason for Extension:	·			
Length of Extension: (up to 10 days only)				
Requesting Official:	Title:			
Approved/Disapproved:	Date:/			
	OF PLACEMENT IN PHD SCDC#: 352269 Custody:			
Reason for Placement in PHD: Current Escape Risk	☐ Maintain the Integrity of an Investigation			
☐ Protective Concerns ☐ Inmate's presence in t the institution	☐ Inmate is a threat to the physical safety of other inmates or staff he population would create a threat to the safety, security, and/or order of			
S/ U/m J. Thumphus Warden, Associate Warden, Major, Captain,	Date 3 / 1/ / 17 Time: 12:10 AM/PM			
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. I also certify that this notice is clear and readable and that I will appear before the Institutional Classification Committee within seven (7) calendar days of my placement in PHD.				
Inmate/Witness Signature:	Date 3 1-11-17 Time: 12:15 AM/PM			
Serving Officer/ Witness Signature: LT S. teach	Date 3 / 11 / 17 Time: 12.75 AM/PM			
· (^\				

SCDC 19-67 (Rev., August 1999)

White: Restrictional Records FOIA 0127-24 000117

Canary: Central Record

= cain't Return back (to the Compound ecause Individual are going to Kill me

Im (AMAL Riles) 4 352269

Son In. no

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

1. SCDC #: 2. Inmate's Name: 352249 Rully Jame	3. Institution:	
4. Transferred From:	5. Transferred To	
Area: Title: Unmployed Code:	Area: DORM 4A	
Title: UN) MY COCK CL	Title:	
Gode:	Code: 05510 Part-Time	
Hours Per Day Days Per Week	8 Hours Per Day 5 Days Per Week	
Date Effective	Date Effective	
6. Reason for Transfer/Termination (a reason must be indicated	ted):	
7. Comments:		
Ala socializada de Cla	airtime	
No medical restr	MAIND	
8. Bonus Educational Credit:		
☐ ADD ☐ DELETE Date Effect	ive	
□4-7 Hrs/Wk □8-11 Hrs/Wk □	12-14 Hrs/Wk	
	9. Losing Supervisor:	
	Date:	
	10. Gaining Supervisor:	
Return This Form To	ym Hold Date: (0-28-17	
Classification.	11. Classification Caseworker:	
	Date: O	
	18 CRT Entry by: Date: UQQ	
13. CRT Entries: EWC EEC	Assignment Location: 500	
NOTEDIA PROSI	1	

DISTRIBUTION:

White: Institutional Record
Yellow: Losing Supervisor
Pink: Gaining Supervisor
Gold: Inmate Pay Designee

SOUT CAROLINA DEPARTMENT OF CORP TIONS DISCIPLINARY REPORT AND HEARING RECORD

GT: Q

			EI OKI AND			
	Inmate Name: RILEY, JA		- LOOK III		C#: 352269	CT2
Living Area: CYl	·		Job: LOCK UI	10,5	Custody:	813
Offense Date: 05 /	19 / 2017 Offense Time:	10:30 ✓	AM PM	Institution: PERRY	C.1.	, , , , , , , , , , , , , , , , , , , ,
Offense Description:						
	Inmate Organization A					
Any participation	of any inmate in any or	ganization	n which has n	ot been approved	or any informal orga	ınization,
	oup of three (3) or more					
	n activities that include					
	fied as serious threats o					
	rs, and/or other inmates Possession of STG mat				ated a Security Threa	n Group by tr
Charging Officer/Em	R. MUSSEN				Title: SGT.	
INMATE NOTIFICA	TION: YOU WILL APPEA	R BEFORE	A HEARING O	FICER 48 HOURS C	R MORE AFTER YOU	R RECEIPT OF
THIS NOTICE. YOU	HAVE THE RIGHT TO ST	JBMIT A W	RITTEN STAT	EMENT AND MAK	E A VERBAL STATEM	ENT.
		,				
I GIVE UP MY RI	GHT TO 48-HOUR NOTICE	AND AUTH	IORIZE THE HE	ARING OFFICER TO	PROCEED WITH THE H	EARING
	TO BE PRESENT AT MY H			DIMEDU	PERCENTAGE ONLY	4
L DO WANT MY A	ACCUSER PRESENT AT THE MY ACCUSER PRESENT A	E HEARING I' THE HEAR	RING	TO I WANT	SEGREGATION ONLY A COUNSEL SUBSTITUT	EM Colth
LI PONO! WAR	MI ACCOUNT A			רסא סס ז	WANT A COUNSEL SU	JBSTITUTE /
		m/	7	· Lou		
Date &Time Notifie	± 6 /2 / 1 b	<u> </u>	MJPM By (Pri		wn	
Inmate Signature: _	H James Couly	M	<u> </u>	SCDC#:	Date:	
HEARING INFORMA	TION:					
Hearing Date: 6	18117 Hearing	Time: 200	am/pm			Odd Control
EXPLAIN BELOW BY	NUMBER: (1) IF COUNSEL	SUBSTITUT	TE WAS NO			2) IF ACCUSED
EXCLUDED FROM AT	JY PART OF THE EVIDENCE	E STAGE: IF	ANY (3) WITNE	SSES, (4) DOCUMEN	TATION, OR (5) EVIDEN	CE WAS EXCLU
FROM THE HEARING THE HEARING	OR (6) IF INMATE WAS D	ENIED CON	FRONTATION	GESTIONING AND/O	R CROSS EXAMINATIO	N OF A WITHES
- Address - Addr						
_	FENSE CODES		832			
IN	MATEPLEA (G, NG, None)		832 N 6			
IN Fi	MATEPLEA (G, NG, None) NDINGS (G, NG, DS)		832 N 6			
IN FI IF GUILTY, EVIDEN	MATE PLEA (G, NG, None) NDINGS (G, NG, DS) ICE PRESENTED CONSIL	DERED AND	837 M. G. D. REASONS FO	R DETERMINATIO	N OF GUILT (A) AD	HISSION OF GL
IN FI IF GUILTY, EVIDEN	MATEPLEA (G, NG, None) NDINGS (G, NG, DS)	DERED AND	832 N G O REASONS FO OTHER, EXPLA	R DETERMINATIO	N OF GUILT: (A) ADN BJ (C) (P) X	HISSION OF GL
IN FI IF GUILTY, EVIDEN	MATE PLEA (G, NG, None) NDINGS (G, NG, DS) ICE PRESENTED CONSIL	DERED AND	83Z N G D REASONS FO OTHER, EXPLA	R DETERMINATIO	NOFGUILT: (A) ADN BJ (J/EJ/ BJ 7 (L) D (J/E)	
IN FI IF GUILTY, EVIDEN	MATE PLEA (G, NG, None) NDINGS (G, NG, DS) ICE PRESENTED CONSIL	DERED AND	S3Z O REASONS FOOTHER, EXPLA	R DETERMINATIO	NOF GUILT: (A) ADD B) (C) Test Test Test Test Test Test Test Test	
IN FI IF GUILTY, EVIDEN	MATEPLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIN	DERED AND ONY; (D) CO	THER EXPLA	R DETERMINATIO	B) (C) PEN DE TOP CT BU	MAN THE
IF GUILTY, EVIDEN (B) ONFICER'S REPO (A) PLICE CONTROL SANCTIONS: Q Loss of Privileges (I	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C F (1) A P C F (2) A P C F (2) A P C F (3) A P C F (4) A P C F (4) A P C F (4) A P C F (5) A P C F (6) A P C F (7)	DERED AND IONY; DO C	Reprimand:	ININDETAIL: [4]	Loss of Good T	1
IF GUILTY, EVIDEN (B) ONFICER'S REPO SANCTIONS: CL Loss of Privileges (D Property	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C F (D) F O WO V OF Days) (Days)	DERED AND CONY; DO CO	Reprimand:	IN IN DETAIL: 4	B) (C) PEN DE TOP CT BU	1
IF GUILTY, EVIDEN (B) ONFICER'S RECO SANCTIONS: Q Loss of Privileges (I Property Canteen	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C F (D) F O WO V V P Days) (Days) (Days) (Days)	DERED AND TO THE PROPERTY OF T	Reprimand: Extra Duty (F Visit Suspens	Ours):	Loss of Good T	1
IF GUILTY, EVIDEN (B) ONFICER'S REPO SANCTIONS: Q Loss of Privileges (E Property Canteen Phone (I	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C F (D) F O WO V V P Days) (Days) (Days) (Days)	DERED AND SONY, DO CO	Reprimand:	Ours):	Loss of Good T	1
IF GUILTY, EVIDEN (B) OFFICER'S REPC SANCTIONS: A Loss of Privileges (D Property Canteen Phone (I Disciplin	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIN A P C (I) A P C	iony, po) c h g h h g h h d h h	Reprimand: Extra Duty (F Visit Suspens Cell Restriction	IN IN DETAIL: 4	Loss of Good T	1
IF GUILTY, EVIDEN (B) OFFICER'S REPC SANCTIONS: A Loss of Privileges (D Property Canteen Phone (I Disciplin	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C (I) A P C	iony, po) c h g h h g h h d h h	Reprimand: Extra Duty (F Visit Suspens Cell Restriction	IN IN DETAIL: 4	Loss of Good T	1
IF GUILTY, EVIDEN (B) OFFICER'S REPC SANCTIONS: A Loss of Privileges (D Property Canteen Phone (I Disciplin	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIN A P C (I) A P C	iony, po) c h g h h g h h d h h	Reprimand: Extra Duty (F Visit Suspens Cell Restriction	IN IN DETAIL: 4	Loss of Good T	1
IF GUILTY, EVIDEN (B) ONFICER'S REPO SANCTIONS: CL Loss of Privileges (D Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM A P C (I) A P C	DARPUN	Reprimand: Extra Duty (F. Visit Suspens Cell Restriction	IN IN DETAIL: 4	Loss of Good T	1
IF GUILTY, EVIDEN (B) ONFICER'S REPO SANCTIONS: CI Loss of Privileges (D Property Canteen Phone (I Disciplin Other SPECIFIC FACTUA)	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL PRESENTED	DARPUN	Reprimand: Extra Duty (F Visit Suspens Cell Restriction	IN IN DETAIL: 4	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) ONFICER'S REPC SANCTIONS: CL Loss of Privileges (D Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL LOSS OF PRIVILEGES (D PROPERTY CANTENDATE PLAN CREDITFOR PHD TI DATE INMATE PLAN	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL PRESENTED	IF YES	Reprimand: Extra Duty (F Visit Suspens Cell Restriction MISHMENT IMP	IN IN DETAIL: 4	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) ONFICER'S REPC SANCTIONS: CL Loss of Privileges (D Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL LOSS OF PRIVILEGES (D PROPERTY CANTENDATE PLAN CREDITFOR PHD TI DATE INMATE PLAN	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL IRT; (C) WITNESS TESTIM O	IF YES	Reprimand: Extra Duty (F Visit Suspens Cell Restriction MISHMENT IMP	IN IN DETAIL: 4	Loss of Good T Restitution: \$	1
IF GUILTY, EVIDEN (B) ONFICER'S RECCE SANCTIONS: Q Loss of Privileges (I Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL CREDITFOR PHD TI DATE INMATE PLA INMATE SIGNATU HEARING OFFICEI	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL IRT; (C) WITNESS TESTIM O	IF YES	Reprimand: Extra Duty (H Visit Suspens Cell Restriction MISHMENT IMP	IN IN DETAIL: 4	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) OFFICER'S REPC SANCTIONS: Q Loss of Privileges (D Property Canteen Phone (I Disciplin Other SPECIFIC FACTUA) CREDIT FOR PHD TI DATE INMATE PLA INMATE SIGNATU HEARING OFFICEI A PROVEDADD MO	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIN A P C (I) DRY	IF YES	Reprimand: Extra Duty (H. Visit Suspens Cell Restriction VISIAMENT IMI	OURS): OSED: 7/83 AURINO DETAIL: [4 NO FINAL NO FINAL OURS): OURS): OR OF THE STATE OF TH	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) ONFICER'S RECCE SANCTIONS: Q Loss of Privileges (I Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL INMATE SIGNATU HEARING OFFICEI APPROVEDADD MO CONTACT YOUR (C	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM O	IF YES	Reprimand: Extra Duty (H Visit Suspens Cell Restriction MISHMENT IMP	OURS): OSED: REASON UBSTITUTE IF YOU	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) ONFICER'S REPO SANCTIONS: Q Loss of Privileges (E Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL CREDITFOR PHD TI DATE INMATE PLA INMATE SIGNATU HEARING OFFICEI APROVEDADD MO CONTACT YOUR (White - Institutional Ro	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIN O WO VISIT OF PARTICIPATION ON PRESERVED? YES NO CED IN PHD / RE FOR RECEIPT OF FINE RECTAL (C) CASEVE CONTY CLASSIFICATION CASEVE CONTY CONTY CLASSIFICATION CASEVE CONTY CON	IF YES AL REPORT WAF VORKER OF	Reprimand: Extra Duty (H Visit Suspens Cell Restriction MISHMENT IMP A A A A A A A A A A A A A	OURS): OSED: REASON UBSTITUTE IF YOU Ty - Inmate (Service of I	Loss of Good T Restitution: \$	
IF GUILTY, EVIDEN (B) ONFICER'S REPC SANCTIONS: Q Loss of Privileges (E Property Canteen Phone (I Disciplin Other SPECIFIC FACTUAL CREDITFOR PHD TI DATE INMATE PLA INMATE SIGNATU HEARING OFFICEI APROVEDIDD MO CONTACT YOUR (White - Institutional Re Goiden Rod - Inmate (S	MATE PLEA (G, NG, None) INDINGS (G, NG, DS) ICE PRESENTED CONSIL DRT; (C) WITNESS TESTIM O	IF YES AL REPORT WAF VORKER OF	Reprimand: Extra Duty (F Visit Suspens Cell Restriction MISHMENT IMP ADAYS TO P ROUNSEL S Cana 24 000128 ink	IN IN DETAIL: 4 NOTAL: 4	Loss of Good T Restitution: \$	

#25

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

5 26 17 (6)	Page of
Institution/Center: Peny Correction O Institution	Date of Report: Wall 19,2017
	Time of Report: TOO X 1200PM
Employee ID #: 05UZGU	Date of Incident: May 19,7017
Location of Incident: Property	Time of Incident:
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1. Pileu , amaal 3527109	1. OST Starks
2. •	2.
3.	3.
4.	4.
5.	5.
On the above date and approximate time: while conduct	ting and packing
inmate Kiley Lampal #352269's 10	crup property, ynyser
and out storks trund several pages	of and appears 17 De
Sts Material, Mese items were piac	OCI (DOV) EVICUE/CP
buy and turned in to contratainer.	
,	
Signature: MISSEN), Tochol Title: S	
Signature: // USSED, // OCNES Title: 5	6/
Evidence: Sweral mages 576 Material	
Disposition of Evidence:	
Supervisor's Comments:	STG Related - Refer to STG Committee
1 032	
	(Yes () No () Unknown
	1
Printed Name: D. Burzindu	This incident is DRUG related
Signature: Date/Time: 5-19-11	() Yes (V) No () Unknown
Major/Pegnongible Authority:	Responsible Authority
N/VI IT	1
832 STG	Action Taken
	() Informal Resolution
Printed Name: 130/on	() Administrative Resolution
Signature: () (6) / Title: (7) A Date/Time: (7) / Title: (8)	(L) Refer to Disciplinary Hearing
Records for Production FOIA 0127-24 0001:	

SOUT CAROLINA DEPARTMENT OF CORR TIONS DISCHLINARY REPORT AND HEARING RECORD

GT:30

Case#- 23 & 24	Inmate Name			ALVE HERICAL	SCDC#: 352269	
Living Area: Q4	A289 11-1		Job: UN			Custody: SP3
	5 / 04 / 2017 Of	fense Time: 6:3	30 AM ✓	PM Institution:	PERRY C.I.	- 100
Offense Descripti					7,	
•		0				
#23,	906	Purchasi	ng me	strument	-	1
•						
#24	427	STG	Materia	\mathfrak{U}		
	6,00					
Charging Officer	Émployee: R. Ml	JSSEN	.,		Title: So	
INMATENOTIE THIS NOTICE Y	ICATION: YOU V YOU HAVE THE R	VILL APPEAR BE	BFORE A HEARD IIT A WRITTEN	NG OFFICER 48 F STATEMENT AN	IOURS OR MORE AI ID MAKE A VERBA	TER YOUR RECEIPT OF L STATEMENT.
Tino No rieg.						
☐ I GIVE UP M	TY RIGHT TO 48-H	OUR NOTICE AN	O AUTHORIZE TI	HE HEARING OFF	ICER TO PROCEED W	ITH THE HEARING
	ANT TO BE PRESE			1	RHIJ/GPH SEGREGAT	ION ONLY
DI DO NOT W	MY ACCUSER PRE ANT MY ACCUSER	R PRESENT AT TH	E HEARING		WANT A COUNSEL	SUBSTITUTE / CCO/
					I DO NOT WANT A C	OUNSEL SUBSTITUTE
Date &Time No	tified: <u>5/12</u>	JI 1:35	АМЛ В	y (Print):	السما	4
Inmate Signatus	e: W Jamos	al ORileer		SCI	oc#:352265	Date: 5/12/1
HEARING INFO	-41.0					
		7	(2.00)			· · · · · · · · · · · · · · · · · · ·
	5125117					e ve l'accepte n
EXPLAIN BELOV	V BY NUMBER: (I) M ANV PART OF TE	IF COUNSEL SUE	SSTITUTE WAS I	NOT PRESENT DU VITNESSES, (4) DO	RING PART OF THE F OCUMENTATION, OR	EARING; (2) IF ACCUSED V (5) EVIDENCE WAS EXCLUE
FROM THE HEAD	RING; OR (6) IF IN	MATE WAS DENIE	ED CONFRONTAT	TON QUESTIONIN	IG AND/OR CROSS EX	AMINATION OF A WITNESS
THE HEARING						
		,				
			77-2	-7	#>+	
	OFFENSE CODE	S	1 9	<u>, , , , , , , , , , , , , , , , , , , </u>	1 877	_ · · · · · · · · · · · · · · · · · · ·
	INMATE PLEA		1	G	NI	2
	FINDINGS (G	, NG, DS)		6	6	
IF GUILTY, EVI	DENCE PRESENT	ED CONSIDERE	ED AND REASO	NS FOR DETERM	INATION OF GUILT	r: (A) ADMISSION OF GUI
(B)OFFICER'S	REPORT: (C) WITN	ESS TESTIMON	Y; (D) OTHER. I	XPLAININDEIA	18/19/7	- WON THE
9 (11	MP (Y g	is it les	1776	y-170	5 + Juiper	1 0 14
SANCTIONS:	C > 14/17	10/1	10 7 1 10 1 70	su bus	7181 Kg	J' PUT STU
Loss of Privileg		06 83	Reprima	ind: 906	1832 Los	s of Good Time (days):
	erty (Days)		_	uty (Hours):	Res	stitution: \$**
	teen (Days)	43 4		spension striction (Days):	20\3C)	
	ne (Days)iplinary Detention((Days)) 001110.		10 100	
Othe	r(Days).	A D DI DIEGONACA	TIMBOSED	157906 0	(12 Dec 2)
Char	P 4 1/3		0 /14	Los France	110C 837	7/28/14
4 19 4	3 1) 1		cory L	11/4/10	7 /017	11011
	ID TIME SERVED?	YES(NO)	if yes, days _		/	
	PLACED IN PHD ATURE FOR REC	EIPT OF FINAL F	EPORT:	mon (Rilly)	, , , , , , , , , , , , , , , , , , ,	DATE: 5/25/17
HEARING OFF	ICER (PRINT NAM	ME) R	Turn	er 8		
APPROVED/DI	•	UC	<u> </u>			
	O MODIFICATION	10NLY	WARDEN	REA	SON	
	O MODIFICATION		WARDEN KER OR COUNS	SEL SUBSTITUT	E IF YOU DO NOT U	INDERSTAND THIS FORM
White - Institution	O MODIFICATION	TION CASEWOR	KER OR COUNS	SEL SUBSTITUTI Canary - Inmate (S	E IF YOU DO NOT U	

SCDC 19-69 (Rev., Feb 2017)

Action Taken

() Administrative Resolution

() Refer to Disciplinary Hearing

() Informal Resolution

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT Date of Report: (1)()() Institution/Center! Time of Report: ADDIT Reporting Official (Full Name): Employee ID #: かりょう Date of Incident: MA Time of Incident: ADDDD Location of Incident: A Employee(s)/Witnesses Involved: Inmate(s)/Resident: Sex: Race: SCDC # Age: 1. 3522109 2. 2. 3. 3. 4. 4. 5. 5. On the above date and approximate time: $\, \omega$ Title: Signature: Evidence: Disposition of Evidence: Supervisor's Comments: 906-832 STG Related - Refer to STG Committee (YYes () Unknown () No Printed Name: 🍞 Burzinsk This incident is DRUG related Date/Time: 5-04-17 approx 705.pm Title: 1+ (No Signature: () Unknown () Yes Major/Responsible Authority: Responsible Authority NMH

SCDC Form 19-29A (Rev. January 2005)

Printed Name:

Signature:

Pwchasme

Instrumen

Date/Time:

Records for Production FOIA 0127-24 000123

Material

Title:



PRE-HEARING DETENTION PLACEMENT/EXTENSION

PHD EXTENSION	
Inmate Name	_ SCDC #
Date:/	
Reason for Extension:	
v	
te	
Length of Extension: (up to 10 days only)	
Requesting Official:	Title:
	D.4
Approved/Disapproved:Warden/Duty Warden	Date:/
PICATRON ON BY A CONTINUE FOR PARTIES	
Inmate Name: Riley Jamas SCDC#: 35	2265 Custody: ST
Reason for Placement in PHD: Current Escape Risk Maintain the Integrity	of an Investigation
• , ,	ne physical safety of other inmates or staff
☐ Inmate's presence in the population would create the institution	e a unical to the Salety, Security, and/or order of
	81/ Time: 200 AMPM
Warden, Associate Warden, Major, Captain,	
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. and that I will appear before the Institutional Classification Committee within seven (I also certify that this notice is clear and readable 7) calendar days of my placement in PHD.
Inmate/Witness Signature: Robused to Sign Date/	AM/PM
Serving Officer/ Witness Signature: 1. Wilson chr logs Date 5/	18 /17 Time: 5 00 AM/PM

SCDC 19-67 (Rev., August 1999)

White: Records for Production FOIA 0127-24 000124

Canary: Central Record

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

1. SCDC #: 352247 2. Inmate's Name: Area: Title: Code: DFull-Time Part-Time	3. Institution: PCI 4A 2097 5. Transferred To: Area: Title: Code: 05310 Part-Time Hours Per Day Days Per Week
Hours Per Day Days Per Week Date Effective	Date Effective 514 17
6. Reason for Transfer/Termination (a reason must be indicated)	ed):
7. Comments: ND Restric	tions
8. Bonus Educational Credit:	
☐ ADD ☐ DELETE Date Effect	
□ 4-7 Hrs/Wk □ 8-11 Hrs/Wk □	12-14 Hrs/Wk
Return This Form To Classification. 13. CRT Entries: EWC X EEC	9. Losing Supervisor: Date: 10. Gaining Supervisor: Date: 11. Classification Caseworker: F. Council Date: 05/04//7 12. CRI Entry by: F. Council Date: 05/04//7 Assignment Location: 5079
DISTRIBUTION:	· moreganism and make the same that the same

White: Institutional Record Yellow: Losing Supervisor Gaining Supervisor Pink: Gold: Inmate Pay Designee

Institution: PCI

	Dila Tamas 252210	4A 2007	MF
#1)	Inmate Name: Pilly Jamvall SCDC #: 352269 Bed Assign:		tody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES _	NO
	CHAMITAL FONGIVARE KICHAPPING,		
	Does the inmate have any bottom bunk/lower tier requirement?	YES	✓ _{NO}
	Does the minate have any bottom bunk lower ther requirement.		
	- H-H	UA and C	*146
#2)	Inmate Name: 678. Bed Assign:	2018 Cus	stody: Wiz
٠	Does the inmate have convictions for Assault on other inmates or Staff?	YES _	NO
	Biralans -1st dearer		
	·		
#3)	Inmate Name:SCDC #:Bed Assign:	Cu	stody:
#3)	Innate Name.		
ė	The state of the s	YES	NO
	Does the inmate have convictions for Assault on other inmates or Staff?	YES _	NO
		YES	NO
	Does the inmate have convictions for Assault on other inmates or Staff? Has the inmate indicated yes on either of the PREA questions?		~
			~
	Has the inmate indicated yes on either of the PREA questions?	YES _	NO
co	Has the inmate indicated yes on either of the PREA questions?	YES _	NO
— co	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?	YES _	NO
co	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?	YES _	NO
	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?	YES _	NO
	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?	YES _	NO
Co	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement? MMENTS: mmittee Members: J. Long	YES _	NO
Co	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement?	YES _	NO
Co Co	Has the inmate indicated yes on either of the PREA questions? Does the inmate have any bottom bunk/lower tier requirement? MMENTS: mmittee Members: J. Long	YES _	NO

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000126

Pink: Inmate #3 Institutional Record

* Form- SCDC 18-3 Rev. March 2013

	Institution: +CI		
# 1)	Inmate Name: Pilly Jamall SCDC #: 352269 Bed A	4A ssign: <u>209</u> T	Custody: ME
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Crimina conspiracy not, Kidhapping,		
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
#2)	Inmate Name: BYDWM, HUDEN +SCDC #: 161888 Bed A	ssign: 20913	Custody: ME
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO

#3)	Inmate Name: SCDC #: Bed A	Assign:	Custody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Has the inmate indicated yes on either of the PREA questions?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
CO	MMENTS:		
Cor	nmittee Members: G. Mun		***
Cor	nmittee Chairperson: F. Igunsule Date: 0	5/04/17	
X	Approved Disapproved		

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000127

Pink: Inmate #3 Institutional Record

#1)	Inmate Name: PILLY, Jamaal SCDC #: 352200	Bed Assign: [4-2	1 Custody: ME3
	Does the inmate have convictions for Assault on other inmates or Staff?	✓ YES	
√	Does the inmate have any bottom bunk/lower tier requirement?	YES	
#2)	Inmate Name: VEO NAVA CLOVENCESCDC #: 35A2A1 Does the inmate have convictions for Assault on other inmates or Staff? **Signature William Wil	√ YES	
#3)	Inmate Name:SCDC #: Does the inmate have convictions for Assault on other inmates or Staff?	Bed Assign:YES	
	Has the inmate indicated yes on either of the PREA questions?	YES	SNO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NONO
СО	Leonard-BIM, 234rs. Old, Kidnap Leonard-BIM, 254rs. Old, Kidnap	• 1)
Cor	mmittee Members: JAN A	3-3-17	
Con	mmittee Chairperson Date	»: <u>3/3/17</u>	
	_Approved Disapproved .		
DI	STRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Rec	ord Pink: Inmate #3 In	istitutional Record

Records for Production FOIA 0127-24 000129

Form- SCDC 18-3 Rev. March 2013

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records

INMATE JOB/SCHOOL ASSIGNMENT

1. SCDC #:	2. Inmate's Name:		3. Institution:
352269	RIVEY Jamacı	١	MCCI
4. Transferred From:	•	5. Transfer	rred Ta Unit F4 Dorn
Hours Per D	Part-Time ayDays Per Week	DPúl-	DOQ DOY Ler DIME D Part-Time Hours Per Day Days Per Week ective
6. Reason for Transfer/T	ermination (a reason must be indicate	ed):	
7 (100 Anom 401 8/3/17
7. Comments:			ICC Approved \$3/17
-			M. Ylen
8. Bonus Educational C	redit:		
☐ ADD	□ DELETE Date Effect	ive	
F14 7 11	k □8-11 Hrs/Wk □	12.14 Hre	Wk 🗆 15 or MORE Hrs/Wk
LI4-/ HTS/W	к <u>Шо-11 гнз/</u> wк <u>Ш</u>		Supervisor:
		J. Loonig	Date:
	um This Form To	WH	g Supervisor: 3-3-17 Date:
Clas	giiigaliyali	Mill	Date: 3/3//7
		12, CRT E	Date: 3/3/17 Date: 3/3/17
13. CRT Entries:	EWC EEC	·	Assignment Location:

DISTRIBUTION:

White: Institutional Record
Yellow: Losing Supervisor
Pink: Gaining Supervisor
Gold: Inmate Pay Designee



SCDC 19-112

PGM:QSTI220D SOUTH CAROLINA DEPARTMENT OF CORRECTIONS SCHEDULED TRANSFER OF INMATES

PAGE 1

TRANSFER FROM: LIEBER

TO: MCCORMICK

TRANSFER DATE: 03/02/17

SCDC# SID# TYP NAME

RACE/SEX REASON CUST/SEC BED VACA

00352269 SC0200254 S RILEY, JAMAAL

B/M INST. SECU ME3 MA0221Z

Institution: Licher Eden NM M SCDC #: <u>352269</u> Bed Assign: <u>EB2374</u> Custody: <u>ME3</u> #1) YES · NO Does the inmate have convictions for Assault on other inmates or Staff? Does the inmate have any bottom bunk/lower tier requirement? Inmate Name: Down, Maure SCDC #: 3/8025 Bed Assign: #2) YES NO Does the inmate have convictions for Assault on other inmates or Staff? Does the inmate have any bottom bunk/lower tier requirement? Inmate Name: _____ SCDC #: ____ Bed Assign: ____ Custody: ___ #3) YES Does the inmate have convictions for Assault on other inmates or Staff? YES NO Has the inmate indicated yes on either of the PREA questions? NO Does the inmate have any bottom bunk/lower tier requirement? **Committee Members:** Committee Chairperson: _ Approved Disapproved

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000132

Pink: Inmate #3 Institutional Record

Institution: Lee

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	F-	
#1)	Inmate Name: Leon	Simmons scoc #: 3101049	Bed Assign:	<u>8137</u> 10	Justody: MIZ
	Does the inmate have convict	ons for Assault on other inmates or Staff?	,	YES	NO
	÷ 				
	Does the inmate have any bot	tom bunk/lower tier requirement?			
_	eq. 1				
A	Inmate Name: Zamou	.1 Riley scoc#: 35726	Bed Assign:	<u> 1378</u> 0	Custody: <u>ME3</u>
	Does the inmate have convict	ions for Assault on other inmates or Staff?		YES	NO*
•	Stilling on em	platee-07/14/15			
				YES	\/NO
	Does the inmate have any bot	tom bunk/lower tier requirement?		IES	NO
#3)	Inmate Name:	SCDC #:	Bed Assign:		Custody:
	Does the inmate have convic	ions for Assault on other inmates or Staff?		YES	NO
					•
	Has the inmate indicated yes	on either of the PREA questions?		YES	NO
	val*			, ma	NO
·	Does the inmate have any bo	tom bunk/lower tier requirement?		YES	NO
CO	MMENTS: Monitor	MI and ME		•	
CO	MINIENIS: 17 100 400				
	,				
	· · ·	01			
Con	nmittee Members: //	nda Shomas	•		
Con	nmittee Chairperson:	Mc15	Date: 11/27	slice	
:					١.
_4	Approved Disapproved	•			
DIG	TRIDITTONI. 377 V. J. J. 441 I	activitional Pagard Vallow: Inmate #2 Institutional	Record Pink: Im	nate #3 Institu	ntional Record

Records for Production FOIA 0127-24 000133

Form-SCDC 18-3 Rev. March 2013

Institution: __

	·		F4		
#1)	Inmate Name: Din Je., Edille SCDC #: 35/03/ Bed	Assign: <u>A</u>	<u>37</u> τ c	ustody: _	AIC
	Does the inmate have convictions for Assault on other inmates or Staff?	4	YES		ON
	Does the inmate have any bottom bunk/lower tier requirement?			,	
\	2		F 4		-
M	Inmate Name: Riley Jamas SCDC #: 3500 (Bed	Assign: 🙎	<u>137 B</u> C	ustody:	NE3
I	Does the inmate have convictions for Assault on other inmates or Staff?		YES]	NO.
	Striking on employee 8/7/15				
	Discoulation to Lorenza hattan handellower tion requirement?		YES		ν NO
	Does the inmate have any bottom bunk/lower tier requirement?		_ 1 100		_
#3)	Inmate Name: SCDC #: Bed	Assign: _	C	Custody:	
	Does the inmate have convictions for Assault on other inmates or Staff?		YES		NO
					سه دري
	Has the inmate indicated yes on either of the PREA questions?		_YES	<u> </u>	NO
· •		,	VEC		NO
	Does the inmate have any bottom bunk/lower tier requirement?		YES		NO -
CO	MMENTS: Morridoe NIT /ME				_
.4				•	
-		1			_ · ·
	11/	lu			_ '
Con	nmittee Members: V W	3/10			
			/ -		
Cor	nmittee Chairperson:	_4/_	15/	16	
		/	/		
. <u>√</u> :	Approved Disapproved				

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Pink: Inmate #3 Institutional Record Records for Production FOIA 0127-24 000134

Institution:

#1) Inmate Name: Miller in SCDC#: 330546 Bed	Assign: 19187/Custody: MC	:3
Does the inmate have convictions for Assault on other inmates or Staff? Throughing Exposure of - 02/26/13		
Inmate Name: Pilou Sunca SCDC #: 352269 Bed	Assign: 1 413713 Custody: MA	3
Does the inmate have convictions for Assault on other inmates or Staff? Striking on employee - 08/07/15	YESNO	
Does the inmate have any bottom bunk/lower tier requirement?	YESNO	
#3) Inmate Name: SCDC #: Bed	Assign: Custody:	·
Does the inmate have convictions for Assault on other inmates or Staff?	YESNO	
Has the inmate indicated yes on either of the PREA questions?	YESNO	
Does the inmate have any bottom bunk/lower tier requirement?	YESNO	
COMMENTS:	7- 1	
	* .	
Committee Members: Menda Thomas		
Committee Chairperson: A Mckenie Date:	8/24/1/10	
Approved Disapproved	A A A A A A A A A A A A A A A A A A A	,
DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record	Pink: Inmate #3 Institutional Record	

Records for Production FOIA 0127-24 000135

Ser in Ser

Institution:

				, /	
#1) Inmate Name: <u>Specicin</u>	Marcus scac #:	<u>323389</u> в	ed Assign: <u>/</u>	21377 Cust	ody: <u>473</u>
Does the inmate have convictions Fighting without	for Assault on other inm	ates or Staff?		YES	NO
	,				
Does the inmate have any bottom	bunk/lower tier requiren	nent?			
	*				
Inmate Name: Rilen	SCDC#:	359864 B	sed Assign: $rac{ ilde{f}}{L}$	// 2131PCust	ody: <u>ME3</u>
Does the inmate have convictions	for Assault on other inm	nates or Staff?	_1/	YES	NO
anend on enter		•			
Does the infinate have any bottom	Ounts tower der requires	nont:		ES	NO
#3) Inmate Name:	SCDC #:		Bed Assign: _	Cust	ody:
Does the inmate have convictions	s for Assault on other inn	nates or Staff?		_YES	NO
Has the inmate indicated yes on o	either of the PREA questi	ons?		YES	NO
has the himate indicated yes on o		ons.		_ 125	
Does the inmate have any bottom	bunk/lower tier requirer	nent?		_YES	NO
COMMENTS: Monitor	M.I and	MEN	1-0 V	liclem	<u> </u>
and Non Viole	ent	/ ·			·
Military 1					
Committee Members: Ren	de Moma			kş.	· ·
			,	- I	
Committee Chairperson:	uckenje.	Date:	_8/6	3/16.	_
Approved Disapproved		<i>€</i>	,		(
DISTRIBUTION: White: Inmate #1 Instit	utional Record Yellow: Inma	te #2 Institutional Record	d Pink: Inma	te #3 Institution	al Record
					, ,

Form- SCDC 18-3 Rev. March 2013



Institution: Leecl

#1)	Inmate Name: Jamoal Riley SCDC #: 35 2269 B	F4 ed Assign J187 B	Custody: ME3
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Striking an enployee 8/7/15		
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
#2)	Inmate Name: Lagrarius Cleves CBC #: 360829 B	+4 ed Assign: 21397	Custody: <u>ME</u> 3
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	
	Does the inmate have any bottom bunk/lower tier requirement?		
#3)	Inmate Name: SCDC #: B	ed Assign:	Custody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Has the inmate indicated yes on either of the PREA questions?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
COI	MMENTS:		
Con	mmittee Members: Juenda Thomas		
Con	mmittee Chairperson: Date:	6/2/116	
V	Approved Disapproved		

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000137

Pink: Inmate #3 Institutional Record





Institution: Zee C1

#1)	Inmate Name: Jamaal Kiley SCDC#: 352269 Be	≓4 ed Assign: <u>Q137-B</u>	Custody: M(3
	Does the inmate have convictions for Assault on other inmates or Staff? Striking an employee 8/7/15	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
#2)	Inmate Name: Laquarius Clevelas CDC#: 360829 Be	F4 ed Assign: 2137	Custody: ME3
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?		
#3)	Inmate Name:SCDC #:Be	ed Assign:	Custody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Has the inmate indicated yes on either of the PREA questions?	YES	ио
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
CON	MMENTS: MON MI ME		
Com	umittee Members: <u>hends Thomas</u>		
Con	nmittee Chairperson: Date:	4/19/16	,
レ	Approved Disapproved		

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record

Pink: Inmate #3 Institutional Record

الملم

Institution: LSE C.I.

#1)	Inmate Name: DERRICK JONES SCDC #: 338589	Bed Assign: 456	TCustody: <u>M23</u>
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?		
#2)	Inmate Name: JANAK AT 124 SCDC #: 352269	_Bed Assign	Windows .
•	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO
#3)	Inmate Name:SCDC #:	Bed Assign:	_ Custody:
	Does the inmate have convictions for Assault on other inmates or Staff?	YES	NO
	Has the inmate indicated yes on either of the PREA questions?	YES	NO
	Does the inmate have any bottom bunk/lower tier requirement?	YES	NO .
CO	MMENTS:		
			-
	nmittee Members: Damittee Chairperson:	1/6/16 ite:	· · · · · · · · · · · · · · · · · · ·
	Approved Disapproved	•	

DISTRIBUTION: White: Inmate #1 Institutional Record Yellow: Inmate #2 Institutional Record Records for Production FOIA 0127-24 000139

Pink: Inmate #3 Institutional Record

July 2 h

22	T TAT	MAAI DII EV			SCDC	#: 352269		
ase#: <u>22</u> ving Area: <u>F4-</u> 2	Inmate Name: <u>JAN</u>	VIAAC RIDE!	Job: N/A				_ Custody:	ME3
ving Area: 112	/ 22 / 16 Offense	Time: 4:50		PM Institut	ion: LEE			
ffense Description				•				
03 The Trafficking, Use, as onstructively traffic, use, or arbiturates, narcotics, medien their training and experience of their training and experience was either: (1) issue "hosarding" of authorized pretend) to be under, the intaff of immates exhibiting beaming at the mouth, blurr or reasonably believe the intersonably believe the intersonabl	and/der Possession of Narvolics, Marij r possess drugs or intoxicants of any cines, marijuana, poisons, inhalants nee to identify any intoxicating subs operience will be considered contrab- ued to the inmate officially (2) pure prescribed medication by any inma fluence of any intoxicana, other than chavior such as paranoia, panic atta- chavior such as paranoia, panic atta- division, total memory loss, inabilit mate is under the influence of a drug luttional staff, can be considered in within three (3) hours, as specified in	r type or description (exce and synthetic cannabinois stance or paraphernalia w land and subject to an 817 chased in the institutional etc(s), or inmates who hav one prescribed by an aud cks, giddiness, agitation, la ty to feel pain, suicidal the gor intoxicant would be as making this charves but is praintoxicant would be as making this charves but is	per those presented by fish; as well as all drug here no available scient ? Possession of Contrat canteen; (3) authorized ining accepted their med thorized physician, whi hallucinations, psychos oughts, uncontrollable afficient to justify this not, in itself, enough to the properties of the properties of the properties of the properties of the properties of the properties of properties of properties properties of properties prope	arganization and a construction and charge unless to by the Warden and lication, then failed the creates an altered its, unexplained hypeaggression or any of charge. A voluntary of justify the charge.	s but not limited to: need created and/or confirmed e inmate can prove by a for Agency policy; or (4), by ingest the medication of state of physical or men retension (high blood pre- ter symptoms which threadmission by an inmate Cest positive for any una	iles, syringes, pip I credible. Substa prependerance o issued to the inn it the time they as tal activity. The c ssure), tachycard bugh the staff me that they are into	es, rolling papers a nees which cannot f the evidence at the nate by SCDC. This re issued it at the po- observation and do in (increased heart nuber's training and kicated, whether sy	and straws. Officers me be identified by the one disciplinary hearing is rule violation enconcill call. Or; Under, or cumentation by institution, voniting, seizu of experience would be pontaneously utlered contaneously utlered.
						Title: S	GT.	
	Employee: K.LLOYD CATION: YOU WILL	ADDEAD DEEK	DE A HEARD	JG OFFICER	24 HOURS OF	- R MORE A	FTER YOU	R RECEIPT O
HIS NOTICE. Y	OU HAVE THE RIGH	T TO SUBMIT	A WRITTEN	STATEMEN'	AND MAKE	A VERBA	L STATEM	ENT.
NMATE WAIVE	RS:							
☐ I GIVE UP MY	RIGHT TO 24-HOUR N	NOTICE AND AU	THORIZE THE	HEARING C	FFICER TO PRO	OCEED WIT	THE HEA	ARING NG
☐ I_BO NOT WA	NT TO BE PRESENT A	T MY HEARING	3		L I WAIVE M	REGATION	OAHENG	INO
I DO WANT N	MY ACCUSER PRESENT ANT MY ACCUSER PRI	FAFTHE, HEAR ESENT AT THE I	HEARING		☐ I WANT A	COUNSEL	SUBSTITUT	ΓE
	HI WI MOODBELL				☐ I DO NOT	WANT A C	OUNSEL SU	JBSTITUTE
	.0 0	م درس رر			Acard	Then		
Date &Time Not	tified: <u> </u>	<u> </u>	_ AM /PM/ E	y (Print):	Henaa	-col	C D-+	10111
Inmate Signature	e: gamost 4	Riley			SCDC#: 3	1226	Date:	10111
HEARING INFOR	MATION:							
	10,17,16	Hearing Time:	100				Start:	End:
Hearing Date: _				Tape:	Side:	י מונית מסי		(2) IE ACCUSE
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR	y BY NUMBER: (1) IF C MANY PART OF THE E RING; OR (6) IF INMAT	COUNSEL SUBST	PITUTE WAS I	NOT PRESEN	IT DURING PAR	ALIUN, ON	HEARING;	IOD HATD DIFO
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR	BY NUMBER: (1) IF C	COUNSEL SUBST	PITUTE WAS I	NOT PRESEN	IT DURING PAR	ALIUN, ON	HEARING;	IOD HATD DIFO
EXPLAIN BELOW	Y BY NUMBER: (1) IF C MANY PART OF THE E LING; OR (6) IF INMAT M. Aufusia	COUNSEL SUBST	PITUTE WAS I	NOT PRESEN	TT DURING PAR (4) DOCUMENT ONING AND/OI HEARL	ALIUN, ON	HEARING;	IOD HATE DATE
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR	OFFENSE CODES	COUNSEL SUBST VIDENCE STAG E WAS DENIED	PITUTE WAS I	NOT PRESEN WITNESSES, YON QUESTI	TT DURING PAR (4) DOCUMENT ONING AND/OI REAL	ALIUN, ON	HEARING;	IOD HATE DATE
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR	OFFENSE CODES	COUNSEL SUBST VIDENCE STAG E WAS DENIED	PITUTE WAS I	NOT PRESEN WITNESSES, YON QUESTI	TT DURING PAR (4) DOCUMENT ONING AND/OI HEARL	ALIUN, ON	HEARING;	IOD HATE DATE
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR THE HEARING IMPORTANT RIPE	OFFENSE CODES	G, None)	TITUTE WAS 1 E; IF ANY (3) Y CONFRONTATI Tay 1 903 NG G	NOT PRESEN WITNESSES, TON QUESTI WIENER NO.	TT DURING PAR (4) DOCUMENT ONING AND/OI REAU 11 1 2016 TERMINATION	A CROSS E	HEARING; (5) EVIDEN XAMINATIO	ON OF A WITN
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR THE HEARING TIME RIPE	OFFENSE CODES INMATE PLEA (G, NO FINDINGS (G, NO	G, None)	TITUTE WAS 1 E; IF ANY (3) Y CONFRONTATI Tay 1 903 NG G	NOT PRESEN WITNESSES, TON QUESTI WIENER NO.	TT DURING PAR (4) DOCUMENT ONING AND/OI REAU 11 1 2016 TERMINATION	A CROSS E	HEARING; (5) EVIDEN XAMINATIO	ON OF A WITH
EXPLAIN BELOW EXCLUDED FROM FROM THE HEARING IMPORTANT PROPERTY IF GUILTY, EVI (B) OFFICER'S F	OFFENSE CODES INMATE PLEA (G, NO FINDINGS (G, NO DENCE PRESENTED	G, None)	TITUTE WAS 1: E; IF ANY (3) 1 CONFRONTATION OF THE PROPERTY OF	NOT PRESEN WITNESSES, TON QUESTI WIENER NO.	TT DURING PAR (4) DOCUMENT ONING AND/OI REAU 11 1 2016 TERMINATION	A CROSS E	HEARING; (5) EVIDEN XAMINATIO	MISSION OF
EXPLAIN BELOW EXCLUDED FROM FROM THE HEARING I M RIPE IF GUILTY, EVI (B) OFFICER'S F	OFFENSE CODES INMATE PLEA (G, NO FINDINGS (G, NO DENCE PRESENTED DEPORT; (C) WITNESS OTH:	G, None) G, DS) CONSIDERED CONSID	GAND REASO (D) OTHER. I	NOT PRESEN WITNESSES, Y LUS Y LUS NO.	TT DURING PAR (4) DOCUMENT ONING AND/OI REAU 11 1 2016 TERMINATION	N OF GUIL	HEARING; (5) EVIDEN XAMINATIO	MISSION OF
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR FROM THE HEARING IMPLICATION FROM THE HEARING LENG SANCTIONS: Loss of Privilege	OFFENSE CODES INMATE PLEA (G, NO FINDINGS (G, NO DENCE PRESENTED EFORT; (C) WITNESS OTH:	G, None) G, DS) CONSIDERED CONSID	PITUTE WAS TE, IF ANY (3) CONFRONTATE AUG AND REASO (D) OTHER. I	NOT PRESEN WITNESSES, Y LION QUESTI Y LIO NO	TO DURING PAR (4) DOCUMENT ONING AND/OI REAL (1) 1 2018 TERMINATION DETAIL: CAT	N OF GUIL	HEARING; (5) EVIDEN XAMINATIO	MISSION OF
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR IF HEARING IMPRILE IF GUILTY, EVI (B) OFFICER'S F HEARING LENG SANCTIONS: Loss of Privilege # Prom	OFFENSE CODES INMATE PLEA (G, NO FINDINGS (G, NO DENCE PRESENTED DEPORT; (C) WITNESS OTH: SES (Days) SET MANY PART OF THE CO	G, None) G, DS) CONSIDERED CONSID	PITUTE WAS 1 E; IF ANY (3) 1 CONFRONTATI AY G AND REASO (D) OTHER. I ESS) Reprim Extra D Visit St	NOT PRESENT NOT PR	TT DURING PAR (4) DOCUMENT ONING AND/OI REAL 111 2018 TERMINATION DETAIL: CAT	N OF GUIL	HEARING; (5) EVIDEN XAMINATION T: (A) ADD TV = 30 oss of Good	MISSION OF
EXPLAIN BELOW EXCLUDED FROM FROM THE HEARING IF GUILTY, EVI (B) OFFICER'S F HEARING LENG SANCTIONS: Loss of Privilege # Prop # Cant # Othe	OFFENSE CODES INMATE PLEA (G, NO DENCE PRESENTED ES (Days) een (Days) T WILL (Days) T MANY PART OF THE E EVENTE CODES INMATE PLEA (G, NO DENCE PRESENTED ES (Days) een (Days) T WILL (Days) T WILL (Days) T WILL (Days)	G, None) G, None) G, TONSIDERED G, None) G, MONE G, MO	PITUTE WAS 1 E; IF ANY (3) 1 CONFRONTATI AY G AND REASO (D) OTHER. I ESS) Reprim Extra D Visit St	NOT PRESEN WITNESSES, TON QUESTI WITNESSES, TON QUESTI WITNESSES, NO	TT DURING PAR (4) DOCUMENT ONING AND/OI REAL 111 2018 TERMINATION DETAIL: CAT	N OF GUIL	HEARING; (5) EVIDEN XAMINATION T: (A) ADD TV = 30 oss of Good	MISSION OF
EXPLAIN BELOW EXCLUDED FROM FROM THE HEAR FROM THE HEARING FROM FROM FROM FROM FROM FROM FROM FROM	OFFENSE CODES INMATE PLEA (G, NO DENCE PRESENTED ES (Days) een (Days)	G, None) G, None) G, None) G, Mone) G,	PITUTE WAS 1 E; IF ANY (3) CONFRONTATI GOVERNMENT AND REASO (D) OTHER. I ESS) Reprim Extra D Visit St Cell Re	NOT PRESENT WITNESSES, TON QUESTION QUE	TO DURING PAR (4) DOCUMENT ONING AND/OI REAL 11 1 2018 TERMINATION DETAIL: CAT	N OF GUIL	HEARING; (5) EVIDEN XAMINATION T: (A) ADD TV = 30 oss of Good	MISSION OF

DATE INMATE PLACED IN PHD DATE: INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT HEARING OFFICER (PRINT NAME) REASON APPROVED/REVERSE/MODIFY Warden CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM. Canary - Inmate (Service of Disciplinary Report)

White - Institutional Record

Golden Rod - Inmate (Service of Disciplinary Hearing Disposition)

Pink - Central Record **(Note: When there in the satisfant of the satisfant of

SCDC 19-69 (Rev., May 2007)

SOUTH CAROLINA DEPARTMENT OF CORNECTIONS

22-903

II.	NCIDENT REPORT	
NM H	16-09-330	Page of
Institution/Center: Te CT		Date of Report: 9-22-16
Reporting Official (Full Name): 549	1/00/1	Time of Report: 9:00 am
Employee ID #: 0/6267		Date of Incident: 9-22-16
Location of Incident: F4 2/37		Time of Incident: 4'.5() am
Inmate(s)/Resident: SCDC # Age:	Sex: Race:	Employee(s)/Witnesses Involved:
1. Jamaal Riky #352269	1 B/M	1.
2.		2.
3.	<u></u>	3.
4.		4.
5.		5.
On the above date and approximate time:	IIm Jama	101 Kiley B/m 352269
refised to drug test.	TIM Riley	is brind Charace
with 903 Possesson	37 Moricelis.	
		•
THE THE TENT		A CONTRACTOR OF THE PROPERTY O
计解析法 斯里里是是		THE VALUE VA
		3 32
NOV 0 1 2016		SEP 2 7 2016
;		O Office
		Disciplinary Hearing Office
EE CI CLASSIFICATION		DECEIVED
		IN DOLLAR
Signature: Sal. L. 1/04d	Title:	Sati
		OLF 2 2 2016
Evidence: Drus 165+ tom	1 1	LEECI MAJOR'S OFFICE
Disposition of Evidence: LEE Contro	, bond	DEBCI MAJOR'S OFFICE
Supervisor's Comments: Refer to D	Нη	STG Related - Refer to STG Committee
	170	() Yes (No () Unknown
		() Yes () Nb () Unknown
-		
Printed Name: Smith, V. 27.		This incident is DRUG related
Signature: Title: 17	DaterTime: 01:00 Av	(Yes () No () Unknown
Major/Responsible Authority:	1/0 /10 10: 1,,,	Responsible Authority
		7
(303)		Action Taken
		() Informal Resolution
Printed Name:)() / _14	() Administrative Resolution
D-Swingerty	Dotal Time: O	4
Signature: Title:	Date/Time: 9/26/16	C() Refer to Disciplinary Hearing
Records for	Production FOIA 0127-24 0001	41
SCDC Form 19-29A (Rev. January 2005))	

SCDC #:	Inmate Name:	Date:	
3522109	Riley James	ullelice	
	e required 48-hour waiting perio the Classification Committee.	od between my notification and	
I do not wish to appear before the Classification Committee. I understand that be not appearing I waive any grievance rights that I may have regarding any decision made by the Institutional Classification Committee. Reasons:			
Signature of Inmate:	Signature of 0	Committee Chairperson:	
Jamaal Gillar	X. WICE	6	
Distribution: Institutional Record SCDC 18-39 (Revised February 2006)			

Records for Production FOIA 0127-24 000142





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST

I, SCDC # 335269 have been informed of the hardship transfer process. I understand that if I request a hardship transfer and meet the criteria for approval, I will be screened for an appropriate institution in the geographical area and not fo a specific institution.
Is inmate eligible for hardship transfer? YES NO
Is inmate eligible for hardship transfer? YES NO
If not, why? <u>recent disciplinary</u>
I do I do not want to request a hardship transfer.
Geographical area
Date 11-16
Inmate Signature Date (-16- 6-
e Moke D. Date ululue
Caseworker Signature

SCDC Form 18-80 (Created February 2014)

riegi

9	2	ı
F	_	آر

INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION

Inmate Name: James / Riley Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attach	Inmate SCDC Number: 3522	69		
Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attach	ed)			
		BUCKININ		
825 Refusing or failing to obey C Date of Violation: 9 111 2011	Institution:	TO PART OF THE PROPERTY OF THE		
Date of Violation: 9-14-2016	Institution: LEECI	. 182		
I find the inmate committed the charge(s) specified, offer the inmate the op	otion to resolve the violation (place check in	appropriate 62) 8 2016		
INFORMALLY ADMINISTRATI	VELY			
		E CI CLASSIFICATION		
and impose the following sanction(s):				
		Number of hours/days		
Sanction		of sanction or amount		
	-	of restitution		
Counseling (Check box	if imposing this sanction)			
Instructions or directives (Check box i	f imposing this sanction)			
Verbal reprimand (Check box i	f imposing this sanction)			
Extra duty or chores up to 40 hours		Hours		
Restriction of recreation time (general population only) up to	30 days	Days		
Postriction of canteen visitation or other privileges up to 90	days Than O	/5 Days		
Restriction of television viewing and/or radio up to 90 days	for Informal Resolution or up to 12	20 Days		
days for Administrative Resolution				
Payment of restitution		\$		
Cell restriction up to 30 days for Informal Resolution of	or up to 60 days for Administration	ve Days		
Resolution	(20) 1	ys Days		
ADMENISTRATIVE RESOLUTION ONLY: Disciplin	ary detention up to twenty (20) da	ys ——— Days		
time in an institutional Special Management Unit. ADMINISTRATIVE RESOLUTION ONLY: Failure to experiments of the second of the s	earn good time	Days		
ADVINISTRATIVE RESOLUTION ONLY. Failure to	Dain good time			
The above sanctions are suspended for (UP TO 90 DAYS)	days. If the inmate commits no ad-	ditional disciplinary infractions		
during that time period the sanctions will be lifted and the inmate will	not have to serve them. If the inmate con	mits an additional disciplinary		
infraction, s/he will have to serve the above sanctions and may be subject	to additional disciplinary action.	4		
Arenda Thomas LEECI	Mende Shomes	9.1301 2016 Date		
Major/Responsible Authority Institution	Signature .	Date		
(Print Name)		· :		
INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIV	VE RESOLUTION:			
This is to certify that I, <u>Jamaa</u> / <u>Kiley</u> option to resolve the violation (place check in appropriate box)	, understand that as a result of the above i	ncident, I have been offered the		
☐ INFORMALLY ☐ ADMINISTRAT	IVELY			
Yes, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred to a disciplinary hearing, and				
I waive that privilege. I further agree that by accepting this informal or a Shabazz v. State.	dministrative resolution, I waive all appears	, including those pursuant to Ai-		
No, I do not want to accept the sanctions listed above and request	that this case be referred to a disciplinary he	earing.		
9 120 12016 81	Ja mont Release			
Date	(/ Inmate's Digitate			
White Control Records Green: Institutional Records Goldenro	d: Inmate cc: **Financial Accountin	g (forward copy only when		

White: Central Records restitution is to be paid)

Records for Production FOIA 0127-24 000144

NCIDENT REPORT

1. 3.16-09 222	815	Page - OI
Institution/Center: Lee		Date of Report: 9-15-16
Reporting Official (Full Name): Johnson, K	evan	Time of Report: 7:00 Am
Employee ID #: OS8 & 67		Date of Incident: 9-14-16
Location of Incident: F4-A		Time of Incident: Aprix 6:00 Pm
Inmate(s)/Resident: SCDC # Age:	Sex: Race:	Employee(s)/Witnesses Involved:
1. Riley, Jaman 352269	m BLK	1.
2. Miler 111, JW 330546	M BLK	2.
3.		3.
4.		4.
5.	-	5.
On the above date and approximate time: Z	Officer Jo	hason, was making my
COVIA (TILL)		listed above had
something placed in the lock	at their	door stopping me From
being able the to lock an	d secure	the door I gave several
10 (
Hey refused. Charges 815, 840	<u>, 825 ; 844</u>	7.
		THE STATE OF THE S
· <u>· · · · · · · · · · · · · · · · · · </u>		
		CERT OF SACS AND
		EE CI CLASSIFICATIO
		The second secon
	Title: /	
Signature: Kuar Tohrson	Title: C	<u> </u>
Evidence:		
Disposition of Evidence:		
Supervisor's Comments: Release to 71-10		STG Related - Refer to STG Committee
Me to 10		()Yes ()No (YUnknown
		1
N. (4.20)	, , , , , , , , , , , , , , , , , , ,	-
Printed Name: 31 Loother xxx	9-15-14	This incident is DRUG related
Signature: Sent Title: Sent I	Date/Time: 7:15am	() Yes () No (/) Unknown
Major/Responsible Authority:		Responsible Authority
825		Action Taken
		() Informal Resolution
Printed Name:		(Administrative Resolution
A THENDER THOMAS HAM	of J. J. Spm	_
Signature Money Mitte Menous	10-2016	() Refer to Disciplinary Héaring

SC ACAROLINA DEPARTMENT OF CORLINANS INMATE DISCIPLINARY SYSTEM INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION

Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attached)	
825 Refusing or failing to obey Olders Date of Violations 1	TO THE PARTY
Date of Violation? 15-2016 Institution: LEECI	LUCE F
find the inmate committed the charge(s) specified, offer the inmate the option to resolve the violation (place check in app	propr(ate box) 🗦 🧢
☐ INFORMALLY	
No.	
and impose the following sanction(s):	ECICLASSIF
Sanction	Number of hou
Sanction	of sanction or of restitution
Counseling (Check box if imposing this sanction)	
Instructions or directives (Check box if imposing this sanction)	
	Ho
Extra duty or chores up to 40 hours	Da
Restriction of recreation time (general population only) up to 30 days Restriction of canteen, visitation, or other privileges up to 90 days Phone	1.5. Da
Restriction of canteen, visitation, of other privileges up to 30 days for Informal Resolution or up to 120	
days for Administrative Resolution	
Payment of restitution	\$
Cell restriction up to 30 days for Informal Resolution or up to 60 days for Administrative Resolution	Da
ADMINISTRATIVE RESOLUTION ONLY: Disciplinary detention up to twenty (20) days	Da
time in an institutional Special Management Unit.	
ADMINISTRATIVE RESOLUTION ONLY: Failure to earn good time	Da
The above sanctions are suspended for (UP TO 90 DAYS)days. If the inmate commits no additioning that time period, the sanctions will be lifted and the inmate will not have to serve them. If the inmate commits no additional commits are suspended for (UP TO 90 DAYS)	ional disciplinary in its an additional dis
infraction, s/he will have to serve the above sanctions and may be subject to additional disciplinary action.	er en
Arenda Thomas LEECI Chenda Thomas	9 2012016
Major/Responsible Authority Institution Signature	Date
(Print Name)	en e
INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIVE RESOLUTION:	
to the contract of the contrac	
This is to certify that I, Jamaal Kiley, understand that as a result of the above inc	ident, I have been of
option to resolve the violation (place check in appropriate box)	•
INFORMALLY ADMINISTRATIVELY	
	-
Yes, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred	to a disciplinary hea
1 Co. 1 accept the salietions isseed above. I understand that I have a like the Translation of the salietion	cruming mose barsa
I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, in	
I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, in Shabazz v. State.	
I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, in	ing.

White: Central Records Green: Institutional Rerestitution is to be paid)

Green: Institutional Records Goldenrod: Inmate

cc: **Financial Accounting (forward copy only when

.

SOUT CAROLINA DEPARTMENT OF COUTIONS

INCIDENT REPORT

16.09 - 251	Page / of Z
Institution/Center: LEE	Date of Report: 15 Sept 2016
Reporting Official (Full Name): V, MC(ALI	Time of Report: 7:45 p.M
Employee ID #: 617 775	Date of Incident: 15 Sept 2016
Location of Incident: F4 (A)	Time of Incident: Approx 5: 40pm
Inmate(s)/Resident: SCDC # Age: Sex: Race:	Employee(s)/Witnesses Involved:
1. INMATES AS LISTED BELOW	1.ST BROWN
2.	2. /
3.	3.
4.	4.
5.	5.
On the above date and approximate time: AFTER I V. MC	CAI Unit Counselow
Along WITH SOT BROWN HAD GIVEN SEVER	
FOR All INMATES TO GO IN COLL FUN CO	unt, A TOTAL OF (24)
ROPUSED All DIRBCTIVES AND ROMAINED	
1:05pm LT ABRAMS, SHIFT SUPERVISON	
INFORMED A SHORT DELAY IN COURT FOR	L FU(A), SEVERAL
INMATES WERE OUT OF CLEW AND PETUS	1NA 10 60 IN. 301 BIEDON
AND I (V, MCCALL) ARE ENSURING AN AC	
THE FOLLOWING INMATES ARE WRITTE	
814-INCITING/CREATINY A DISTURNA	PECRIVE
825- REFUSING TO DIZEY" 839- INTERFERING WITH INSTITUTIONA	de Quet
2 Phillip Commpnoen # 307 466 - 1112	o
2) JAVIER Castro # 346016 - 1127	SEP 1 9 2016
3) KeenA Booken # 319767 - 1/31	LEECI MAJOR'S OFFIC
	/ C = 0 0 00 10
Signature: V, NCAII Title: U	of Counselow C-Caro
Evidence:	,
Disposition of Evidence:	
Supervisor's Comments:	STG Related Refeato 5' G Committee
Attite 10 "	()Yes ()No ()Unknown
	SEP 2 8 2016
	•
Printed Navie: W. Johnson Bez St.	This incident is DRLIG related
Signature: Date/Time: Date/Time: 9-16-16 8:384	(=) (Yes:LASS)FIGATIO Unknown
Major/Respons ble Authority	Responsible Authority
825	Action Taken
	1
	() Informal Resolution
Printed Name: Arenda Thomas	Administrative Resolution
Signature: Man in the Tiple: State Time: 2016	() Refer to Disciplinary Hearing

SOUT CAROLINA DEPARTMENT OF COLOTIONS

INCIDENT REPORT

16.07, 731	rage 4 UL
Institution/Center: Lee	Date of Report: 15 Sept 2016.
Reporting Official (Full Name): V, WCA LL	Time of Report: 7:45 piny
Employee ID #: 017575	Date of Incident: 15 Sept 2016
Location of Incident: ドリ(A)	Time of Incident: Approx 5: 40pm
Inmate(s)/Resident: SCDC # Age: Sex: Race	
1. /NMATES AS LISTED BELOW	1. SgT BROWN
2.	2.
3.	3.
4.	4.
5.	5.
1/4	BAR # 301417 - 1137V
5) Curey Robinson # 294233-1139	7.010.00 17 to 11 202010 9121
6) Chr. stophe Foster # 331438 - 1139 16	JAMAAL 12,164 # 352269 - 2131
2) Dante Norton # 337893-1140 12	MAURICE Kelly #288629 - 2138
8) 120NOELL CARTEN # 238244 - 1157 18	
9) Thomas JAMES #361860 - 2110 19)	JAL 7881 WBBSTER#32 5013-2154
16) TRAVES King # 318429 - 2118 20) ANTERI KINGLAND#349614
11) KENDRICK TAYLOR # 330443-2118V	
12) KENN Gill ARD # 275357-2124	21) Bric Hunkes #368099 Cell 1(30
13) ANTOINE SHIELDS # 363638 - 2124	Cell 1(30
14) KEVIN GILLIARD # 275557 V.M.	- LECEIVEL
1 0 10 10 10 10 10 10 10 10 10 10 10 10	
15) LEON SIMMONS#366048 - 2135	SEP 1 9 2016
F 1000 1	LEECI MAJOR'S OFFICE
Signature: V. M.C. L. Title:	unt Counselon C- Card
Evidence:	•
Disposition of Evidence.	
Supervisor's Comments:	STG Related - Refer to STG Committee
221 2 0 2 3 3	()Yes ()No ()Unknown
Printed Name: EE CI CLASSIFICATIC	minimum DDIIC malata d
	This incident is DRUG related
Signature: Title: Date/Time:	() Yes () No () Unknown
Major/Responsible Authority:	Responsible Authority
	Action Taken
	() Informal Resolution
Printed Name:	() Administrative Resolution
Signature: Title: Date/Time:	() Refer to Disciplinary Hearing

SOUTH NA DEPARTMENT OF COR. __CT._NS
Classification Waiver

SCDC #:		Inmate Name:		Date:	
35	2269	Jam aa	Riley	5-4-16	
٥		required 48-hour the Classification	waiting perio	d between my notifi	cation and
			e gene		
		ive any grievance utional Classification	rights that I ma	ommittee. I underst ay have regarding a	
			Signature of C	ommittee Chairpers	son:
Distribution: Institu SCDC 18-39 (Revis					5/3/





SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST

I, Jamaa Riema, SCDC # 352269 have been informed of the hardship transfer process. I understand that if I request a hardship transfer and meet the criteria for approval, I will be screened for an appropriate institution in the geographical area and not for a specific institution.
Is inmate eligible for hardship transfer? YES NO
If not, why?
I do I do not want to request a hardship transfer.
Geographical area
Date 5-9-16 Inmate Signature
Date 5-9-16

ζ	
,	SOU AROLINA DEPARTMENT OF CORRESTIONS
1	SOU AROLINA DEPARTMENT OF CORRESTIONS DISCUSSIONARY REPORT AND HEARING ORD

را هرا و			y report a	ND HEARING			
Case#: 13	Inmate Name: JA	MAAL RILEY			SCDC#: 352		
Living Area: F4 2	156B		Job: <u>N/A</u>			Custody: <u>N</u>	113
Offense Date: 04	/ 03 / 2016 Offense	Time: 12:24	AM <u> </u>	PM Institution:]	EE	 	
Offense Description	n:						
814 Inciting/Cr	eating a Disturban	ce: Any act o	r activity which	ch results in a c	lisruption of in	stitutional ope	rations or a
breach of instit	ution security. Any	inmate who	purposefully i	incites or urges	a group of tw	o or more othe	r inmates to
engage in a cur	rent or impending	disturbance o	f institutional	operations or	gives command	is, directions, : An inmate may	he found
or signals to a	group of two or mo iolation even where	re persons to	cause, conun	ue, or emarge a	actually occurs	s as a direct or	indirect resul
guilty of this vi	ns. A disturbance a	: 110 aistupuo 12 nged hereir	is an assembl	lage of three o	more persons	which creates	grave dange:
or damage or i	njury to property or	persons and	or substantial	ly disrupts the	normal function	oning of the ins	stitution.
						CPL	
Charging Officer/	Employee: N.SHEPPA CATION: YOU WILL	ADDEAD DEED	DE A HEARING	3 OFFICER 24 H			RECEIPT OF
THIS NOTICE. Y	OU HAVE THE RIGH	IT TO SUBMIT	A WRITTEN S	TATEMENT AN	D MAKE A VER	BAL STATEMEN	₹T.
INMATE WAIVE	RS:	,					
☐ I GIVE UP MY	RIGHT TO 24-HOUR	NOTICE AND A	UTHORIZE THE	HEARING OFFICE	ER TO PROCEED ' WAIVE MY RIGH	WITH THE HEAR IT TO A HEARING	ING 3
	NT TO BE PRESENT A MY ACCUSER PRESEN			_ ;	SMU/SEGREGAT	ION ONLY	-
☐ I DO NOT W	ANT MY ACCUSER PR	ESENT AT THE	HEARING		WANT A COUNS DO NOT WANT	SEL SUBSTITUTE A COUNSEL SUB	STITUTE
	بما ا		<u>,</u> ,	_		110	Kula
Date &Time Not	tified: 19/1/9/	12 - 60 - 2	Ѯ ам/м) ву		1.11.10x	rosel i	T.W.Z.
Inmate Signature	: of etise	1. to 819	Δ		c#: <u>65</u> 0 <u>21</u>	Date:	<u> </u>
HEARING INFOR	MATION:						
Hearing Date:	4,28,16	Hearing Time;	200 am/pm)	Tape:	Side:	Start:	End:
EXPLAIN BELOW	BY NUMBER: (1) IF C	COUNSEL SUBS	TITUTE WAS N	TIMESSES, (4) DC	CUMBNIATION.	OK (2) EATERIO	C MAD DECEDE
FROM THE HEAR	UNG; OR (6) IF INMAT	E WAS DENIED	CONFRONTATI	ON QUESTIONIN	G AND/OR CROS	S EXAMINATION	OF A WITNESS
THE HEARING	A. Brown, 1	Im Rile	u res	used to	attend	his he	aung
	/· /5		7 0			* 777.	
					RECEI	VL	
	OFFENSE CODES		814				
	INMATE PLEA (G, N	G, None)	NG		JUN 1 5	2016	
٠	FINDINGS (G, NO		<u> </u>		<u></u>		_
IF GUILTY, EVI	DENCE PRESENTED	CONSIDERED	AND REASON	IS FOR DETERN	ELECTURES.	ALLE VANUEDWI	SSION OF GU
(B)OFFICER'S R	EPORT; (C) WITNESS	TESTIMONY;	(D) OTHER. E.	ALTHIN IN DELY	VID.		
TTE A DDIOL ENG		A ATAIT IT	E6/				
SANCTIONS:	6TH:	(IVIIINOT	ES)			TV=365	•
Loss of Privilege	oe (Dave)		Reprima	nd:		Loss of Good Tir	ne (days): 💆
♠ Prop	erty (Days)		Eytra Du	tv.		Restitution: \$	**
♣ Cant	een (Days) 90 +	30 =120		pension Thru 7	DH 310=120	9.	
拳 Othe 巻 Disci	r <u>May</u> (Days) <u>90</u> iplinary Detention (Da	vs):30-10	Cen Resi	riction (Days)	· · · ·		
SDECIBLO EACT	TUAL REASON(S) FO	R PARTICULA!	R PUNISHMEN'	TIMPOSED: 1	lature	of Offe	inse_
			<u></u>			0 00	
			DAVE		 		
	D TIME SERVED? YE		r YES, DAYS_				
	PLACED IN PHD					DATE	4-28-16
	ATURE FOR RECEIPT	- OL-	(,)) (2 < C < C < C < C < C < C < C < C < C <		DAID	
	ICER (PRINT NAME)	<i>!!!</i>		75011			
	كن VERSE/MODIFY	,	Varden		REASON		
CONTACTYOU	IR CLASSIFICATION (CASEWORKER	OR COUNSELS	SUBSTITUTE IF	YOU DO NOT U	NDERSTAND T	HIS FORM.
White - Institution	nal Record			Canary - Inmate (Service of Disciplin	ary Report)	•
Golden Rod - Inm	ate (Service of Disciplina Records for Pro lere is restitution, a copy of	ry Hearing Dispo duction FOIA.	sition) 0127-24 00015	Pink - Central Re	cord		
**(Note: When th	ere is restitution, a copy	of this form shoùl	a de torwarded to	rinanciai Accountii	ig.)		

SCDC 19-69 (Rev., May 2007)

		NARY REPORT AND H	EARING CRD SCDC#: 35	52269	
e#: <u>15</u>	Inmate Name: JAMAAL RI	LEY		Custody: M	113
ng Area:	F4 2156B	Job: N/A	titution: LEE		
ense Date:	: 04 / 03 / 2016 Offense Time:	12:24 AM <u>V</u> PM Ins	utution. =		
ense Desci	ription:	. 1		av create confusi	on or
7 Interfe	ription: ering with Count: Failure to star	nd for count, movement of	uring count winon in	e orderly countin	g of inmat
straction	ering with Count: Failure to star of any kind, or activity by any	inmate which may disruj)[Collectifiation of all	,	
			ਨ	tle: CPL	
arging Of	fficer/Employee: N.SHEPPARD OTIFICATION: YOU WILL APPEAL		TOTAL OF ME	RE AFTER YOUR	RECEIPT O
MATEN	OTIFICATION: YOU WILL APPEAL CE. YOU HAVE THE RIGHT TO ST	REFORE A HEARING OFF JBMIT A WRITTEN STATEM	MENT AND MAKE A V	ERBAL STATEME	NT.
DALATE M	ATVERS.				
Trone i	UP MY RIGHT TO 24-HOUR NOTICE A	AND AUTHORIZE THE HEARI	NG OFFICER TO PROCE	D WITH THE HEAR GHT TO A HEARIN	UNG G
א חת ור	YT WANT TO BE PRESENT AT MY D	CARING	SMU/SEGREG	ATION ONLY	
7 1 100 117	WANT MAY ACCUISED PRESENT AT THE	E HEARING	☐ T WANT A COU	INSEL SUBSTITUTE	
] I DO N	OT WANT MY ACCUSER PRESENT A	.1 111D 12D1001.	☐ I DO NOT WAT	NT A COUNSEL SU	SILLOIE
	-il 1001.0 4	hor Danie	i and mon	nell D	Wew
Date & Tin	ne Notified: 01/19/10	AMPM) By (Prin	(SCDC#: 350E	Date:	SPI
nmata Sig	gnature: Tetuseld -	021911	SCDC#: OCCC	70077 2001	
EARING	INFORMATION:				
		Time: 200 am/pm Tape:	 Side:	Start:	End:
			TO THE PART OF	F THE HEARING; (2) IF ACCUS
XPLAIN E	BELOW BY NUMBER: (1) IF COUNSE D FROM ANY PART OF THE EVIDENC	L SUBSTITUTE WAS NOT PE E STAGE; IF ANY (3) WITNES	SES, (4) DOCUMENTATION	ON, OR (5) EVIDENC	E WAS EXC
XCLUDEL ROM THE	D FROM ANY PART OF THE EVIDENCE HEARING; OR (6) IF INMATE WAS I	DENIED CONFRONTATION Q	JESTIONING AND/OR CR	OSS EXAMINATIO	N OF A WIII
HE HPAR	RING.		DECE		<u>., , , , , , , , , , , , , , , , , , , </u>
				" ' ' ') - 	
			JUN 1	-5 2016	
				3 2010	\neg
	OFFENSE CODES	931	: Print (1) - 1 - 1		
	INMATE PLEA (G, NG, None) NG	- GI CLAS	SIFICATIO	
	INMATE PLEA (G, NG, None	\sim \sim			IISSION OF
E GUILT	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS)	G AND DE A CONS EO	DETERMINATION O	F GUILT: (A) ADM	MOISSIN OF
E GUILT B)DFFIC	INMATE PLEA (G, NG, None	G AND DE A CONS EO	DETERMINATION O	F GUILT: (A) ADM	IISSION OF
B)OFFIC	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSI ER'S REPORT; (C) WITNESS TESTI	DERED AND REASONS FO MONY; (D) OTHER. EXPLA	DETERMINATION O	F GUILT: (A) ADM	IISSION OF
B)OFFIC	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS)	DERED AND REASONS FO MONY; (D) OTHER. EXPLA	DETERMINATION O	F GUILT: (A) ADM	MISSION OF
HEARING SANCTION	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSI: ER'S REPORT; (C) WITNESS TESTI O LENGTH: ONS:	DERED AND REASONS FO MONY; (D) OTHER. EXPLA MINUTES)	R DETERMINATION O	F GUILT: (A) ADM	ime (days):
HEARING SANCTIONS OF P	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSI ER'S REPORT; (C) WITNESS TESTI CO LENGTH:	DERED AND REASONS FO MONY; (D) OTHER. EXPLA MINUTES) Reprimand:	R DETERMINATION O	F GUILT: (A) ADM	ime (days):
HEARING SANCTIC	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSI ER'S REPORT; (C) WITNESS TESTI CO LENGTH:	IDERED AND REASONS FO MONY; (D) OTHER. EXPLA MINUTES) Reprimand: Extra Duty: Visit Suspensi	R DETERMINATION OF THE STATE OF	F GUILT: (A) ADM	ime (days):
HEARING SANCTIC	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSICER'S REPORT; (C) WITNESS TESTIONS: CILENGTH: (DONS: Privileges (Days) * Property (Days) * Canteen (Days) * Other (Days)	IDERED AND REASONS FO MONY; (D) OTHER. EXPLA MINUTES) Reprimand: Extra Duty: Visit Suspensi Cell Restriction	R DETERMINATION OF THE STATE OF	F GUILT: (A) ADM	ime (days):
B)DFFIC HEARING SANCTIC Loss of P	INMATE PLEA (G, NG, None FINDINGS (G, NG, DS) Y, EVIDENCE PRESENTED CONSIER'S REPORT; (C) WITNESS TESTIONS: COLENGTH:	IDERED AND REASONS FO MONY; (D) OTHER. EXPLA MINUTES) Reprimand: Extra Duty: Visit Suspensi Cell Restriction	ion Thru 30 /	Loss of Good 7 Restitution: \$	ime (days):

DATE IN MATE PLACED IN PHD

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT:

DATE:4-28-11

HEARING OFFICER (PRINT NAME)

REASON_ APPROVED/REVERSE/MODIFY Warden

CONTROL CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record

Canary - Inmate (Service of Disciplinary Report) Pink - Central Record

Golden Pad - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record Records for Production FOIA 0127-24 000152

**(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SCDC 19-69 (Rev., May 2007)

DISC.	AT DITEV	SCDC#	352269	
	Job: N/A		Custody:	M13
living Area: F4 2156B		Institution: LEE		
Offense Date: 04 / 03 / 2016 Offense Tin	ne: 12.24 AN V	mattation:		
Offense Description:			sterfere with anvo	ne in pursuit of
Offense Description: 844 Interfering with the Duties of any	Person The act of any inn	late whose actions in	((011010 17101)	
their assigned duties.				
N. OVYCODA DE	`		Title: CPL	
Charging Officer/Employee: N.SHEPPARL INMATE NOTIFICATION: YOU WILL AP	DEAD DEFORE A HEARING (OFFICER 24 HOURS OR	MORE AFTER YOU	JR RECEIPT OF
INMATE NOTIFICATION: YOU WILL AP THIS NOTICE. YOU HAVE THE RIGHT T	O SUBMIT A WRITTEN STA	TEMENT AND MAKE	A VERBAL STATEN	MENT.
INMATE WAIVERS:				
☐ I GIVE UP MY RIGHT TO 24-HOUR NOT	TICE AND AUTHORIZE THE HE.	ARING OFFICER TO PRO	CEED WITH THE HE Y RIGHT TO A HEAR	EARING UNG
I TI DO NOT WANT TO BE PRESENT AT M	AY HEARING	SMU/SEGR	REGATION ONLY	
☐ I DO WANT MY ACCUSER PRESENT A' ☐ I DO NOT WANT MY ACCUSER PRESE	NT AT THE HEARING	☐ I WANT A	COUNSEL SUBSTITU	JTE
DIBONOI WANT MITTERS SERVICE		☐ I DO NOT	WANT A COUNSEL S	1.0fC
A 10.16	€ AM/PM By (F	min Bartima	Daniel	A. Weaver
Date &Time Notified:	A FA SUCCESSION	scpc#-356	3009 Bat	e: 04/4/
Inmate Signature:	310001			
HEARING INFORMATION:				
Hearing Date: 4 /28 / 16 He	earing Time: 200 am/pm) Ta	ipe: Side:	Start:	End:
Heating Date. 7 7 5 5 7 7 7		PRESENT DURING PAR	T OF THE HEARING	(2) IF ACCUSED V
THE COL				NCE WAS EXCLUI
EXPLAIN BELOW BY NUMBER: (1) IF COL EXCLUDED FROM ANY PART OF THE EVII	DENCE STAGE; IF ANY (3) WITH	NESSES, (4) DOCUMENT.	ATION, OR (5) EVIDE	ION OF A WITNESS
FROM THE HEARING; OR (6) IF INMATE V	DENCE STAGE; IF ANY (3) WITH WAS DENIED CONFRONTATION	NESSES, (4) DOCUMENT. I QUESTIONING AND/OR	CROSS EXAMINAT	ION OF A WITNESS
EXPLAIN BELOW BY NUMBER: (I) IF COL EXCLUDED FROM ANY PART OF THE EVIL FROM THE HEARING; OR (6) IF INMATE V THE HEARING.	DENCE STAGE; IF ANY (3) WIT. WAS DENIED CONFRONTATION	NESSES, (4) DOCUMENT. I QUESTIONING AND/OR	ATION, OR (5) EVIDI	ION OF A WITNESS
FROM THE HEARING; OR (6) IF INMATE V	DENCE STAGE; IF ANY (3) WIT. WAS DENIED CONFRONTATION	NESSES, (4) DOCUMENT. I QUESTIONING AND/OR	ATION, OR (5) EVIDI CROSS EXAMINAT	ION OF A WITNESS
FROM THE HEARING; OR (6) IF INMATE V	DENCE STAGE; IF ANY (3) WIT. WAS DENIED CONFRONTATION	NESSES, (4) DOCUMENT. I QUESTIONING AND/OR	CROSS EXAMINAT	ION OF A WITNESS
EXCLUDED FROM ANY PART OF THE EVIL FROM THE HEARING; OR (6) IF INMATE V THE HEARING.	DENCE STAGE; IF ANY (3) WIT. WAS DENIED CONFRONTATION	NESSES, (4) DOCUMENT. I QUESTIONING AND/OR	CROSS EXAMINAT	ION OF A WITNESS
FROM THE HEARING; OR (6) IF INMATE V	WAS DENIED CONFRONTATION	QUESTIONING AND/OR	CROSS EXAMINAT	ION OF A WITNESS

(MINUTES) HEARING LENGTH: SANCTIONS: Loss of Good Time (days) Reprimand: Loss of Privileges (Days) Restitution: \$ Extra Duty: ❖ Property (Days) Visit Suspension Thru * Canteen (Days) Cell Restriction (Days): ⊕ Other _____ (Days) * Disciplinary Detention (Days): SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: jonse IF YES, DAYS CREDIT FOR PHD TIME SERVED? YES/NO

REASON

Warden COMPACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record

DATE INMATE PLACED IN PHD

Canary - Inmate (Service of Disciplinary Report)

Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record Records for Production FOIA 0127-24 000153

**(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

Pink - Central Record

SCDC 19-69 (Rev., May 2007)

F4-2156B (

18.44.N

13-814 14-844

Refer to Disciplinary Hearing

	SOUTH C	AROLINA	A DEPARTI	MENT OF	CORRECTIONS 15 - 87
. [11		IN	ICIDENT I	REPORT	
NMH					Page 1 of 1
Institution/Center: Lee	C.I.				Date of Report: 4-03-16
Reporting Official (Fu	ıll Name): Cpl	N. Shep	pard		Time of Report: 8:11p.m. approx
Employee ID #: 0466	41				Date of Incident: 4-03-16
Location of Incident:		ving			Time of Incident: 12:24 p.m. approx
Inmate(s)/Resident:	SCDC#	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:
1. Riley, Jamaal	352269	male	black		1. Sgt V. Fox
2.					2. Officer Bryd
3.					3.
4.					4.
5.		****			5.
On the above date a	nd approxima	te time:			
count. I gave severa the count. I/m Riley I (Cpl. N. Sheppard	al verbal dired , Jamaal SCE) am charging	ctives for C # 352: J I/m Rile	everyone t 269 refuse y, Jamaal :	to go to th d all my di SCDC # 3	attempting to conduct the 1:30 pm. eir assigned cells to be lock down for irectives and DID NOT go into his cell. 52269 with (837) Interfering with aciting/ Creating a Disturbance
RECEI JUN 1 5	2016 SIECATION	Dio.	APR 0 6		RECEIVED APR 0 4 2016 LEECI MAJOR'S OFFICE
Signature:	MUDDARA			Title:	(0/: D-1
Evidence:	11 Strains				
Disposition of Evider	ice:				
Supervisor's Comments:	Charge	Ac	STATE	-cl	STG Related - Refer to STG Committee Yes No Unknown
Printed Name: L+ 3	eary M.	1/20	1		This incident is DRUG related
Signature wil	Title		Date Time:	11 17 pm	Yes X No Unknown
Major/Responsible Author	rity:	- Marian	1-F		Responsible Authority
(814) (844)	٩٨٤(8	37)			Action Taken
					Informal Resolution
Division of the second				1128	Administrative Resolution

SCDC Form 19-29A (Rev. January 2005)

Date/Time:

A. T.		VI IP 14 IV III VI IV	naman on cot	DECOTO O	, ,	
3/14	SOUT ARC DISCLINA	JLINA DEPAR ARY REPORT	IMENT OF COI AND HEARING	RRY JIONS CORD	('	
Case#: 12	Inmate Name: JAMAAL RILE	Y	,, ,, ,, ,,, ,,, , , , , , , , , , , ,	SCDC#: <u>352</u>	269	
Living Area: <u>FØ</u>	56B	Job: <u>N/A</u>	· · · · · · · · · · · · · · · · · · ·		Custody: 1	MI3
Offense Date: 02	/ 22 / 2016 Offense Time: 10:	20 ✓ AM	PM Institution: I	EE .	· · · · · · · · · · · · · · · · · · ·	
offense Description						
898 The Possession other communicatio	of Any Communication Device: The po ns equipment and/or any components th	ssession, receipt, us ereof. This includes	e, concealment, stora i, but is not limited to,	ge, purchase, sale o MP3 players, I-po	or facilitation of cei ds, e-readers or an	llular phone y like device
		RECH	EIVED			
		MAY	2 6 2016			
	D. HASTIE	EE CLCLA	SSIFICATIO	Title	SGT	
Charging Officer/	Employee: D. HASTIE CATION: YOU WILL APPEAR BE					RECEIPT
THIS NOTICE. Y	OU HAVE THE RIGHT TO SUBM	IT A WRITTEN	STATEMENT AND	MAKE A VER	BAL STATEME	NT.
INMATE WAIVE	RS:				1	
	RIGHT TO 24-HOUR NOTICE AND		HEARING OFFICE	R TO PROCEED V	WITH THE HEAR	ING
=	NT TO BE PRESENT AT MY HEARI IY ACCUSER PRESENT AT THE HEA			WAIVE MY RIGH MU/SEGREGATI		G
	NT MY ACCUSER PRESENT AT THE		· · · · · ·	WANT A COUNS		
				DO NOT WANT	A COUNSEL SUB	STITUTE
	- 1209 110 8'n		y (Print): SCP	magan	nio / ME	16
Date &Time Not		S AM/PM B	y (Print): CCD(75801	oG Date: (200
Inmate Signature	: 1 1e tusus -605		SCD(#: <u>00000</u>	Date: C	<u> </u>
IEARING INFOR	MATION:	<u> </u>				
Hearing Date:	4 6 16 Hearing Tim	110	Tape:	Side:	Start:	End:
THE HEARING MM KUL	ing; OR (6) IF INMATE WAS DENIE refused to yes. To ottend h	earing		. Richa		L Cont
	OFFENSE CODES	898	1			7
	INMATE PLEA (G, NG, None)	116				7
	FINDINGS (G, NG, DS)	6				
F GUILTY, EVID B)OFFICER'S RI	DENCE PRESENTED CONSIDERE SPORT; (C) WITNESS TESTIMON	DAND REASON (D)OTHER. E	NS FOR DETERMI XPLAIN IN DETAI	NATION OF GU L: PICTU	ILT: (A) ADMI:	SSION OF VIden
HEARING LENG	TH: (MINU	TES)		-117/	2. (-	
SANCTIONS:	`	,		lV=	365	
Loss of Privileges	(Davs)	Reprima	nd:		Loss of Good Tim	1e (days): _4
* Prope	rty (Days)	Extra Du	itv:		Restitution: \$	**
	en (Days) 120 +45=16		spension Thru 120	D + 45-10	5	
♣ Other	<i>Physia.</i> (Days) <u>120 + 45</u> -, linary Detention (Days): <u>45</u>	65 Cell Res	riction (Days):		•	÷
-	JALREASON(S) FOR PARTICULA	AR PUNISHMEN	rimposed: 🖊	Jature.	of Off	ensl
CREDIT FOR PHE	TIME SERVED? YES/NO	IF YES, DAYS _	January	.		
DATE INMATE P	LACED IN PHD//	_				
INMATE SIGNAT	TURE FOR RECEIPT OF FINAL RI	EPORT: (1/)	heard in	absence	DATE:	t- Lo-
	CER (PRINT NAME) Bhat	m	terson			
	1 1/1 // 1			—		
APPKOVED/RE\	/erse/modify \(\triangle \triangle \)	Warden		REASON		
CONTRACTVOIM	CI ACCIDICATION CACDMONE	OB COLINGEL &	BETHER BY	אנו דטע טט וזכ	DERSTAND TH	IS FORM.

Canary - Inmate (Service of Disciplinary Report)

Pink - Central Record

Golden Rod - Inmate (Service of Disciplinary Hearing Disposition)

Pink - Central Record
**(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.) SCDC 19-69 (Rev., May 2007)

White - Institutional Record

Sent 04+ 19-69 3-9-16

3/16. NB

64-2156B SOUTH AROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT
Nov 2156 Nm/ 16-02-337 Pi
Date of Report:

1) pr 2156	Nmt	/6 -0	2-337	Page / of /
Institution/Center: Lee				Date of Report: 2 27 16
Reporting Official (Full Name): 89+	<i>D</i> .	Hastie	B-1	Time of Report: approx 1031am
Employee ID #: 051 248				Date of Incident: 2 22 14
Location of Incident: F4 A Side	<u>ce 11</u>			Time of Incident: approx 10 20cm
Inmate(s)/Resident: SCDC #	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:
1. Jamaal Riley 35220	۵۹	m	B	1. AST
2.				2. Sqt D. Hastie
3.				3.
4.				5.
5.	4	\	×	
On the above date and approximate				astic along with the
Orgency search team	<u>:0√dı</u>	ucted	a roi	utine shakedown on.
FA ASIGO CON 2150	<u>ø.</u>	A CEII	phone	charger was confisated
352269 BM 2156 B	<u>مهن</u>	01100000	~~~~	ership although he
35 2269 Bit 2136 B	<u></u>	busic	1+e	is being charged with
998	1000	Dar iic.		3
				DECEIVED
DECEIVERN	. فلدينو الريطة			RECEIVED
	AR O	1_2010		
MAY 26 7016	AR U			FEB 2 3 2016
	LEE			FFCI MAJOR'S OFFICE
AM	OPE	RATIONS		(4X) ND BOXES
SE CI CLASSIFICATIO				
0 / /				,
Signature: () Has he			Title:	
Evidence: cell phone ch	arae	er .		
Disposition of Evidence: Turned	20		contre	aband.
				STG Related - Refer to STG Committee
Supervisor's Comments: Refer to d)N/U			·
				() Yes (() No () Unknown
				`
Printed Name: Smith, V. LT.				This incident is DRUG related
Signature: Smile Y. Title:	기	Date/Time:	5:23.01M	() Yes (() No () Unknown
Major/Responsible Authority:				Responsible Authority
(888)				Action Taken
Ko 10)				1000000
				() Informal Resolution
		(a dlam	<u> </u>
Printed Name: Evnvsdell	<u>\\</u> _		41.55	() Administrative Resolution
Signature: Title:	und	Date/Time:	0/25/16	(Refer to Disciplinary Hearing

8/1



SCDC 19-69 (Rev. May 2007). Records for Production FOIA 0127-24 000157



CTIONS $\mathcal{P}^{\mathcal{Y}}$

And the state of t

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS	;
DISCIPLINARY REPORT AND HEARING RECORD	

ase#: 11	_ Inmate Name: Jai					3CDC#: <u>3322</u>			
iving Area: RHU	11		Job: <u>N/A</u>			•	Custody:	ST3	
ffense Date: 07 /	14 / 15 Offense	e Time:8:30	<u>AM</u>	PM Instit	ution: Lee				
ense Description:									
tting, or unauthoriz	Employee or other G ed touching of an SCD or the throwing of any s e authority over an inn	C employee or o	ther government a n an SCDC employ	gency emplo ce, other go	yee, contrac vernment ag	t employee, volu ency employee, c	nteer, or membe ontract employe	r of the publi e, or volunte	ic with
arging Officer/E	nployee: Mark Betl	nea				Title:			
OF A LOOKE BLOOMERS OF CH	ATION: YOU WILI U HAVE THE RIGI	ADDUAD DEE	ORE A HEARIN T A WRITTEN :	G OFFICE STATEME	R 24 HOU NT AND M	RS OR MORE IAKE A VERB	AFTER YOUR AL STATEME	RECEIPT NT.	OF
NMATE WAIVER						s:Silimi			
I DO NOT WAN	UGHT TO 24-HOUR T TO BE PRESENT A ACCUSER PRESEN	AT MY HEARIN IT AT THE HEA	IG .RING	HEARING	∐ I WA SMI	IVE MY RIGHT J/SEGREGATIO	IO A HEARIN NONLY	G	
	IT MY ACCUSER PR					INT A COUNSE NOT WANT A	COUNSEL SUI	BSTITUTE	
Tate &Time Notif	ied: 7 /24 //	5 LOU	Амем в	y (Print):	LI	JOHN !	BEWTE	-	
nmate Signature:	X gampal	Bilay			_ SCDC#:	3522	69_ Date:	7 /24	<u> </u>
EARING INFORM	IATION:			r					
Hearing Date:	8 , 10 , 15	Hearing Time	: 2 ¹⁰ am/pm	Tape:		Side:	Start:	End:	
·	OFFENSE CODES		807						
1	INMATE PLEA (G.)	IG, None)	NG					_	
	FINDINGS (G, N	G, DS)	76	1		-			
, KING VERINGS O	ENCE PRESENTED PORT; (C) WITNES	CONSIDERE	D AND REASON (; (D) OTHER. E	NS FOR D XPLAIN I	ETERMIN. N DETAIL:	ATION OF GU	ILT: (A) ADM	ISSION O	₹GÚ
HEARING LENGT	H:	_(MINU	TES)				365		
SANCTIONS:						TV.	-35T) (SI	9)	<u></u>
oss of Privileges	(Days)		Reprima	ınd:			oss of Good T	ime (days):	
CanteeOther ←Discip	ty (Days) In (Days)	<u>(O +45</u> 726 1ys): <u>45</u>	25 Cell Res	spension T striction (D	ays):	+45-22	Restitution: \$_	01112	•
SPECIFIC FACTU	JALREASON(S)FO	R PARTICULA	AR PUNISHMEN	TIMPOSE	=D: 190	1000	- 000		<u> </u>
CREDIT FOR PHD	TIME SERVED? YE	S/NO	IF YES, DAYS				*		
	LACED IN PHD		_					~ 4.	_
INMATE SIGNAT			_		0 00:4.		D +000	8-10-	15
HEARING OFFIC	URE FOR RECEIP	1 (1/2	EPORT:	kerner	N. TRUCK	-	DATE:		
	ER (PRINT NAME	1 (1/2	EPORT:	Hus	in)	EA SON	DAIE:	- 10	<u> </u>
	CER (PRINT NAME CERSE/MODIFY) Shar	Warden	Hus		EASON			
APPROVED/REV CONTACT YOUR White - Institutional	CER (PRINT NAME PERSE/MODIFY CLASSIFICATION) Shar	Warden	SUBSTITU Canary - I	JTE IF YO		DERSTAND T		



553

0	8-7.	~5 ~5	1	(-0	7-226	<u>(</u>	Page 1 of 1
Institution/Center:	-01	Lee Corre				ate of Report:	15 Jul 2015
Reporting Official (I	full Name):					ime of Report:	Approx 1:15 A.M.
Employee ID #:		053170			Γ	Pate of Incident:	14 Jul 2015
Location of Incident	•	F4B Wing	Door		, Ti	ime of Incident:	Approx 8:30 P.M.
Inmate(s)/Resident:	SCDC#	Age	Sex	Race	,)/Witnesses Involved:
1. _{Jamaal Riley}	352269		M	В		1.	,:
2. Abbdul Emmuel	350618		M	В		2.	
3. Derek Brice	351655		M	В		3.	
4. Carnail Graham	304093		M	В		4.	
5. John Henry	299199		M	В		5.	
On the above date	and appro	ximate time	6. Bran	ıdon Me	10paid #311043	vI/W; 7. Kelvin	White #278568 M/B; 8. Marcus Jackson
							rd Sims #213525 M/B; 12. Jevarius
Teague #361061 M/	В.						
On the above date an	d approxim	nate time I, C	Cpl. Ma	rk Bethe	a, opened my wir	ng door to allow	my pill line inmates out. When I opened
my wing door I/M Ja	maal Riley	#352269 fr	om F4A	pushed	my arm out of th	e way and force	d his way onto my wing F4B. He was
followed by inmates	Abbdul En	nmuel #3506	518, De	rek Brice	#351655, Carna	il Graham #3040	993, John Henry #299199, Brandon
Mcdonald #311643,	Kelvin Wh	ite #278568,	, Marcu	s Jackson	n #309333, Antor	me China #2929	11, Darrell Mickell #302230, Howard
Sims #213525 and Jo	evarius 1 ea	igue #36106	1. I gav	e each a	arective to exit i	my wing and into	ormed them that they were all out of
place and they all rel	used to leav	ve. They ren	named (207 Se	rileing on SCDC I	Employee 828 (ntinually ignored all of my directives Out of Place and 825 Refusing or Failing
to Obey.	Kiley #332	2269 IS Charg	ged with	100/ 30	iking an sede i	Employee, 828 C	7dt 011 laco and 025 testasing 011 dilling
							RECEIVED
							JUL 1 5 2015
Signature:	راه	,			Α .	Title:	4-
Mis	otho.				4-2	<u>C</u>	LEECI MAJOR'S OFFICE
Evidence: N/A							
Disposition of Evid	ence: N/A					,	
Supervisor's Comm	ients: Refer	to DHO. I/I	M Riley	was cha	rged	STG Ņ	Related - Refer to STG Committee
accordingly and place	ed on cell	restriction pe	ending !	oedspace	in RHU.	() Ye	s (X) No () Unknown
Printed Name: Kyle	Arens					Г	his incident is DRUG related
Signature:	hu Tit	ile: Lt.			ne:15 Jul 2015 Apx 1:35am	() Ye	s (X) No () Unknown
Major/Responsible	Authority:						
#807 83							Responsible Authority
	-						Action Taken
				-		() Informal Resolution
Printed Name:	eyer	100 17	24	بالتحديجة	7:55 am	() Administrative Resolution
						(Refer to Disciplinary Hearing
dasoited	uske	tion	200	27 OL	1-17-15	1	



JUL 23 2016

PRE-HEARING DETENTION PLACEMENT/EXTENSION

PHD EXTENSION	
Inmate Name	SCDC #
Date:/	
Reason for Extension:	
s al l	
Length of Extension: (up to 10 days only)	
Requesting Official:	_ Title:
Approved/Disapproved: Warden/Duty Warden	Date://
Inmate Name: Jamaal Riley scot: 35	52269 Custody:
Reason for Placement in PHD: Current Escape Risk Maintain the Integrity Protective Concerns Inmate's presence in the population would create	e physical safety of other inmates or staff
St. Warden, Associate Warden Major Captain, Date 7/1	5/16 Time: 10'50 AMPM
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. I and that I will appear before the Institutional Classification Committee within seven (7)	also certify that this notice is clear and readable calendar days of my placement in PHD.
Inmate/Witness Signature: game of Willy Date 7/	15/15 Time: 11:00 AM/PM
Serving Officer/ Witness Signature:	5//5 Time: // '05 AM/PM

SCDC 19-67 (Rev., August 1999)

White: Institutional Record

Carries for Established IA 0127-24 000159

Pink: Inmate RHU



15-07-226

Page	1	of 1
1 ago	_*	OT v

Institution/Center:	Lee Corrections	l Institution	Date of Repor	t: 15 Jul 2015
Reporting Official (Full Name	e): Cpl. Mark Beth	ea	Time of Repo	
Employee ID #:	053170		Date of Incide	
Location of Incident:	F4B Wing Door		Time of Incide	
Inmate(s)/Resident: SCDC#		Race	Employ	ee(s)/Witnesses Involved:
1. Jamaal Riley 352269	M	В	1.	
2. Abbdul Emmuel 350618	М	В	2.	
3. Derek Brice 351655	M	В	3.	
4. Carnail Graham 304093	М	В	4.	·
5. John Henry 299199		В	5.	
On the above date and appr	oximate time: _{6. Br}	andon Mcdonald #3	11643 M/W; 7. Kel	in White #278568 M/B; 8. Marcus Jackson
#309333 M/B; 9. Antoine Chi	na #292911 M/B; 1	0. Darrell Mickell#	302230 M/B; 11. H	oward Sims #213525 M/B; 12. Jevarius
Teague #361061 M/B.				
On the above date and approxi	mate time I, Cpl. M	ark Bethea, opened	my wing door to all	ow my pill line inmates out. When I opened
my wing door I/M Jamaal Rile	ey #352269 from F4	A pushed my arm o	ut of the way and fo	rced his way onto my wing F4B. He was
followed by inmates Abbdul E	mmuel #350618, D	erek Brice #351655	, Carnail Graham #3	04093, John Henry #299199, Brandon
Mcdonald #311643, Kelvin W	hite #278568, Marc	us Jackson #309333	, Antoine China #29	92911, Darrell Mickell #302230, Howard
Sims #213525 and Jevarius Te	eague #361061. I ga	ve each a directive t	o exit my wing and	informed them that they were all out of
place and they all refused to le	ave. They remained	on the wing until ne	early count time and	continually ignored all of my directives
to leave. I/M Jamaal Riley #35	52269 is charged wi	th 807 Striking an S	SCDC Employee, 82	8 Out of Place and 825 Refusing or Failing
to Obey.				
				,
Signature:		4	Title:	
Misoto		A-2_	Title:	CP/
Evidence: N/A		A-)_	Title:	C//
Evidence: N/A		A-2_	Title:	Ç#
Evidence: N/A Disposition of Evidence: N/A		A->_	Title:	C P/
Evidence: N/A Disposition of Evidence: N/A		y was charged		CH .
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference	er to DHO. I/M Rile			GRelated – Refer to STG Committee
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference	er to DHO. I/M Rile		STO	CH .
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell	er to DHO. I/M Rile		STO	G Related – Refer to STG Committee Yes (X) No () Unknown
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens	er to DHO. I/M Rile	bedspace in RHU.	STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: M. M. Ti	er to DHO. I/M Rile restriction pending ttle: Lt.		STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: White Ti	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: White Ti	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown Responsible Authority
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: M. M. Ti	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	G Related – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: M. M. Ti	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	GRelated – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown Responsible Authority Action Taken () Informal Resolution
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: Major/Responsible Authority: Printed Name:	er to DHO. I/M Rile restriction pending itle: Lt.	Date/Time:15 Jul 2 @ Apx 1:35a	STC ()	GRelated – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown Responsible Authority Action Taken
Evidence: N/A Disposition of Evidence: N/A Supervisor's Comments: Reference accordingly and placed on cell Printed Name: Kyle Arens Signature: Major/Responsible Authority: Printed Name:	er to DHO. I/M Rile restriction pending ttle: Lt.	bedspace in RHU. Date/Time:15 Jul 2	STC ()	GRelated – Refer to STG Committee Yes (X) No () Unknown This incident is DRUG related Yes (X) No () Unknown Responsible Authority Action Taken () Informal Resolution

I, Jamaal Biley SCDC# 352269 have been informed of the hardship transfer and meet the criteria hardship transfer process. Junderstand that if I request a hardship transfer and meet the criteria hardship transfer process.	
hardship transfer process. Understand that if I request a hardship transfer process. Understand that if I request a hardship transfer for approval, I will be screened for an appropriate institution in the geographical area and not for a specific institution.	
Is inmate eligible for hardship transfer? Yes/No	
If no, why? Major Disc.	
I do do not want to request a hardship transfer.	
Geographical area	
Appropriate paperwork submitted Yes/No	
Inmate Signature James liley Date 9-26-13 Date 9/21/13	
Caseworker Signature D- Date 17 - Date	
Forms/FORM-Hardship Transfer Request ANNUAL REVIEW/HARDSHIP TRANSFER REQUEST	
ANNUAL REVIEW/HARDSHIF (RAIISTER MARQUES)	
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Classification Waiver	
SCDC #: Inmate Name: Date:	
352269 Janual Kiley 9/26/13	
I wish to waive the required 48-hour waiting period between my notification and my appearance at the Classification Committee. Reasons:	
I do not wish to appear before the Classification Committee. I understand that by not appearing I waive any grievance rights that I may have regarding any decision made by the Institutional Classification Committee. Reasons:	s
	_
Signature of Inmate: Signature of Committee Chairperson:	

Distribution: Institutional Record
SCOO 18-39 (Revised February 2006)

Sig



9 21111

CELL ASSIGNMENT FORM

Inmate Name Jamaa Riley SCDC# 352269 Inst	itution Lee C-	<u></u>
Age 19 Height 58 Weight 161	Custody <u>U</u> I	3
SECTION I. SECURITY RELATED CRITERIA:	-	
Does the inmate have any separation requirements?	YES	N
Does the inmate have convictions for assaultive or violent offenses?	YES	N
happing of a disruptive group?	YES	N
Has the inmate ever been involved in any of the following:		
Assaulted another inmate?	YES	N
Been assaulted by another inmate?	YES	
Assault on Staff?	YES	V_N
Been involved in group disturbance?	YES	N
Been found in possession of a weapon?	YES	/_N
If yes to any of the above, what were the motivation factors in the incident(s)?		
SECTION II. HEALTH RELATED CRITERIA: Does the inmate have any lower bunk or lower tier requirements?YES	NO Explain	
SECTION III. COMMITTEE DECISION: State any restrictions to cell housing:		
Cell Assignment: FG 1237 7 - Covar I Lis A Committee Members: SISIVED	1CC lay #	34680
Committee Chairperson: Date:	1-14	

Distribution: Institutional Record (Section 3) SCDC 18-3 (Rev. October, 1998)



SECTION III. COMMITTEE DECISION Cont'd: Institution Lee CI Custody MI3 State any restrictions to cell housing: Cell Assignment: <u>Var 1139B</u> Committee Members: _ Date: Committee Chairperson: ____ Custody____ Institution___ State any restrictions to cell housing: Cell Assignment: Committee Members: _____ Committee Chairperson: _____ Date: ____ Institution Custody_____ State any restrictions to cell housing: Cell Assignment: . Committee Members: __ Committee Chairperson: _____ Date: _____ Custody institution_____ State any restrictions to cell housing: Cell Assignment: Committee Members: ______ Committee Chairperson: ______Records for Production FOIA 0127-24 60163_



PRE-HEARING DETENTION PLACEMENT/EXTENSION

PHD EXTENSION	
Inmate Name	_ SCDC #
Date:/	
Reason for Extension: Length of Extension: (up to 10 days only)	RECEIVED AUG 0 7 2013 LEECI MAJOR'S OFFICE
Requesting Official: Approved/Disapproved: Warden/Duty Warden	Date:/
Waldeli/Duty Waldeli	
NOTICE OF PLACEMENT IN PHD Inmate Name: A maal Riley SCDC#: 3.50	1269 Custody:
☐ Inmate's presence in the population would create the institution	ne physical safety of other inmates or staff
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. and that I will appear before the Institutional Classification Committee within seven (7)	I also certify that this notice is clear and readable 7) calendar days of my placement in PHD.
Inmate/Witness Signature: Amad Rilly Date 8/	5/3 Time: 6/50 AM/PM

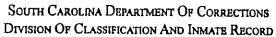
SCDC 19-67 (Rev., August 1999)

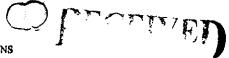
White: Rustitutional Record FOIA 0127-24 000164
Canary: Central Record

Pink:

Inmate







AUG 0 6 2013

PRE-HEARING DETENTION PLACEMENT/EXTENSION

LEE CI CLASSIFICATION

PHD EXTENSION
Inmate Name SCDC #
Date://
Reason for Extension:
Length of Extension: (up to 10 days only)
Requesting Official: Title:
Approved/Disapproved: Date:/
Warden/Duty Warden
NOTICE OF PLACEMENT IN PHD
Inmate Name: JA Maal Riley SCDC#: 350069 Custody:
Reason for Placement in PHD: Current Escape Risk Admintain the Integrity of an Investigation Protective Concerns Inmate is a threat to the physical safety of other inmates or staff Inmate's presence in the population would create a threat to the safety, security, and/or order of the institution
S/ Warden, Associate Warden, Major, Captain, Date 8/5/13 Time: 6, 46 AM/PM
I certify that I was given a copy of this notice within 72 hours of my placement in PHD. I also certify that this notice is clear and readable and that I will appear before the Institutional Classification Committee within seven (7) calendar days of my placement in PHD.
Inmate/Witness Signature: Amal Pilut Date 8/5/3 Time: 6148 AMPM
Serving Officer/ Witness Signature: Sylvanian Date 8 15 113 Time: 6.50 AM/PM

SCDC 19-67 (Rev., August 1999)

White: Institutional Recorduction FOIA 0127-24 000165

Canary: Central Record Pink Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

	13-00-030 Page 1 of 1
Institution/Center:	
Date of Report: 8-5-13	Time of Report: 8:20 Pm
	NEBREAKENDate of Incident: 8-5-13
Location of Incident: Darlington	
	age Race Sex Employee(s) Into vid:
1. DEVIN GANTT	337539 1.
2. TACKLE JENKINS	318917 2. AUG 08 2013
3. TAMABL RILEY 4 MICHAEL WOLFE	352269 3. 345590 4.
4. MICHAEL WOLFE	221115
On the above date and approximate time:	THE AGONE LISTED INMATERIUMER
	UNING THE RESULTS OF AN
INVESTIGATION.	
/	
	/
0 10	
Signature: APT, U. Sombrent	
Evidence:	
Witness(es):	
Supervisor's Comments:	
	STG Related - Refer to STG Committee
. `	() Yes () No () Unknown
	This Incident is DRUG related
Signature: Title:	Date/Time: () Yes () No () Unknown
Major / Responsible Authority:	
	Action Taken
	() Informal Resolution
	() Administrative Resolution
Bassala	
Signature: Records	for Production FOIA 0127-24 000166 Refer to Disciplinary Hearing Date:
SCDC19-29A (Rev. February 2004)	

2	nate Name:	Jamaal Rile	у		SCDC#: _	352269	
ving Area: DA							MTS
ffense Date: 05 /22	13	9.00am	··· — 14-/		LEE CT		-1113
ffense Date: 05 /22	/ Offense	Time: 2.00ala AM/P	M Offi	ense Location:			
ffense Description: 811 - Possessio	n of a Wear	aon					
011 105565510	n or a wear	JO11					
harging Officer/Emplo	yee:	SGT L	. Epps	5			
VMATE NOTIFICATIO	N: YOU WILL	, APPEAR BEFORE A	HEARIN	IG OFFICER 24 I	IOURS OR M	ORE AFTER YOU	R RECEIPT
HIS NOTICE. YOU HA	VE THE RIGH	IT TO SUBMIT A WR	ITTEN	STATEMENT AN	D MAKE A V	ERBAL STATEM	ENT.
NMATE WAIVERS:				•			
☐ I GIVE UP MY RIGH ☐ I DO NOT WANT TO	T TO 24-HOUR	NOTICE AND AUTHO	RIZE TH	E HEARING OFFI	CER TO PROC I WAIVE MY R	EED WITH THE HI JIGHT TO A HEARI	EARING. NG
THE DO WANT MY ACC	USER PRESEN	T AT THE HEARING		ا 🗖 باري	WANT A COU	INSEL SUBSTITUT	E
☐ I DO NOT WANT MY	ACCUSER PRE	SENT AT THE HEARIN	g L	\. · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I DO NOT WAN	IT A COUNSEL SUI	BSTITUTE
				•			
Date &Time Notified: Inmate Signature:	<u> 5 3 1 1</u>	3 1:25 KM	рм в	y (Print):	Topidee		
Inmate Signature: <u> </u>	mma Ril	y # 3572	ፈዋ			Date:	يد / كــ
TEARING INFORMATIO	N:						
EARING INFORMATIO		1.32	- ~				
IEARING INFORMATIO		Hearing Time: / 32	am/pm	Tape:	Side:	Start:	End:
Hearing Date: 6	4/13	COUNSEL SUBSTITUTE	E WAS N	OT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: 6	4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	WAS N	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: 6	4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	WAS N	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: EXPLAIN BELOW BY NU EXCLUDED FROM ANY FROM THE HEARING; (4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	WAS N	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: EXPLAIN BELOW BY NU EXCLUDED FROM ANY FROM THE HEARING; (4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	WAS N	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: EXPLAIN BELOW BY NU EXCLUDED FROM ANY FROM THE HEARING; (4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	WAS N	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date: 6	4/13 MBER: (1) IF (COUNSEL SUBSTITUTE	E WAS IN ANY (3) VERONTAT	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date:	H, 13 JMBER: (1) IF C PART OF THE E DR (6) IF INMAT	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF	E WAS IN ANY (3) VERONTAT	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date:	UMBER: (1) IF C PART OF THE E DR (6) IF INMAT	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF	E WAS IN ANY (3) VERONTAT	NOT PRESENT DU	IRING PART O	F THE HEARING; ((2) IF ACCU
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TEPLEA (G, NG) DINGS (G, NG)	CONSIDERED AND E	E WAS IN ANY (3) VERNITATION THAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATED OS	(2) IF ACCU CE WAS TOF TW.
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TEPLEA (G, NG) DINGS (G, NG)	CONSIDERED AND E	E WAS IN ANY (3) VERNITATION THAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATED OS	(2) IF ACCLUDE WAS FOR FW
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TEPLEA (G, NG) DINGS (G, NG)	CONSIDERED AND E	E WAS IN ANY (3) VERNITATION THAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATED OS	(2) IF ACCU CE WAS F TOF FW 1 2013
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TEPLEA (G, NG) DINGS (G, NG)	CONSIDERED AND E	E WAS IN ANY (3) VERNITATION THAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATED OS	(2) IF ACCU CE WAS TOF TW.
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TEPLEA (G, NG) DINGS (G, NG)	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF G, None) G, DS) CONSIDERED AND F S TESTIMONY (D) OT	E WAS IN ANY (3) VERNITATION THAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATED OS	(2) IF ACCU CE WAS TOF TW.
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSE CODES TTE PLEA (G, NG DINGS (G, NG PRESENTED C; (C) WITNESS S)	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF G, None) G, DS) CONSIDERED AND F TESTIMONY (D) OT (MINUTES)	E WAS N INY (3) V RONTAT	NOT PRESENT DU WITNESSES, (4) DO ION QUESTIONIN	IRING PART OF	GUILT: (A) ADM	(2) IF ACCU CE WAS TO TOF TWI 7013
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSECODES TEPLEA (G, NO DINGS (G, NG PRESENTED T; (C) WITNESS S) ave)	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF G, None) G, None) G, None) CONSIDERED AND F S TESTIMONY (D) OT (MINUTES)	E WAS NANY (3) VERONTAT	NOT PRESENT DUNITNESSES, (4) DO ION QUESTIONIN IS FOR DETERM XPLAIN IN DETA Ind: Ind:	IRING PART OF COUMENTATION OF AIL:	F THE HEARING; (DN, OR (5) EVIDEN OSS EXAMINATOR OS	(2) IF ACCU CE WAS TO TOF TWI 7013
Hearing Date:	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSECODES TEPLEA (G, NO DINGS (G, NG PRESENTED C; (C) WITNESS (S) (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF G, None) G, DS) CONSIDERED AND F TESTIMONY (ID) OT (MINUTES)	E WAS NANY (3) VERONTAT	NOT PRESENT DUNITNESSES, (4) DO ION QUESTIONIN IS FOR DETERM XPLAIN IN DETA Ind: Ity: Visit Suspension	IRING PART OF COUMENTATION OF AIL:	GUILT: (A) ADM	(2) IF ACCU CE WAS TOF I'W. 1 7013
Hearing Date: EXPLAIN BELOW BY NUEXCLUDED FROM ANY FROM THE HEARING; OFFEE INMA FINI E GUILTY, EVIDENCE B OFFICER'S REPORT HEARING LENGTH: Loss of Privileges (Days - Property (December 197)	MBER: (1) IF C PART OF THE E DR (6) IF INMAT NSECODES TTE PLEA (G, NO DINGS (G, NG PRESENTED C; (C) WITNESS (S) (Days) /80 (Days) /80	COUNSEL SUBSTITUTE EVIDENCE STAGE; IF A TE WAS DENIED CONF G, None) G, DS) CONSIDERED AND F G TESTIMONY (D) OT (MINUTES)	E WAS NANY (3) VERONTAT	NOT PRESENT DUNITNESSES, (4) DO ION QUESTIONIN IS FOR DETERM XPLAIN IN DETA Ind: Ind:	IRING PART OF COUMENTATION OF AIL: 191 CT	GUILT: (A) ADM	(2) IF ACCU CE WAS TOF TW 1 2013

DATE INMATE PLACED IN PHD DATE: <u>6-4-1</u> REASON . Warden CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM. Canary - Inmate (Service of Disciplinary Report) White - Institutional Record

Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record **(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SCDC 19-69 (Rev.January 2004)

Signature:

AROLINA DEPARTMENT OF COR

INCIDENT REPORT Page 7-05-354 LEE CI Institution / Center: PAROZ: 910 Time of Report: Date of Report: 5 Reporting Official: Date of Incident: Time of Incident: */ And : 900 Location of Incident: Douglanter Employee(s) Involved: [♂]SCDC# Age Race Sex Inmate(s)/Resident: On the above date and approximate time: JUL T IFF C Signature: Evidence: Witness(es): Supervisor's Comments: STG Related - Refer to STG Committee (4-Unknown () Yes () No This Incident is DRUG related () No () Unknown () Yes Signature: , Date/Time: Major/Responsible Authority **Action Taken** () Informal Resolution

Records for Production FOIA 0127-24,000

Date:

- () Administrative Resolution
- () Refer to Disciplinary Hearing

SOUTH ROLINA DEPARTMENT OF CORRECT Sion of Classification and Inmate Records EVALUATION OF PROTECTIVE CONCERNS

Kereavel

JUN 1 9 2013

				ZEE CLETASSIFICAT
nterviewing Employee (Print	Title): <u>CAP4al</u>	n F Ford	····	ك
SECTION 1: PROTECT	IVE CONCERNS	EVALUATION &	ama waterana	ogjadnestatens menandisk ein eine
inmate's Reasonts) for Reque	sting SMU placemi Report Attec	ent due to Protective (Chev Fer Farthe	Concerns: Incl.	ilant on Rec follo
Employee(s) Involved:				PECEIVE
I do want to be placed in I do not want to be placed	SMU- due to prote d in SMU - due to	ctive concerns (SP) protective concerns (SP)	JUN 1 9 2010
nmate Signature: <u>Januaral</u>	Q/up		Date: <u>6-16-13</u>	LEE CI A/W OPERATIO
NOTE: Your signature on the Agency, in the exercise of its	his line refusing S:	MU placement due t	o Protective Conce	
nterviewing Officials Recor	nmended Action:			
Return to General Popula Recommended Placemen Other	t in SP for further l	n) <u>NO NGSON</u> nvestigation	fer protect	Hve Concerns
Approved Disapproved:	by Ator		Date	6-16-13
Date Forwarded to Institution ECTION 11: ** INSTITUT Disposition (Check one):	onal Protective Cu IONAL PROTEC D Valid	istody Committee (I TIVE CUSTODY C © Invalid	COMMITTEE COMMITTEE	भ्रमण्य क्रांबरभ्यात्म च्या
Date Forwarded to Institution ECTION 11: 15 INSTITUT Disposition (Check one): Reason/Recommendation:	onal Protective Cu IONAL PROTEC D Valid	istody Committee (I TIVE CUSTODY C	COMMITTEE COMMITTEE	भूद्रभद्धः सः बटकर १४४ च्यु
Date Forwarded to Institution SECTION II: 19 INSTITUT Disposition (Check one): Reason/Recommendation:	onal Protective Cu IONAL PROTEC UValid	istody Committee (I TIVE CUSTODY C © Invalid	COMMITTEE COMMITTEE	भूद्रसद्य सः बटकर १४४ च्यू ation
Date Forwarded to Institution SECTION 11: 1/2 INSTITUT Disposition (Check one): Reason/Recommendation:	onal Protective Cu IONAL PROTEC D Valid	istody Committee (I TIVE CUSTODY C	OMMITTEE COMMITTEE	स्रमादः सः बटकर गन्न चन्न ation
Date Forwarded to Institution ECTION 11: 12 INSTITUT Disposition (Check one): deason/Recommendation:	onal Protective Cu IONAL PROTEC	istody Committee (I TIVE CUSTODY C C Invalid Date:	COMMITTEE COMMITTEE	स्रमाद्र संस्थान क्ष्या व्यक्त
Date Forwarded to Institution ECTION II: INSTITUT Disposition (Check one): Reason/Recommendation: PCC Chairperson: Date Forwarded to Institution	Onal Protective Cu IONAL PROTEC Dividid	Date:	PCC) COMMITTEE	स्रमाद्र संस्थान क्ष्या व्यक्त
Date Forwarded to Institution ECTION II: INSTITUT Disposition (Check one): deason/Recommendation: PCC Chairperson: Date Forwarded to Institution ECTION III: STATE CL	Onal Protective Cu IONAL PROTEC D Valid ASSIFICATION (Invalid Invalid Transfer to	Date: COMMITTEE REV	OMMITTEE COMMITTEE COMMITTEE	ation
Date Forwarded to Institution ECTION 11: 10 INSTITUT Disposition (Check one): Reason/Recommendation: PCC Chairperson: Date Forwarded to Institution ECTION 111: STATE CL Disposition (check one):	Onal Protective Cu IONAL PROTEC D Valid ASSIFICATION (Invalid Invalid Transfer to	Date: COMMITTEE REV O General Population for Placement on Sta	OMMITTEE COMMITTEE COMMITTEE	ation
Date Forwarded to Institution SECTION II: 15 INSTITUT Disposition (Check one): Reason/Recommendation: PCC Chairperson: Date Forwarded to Institution SECTION III: STATE CL Disposition (check one):	onal Protective Cu IONAL PROTEC D Valid ASSIFICATION of Dividid Invalid Transfer to Approved	Date: COMMITTEE REV O General Population for Placement on Sta	OMMITTEE COMMITTEE COMMITTEE	ation
Date Forwarded to Institution SECTION II: 15 INSTITUT Disposition (Check one): Reason/Recommendation: PCC Chairperson: Date Forwarded to Institution SECTION III: STATE CL Disposition (check one):	onal Protective Cu IONAL PROTEC D Valid ASSIFICATION of Dividid Invalid Transfer to Approved	Date: COMMITTEE REV O General Population for Placement on Sta	OMMITTEE COMMITTEE COMMITTEE	ation

CC:

Institutional Records Central Record Inmate IPCC

SCDC Form 19,47 (Aug. 2008)



Page <u>1</u> of <u>1</u>

Institution/Center: LEE CORRECTIONAL INSTITUTION	Date of Report: 06/15/13
	Time of Report: APPROX 9:48 AM
	Date of Incident: 06/15/13
Location of Incident: DARLINGTON REC/MEDICAL	Fime of Incident: APPROX 8:51 AM
Inmate(s)/Resident: SCDC# Age Sex Race	Employee(s)/Witnesses Involved; 7 7 7
1. RILEY JAMAAL 352269 B/M	1. RN J.FLOYD
2.	2.
3,	3. Jun 1 9 2013 .
4.	4.
5.	5.
On the above date and approximate time: I CAPTAIN FRITZ FORD IN	PERVIEWED INMATERITEV IAMAAL SCDC
#352269 ON A INCIDENT THAT TOOK PLACE ON THE DARLINGTO	
WHILE LAYING DOWN ON THE STRETCHER BEING EXAM/TREAT	
CAPTAIN FRITZ FORD ON WHAT HAPPEN TO HIM AND HOW DID	
ARM.I/M RILEY JAMAAL SCDC #352269 REPILED THAT HE FALL C	ON THE EDGE OF THE CONCRETE WHILE PLAY-
ING FOOTBALL AND THAT'S HOW HE RECEIVED THE LACERATION	
SCDC #352269 HAD TO BE TRANSPORTED TO	OR FURTHER
TREAMENT FOR HIS WOUND AND RETURN BACK TO LEE C.I ANI	
WITH A WRITTEN STATMENT.ALL PAPER WORK ATTACHED TO	BACK OF REPORT.
ECEIVED	
RECEIVED	
	Title:
Signature: 1 8 2013	Title:
Signature: 1 8 2013	Title:
Signature: 1 8 2013	Title:
Signature: JUN 1 8 2013 Evidence: Disposition of Evidence: LEECI MAJOR'S OFFICE	Title:
Signature: 1 8 2013	Title: STG Related – Refer to STG Committee
Signature: JUN 1 8 2013 Evidence: Disposition of Evidence: LEECI MAJOR'S OFFICE	STG Related – Refer to STG Committee
Signature: JUN 1 8 2013 Evidence: Disposition of Evidence: LEECI MAJOR'S OFFICE	
Signature: JUN 1 8 2013 Evidence: Disposition of Evidence: Supervisor's Comments:	STG Related - Refer to STG Committee () Yes () No () Unknown
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name:	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Date/Time: 6-46-13	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Date/Time: 6-46-13	STG Related – Refer to STG Committee () Yes () No () Unknown This incident is DRUG related
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Signature: Title: Title:	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Signature: Title: Title:	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown Responsible Authority Action Taken
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Signature: Title: Title:	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown Responsible Authority
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Signature: Title: Title:	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown Responsible Authority Action Taken () Informal Resolution
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Major/Responsible Authority: Date/Time: (a = 46-13) T.H2 pM	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown Responsible Authority Action Taken
Signature: Evidence: Disposition of Evidence: Supervisor's Comments: Printed Name: Signature: Major/Responsible Authority: Date/Time: 6 = 46-13 T.H2 pM	STG Related - Refer to STG Committee () Yes () No () Unknown This incident is DRUG related () Yes () No () Unknown Responsible Authority Action Taken () Informal Resolution

I WAS HAVING Rec. On 6-15-18 while having Ree Playing football I was trying to do A Moneta the Process of doing It I Slipped and flew face first into the hand ball Court i slat my Elbow. Jamool Kiley I Do not wish to Be Placed on

fear for my life

£10 1237

SOU AROLINA DEPARTMENT OF CORRE INS INMATE DISCIPLINARY SYSTEM INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION

NO

安安

Inmate Name: () Pile Inmate SCDC Number: 352	269
Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attached)	1 . 0
SIR The me of oliver a Valence of trak	are the contract of
Date of Violation: Institution:	
CI Contraction of the contractio	CEIVED!
I find the inmate committee the charge(s) specified, offer the inmate the option to resolve the violation (place chickin the	Arop Atebox)
□ INFORMALLY □ ADMINISTRATIVELY	
and impose the following sanction(s):	FEB 2 8 2013
Sanction	Number of hours/days Of Americal GATION
Counseling (Check box if imposing this sanction)	90
Instructions or directives (Check box if imposing this sanction)	4
Verbal reprimand (Check box if imposing this sanction)	□X.
Extra duty or chores up to 40 hours	Hours
Restriction of recreation time (general population only) up to 30 days	Days
Restriction of canteen, visitation, or other privileges up to 90 days	20Days
Restriction of television viewing and/or radio up to 90 days for Informal Resolution or up to 120) Days
days for Administrative Resolution	
Payment of restitution	\$ *
Cell restriction up to 30 days for Informal Resolution or up to 60 days for Administrative Resolution	Days
ADMINISTRATIVE RESOLUTION ONLY: Disciplinary detention up to seven (7) days time in an institutional Special Management Unit.	Days
ADMINISTRATIVE RESOLUTION ONLY: Failure to earn good time	Days
The above sanctions are suspended for (UP TO 90 DAYS)days. If the inmate commits no additional during that time period, the sanctions will be lifted and the inmate will not have to serve them. If the inmate commits an infraction, s/he will have to serve the above sanctions and may be subject to additional disciplinary action. Major(Responsible Authority Institution Signature (Print Name)	disciplinary infractions additional disciplinary Date
INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIVE RESOLUTION: This is to certify that I,	ident, I have been offered the
Yes, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred to vaive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, in Shabazz v. State.	o a disciplinary hearing, and I scluding those pursuant to Al-
No, I do not want to accept the sanctions listed above and request that this case be referred to a disciplinary hearing	g.
2, 26 13 sy samuel Ruly	
Date "Inmate's Signature	
White: Central Records Green: Institutional Records Goldenrod: Inmate cc: **Financial Accounting (forward copy only when

restitution is to be paid)

SOUT AROLINA DEPARTMENT OF	CORP TIONS A
	CORTIONS
NMH FID 1237 INCIDENT REPORT	Page / of / V
Institution/Center: FECIL	
Date of Report: $2-22-13$ Time	of Report: 9:40 Am approx
Reporting Official: Date of	of Incident: 2-22-13
Location of Incident: Florence South Time	of Incident: 9:37 Am. appray
Inmate(s)/Resident: SCDC# Age Race Sex Emplo	yee(s) Involved:
1. River Jamara/ 352269 BM 1. C	TCY. tox
2. <u>2.</u>	•
4. 4. 5. 5.	
	amgal scx#352269
uns on the bottom fier of Fli	orence (South wing)
Unit with his Shirt-tail out	+ of his pants.
T. Ofc Vifa gave In J. Riles	y several directive
to tuck his shirt into his &	cont. Im J. Riley
herame upsets hostile and	stated "Here"
MI I.D. I DON'T GIVE A FUCK	BOUT NO WRITE-4P
In Ribert Jamaal SCDC#35226	eg is being Charge
with (2/8) Use Obscene, Val	gar or protane
Janguage or (4estures 3 (825)	The fusing or failing
to Open Owlers	
DECEVED	
FEB 2 8 2013	DECEIVED
PED Z O ZOIO	K
Signature:	FEB 2 5 2013
LEE CI CLASSIFICATIO	T T T T T T T T T T T T T T T T T T T
Evidence:	LEECI MAJOR'S OFFICE
Witness(es):	
Supervisor's Comments: I/M www inclum	
at this Charal 825	STG Related - Refer to STG Committee () Yes () No () Unknown
	() Yes () No () Unknown
Simply: Mt 1 1	This Incident is DRUG related
Signature: Ville: L+ Date/Time: 2:40 on	() Yes () No () Unknown
Major / Responsible Authority:	
	Action Taken
818,825	() Informal Resolution
	() Administrative Resolution
Percerds for Production FOIA 0127 24 000	() Refer to Disciplinary Hearing
Signature: Title: Date:	1 4
SCDC19-29A (Rev. February 2004)	

SOUL AROLINA DEPARTMENT OF CORRE INMATE DISCIPLINARY SYSTEM INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION

Inmate Name: Line Cile	Inmate SCDC Number: 3522	69
Number/Type of Vielation: (SCDC Form 19-29, "Incident Report" attack		
825 701 : 40 6/10 0	- 00	
Date of Violation:	Institution:	
Date of Violation:	Institution:	CEIVEI
I find the inmate committed the charge(s) specified, offer the inmate the o		
☐ INFORMALLY ☐ ADMINISTRATIV	ELŸ	FEB 2 8 2013
and impose the following sanction(s):	- m (* ex	I CLASSIFICATION
Sanction	<u> </u>	Number of hours/days
		of sanction or amount of restitution
	if imposing this sanction)	X
Instructions or directives (Check box	if imposing this sanction)	<u>.</u> <u>U</u>
Verbal reprimand (Check box	if imposing this sanction)	Y
Extra duty or chores up to 40 hours		Hours
Restriction of recreation time (general population only) up to		Days
Restriction of canteen, visitation, or other privileges up to 90) days	Days
Restriction of television viewing and/or radio up to 90 days	s for Informal Resolution or up to 120	Days
days for Administrative Resolution		\$
Payment of restitution Cell restriction up to 30 days for Informal Resolution of	or up to 60 days for Administrative	Days
Resolution	of up to oo days for Administrative	Duys
ADMINISTRATIVE RESOLUTION ONLY: Disciplina in an institutional Special Management Unit.	ry detention up to seven (7) days time	Days
ADMINISTRATIVE RESOLUTION ONLY: Failure to e	earn good time	Days
110001111111111111111111111111111111111		, -··
The above sanctions are suspended for (UP TO 90 DAYS)	days. If the inmate commits no additional di	sciplinary infractions
during that time period, the sanctions will be lifted and the inmate will not infraction, s/he will have to serve the above sanctions and may be subject	t have to serve them. If the inmate commits an a to additional disciplinary action.	aditional disgiplinary
	C Q A P	
Major Responsible Authority Institution	Signature	Date .
Major/Responsible Authority (Print Name)	Signature	, –
INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIV	VE RESOLUTION:	
INVIATES ACCEPTANCE OF INFORMAL OR ADMINISTRATION		•
This is to certify that I,	, understand that as a result of the above incid	lent, I have been offered the
option to resolve the violation place check in appropriate box)		
□ INFORMALLY □\(\frac{1}{2}\)ADMINISTRATIV	ELY	
es, I accept the sanctions listed above. I understand that I have the	a privilege of requesting this case he referred to	a disciplinary bearing, and I
waive that privilege. I further agree that by accepting this informal or ac Shabazz v. State.	dministrative resolution, I waive all appeals, incl	luding those pursuant to Al-
No, I do not want to accept the sanctions listed above and request the	hat this case be referred to a disciplinary hearing	
7 71 17	March 1 1/4	
	Inmate's Signature	
Date	v minate a dignature	<i>.</i>
White: Central Records Green: Institutional Records Goldenro	d: Inmate cc: **Financial Accounting (fo	orward copy only when

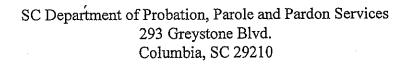
restitution is to be paid)

Institution / Center: FC / WT3 Date of Report: 92-13 Reporting Official: 1/C / FW Date of Incident: 9:37 Am. approx. Reporting Official: 1/C / FW Date of Incident: 9:37 Am. approx. Reporting Official: 1/C / FW Date of Incident: 9:37 Am. approx. Institution of Incident: 1/C / FW Date of Incident: 9:37 Am. approx. Institution of Incident: 9:37 Am. approx. Instit	SOUTH ROLINA DEPARTMENT OF C	forr jions
Institution Center: FECU Date of Report: 9:40 Am approx Reporting Official Develoce Such Date of Incident: 9:37 Am approx Date of In	V.F. INCIDENT REPORT) / t
Date of Report: Reporting Official: Coation of Incident: Coatio	NMH FIMIS	Page · OI / (
Reporting Official: Ac y Fay Date of Incident: 3.22 By Time of Incident: Florence Death Time of Incident: 9/37 an. against Immate(s)/Resident: SCDC# Age Race Sex Employee(s) Involved: I Ki ley Jamaa 352269 By I DV Y Fox 2 3. 4. 5. On the above date and approximate time: The Kircy Amazon SCDC# 352269 Init with his Shirt tail ast of his parts. I Compare the bottom for the part of his parts. I Compare the bottom for the part of his parts. I Compare the bottom for the part of his parts. I Compare the bottom for the part of his parts. I Compare the bottom for the part of his parts. I Compare the bottom for the part of his parts. I Compare the parts of his parts of his parts of his parts. I Compare the parts of his pa	Institution/Center: FECIL	
Location of Incident: FORENCE SOLLAND Time of Incident: 9/37 Apr. Apprex Immate(s)/Resident: SCDC# Age Race Sex Employee(s) Involved: 1. Rivey Janaa: 352269 BM 1. DTCY. Fox. 2. 3. 4. 5. 5. 6. 5. 6. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Date of Report: $2-22-13$ Time of	fReport: 9:40 Am approx
Immate(s)/Resident: SCDC# Age Race Sex Employee(s) Involved: 1. Rivey Jamaa 352269 BM 1. DTV 1. Fox 2. 2. 3. 4. 4. 5. 5. On the above date and approximate time: The Rivey Jamaa SCDC# 352269 Laborate Scott Scott	Reporting Official: Of Fox Date of	Incident: 2 - 22 - 15
Inharper Steel Ste	Bocation of moracite.	
2. 3. 4. 5. On the above date and approximate time: The hirty famous SCDC # 352269 (1905) On the above date and approximate time: The hirty famous SCDC # 352269 (1905) On the above date and approximate time: The hirty famous SCDC # 352269 (1905) On the above date and approximate time: The hirty famous SCDC # 1000 SCD	Inmate(s)/Resident: SCDC# Age Race Sex Employ	vee(s) Involved:
3. 4. 5. 5. On the above date and approximate time: The hirty amage of score and approximate time: The hirty amage of score and approximate time: The hirty amage of score and approximate time: The hirty amage of the hirty and the hirty and score and an amage of the score and		7CY. +0/
4. 5. On the above date and approximate time: To high Jamaa SCDC# 35269 Las on the bottom high Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa SCDC# 35269 Les on Jamaa SCDC# 35269 Signature: Jamaa		
5. On the above date and approximate time: In his wind a SCDC# 352269 was on the bottom tire of forence (South Wing) with with his sont. In Janks, Interpreted to the King Shift and stated three into his sont. In Janks, Interpreted to the King Shift and stated three into his sont. In January Release to the Shift and stated three into his sont. In January Release to the Shift and stated three into his sont. In January Release to the Shift and stated three into his sont. In January Responsible Authority: Signature: Stated Refer to STG Committee () Yes () No () Unknown	J.	
LEE CI CLASSIFICATION Evidence: With Company Comments: Wing Change Supervisor's Comments: Wing Cha		
This has shapened and stated here shaped of the stated here. The shaped and stated here. MI ID I DONT (LIVE A FUCK BOUT NO WRITE-47) The high Jamaa scict 35249 to being Charge with 380 to 500 ene. Valgar or produce an auggeor (resture) 3 (805) herusing or failing to the original or stated here. RECEIVED FEB 2 8 2013 FEB 2 5 2015 FEB 2 5 2015 FEB 2 5 2015 FEB 2 5 2015 Signature: Miness(es): Supervisor's Comments: I'm und include () Yes () No () Unknown this Incident is DRUG related () Yes () No () Unknown this Incident	On the above date and approximate time: I RileU. Jo	mgal scx# 352269
Signature: Colors Colors	uns on the bottom fier of Flo	rence (south wing)
Signature: Colors Colors	Unit with his shirt-tail out	- of his pants.
Signature: Colors Colors	T. Oto V. Fa gave Fm J. Riley	severa l directive
Signature: Colors Colors	to tuck his shirt into his &	ant I'm J. Riley
Signature: Colors Colors	became upsets hostile and	stated "Iteres
Signature: Colors Colors	MU LD I DONT GIVE A FUCK	BOUT NO WRITE-413
Signature: Colors Colors	For Riter Jamaa Schott 35226	9 15 being Charge
FEB 2 8 2013 Signature: FEB 2 8 2013 FEB 2 5 2015 EVIDENCE: Witness(es): Supervisor's Comments: Ohne Character Start Committee (Ohne Character Start Committe	with (8/8) Use Obsoene, Valo	gan or Protane
Signature: FEB 2 8 2013 FEB 2 5 2015	languageor (4estures 3 (825)	hetusing or failing
Signature: FEB 2 8 2013 FEB 2 5 2015	to obed Orders.	
Signature: FEB 2 8 2013 FEB 2 5 2015		<u> </u>
Signature: FEB 2 8 2013 FEB 2 5 2015	ZECEIVE!	
Signature: Evidence: LEECI MAJOR'S OFFICE		DECEIVED
Evidence: Witness(es): Supervisor's Comments:	FEB 2 8 2013	
Witness(es): Supervisor's Comments:	Signature:	FEB 2 5 2013
Witness(es): Supervisor's Comments:	LEE CI CLASSIFICATION	V OFFICE
Supervisor's Comments:	Evidence:	LEECI MAJORU
STG Related - Refer to STG Committee () Yes () No () Unknown This Incident is DRUG related () Yes () No () Unknown Major/Responsible Authority: Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: Records to Production Folia 0127-24 000 175	Witness(es):	
() Yes () No () Unknown This Incident is DRUG related () Yes () No () Unknown Major / Responsible Authority: Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: **Title: **Title	Supervisor's Comments: I/m www uncharm	CTC Deleted Defeate CTC Committee
Signature: Date/Time; 1:40 pm This Incident is DRUG related () Yes () No () Unknown Major/Responsible Authority: Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: Records to Production Folia 0127-24 000 175	of this Chard 825	·
Signature: Date/Time; 1:40 pm () Yes () No () Unknown Major/Responsible Authority: Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: Pecons Socraduction Folia 0127-24 000 75		() 165 () 116 () 63446 11
Major/Responsible Authority: Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: Records for frequential for the plan of 127-24 000 75	M. 1. 10 1 " = ==============================	
Action Taken () Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Date:	Signature: Date/Time: 2:40 pm	() Yes () No () Unknown
() Informal Resolution () Administrative Resolution () Refer to Disciplinary Hearing Signature: Title: Cecous Socraduction Fold 0127-24 000 75	Major/Responsible Authority:	
Signature: Title: Cecous Sockroduction Fold 0127-24 000 75		Action Taken
Signature: Title: Cecons for Production Fold 0127-24 000 75	818,865	
Signature: Title: Records to Production FOIA 0127-24 000 75		
Signature: Title: Date: SCDC19-29A (Rev. February 2004)	Records for Production EDIA 0127-24 000	
	Signature: Title: Date: Date: 127 24 300	-

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records RECORD CHECKLIST

SCDC#358269	Name of Inm		Bele	4	Institution: /SUM 1231T
ITEMS TO BE CHECKE	ED:	YES	NO		CORRECTIVE ACTION
Up-to-date face sheet to include new sentence	de any	/			
2. Up-to-date picture I.D.					
All applicable commitment par record	ers in	/			
4. Commitment papers clear and	legible				
Commitment papers coincide offense information on face sh	with eet				
6. Current FBI Rap Sheet or NCI	C Report		1		
Copy of all disciplinary action documentation					
Current disposition of all detail wanteds, and holds	ners,			HW	ALITED (S)
9. Social Security Card filed in re	cord	4		20	
10. All Escape/Attempt information	n checked			NO	
11. Staff Memorandum Form (Co Sheet), SCDC 18-68, filed on Section 4 and properly docum	top of	/	(Docu	mental.
12. Separation Requirement (If a	oplicable)	-		NU	
13. Remarks: 13. Remarks: 13. Remarks:					
	cord and ensu		contents	accurate	_complete and filed appropriately.

No. 352269 Age	FLASH	VARD		,
Kiley, Jamaa/	GA36A	11-6-18	Bi lace	
Name Kidna MD; NG	(, & , u		Religion	Education
Crime 104RS			Nearest Relative	
Term Max Min			Previous Terms	
Rec'd Color 169 Black Brown 58 169 Hair Eyes Ht. Wt.			Partner Of	
Hair Eyes Ht. Wt.			Wanted	
Health		3º		
Occupation			Blood Test	
PRISON WORK ASSIGNMENT			PUNISH	MENT RECORD
B. River MB2			D	ays Jail Time
			I.Q.	I. G. P.





Office of Paroles, Pardons and Release Services

Release Document Delivery Attestation Form

In that the global community is currently experiencing a pandemic regarding COVID-19, and the state of SC is remains in a state of emergency regarding said pandemic, for the safety of inmates being released from the SC Department of Corrections to the supervision and authority of the SC Department of Probation, Parole and Pardon Services; no physical signature is required on the attached releases documents to affirm the inmate's review and acceptance of such. The attestation of the official below serves to confirm that the attached documents were delivered to the inmate via the SC Department of Corrections, authorizing the release of the inmate to the supervision of SCCDPPPS. The inmate's release from custody from the SC Department of Corrections serves to confirm receipt of the attached documents and service of the same to the inmate whose name appears on the documents.

the same to the nimate whose name appears on the documento.
RILEY, JAMAAL TERRELL
00352269
Documents Attached
Release Certificate
Form 1015/ Notice of Sex Offender Registry (NOSOR)
Other:
I, as a duly sworn officer of the state of SC do attest and affirm that I have delivered the above- listed documents to the SC Department of Corrections facility, which houses the inmate identified, for service and subsequent release to the authority and supervision of the SC
Department of Probation, Parole and Pardon Services.
Signed:
Date:
Location: Kageland

Pursuant to Sections 23-3-400 through -555 of the Code of Laws of South Carolina, any person residing in this State* who has been convicted of, adjudicated delinquent for, or pled guilty or nolo contendere to an offense described below** must register as a sex offender with the Sheriff's Office in each county where he resides, owns real property, is employed, or attends, is enrolled at, volunteers at, interns at, or carries on a vocation at any public or private school, including, but not limited to, a secondary school, adult education school, college or university, and any vocational, technical, or occupational school.*** The offenses set out below or similar offenses from other jurisdictions require registration as indicated.

		-	
16-3-615	Sexual Battery of a Spouse	16-15-342	Criminal Solicitation of a Minor
16-3-652	Criminal Sexual Conduct 1st Degree	16-15-345	Disseminating Obscene Material to Person Under the Age of 18 Years
16-3-653	Criminal Sexual Conduct 2nd Degree	16-15-355	Additional Penalty for Disseminating Obscene Material to any Minor 12
16-3-654	Criminal Sexual Conduct 3rd Degree		Years of Age or Younger
	Criminal Sexual Conduct with Minors 1st Degree	16-15-365	Exposure of private parts in a lewd and lascivious manner
	Criminal Sexual Conduct with Minors 2nd Degree (victim	1	(Misdemeanor)****
16-3-655(R)(1)	Criminal Sexual Conduct with Minors 2rd Degree (victim	16-15-385	Dissemination of Obscene Materials to Minors is Unlawful
10-3-033(6)(2)	14-16 and defendant is in position of authority or is older than the victim)****	16-15-387	Employing Person Under 18 to Appear in a Public Place in a State of Sexually Explicit Nudity
16-3-655(C)	Criminal Sexual Conduct with Minors 3rd Degree	16-15-395	Sexual Exploitation of a Minor 1st Degree
16-3-656	Criminal Sexual Conduct: Assaults with Intent to Commit	16-15-405	Sexual Exploitation of a Minor 2nd Degree
16-3-658	Criminal Sexual Conduct when the Victim is a Spouse	16-15-410	Sexual Exploitation of a Minor 3rd Degree
16-3-810	Engaging a Child for Sexual Performance	16-15-415	Promoting Prostitution of a Minor
16-3-820	Producing, Directing, or Promoting Sexual Performance by	16-15-425	Participating in the Prostitution of a Minor
16-3-910	Kidnanning of a person 18 years of age or older, unless the	16-17-470	Peeping, voyeurism, or aggravated voyeurism
103310	court finds it did not include a criminal sexual offense or an attempted criminal sexual offense	16-17-470(B)(1)	Sex/Voyeurism, violating place of privacy, views, photographs, records or films - 1st offense
16-3-910	Kidnapping of a person under 18 years of age, except when committed by committed by a parent	16-17-470(B)(2)	Sex/Voyeurism, violating place of privacy, views, photographs, records or films - 2nd or sub.
16-3-2020	Trafficking in persons, where the offense includes a sexual offense	16-17-470(C)	Sex/Voyeurism aggravated, sells or distributes photograph, recording or film of person made in violation of section
16-15-20	Incest	44-23-1150(C)(1)	Contract to the second
16-15-120	Buggery	44-53-370(f)	Administering, distributing, dispensing, delivering, or aiding, abetting,
16-15-130	Indecent Exposure (if the sentencing court makes a specific finding on the record that based on the circumstances of the case the convicted person should register as a sex offender)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	attempting or conspiring to administer, distribute, dispense, or deliver a controlled substance or gamma hydroxy butyrate (GHB) to an individual with the intent to commit a crime listed in Section 4453-370(f), except petit larceny or grand larceny
16-15-140	Committing or Attempting Lewd Act Upon a Child Under Sixteen (no longer used)		
16-15-305	Disseminating, Procuring or Promoting Obscenity*****	Any other offens	e specified by Title I of the Federal Adam Walsh Child Protection and Safety
16-15-315	Requiring receipt of obscene material as precondition of sale of other material (Misdemeanor)*****	Act of 2006 (Pub	. L. 109-248), the Sex Offender Registration and Notification Act (SORNA).
16-15-325	Participation in preparation of obscene material prohibited*****		
16-15-335	Unlawful to Hire, Employ, Use or Permit any Person Under 18 to do anything Defined in statutes as Obscene		

NOTE: All persons convicted, adjudicated or who have pled guilty or nolo contendere to "attempts to commit" and "accessory before the fact of" any crime enumerated above would be required to register. Also, for any offense not listed, the presiding judge may order as a condition of sentencing that the person be included in the registry if good cause is shown by the Solicitor.

Any person who remains in South Carolina for a total of 30 days during a 12 month period is a resident.

** A defendant found not guilty by reason of insanity for an applicable offense is not required to register unless and until the person is declared to no longer be insane or is ordered to register by the trial judge.

This can be accomplished by reporting all such information to the Sheriff's Office in the primary county of registration, which is the defendant's county of residence unless he or she resides out of state.

Unless evidence is presented at the criminal proceeding and the court makes a specific finding on the record that the conviction obtained for this offense resulted from consensual sexual conduct, as contained in Section 16-3655(3) provided the offender is 18 years of age or less, or the offender and the victim are both under 16 years of age.

***** When a minor is involved.

Persons being released from the Department of Corrections at the completion of their sentence, to an early release program, to extended work release, to a community supervision program, or to parole must register with the Sheriff's Office in their county of residence within one (1) business day of release.

Persons sentenced to probation or new residents of the state who must be supervised by the Department of Probation, Parole and Pardon Services must register with the Sheriff's Office in their county of residence within one (1) business day of sentencing or moving to the State.

Records for Production FOIA 0127-24 000180

hall be required to register bi-annually or quarterly for life depending upon his/her A person required to register under this progra classification pursuant to Title I of the Federal Adam Walsh Child Protection and Safety Act of 2006 (Pub. L. 109-248), the Sex Offender Registration and Notification Act (SORNA). "Bi-annually" means each year during the month on his birthday and again during the sixth month following his birth month. A person determined by a court to be a sexually violent predator is required to verify registration and be photographed every ninety (90) days by the Sheriff's Office in the county in which he resides unless he is committed to the custody of the State, whereby verification is held in abeyance until his release. A person required to register under this program who changes his address within the same county must send written notice of a change of address to the Sheriff within three (3) business days of establishing a new residence. A person who changes his permanent or temporary address into another county in this State must both register with the Sheriff in the new county and send written notice of the change of address to the Sheriff in the new county and the previous county within three (3) business days of establishing a new residence. A person who changes

his address to a new state must send written notice of a change of address to the Sheriff with whom the person last registered within three (3) business days of establishing a new residence. "Temporary address" or "residence" means the location of the person's home or other place where the person habitually lives or resides, or where the person lives or resides for a period of ten (10) or more consecutive days. "Habitually lives or resides" means locations at which the person lives with some regularity.

A person required to register under this program who moves to South Carolina from another State, establishes residence, acquires real property, becomes employed, or begins attending, enrolls at, volunteers at, interns at, or begins carrying on a vocation at any public or private school within a county in this State, must register in each county where the residence, property, employment, or the private or public school is located within three (3) business days of acquiring the property, beginning employment, or attending, enrolling at, volunteering at, interning at, or carrying on a vocation at the school.

A person required to register under this program and who is employed by, attends, is enrolled at, volunteers at, interns at, or carries on a vocation at any public or private school must provide written notice to the Sheriff within three (3) business days of each change in attendance. enrollment, volunteer status, intern status, employment, or vocational status at any public or private school in this State.

A person required to register under this article is prohibited from living in campus student housing at a public institution of higher learning supported in whole or in part by the State.

Failure to register or provide notification as required, or knowingly and willfully giving false information when registering, is punishable by imprisonment for:

- not more than 366 days and/or a fine of not more than \$1,000, for a first offense;
- (2) a mandatory period of 366 days, no part of which shall be suspended or probation granted, for a second offense; or
- a mandatory period of 5 years imprisonment, 3 years of which shall not be suspended nor probation granted, for a third or (3) subsequent offense.

I, RILEY, JAMAAL T., understand that if I was convicted of any sex offense listed in Section 23-3-430 of the Code of Laws of South Carolina, I must abide by the registry conditions set forth in Title 23, Chapter 3, Article 7, and described above. I have received notice of these requirements both orally and in writing.

No signature required due to COVID-19 Pandemic		02002541
Offender's Signature	Date	SID #
TIFFANY HOLLIDAY		
	_	***See attestation form***
Print Witness' Name		Witness' Signature

Original - Offender File

Copy - Offender

South Carolina Department of Probation, Parole and Pardon Services

Know all men by these presents:

COMMUNITY SUPERVISION PROGRAM CERTIFICATE

It having been made to appear to the satisfaction of the SOUTH CAROLINA DEPARTMENT OF PROBATION PAROLE AND PARDON SERVICES that the offender mentioned below who was convicted of the offense(s) indicated below on said date(s) and in said county(ies) meets the requirements for Community Supervision Program as provide for in §24-21-560 of the South Carolina Code of Laws 1976, as amended.

It is therefore ORDERED that the said prisoner enter the Community Supervision Program at the end of his or her active sentence under supervision subject to the specific conditions listed below until the expiration of this Community Supervision Program as Indicated below.

This release shall not prevent the delivery of the prisoner to authorities of the Federal Government or any state otherwise entitled to his or her custody.

In witness whereof, this Certificate bearing the approval of the South Caroline Department of Probation, Parole and Pardon Services is issued on the date below.

By Order of:

South Carolina Department of Probation, Parole and Pardon Services

Director of Paroles, Pardons and Release Services

Offender/Prisoner's Name: Supervision Beginning Date: RILEY, JAMAAL September 1, 2020

State Identification # (SID):

02002541

SC Dept. of Corrections # (SCDC): 00352269 Supervision Ending Date:

August 2, 2021

Offense(s)	CDR	Indictment #(s)	Conviction Date(s)	County of Conviction(s)	Incarceration Termination Date	Restitution Ordered (\$)	Probation to Follow
Armed Robbery, robbery while armed or allegedly armed with a deadly weapon	0139	12-GS-06-00069	9/6/2012	BARNWELL	9/1/2020	0	No .
Kidnapping (SR if victim >=18 unless judge order not) (SR if victim < 18 unless by parent)	0095	12-GS-06-00071	9/6/2012	BARNWELL	9/1/2020	0	No

CONDITIONS OF SUPERVISION

Violation of any of these conditions may result in the immediate revocation of supervision.

- 1. I shall report in person to the South Carolina Department of Probation, Parole and Pardon Services' office on the day of my release or not later than 8:30 AM on the next business day, and as instructed by the Department; and I shall make complete and truthful reports to the Agent.
 - Please report to the office in the County of: AIKEN

Phone: (803) 641-7690

- 2. I shall not change my residence or employment without the consent of my Agent. Further, I shall allow my Agent to visit me in my home, at my place of employment, or elsewhere at any time.
- 3. I shall not use controlled substances, except when properly prescribed by a licensed physician, not consume alcoholic beverages to excess nor enter establishments whose primary business is the sale and drinking of alcoholic beverages. Further, I shall submit to a urinalysis, blood test or provide forensic evidence when instructed by Agents of the Department, and I agree that any of these test results may be used as evidence in any hearing.
- I shall not possess or purchase any firearms, knives, or dangerous weapons, and I shall not associate with any person who has a criminal record, or any other person whom my Agent has instructed me to avoid.
- 5. I shall work diligently at a lawful occupation. Further, I shall notify my Agent if I become unemployed.
- I shall not violate any Federal, State, or local laws and I shall contact my Agent if I am ever arrested or questioned by a law enforcement official for any reason whatsoever.
- 7. I shall pay a supervision fee as determined by the Department.
- 8. I shall not leave the State without permission from my Agent. Further, if I am ever arrested in another state for violating these conditions, I hereby irrevocably waive all extradition rights I may otherwise be entitled to and agree to return to South Carolina when directed by my Agent, the court, or by a warrant.
- 9. I shall obey all conditions of supervision set forth in this order including the payment of fines, restitution, or other payments, and the services of any period of incarceration. I will make all child support payments as ordered by the courts.
- 10. I shall follow the advice and instructions of my Agent and I agree to comply with any further conditions imposed by the Department or its' Agents.
- 11. Unless I was convicted of or pled guilty or nolo contendere to a Class C misdemeanor or an unclassified misdemeanor that carries a term of imprisonment of not more than one year, I shall be subject to search or seizure, without a search warrant, with or without cause, of my person, any vehicle I own or am driving, and any of my possessions by: (1) any probation agent employed by the Department; or (2) any other law enforcement officer.

ADDITIONAL CONDITIONS:

04 Must have no contact with the Victim and/or Victim's family for duration of supervision.

23 No Sex Offender Registry.

23 CSP Calculations: Total sentence is 10 years and incarceration start date is 08/5/2011 on both indictments.

I hereby certify that the conditions listed above have been read and explained fully to me and in agreement thereto, I attach my signature.

No signature required due to COVID-19 Pandemic

Offender Signature

Address: 2095 Honors Cir, Graniteville, SC 29829, AIKEN, USA

Phone: (803) 571-5944

I hereby certify that this Statement of Conditions has been read and explained to the offender and he/she has agreed to them.

See attestation form

Records for Production FOIA 0127-24 000182

D

Di

Witness Signature

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INMATE RELEASE CHECKLIST

SCDC# 35 22/09 INMATE NAME Riley, Janal	2 INSTITUTION_	RCI
SCHEDULED RELEASE DATE 09-01-2020 TYPE RELE	CASE/MAXOUT U	J Community Supera
All court orders entered in the automated system:	Yes No	,
Court orders in manual record matches entry in automated system:	Yes No 🗆	chaland
Manual Record Audit Conducted by:	, p	ate <u> </u>
Pending wanted/holds in CRT:	Yes No V	Initials.
If "Yes", pick-up county:	/	
Pending Disciplinary/Pending Criminal Charges in CRT:	Yes No No	Initials
If "Yes", action taken:		
Sex Registry Requirement: Yes \(\subseteq No \) \(\subseteq Sex Registry Packet received by Inmate Records: Sex Registry photo submitted: DNA Test Required: Yes \(\subseteq No \) DNA Test Completed: Gun Control Act (SCDC Form 9-3) completed: Military Selective Service Act (SCDC Form 9-4) completed: Inmate Clearance Checklist (SCDC Form 19-26) completed: Bus Travel Voucher (SCDC Form 27-42) requested (if applicable):	Yes No V Yes No V Yes No V Yes No V Yes No Y	Initials Initials Initials Initials Initials Initials Initials Initials Initials
(Destination):	Yes No V Yes No V Yes No	Initials Solution Initials Solution
Inmate Home Address/Telephone		
Youthful Offender : <i>YOA Intensive Supervision</i> Juvenile l	th II-A: NIA Parole: NIA Parole: NIA (ISS): NIA Parole: NIA Parole: NIA	Initials Initials Initials Initials Initials Initials Initials Initials Initials
Two signatures on MAXREL: Yes No Maxout Date on Date	Screen 9/14/2	2020
Inmate Name on Official Authorization for Release List: Yes No	Date	9/1/2020 Time 9! 46 An
Automated Record Audit Conducted by:	Date	9/1/2020 Time 9/4/2m
Inmate Released from Institution by: (staff person authorizing	Date	= 9/1/2020 Time 7:48/20
(SCDC Form 18-7, December 2012) With Constitution Fire the fall of the Constitution Fold (SCDC Form 18-7, December 2012)		

Yellow: Operations

* Report To Operations Tuesday, September 1,2020 @ 8:00 Am * SOUTH CAROLINA DEPARTMENT OF CRRECTIONS

INMATE CLEARANCE/EXIT CHECKLIST

INSTRUCTIONS:				
1. This form will be issued to the	e inmate and will serve as the Orc	der to Report Form from Ope	erations (any time an i	nmate is expected
to remain away from 2. This form will be completed	prior to an inmates' departure fi	rom BCI	rectional Institution a	at least one night).
3. This form will be filed in Ope	Provide the contract of the co	. VIII		•
SCDC #: _ 352269	a. a.	Tomas		
SCDC #:	Name: <u>DOUG</u>	Jamaa BA- 42A		
•		ite Clothing ()	Bring Nothing	()
Ding in belonging.	S (Λ)	ic Cionnis ()	2111.3 1 10 1111.13	
PURPOSE OF CLEARANCE	E/EXIT:			9/1/2020
Transferred to:	Date:	_ Released To:	<u>}</u> D	ate: 8 10 202
Paroled to:	Date:	Other:	D	ate:
TO ALL INMATES: It is your re	esponsibility to take this form to	the following locations and	l obtain clearance fro	m each location:
LOCATION	<u>1</u>	STAFF SIGNAT		DATE
COMMISSARY/LAUNDRY:		(p1). Sho	ther g	<u>-1-20</u>
CLASSIFICATION (Forward rec	ords to Operations):	Zolela Lop	<u> </u>	7/28/2020
EDUCATION/LIBRARY:	in the second se			
LIVING ASSIGNMENT (Turn in	Room Key/Room Inspection):			<u> </u>
MEDICAL (Forward records to _);	UKENLE BEC	ich, EU _	9-1-20
If Applicable: INFIRMARY (Physical need DENTIST:		,		
SPECIAL MEDICAL NEED		T/ 01.		8/28/20
MAIL ROOM (Flashcard, Money	orders, etc.):	1 yourse	<u> </u>	0/00/20
PAYMASTER:				
PROPERTY CONTROL: SOCIAL WORK SERVICES:				
WORK ASSIGNMENT:				
OTHER:				
Offich.				
OPERATIONS:		3. O'ckerson	<	8/19/2020
RELEASE ORIENTATION:			· —	
THIS IS TO CERTIFY THAT	I HAVE ALL MY PERSONA	AL BELONGINGS AND	THAT I HAVE LE	FT NOTHING
MI TY				
		2517/B	r a.	1-2020
TOWARD STATE OF THE PARTY OF TH		2014 p		
INMATE'S SIGNATURE	Records for Production	SCDC#	C.	/ /212
11				1/0000
OPERATIONS' SUPERVISO	R'S/DESIGNEE'S SIGNATU	IRE	DAT	L .

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Office of General Counsel

MILITARY SELECTIVE SERVICE ACT

TO: All male parolees and releasees 18 years of age or older born after January, 1960.

As you leave the South Carolina Department of Corrections, it is important that you be aware of and understand portions of the <u>Military Selective Service Act</u> and a current Presidential Proclamation which requires that all males born since January 1, 1960, who have reached their 18th birthday, be registered with the Selective Service System.

Part of the Act provides that:

- 1. Unless incarcerated, a person's registration should be accomplished during the 60-day period commencing 30 days prior to their 18th birthday.
- 2. Persons who are incarcerated at the time they are required to register must register within 30 days after their release from confinement.
- 3. Registration may be accomplished at any classified U.S. Postal Service Office within the United States, its territories or possessions.
- 4. When reporting for registration, each person will present for inspection reasonable evidence of his identity. After registration, each person will keep the Selective Service System informed of his current address.

Remember, any person who knowingly violates or evades any of the provisions of this <u>Act</u>, will, upon conviction, be fined not to exceed \$10,000 or be imprisoned for not more than five (5) years, or both.

If you have any questions, contact the local office of the Selective Service System.

I, Jamaal Riley	,scdc# <u>352769</u>	, have been
read and given a copy of the Military Selective Service	ce Act. I am aware of and understa	and how this <u>Act</u> applies to
me.		
Samool Miles	8/14/26	
Inmate's Signature	Date	
1 Kickeyra	5 1 14 1 2020	
Witness (Employee)	Date	

WHITE-Inmate

CANARY - Classification and Inmate Records

SCDC 9-4 (Revised November 1997)

Records for Production FOIA 0127-24 000185

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Office of General Counsel

GUN CONTROL ACT OF 1968

TO:	All	parol	ees	and	rele	ases.

As you leave the South Carolina Department of Corrections, it is important that you be aware of and understand portions of the Gun Control Act of 1968 and how it applies to you.

Part of the Act makes it UNLAWFUL for any person who falls into any of the below categories to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce:

- 1. A person who is under indictment for, or who has been convicted in any court of, a crime punishable by imprisonment for a term exceeding one (1) year;
- 2. A person who is a fugitive of justice;
- A person who is an unlawful user of or addictied to marihuana or any depressant or stimulate drug [as
 defined in Section 201(v) of the Federal Food, Drug and Cosmetic Act] or narcotic drug [as defined in
 Section 4731 (a) of the Internet Revenue Code of 1945] or;
- A person who has been adjudicated as a mental defective or who has been committed to any mental institution.

A FIREARM is:

- Any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a
 projectile by the action of an explosive;
- 2. The frame or receiver of such weapon;
- 3. Any firearm muffler or firearm silencer; or
- 4. Any destructive device. Such term does not include an antique firearm.

AMMUNITION is ammunition or cartridge cases primers, bullets or propellant powder designed for use in any firearm.

It is important to remember that if the sentence you are finishing was the result of a conviction for a <u>FELONY</u> for which the punishment that might have been given was greater than one (1) year, the <u>Gun Control</u> Act applies to you.

This Act also applies to you if your conviction was for a MISDEMEANOR involving a firearm or explosive or if your conviction was for a MISDEMEANOR for which you could have received a term of imprisonment of more than (2) years.

It makes no difference how long you actually served if the maximum time you could have received was greater than the one (1) or two (2) years explained above. For example, if you are sentenced to one (1) year suspended upon the service of six (6) months, but the maximum term you could have received was three (3) years, THE ACT APPLIES TO YOU.

In any case you should not attempt to buy or receive a firearem or ammunition. It is a crime to give false information about your conviction in conection with the purchase of a weapon.

If you have any questions, contact your Parole Officer or the Bureau of Alcohol, Tobacco and Firearm.

Remember, violations of the <u>Gun Control Act</u> are Federal offenses, and offenders could receive UP TO 25 YEARS for certain violations of the <u>Act</u>.

1, James Riley	, scdc # <u>352269</u>	, have been read and
given a copy of the Gun Control Act of 1968.	I am aware of and understand how this Act appl	lies to me.
Janaal Wiles	5,14,70	
Inmate's Signature	Date	
1 16 wikeron	<u>81 1412020</u>	
Witness (Employee)	Date	
SECTION TO THE PARTY OF THE PAR		

WHITE - Inmate

CANARY - Classification and Inmate Records Records for Production FOIA 0127-24 000186

SCDC 9-3 (Revised November 1997)

South Carolina Department of Corrections

STAFF MEMORANDA

Inmate Name:	Lana	1 Kley scDC # 352269
Date	Staff (Please Print)	Comments
11-6-18	J. Steverson-	RECORD RECEIVED AT RCI
11-7-18	~ ~	RECORD CHECKLIST COMPLETED
11/9/18	H.Francis	ThitiaL BEUIEW is Completed
		WIII BELLAIN (MEQ) ASSTOLED
		TO UNIT AS A WARD KEEPER
2/11/19	H.Francos	ADD BIC
4/30/19	H.Frenos [DELETE BEC
8/8/19	J. Steverson	Inst. Conviction Audit completed
9/25/19	HEARS	And REVIEW Completal DO
		CHAME IN STATUS DUE to Current
		OFFENSE NOT ECTOTIBLE FOR MACSHIP
		DUE TO DISOPLIMA I/M STONED
		WATUEL ADITOR COMMITMENT ODES
		Corpletca.
8/28/2020	J. Steverson	Release checklist complete
		/
- nwent		4

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS CERTIFICATION OF INMATE ORIENTATION

This is to certify that I, Jamaal Riley	, SCDC # <u>35226</u> 9	. have
completed the orientation program at	F. C. I (Assigned Institution/Division)	
advising me of the institutional rules and	regulations, staff organization, cla	ssification. meal
umes. work assignment, canteen. commis	ssary, safety program, HIV educ	ation and other
programs as required by Agency policies and	l procedures	
11-12-15	A a Dilean	352269
11-13-18 DATE	INMATE'S SIGNATURE	SCDC#
•	CERTIFYING OFFICIAL'S SIGN	IATURE

Institutional Record SCDC Form 18-69 (Revised October 2013)

INMATE/RESIDENT RELEASE OF INFORMATION CONSENT

1. Name of Person, Agency, or Organization Requesting Information - (Piesse Print): South Carolina Department Of Corrections / Pastoral Services 2. Address: P. O. Box 2033 Ridgeland, S.C. 29936 3. Name of Institution Releasing Information: Ridgeland Correctional Institution 4. Invate*/Residents Name: Louvenie 3 dec 3 Specific Information to be Insclosed: Emergency Contact Name(s): Louvenie Sanders Address: Phone #: Relation Purpose of Emergency contact in case of death, injury or serious illness. Phone #: Relation Purpose of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Jacoba Willey Date: Jacoba This Authorization will expire: Louve Louve Louve	11 dieter v Ed Principal Control
2. Address: P. O. Box 2039 Ridgeland, S.C. 29536 3. Name of Institution Releasing Information: Ridgeland Correctional Institution 4. Inmate's Resident's Name: Lovenia SanderS 6. Specific Information to be Disclosed: Name(s): Lovenia SanderS Address: Phone #: Relation 7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Amaga Ricg of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Danal Wiley Date: This Authorization will expire: This Authorization will expire:	
P. O. Box 2039 Ridgeland, S.C. 29936 3. Name of Institution Releasing Information: Ridgeland Correctional Institution 4. Inmate's Resident's Name: 5. SCDC#: 352269 6. Specific Information to be Disclosed: Emergency Contact Name(s): Louvenia SanderS Address: Phone #: Relation 7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREFIMENT 1. Aprica Ricy of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: James Wiley Date: This Authorization will expire: This Authorization will expire: This Authorization will expire:	South Carolina Department Of Corrections / Pastoral Services
Ridgeland, S.C. 29936 3. Name of Institution Releasing Information: Ridgeland Correctional Institution 4. Inmate's/Resident's Name: Louvenia SanderS	
Ridgeland Correctional Institution 4. Immate's/Resident's Name: Lovenia James 5. SCDC#: 352269	Ridgeland, S.C. 29936
4. immate's/Resident's Name: 6. Specific Information to be Disclosed: Emergency Contact Mame(s): Louvenia Sanders Address: Phone #: Relation 7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Amaga Ricy do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Fublic Law 92-255, Section 408. Signature: Damas Miles Date: This Authorization will expire:	1
6. Specific Information to be Disclosed: Emergency Contact Name(s): Louvenie Sanders Address: Phone #: Relation 7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. January Ricy , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dance Witness: January Milesy Date: January Miles	Ridgeland Correctional Institution
6. Specific Information to be Disclosed: Emergency Contact Mame(s): Louvenia Sanders Address: Phone #: Relation 7. Purpose of D Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Lama Ricy , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dama Wiley Date: 13-18 Employee Witness: Date: 14-13-18	4. Inmate's/Resident's Name: 5. SCDC #: 357269
6. Specific Information to be Disclosed: Emergency Contact Mame(s): Louvenia Sanders Address: Phone #: Relation 7. Purpose of D Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Lama Ricy , do herein give the South Cerolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dama Wiley Date: 13-18 Employee Witness: Date: 14-13-18	Louvenia Janders
Phone #: Relation 7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Amag Rieg	
Phone #: Relation 7. Purpose of T Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT 1. Amag Ricy , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dancel Halls 13-18 Employee Witness: Date: Halls 13-18 Employee Witness: Halls 13-18	Mame(s): Louvenia Sanders
Relation 7. Purpose of Demonstrate in case of death, injury or sarious illness. INMATE/RESIDENT AGREEMENT I. James Rieg , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Demonstrate Plants Date: 113-18 Employee Witness: 1-13-18 This Authorization will expire:	Address:
Relation 7. Purpose of Demorphisms of Contact in case of death, injury or sarious illness. INMATE/RESIDENT AGREEMENT I. Amaga Rieg	
Relation 7. Purpose of Demorphisms of Contact in case of death, injury or sarious illness. INMATE/RESIDENT AGREEMENT I. Amaga Rieg	Phone #*
7. Purpose of I Emergency contact in case of death, injury or serious illness. INMATE/RESIDENT AGREEMENT I, Lamca Rieg , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: David William Signature: Date: 113-18 Employee Witness: 1-13-18 This Authorization will expire:	
INMATE/RESIDENT AGREEMENT I, James Riley , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Demail Willey Date: 113-18 Employee Witness: 113-18 Date: 113-18	
INMATE/RESIDENT AGREEMENT I, James Riley , do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Demail Willey Date: 113-18 Employee Witness: 113-18 Date: 113-18	Emergency contact in case of death, injury or serious illness.
I, James Riley, do herein give the South Carolina Department of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dames Welley Date:	
of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dannal, Welley Date: 11-13-18 Date: 11-13-18	INMATE/RESIDENT AGREEMENT
of Corrections permission to release the above mentioned specific information to the person, agency, or organization as indicated above and as provided by Public Law 92-255, Section 408. Signature: Dannal, Welley Date: 11-13-18 Date: 11-13-18	do herein give the South Carolina Department
Employee Witness: Date: 11-13-18 Date: 11-13-18 Date: 11-13-18	1
Signature: Damal Welley Date: 11-13-18 Date: 11-13-18 This Authorization will expire:	
Employee Witness: Date: 11-13-18 This Authorization will expire:	Organization as indicated above and all provided by I also all the provided by
Employee Witness: 11-13-18 Date: 11-13-18 This Authorization will expire:	Signature: Damal Reley
This Authorization will expire:/	A 12 14-13
	Date: 11-15-70

STAFF MEMORANDA (cont'd)

Inmate Name:	RITEM, J	amacu scdc # 352269
Date	Staff (Please Print)	Comments
3.22.17		Pointal-IPCC Agrees inmate
		request for PC is Volid; (1)
		Mickname given; fears for life;
		Further to STG COURD.; Chaire
		by A/W Glickewell.
5-4-17	K Roull	Records Chedelist completed
5-8-12	R. Jarel	Intral review completed ICC opposed
		SP3 job assignment is down worker.
6/30/17	Cahill	rece assigned the inmete to a
		job in the dorm:
2/14/2012	Cahill	Indictments moter CET entrees
9-28-17	L. Bell	Annuar Devision Completed, 1CC
		approved M12 transfer to level2
		Inst. Ineligible for hardship
1/19/18	D.Latimor	Kecord Checklist Completed.
01-19-18	V-a rega	Plecords audit completed
10.23.18	A. Hoston	Initial/Annual review completed, reduce ME2,
		joh assigned in the dorm, Waiver signed, not elig for hiship, emergency contact correct/LE due to statewide lockdown.
		elig for hiship, emergency contact correct./LE
		due to statewide Tockdown.
PARTY AND AND ADDRESS OF THE PARTY AND ADDRESS		
	<u></u>	
		Records for Production FOIA 0127 24 000191

Secords for Production FOIA 0127-24 000192

STAFF MEMORANDA

	<u></u>	stemper 2000)	SCDC 18-68 (Revised Ser File in Section 4
MES; assigned job in F4-16 cm	mu		J-8-8
	SYDWCK	9. M	71.8.8
Buth @ Necl. (1) val.	~~	Month	LY-60-8
"WARDEN'S REVIEW"	M.6.	M. J	141818
Kenfer Spara			
Gos- non HUS & AT Spendend	•		
Destective Concerno cold due to immeter		(
holechy Carbolif Ros- Dec warmens	. 200	~~~	- y-ee-C
On lecture Concesses	1		-
Thit Received in the Live is so that	200	No.6.0	D-07-8
all absenuet kin updated	Minh	M Cr O	L102-1
Live assign do Calabers			
Opposed froe munos ampleted			
Fritish lewin - De agas with me astely	- 00	Disse	1-30-1
Record Audit and checklist completed		_	
Pecord received at Lieber Ci - Unit_L Ci_St C	2M7,	oH ()	L1-18-1
Sin Delen & of many of		1	
for the truck. The Rice stolethather 1: fe		1	
Jan Lail 12 516 5, 2/04	,	17CL	24-01-1
2 Wy	350/15	1	/
Moddite No chines in Stutus, Romin	9,500	W X	71-88-11
this all assessment	رئد-	010/1	21-18-16
Designation of the second			
. The of an design to massisses			
Les Long asing the stack)		
Sond tambinand Lodgend	DOOL 1999		
the Annual Charlesing	10:300	W WY	<u> </u>
Comments		st2 esselq)	Date
P0150 #3008 /2/19/10	DOS.		Inmate Name:

File in Section 4



scpc#: 352249	Name of Inm					
ITEMS TO BE CHECK	ED:	YES	NO	CORRECTIVE ACTION		
Up-to-date face sheet to inclu new sentence	de any	$\sqrt{}$				
2. Up-to-date picture I.D.		V				
All applicable commitment pa record	pers in	V				
4. Commitment papers clear and	d legible	V				
Commitment papers coincide offense information on face si		$\sqrt{}$				
6. Current FBI Rap Sheet or NC	IC Report	\vee				
Copy of all disciplinary action documentation			$\sqrt{}$	missing #'s of disc		
Current disposition of all deta wanteds, and holds	iners,	N	a.	none noted		
9. Social Security Card filed in r	ecord		/	More		
10. All Escape/Attempt informati	on checked	V		none noted		
11. Staff Memorandum Form (Co Sheet), SCDC 18-68, filed or Section 4 and properly docu	n top of	V/				
12. Separation Requirement (If a	applicable)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\circ	9 Hoorac notes		
13. Remarks:			<u></u>	(1) separation		
I have thoroughly reviewed this r	ecord and ensi	ure that its	contents a	re accurate, complete and filed appropriately.		
Date: 04-12-19		e:		Careag		
Date.	_ Oignatur	·	······································			

SCDC S-13(February 1999)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records RECORD CHECKLIST

scDC#: 352269	Name of Inm	ate:	Jamo	aal	Institution: Perry	,
ITEMS TO BE CHECK	ITEMS TO BE CHECKED:		NO		CORRECTIVE ACTIO	N
Up-to-date face sheet to inclu new sentence	de any		/			
2. Up-to-date picture I.D.			V			
All applicable commitment parecord	pers in	/				
4. Commitment papers clear an	d legible	V				
Commitment papers coincide offense information on face s	with heet	/		,		
6. Current FBI Rap Sheet or NC	IC Report	V				
Copy of all disciplinary action documentation						
Current disposition of all deta wanteds, and holds	iners,	1		No	Detainer	
9. Social Security Card filed in r	ecord		V			
10. All Escape/Attempt informati	on checked					
11. Staff Memorandum Form (C Sheet), SCDC 18-68, filed o Section 4 and properly docu	n top of	V				
12. Separation Requirement (If	applicable)					
13. Remarks: Allendo	16					
	·					
I have thoroughly reviewed this	record and ens	ure that its	contents	are accurat	e, complete and filed app	ropriately.
Date: 1/19/18 Signature: 21 7 Cutture						

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records RECORD CHECKLIST

SCDC#: Name of	Inmate: Jar	mal	Institution:
ITEMS TO BE CHECKED:	YES	NO	CORRECTIVE ACTION
Up-to-date face sheet to include any new sentence			
2. Up-to-date picture I.D.			
All applicable commitment papers in record	/_		
4. Commitment papers clear and legible			
Commitment papers coincide with offense information on face sheet			
6. Current FBI Rap Sheet or NCIC Report			
7. Copy of all disciplinary action documentation			
Current disposition of all detainers, wanteds, and holds			None
9. Social Security Card filed in record			
10. All Escape/Attempt information checke	d /		
11. Staff Memorandum Form (Comment Sheet), SCDC 18-68, filed on top of Section 4 and properly documented			
12. Separation Requirement (If applicable)			None
13. Remarks:			1
I have thoroughly reviewed this record and Date: $5-4-(6)$ Sign			are accurate, complete and filed appropriately.

STAFF MEMORANDA (cont'd) lawall SCDC # 352269 Inmate Name: Date Comments WARDEN'S 30 DAY REVIEW 2-17-14 30 DAY DD REVIEW 20115 WARDEN'S 30 DAY REVIEW 30 DAY DD REVIEW DD-WARDEN'S 30 DAY REVIEW DD> 30 DAY DD REVIEW, hemmen 3-3015 3-3015 WARDEN'S 30 DAY REVIEW 30 DAY DO DEVIEW Remain DOZ-DD Com toldate U-2875 11-2215 WARDEN'S 30 DAY REVIEW Z-DAS POULEVI De Les Les Shorting 11110 1/\da 7.2918 F-DAY REVIEW, Wo Never du de Dienty Sty, Shot 1/1 8-5118 7-DAY REVIEW . No Duy du to 811211 7-DAY REVIEW to Dure di 825/1 Returned to Restrictive Housing Unit Milliver on 7/15/N. Reciwed 45 DD Time 8-2515 9/30/15 TOLIVER 7-30-15 B. Brown Late review ICC held annual review 5-01-16 leconnered reduce to 13ME due to disciplinary history. Ineligible for hardship due to no paperiers. Address OK. No rum change requested. Signed Waiver Record audit completed . Commitment orders, photo ID, facesheet and

cell assignment up to date

donds for Froquetion Foul 0127-2 (Obg198)

Icc held annual region. Remain

3ME. Ineliaible for harding due

L. Mckenzie

11/16/11e

STAFF MEMORANDA South Carolina Department of Corrections Action Personal Action Properties of Corrections

30 DAY DD REVIEW	-\\\	HLLVII
WARDEN'S 30 DAY REVIEW	MV	hranil
30 DAY DD REVIEW		h1-0011
WARDEN'S 30 DAY REVIEW	-pMV	11-64/01
30 DAY DD REVIEW	~1	m-12. M
WARDEN'S 30 DAY REVIEW	11/1/	11/14/5
SO DAY DD REVIEW BOZ		brnh
1 m not with		
T-DAY HEVIEW . LOW BONN SD day		W1-51-12
SAD SAD RUN 360 demp DO Time	-1	h1-b-b
Maly John Mark Mark	<i></i>	h166
[7-DAY REVIEW Lost Act	M	bt56-8
· papapon principality	~ _	hte bo
a smantharent order. Faraspool and Prosto updeated.		
chang request. Becord Herdit completed. Revisio		
Sulemitted. Updated Smergeney Carter to 100 room		, , , , , , , , , , , , , , , , , , , ,
Ineligible for hardship. No hardship populate		
Ice held appaced review, reconvered wezz.	- Lead	01/08/6
SIND SIND	Proceeding?	ट्राह्मि
Walyag YAG-S	PACALON	દાણા8
education as a mandaring student. Informed of marship 911/13.		
Ice held infind review becomined burnin works. Assigned to	WINT	21513
bold-1351/-11-that Doubton to	The state of	निश्री।
Beend Mock 15+ ("ampleted	or Jon	8/11/1
SNOUVERSON		
FINE KINKING.	A Bettinklb niv	E108-6-1
KCI B&E Initial Review	roton a A	6111101
Comments	TlatZ (Flease Print)	91gG
5955 # Scoc # 200 6 d	unr thair	Inmate Name:
		VI -

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records RECORD CHECKLIST

SCDC#: 352249 Name of Inmate: PIPM, Jaman Institution: MCCI						
ITEMS TO BE CHECK	ED:	YES	NO	CORRECTIVE ACTION		
Up-to-date face sheet to inclu new sentence	de any	/				
2. Up-to-date picture I.D.		/				
All applicable commitment pa record	pers in	1				
4. Commitment papers clear an	d legible	/				
Commitment papers coincide offense information on face s		/				
6. Current FBI Rap Sheet or NC	IC Report					
Copy of all disciplinary action documentation		/_				
Current disposition of all deta wanteds, and holds	iners,		✓	NONENHED		
9. Social Security Card filed in r	ecord		✓	NONE NOTED		
10. All Escape/Attempt informati	on checked	\ <u> </u>		NONE NOTED		
11. Staff Memorandum Form (Construction Sheet), SCDC 18-68, filed on Section 4 and properly documents.	n top of	J				
12. Separation Requirement (If a	applicable)			NONE NOTED		
13. Remarks:						
I have thoroughly reviewed this record and ensure that its contents are accurate, complete and filed appropriately. Date: 3.3.11 Signature:						

SICK CALL PROCEDURES

Medical sick call will be conducted on a daily basis on Mondays, Tuesday, Thursday and Fridays. For inmates housed in general population, sick call starts at 8:00 AM. For inmates housed in RHU, sick call starts at 1:30 PM. Inmates in RHU who have signed up for sick call should remain in their cells rather than going out for Recreation.

For immates housed in general population, a sign-up sheet for sick call will be available at the Officer's desk in the dorm between 8:00 PM and 9:00 PM. Inmates who have signed up on the list will be seen in Sick Call the following day. Each dorm will be called to report to Medical for Sick Call the following morning. You have 10 minutes to report or you will be considered a "NO SHOW"

Inmates housed in RHU should complete a "Request to Staff Member Form" for Medical stating the medical complaint. The request form should be given to an officer who then will put the request in the mail. The mail is picked up on a daily basis.

Sick Call is intended for all medical problems, emergency dental problems, and mental health problems. Once you are seen in sick call proper referrals will be done at that time (Doctor, Mental Health, and Dental). Any emergency that is considered to be life-threatening will be address by Medical Personnel immediately.

*** THIS COPY FOR RECORDS ONLY; INMATE WILL RECEIVE COPY DURING MEDICAL ORIENTATION ***

Inmate Name

SCDC#

Revised 9/30/16

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS Division of Classification and Inmate Records RECORD CHECKLIST

scDc#: Name of Inn 352209 Kileu.	nate: JOM	agl	Instituțion:		
ITEMS TO BE CHECKED:	YES	NO	CORRECTIVE ACTION		
Up-to-date face sheet to include any new sentence	✓				
2. Up-to-date picture I.D.	\ <u> </u>				
All applicable commitment papers in record	/				
4. Commitment papers clear and legible	/				
Commitment papers coincide with offense information on face sheet	\\ \ <u>\</u>				
6. Current FBI Rap Sheet or NCIC Report					
Copy of all disciplinary action documentation		1	missing 10.9 8 6 5:4		
Current disposition of all detainers, wanteds, and holds	/				
Social Security Card filed in record		√			
10. All Escape/Attempt information checked	\		none		
11. Staff Memorandum Form (Comment Sheet), SCDC 18-68, filed on top of Section 4 and properly documented	/				
12. Separation Requirement (If applicable)	\ <u>\</u>		x1 emplayee @ Allendale		
13. Remarks:					
STG-None					
Rec'd from Lee -I	Inval	lid 1	PC		
I have thoroughly reviewed this record and ens	ure that its	contents	are accurate, complete and filed appropriately.		
Date: 1-31-17 Signature: A HOUND					

SCDC S-13(February 1999)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

CERTIFICATION OF INMATE ORIENTATION

This is to certify that I, JAMAN K9/34		, SCDC #	352269	hav
completed the orientation program at	ECI			
advising me of institutional rules and regulations, sta Agency policies and procedures.	(Assigned Institut aff organization, safety prog	ional/Division) ram and other	programs as requi	red by
1-18+13	_ Chanad l Rila	<i>7</i>	352269)
DATE	INVATE'S SIGNATOR	RE	SCDC#	
	B. Rear.	nes		
	CERTİFYING OFFICIA	AL'S SIGNAT	TURE	

cc: Institutional Record

SCDC 18-69 (Rev. April 2003)

ĐŃA NOTICE & PAYMENT PROCEDURES

South Carolina law requires that individuals who have been convicted of certain offenses must provide a blood sample from which DNA may be obtained. Recent changes have been made to this law and this notice indicates how this law applies to you. Section 23-3-620 of the S.C. Code of Laws lists the offenses that require the submission of a sample. You have been convicted of one of the offenses listed in Section 23-3-620, and an appropriate individual will be taking a sample from you from which DNA may be obtained. Under Section 23-3-670 of the S.C. Code of Laws, a person who must provide a sample from which DNA may be obtained must also pay a processing fee of \$250. Therefore, you must pay SCDC \$250. If you do not have the funds necessary to pay this processing fee, SCDC is authorized by section 23-3-670 of the S.C. Code of Laws to take certain steps to collect the \$250 fee from you. Under this law, SCDC will deduct or withhold certain monies that you earn as a result of work you perform or which have otherwise been deposited in to your E.H. Cooper account, until you have met your responsibility regarding the \$250 processing fee.

After your blood sample has been provided you may file an inmate grievance if you believe that the law should not apply to you because of your commitment offense, or if you object to any actions taken by SCDC regarding the processing fee. To receive information about filing an inmate grievance you should contact your institutional grievance coordinator. The following options are available to inmates when making payments regarding DNA samples.

- COOPER TRUST FUND: Inmates may choose to pay the full fee of \$250 now to avoid automatic fee
 deductions from his/her pay. An inmate must authorize SCDC to deduct \$250 from his/her Cooper Trust
 Fund account by completing SCDC Form 15-1, "Cooper Trust Fund Withdrawal", directing the funds be
 made payable to SCDC for DNA Fee. No payment for less than \$50 will be accepted unless the amount
 equals the remaining fee balance.
- 2. **DIRECT PAYMENT:** In order to avoid automatic deductions and by-pass the Cooper Trust Fund, an inmate may have the fee of \$250 paid by an non-incarcerated individual utilizing the EXACT instructions available from your institutional mailroom. **NOTE:** By utilizing this method, money will **not** be sent to the Cooper Trust Fund.
- 3. AUTOMATED PAYMENT DEDUCTIONS FROM PAY: If you fail to utilize option #1 or #2 above, the SCDC will automatically deduct the \$250 from available funds, if the law applies to you.

<u>Inmate Pay</u>: Monies paid to inmates through the SCDC inmate pay program will be deducted for payment of the fee as follows. Inmates paid more than \$5 for the biweekly inmate pay period will have 5% of inmate pay deducted for the DNA fee.

<u>Prison Industries Private Sector Enhancement & Community Services Work Release Programs:</u>
Monies paid to inmates participating in these programs will be deducted for payment of the fee. 5% of monies paid will be deducted for the fee, if available, after other mandatory deductions have been taken.

<u>E.H. Cooper Deposits</u>: Inmate receiving deposits into their E.H. Cooper Trust Fund will have 5% of those deposits retained to pay for DNA fees.

My signature acknowledges that I have read the above and fully understand what is expected and required of me.

Witnessed by:

DC Employee

SCDC #

White - Institutional Record

Canary - Inmate

SCDC Form 18-15 (Rev. August 2007)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS RECEPTION AND EVALUATION CENTER CERTIFICATE OF INMATE ORIENTATION AND

EMERGENCY CONTACT NOTIFICATION

This is to certify that I, Jamas Relay	Printed Name	,
SCDC # 35 22 6 9, have com Department of Corrections Reception and E- following:	pleted the orientation program a	at the South Carolina advised of the
 SCDC policies and rules; Access to health care services and medic Intake process; Inmate grievance system; Institutional programs and services; Mail procedures; Visitation Procedures; Guidelines regarding phone calls to attor International treaty and consular notifical 	rneys; and	
In addition, I X DO GIVE		
DO NOT GIVE		
permission for a representative of the South family/designated individuals (that I provide interview) in the event of a serious illness, is unless I revoke this permission in writing at verified by me and I understand it is my rest term of my incarceration.	ed as Emergency Contacts durin njury, or death at any time durin a later date. My emergency no	g my intake ng my incarceration tification has been
9-7-10 DATE	Namal Riles INMATE'S SIGNATURE	352269 scdc#
	Valence Let	GNATURE
File this form in the Institutional Record.		

SCDC Form 18-77 (October 2004)

MINI100D SCDC OFFENDER MANAGEME MINI100M MANAGEMENT INFORMATION N OMMINSYA DISPLAY MIN			05/07/24 C064760
PHASE: DISTRIBUTED MIN#: 20-04-0442-0055 INCIDENT DATE/TI	ME> 04/21/20	13:40	
SUBMITTED BY> CAPT.J.WIGGINS SUBMITTIN LOC OF INCIDENT> 38 MEDIUM LIVING AREA	G INST. > 044	2 RIDGELAND	
	DORM> RO	OOM> 0000	
CODE: 1> 3510 CELL SEARCH-RANDOM	Ni	UM 1> 001	
2> 3612 CONTRABAND - CELLPHONE ACCESSO	RIES N	UM 2> 001	
3>	Ni	UM 3> 000	
4>	Ni	UM 4> 000	
5>	Nı	UM 5> 000 O	UT HSP
6>	Nı	UM 6> 000 M	ED ADM INV
INVOLVEMENT: > X INMATE > X EMPLOYEE > V	ISITOR >	OTHER INDIV R	EQ DTH TYP
>		N	
> 00352269 RILEY, JAMAAL TERRELL B/M 3	1	N	
> EMPLOYEE WILLIAMS, JAMES		N	
> EMPLOYEE SCOTT JR, EARL		N	
> EMPLOYEE OUTING, RESHONDA		N	
> EMPLOYEE MITCHELL III, ALBERT		N	
UPDATED BY> WASHINGTON, CONSONY	A DATE	> 04/23/20	
MIN FOR SUBMITTING LOCATION DISPLAYED			
PF2>VIEW NARRATIVE PF5>LIST INVOLVE	MENT P	F6>VIEW ROUTI	NG

MINI230D SOUTH CAROLINA DEPARTMENT OF CORRECTIONS 05/07/24 OMMINSYA DISPLAY MIN NARRATIVE C064760

MIN ID: 20-04-0442-0055 SUBJECT> MIN TEXT
PHASE.: DISTRIBUTED DATE SENT: 04/22/20 ARCHIVE IND..> N
DELETE DATE..> 00/00/00

MIN TEXT..>

WAS CHARGED ACCORDINGLY.

RIDGELAND CORRECTIONAL INSTITUTION ON TUESDAY, PRIL 21, 2020 AT APPROXIMATELY 1:40PM, INTEL SGT RESHONDA OUTING ALONG WITH INTEL SGT JAMES WILLIAMS AND OFC ALBERT MITCHELL CONDUCTED A RANDOM CELL SEARCH OF BEAUFORT A CELL #42 ASSIGNED TO INMATE JAMAAL RILEY SCDC# 352269 AND INMATE . UPON CONDUCTING A SEARCH OF THE CELL, SGT OUTING DISCOVERED A WHITE USB CORD UNDERNEATH THE TOILET. INMATE RILEY CLAIMED OWNERSHIP OF THE WHITE USB CORD. THERE WAS NO OTHER CONTRABAND DISCOVERED DURING THE SEARCH. INMATE RILEY

UPDATED BY> WASHINGTON, CONSONYA CREATED BY> DELETE? N (END) DATE.....> 04/23/20 DATE.....> PRESS PF9 FOR PAGE 1 OF NEXT MIN, PF2 FOR PAGE 2 OF NEXT MIN

PF5:LIST INVOLVE PF4:COPY F6:VIEW ROUTE F7:PREV F8:NEXT F12:MIN (PAGE 1)

MINI110D SCDC OFFENDER MANAGEMENT SYSTEM 05/07/24 SCDC OFFENDER MANAGEMENT SISTEM
MANAGEMENT INFORMATION NOTES (MINS)
LIST OF INVOLVEMENT RECORDS FOR A MIN MINI110M OMMINSYA C064760 OUT HSP MED ADM INV INVOL R/S AGE REQ DTH TYP DESC ID NAME 00352269 RILEY, JAMAAL TERRELL EMPLOYEE WILLIAMS, JAMES N EMPLOYEE SCOTT JR, EARL N EMPLOYEE OUTING, RESHONDA N EMPLOYEE MITCHELL III, ALBERT

PAGE.> 0001

N

MIN INVOLVEMENT RECORDS DISPLAYED...

<PF7> - PAGE UP <CLEAR> - RETURN <PF2> - TEXT <PF8> - PAGE DOWN MINI100D SCDC OFFENDER MANAGEMENT SYSTEM 05/07/24 SCDC OFFENDER MANAGEMENT SYSTEM
MANAGEMENT INFORMATION NOTES (MINS) MINI100M C064760 OMMINSYA DISPLAY MIN PHASE: **DISTRIBUTED** MIN#: 19-02-0442-0048 INCIDENT DATE/TIME> 02/24/19 01:45 SUBMITTED BY> LT OSCAR TORRES SUBMITTING INST. > 0442 RIDGELAND LOC OF INCIDENT> 37 MINIMUM LIVING AREA LIVING AREA> DORM> ROOM> 0000 CODE: 1> 3520 CELL SEARCH-TARGETED NUM 1> 006 2> 3600 CONTRABAND (UNAUTHORIZED PROPERTY) NUM 2> 000 3> 3602 CONTRABAND - MARIJUANA NUM 3> **001** NUM 4> **001** 4> 3604 CONTRABAND - WEAPONS 5> 3609 CONTRBAND-CELL PHONE NUM 5> **005** OUT HSP NUM 6> 000 MED ADM INV 6> INVOLVEMENT: > X INMATE > X EMPLOYEE > VISITOR > OTHER INDIV REQ DTH TYP 00352269 RILEY, JAMAAL TERRELL POWELL, JOSEPH > EMPLOYEE DATE.....> 02/24/19 UPDATED BY> BURTON, CHARLES (MORE) MIN FOR SUBMITTING LOCATION DISPLAYED... PF2>VIEW NARRATIVE PF5>LIST INVOLVEMENT PF6>VIEW ROUTING

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS 05/07/24 MINI230D OMMINSYA DISPLAY MIN NARRATIVE C064760

MIN ID: 19-02-0442-0048

SUBJECT> MIN TEXT

DATE SENT: 02/24/19

ARCHIVE IND..> N

DELETE DATE..> 00 DELETE DATE..> 00/00/00

MIN TEXT..>

RIDGELAND CORRECTIONAL INSTITUTION

ON SUNDAY FEBRUARY 24TH 2019 AT APPROXIMATLEY 1:45AM TARGETED CELL SEARCHES WERE CONDUCTED BY INTELLIGENCE OFFICER MOLE WITH THE ASSISTANCE OF LT OSCAR TORRES, LT JOHNNIE BRYANT, SGT MACK BROWN, CPL DEJA WILLIAMS, OFC HARRY BROWN & OFC RANDY SPARROW. A SEARCH WAS DONE IN GEORGETOWN B CELL #32. DURING THE SEARCH LT MOLE DISCOVERED 1 BLUE MOTOROLA CELL PHONE, 1 BLACK AND 1 WHITE CELL PHONE CHARGER ON THE BED BELONGING TO I/M

IN GEORGETOWN B #62, SGT MACK BROWN DISCOVERED 1 BLUE SAMSUNG CELLPHONE, 1 WHITE CELLPHONE CHARGER AND 1 8IN HOMEMADE KNIFE SHARPENED TO A POINT IN THE BED BELONGING TO I/M RILEY, JAMAAL #352269. IN GEORGETOWN B CELL #61 CPL DEJA WILLIAMS DISCOVERED 1 GOLD

CRICKET CELLPHONE AND 1 WHITE CHARGER IN THE BED OF

UPDATED BY> BURTON, CHARLES CREATED BY> DATE.....>

DELETE? N (MORE)

PRESS PF9 FOR PAGE 1 OF NEXT MIN, PF2 FOR PAGE 2 OF NEXT MIN

PF5:LIST INVOLVE PF4:COPY F6:VIEW ROUTE F7:PREV F8:NEXT F12:MIN (PAGE 1)

MINI110D MINI110M OMMINSYA	SCDC OFFENDER MANAGEMEN MANAGEMENT INFORMATION NO LIST OF INVOLVEMENT RECORD	TES (MINS				05/07/24 C064760
				HSP ADM	T NI\ 7	INVOL
ID	NAME	R/S AGE				
00352269	RILEY, JAMAAL TERRELL	В/М 31	N			
	, , , , , , , , , , , , , , , , , , , ,		Ī			
EMPLOYEE	POWELL, JOSEPH		N			
EMPLOYEE	BRYANT, JOHNNIE		N			
EMPLOYEE	MOLE, EDWARD		N			
EMPLOYEE	TORRES, OSCAR		N			
EMPLOYEE	BROWN JR, MACK		N			
EMPLOYEE	WILLIAMS, DEJA		N			
EMPLOYEE	BROWN JR, HARRY		N			
EMPLOYEE	SPARROW, RANDY		N			

PAGE.> 0001

MINI230D SOUTH CAROLINA DEPARTMENT OF CORRECTIONS 05/07/24 DISPLAY MIN NARRATIVE OMMINSYA C064760

MIN ID: 19-02-0442-0048

SUBJECT> MIN TEXT

DATE SENT: 02/24/19

ARCHIVE IND..> N

DELETE DATE..> 00 DELETE DATE..> 00/00/00

MIN TEXT..>

SCDC #368798. AND IN CHARLESTON B CELL #52 LT JOHNNIE BRYANT DISCOVERED 1 BLACK LG CELLPHONE, 1 BLUE VERIZON CELLPHONE, 1 WHITE CELLPHONE CHARGER, 1 WOODEN BEWELL WATCH, 1 DIGITAL SCALE, 0.33 GROSS GRAMS OF MARIJUANA THAT WAS NIK TESTED, 330Z BOTTLE OF HOMEMADE WINE AND 4 PAIRS OF BRAND NEW SCDC CAFETERIA GREEN UNIFORMS. I/M'S

W/M ARE ASSIGNED TO THAT CELL. ALL I/M'S IDENTIFIED CLAIMED OWNERSHIP OF CONTRABAND AND WILL BE CHARGED ACCORDINGLY. SHIFT CAPT JOSEPH POWELL WAS NOTIFIED OF THE INCIDENT.

UPDATED BY> BURTON, CHARLES CREATED BY> DATE.....> DELETE? N (END)

PRESS PF9 FOR PAGE 1 OF NEXT MIN, PF2 FOR PAGE 2 OF NEXT MIN

PF5:LIST INVOLVE PF4:COPY F6:VIEW ROUTE F7:PREV F8:NEXT F12:MIN (PAGE 1)

Inmate Request - General

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 16-212105

Date Requested: 07/13/16 15:52

Request Type: Education

Requested By: Kiosk

Request Details: I REALLY WOULD LIKE TO ATTEND ENROLLMENT

O THAT I CAN OBTAIN MY

N THE NEXT SCHOOL

Disposition:

Complete

Officer:

Disposition Date: 07/16/16 18:01

Request Responses				
Date	Author	Note		
07/16/16 18:06	c022586	Your name will be added to waiting list for enrollment during the second and third quarter of the academic year 2016-2017. First quarter of 2016-2017 already has been considered. That is sometimes in October, 2016 you will be considered if your behavior is in compliance in terms of no major write ups. No more ARTSM necessary for the same issue as you will be notified via OTR at the time. Continue to use library to read to improve your reading skills.		

Inmate Request - General

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 17-476616

Date Requested: 02/21/17 14:27

Request Type: Classification

Requested By: Paper Form

Request Details: Ms. Ravenell, I'm writing this request in regards of why have I been moved to a two man cell when I was already in

a one man cell do to the current situation here at this institution. My rights have been violated to the capacity? My

lawyer had been notified about this matter. Also SCDC policy had been violated (PC).

Disposition: Complete
Officer: Denise Ravenel
Disposition Date: 02/22/17 14:27

Request Responses

Date Author Note

02/27/17 14:35 c056680 Sir if you fall under the same thing we cannbsp house 2 inmates together

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-476667

Date Requested: 02/24/17 15:03

Request Type: Security

Requested By: Paper Form

Request Details: Capt. Brightharp, I need to be removed out of this cell immediately I can no longer take the death threats and insult

that is being directed towards me by the gang members on both sides of my cell. I ask that you please get me away from the madness. I can no longer with stand it, it's driving me crazy. I don't feel safe here on RHU do to the

fact I'm still surrounded by them. Please remove me sir.

Disposition:CompleteOfficer:Denise RavenelDisposition Date:06/20/17 12:36

Request Respons	Request Responses		
Date	Author	Note	
06/20/17 12:41	c032340	YOU ARE NOW HERE AT PERRYnbspC.I. IN THE ADJUSTMENT UNIT.nbsp IT SHOULD BE SAFE ENOUGH FOR YOU PER YOUR REQUEST TO CAPT. BRIGHTHARP.nbsp IF YOU HAVE ANY CONCERNS HERE AT PERRY PLEASE LET ME KNOW.nbsp IF YOU HAVE ANY QUESTIONS THAT PERTAINING TO CAPT. BRIGHTHARP YOU WILL NEED TO WRITE YOUR REQUEST ON THE ON PAPER AND PERRY WILL TRANSFERR THE REQUEST TO THE INSTITUTION HES AT.UM GOLDEN	

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269
Reference #: 17-488601

Date Requested: 03/09/17 15:49
Request Type: Classification

Requested By: Kiosk

Request Details: im trying to figure out when do i get my visits back.

Disposition:

Complete

Officer:

Disposition Date: 05/05/17 15:35

l	Request Responses		
Ш	Date	Author	Note
П	05/05/17 15:36	c014259	The restriction for visitation was completed on 01172017 according to the CRT.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-488612

Date Requested: 03/09/17 15:55

Request Type: Education
Requested By: Kiosk

Request Details: i'm writing this request so that i can get

the earliest convenient, so please keep me in mind i really would like to go to school.

Disposition: Complete

Officer:

Disposition Date: 03/23/17 16:48

Request Responses			
Date	Author	Note	
03/23/17 16:49	c050821	You will be added to the waiting list.	

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Kiosk

Booking #: 352269
Permanent #: 352269

Reference #: 17-554529

Date Requested: 05/08/17 13:49

Request Type: Grievance

Requested By: Request Details:

i arrived here at pci on 5/3/17 an i havent receied my property until 5/8/17 is when i was issued my property i noticed that i was missing quite a few major items that was confiscated an mistaking for contraband, im missing several hygiene items that was also taking away from me, all of my blue canteen netbagsso now i have none to go to the store with, im also being charged with an stg charge that im unfamiliar with my address book was also taking with all of my address an phone numbers,i dont understand how i could be charged with these charges if i wasnt present i need these issues resolved immediately thanks respectfully

Disposition:

Complete

Officer:

Disposition Date: 06/06/17 09:42

Request Responses		
Date	Author	Note
06/06/17 09:45	c051856	Disciplinary convictions must be appealed through the Grievance system by submitting a 10-5 Step 1 Grievance Form within 5 working days of the Disciplinary Hearing. You cannot appeal convictions on the KIOSK system.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269
Reference #: 17-554532
Date Requested: 05/08/17 13:52

Request Type: Personal Property

Requested By: Kiosk

Request Details: im missing alot of my personal belonging when i arrived here at pci that was mistaking for contraband i would like to

have my personal hygiene material back at the earliest convenient

Disposition: Complete

Officer:

Disposition Date: 06/14/17 06:44

Request Responses			
Date	Author	Note	
06/14/17 06:45	c054394	When something is taken as contraband you need to check with them about getting it back, thank you.	

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-563036

Date Requested: 05/17/17 14:22

Request Type: Inmate Records

Requested By: Kiosk

Request Details: To whom it may concern; I have had 398 days time serve credit on my sentencing sheets, so I'm trying to figure out

why haven't it been place in the system i have been giving these days by the judge and i haven't received it and these are the days i already done at the county jail. May you please check into this problem. Thank you for your

time on this matter

Disposition:

Complete

Officer:

Disposition Date: 06/06/17 07:47

Request Responses	Request Responses		
Date	Author	Note	
06/06/17 07:48	c014259	You have been credited with 398 days jail time on all your charges.	

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-563044

Date Requested: 05/17/17 14:27

Request Type: Classification

Requested By: Kiosk

Request Details:

TO THE HEAD CLASSIFICATION; I AM WRITING YOU THIS REQUEST IN REGARDS OF ME RECEIVING MY 398 DAYS THAT WAS GIVING TO ME BY THE JUDGE. THESE WAS THE DAYS THAT I HAVE DONE IN THE COUNTY JAIL AND THESE DAYS WASN'T GIVING TO ME. I NEED THESE DAYS BECAUSE THESE ARE THE DAYS THAT I ALREADY HAVE SERVED AND WAS ORDER FOR ME TO GET THEM BY THE JUDGE. MAY YOU PLEASE CHECK INTO THIS PROBLEM BECAUSE I DO HAVE THE PAPERWORK SHOWING THAT I

SUPPOSE TO GET THIS. THANK YOU FOR YOUR TIME ON THIS MATTER

Disposition: Duplicate

Officer:

Disposition Date: 06/06/17 07:49

 Request Responses

 Date
 Author
 Note

 06/06/17 07:49
 c014259

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 17-596359

Date Requested: 06/19/17 12:02

Request Type: Education

Requested By: Kiosk

Request Details: ms. bratton im on q4a side and im not earning any education credits im requesting tha

there is no classes on q4a side im contacting director michael mccal about this

however i was transferred , please handle this for me thanks, please contact the south corolina palmetto unified school district 1 for any further response

poned,

Disposition:

Complete

Officer:

Disposition Date: 06/30/17 10:18

Request Responses

Date Author Note

06/30/17 10:22 c004283

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-610632

Date Requested: 07/03/17 11:15

Request Type: Inmate Financial

Requested By: Kiosk

Request Details: TO WHOM I MAY CONCERN; I AM WRITING YOU THIS REQUEST IN REGARDS TO MY MONEY THAT WAS

TAKEN OUT OF MY ACCOUNT FOR HAIR CLIPPERS THAT I'VE ORDER AND THE CLIPPERS CAME BUT I WAS IN R.H.U FOR TWO WEEKS FOR AN INCIDENT THAT I NEVER BEEN CHARGED FOR. I WOULD LIKE FOR MY MONEY TO BE RETURN BACK TO MY ACCOUNT BECAUSE I STILL NEVER RECEIVED THE CLIPPERS THAT I ORDER AND SINCE I NEVER RECEIVED THIS ITEM THAT I HAD PURCHASE I WILL LIKE TO HAVE MY MONEY BACK.MAY YOU PLEASE CHECK INTO THIS MATTER AND REFUND MY MONEY.

THANK YOU FOR YOUR TIME ON MATTER

Disposition:

Complete

Officer:

Disposition Date:

Request Responses			
l	Date	Author	Note
l	08/07/17 15:39	c031248	?

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 17-610621

Date Requested: 07/03/17 11:08

Request Type: Personal Property

Requested By: Kiosk

Request Details: ATTENTION MS MUSSEN I PUT IN AN ORDER FOR HAIR TRIMMERS AN MY MONEY WAS TAKEN OFF OF

MY BOOKS FOR THEM THEN THE CLIPPERS CAME BUT I WASNT SENT TO RHU FOR AN INVESTIGATION. I BEN OFF OF LOCK UP FOR ABOUT A MONTH NOW AN I NEED MONEY THAT WAS TAKING OFF OF MY

BOOKS ARE EITHER I NEED MY CLIPPERS. RESPECTFULLY THANK YOU

Disposition: Complete

Officer:

Disposition Date: 08/11/17 09:19

	Request Responses		
l	Date	Author	Note
ľ	08/11/17 09:20	c054394	No money was taken off of your account. I do not have trimmers and you were not charged. Thank you.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL Booking #: 352269

 Permanent #:
 352269

 Reference #:
 17-702923

 Date Requested:
 10/03/17 15:26

 Request Type:
 Personal Property

Requested By: Kiosk

Request Details: TO OFFICER MUSSEN; THIS IS MY INFORMAL RESOLUTION I AM WRITING YOU THIS REQUEST IN

REGARDS TO MY HAIR CLIPPERS THAT ORDER OVER 2MONTHS AGO. I HAD ORDER THEM AND THEY CAME IN AS WELL TOOK MY MONEY OUT OF MY ACCOUNT FOR THE CLIPPERS BUT I NEVER RECEIVED THE ITEM DUE TO THE FACT THAT I WAS IN LOCKUP AND MY MONEY WAS NEVER RETURNED BACK INTO MY ACCOUNT. I AM ASKING THAT THIS ITEM THAT I HAD PAID FOR BE GIVING TO ME OR MY MONEY

NEED TO BE RETURN BACK TO MY ACCOUNT. THANK YOU FOR YOUR TIME ON THIS MATTER

Disposition: Complete

Officer:

Disposition Date: 11/29/17 12:04

R	Request Responses		
Di	ate	Author	Note
11	/29/17 12:25	c054394	should have been resolved by now. Thank you.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-00935046

Date Requested: 06/10/18 16:16

Request Type: Personal Property

Requested By: Kiosk

Request Details: This EMERGENCY REQUEST is being submitted because I don't have ANY property. On 3-26-18, I was taken to

Perry lock-up with 2 property bags that consisted of personal hygiene, food, clothes, and legal mail. Also, I had a property bag on the yard that consisted personal mail, legal mail, tennis shoes, clothes, food, etc. The Q-4 cameras and yard cameras is evidence to prove same. Please review the Q-4 and yard cameras for corroboration. I don't have ANY tan uniforms to put on, no hygiene to wash with, no mail, legal documents, or anything in my cell to live

and survive off of. Please contact Perry C.I. staff about my personal property and legal documents.

Disposition:

Complete

Officer:

Disposition Date: 06/19/18 16:21

Request Response	Request Responses		
Date	Author	Note	
06/19/18 16:24	c039117	I will contact Lieber about your property first thing in the morning.	
06/19/18 16:25	c039117	Correction I will contact Perry tomorrow about your property	

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-00935048

Date Requested: 06/10/18 16:20

Request Type: Food (Cafeteria and Food)

Requested By: Kiosk

Request Details: I am respectfully requesting for a job. I am disciplinary free, no medical restrictions, nor any other restrictions

prohibiting me from working. I spoke with the caseworker and she told me to submit a request to you.

Disposition: Complete

Officer:

Disposition Date: 06/14/18 15:06

Request Responses		
Date	Author	Note
06/14/18 15:06	c059214	There are no jobs at this time

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01008647

Date Requested: 08/28/18 15:53

Request Type: Commissary

Requested By: Kiosk

Request Details: I am respectfully requesting the following items; 5- xl boxers 5- pairs of socks; 2- 4x thermal shirts; 2- 4x thermal

pants; 2- towels; 2- washcloths; 2- sheets; 1- blanket

Disposition: Complete

Officer:

Disposition Date: 08/29/18 06:03

Request Respons	Request Responses	
Date	Author	Note
08/29/18 06:08	c060322	Sir, you had funds on your account so in accordance with SCDC Policy 16.08 para 4 you are not indigent. I am not able to
		issue socks, washcloths, towels, clogs (shower shoes) as you have to purchase them from the canteen. You do not have
		a job that authorizes you to be issued thermals. You will receive an OTR for 2 sheets, a blanket and 5pr of boxers.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01008651

Date Requested: 08/28/18 15:55

Request Type: Food (Cafeteria and Food)

Requested By: Kiosk

Request Details: I am respectfully requesting for a job. I am disciplinary free, have no medical restrictions, or any other prohibitions

from working.

Disposition:

Complete

Officer:

Disposition Date: 09/11/18 09:34

Rec	uest	Res	ponses
-----	------	-----	--------

L	request response	•	
L	Date	Author	Note
ľ	09/11/18 09:35	c059214	Get with your classification person

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01020471

Date Requested: 09/10/18 14:09

Request Type: Education

Requested By: Kiosk

Request Details: I am respectfully requesting

I never had the opportunity to get one so

please allow me to apply. If not, then allow me to get a vocation.

Disposition:

Complete

Officer: Disposition Date:

09/25/18 11:58

l	Request Responses			l
ı	Date	Author	Note	
ı	09/25/18 12:00	c061996	You are placed on the waiting list and we will contact you when we have	1

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01026418

Date Requested: 09/19/18 17:26

Request Type: American Disabilities Act (ADA)

Requested By: Kiosk

Request Details: I need an ID card. I haven't had one in over 10 months and this is hindering me from purchasing hygiene items from

the canteen. Would you please talk with someone for me.

ne out.

Disposition:

Complete

Officer:

Disposition Date: 09/24/18 08:21

	Request Responses		
l	Date	Author	Note
	09/24/18 08:22	c053450	Replacing ID Cards is not an ADA issue. Refer to SCDC Policy OP-21.06, section 5 "Replacement of ID Cards"

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01026421

Date Requested: 09/19/18 17:30

Request Type: Inmate Financial

Requested By: Kiosk

Request Details: and I need an ID card. I've been needing one for 10 months and nobody wants to help

me. vvateree Unit does not have a Unit Manager or Unit counselor. Please help me.

Disposition: Complete

Officer:

Disposition Date: 09/20/18 14:16

Request Responses		
Date	Author	Note
09/20/18 14:18	c060788	You have been on my list for a new picture and hopefully tomorrow, 9/21/18, you will have your picture taken so the new ID can be made. Please look for an OTR from SGT Cunningham to come to the VR to have your picture taken. (Please be within grooming standards)

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01008657

Date Requested: 08/28/18 15:58

Request Type: Maintenance

Requested By: Kiosk

Request Details: I am respectfully requesting for a job. I am disciplinary free, have no medical restrictions, or any other prohibitions

from working.

Disposition:

Complete

Officer:

Disposition Date: 11/09/18 12:00

Request	Responses
---------	-----------

ı	Trequest responses		.
l	Date	Author	Note
l	11/09/18 12:00	c050155	Unfortunately Maintenance is not hiring at this time.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01008643

Date Requested: 08/28/18 15:50

Request Type: Education

Requested By: Kiosk

Request Details:

I have been on this yard 6 months and was never afforded an opportunity to attend school or any other educational or vocational programs. I am expected to return back to society within the next couple of years and I would really appreciate you allowing me to obtain my

Disposition:

Complete

Officer:

Disposition Date: 09/04/18 11:00

Request Responses

	Date	Author	Note
l	09/04/18 11:01	c061996	You are placed on the waiting list and we will notify you when we have

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01020476

Date Requested: 09/10/18 14:12

Request Type: Food (Cafeteria and Food)

Requested By: Kiosk

Request Details: I will like to get a job. I am a very hard worker and I can cook and short prep. They say your office was hiring and I

would like to apply.

Disposition:

Complete

Officer:

Disposition Date: 09/11/18 10:26

Request	Resp	pons	es
---------	------	------	----

Ш	request response	•	
Ш	Date	Author	Note
П	09/11/18 10:27	c059214	you need to get to the next job board

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01026434

Date Requested: 09/19/18 17:36

Request Type: Classification

Requested By: Kiosk

Request Details: I am respectfully requesting for a job in the kitchen. I wrote a request to Cafeteria and she responded back

instructing me to get with my caseworker. Therefore, I'm submitting this request for your assistance in this matter.

Disposition: Complete

Officer:

Disposition Date: 09/27/18 10:19

Request Responses		
Date	Author	Note
09/27/18 10:22	c022776	will bring you to the job board soon an assign you to a job

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 18-01073888

Date Requested: 11/08/18 07:35

Request Type: Job Assignments

Requested By: Kiosk

Request Details: i just got on this yard an im 14 months disciplineary free an i would like to have job in the caf or working somewhere

on the yard

Disposition: Complete

Officer:

Disposition Date: 12/05/18 09:09

Request Re	sponses
------------	---------

П	request responds	•	
	Date	Author	Note
	12/05/18 09:10	c059445	Please see Case Worker.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 19-01357124

Date Requested: 08/26/19 12:36

Request Type: Food (Cafeteria and Food)

Requested By: Kiosk

Request Details: im writing about obtaining a job in the cafe because i am an experienced cook

Disposition:

Complete

Officer:

Disposition Date: 09/03/19 17:35

ses		
Author	Note	
c039813	The kitchen is not hiring at this time	
	Thanks	
	Ms. Carter	
		Author Note c039813 The kitchen is not hiring at this time Thanks

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269 Permanent #: 352269

Reference #: 19-01357129

Date Requested: 08/26/19 12:38

Request Type: Education

Requested By: Kiosk

Request Details: i have 11 months before i go home an i would like to obtain my work keys an

Disposition:

Complete

Officer:

Disposition Date: 08/27/19 08:01

Request Responses		
Date	Author	Note
08/27/19 08:03	c059301	We have a waiting list for both areas and the class is currently full. However, we will work on getting you in class.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Kiosk

Booking #: 352269
Permanent #: 352269

Reference #: 14-083138

Date Requested: 05/20/14 10:49

Request Type: Commissary

Request Details: IM WRITING THIS REQUEST IN REGARDS OF MY UNIFORMS I ONLY HAVE ONE UNIFORM AN ITS OLD AND

WORN OUT SO I WOULD LIKE TO RECEIVE THE PROPER AMOUT OF UNIFORMS THANK YOU

Disposition: Complete

Officer:

Requested By:

Disposition Date: 05/27/14 09:11

 Request Responses

 Date
 Author
 Note

 05/27/14 09:13
 c015002
 EXCHANGE 2 UNIFORMS(USED)

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 14-090856

Date Requested: 05/25/14 09:31

Request Type: Commissary

Requested By: Kiosk

Request Details: im writing this request in regareds of my pending charges that was dropped some time last year an i have the

papers forms froms my clerk of court clairifiing that my pending charges were dropped 6months ago but the last time i was in my anneal review it was brought to my attention that the pending charges were stillshowing up in the computer here thats whats holding me from receiveing my level 2 do to the fact i only have 6yers 3monhs left so get

at me at your earliest conveniet thank you

Disposition:

Complete

Officer:

Disposition Date: 06/02/14 11:43

Request Responses

 Date
 Author
 Note

 06/02/14 11:45
 c015002
 WRITE YOUR CASE WORKER

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269
Reference #: 14-143815
Date Requested: 07/07/14 08:00

Request Type: Classification

Requested By: Kiosk

Request Details: im writing this request in regards of my pending charges that have been dropped since last when i've been up for my review but it was brought to my attention that my pending charges are still showing up in the computer here so i wrote my clerk of court to clairifiy and get copies from the clerk that my pending charges have been dropped i have

my forms to prove and i've made numerous of copy

Disposition:

Complete

Officer:

Disposition Date: 09/15/14 15:54

Request	Responses
---------	-----------

Date	Author	Note
09/15/14 15:54	c042244	Currently in lock-up.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269
Reference #: 15-684156
Date Requested: 06/25/15 09:28

Request Type: Visitation Requested By: Kiosk

Request Details: i would like to take a few individuals off of my visitation list... the following names are '

need these individuals taken off my visitation list immediately.. thanks

Disposition:

Complete

Officer:

Disposition Date: 06/29/15 10:22

Rec	uest	Res	ponses
-----	------	-----	--------

	Date	Author	Note
ı	06/29/15 10:22	c021222	You will need to fill out form 19-84 (Request for Deletions to Visiting List), I will sent you this form.

Today's Date: 5/9/2024 11:05

Name: RILEY, JAMAAL TERRELL

Booking #: 352269
Permanent #: 352269

Reference #: 15-687233

Date Requested: 06/26/15 20:40

Request Type: Commissary

Requested By: Kiosk

Request Details: BLESSINGS I'M IN NEED OF SOCKS BOXERS TOWEL NET BAG AND WASH RAG EVERYTHING IS OLD

VERY OLD I WROTE YOU ON LOCK UP BUT I NEVER RECEIVED ANYTHING CAN YOU PLZ EXCHANGE

THESES ITEMS THANKS AND HAVE A VERY BLESSED DAY

Disposition:

Complete

Officer:

Disposition Date: 06/30/15 11:31

Request Respons	ses	
Date	Author	Note
06/30/15 11:32	c041785	P class=MsoNormal style=MARGIN 0in 0in 0ptB style=mso-bidi-font-weight normalSPAN style=FONT-SIZE 14ptBring old item(s) thats listed below, to the Commissary for consideration of exchange after receiving OTR.