

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CALHOUN COUNTY
Court of Common Pleas

Doyet A. Early, III, Circuit Court Judge

Case No. 2014- 002131

RECEIVED

FEB - 5 2015

S.C. Supreme Court

Mikal D. Mahdi, #5238

Petitioner,

v.

State of South Carolina,

Respondent.

APPENDIX

Vol. XIX of XXVIII

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DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Mikel Mahdi UNIT: 16
 DATE OF OFFENSE: 3/4/99 Time: 9⁰⁰ A.M. / P.M.

CHARGE & OFFENSE FLEA

You are charged with Threat to institutional security Failure To Comply
 which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:
 (Mod. 06D)

1. 94 Hours isolation (circle one)
2. 48 Hours (Moderate)
3. _____

Do you plead: GUILTY () NO GUILTY ()
 Do you wish to have a Hearing? YES () NO ()
 Do you wish to have 24 hours to prepare for the Hearing? YES () NO ()
 (If yes, give ward a copy of the Offense Hearing Form)
 Pre-Hearing Detention? YES () NO () Ward Signature: Mikel Mahdi
 Reason for Detention: _____

Date: 3-5-99 Time: _____ A.M./P.M.
 Sergeant Signature: [Signature] Ward Signature: Mahdi Mikel
 Witness: _____ Signature: _____

HEARING

Date: 3-8-99 Time: 110 A.M./P.M.
 Staff Representative: _____
 Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY () NOT GUILTY ()
 Sanctions: 1. 4 hrs Isolation (Time Served)
 2. _____
 3. _____
 to be concluded on _____ (date) _____ (time)

Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: Mikel Mahdi
 Decision of Review/Appeal: [Signature]

Signature of Appellant: _____
 Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature _____ Date _____ Time _____ A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-99-06DATE OF INCIDENT: 3/23/99 TIME: 9:50 (A.M.) P.M.NAME OF WARD #1: Mikal Mahdi FILE #: 51957SEX: M UNIT: 16 DOB: Redacted AGE: 16 NAME

OF WARD #2: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #3: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: Failure to Comply / Abusive language

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

During school orientation cadet Mahdi was prompted for cursing. He did not discontinue the cursing after the prompt. He started to use more inappropriate language stating, "I'm not going to F*cking school, I don't need this god-damn school, Fuck all ya'll." I told him to drop & give me 15, he refused & continued with the inappropriate language. I told him he would be removed for failure to comply.

STAFF REPORTING: E. Warren NAMEE. Warren SIGNATUREREPORTING DATE: 3/23/99REPORTING TIME: 10:50 a.m.

INVESTIGATION: Cadet pushed guilty to charges given McWarren stated that cadet Mahle became hostile after reviewing his schedule classes. Cadet began to use abusive language which continued after given a prompt. Cadet was given a directive (15 push-ups) ^{immediately} after the prompt for abusive language. Cadet refused the directive.

OFFENSE: Failure to Comply with Program Proceeding **DATE CHARGED:** 3/23/99 **TIME CHARGED:** 3:00 pm
Abusive Language

INVESTIGATING SERGEANT: L. Westbrook 
NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper 
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ **DATE:** _____ **TIME:** _____ **A.M. / P.M.**

ADMINISTRATIVE REVIEW

NAME:  **DATE:** 3-28 **TIME:** 0930 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Mikal Mahdi UNIT: 16
DATE OF OFFENSE: 3/23/99 Time: 9:50 AM / P.M.

CHARGE & OFFENSE PLEA

You are charged with Failure to Comply with Program Procedure #001 / Abusive Language #053
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. Personal Restriction - 8hrs - 4hrs to serve
2. _____
3. _____

Do you plead: GUILTY (X) NO GUILTY ()

Do you wish to have a Hearing? YES () NO (X)

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (X)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (X) NO ()

Reason for Detention: Failure to Comply with Program Procedure

Ward Signature: Mikal Mahdi

Date: 3/23/99 Time: 3:00

A.M./P.M. AM

Sergeant Signature: [Signature]

Ward Signature: Mikal Mahdi

Witness: _____

Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (X) NOT GUILTY ()

- Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: _____

Decision of Review/Appeal: [Signature]

Signature of Appellate _____

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature _____

Date _____

Time _____

A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-99-0725DATE OF INCIDENT: April 1st '95 TIME: 3:10 A.M. (P.M)NAME OF WARD #1: Mikal Mahdi FILE #: 51957SEX: M UNIT: 16 DOB: Redacted AGE: _____ NAME

OF WARD #2: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #3: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: Assault on StaffWITNESSES: ACD Ms. Crutchfield

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

Cadet Mikal Mahdi had been given a
Failure to Comply / sexual Misconduct by me and
was locked down after lunch break.

Around 3:00pm Cadet Mikal Mahdi was
observed leaving the lock hall way and Ms Crutchfield
advised him that he would not leave, he had another charge.
He then pulled down his pants and began
walking around in back.

I next observed him out of the corner of my
eye (to the left) walking around in the main area.

I next heard Ms Crutchfield ask what are you
going to do with. The next thing I realize I was hit in the
head and was falling back. I then in the confusion asked for 1033.

STAFF REPORTING: T. A. Williams J. S. Williams (over)

NAME

SIGNATURE

REPORTING DATE: April 1st '95REPORTING TIME: 3:35

Revised 4/1/98

INVESTIGATION: Cadet ^(JMW) did not charge giving to charge given. Cadet Mahdi stated that while he was conversating with Mr. Wilkins about a separate incident which took place, a broom was thrown from a crowd of cadets. The broom that Mahdi stated came from the crowd of cadets struck Mr. Wilkins in the head. JCO - Crutchfield stated that Cadet Mahdi was not conversating with Mr. Wilkins because Mr. Wilkins back was toward Cadet Mahdi. Crutchfield stated that she witnessed Mahdi picking up a broom which he threw at Mr. Wilkins while his back was turned. I was not on the left side of the head.

DATE 4/5/99 TIME 9:50 a.m.

OFFENSE: Assault on Staff #005 CHARGED: 4/5/99 CHARGED: 9:50 a.m.

INVESTIGATING SERGEANT: L. Westbrook NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Pappas NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ___ NO ___

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 4-9 TIME: 0945 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____
 DATE OF INCIDENT: 4/1/99 TIME: 3:40 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi FILE #: _____
 SEX: Male UNIT: 14 DOB: _____ AGE: _____ NAME
 OF WARD #2: _____ FILE #: _____
 SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME
 OF WARD #3: _____ FILE #: _____
 SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: Assault on Staff (Teacher Mr Wilkins)
 WITNESSES: M. H. Crutchfield S.C.O.

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On the above date, at the time above, T. officer
M. H. Crutchfield told cadet Mikal Mahdi that
he had to go back to his room because the teacher
Mr. Wilkins wrote a charge on him so, he cannot
leave to go to his cotage #14, he will be remaining in Unit 17
Next, moment Mahdi, Mikal threw a broom right
on Mr. Wilkins head and T. immediately call a
10-33 to Sgts and Lts to come down to Unit 17 because
a staff was assaulted by a cadet on the night
Everyone responded with great effort the Sgts, Lts,
and P.D.I. and the C.D.I.

STAFF REPORTING: M. H. Crutchfield
 NAME

M. H. Crutchfield
 SIGNATURE

REPORTING DATE: 4/1/99

REPORTING TIME: 3:40 P.M.

Revised 4/1/98

INVESTIGATION: Jesse D. JEFFERSON - was given his rights. he stated that
he was talking to Cadet MANDI when Mr. Wilkins got that with the broom.

Cadet Thomas stated that he was in the window observing the incident - he
stated that Mrs. Cantelfield was writing something down at the desk and Mr. Wilkins
was doing paperwork and the broom came from an area where others were
standing.

OFFENSE: _____ DATE CHARGED: _____ TIME CHARGED: _____

INVESTIGATING SERGEANT: _____
 NAME SIGNATURE

REVIEWING LIEUTENANT: _____
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ____ NO ____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORMNAME OF WARD: Mikal Mahdi UNIT: 16DATE OF OFFENSE: 4/1/99 Time: 3:18 A.M. / (M)

CHARGE & OFFENSE PLEA

You are charged with Assault on Staff # 005
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. Isolation - 5 days
2. Program Restriction - 10 days
3. _____

Do you plead: GUILTY () NO GUILTY (X)Do you wish to have a Hearing? YES (X) NO ()Do you wish to have 24 hours to prepare for the Hearing? YES (X) NO ()

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (X) NO ()Reason for Detention: Assault on StaffWard Signature: Mikal MahdiDate: 4/5/99 Time: 9:50 A.M. / P.M.Sergeant Signature: [Signature] Ward Signature: Mikal Mahdi

Witness: _____ Signature: _____

HEARING

Date: 4-6-99 Time: 3:13 A.M. / P.M.

Staff Representative: _____

Staff and Wards who Testified: Jesse D. Johnson, Jimmy Thomas

Witnesses Denied and Reason: _____

FINDING: GUILTY (X) NOT GUILTY ()

- Sanctions: 1. 120 hrs Isolation - 48 Suspended
 2. 72 hrs to serve - 4 hrs served = 68 to serve
 3. _____

to be concluded on 4-9-99 (date) 11:13 AM (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (X) SIGNATURE: Mikal Mahdi

Decision of Review/Appeal: _____

Denied; staff observed incidentSignature of Appellant: [Signature]Date: 4/6/99 Time: 1442 A.M. / P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: I did not hit staff
with purposeWard Signature: Mikal MahdiDate: 4/6/99Time: 3:20 A.M. / P.M.

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-99-0725
DATE OF INCIDENT: April 1st 95 TIME: 3:18 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi FILE #: 5/957
SEX: M UNIT: 16 DOB: Redacted AGE: _____ NAME _____
OF WARD #2: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME _____
OF WARD #3: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: Assault on staff
WITNESSES: 1st Lt. Crutchfield

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

Cadet Mikol Mahdi had been given a Failure to Comply / sexual Misconduct by me and was locked down after lunch break.

Around 3:00pm Cadet Mike Mahdi was observed leaving the lock hall way and Mr Crutchfield advised him that he would not leave, he had another charge.

He then pulled down his pants and began walking around in back.

I next observed him out of the corner of my eye (to the left) walking around in the main area.

I next heard McCrutchfield ask what are you going to do with. The next thing I realize I was hit in the head and was falling back. I then in the confusion asked for 1033. REPORTING: J. G. Williams 10/11/68 (over)

STAFF REPORTING: T. F. Williams J. F. Williams (over)
NAME SIGNATURE

REPORTING DATE: April 12 '95 REPORTING TIME: 3:35

INVESTIGATION: Cadet (shw) ~~is not charge~~ giving to charge given.
 Cadet Mahdi stated that while he was conversating with
 Mr. Wilkins about a separate incident which took place, a broom
 was thrown from a crowd of cadets. The broom that Mahdi
 stated came from the crowd of cadets struck Mr. Wilkins in
 the head. JCO - Crutchfield stated that Cadet Mahdi was
 not conversating with Mr. Wilkins because Mr. Wilkins back was
 toward Cadet Mahdi. Crutchfield stated that she witnessed
 Mahdi picking up a broom which he threw at Mr. Wilkins while his
 back was turned. I was not on the left side of the head.

DATE: 4/5/99 TIME: 9:50 am
 OFFENSE: Assault on Staff #005 CHARGED: 4/5/99 CHARGED: 9:50 am

INVESTIGATING SERGEANT: L. Westbrook
 NAME


 SIGNATURE

REVIEWING LIEUTENANT: Sgt. Pappas
 NAME

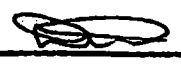

 SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME:  DATE: 4-9 TIME: 0945 A.M. / P.M.

COMMENTS: _____

Revised 8/19/98

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____
 DATE OF INCIDENT: 4/1/99 TIME: 3:40 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi FILE #: _____
 SEX: Male UNIT: 14 DOB: _____ AGE: _____ NAME
 OF WARD #2: _____ FILE #: _____
 SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME
 OF WARD #3: _____ FILE #: _____
 SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: Assault on Staff (Teacher Mr. Wilkins)
 WITNESSES: M. H. Cutchfield S.C.O.

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On the above date, at the time above, T. Officer
M. H. Cutchfield told cadet Mikal Mahdi that
he had to go back to his room because the teacher
Mr. Wilkins wrote a charge on him so, he cannot
leave to go to his cotage #14, he will be remaining in Unit 17
Next, moment Mahdi, Mikal threw a broom right
on Mr. Wilkins head and T. immediately call a
10-33 to Sgts and Lts to come down to Unit 17 because
a staff was assaulted by a cadet on the radio
Everyone responded with great effort the Sgts, Lts,
and P.D.I. and the C.D.I.

STAFF REPORTING: M. H. Cutchfield M. H. Cutchfield
 NAME SIGNATURE

REPORTING DATE: 4/1/99 REPORTING TIME: 3:40 P.M.

revised 4/1/98

INVESTIGATION: JESSE L. JEFFERSON - WAS given his injuries he stated that he was talking to Cadet MANDI when Mr. Winter got that with the beam.

Cadet Thomas stated that he was in the window observing the incident - he stated that Mrs Crutchfield was writing something down at the desk and Mr. Wilkins WAS doing paperwork and the broom came from an area where others were standing.

OFFENSE: _____ **DATE CHARGED:** _____ **TIME CHARGED:** _____

INVESTIGATING SERGEANT: _____

NAME **SIGNATURE**

REVIEWING LIEUTENANT: _____

NAME **SIGNATURE**

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ **DATE:** _____ **TIME:** _____ **A.M. / P.M.**

ADMINISTRATIVE REVIEW

NAME: _____ **DATE:** _____ **TIME:** _____ **A.M. / P.M.**

COMMENTS: _____

Revised 8/19/98

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORMNAME OF WARD: Mikal Mahdi UNIT: 16DATE OF OFFENSE: 4/1/99 Time: 3:18 A.M. / (PM)

CHARGE & OFFENSE PLEA

You are charged with Assault on Staff # 005
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. Isolation - 5 days
2. Program Restriction - 10 days
3. _____

Do you plead: GUILTY () NO GUILTY (☒)
 Do you wish to have a Hearing? YES (☒) NO ()
 Do you wish to have 24 hours to prepare for the Hearing? YES (☒) NO ()
 (If yes, give ward a copy of the Offense Hearing Form)
 Pre-Hearing Detention? YES (☒) NO () Ward Signature: * Mikal Mahdi
 Reason for Detention: Assault on Staff

Date: 4/5/99 Time: 9:50 A.M. / P.M.
 Sergeant Signature: [Signature] Ward Signature: * Mikal Mahdi
 Witness: _____ Signature: _____

HEARING

Date: 4-6-99 Time: 3:13 A.M. / (PM)
 Staff Representative: _____
 Staff and Wards who Testified: Jesse D. Johnson, Jimmy Thomas

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY ()
 Sanctions: 1. 120 hrs Isolation - 48 Suspended
 2. 72 hrs to serve - 4 hrs served = 68 hrs to serve
 3. _____

to be concluded on 4-9-99 (date) 11:13 AM (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: * Mikal Mahdi

Decision of Review/Appeal: _____

Denied; staff observed incidentSignature of Appellant: [Signature]Date: 4/6/99 Time: 1442 A.M. / P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR
 IF THERE IS NEW EVIDENCE.

I am appealing this offense because: I did not hit staff
with a broom.

* Mikal Mahdi 4/6/99 3:20 A.M. / P.M.
 Ward Signature Date Time

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-99-03
 DATE OF INCIDENT: 17 FEB 99 TIME: 0900 HRS (A.M.) P.M.

NAME OF WARD #1: MAHDI, MIKAL FILE #: 51957
 SEX: M UNIT: 16 DOB: Redacted AGE: NAME:
 OF WARD #2: FILE #:
 SEX: UNIT: DOB: AGE: NAME:
 OF WARD #3: FILE #:
 SEX: UNIT: DOB: AGE:

TYPE OF INCIDENT: FAILURE TO COMPLY TO LEADER PROGRAM

WITNESSES: MS WOOLDRIDGE

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

17 FEB 99, 0900, CADET MAHDI WAS RESISTANT TO PROMPTS TO GET
HIMSELF BACK ON TASK. HIS BEHAVIOR WAS NOT DISRUPTIVE BUT
WAS INAPPROPRIATE FOR SCHOOL (LOOKING AROUND, PICKING SKIN, ETC)
WHEN GIVEN A PUSH-UP DIRECTIVE HE REFUSED TO FOLLOW THE
DIRECTIVE AND WAS REMOVED WITHOUT INCIDENT TO HIS ROOM.

STAFF REPORTING: HENRY MILLWARD
 NAME

[Signature]
 SIGNATURE

REPORTING DATE: 17 FEB 99

REPORTING TIME: 0905 HRS

INVESTIGATION: Cadet Mital Mahle is as prompted about his behavior he fail to comply with Teacher instruction he was given push up. Cadet Refused to do push up he was place in room and moderate was write on Cadet fail to comply

OFFENSE: Moderate DATE CHARGED: 2/17/99 TIME CHARGED: 900 Am

INVESTIGATING SERGEANT: RICHARD HILL Richard Hill
NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper Sgt. Cooper
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 2-22 TIME: 1005 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD:

Mikal M. A. Hedi

UNIT:

WC

DATE OF OFFENSE:

2/17/99

Time:

9:00

A.M./P.M.

CHARGE & OFFENSE PLEA

You are charged with fail to comply with program procedure
which is a MODERATE/MAJOR (circle one) offense. The sanction for this offense are:

1. 4 hours P.C. served
2. _____
3. _____

Do you plead: GUILTY () NO GUILTY ()

Do you wish to have a Hearing? YES () NO ()

Do you wish to have 24 hours to prepare for the Hearing? YES () NO ()

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO ()

Ward Signature:

x Mikal Mahedi

Reason for Detention: _____

Date:

2/17/99

Time:

A.M./P.M.

Sergeant Signature:

R. H. H. H. H.

Ward Signature:

x Mikal Mahedi

Witness: _____

Signature: _____

HEARING

Date:

Time:

A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY ()

NOT GUILTY ()

Sanctions: 1. 4 hours P.C. served

2. _____

3. _____

to be concluded on

2/17/99

(date)

1:00 p.m.

(time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO ()

SIGNATURE:

x Mikal Mahedi

Decision of Review/Appeal: _____

Signature of Appellate: _____

Date:

Time:

A.M./P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center **IR#:** 715-99-0322

DATE OF INCIDENT: 02-11-99 TIME: 0935 A.M. P.M.

NAME OF WARD #1: Nikol Nohdi FILE #: 51957

SEX: Male UNIT: 116 DOB: Redacted AGE: NAME

OF WARD #2: _____ **FILE #:** _____

SEX: _____ **UNIT:** _____ **DOB:** _____ **AGE:** _____ **NAME** _____

OF WARD #3: _____ **FILE #:** _____

SEX: _____ **UNIT:** _____ **DOB:** _____ **AGE:** _____

TYPE OF INCIDENT: Threat to Institutional Security, Destruction of State Property

WITNESSES: Cam Faina, R.B. Smith, Mr. Dodd, Mr. Nettles, As. Woodbridge

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

Cadet M. Nabdi was sent to his room by Mr. Waddridge. He then began to walk to his room. At that point the cadet then ran towards the Television/VCR can be and pushed it off of the stand. I, Officer J. Fields then ran towards the cadet and applied the handcuff restraint technique. I escorted the cadet to his room without any further incident occurring.

STAFF REPORTING: D. Fields, Jr.
NAME

DeFulda, Jr.
SIGNATURE

REPORTING DATE: 08-11-99

REPORTING TIME: 0950

INVESTIGATION: Cadet 'i'ahdi was upset over being sent to his room and before he was sent to his room this cadet pushed the television set and VCR which was on the cart and pushed it on the floor and destroyed it to some degree. Cadet was upset with the teacher Ms. Woodbridge.

OFFENSE: Threat to Int. Security DATE CHARGED: _____ TIME CHARGED: _____

INVESTIGATING SERGEANT: DWIGHT FANIEL SGT. Dwight Faniel
NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. ROYER Sgt. [Signature]
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 2-18 TIME: 1145 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: MIKAL MAHDI UNIT: 16
 DATE OF OFFENSE: 2-12-99 Time: 9:25 (A.M.) / P.M.

CHARGE & OFFENSE FLEA

You are charged with Threat to Institutional Security / Destruction of State Property
 which is a MODERATE MAJOR (circle one) offense. The sanctions for this offense are

1. 3 day Isolation
2. Strip Privileges 40 days
3. Room Cancellation 30 days

MAJOR - 010

Do you plead: GUILTY () NO GUILTY (☒)
 Do you wish to have a Hearing? YES (☒) NO ()
 Do you wish to have 24 hours to prepare for the Hearing? YES (☒) NO ()
 (If yes, give ward a copy of the Offense Hearing Form)
 Pre-Hearing Detention? YES (☒) NO () Ward Signature: Mikal Mahdi
 Reason for Detention: Cadet placed in room due to 3 weeks of actions

Date: 2-11-99 Time: 4:25 (A.M.) / P.M.
 Sergeant Signature: J. Palmer Ward Signature: Mikal Mahdi
 Witness: J. Palmer Signature: _____

HEARING

Date: 2-17-99 Time: 157 (A.M.) / P.M.
 Staff Representative: _____
 Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY ()
 Sanctions: 1. Restitution Estimated Value is \$240.00
 2. 3 hrs Isolation (crime scene)
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: Mikal Mahdi
 Decision of Review/Appeal: _____

Signature of Appellant: _____
 Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-99033DATE OF INCIDENT: Feb 16, 1999 TIME: 1240 A.M. P.M.NAME OF WARD #1: Mikal Mahdi FILE #: 51957SEX: M UNIT: 16 DOB: Redacted AGE: NAMEOF WARD #2: FILE #: SEX: UNIT: DOB: AGE: NAMEOF WARD #3: FILE #: SEX: UNIT: DOB: AGE: TYPE OF INCIDENT: Failure to complyWITNESSES:

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

In Tuesday, February 16, 1999 at
1240 hours AM. Mahdi, (sic. a/c)
complained about not feeling well.
He'd been to the infirmary but
insist he was misdiagnosed.
He asked if he could go to his
room. His request - denied. Without
any force or anger he pushed a
book off Staff's desk and asked
could he go now. His request - granted
he refused push-ups. He went quickly
to his room. He said that he has a
fever. He was told to fill out another sick

STAFF REPORTING: Patricia Aea Patricia Aea
NAME SIGNATUREREPORTING DATE: Feb 16, 1999 REPORTING TIME: 1430

Revised 4/1/98

Lorn taught

INVESTIGATION: Cadet, Mital Mahle is he was feel.
 Bad when he was in class room in Winston Aethers.
 Cadet ask could he go to his room. Officer Adk
 told he had to go to school. Cadet & not Boat
 ask desk, he was told put up Boat and was told
 to go push up. M. Mahle Refused to go push
 his place in room receive moderate offense
 fail to comply

OFFENSE: Disobedience DATE CHARGED: 2/16/99 TIME CHARGED: 12.40 PM

INVESTIGATING SERGEANT: Richard Hill Richard Hill
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper Sgt. Cooper
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 2-22 TIME: 1000 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORMNAME OF WARD: Mikal MahdiUNIT: WCDATE OF OFFENSE: 2/16/99Time: 12:40 A.M. / P.M.

CHARGE & OFFENSE FLEA

You are charged with fail to comply
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hour services
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY (☐)Do you wish to have a Hearing? YES (☒) NO (☐)Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☒) NO (☐)Ward Signature: Mikal MahdiReason for Detention: fail complyDate: 2/16/99Time: 1:30 PM

A.M./P.M.

Sergeant Signature: [Signature]Ward Signature: Mikal Mahdi

Witness: _____

Signature: X

HEARING

Date: _____

Time: _____

A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY (☐)Sanctions: 1. 4 hour services

2. _____

3. _____

to be concluded on 12:40 (date) 2/16/99 (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: Mikal Mahdi

Decision of Review/Appeal: _____

Signature of Appellate: _____

Date: _____

Time: _____

A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

A.M./P.M.

✓

NAME OF WARD #1: MAHDI, MIKAL FILE #: 51957
SEX: M UNIT: 16 DOB: Redacted AGE: _____ NAM
OF WARD #2: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAM
OF WARD #3: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____

WITNESSES: Ms WOOLDRIDGE

17 FEB 99, 0900, CADET MAHDI WAS RESISTANT TO PROMPTS TO GET HIMSELF BACK ON TASK. HIS BEHAVIOR WAS NOT DISRUPTIVE BUT WAS INAPPROPRIATE FOR SCHOOL (LOOKING AROUND, PICKING SKIN, ETC.) WHEN GIVEN A PUSH-UP DIRECTIVE HE REFUSED TO FOLLOW THE DIRECTIVE AND WAS REMOVED WITHOUT INCIDENT TO HIS ROOM.


SIGNATURE

REPORTING TIME: 0905 HRS

INVESTIGATION: Cadet Mital Mohd was prohibited
 about his behavior he fail to comply with
 Teacher instruction he was given push up.
 Cadet Refused to do push up he was place
 in room and moderate was write on
 Cadet fail to comply

OFFENSE: Moderate **DATE CHARGED:** 2/17/99 **TIME CHARGED:** 900 Am

INVESTIGATING SERGEANT: Richard Hill Richard Hill
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper Sgt. Cooper
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ **DATE:** _____ **TIME:** _____ **A.M. / P.M.**

ADMINISTRATIVE REVIEW

NAME: [Signature] **DATE:** 2-22 **TIME:** 1005 **A.M. / P.M.**

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Nihal M. Mahdi UNIT: WC

DATE OF OFFENSE: 2/17/99 Time: 9:00 A.M./P.M.

CHARGE & OFFENSE FLEA

You are charged with fail to comply with program protocol
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hour P.C. Served
2. _____
3. _____

Do you plead: GUILTY () NO GUILTY ()

Do you wish to have a Hearing? YES () NO ()

Do you wish to have 24 hours to prepare for the Hearing? YES () NO ()

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO ()

Ward Signature: x Nihal Mahdi

Reason for Detention: _____

Date: 2/17/99 Time: _____ A.M./P.M.
Sergeant Signature: [Signature] Ward Signature: x Nihal Mahdi
Witness: _____ Signature: [Signature]

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY () NOT GUILTY ()

Sanctions: 1. 4 hour P.C. Served

2. _____

3. _____

to be concluded on 2/17/99 (date) 1:00 (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: x Nihal Mahdi

Decision of Review/Appeal: [Signature]

Signature of Appellate: _____

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature _____ Date _____ Time _____ A.M./P.M.

INVESTIGATION: Cadet, 'ail to comply w/ teacher
 instruction he was told to do push, Mital Mendi
 fail to do push up. he was remove place in
 room. moderate offense was wrote on
 Cadet for fail to comply.

OFFENSE: Moderate DATE CHARGED: 2/8/99 TIME CHARGED: 1.08 PM

INVESTIGATING SERGEANT: Richard Hill Richard Hill
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. [Signature] Sgt. [Signature]
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 2-16 TIME: 1430 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORMNAME OF WARD: Mikal Mahdi UNIT: 16DATE OF OFFENSE: 2/8/99 Time: 9:05 A.M./P.M.

CHARGE & OFFENSE PLEA

You are charged with Failure to Comply
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 Hours P.C. Service
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY (☐)Do you wish to have a Hearing? YES (☐) NO (☒)Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☒) NO (☐)Ward Signature: x Mikal Mahdi

Reason for Detention: _____

Date: 2/8/99 Time: 10:08 A.M./P.M.Sergeant Signature: [Signature] Ward Signature: x Mikal MahdiWitness: _____ Signature: [Signature]

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY (☐)Sanctions: 1. 4 Hours P.C. Service

2. _____

3. _____

to be concluded on 1:05 (date) 2/8/99 (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒)SIGNATURE: x Mikal Mahdi

Decision of Review/Appeal: _____

Signature of Appellate _____

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature ^d _____ Date _____ Time _____ A.M./P.M.

✓

NAME OF WARD #1: Mikal Mahdi FILE #: 51957
SEX: M UNIT: 16 DOB: Redacted AGE: _____
OF WARD #2: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____
OF WARD #3: _____ FILE #: _____
SEX: _____ UNIT: _____ DOB: _____ AGE: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

During Science class I was describing the circumference of a tree at five years old. Mr. Mahdi looked directly at me, laughed and motioned in the area of his penis and made a circle with his hands and moved the "circle" upwards and downwards commenting about "5 years old..." I asked him to do 15 push-ups instead directly writing an incident report. He had also been prompted beforehand about being disruptive and speaking out of turn. Instead of doing the push-ups he began to say why he had gestured. I asked to have him removed for refusing to do the push-ups.

RECEIVED

JAN 27 1999

REPORTING DATE: 20 Jan. 99 REPORTING TIME: 3:54 PM

INVESTIGATION: Lat 2 MAHDI stated he did make
the gesture, but stopped. Cadet further
related he has a problem with Mrs. Woodridge

OFFENSE: Obscene Gestures / Failure to comply DATE CHARGED: 1-20-99 TIME CHARGED: _____

INVESTIGATING SERGEANT: A. Grisham L2865
NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper Sgt. [Signature]
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 1-26 TIME: 1400 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

TC000588

NAME OF WARD: MAHDI, MIKAL UNIT: 16

DATE OF OFFENSE: 20 JANUARY Time: 3:00 A.M. / P.M.

CHARGE & OFFENSE PLEA

You are charged with Obscene Gestures / Failure to comply
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hrs personal restriction (Time served)
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY ()

Do you wish to have a Hearing? YES () NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☒) NO () Ward Signature: Mikal Mahdi

Reason for Detention: Disruptive behavior

Date: 1-20-99 Time: 8:10 A.M. / P.M.

Sergeant Signature: SA A. J. [Signature] Ward Signature: Mikal Mahdi

Witness: _____ Signature: _____

HEARING

Date: 1-20-99 Time: 8:10 A.M. / P.M.

Staff Representative: N/A

Staff and Wards who Testified: N/A

Witnesses Denied and Reason: N/A

FINDING: GUILTY (☒) NOT GUILTY ()

Sanctions: 1. 4 hrs personal restriction

2. _____

3. _____

to be concluded on 1-20-99 (date) 11:00pm (time)

Hearing Officer: SA A. J. [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: _____

Decision of Review/Appeal: [Signature]

Signature of Appellate _____

Date: _____ Time: _____ A.M. / P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature _____ Date _____ Time _____ A.M. / P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

✓

RECEIVED
JAN 29 1999

INSTITUTION: 1999

Hanover Juvenile Correctional Center

IR#: 715-99-0141

DATE OF INCIDENT: Jan 22, 1999

TIME: 0905 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi

FILE #: 51957

SEX: M

UNIT: 16

DOB: Redacted

AGE: NAME

OF WARD #2:

FILE #:

SEX:

UNIT:

DOB:

AGE: NAME

OF WARD #3:

FILE #:

SEX:

UNIT:

DOB:

AGE:

TYPE OF INCIDENT:

Threat to Institutional Security

WITNESSES:

To Henderson, Mrs. Woodbridge

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On Friday, January 22, 1999 at 0905 hours cadet M. Mahdi was removed from school by Mrs. Woodbridge for failure to comply. When told to go to his room M. Mahdi refused. He got up quietly and went to take his socks off, and stating that he wasn't going to his room and someone was going to get hurt. To Henderson and I gave him one final chance to go to his room to avoid a Category III. He still refused and stood in a defensive stance. All other cadets were

STAFF REPORTING:

PATRICIA A. AAI

Patricia A. AAI

NAME

SIGNATURE

REPORTING DATE:

Jan 22, 1999

REPORTING TIME:

0950

INVESTIGATION: Cadet refuse To go To his Room
he WAS ASK by Sgt Baylor To leave The
CLASS Room, but The Cadet STATED he WAS NOT
going ANY where, AT This Time Handle with
Care WAS use To place This in A Security
Room, Cadet WAS Check by The nurse Box and
in Sure, 24 hrs Isolation for The Cadet Action

OFFENSE: MAJOR DATE CHARGED: 1/22/99 TIME CHARGED: 1425

INVESTIGATING SERGEANT: J. P. Baylor J. A. Bala
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. [Signature] Sgt. [Signature]
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 1-26 TIME: 1415 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____

DATE OF INCIDENT: _____ TIME: _____ A.M. P.M.

NAME OF WARD #1: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #2: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #3: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: _____

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

put in the T.V room for safety. The sergeants were notified and responded immediately. Sgt. Baylor enter with C/o Pollard. Baylor asked M. Madi one last time to go to his room. When Madi refused Sgt. Baylor C/o Pollard Henderson and I physically pick up Madi using Hurdle with Care. Madi was placed in his room without any further incidents or injuries.

STAFF REPORTING: _____
NAME SIGNATURE

REPORTING DATE: _____ REPORTING TIME: _____

INVESTIGATION: _____

OFFENSE: _____ DATE CHARGED: _____ TIME CHARGED: _____

INVESTIGATING SERGEANT: _____
 NAME SIGNATURE

REVIEWING LIEUTENANT: _____
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ A.M. / P.M.

COMMENTS: _____

Revised 8/19/98

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

TC000593

47 hrs

JAN 27 1999

HANOVER JUVENILE
CORRECTIONAL CENTERINSTITUTION: Hanover Juvenile Correctional CenterIR#: 715-99-0153DATE OF INCIDENT: 21 JAN 99TIME: 1320 HRS (A.M.) P.M.NAME OF WARD #1: MAHOI, MIKALFILE #: 51957SEX: M UNIT: 16 DOB: Redacted

AGE: _____

OF WARD #2: _____

FILE #: _____

SEX: _____ UNIT: _____ DOB: _____

AGE: _____

OF WARD #3: _____

FILE #: _____

SEX: _____ UNIT: _____ DOB: _____

AGE: _____

TYPE OF INCIDENT: RESISTING REMOVAL AND ABUSIVE LANGUAGE
ASSAULT ON STAFF - FAILURE TO COMPLYWITNESSES: MS WOOLDRIDGE, TOD ABEL, MR HENDERSON

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON 21 JAN 99 AT 1320 HRS CADET MAHOI TAREW A CHAIR AT
MS WOOLDRIDGE. THIS ACTION WAS IN RETALIATION FOR HIS
BEING REMOVED FOR FAILURE TO COMPLY TO SCHOOL
AND LEADER PROGRAM RULES OF SPEAKING WITHOUT PERMISSION.
CADET MAHOI HAD JUST COMPLETED A DISCIPLINE DIRECTIVE
FOR BEING OFF TASK, WHILE RETURNING TO HIS SEAT HE
PUNCHED THE TABLE WITH HIS ELBOWS AND WHILE BEING
PROMPTED FOR THAT BEHAVIOR HE BEGAN TO CURSE AT
MS WOOLDRIDGE "ANYTIME I AM READY TO LEAVE YOUR DUMB
ASS LOOKS FOR REASONS TO SEND ME TO MY ROOM." HE
WAS REMOVED FROM CLASS - BUT INSTANTLY REFUSED
TO GO TO HIS ROOM AND SAT IN A CHAIR. WITHIN A MOMENT
HE STOOD AND THREW THE CHAIR AT MS WOOLDRIDGE

STAFF REPORTING: HENRY MILLWARD

NAME

SIGNATURE

REPORTING DATE: 21 JAN 99REPORTING TIME: 1330

revised 4/1/98

A005864

INVESTIGATION: _____

OFFENSE: _____ DATE CHARGED: _____ TIME CHARGED: _____

INVESTIGATING SERGEANT: _____
NAME SIGNATUREREVIEWING LIEUTENANT: _____
NAME SIGNATURE*****
MEDICAL CARE REQUIRED: YES ____ NO ____DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEWNAME: _____ DATE: 1-26 TIME: 1400 A.M. / P.M.COMMENTS: _____

Revised 8/19/98

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORMNAME OF WARD: Mikael MahdiUNIT: 16DATE OF OFFENSE: 1/21/99Time: 1:20A.M. ☒ P.M.

CHARGE & OFFENSE FLEA

You are charged with Retaining Removal of Offense Language / Assault on Staff
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 96 hrs. Iso.
2. 7 days program future
3. _____

Threat to Inst. Security

Do you plead: GUILTY (☒) NO GUILTY (☐)Do you wish to have a Hearing? YES (☒) NO (☐)Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☐) NO (☐)Ward Signature: Mikael Mahdi

Reason for Detention: _____

Date: 1/21/99Time: 2:48

A.M./P.M.

Sergeant Signature: [Signature]Ward Signature: [Signature]

Witness: _____

Signature: _____

HEARING

Date: 1-25-99Time: 0918 A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY (☐)

- Sanctions: 1. 52 hrs. Isolation (- 5 hours served) 47 hours to serve
 2. 30 days loss of Confinement
 3. _____

to be concluded on 1-27-99 (date) 0830 AM (time)Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: [Signature]Decision of Review/Appeal: [Signature]

Signature of Appellate: _____

Date: _____

Time: _____

A.M./P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature: _____

Date: _____

Time: _____

A.M./P.M.

Reviewed 4/21/98

I DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____DATE OF INCIDENT: 1/22/99 TIME: 905 (A.M.) P.M.NAME OF WARD #1: Mikal Mahdie FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #2: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____ NAME

OF WARD #3: _____ FILE #: _____

SEX: _____ UNIT: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: THREAT TO INSTITUTIONAL SECURITY

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On Jan 22, 1999 Winston Officer call stating
They had a cadet refusing to comply with
the leader program, Sgt Baylon enter the cottage
and ask the cadet to leave the day room,
but this cadet stated he was not going anywhere,
at this time handle with care was use
to remove the cadet from population,
Mr Henderson, Mr Pickett, Mr Abel and Sgt
Baylon place cadet in the room, no further
reported

STAFF REPORTING: J. A. Baylon
NAMEJ. A. Baylon
SIGNATUREREPORTING DATE: 1/22/99REPORTING TIME: 1200

Revised 4/1/98

INVESTIGATION: _____

OFFENSE: _____ DATE CHARGED: _____ TIME CHARGED: _____

INVESTIGATING SERGEANT: _____
 NAME SIGNATURE

REVIEWING LIEUTENANT: _____
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: Yantra seen & exam in unit 16
C/O of hit in (D) eye; on exam no swelling, redness
or sign of injury noted; no decrease in vision
 GIVEN BY: 2-Dillon (m) DATE: 4/22/97 TIME: 3:15 PM A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ A.M. / P.M.

COMMENTS: _____

Revised 8/19/98

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

TC000598

NAME OF WARD: Mika Mahdi UNIT: We
DATE OF OFFENSE: 1/29/99 Time: 1435 A.M. ☒ P.M.

CHARGE & OFFENSE PLEA

You are charged with Threat To Institutional Security
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 24 hrs isolation
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY ()
Do you wish to have a Hearing? YES () NO (☒)
Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)
(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO (☒) Ward Signature: Mika Mahdi
Reason for Detention: Threat To Institutional Security

Date: 1/29/99 Time: _____ A.M. ☒ P.M.
Sergeant Signature: [Signature] Ward Signature: Mika Mahdi
Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M. / P.M.
Staff Representative: _____
Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY ()

- Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)
Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: Mika Mahdi
Decision of Review/Appeal: _____

Signature of Appellate: [Signature]
Date: 1/29/99 Time: 1435 A.M. ☒ P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature: _____ Date: _____ Time: _____ A.M./P.M.

ORIENTATION CHECKLIST FOR INTAKES

NAME: Mikal Mahdi
Redacted

ARRIVAL DATE: 10, 22, 98

DOB: _____

SC # 51957

COTTAGE: B

STAFFING DATE: ___/___/___

	STAFF	CADET	DATE
1. Regulation haircut/hairstyle	<u>~~NO~~</u>	_____	<u>10/25/98</u>
2. Receive program orientation	<u>~~NO~~</u>	_____	<u>10/25/98</u>
3. Receive Cadet handbook	<u>~~NO~~</u>	_____	<u>10/25/98</u>
4. Review Cadet Creed	<u>~~NO~~</u>	_____	<u>10/25/98</u>
5. Review rules and Codes of Conduct	<u>~~NO~~</u>	_____	<u>10/25/98</u>
6. Review disciplinary procedures	<u>~~NO~~</u>	_____	<u>10/25/98</u>
7. Review daily schedule	_____	_____	<u>___/___/___</u>
8. Medical evaluation/orientation	_____	_____	<u>___/___/___</u>
9. Grievance procedure orientation	_____	_____	<u>___/___/___</u>
10. Initial referral (if needed)	_____	_____	<u>___/___/___</u>
11. Psychology referral (if needed)	_____	_____	<u>___/___/___</u>
12. Imake phone call to guardian	_____	_____	<u>___/___/___</u>

SOP 108

TRANSFER TO CADET BASIC TRAINING:

APPROVED: _____

DATE: ___/___/___

SIGNATURE

PARTICIPATION: (CHECK ONE) FULL _____ LIMITED _____

SPECIAL LIMITATIONS

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional CenterDATE OF INCIDENT: Dec. 8, 1998TIME: 17:35 AM P.M.NAME OF WARD #1: D. JonesSEX: male RACE: Black (14) DOB: NAME OF WARD #2: M. MahdiSEX: male RACE: Black (16) DOB: NAME OF WARD #3: SEX: RACE: DOB: TYPE OF INCIDENT: FightingWITNESSES: Officer Synd

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On the above date and approximate time of 17:10 hr in Winston cottage, I Officer Harper observed both Mahdi and D. Jones fighting each other. At the time of the incident, I Officer Harper was looking in the dark for a person's restriction sheet. When I looked up, I saw D. Jones and Mahdi punching each other. I Officer Synd and I physically broke up the fight and no resistance was given from either party. Lt. Facsim was notified of the incident. J. Harper

STAFF REPORTING: J. HARPER
NAMEREPORTING DATE: 12/8/98

SIGNATURE

REPORTING TIME: 17:33

INVESTIGATION:

cadets admitted to offenseOFFENSE: MAJ 006

DATE

CHARGED: 12-9-98~~DATE~~
TimeCHARGED: 3:15/3:20

INVESTIGATING SERGEANT:

George C. Yarnall
NAMEGeorge C. Yarnall
SIGNATURE

REVIEWING LIEUTENANT:

T. Faison
NAMET. Faison
SIGNATUREMEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature]DATE: 12-10TIME: 1820 A.M. / P.M.

COMMENTS: _____

Revised 4/1/98

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____DATE OF INCIDENT: 12-8-98 TIME: 1715 A.M. P.M.NAME OF WARD #1: Daryl Jones FILE #: _____SEX: M RACE: Blk DOB: _____ AGE: _____NAME OF WARD #2: M. Mahdi FILE #: _____SEX: M RACE: Blk DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: FightingWITNESSES: S. Harper

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

on 12-8-98 at 1715 T. & B. Byrd + S. Harper
 was on duty in unit 16. T. & B. Byrd was going to cut
 off the Air Unit. I heard some noise behind me in
 the day room. I look and Cardet D. Jones and M. Mahdi
 was fighting. T. & B. Byrd and S. Harper broke them
 up and took each one of them to their room one
 at a time. Lt. Facciano was notify of the incident.

STAFF REPORTING: B. Byrd NAME B. Byrd SIGNATUREREPORTING DATE: 12-8-98 REPORTING TIME: 1735

INVESTIGATION: cadets admitted to offenseOFFENSE: MAJ 006DATE
CHARGED: 12-9-98~~DATE~~
Time
CHARGED: _____

INVESTIGATING SERGEANT: _____

NAME

SIGNATURE

REVIEWING LIEUTENANT: _____

NAME

SIGNATURE

MEDICAL CARE REQUIRED: YES ____ NO ____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 12-10 TIME: 1820 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: M. Mahdi UNIT: 16

DATE OF OFFENSE: Dec 8, 1998 Time: 5 25 A.M. ☒ P.M.

CHARGE & OFFENSE PLEA

You are charged with Fighting w/ staff intervention (Threat to institutional Security)
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 48 hours Isolation (24 Hours served)
2. _____
3. _____

Do you plead: GUILTY ☒ NO GUILTY ()

Do you wish to have a Hearing? YES () NO ()

Do you wish to have 24 hours to prepare for the Hearing? YES () NO ()

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO ()

Ward Signature: x M. Mahdi

Reason for Detention: _____

Date: 12-9-98 Time: 3:15 A.M. ☒ P.M.

Sergeant Signature: [Signature] Ward Signature: x M. Mahdi

Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY ☒ NOT GUILTY ()

Sanctions: 1. _____

2. _____

3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: _____

Decision of Review/Appeal: [Signature]

Signature of Appellate: _____

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

_____ A.M./P.M.

Ward Signature

Date

Time

DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT

RECEIVED

4 1999

INSTITUTION: Hanover Juvenile Correctional Center IR# 715-98-1672
DATE OF INCIDENT: December 6, 1998 TIME: 1758 A.M. P.M.

NAME OF WARD #1: [REDACTED] FILE #: 51957
SEX: M RACE: 16 DOB: [REDACTED] AGE: [REDACTED]
NAME OF WARD #2: Darryl Jones FILE #: 52103
SEX: M RACE: 14 DOB: [REDACTED] AGE: [REDACTED]
NAME OF WARD #3: Paul Sheppard FILE #: 51112
SEX: M RACE: 15 DOB: [REDACTED] AGE: [REDACTED]

TYPE OF INCIDENT: Verbal Threat, Fighting, Simple Assault
WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

On Sunday, December 6, 1998 at 1758 hours I observed cadets J. Sheppard and D. Jones verbally taunting cadet P. Mahdi to fight. As I attempted to address the situation, J. Sheppard yelled out "Stand up there!" in a laughing manner. I responded with "No one better not stand no where, now be quiet." Then J. Sheppard along with D. Jones air wisen said "Stand up there!" Cadet Mahdi stood up in a defensive stance and D. Jones did the same. I yelled out "Don't do it - Sit Down" Cadet Mahdi pushed D. Jones

STAFF REPORTING: Patricia Aber Patricia Aber
NAME SIGNATURE

REPORTING DATE: December 6, 1998 REPORTING TIME: 1805

INVESTIGATION: Cadets admitted to offense

OFFENSE: MOD 068/MOD 054 DATE CHARGED: 12-7-98 ^{Time} DATE CHARGED: 11:00/1050

INVESTIGATING SERGEANT: George C. Yazure NAME [Signature] SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper NAME [Signature] SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 12-10 TIME: 1830 A.M. / P.M.

COMMENTS: _____

Revised 4/1/98

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: _____DATE OF INCIDENT: 12/6/98 TIME: 1758 A.M. (P.M.)

NAME OF WARD #1: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #2: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: _____

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

throwing punches. D. Jones did not throw any punches but grabbed Mehdi to keep him from striking him. I grabbed D. Jones & C/B Byrd grabbed M. Mehdi because they locked arms. Both were removed and placed in their rooms. Sergeants Baylor and Yazawa were notified.

STAFF REPORTING: _____
NAME SIGNATURE

REPORTING DATE: _____ REPORTING TIME: _____

Revised 4/1/98

INVESTIGATION: _____

OFFENSE: _____ DATE CHARGED: _____ DATE CHARGED: _____

INVESTIGATING SERGEANT: _____
NAME SIGNATURE

REVIEWING LIEUTENANT: _____
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ____ NO ____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ A.M. / P.M.

COMMENTS: _____

Revised 4/1/98

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Mikal Mehde UNIT: 16
DATE OF OFFENSE: 12-6-98 Time: 1758 A.M. ☐ P.M. ☒

CHARGE & OFFENSE PLEA

You are charged with Simple Assault
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 24 Hours isolation (12 hours Served)
2. _____
3. _____

Do you plead: GUILTY ☒ NO GUILTY ☐

Do you wish to have a Hearing? YES ☐ NO ☒

Do you wish to have 24 hours to prepare for the Hearing? YES ☐ NO ☒

(If yea, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES ☐ NO ☒

Ward Signature: Mikal Mehde

Reason for Detention: _____

Date: 12-7-98 Time: 11:00 A.M. ☐ P.M. ☒
Sergeant Signature: [Signature] Ward Signature: Mikal Mehde
Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.
Staff Representative: _____
Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY ☒ NOT GUILTY ☐

- Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES ☐ NO ☒ SIGNATURE: _____

Decision of Review/Appeal: [Signature]

Signature of Appellate _____
Date: _____ Time: _____ A.M./P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature _____ Date _____ Time _____ A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-79-029DATE OF INCIDENT: 07 JAN 89 TIME: 0600 A.M. P.M.NAME OF WARD #1: MAHDI, MIKAL Redacted FILE #: 51957SEX: MALE RACE: AA DOB: Redacted AGE: 15

NAME OF WARD #2: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: FAILURE TO Comply

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON THE ABOVE DATE AND TIME WHILE IN
UNIT 16 (LOCK) CADET MAHDI DID FAIL TO
COMPLY. CADET MAHDI WAS PROMPTED FOR
CONTINUE TO NOT GET ON TASK. THE BEHAVIOR
CONTINUE AWARDED PUSH UPS (10) AFTER DOING
PUSH UPS CADET CONTINUE TO BE DISRUPTIVE. AWARDED
REMOVAL FOR FAILURE TO Comply.

RECEIVED

JAN 9 1989

HANOVER JUVENILE
CORRECTIONAL CENTERSTAFF REPORTING: THRENTT, PDI
NAME

SIGNATURE

REPORTING DATE: 07 JAN 89REPORTING TIME: 0715

Revised 4/1/98

INVESTIGATION: Cadet Madhi continued to be Disruptive during
Morning PT exercises. Cadet was removed after being seen
then the program, Cadet was sent to his room.

OFFENSE: MAJ-061-Fail to Comply DATE CHARGED: Jan. 7, 1999 DATE CHARGED: 8:20

INVESTIGATING SERGEANT: DARRY/CTRENT Darryl Trent Sgt.
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. [Signature] [Signature]
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES ☐ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 1-8 TIME: 0900 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Nihal Mahdi UNIT: Winston

DATE OF OFFENSE: Jan 7, 1999 Time: 6:00 A.M. / P.M.

CHARGE & OFFENSE FLEA

You are charged with MOJ-061 - Fail to Comply
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 Hours Personal Restraint
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY ()

Do you wish to have a Hearing? YES () NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)
(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO (☒)

Reason for Detention: MOJ-061

Ward Signature: Nihal Mahdi

Date: Jan 7, 1999 Time: 8:30 A.M. / P.M.

Sergeant Signature: George Miller

Ward Signature: Nihal Mahdi

Witness: George Miller

Signature: George Miller

HEARING

Date: _____ Time: _____ A.M. / P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY ()

- Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: George Miller

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO () SIGNATURE: _____

Decision of Review/Appeal: _____

Signature of Appellant: _____

Date: _____ Time: _____ A.M. / P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

A.M. / P.M.

**DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT**

INSTITUTION: R.D.C IR#: Y332257
 DATE OF INCIDENT: 11-11-98 TIME: 1:30 A.M. P.M.

NAME OF WARD #1: Mikal MAHOI FILE #: _____
 SEX M RACE BLACK DOB _____ AGE 15.7
 NAME OF WARD #2: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____
 NAME OF WARD #3: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Verbal Assault
 WITNESSES: J.C.O CARLOS (Cadets)

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

While having a group discussion
Mahdi got upset because Cadet
Rader had court papers. Cadet
Mahdi wanted to know why
he could not have his papers
when I Officer Jones told him
he could not see his paper
he started cursing calling
me a mother fucking nigger
Cadet Mahdi was told to
calm down a number of times
when that did not work the incident
was called in.

STAFF REPORTING: C Jones Cornel Jones
 NAME SIGNATURE
 REPORTING DATE: 11-11-98 REPORTING TIME: 1:30

INVESTIGATION: MIKAL MAHDI, pleaded Guilty to
the incident as described by the staff,
officer C. JONES. MIKAL MAHDI, ACCEPTED
the plea agreement to complete 8 hrs.
of isolation which will end at 9:40 p.m.

DATE: _____ TIME: _____
 OFFENSE: VERBAL ABUSE CHARGED: 11-11-98 CHARGED: 1:30 p.m.

INVESTIGATING SERGEANT: GEE W. H. H.
 NAME SIGNATURE

REVIEWING LIEUTENANT: N/A N/A
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: B. D. Gye DATE: 11/17/98 TIME: _____ AM/PM

COMMENTS: _____

NAME OF WARD: MIKAL MAHDI UNIT: C2DATE OF OFFENSE: 11-11-98 TIME: 130 A.M. (P.M.)**CHARGE & OFFENSE PLEA**You are charged with VERBAL ABUSE
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 8 HRS ISOLATION
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY (☐)Do you wish to have a Hearing? YES (☐) NO (☒)Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☐) NO (☒) Ward Signature: X Mikal MahdiReason for Detention: PER Agreement MIKAL MAHDI willcomplete 8 hrs of isolation.Date: 11-11-98 Time: 140 A.M. (P.M.)Sergeant Signature: GEE Ward Signature: X Mikal MahdiWitness: P Jones Signature: _____**HEARING**

Date: _____ Time: _____ A.M. P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☐) NOT GUILTY (☐)

- Sanctions:
1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEALDo you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: X Mikal Mahdi

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: Brenda J. [Signature]Date: 11/17/98 Time: _____ A.M. P.M.

Revised 4/1/98

APPEAL

- **PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.**

I am appealing this offense because: _____

 Ward Signature

 Date

 Time

AM/PM

Revised 4/1/98

**DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT**

INSTITUTION: R4 DC IR# V532675
 DATE OF INCIDENT: 11-12-98 TIME: 13:55 AM (P.M.)

NAME OF WARD #1: Abbott, Brian FILE#: 53129
 SEX: M RACE: B DOB: Redacted AGE: 17

NAME OF WARD #2: _____ FILE#: _____
 SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE#: _____
 SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: 054 (Simple Assault)

WITNESSES: Cadets Corvin, Anderson, Parks, Conway

DESCRIPTION OF INCIDENT (Describe who, what, when, where, why and how):

At the above time, date, and location the platoon
was conducting Drill & Ceremony practice when I
observed Cadet Abbott look over to where
Officer Sygnet and myself were seated. Officer
Sygnet was clearly visible; however, I was
looking through a screen. Cadet Abbott realized,
or thought, that no one was watching him.
That is when I observed Cadet Abbott
lunge forward forcefully (not fall forward
on trip) and strike Cadet Wampler in the
back. Cadet Wampler was already leaning
on a wall with his back toward

STAFF REPORTING: D. Davenport

REPORTING DATE: 11-12-98

[Signature]
 SIGNATURE
 REPORTING TIME: 13:55

INVESTIGATION: BRIAN ABOTT pleaded guilty to
the incident of simple assault and will
complete 8 hours of isolation ending at
1035 p.m. 11-12-98.

OFFENSE: Simple Assault DATE CHARGED: 11-12-98 TIME CHARGED: 2³⁰ p.m.

INVESTIGATING SERGEANT: _____

GEE
NAME

L. W. Hae
SIGNATURE

REVIEWING LEUTENANT: _____

NAME

SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: Randy

DATE: 11/12/98 TIME: _____ AM/PM

COMMENTS: _____

Cadet Abbott. After the incident occurred I immediately called for both Cadets to cease their actions and report to me. Cadet Abbott stated that he was about to march into Cadet Wampler and ~~insted~~^{insted} instead of stop marching, he decided to cushion his blow. By his own admission he stated there was a foot to a foot and one half between him and Cadet Wampler before he raised his arm. Cadet Wampler is said to have been using abusive language, but I did not witness this. Even if that were the case, Cadet Abbott had ~~not~~^{not} no right to strike Cadet Wampler in the back with his elbow.

1 DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-98-1647DATE OF INCIDENT: 05 DEC 98 TIME: 1025 A.M. P.M.NAME OF WARD #1: MAHDI MIKAL FILE #: 51957SEX: MALE RACE: 16 DOB: Redacted AGE: 15

NAME OF WARD #2: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: FAILURE TO ComplyWITNESSES: JCO MINOR, JCO ABLE

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON THE ABOVE DATE AND TIME WHILE IN UNIT
16 LOCK CADET MAHDI DID FAIL TO Comply. NOTING
LEADER CLASS. CADET MAHDI WAS PROMPTED
FOR HIS NEGATIVE BEHAVIOR. CADET MAHDI
WAS AWARDED PUSHUPS (10) CADET CONTINUE
TO TALK AND DISRUPT CLASS AWARD
REMOVAL TO HIS ROOM FOR FAILURE TO
Comply

STAFF REPORTING: THREATT POI [Signature] POI
NAME SIGNATUREREPORTING DATE: 05 DEC 98 REPORTING TIME: 1345

INVESTIGATION: Cadet stated he was disruptive during
leader class, he said he was talking with
another cadet & was isolation for his action

OFFENSE: Mocking DATE CHARGED: 12/5/98 DATE CHARGED: _____

INVESTIGATING SERGEANT: J. A. Baylon J. A. Baylon
 NAME SIGNATURE

REVIEWING LIEUTENANT: Agt. Cooper C. Cooper
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 12-7 TIME: 1700 A.M. / P.M.

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Mahdi Mahdi UNIT: WC
DATE OF OFFENSE: 12-5-98 Time: 1430 A.M. ☒ P.M.

CHARGE & OFFENSE PLEA

You are charged with Failure To Comply
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hrs Isolation
2. _____
3. _____

Do you plead: GUILTY (☒) NO GUILTY ()

Do you wish to have a Hearing? YES () NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☒) NO ()

Ward Signature: x Mahdi Mahdi

Reason for Detention: _____

Date: 12-5-98 Time: 1430 A.M. ☒ P.M.
Sergeant Signature: AB Ward Signature: x Mahdi Mahdi
Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY ()

- Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: x Mahdi Mahdi

Decision of Review/Appeal: _____

Signature of Appellate: AB
Date: 12-5-98 Time: 1430 A.M. ☒ P.M.

APPEAL

PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature: _____ Date: _____ Time: _____ A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: Hanover Juvenile Correctional Center IR#: 715-98-164
 DATE OF INCIDENT: 02 DEC 98 TIME: 1645 A.M. P.M.

 NAME OF WARD #1: MAHDI MIKAL D FILE #: 51957
 SEX: MALE RACE: AA 16 DOB: Redacted AGE: 15
 NAME OF WARD #2: _____ FILE #: _____
 SEX: _____ RACE: _____ DOB: _____ AGE: _____
 NAME OF WARD #3: _____ FILE #: _____
 SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: FAILURE TO Comply
 WITNESSES: JCO STEPHEN

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON THE ABOVE DATE AND TIME WHILE IN UNIT 16 (Lock)
CADET MAHAZ DID FAIL TO Comply, WHILE DOING
EVENING PHYSICAL TRAINING CADET MAHAZ DID
REFUSE TO DO PHYSICAL TRAINING. CADET WAS
PROMPTED TO DO FLUTTER KICKS IN WHICH HE
REFUSE TO DO SO. CADET WAS AWARDED DISHOPS (10)
FOR NOT DOING FLUTTER KICKS. CADET STILL
REFUSE. AWARD. RE MOVAL TO HIS ROOM.

STAFF REPORTING: THREATT, POI
 NAME

[Signature] POI
 SIGNATURE

REPORTING DATE: 02 DEC 98

REPORTING TIME: 1810

INVESTIGATION: cust admitted to offense

OFFENSE: MUD 061 DATE CHARGED: 12-4-98 ^{Time:} ~~DATE~~ CHARGED: 4:00

INVESTIGATING SERGEANT: _____
 NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper _____
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW 12-7
 NAME: [Signature] DATE: 1-3-10 TIME: _____ A.M. / P.M.

COMMENTS: _____

NAME OF WARD: Mahdi Nur Ali D UNIT: 16
 DATE OF OFFENSE: 12-2-98 Time: 1645 A.M. ☐ P.M. ☒

CHARGE & OFFENSE PLEA

You are charged with Failure to comply
 which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hrs isolation (time served)
2. _____
3. _____

Extended by MR. Dodd

Do you plead: GUILTY (☒) NO GUILTY (☐)

Do you wish to have a Hearing? YES (☐) NO (☐)

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☐)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☐) NO (☐)

Ward Signature: Mahdi Nur Ali

Reason for Detention: _____

Date: 1-4-99 Time: 4:00 A.M./P.M. ☒
 Sergeant Signature: [Signature] Ward Signature: Mahdi Nur Ali
 Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY (☐)

- Sanctions: 1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: [Signature]

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: _____

Decision of Review/Appeal: [Signature]

Signature of Appellant: [Signature]

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature: _____ Date: _____ Time: _____ A.M./P.M.

Date Form Completed _____

Staff() ; Date: _____

RECEPTION AND DIAGNOSTIC CENTER
APPROVED VISITOR LIST

11-18-98

Juvenile: _____

Albert M. Mahdi

Cottage: C-2

Counselor: _____

Dwyer

	Visitors	Dates of Visits			
Father:	Sheif Mahdi	_____	_____	_____	_____
Step father:	_____	_____	_____	_____	_____
Mother:	Vera Mahdi	_____	_____	_____	_____
Step mother:	_____	_____	_____	_____	_____
Grand parents:	M. G. M. Mrs. Mahdi?	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Siblings:	Saleem Mahdi 16	_____	_____	_____	_____
List Ages	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Legal

Guardians (if other than parent or step-parent)

Special Comments/Instructions: _____

**DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM**

NAME OF WARD: Machi Mikel UNIT: C/2
 DATE OF OFFENSE: 11/5/98 TIME: 1:30 A.M. (P.M.)

CHARGE & OFFENSE PLEA

You are charged with Mod # 55
 which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 8 hrs isolation per agreement
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY ()
 Do you wish to have a Hearing? YES () NO (☒)
 Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)
 (If yes, give ward a copy of the Offense Hearing Form)
 Pre-Hearing Detention? YES (☒) NO () Ward Signature: Machi Mikel
 Reason for Detention: verbally out of control

Date: 11/5/98 Time: 1:30 A.M. (P.M.)
 Sergeant Signature: [Signature] Ward Signature: Machi Mikel
 Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M. P.M.
 Staff Representative: _____
 Staff and Wards who Testified: _____
 Witnesses Denied and Reason: _____

FINDING: GUILTY () NOT GUILTY ()

Sanctions:

1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: Machi Mikel
 * Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: _____
 Date: _____ Time: _____ A.M. P.M.

Revised 4/1/98

File

APPEAL

- **PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.**

I am appealing this offense because: _____

 Ward Signature

 Date

 Time

AM/PM

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

RTDC - C2

INSTITUTION: 'Mikal Mahdi' IR#: Y332238
 DATE OF INCIDENT: 11/5/ TIME: 1:30 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi FILE #: _____
 SEX M RACE B DOB _____ AGE _____
 NAME OF WARD #2: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____
 NAME OF WARD #3: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Cursing, Failure to Comply
 WITNESSES: Mr. Cousins, Mr. Joreo, Platoon

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

I asked Cadet Mahdi to stock a couple (2) of
extra chairs. He refused stating that he didn't
"care about the mother f----- guests." Mr.
Cousins called him up to the desk. Cadet Mahdi
said, again, that he didn't care about m-f-----
on the way to the hall.

STAFF REPORTING: Kathryn Kirk Kathryn Kirk
 NAME SIGNATURE
 REPORTING DATE: _____ REPORTING TIME: _____

INVESTIGATION: Cadet Mahdi admitted to cursing
because he didn't want to stack
chairs. Cadet Mahdi pleaded guilty
and received 8 hrs. isolation in a
plea agreement.

OFFENSE: Mod # 55 DATE: 11/5/98 TIME: 1:30pm.

INVESTIGATING SERGEANT [Signature] [Signature]
 NAME SIGNATURE

REVIEWING LIEUTENANT: THOMAS ELIAS [Signature]
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ AM/PM

COMMENTS: _____

NAME OF WARD: Mildred Mikel UNIT: C 2
 DATE OF OFFENSE: 10-27-98 TIME: 17:15 A.M. ☒ P.M.

CHARGE & OFFENSE PLEA

You are charged with FTC Mod #061
 which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. FTC Mod #061 15 hours
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY ()
 Do you wish to have a Hearing? YES () NO (☒)
 Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)
 (If yes, give ward a copy of the Offense Hearing Form)
 Pre-Hearing Detention? YES () NO (☒) Ward Signature: [Signature]
 Reason for Detention: _____

Date: 10-27-98 Time: 17:20 A.M. P.M.
 Sergeant Signature: [Signature] Ward Signature: [Signature]
 Witness: [Signature] Signature: [Signature]

HEARING

Date: _____ Time: _____ A.M. P.M.
 Staff Representative: _____
 Staff and Wards who Testified: _____
 Witnesses Denied and Reason: _____

FINDING: GUILTY () NOT GUILTY ()

Sanctions: 1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)
 Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: [Signature]
 * Appeals must be written on the back of this form.
 Decision of Review/Appeal: _____

Signature of Appellate: [Signature]
 Date: 11/3 Time: _____ A.M. P.M.

Revised 4/1/98

APPEAL

- **PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.**

I am appealing this offense because: _____

 Ward Signature

 Date

 Time AM/PM

DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT

Sgt Woods

INSTITUTION: RDC IR#: Y332214
DATE OF INCIDENT: 10-27-98 TIME: 1:15 A.M. PM

NAME OF WARD #1: MALDI, MICHAEL FILE #: 51957
SEX M RACE BLK DOB: Redacted AGE 14
NAME OF WARD #2: _____ FILE #: _____
SEX _____ RACE _____ DOB _____ AGE _____
NAME OF WARD #3: _____ FILE #: _____
SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Failure to comply

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

I PDI Jones did observe the above named
cadet M. Maldy talking in the mess hall.
The cadet was informed there was to be
no talking allowed while in the dining
hall. The cadet failed to follow instructions
thus causing this to be written.

STAFF REPORTING: J. Jones
NAME

J. Jones
SIGNATURE

REPORTING DATE: 10-27-98

REPORTING TIME: 1728

INVESTIGATION: Cadet Mikel Was Very disrespectful
to PDI person and myself, after
being corrected for talking in dining
hall. Cadet Mikel got himself back
on task and agreed to 15 hours
detention.

OFFENSE: Mod #061 DATE 10/27/98 TIME 18:15
CHARGED: 10/27/98 CHARGED: 18:15

INVESTIGATING SERGEANT: L.M. Ward LM Ward
NAME SIGNATURE

REVIEWING LIEUTENANT: Rodrick Johnson Rodrick Johnson
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: Brenda Y DATE: 11/3/98 TIME: _____ AM/PM

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE JCC OFFENSE HEARING FORM

NAME OF WARD: Mikal Mahdi UNIT: B
 DATE OF OFFENSE: 11/23/98 TIME: 8:20 AM P.M.

CHARGE & OFFENSE PLEA

You are charged with Mod. #55
 which is a MODERATE/MAJOR (circle one) offense. I am offering you the following sanctions.

1. 8 hrs. isolation plea agreement
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY (☐)
 Do you wish to have a Hearing? YES (☐) NO (☒)
 If no, do you accept the sanctions offered above? YES (☒) NO (☐) Ward Initials MM

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)
 (If yes, give ward a copy of the Offense Hearing Form) Sergeant Initials _____

Do you want a staff/ward representative? YES (☐) NO (☒)
 Pre-Hearing Detention? YES (☐) NO (☒) Ward Signature: Mikal Mahdi

Reason for Detention: Isolation plea agreement 8 hrs.
 Date: 11/23/98 Time: 11:00 AM P.M.

Sergeant Signature: [Signature] Ward Signature: Mikal Mahdi
 Witness: _____ Signature: _____

HEARING IR received by Hearing Officer on Date: _____ Time: _____ AM PM

Date: _____ Time: _____ A.M. P.M.

Staff/Ward Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☐) NOT GUILTY (☐)

- Sanctions:
1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: Mikal Mahdi

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: [Signature]

Date: 12/27/98 Time: _____ A.M. P.M.

Revised 8/15/98

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because:

Ward Signature

 AM/PM
Date Time

Time _____ **AM/PM**

Revised 8/15/98

**DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT**

INSTITUTION: R+DC IR#: Y332196
 DATE OF INCIDENT: 10/23/98 TIME: 2820 (AM) P.M.

NAME OF WARD #1: Mahdi, Mikal FILE #: 51957
 SEX Male RACE Hispanic DOB Redacted AGE 15.7
 NAME OF WARD #2: _____ FILE #: _____

SEX _____ RACE _____ DOB _____ AGE _____

NAME OF WARD #3: _____ FILE #: _____

SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Mod #055 Abusive language / Mod #061 FT
 WITNESSES: Endre Platoon

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

At the previously stated time, date, and location
Cadet began using profane language
toward PDT Glover, PDT Tate, and myself. He
was given demerits for his language, but
that did not stop the language. He continued
to curse out loud and became a
disruption to the entire group. He was
removed and the Sergeant was notified
of an incident.

STAFF REPORTING D. Davenport [Signature]
 NAME SIGNATURE
 REPORTING DATE: 10/23/98 REPORTING TIME: 0820

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 75098 DCE 4538FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 4/10/, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: Mikal Mahidi AGE: _____ COTTAGE & CIRC: #14

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: B. J. Lee LOCATION: Classroom/outfield

NAME: _____ LOCATION: _____

TYPE OF INCIDENT: late for class / LEAVING SUPERVISION w/o PERMISSIONDATE OF INCIDENT: 4-10 - 19 98 TIME: 10:00 AM/PM (CIRCLE ONE)PLACE OF INCIDENT: ClassroomACTIVITY IN PROGRESS: Students arriving for class.

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) This student was late one other day for class, but said he was with Mr. Norris. The story didn't work today, when I asked him why he was late,

Barbara J. Lee
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

YOUTH FOUND GUILTY! MAHIDI DID NOT HAVE AN EXCUSE FOR BEING LATE TO CLASS. HE WAS NOT DETAINED BY HIS PREVIOUS CLASSROOM TEACHER AND THE TEACHER (MR. BROWN) STATED THAT THERE WAS NOT REASON FOR MAHIDI BEING LATE TO CLASS.

SANCTION: 5 DAYS PROGRAM RESTRICTION

[Signature]
SIGNATURE OF SHIFT COORDINATOR OR ADMINISTRATOR

MEDICAL CARE REQUIRED? ☐ YES ☐ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☐ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☐ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

Rev. 7/97

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
 Hanover Juvenile Correctional Center - Moderate and Major Offense Reporting Form

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mikal MahdiDate of Incident: 4-10-98 Time: 10:00 a.m. p.m.Activity in progress when incident occurred: Students arriving to class
Mikal Mahdi was late to for class
Students arriving in class(check one) Moderate Offense ☒ Major Offense ☐Type of Incident (Describe): late for classSignature of Reporting Employee: Bernard J. Lee

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: Mikal Mahdi X

Date and Time of Notice:

4-10-98 a.m. 11:00 p.m.Was Written Notice of Hearing given to ward? Yes ☒ No ☐Signature of ward: Mikal MahdiSignature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: [Signature]Date of Hearing: 4-10-98 Time: 11:00 a.m. p.m.Does ward have witness(es) Yes ☐ No ☒ Ward's Initials: [Initials]

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ☐ No ☒Findings: Innocent ☐ Guilty ☒Disposition: YOUTH FOUND GUILTYSANCTION: 5 DAYS PROBATION RESTRICTION

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: Mikal MahdiWitnessed by member(s) of the Hearing Committee: [Signature]Decision of Review / Appeal (circle one): [Circle]Signature of Appellate: [Signature]Date: 4-13-98 Time: _____ a.m. p.m.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

PDI Red

JB

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0321FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 3/10, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: M. Mahdi AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: A. Jones AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: R. Hayes AGE: _____ COTTAGE & CIRC: Unit 12

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: J.C.O.D. Peterson LOCATION: On Grove
NAME: Sgt. Grubich LOCATION: On Grove

TYPE OF INCIDENT: Failure to ComplyDATE OF INCIDENT: 3/10 19 98 TIME: 5:45 PM (CIRCLE ONE)PLACE OF INCIDENT: On GroveACTIVITY IN PROGRESS: Physical TrainingNAMES OF WITNESSES: —

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

Cadets M. Mahdi, A. Jones
R. Hayes were instructed by me (J.C.O.D. Peterson) to comply
with the routine Physical Training run or do alternative
exercises. The above ~~cadets~~ cadets refused. The cadets were
removed by Sgt Grubich for failure to comply. Donna Peter

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadets pled guilty as charged —
4 hours Isolation - 3 days PR.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Page 2

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

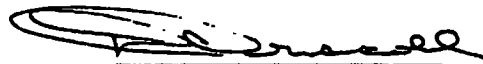
WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

DEPARTMENT OF JUVENILE JUSTICE
Hanover Juvenile Correctional Center - Moderate and Major Offense Hearing Form

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: M. Mahdi
 Date of Incident: 3/10/98 Time: 5:45 a.m. ____ p.m.
 Activity in progress when incident occurred: Physical Training

 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to Comply

 Signature of Reporting Employee: James Peter

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD:

Date and Time of Notice: 3-10, 1998 9:45 a.m. ____ p.m.
 Was Written Notice of Hearing given to ward? Yes ☒ No ____
 Signature of ward: [Signature]
 Signature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: _____

 Date of Hearing: 3-10, 1998 Time 9:45 a.m. ____ p.m.
 Does ward have witness(es) Yes ____ No ☒ Ward's Initials: [Initials]
 Name of representative(s) / witness(es) for ward: _____

 Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒
 Findings: Innocent ____ Guilty ☒
 Disposition: 4 hrs Isolation - 3 days TR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: [Signature]

Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): _____

Signature of Appellant: [Signature]

Date: 3-11, 19__ Time: ____ a.m. ____ p.m.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0321FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 3/10, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: M. Mahdi AGE: _____ COTTAGE & CIRC: Unit 14
 CASE NO: _____ NAME: A. Jones AGE: _____ COTTAGE & CIRC: Unit 14
 CASE NO: _____ NAME: R. Hayes AGE: _____ COTTAGE & CIRC: Unit 12

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: J. C. O. D. Peterson LOCATION: On Grove
 NAME: Sgt. Grubich LOCATION: On Grove

TYPE OF INCIDENT: Failure to ComplyDATE OF INCIDENT: 3/10 19 98 TIME: 5:45 AM / PM (CIRCLE ONE)PLACE OF INCIDENT: On GroveACTIVITY IN PROGRESS: Physical TrainingNAMES OF WITNESSES: -

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

Cadets M. Mahdi, A. Jones, R. Hayes were instructed by me (J. C. O. D. Peterson) to comply with the routine Physical Training run or do alternative exercises. The above ~~cadets~~ cadets refused. The cadets were removed by Sgt Grubich for failure to comply. Dan Peter

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadets pled guilty as charged
4 hours Isolation - 3 days PR.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Page 2

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

FLORIDA DEPARTMENT OF JUVENILE JUSTICE
 Hanover Correctional Center - Moderate and Major Offense Hearing Form

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: M. Mahdi
 Date of Incident: 3/10/98 Time: 5:45 a.m. ____ p.m.
 Activity in progress when incident occurred: Physical Training
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to Comply
 Signature of Reporting Employee: James Peter

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X Mahdi Mahdi

Date and Time of Notice: 3-10, 1998 945 a.m. ____ p.m.
 Was Written Notice of Hearing given to ward? Yes ☒ No ____
 Signature of ward: X Mahdi Mahdi
 Signature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: _____
 Date of Hearing: 3-10, 1998 Time 945 a.m. ____ p.m.
 Does ward have witness(es) Yes ____ No ☒ Ward's Initials X
 Name of representative(s) / witness(es) for ward: _____
 Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒
 Findings: Innocent ____ Guilty ☒
 Disposition: 4 hrs Isolation - 3 days TR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: X Mahdi Mahdi
 Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): _____

Signature of Appellate: [Signature]

Date: 3-10, 19 ____ Time: ____ a.m. ____ p.m.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0290FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 2/17, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: MIKAL MANDI AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: RAYMOND T. MOORE LOCATION: GEE COTTAGE SECURITY ROOMNAME: J. MEHARCE LOCATION: GEE COTTAGE DAY ROOMTYPE OF INCIDENT: AGGRESSIVE PHYSICAL CONTACTDATE OF INCIDENT: 2/17 19 98 TIME: 05:15 AM PM (CIRCLE ONE)PLACE OF INCIDENT: GEE COTTAGE SECURITY ROOM HALLACTIVITY IN PROGRESS: MORNING WAKE-UP, DRESSING

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) DURING MORNING WAKE-UP AND DRESSING. YOUTH WERE IN HALL GETTING THEIR CLOTHS AND DRESSING IN GROUPS OF 4 OR 5 AND I WAS MONITORING (40 MOORE), C/O MEHARCE WAS MONITORING YOUTH THAT WERE ALREADY DRESSED IN THE DAY ROOM. CADET MANDI AGGRESSIVELY STARTED PUSHING AND SHOVING CADET HOLLEY. I (40 MOORE) IMMEDIATELY INTERVIEWED AND STOPPED THE SHOVING. WHEN I WAS TAKING CADET MANDI TO A ROOM FOR STARTING THE AGGRESSION, HE SAID Raymond T. Moore

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

(OVER)
Cadet MaHdi pled guilty as charged.

[Signature]
SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Page 2

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.WAS YOUTH GIVEN HEARING? ☐ YES ☒ NO. IF YES, PLEASE INDICATE WHETHER A:MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:

SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

(CONT)

HE WAS TIRED OF CADET HOLLEY GETTING TO TELL EVERYONE WHAT TO DO.
 CADET HOLLEY HAD VOLUNTEER TO LEAD PHYSICAL TRAINING AND DID A VERY GOOD JOB S
 HE WAS PICKED TO LEAD EXERCISES DAILY. AFTER CADET MANDI HAD BEEN PLAC
 IN THE ROOM C/O MEHARG WENT AND TALKED TO HIM AND HE STATED HE HA
 STARTED THE AGRESSIVE ACT ON PURPOSE.

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: MIKAL MAHDI
Date of Incident: 2/17/98 Time: 0515 a.m. ____ p.m.
Activity in progress when incident occurred: MORNING WAKE-UP, DRESSING
(check one) Moderate Offense ☒ Major Offense ____
Type of Incident (Describe): AGGRESSIVE PHYSICAL CONTACT
Signature of Reporting Employee: Robert T. Moore

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X MM

Date and Time of Notice:

2-17, 19 98 10⁵⁵ a.m. ____ p.m.

Was Written Notice of Hearing given to ward? Yes ____ No X

Signature of ward: Mikal Mahdi

Signature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 2-17, 19 98 Time 10⁵⁵ a.m. ____ p.m.

Does ward have witness(es) Yes ____ No X

Ward's Initials: MM

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No X

Findings: Innocent ____ Guilty X

Disposition: 3 days Program Restriction

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO NOT (circle one) WISH TO APPEAL THE DECISION

Signature of Ward: Mikal Mahdi

Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): _____

Signature of Appellate: [Signature]

Date: 2-20, 19 98 Time: ____ a.m. ____ p.m.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0128FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 1/22, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: Mika Mahid AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: D. Peterson LOCATION: Det-RoomNAME: K. Robinson LOCATION: Bedroom with 30 CadetsTYPE OF INCIDENT: Failure to ComplyDATE OF INCIDENT: 1/22 19 98 TIME: 05:10 (AM) / PM (CIRCLE ONE)PLACE OF INCIDENT: Unit 17 Gen. Security UnitACTIVITY IN PROGRESS: Morning P-T

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

On the above date and approximate time, I JCO D. Peterson asked Cadet Mika Mahid "why he was not doing the morning Physical training?" He said to me "I'm not doing this bull-shit at 5:00 in the morning!" I (D. Peterson) said "O.K. but you will be write-up on a moderate offense for failure to comply." (over)

D. Peterson badge # 4
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet M. Mahid plead guilty as charged.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Page 2

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

Lt. Falcon was in the unit at the time, I (D. Peterson) explain
the situation to him and he instructed me to write a failure to
comply charge on Cadet ~~Mahid~~ # Mahid, of
Mika

Rev. 7/97

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
Hanover Juvenile Correctional Center - Moderate and Major Offense Hearing Form

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mika Mahud
 Date of Incident: 1/22-98 Time: 0510 a.m. ____ p.m.
 Activity in progress when incident occurred: Morning P-T
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to comply
 Signature of Reporting Employee: Dawn Petersen badge # 405

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X Mika Mahud

Date and Time of Notice:

1-22, 19 98 Time 1130 a.m. ____ p.m.

Was Written Notice of Hearing given to ward?

Yes ☒ No ☐

Signature of ward:

Signature of Hearing Officer or Designee:

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 1-22, 19 98 Time 1130 a.m. ____ p.m.

Does ward have witness(es) Yes ____ No ☒Ward's Initials Mika Mahud

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒Findings: Innocent ____ Guilty ☒Disposition: 4 hrs Isolation (Served) - 3 days PR.

APPEAL (to be read to ward)

I understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward:

Witnessed by member(s) of the Hearing Committee _____

Decision of Review / Appeal (circle one): Review

Signature of Appellate _____

Date: 1-22, 19 ____ Time: ____ a.m. ____ p.m.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0159FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 1/29, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: MIKA MAHDI AGE: _____ COTTAGE & CIRC: See

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: L Wingfield LOCATION: Day RoomNAME: R Holloway LOCATION: Day RoomTYPE OF INCIDENT: Resisting RemovalDATE OF INCIDENT: 1/29 19 98 TIME: 11:15 (AM) PM (CIRCLE ONE)PLACE OF INCIDENT: Day RoomACTIVITY IN PROGRESS: Physical Training

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Cadet MIKA MAHDI Refuse to do Physical Training, say he wasn't going to do it. Cadet Refuse to go to his Room. He was prompted, He Refuse push-up. Sgt Baylor had to assist him to his Room.

L Wingfield
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet Mahdi did refuse to go to his Room - he stated that he wanted to talk to the Sgt.

He at that time was told by JCO that he must go to the Room or face a Resisting Removal - and if you want to speak to the Sgt., you can do it from the Room. Cadet continued to refuse. (This is also posted on the wall as a Rule.)

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Cadet Mahdi was found guilty as charged.

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

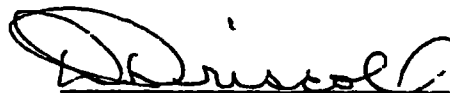
WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☒ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☒ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

Rev. 7/97

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
Hanover Correctional Center - Moderate and Major Offense Hearing Form

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: MIKA MAHDI
 Date of incident: 1/29/98 Time: 11⁰⁰ a.m. p.m.
 Activity in progress when incident occurred: PHYSICAL TRAINING
 (check one) Moderate Offense ☐ Major Offense ☒
 Type of Incident (Describe): Resisting Removal
 Signature of Reporting Employee: S. Wangfield Jr.

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X MM

Date and Time of Notice:

2-2, 19 98 10²⁵ a.m. p.m.

Was Written Notice of Hearing given to ward?

Yes ☒ No ☐

Signature of ward:

Signature of Hearing Officer or Designee:

HEARING

Members of the Hearing Committee:

Date of Hearing: 2-2, 19 98 Time 10²⁵ a.m. p.m.

Does ward have witness(es) Yes ☐ No ☒Ward's Initials: MM

Name of representative(s) / witness(es) for ward:

Did ward or representative(s) cross-examine witness(es)? Yes ☐ No ☒Findings: Innocent ☐ Guilty ☒Disposition: 24 hours Isolation - 5 days PR.

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION

Signature of Ward:

Witnessed by member(s) of the Hearing Committee

Decision of Review / Appeal (circle one):

Signature of Appellate

Date: 2-4, 19 98 Time: a.m. p.m.

DEPARTMENT OF JUVENILE JUSTICE

TC000657

INCIDENT REPORT

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

INCIDENT REPORT # 715-98-0127FACILITY: HANOVER JUVENILE CORRECTIONAL CENTERDATE: 1/27, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: Mika Mahid AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: D. Peterson LOCATION: Det-RoomNAME: K. Robinson LOCATION: Bathroom w/ 130 CadetsTYPE OF INCIDENT: Failure to ComplyDATE OF INCIDENT: 1/27 19 98 TIME: 05:10 (AM) / PM (CIRCLE ONE)PLACE OF INCIDENT: Unit 17 Gen. Security UnitACTIVITY IN PROGRESS: Morning P-T

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

On the above date and approximate time, I J.C.O. D. Peterson asked Cadet Mika Mahid "why he was not doing the morning Physical training?" He said to me "I'm not doing this bull-shit at 5:00 in the morning!" I (D. Peterson) said "O.K but you will be write-up on a moderate offense for failure to comply." (over)

D. Peterson badge # 46
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet M. Mahid plead guilty as charged.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

Page 2

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

Lt. Falcon was in the unit at ~~the~~ the time, I (D. Peterson) explained the situation to him and he instructed me to write a failure to comply charge on Cadet ~~Mahid~~ # Mahid, of Mika

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mika Mahid
 Date of Incident: 1/22-98 Time: 0510 a.m. ____ p.m.
 Activity in progress when incident occurred: Morning P-T
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to comply
 Signature of Reporting Employee: Dawn Petersen badge # 405

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

 WAIVED HIS RIGHT TO THE WAITING PERIOD: X Mika Mahid

Date and Time of Notice:

1-22, 19 98 1130 a.m. ____ p.m.
Was Written Notice of Hearing given to ward? Yes ☒ No ☐Signature of ward: Mika Mahid

Signature of Hearing Officer or Designee: _____

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 1-22, 19 98 Time 1130 a.m. ____ p.m.Does ward have witness(es)? Yes ____ No ☒ Ward's Initials: Mika Mahid

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒Findings: Innocent ____ Guilty ☒Disposition: 4 hrs Isolation (Severed) - 3 days PR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: Mika Mahid

Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): _____Signature of Appellate: Dawn PetersenDate: 1-22, 19 ____ Time: ____ a.m. ____ p.m.

TC000660

**RDC LEADER
INTAKE CHECKLIST**

4/78

NAME: MIKAL MAHDI
 DOB: Redacted
 COTTAGE: B/

ARRIVAL DATE: 12 / 1 / 97
 SC#: 51957
 STAFFING DATE: / /

	STAFF	CADET	DATE
1. Regulation haircut/hairstyle	_____	_____	___/___/___
2. Receive program orientation	_____	_____	___/___/___
3. Receive Cadet handbook	_____	_____	___/___/___
4. Review Cadet Creed	_____	_____	___/___/___
5. Review rules and Codes of Conduct	_____	_____	___/___/___
6. Review disciplinary procedures	_____	_____	___/___/___
7. Review daily schedule	_____	_____	___/___/___
8. Medical evaluation/orientation	_____	_____	___/___/___
9. Grievance procedure orientation	_____	_____	___/___/___
10. Initial casework orientation	_____	_____	___/___/___
11. Psychology referral (if needed)	_____	_____	___/___/___
12. Intake phone call to guardian	_____	_____	___/___/___

[Signature] *[Signature]*
 no number

12 / 25 / 97

TRANSFER TO BASIC TRAINING

APPROVED BY: _____ DATE: ___/___/___

FULL or LIMITED PARTICIPATION

(circle one)

S P E C I A L L I M I T A T I O N S :

xc Master file, Transfer file

Last Reprinted 12/1997

A005931

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.

YOUTH REGION FACILITY: Reception & Detention Center DATE: 1/13 '98

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. 51957 Name Mikael Mahdi Age 17 Cottage B

Case No. Name Age Cottage

Case No. Name Age Cottage

NAMES OF STAFF ON DUTY:

Name Mulla Position SCOS

Name Indan Position SCOS

TYPE OF INCIDENT: Failure to Comply

DATE OF INCIDENT: 1-13 '98 TIME: 8:20 AM/PM (Circle One)

PLACE OF INCIDENT: Class Rm

ACTIVITY IN PROGRESS: school

NAMES OF WITNESSES:

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Refused to take part in school activities, started making gestures & comments after prompted

Corrigan
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

THE CADET M. MAHDI STATED TO ME THAT HIS BEHAVIOR HAD BEEN CONSISTENT WITH THE CHARGE. THE CADET WILL COMPLETE SEVEN HOURS OF PERSONAL RESTRICTION STARTING AT 0820 AND ENDING AT 1540 HRS.

Sgt. W. G. Lee
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WHERE: TIME AM/PM BY WHOM:
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A CATEGORY I CATEGORY II or CATEGORY III (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capt. B. D. Yee
Signature of Superintendent
or Designee

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICE

Name of accused MIRAL MADHI Phase **I**
 Date of incident: 1/13/98 Time: 2:40 A.M. P.M. (circle one)
 Activity in progress when incident occurred _____
 (Check one) Moderate Offense ☒ Major Offense ☐
 Describe Incident MOB 4

Signature of Reporting Employee [Signature]

SECTION II. RIGHTS AND PLEA (To be read to Ward)

- You have been charged with: MOB 4
- This offense has a penalty of: 7th personal restriction
- Do you plead: Guilty () or Innocent (X)
- Do you desire a Hearing: Yes () No (X)
- Do you desire 1/2 hour to prepare for a moderate offense hearing Yes () No ()?
- Do you desire 2 hours to prepare for a major offense hearing Yes () No ()?
- Do you understand that the time may be extended to but not exceed 24 hours: Yes () No (X)
- do you waive your right to a waiting period: Yes () No (X)
- Do you desire a staff member or ward to represent you as advisor: Yes () No (X)
- Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate (X) Major ()
 Date, time and Place of Hearing: 1-13-98, 1998 2:40 A.M./P.M. at "B"
 Was written notice of hearing given to Ward: Yes (X) No ()
 Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No (X)
 Findings: Innocent () guilty (X)
 If guilty, give date and time of release 1-13-98 AT 1540
 Members of the Hearing Committee Sgt. W. GEE

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION (X) I DO NOT WANT TO APPEAL THE DECISION ()

Signature of Youth X-Miral Madhi
 Witness by members of the Hearing Committee Sgt. W. GEE

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

1331480

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.

YOUTH REGION FACILITY: B. D. C. DATE: 12/29 : 9 57

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. 51957 Name Mikal Mahdi Age 14 Cottage B/m A/3

Case No. 51937 Name Carlos Lobbin Age 15 Cottage B/m A/3

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name L. B. H. Position JCO / DESK

Name Mr. E. H. H. Position JCO / DESK

TYPE OF INCIDENT: Abusive Language - Obscene Gestures (with)

DATE OF INCIDENT: 12/29 IS 97 TIME: 1:45 AM/PM (Circle One)

PLACE OF INCIDENT: Rec. Room

ACTIVITY IN PROGRESS: CHS

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Mahdi - Lobbin

Were drawing obscene pictures of women
during class. Both cadets
said that they didn't draw it.

Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Lobbin had picture, Mahdi drew
picture both admitted to taking part.

Guilty served 2 hrs

on 12/29/97.

Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WHERE: _____ TIME: _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A

CATEGORY I CATEGORY II or CATEGORY III. (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capt. B. H. H.
Signature of Superintendent
or Designee

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICE

Name of accused Mikal Mahdi Phase I
 Date of incident: 12/29/97 Time: 1:45 A.M. P.M. (circle one)
 Activity in progress when incident occurred Class
 (Check one) Moderate Offense ☒ Major Offense ☐
 Describe Incident Obscene Gestures (written)

Signature of Reporting Employee [Signature]

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: Mack 8.4
2. This offense has a penalty of: 3 hrs
3. Do you plead: Guilty ☒ or Innocent ☐?
4. Do you desire a Hearing: Yes ☒ No ☐?
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes ☐ No ☒?
6. Do you desire 2 hours to prepare for a major offense hearing Yes ☐ No ☒?
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes ☒ No ☐?
8. Do you waive your right to a waiting period: Yes ☐ No ☒?
9. Do you desire a staff member or ward to represent you as advisor: Yes ☐ No ☒?
10. Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate ☒ Major ☐
 Date, time and Place of Hearing: 12/30, 1997 10:00 A.M./P.M. at N/3
 Was written notice of hearing given to Ward: Yes ☒ No ☐
 Name of representative(s)/witness(es) for Ward: Cadet Lortin

Did ward or representative(s) cross examine witness(es): Yes ☒ No ☐
 Findings: Innocent ☐ guilty ☒
 If guilty, give date and time of release 12/29/97 at 7:00 PM
 Members of the Hearing Committee [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION ☒ I DO NOT WANT TO APPEAL THE DECISION ☐

Signature of Youth Mikal Mahdi
 Witness by members of the Hearing Committee [Signature]

Decision of Review/Appeal (Check one) ☐

Signature of Appellate [Signature]

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security and/or rights of persons and property.

YOUTH REGION FACILITY: _____ DATE: _____ IS _____

NAME OF YOUTH INVOLVED IN INCIDENT:

H/MC Case No. 51957 Name Mahdi, Mikal Age 149 Cottage A3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Epling Position JCO

Name Lissner PO1 Miller Position JCO

TYPE OF INCIDENT: Moderate 7; failure to comply

DATE OF INCIDENT: 01/06 IS 98 TIME: 18:41 AM/PM (Circle One)

PLACE OF INCIDENT: A3 Dayroom

ACTIVITY IN PROGRESS: Daily Debriefing

NAMES OF WITNESSES: 2nd platoon

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) During debriefing, Cadet Mahdi stood to be addressed, at which time he was wearing his pants nearly off his buttocks. Cadet Mahdi had been given a placard for not wearing his pants properly earlier in the day and F, JCO Epling, prompted him before debriefing.

[Signature]
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Cadet Mikal Mahdi, was found guilty of charges: In at 1840 hours 1/6/98. Out at 1040 hours, 1/7/98.

[Signature]
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? _____ YES _____ NO. IF YES, DESCRIBE:

WHERE: _____ TIME _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? _____ YES _____ NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? _____ YES _____ NO. IF YES, PLEASE INDICATE WHETHER A.

CATEGORY I _____ CATEGORY II _____ or CATEGORY III. _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

[Signature]
Signature of Superintendent
or Designee

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICEName of accused Mahdi MikalDate of incident: 01/06/98Time: 1840 A.M. (P.M.) (circle one)Activity in progress when incident occurred Debriefing(Check one) Moderate Offense Mod. 7

Major Offense _____

Describe Incident See S.I.R.Signature of Reporting Employee [Signature]**SECTION II. RIGHTS AND PLEA (To be read to Ward)**

1. You have been charged with: Moderate 7, failure to comply
2. This offense has a penalty of: 7 hrs
3. Do you plead: Guilty () or Innocent (+)
4. Do you desire a Hearing: Yes (+) No ()?
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes (+) No ()?
6. Do you desire 2 hours to prepare for a major offense hearing Yes () No (+)
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes (+) No ()?
8. Do you waive your right to a waiting period: Yes (+) No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes (+) No ()?
10. Staff signature: [Signature] Ward Signature: Mikal Mahdi

SECTION III. HEARINGType of Offense: Moderate (X) Major ()Date, time and Place of Hearing: 1/6/98, 2130 A.M. (P.M.) at B CottageWas written notice of hearing given to Ward: Yes (+) No ()Name of representative(s)/witness(es) for Ward: [Signature]Did ward or representative(s) cross examine witness(es): Yes () No (+)Findings: Innocent () guilty (X)If guilty, give date and time of release 1/7/98, 1040 hoursMembers of the Hearing Committee [Signature]**SECTION IV. REVIEW/APPEAL (To be read to Ward)**

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)Signature of Youth Mikal Mahdi

Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security and/or rights of persons and property.

YOUTH REGION FACILITY: RDC DATE: 12-31-97

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. 51957 Name Maddhi A. Kaul BM Age 14 Cottage 1A-3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Barnes Position SCO

Name Wade Position SCO SR.

TYPE OF INCIDENT: Moderate #4 FTC WPP

DATE OF INCIDENT: 12-31-97 IS _____ TIME: 20:15 AM/PM (Circle One)

PLACE OF INCIDENT: Rec. Room

ACTIVITY IN PROGRESS: Movement into Sleeping AREA

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

[Signature]
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Found guilty, w/ 12⁰⁰ pm 1-1-98

[Signature]
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? _____ YES _____ NO IF YES, DESCRIBE:

WHERE: N/A TIME _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? _____ YES _____ NO IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? _____ YES _____ NO. IF YES, PLEASE INDICATE WHETHER A.

CATEGORY I _____ CATEGORY II _____ or CATEGORY III. _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

[Signature]
Signature of Superintendent
or Designee

On the date above, Cadet Madhi was given verbal instruction to stop horse playing and talking in line.

Cadet Madhi was remove from his place in line, away from other Cadets to control his behavior and to get back on task.

Cadet Madhi failed to get back on task after given 15 prob-up. (Cadet only did "two").

Cadet was charge with failure to comply. Lt. or duty was notified.

(Signature)

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICE

Name of accused MIKE-1 M. HILL Phase I
 Date of incident: 12-31-97 Time: 2030 A.M. P.M. (circle one)
 Activity in progress when incident occurred
 (Check one) Moderate Offense #4 Major Offense _____
 Describe Incident Failure to comply

Signature of Reporting Employee Barnes

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: Failure to comply
2. This offense has a penalty of: 2 HRS
3. Do you plead: Guilty (X) or Innocent ()
4. Do you desire a Hearing: Yes (X) No ()
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes ()
No (X)
6. Do you desire 2 hours to prepare for a major offense hearing Yes ()
No ()
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes () No ()
8. Do you waive your right to a waiting period: Yes () No ()
9. Do you desire a staff member or ward to represent you as advisor: Yes () No ()
10. Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate () Major ()
 Date, time and Place of Hearing: 12-31-, 1997 A.M./P.M. at B COURAGE
 Was written notice of hearing given to Ward: (Yes) No ()
 Name of representative(s)/witness(es) for Ward: BARNES, Self, Officer

Did ward or representative(s) cross examine witness(es): Yes () No ()

Findings: Innocent () guilty (X)

If guilty, give date and time of release 12²⁰ PM 1-1-98

Members of the Hearing Committee [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)

Signature of Youth Mike Hill
 Witness by members of the Hearing Committee [Signature]

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

INT REPORT 2/3 3/4/90

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.

YOUTH REGION FACILITY: R.D.C. DATE: 12/18 19 97

NAME OF YOUTH INVOLVED IN INCIDENT

Case No. 51957 Name Mahdi, Mahdi Age 17 Cottage A3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Mr. Robert Dennis Jr. Position J.C.O.

Name Mr. Donald Shekellford Position J.C.O.

TYPE OF INCIDENT: (M.A.D.) Jail to Compely

DATE OF INCIDENT: 12/18 19 97 TIME: 12:50 AM/PM (Circle One)

PLACE OF INCIDENT: Outside (A-3) (Cottage enroute to D & C)

ACTIVITY IN PROGRESS: (Marching in Platoon formation)

NAMES OF WITNESSES: E.D. Miller, et Carleta, J.C.O. Shekellford

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Platoon was entering practice drill. When E.D. Miller stopped the platoon and asked Mahdi to step out of the platoon formation. He was asked why wasn't he marching. Mahdi stated I am not going to march. Mr. R. Dennis Jr. I don't give a damn about this program. He was asked to rejoin the platoon. He refused. Signature of Employee See

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Cadet Mahdi did admit to the whole thing
his guilt

Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES X NO. IF YES, DESCRIBE:

WHERE: _____ TIME: _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A

CATEGORY I X CATEGORY II _____ or CATEGORY III. _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Signature of Superintendent
or Designee

()
()
Cadet Makil was informed he had committed a Moderate offense. (Mod 4) Failure to comply. Sargent in charge of campus. Sargent (William) was informed. Makil was escorted to (B) cottage.

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICE

Name of Accused Mikal Mahdi Phase I
 Date of incident: 12/13/97 Time: 10:50 A.M. P.M. (circle one)
 Activity in progress when incident occurred
 (Check one) Moderate Offense X Major Offense _____
 Describe Incident (Mod 4) Failure (S.I.R.)

Signature of Reporting Employee Mr. Raliph Davis Jr

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: (Mod 4) Failure to Comply
2. This offense has a penalty of: (7HR8) P.R.
3. Do you plead: Guilty (X) or Innocent ()?
4. Do you desire a Hearing: Yes () No ()?
5. Do you desire $\frac{1}{2}$ hour to prepare for a moderate offense hearing Yes ()
No ()?
6. Do you desire 2 hours to prepare for a major offense hearing Yes ()
No ()?
7. Do you understand that the time may be extended to but not exceed 24
hours: Yes () No ()?
8. Do you waive your right to a waiting period: Yes () No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes
() No ()?
10. Staff signature: Mr. Raliph Davis Jr Ward Signature: Mikal Mahdi

SECTION III. HEARING

Type of Offense: Moderate () Major ()
 Date, time and Place of Hearing:
12/17/97, 19__ A.M./P.M. at A-3
 Was written notice of hearing given to Ward: Yes () No ()
 Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No ()
 Findings: Innocent () guilty (X)
 If guilty, give date and time of release 12/18/97 2050 Hr
 Members of the Hearing Committee [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the
 Superintendent or designee.

I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)

Signature of Youth X Mikal Mahdi
 Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

PERSONAL PROPERTY SHEET

NAME: Mahdi Mikal DATE ADMITTED: 12/8/92
 RACE: BLK AGE: 14 BIRTHDATE: Redacted REA CODE TELEPHONE: None
 EYES: BLK HAIR: BLK HEIGHT: 5'8 WEIGHT: 140 lb.
 DESCRIPTION OF SCARS AND BODY MARKS: None

PROPERTY ENVELOPE

ITEM:	QUANTITY:	DESCRIPTION:
WATCH:	<u>None</u>	<u>None</u>
RINGS:		
NECKLACES:		
KEYS:		
EARRINGS:		
OTHER ITEMS OF VALUE:		
	<u>None</u>	<u>None</u>

(ENVELOPE)

CASH \$ 1480

MISCELLANEOUS PROPERTY:

1 pr. Blk Boxer Shirt

PROPERTY BAG

ITEM:	DESCRIPTION & CONDITION
SHIRT/BLOUSE:	<u>1 Gray T-Shirt</u>
TROUSERS/SLACKS:	<u>1 pr. Blk Boxer Jeans</u>
SOCKS/HOSE:	<u>1 pr. White Socks</u>
UNDERWEAR:	<u>1 pr. White Boxer</u>
UNDERSHIRTS:	<u>None</u>
DRESSES/SKIRTS:	<u>None</u>
SHOES:	<u>1 pr. Blk Boots</u>
WALLET/PURSE:	<u>None</u>
BELT:	<u>None</u>
COAT/JACKET:	<u>None</u>
HATS/CAPS:	<u>None</u>

SIGNATURES:

ADMITTING STAFF: WatsonCHILD ADMITTED: Mikal

The Reception and Diagnostic Center is not responsible for items not listed. We assume no responsibility after check out and transfer. Money will be forwarded. All contraband items will be disposed of and will not be forwarded.

(Check One) ☐ I have received all my personal possessions.☐ I have not received all my personal possessions.

SIGNATURES:

CHILD CHECKING OUT: _____ DATE: _____

STAFF CHECKING CHILD OUT: _____ DATE: _____

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.
 YOUTH REGION FACILITY: RETENTION/Domestic Center DATE: 12/18 : 97

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. 51528 Name James Holmes Age 15 Cottage B/Bon

Case No. 51557 Name Charles Michael Mahdi Age 14 Cottage B/Bon

Case No. 45657 Name Joseph Holden Age 16 Cottage B/Bon

NAMES OF STAFF ON DUTY: OTIS Mallin 14 Bon

Name Muller Position JCO5

Name Ward Position JCO5

TYPE OF INCIDENT: MOD 7

DATE OF INCIDENT: 12/14 19 97 TIME: 0720 (Circle One)

PLACE OF INCIDENT: Bee Room

ACTIVITY IN PROGRESS: Breakfast clean-up

NAMES OF WITNESSES: B cottage cadets, B staff JCO5

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) The Two cadets stood

up and squared off to right, before staff could intervene

they started to swing at each other and were broken up

by staff, as staff reported then I aggravation

Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Both Students Plea Guilty. Incident started when Holmes

plucked Mahdi in back of head. Mahdi

turned around and because he did not

know who plucked him. Staff who

ever plucked him at all need to stand up. That's when

of administrator

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE: Holmes

Apply ice to upper lip & it side face near eye

WHERE: C-1 TIME 7:45 A AM/PM BY WHOM: Williams

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A

CATEGORY I CATEGORY II or CATEGORY III. (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capitulum
 Signature of Superintendent
 or Designee

and ~~one~~ of the wardens noticed cadet millner
 laying on the floor at the opposite end of
 the event, upon investigation and a talk to
 another cadet. It was revealed that as ~~the two~~
~~was occurring~~ the
 cadet's started to fight cadet Holden did in
 fact assault cadet millner

MOD section

stated who are you calling a satch. MAHDI, MAHDI-
 Stated again who ever smacked his (neck) This is when
 MAHDI turned loud and threatening inviting Holmes
 to stand up. Holmes stood up and started saying
 on MAHDI. Both received 2 hr In Fyldn.
 Both due out at 20yr 12/14/57 :

**Behavior Program
Offense Hearing Form**

SECTION I. FORMAL NOTICE

Name of accused MICHAEL MAHDI Phase I
 Date of incident: 12/14/97 Time: 0700 (A.M.) P.M. (circle one)
 Activity in progress when incident occurred _____
 (Check one) Moderate Offense _____ Major Offense _____
 Describe Incident FIGHTING

Signature of Reporting Employee [Signature]

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: FIGHTING AND ?
2. This offense has a penalty of: _____
3. Do you plead: Guilty (☒) or Innocent ()?
4. Do you desire a Hearing: Yes () No (☒)
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes ()
No (☒)
6. Do you desire 2 hours to prepare for a major offense hearing Yes ()
No (☒)
7. Do you understand that the time may be extended to but not exceed 24
hours: Yes () No ()?
8. do you waive your right to a waiting period: Yes () No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes
() No ()?
10. Staff signature: [Signature] Ward Signature: _____

SECTION III. HEARING

Type of Offense: Moderate () Major ()
 Date, time and Place of Hearing: _____, 19____ A.M./P.M. at 4/1/98
 Was written notice of hearing given to Ward: Yes () No ()
 Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No ()
 Findings: Innocent () guilty ()
 If guilty, give date and time of release 1/1/98
 Members of the Hearing Committee _____

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the
 Superintendent or designee.
 I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION ()

Signature of Youth [Signature]
 Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

VIRGINIA MING CHILDREN INFORMATION CLEARINGHOUSE REPORT
 INVESTIGATING OFFICER: _____
 DATE REPORTED: _____
 DATE ENTERED VICIN/NCIC: _____
 VIC NO.: _____

ART 1

Agency Submitting Report

ORI No.

Last Name First Name Middle Name Suffix Sex Race
 MAHDI MIKAL D M B
 Place of Birth Date of Birth Date of Emancipation**

Height Weight Eye Color Black Green Blue Hair Color
 5 7 1/2 161 Maroon Gray Hazel Unknown Black Blond White Sandy
 Ft. In. Lbs. Multicolored Pink Gray Red

Complexion Fair/Light Black Medium Scars, Marks, Tattoos and Other Characteristics
 Albino Dark Olive Multiple dark spots to face, chest
 Ruddy Sallow Yellow
 Lt. Brown Med. Brown Dark Brown

Fingerprint Classification Social Security Number Redacted

Operator's License Number O. L. State Date of Expiration

Date of Last Contact Originating Agency Case Number

Fingerprints Available Yes No Photo Available Yes No Dental Records Yes

Medication Required Yes No Medication Type School Last Attended Code Number

County/City Code of Birth Last Name First Name Middle Name
 (Mandatory if POB is VA) Mother's Maiden Name (if POB is VA)

Telephone # of Investigating agency (accessible 24 hours) Authority for Release Yes
 Area Code () (Part IV)

Last Seen in Company Of: NAME(S) Sex

(1)

(2)

MISCELLANEOUS DATA (Information which may assist in identification: nickname, assoc direction of travel, hairstyle, clothing.)

VEHICLE INFORMATION

License Plate Number State Year of Exp. Lic. Type VIN
 Vehicle Year Make Model Style Color
 Blood Type Circumcision Footprint Available Body X-Rays Ava
 C N U Yes No Full Part
 Corrective Vision Prescription
 Jewelry Type Jewelry Description

*MANDATORY DATA ELEMENTS

SELECT APPLICABLE CONDITION:

1. ☐ DISABILITY:
Person missing is under proven physical/mental disability or is thereby subjected himself/herself or others to personal or immediate danger.
2. ☐ ENDANGERED:
Person missing under circumstances indicating his/her physical safety is in danger.
3. ☐ INVOLUNTARY:
Person missing under circumstances indicating the disappearance was not voluntary.
4. ☐ JUVENILE:
Person under 18 years of age who is missing and does not meet entry criteria set forth in # 1, 2, or 3.

PART III

I certify the person described in Part I is missing and under 18 years of age and the information I have furnished is true and correct to the best of my knowledge and belief.

Signature_____
Date_____
RelationshipPART IV

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in the report, and have the legal right to sign this authorization and consent.

Signature_____
Date_____
Relationship

Virginia Missing Children Information Clearinghouse
Virginia State Police
Records Management Division
P. O. Box 27472
Richmond, Virginia 23261-7472

Distribution:

Local School Division Superintendent - 1

Registrar of Vital Records - 1
P. O. Box 1000
Richmond, Virginia 23203-1000

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF YOUTH AND FAMILY SERVICES

APPREHENSION FLYER



This juvenile is A W O L from _____ Learning Center.

The A W O L occurred on _____ at _____ A.M./P.M.

The method of absconding was _____

Name: MAHDI, MIKAL Date of Birth: _____

Race: B Height: 5'7 1/2" Weight: 161 Complexion: _____

Eye Color: BROWN Hair Color: BLACK

Scars/Tattoos/Birthmarks/Etc: MULTIPLE DARK SPOTS TO FACE,
CHEST + ↑ BACK

Clothing Description: _____

Committing Court: BRUNSWICK CO.

Committing Offense(s): CONTEMPT OF COURT; OBST OF JUSTICE

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the
_____ Juvenile Correctional Center at _____ OR
the Virginia State Police at _____ OR the local Sheriff's
Department at _____.

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE!

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF YOUTH AND FAMILY SERVICES

APPREHENSION FLYER



This juvenile is A W O L from _____ Learning Center.

The A W O L occurred on _____ at _____ A.M./P.M.

The method of absconding was _____

Name: MAHDI, MIKAL Date of Birth: _____

Race: B Height: 5'7 1/2" Weight: 141 Complexion: _____

Eye Color: BROWN Hair Color: BLACK

Scars/Tattoos/Birthmarks/Etc: MULTIPLE DARK SPOTS TO FACE,
CHEST + ↑ BACK

Clothing Description: _____

Committing Court: BRUNSWICK CO.

Committing Offense(s): CONTEMPT OF COURT; OBST OF JUSTICE

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the
_____ Juvenile Correctional Center at _____ OR
the Virginia State Police at _____ OR the local Sheriff's
Department at _____.

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE!

APPREHENSION FLYER

MAHDI,
NIKAL



This juvenile is **A.W.O.L.** from _____ Learning Center. The **A.W.O.L.** occurred on _____ at _____ A.M. / P.M. The method of absconding was _____.

Name: **NIKAL DEEN MAHDI** Date of Birth: **Redacted**

Race: **B** Height: **5'7"** Weight: **138** Complexion: _____

Eye Color: **BROWN** Hair Color: **BLACK**

Scars/Tattoos/Birthmarks/etc: **RASH ON UPPER BACK.**

Clothing Description: _____

Committing Court: **BRUNSWICK CO.**

Committing Officer(s): **2B&E, 2GL**

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the _____

Learning Center at _____ OR the Virginia State Police at _____

_____ OR the local Sheriff's Department at _____

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE !

APPREHENSION FLYER

NOT DI,
MIKAL



This juvenile is **A.W.O.I.** from _____ Learning Center. The **A.W.O.I.** occurred on _____ at _____ A.M. / P.M. The method of absconding was _____

Name: **MIKAL DEEN MAHDI**

Date of Birth: **Redacted**

Race: **B** Height: **5'7"** Weight: **138** Complexion: _____

Eye Color: **BROWN** Hair Color: **BLACK**

Scars/Tattoos/Markings/etc: **RASH ON UPPER BACK.**

Clothing Description: _____

Containing Court: **BRUNSWICK CO.**

Containing Office(s): **2B&E, 2GL**

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the _____

Learning Center at _____ OR the Virginia State Police at _____

OR the local Sheriff's Department at _____

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE !

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF YOUTH AND FAMILY SERVICES
APPREHENSION FLYER



This juvenile is A W O L from _____ Learning Center.
The A W O L occurred on _____ at _____ A.M./P.M.
The method of absconding was _____

Name: MAhdi, MIKAL Date of Birth: _____
Race: B Height: 5'7 1/2" Weight: 161 Complexion: _____
Eye Color: BROWN Hair Color: BLACK
Scars/Tattoos/Birthmarks/Etc: MULTIPLE DARK SPOTS TO FACE,
CHEST + ↑ BACK
Clothing Description: _____
Committing Court: BRUNSWICK Co.
Committing Offense(s): CONTEMPT OF COURT; OBST OF JUSTICE

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the
_____ Juvenile Correctional Center at _____ OR
the Virginia State Police at _____ OR the local Sheriff's
Department at _____.

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE!

AB

APPREHENSION FLYER

MAHDI,

MIKAL



This juvenile is A.W.O.L. from _____ Learning Center. The A.W.O.L. occurred on _____ at _____ A.M. / P.M. The method of absconding was _____

Name: MIKAL DEEN MAHDI Date of Birth: Redacted

Race: B Height: 5'7" Weight: 138 Complexion: _____

Eye Color: BROWN Hair Color: BLACK

Scars/Tattoos/Birthmarks/etc: RASH ON UPPER BACK.

Clothing Description: _____

Committing Court: BRUNSWICK CO.

Committing Offense(s): 2B&E, 2GL

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the _____

Learning Center at _____ OR the Virginia State Police at _____

_____ OR the local Sheriff's Department at _____

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE !

AB

APPREHENSION FLYER

MAHDI,
MIKAL



This juvenile is A.W.O.L. from _____ Learning Center. The A.W.O.L. occurred on _____ at _____ A.M. / P.M. The method of absconding was _____

Name: MIKAL DEEN MAHDI Date of Birth: Redacted

Race: B Height: 5'7" Weight: 138 Complexion: _____

Eye Color: BROWN Hair Color: BLACK

Scars/Tattoos/Birthmarks/etc: RASH ON UPPER BACK.

Clothing Description: _____

Committing Court: BRUNSWICK CO.

Committing Office(s): 2B&E, 2GL

Additional Comments: _____

If you see or know the whereabouts of the youth please contact the _____

Learning Center at _____ OR the Virginia State Police at _____

_____ OR the local Sheriff's Department at _____

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE !

VIRGINIA MESSY CHILDREN INFORMATION CLEARINGHOUSE REPORT

INVESTIGATING OFFICER

DATE POSTED

DATE ENTERED VICIN/NCIC

VIC NO.

PART I

Agency Submitting Report

ORI No.

Last Name	First Name	Middle Name	Suffix	Sex	Race
MAHDI	MIKAL	DEEN		M	B

Place of Birth	Date of Birth Redacted	Date of Emancipation**

Height	Weight	Eye Color	Black	Blue	Hair Color
5 7 Ft. In.	138 Lbs.	☐ Maroon ☐ Gray ☐ Multicolored	☐ Green ☐ Hazel	☐ Brown ☐ Unknown ☐ Pink	☐ Black ☐ Gray ☐ Blond ☐ Red ☐ White ☐ Sandy ☐ B

Complexion	Fair/Light	Black	Medium	Scars, Marks, Tattoos and Other Characteristics
☐ Albino ☐ Ruddy ☐ Lt. Brown ☐ Med. Brown ☐ Dark Brown	☐ Dark ☐ Sallow	☐ Olive ☐ Yellow		RASH ON UPPER BACK.

Fingerprint Classification	Social Security Number Redacted

Operator's License Number	O. L. State	Date of Expiration

Date of Last Contact	Originating Agency Case Number

Fingerprints Available	Yes	No	Photo Available	Yes	No	Dental Records	Yes
☐ Medication Required	☐ Yes	☐ No	☐ Medication Type			☐ School Last Attended	☐ Code Number

County/City Code of Birth (Mandatory if POB is VA)	Last Name	First Name	Middle Name

Telephone # of Investigating agency (accessible 24 hours)	Authority for Release (Part IV)	Yes
Area Code () -		

Telephone # of Investigating agency (accessible 24 hours)	Authority for Release (Part IV)	Yes
Area Code () -		

Telephone # of Investigating agency (accessible 24 hours)	Authority for Release (Part IV)	Yes
Area Code () -		

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

Last Seen in Company Of: NAME(S)	Sex
(1)	

MANDATORY DATA ELEMENTS

**Date of Emancipation is individual's eighteenth birth date.

1. ☐ **DISABILITY:**
Person missing is under proven physical/mental disability or is thereby subject himself/herself or others to personal or immediate danger.
2. ☐ **ENDANGERED:**
Person missing under circumstances indicating his/her physical safety is in danger.
3. ☐ **INVOLUNTARY:**
Person missing under circumstances indicating the disappearance was not voluntary.
4. ☐ **JUVENILE:**
Person under 18 years of age who is missing and does not meet entry criteria set forth in # 1, 2, or 3.

PART III

I certify the person described in Part I is missing and under 18 years of age and the information I have furnished is true and correct to the best of my knowledge and belief.

Signature_____
Date_____
Relationship**PART IV**

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in report, and have the legal right to sign this authorization and consent.

Signature_____
Date_____
Relationship

Virginia Missing Children Information Clearinghouse
Virginia State Police
Records Management Division
P. O. Box 27472
Richmond, Virginia 23261-7472

Distribution:

Local School Division Superintendent - 1

Registrar of Vital Records - 1
P. O. Box 1000
Richmond, Virginia 23203-1000

2C
If Child's Social Security card number is known please send this to the Reception & Diagnostic Center.

Redacted

Number _____

F
Families of State Wards are expected to share in the medical expenses of their children whenever possible. If you carry any medical insurance on your child, please indicate below and return this slip to the Reception and Diagnostic Center.

Name of Insurance Company

NONE

Contract or Policy No. _____

Group No. _____

Child's Name

Makal Mahdi

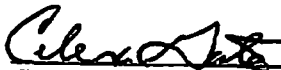
Name of Insured

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

April Monthly Report

Name: Mikal Madhi
DOB: Redacted
State File Number: 49524
Date of Report: 6/1/00
Dates of Contact: 4/19/00, 4/26/00, and 5/3/00

The first few weeks of the month Mikal refused to speak to me. He reported that he was not angry, but only wanted to think about his release and he did not wish to discuss this topic with me at that time. At some point he changed his mind and the final three sessions that Mikal were primarily focused on his thoughts about and plans for his going home. In general Mikal was resistant to these conversations, stating that he did not want me to "write everything down and report to someone." Mikal denied suicidal and homicidal ideation, but would offer little else. Mikal was released from CJCC to his father on 5/4/00. As there is no further action required at this time, his BSU file will be closed.



Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC

cc: Master File, Transfer File, BSU (2), Medical/Nursing

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

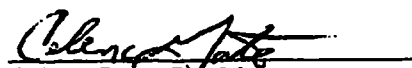
February/March Monthly Report

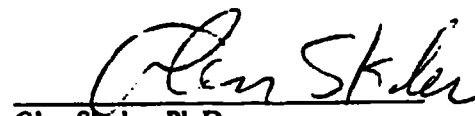
Name: Mikal Madhi
DOB: Redacted
State File Number: 49524
Date of Report: 5/1/00
Dates of Contact: 2/3/00, 2/7/00, 2/14/00, 2/23/00, 3/1/00, 3/14/00 and 3/27/00

This month started with Mikal apologizing to this writer for escalating and throwing food in his cell at the end of last month. This interchange set the tone for the remaining six contacts during this reporting period. For the most part, Mikal allowed himself to be more open to very direct interventions from this writer and also to be appropriately challenging of this writer's style. The content of the sessions was Mikal's preoccupation with the idea that there is a conspiracy against him and that CJCC staff are active and knowing participants in this process. Therapeutic interventions attempted to cognitively disassemble his delusional thought processes by challenging various aspects of Mikal's theory. For example, Mikal is prone to use the term "they" to describe the vague, unidentified entity that is out to get him. Unless Mikal could identify the "they" he was referring to, he was not allowed to use that term. Mikal quickly became aware that he was frequently unsure of to whom he was referring when he was making his allegations. Other interventions focused on Mikal's tendency to make negative predictions based on limited information. These and similar cognitive interventions had the most positive, albeit typically fleeting, success with Mikal. There were times, however, when he was completely unresponsive and instead insisted that his view of the world was indeed accurate. One such example occurred around Mikal's court appearance regarding a street charge he incurred at his previous placement. Mikal was convinced that this writer knew what the outcome of the court proceedings was going to be. This session, however, was an exception to the general tone of the interactions.

In addition to the cognitive work, Mikal was also able to engage in process conversations with this writer. It was noted that Mikal frequently became somewhat agitated by these sessions. Mikal reported that he often feels attacked by this writer's comments and feels that I am trying to "turn his mind around." This issue was addressed by explaining the purpose of therapy to Mikal and, most importantly, by talking about the prevalence of Mikal's fears of developing relationships with others in his life.

During this period, Mikal was promoted to first class for the first time since his arrival to CJCC. Unfortunately, he lasted only a few weeks before catching a charge. After serving his sanction, Madhi was placed in PC where he has remained since. Mikal's time was re-calculated to include his most recent charge and he is scheduled to be released on May 6. Sessions will continue until his release.


Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC


Glen Skoler, Ph.D.
Psychology Supervisor, BSU, CJCC

cc: Master File, Transfer File, BSU (2), Medical/Nursing

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit

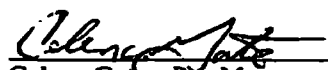
February/March Monthly Report

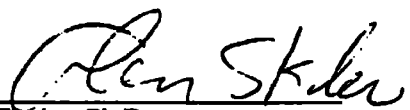
Name: Mikal Madhi
DOB: Redacted
State File Number: 49524
Date of Report: 5/1/00
Dates of Contact: 2/3/00, 2/7/00, 2/14/00, 2/23/00, 3/1/00, 3/14/00 and 3/27/00

This month started with Mikal apologizing to this writer for escalating and throwing food in his cell at the end of last month. This interchange set the tone for the remaining six contacts during this reporting period. For the most part, Mikal allowed himself to be more open to very direct interventions from this writer and also to be appropriately challenging of this writer's style. The content of the sessions was Mikal's preoccupation with the idea that there is a conspiracy against him and that CJCC staff are active and knowing participants in this process. Therapeutic interventions attempted to cognitively disassemble his delusional thought processes by challenging various aspects of Mikal's theory. For example, Mikal is prone to use the term "they" to describe the vague, unidentified entity that is out to get him. Unless Mikal could identify the "they" he was referring to, he was not allowed to use that term. Mikal quickly became aware that he was frequently unsure of to whom he was referring when he was making his allegations. Other interventions focused on Mikal's tendency to make negative predictions based on limited information. These and similar cognitive interventions had the most positive, albeit typically fleeting, success with Mikal. There were times, however, when he was completely unresponsive and instead insisted that his view of the world was indeed accurate. One such example occurred around Mikal's court appearance regarding a street charge he incurred at his previous placement. Mikal was convinced that this writer knew what the outcome of the court proceedings was going to be. This session, however, was an exception to the general tone of the interactions.

In addition to the cognitive work, Mikal was also able to engage in process conversations with this writer. It was noted that Mikal frequently became somewhat agitated by these sessions. Mikal reported that he often feels attacked by this writer's comments and feels that I am trying to "turn his mind around." This issue was addressed by explaining the purpose of therapy to Mikal and, most importantly, by talking about the prevalence of Mikal's fears of developing relationships with others in his life.

During this period, Mikal was promoted to first class for the first time since his arrival to CJCC. Unfortunately, he lasted only a few weeks before catching a charge. After serving his sanction, Madhi was placed in PC where he has remained since. Mikal's time was re-calculated to include his most recent charge and he is scheduled to be released on May 6. Sessions will continue until his release.


Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC


Glen Skoler, Ph.D.
Psychology Supervisor, BSU, CJCC

cc: Master File, Transfer File, BSU (2), Medical/Nursing

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit

December/January Monthly Note

CONFIDENTIAL: For Professional Use Only

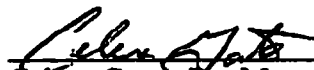
NAME: Mikal Madhi
DOB: Redacted
State File Number: 49524
Date of Report: 2/1/00
Dates of Contact: 12/20/99, 12/30/00, 1/4/00, 1/13/00, and 1/28/00

COPY TO MASTER

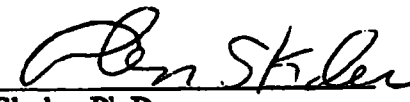
Mikal was transferred to this writer when his previous therapist, Dr. Marnita Floyd, left CJCC. Initial contact revolved around discussions of his work with Dr. Floyd and his time in DJJ. With a few exceptions, Mikal tends to blame others for his problems and minimize his own role.

Depressed mood and angry, hostile affect characterized Mikal's presentation during this time period. His level of frustration, which fluctuated from moderate to very high, greatly affected his mood and affect. His frustration was directly related to Mikal learning that he would be maintained at CJCC until a street charge he incurred at Hanover JCC was resolved. During times of increased stress, Mikal's ability to think coherently and logically was compromised. At these times, his thinking became acutely paranoid and unavailable to therapeutic intervention. When he was more receptive, sessions continued the previously established focus of addressing problematic thought patterns and the concomitant behavioral reactions. Throughout this difficult time for him, Mikal consistently denied suicidal and homicidal ideation. He did not endorse or otherwise present evidence of psychotic thought process.

Individual psychotherapy will continue to address cognitions and behavior.


Celena Gates, Psy.M.

Psychologist Senior, BSU, CJCC


Glen Skoler, Ph.D.
Psychology Supervisor, BSU, CJCC

cc: Transfer file, Master file, BSU (2), Nursing/Medical

DEPARTMENT OF JUVENILE JUSTICE
CULPEPER JUVENILE CORRECTIONAL CENTER
BEHAVIORAL SERVICES UNIT

November/December Monthly Note

CONFIDENTIAL: For Professional Use Only

Name: Mikal Mahdi

DOB: Redacted

Juvenile File Number: 79936

Date of Contacts: 11/2/99, 11/8/99, 11/12/99, 11/18/99, 11/23/99, 11/29/99, 12/2/99

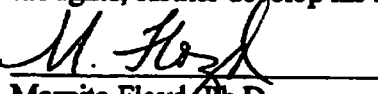
Date of Report: 12/13/99

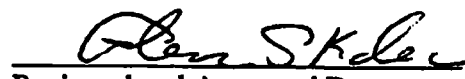
Mikal has had six BSU contacts in November and one contact in December with psychologist Marnita Floyd. Mikal's emotional state was more cheerful with few depressive symptoms endorsed or observed this period. Nonetheless, Mikal was placed on suicide precautions on 11/16/99 as a result of him threatening to kill himself and tying a sheet around his neck. When I asked Mikal about this incident, he reported that he did not really intend to harm himself, he just wanted to go to special housing because he believed he could receive more recreation time there. I pointed out the negative long term consequences of having such incidents documented in his record and discouraged him making insincere suicidal threats in the future despite any short term gains he intends to derive from them. Suicide precautions were reduced to 15 minute checks on 11/19/99, and removed on 11/29/99.

Mikal's interpersonal style with his therapist has usually been personable; however, he has occasionally been irritable and resistant to various treatment interventions. For example, when asked to complete a symptom checklist, he filled in a series of zeros without even reading the questions stating "I don't want to give them nothing to label me... I ain't gonna do it... I don't feel like it. They just get all this sh-t to use against you to keep me here... We don't get no education, no books, or nothing!" Nevertheless, individual therapy sessions have primarily focused on reviewing a model of a destructive behavior cycle and a list common thinking errors. Mikal was also encouraged to detect when he engages in such thinking errors. Of note, Mikal did manage to have almost a two week period of model behavior (11/3/99-11/15/99). During that period, Mikal had not obtained any charges and he reported that he had been using his time constructively by helping out on the pod, reading, writing, drawing pictures, and exercising in his cell. He seemed to enjoy the praise he received from numerous staff members.

Mikal was informed of his psychologist's departure from Culpeper JCC. He was very inquisitive about my plans. He was also told that he would be transferred to another therapist, Celena Gates.

Continued individual psychotherapy is recommended to help Mikal identify and correct his irrational thoughts, further develop his self-control, and increase his participation in constructive activities.


Marnita Floyd, Ph.D.
Psychologist Senior


Reviewed and Approved By
Glen Skoler, Ph.D.
Psychology Supervisor

Cc: Master and Transfer File, BSU – 2 copies, Nursing/Medical

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

Status of Suicide Risk/Alert Precautions
Redacted

Ward Name: Mahdi, M

DOB: _____

Living Unit: 8HU

Change in Suicide Precautions Status

- ☐ Initiate Suicide Precautions or Continue Officer Initiated Precautions
☒ Change Suicide Precautions Status Level
☐ Remove Suicide Precautions At This Time

Current Level of Suicide Precautions Status

- ☒ Level 1 (15 minute checks)
☐ Level 2 (5 minute checks)
☐ Level 3 (constant observation) Pending further BSU evaluation
☐ Mental Health Restraints Authorized for Self-Injurious Behavior ONLY by the Attached Written Protocol

AUTHORIZED ITEMS IN CELL

BOXERS	<u>Y</u>	N	PILLOW /MATTRESS	<u>Y</u>	N
T-SHIRT	<u>Y</u>	N	SHEETS	Y	<u>N</u>
SOCKS	<u>Y</u>	N	BLANKET	<u>Y</u>	N
JUMPER	<u>Y</u>	N	CHAIR	<u>Y</u>	N
ORANGE SHORTS	<u>Y</u>	N	*HYGIENE ITEMS	<u>Y</u>	N
SHOES	<u>Y</u>	N	*TOWEL & WASH CLOTH	<u>Y</u>	N
FLIP FLOPS	<u>Y</u>	N	PERSONAL ITEMS (letters, papers, etc.)	<u>Y</u>	N
BELT/SHOELACES	Y	<u>N</u>	RETAINED FOOD ITEMS	Y	<u>N</u>
CRUSHED MEDICINES	Y	<u>N</u>	*CLEANERS, TOXIC SUBSTANCES	Y	<u>N</u>

*Monitor During Use & Remove After Use

*Supervisor
only*

COMMENTS AND OBSERVATIONS

***Note: Inform the Behavioral Service Unit by Page of Any Change or Increase in Suicidal or Self-Harm Threats or Behavior.

Susanne Flynn
 Authority of (Name/Signature)

11/19/99 Date: 3:20 Time: a.m. p.m.

cc: Transfer File & Master File, BSU File-2 Copies, Nursing/Medical, Shift Commander & Housing Unit Supervisory Sergeant

**Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential**

**Emergency Mental Health Restraint Protocol
(Must be followed in exact step for step detail to comply with IOPs/SOPs)**

Note: This emergency protocol authorizes the use of mental health restraints. It may only be initiated by written authorization of a BSU psychologist or by an administrator on duty or shift commander upon telephone authorization by the on-call BSU staff psychologist.

Note: Mental health restraints are for uncontrollable aggressive, suicidal, self-injurious or self-mutilating behavior only. Most cases of suicidal threats or thoughts can be managed with crisis counseling, suicide precautions and protective observation, without the use of mental health restraints. IOPs/SOPs may authorize custody/security restraints for other than mental health reasons. Covering windows or cameras while on suicide precautions should be considered a mental health emergency.

Name of Ward:

Mahdi, M
Redacted

DOB:

Authorizing Psychologist:

Psychologist Signature:

AOD/Shift Commander:

(If telephone authorized by psychologist)

Dates Authorized:

Step 1: Page The On-Call BSU Psychologist To Inform and Discuss Situation

If possible, during off hours, page the on-call BSU psychologist before restraints are necessary. If restraints have to be used on an emergency basis to control self-injurious behavior, then page the on-call BSU psychologist.

During the workday, page the BSU psychologist for crisis counseling, if possible, before use of restraints.

During regular work, evening or weekend hours page the on-call BSU psychologist if restraints are used for mental health reasons.

Step 2: Crisis Counseling and Warning of Restraint Use for Self-Injurious Acts

A youth who is engaging, has just engaged or is making imminent threats to engage in self injurious behavior should be provided crisis counseling, if possible, before mental health restraints are applied.

Ask the youth what is upsetting or bothering him.

He should be warned that restraints would have to be used to protect him if he cannot control his behavior.

Restraints should not be used as a punishment for behavior, which is not self-injurious, such as throwing food.

Supportive and crisis counseling is encouraged as much as possible throughout the time period of the mental health restraint protocol.

Step 3: Automatic Placement on Suicide Precaution Level 3 (Constant Observations)

Any use of mental health restraints automatically initiates Level 3, constant observation suicide precautions, for the entire length of the restraint protocol for a minimum of 12 hours—even if the youth is on Level 1 (15 min) or Level 2 (5 min) previously authorized precautions at the time the restraints are administered.

Step 4: Administration and Checking of Restraints by IOP/SOP standards including nursing/medical check of restraints as stipulated.

This check should include evaluating the placement of soft mental health wrist to waist restraints, ankle restraints and, if necessary, a helmet for head-banging behavior.

Step 5: Inform Ward of 12 Hour Mental Health Restraint and Observation Protocol

The ward will be told that he is not being punished, and that mental health restraints are being applied for his own protection. He should be told that he is also being placed on constant observation.

The ward will then be told that the restraints will be removed based on his own behavior and verbal commitments to safety based on the following protocol, which should be explained to the youth after restraints are applied.

Step 6: Release of One Arm of Ward's Choice After 45 Minutes (45 minute mark)

This will be allowed if the ward has controlled his behavior and makes a verbal commitment not to harm himself.

(Note: If a helmet was necessary, it will be removed first, after 45 minutes, if the youth has not engaged in head banging while wearing the helmet, and if he makes a continued commitment not to bang his head. At that time, the first arm can be released as well.)

Step 7: Release of Second Arm After Another 45 minutes (1 hour & 30 minute mark)

Again the youth must make a commitment to safety and have not engaged in any self-injurious behavior or threats since his first arm was released.

Step 8: Release of Ankles After Another 45 minutes (2 hours and 15 minute mark)

45 minutes after releasing both arms, the ankle restraints may be removed if the youth has engaged in no self-injurious behavior or threats.

Step 9: Inform Ward that The Protocol Will Be Repeated for Any Further Self-Injurious Behavior or Imminent Threats

Tell the ward that if he cannot control his self-injurious behavior once out of restraints, then the protocol will be repeated.

Step 10: Constant Observation Continues after Restraints Removal to the 12-Hour Mark

Although all restraints may be removed at the two hour and 15 minute mark, as described by the above protocol, constant observation, Level III precautions, should be continued for about another 10 hours, to the 12 hour mark of the protocol from the first use of restraints.

Step 11: Shift from Level 3 to Level 2 Suicide Precautions at 12-Hour Mark

A ward who makes another verbal commitment to safety at the 12 hour mark and who has controlled his behavior for the 12 hour protocol may now be placed on Level 2 (5 min checks) suicide precautions until he can be evaluated by a BSU psychologist.

Step 12: Offer of Counseling and Warning of Use of Restraints

If the youth makes a commitment to safety at the 12 hour mark of the above restraint and release protocol, inform the youth that he can request crisis counseling if he is upset, and that he does not need to harm himself to receive staff attention and support.

However, the youth should be warned that we have an obligation to keep him safe, and that the same restraint protocol will be repeated for any further self-injurious behavior or credible threats of imminent self-harm.

Precautions Notice: Cadets who fall asleep in restraints should be observed regularly (at least every five minutes) to note breathing and comfort level, even while on constant visual or video observation.

Precautions Notice: All IOPs/SOPs must be followed for use of soft restraints, including medical checks of the restraints and proper procedures for personal hygiene, muscle movement, and eating.

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical
Shift Commander and Housing Unit Supervisory Sergeant

BSU Form #10-15-1999

TREATMENT TEAM DISPOSITION

Cadet Name: Mikal Mahdi Rank: Sgt/CMU Date: 11/22/99Counselor: Barbara Amos Housing Unit: 4-A

Treatment Team Members: _____

Reason for Meeting:

☐ Orientation ☐ Service Plan ☐ Update ☐ Special Concern☒ Monthly Progress Review: Mikal continues to display negative behavior. He is currently in Special Housing pending an Assault-on-Staff charge over the weekend.

Behavior Concerns:

☐ Positive ☒ Negative: 1 Major Offense ☐ Moderate Offense

Description and Action Taken:

10/30/99 - #7 - Attempt to circumvent institutional security

Change in Rank:

☐ Change in Rank: ☐ Cadet Request ☐ Staff Recommendation
☐ Approved ☐ Not Approved: Program Justification:☐ Cadet Request for Privilege (specify):☐ Approved ☐ Not Approved: Program Justification:☒ Recommendation to IRC:☐ Program/Facility Transfer to: _____☐ Cadet Appeal (Specify): _____☐ Release/Parole Review: _____☒ Other: Placement Evaluation

Comments:

Cadet Signature:

TREATMENT TEAM DISPOSITION

Cadet Name: Mikal Mahdi Rank: SOC/CMU Date: 10/26/99Counselor: Barbara Amos Housing Unit: 4CTreatment Team Members: PDI Barrett, Mr. Stephenson, Mrs. Amos

Reason for Meeting:

☐ Orientation ☐ Service Plan ☐ Update ☐ Special Concern

☒ Monthly Progress Review: Mikal continues to display overall negative behavior. He is very aggressive and assaultive toward staff. He currently has two major offenses & two moderate offenses
 Behavior Concerns: pending.

☐ Positive ☒ Negative: 3 Major Offense ☐ Moderate Offense

Description and Action Taken: 9/25/99 #6 72 hours
9/29/99 #5 120 hours
10/3/99 #6 48 hours
10/22/99 #7.5 pending
10/22/99 #61.55 pending

Change in Rank:

* Four charges currently pending.

☐ Change in Rank: ☐ Cadet Request ☐ Staff Recommendation
☐ Approved ☐ Not Approved: Program Justification:

☐ Cadet Request for Privilege (specify):☐ Approved ☐ Not Approved: Program Justification:☐ Recommendation to IRC:☐ Program/Facility Transfer to: _____☐ Cadet Appeal (Specify): _____☐ Release/Parole Review: _____☐ Other: _____

Comments:

Threatened to "stab someone, hit someone, whatever" if he doesn't leave here once he completes anger control.

Cadet Signature: X Cadet removed due to aggressive threatening

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

Status of Suicide Risk/Alert Precautions

Ward Name: Mikal Mahdi DOB: Redacted Living Unit: SHU-PC

Change in Suicide Precautions Status

- ☐ Initiate Suicide Precautions or Continue Officer Initiated Precautions
☐ Change Suicide Precautions Status Level
☒ Remove Suicide Precautions At This Time

Current Level of Suicide Precautions Status

- ☐ Level 1 (15 minute checks)
☐ Level 2 (5 minute checks)
☐ Level 3 (constant observation) Pending further BSU evaluation
☐ Mental Health Restraints Authorized for Self-Injurious Behavior ONLY by the Attached Written Protocol

AUTHORIZED ITEMS IN CELL

BOXERS	<u>Y</u>	N	PILLOW / MATTRESS	<u>Y</u>	N
T-SHIRT	<u>Y</u>	N	SHEETS	<u>Y</u>	N
SOCKS	<u>Y</u>	N	BLANKET	<u>Y</u>	N
JUMPER	<u>Y</u>	N	CHAIR	<u>Y</u>	N
ORANGE SHORTS	<u>Y</u>	N	*HYGIENE ITEMS	<u>Y</u>	N
SHOES	<u>Y</u>	N	*TOWEL & WASH CLOTH	<u>Y</u>	N
FLIP FLOPS	<u>Y</u>	N	PERSONAL ITEMS (letters, papers, etc.)	<u>Y</u>	N
BELT/SHOELACES	<u>Y</u>	N	RETAINED FOOD ITEMS	<u>Y</u>	N
CRUSHED MEDICINES	<u>Y</u>	N	*CLEANERS, TOXIC SUBSTANCES	Y	<u>N</u>

*Monitor During Use & Remove After Use

COMMENTS AND OBSERVATIONS

Mikal denies any current SI stating "I'm done with all that suicide stuff." He has not had any gestures since the 1st wk of October and was able to contract convincingly for his safety. He is removed from suicide alert status at this time. Lt. Brice was informed of Mikal's current clinical status for movement consideration.

***Note: Inform the Behavioral Service Unit by Page of Any Change or Increase in Suicidal or Self-Harm Threats or Behavior

M. Floyd, BSU Psychologist 10/20/99 3:00
 Authority of (Name/Signature) Date: Time: a.m./p.m.

cc: Transfer File & Master File, BSU File-2 Copies, Nursing/Medical, Shift Commander & Housing Unit Supervisory Sergeant

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

Status of Suicide Risk/Alert Precautions
Redacted

Ward Name: Mikal Mahdi

DOB: _____

Living Unit: SHU-PC

Change in Suicide Precautions Status

- ☒ Initiate Suicide Precautions or Continue Officer Initiated Precautions
☐ Change Suicide Precautions Status Level
☐ Remove Suicide Precautions At This Time

Current Level of Suicide Precautions Status

- ☐ Level 1 (15 minute checks)
☒ Level 2 (5 minute checks)
☐ Level 3 (constant observation) Pending further BSU evaluation
☐ Mental Health Restraints Authorized for Self-Injurious Behavior ONLY by the Attached Written Protocol

AUTHORIZED ITEMS IN CELL

BOXERS	☒ Y	☐ N	PILLOW /MATTRESS	☒ Y	☐ N
T-SHIRT	☒ Y	☐ N	SHEETS	☐ Y	☒ N
SOCKS	☒ Y	☐ N	BLANKET	☒ Y	☐ N
JUMPER	☐ Y	☒ N	CHAIR	☐ Y	☒ N
ORANGE SHORTS	☒ Y	☐ N	*HYGIENE ITEMS	☒ Y	☐ N
SHOES	☒ Y	☐ N	*TOWEL & WASH CLOTH	☒ Y	☐ N
FLIP FLOPS	☒ Y	☐ N	PERSONAL ITEMS (letters, papers, etc.)	☒ Y	☐ N
BELT/SHOELACES	☐ Y	☒ N	RETAINED FOOD ITEMS	☒ Y	☐ N
CRUSHED MEDICINES	☒ Y	☐ N	*CLEANERS, TOXIC SUBSTANCES	☐ Y	☒ N

*Monitor During Use & Remove After Use

Supervised only
Supervised only

COMMENTS AND OBSERVATIONS

Two staff members reported that Mikal threatened to hang himself with a sheet. The above precautions are deemed necessary to ensure his safety at this time.

***Note: Inform the Behavioral Service Unit by Page of Any Change or Increase in Suicidal or Self-Harm Threats or Behavior

Marnita Hoza
 Authority of (Name/Signature)

11/16/99
 Date:

3:58
 Time: a.m./p.m.

cc: Transfer File & Marnita Hoza, BSU File-2 Copies, Nursing/Medical, Shift Commander & Housing Unit Supervisory Sergeant

**Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential**

**Emergency Mental Health Restraint Protocol
(Must be followed in exact step for step detail to comply with IOPs/SOPs)**

Note: This emergency protocol authorizes the use of mental health restraints. It may only be initiated by written authorization of a BSU psychologist or by an administrator on duty or shift commander upon telephone authorization by the on-call BSU staff psychologist.

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Name of Ward: _____

DOB: _____

Authorizing Psychologist: _____

Psychologist Signature: _____

AOD/Shift Commander: _____

(If telephone authorized by psychologist)

Dates Authorized: _____

Step 1: Page The On-Call BSU Psychologist To Inform and Discuss Situation

If possible, during off hours, page the on-call BSU psychologist before restraints are necessary. If restraints have to be used on an emergency basis to control self-injurious behavior, then page the on-call BSU psychologist.

During the workday, page the BSU psychologist for crisis counseling, if possible, before use of restraints.

During regular work, evening or weekend hours page the on-call BSU psychologist if restraints are used for mental health reasons.

Step 2: Crisis Counseling and Warning of Restraint Use for Self-Injurious Acts

A youth who is engaging, has just engaged or is making imminent threats to engage in self injurious behavior should be provided crisis counseling, if possible, before mental health restraints are applied.

Ask the youth what is upsetting or bothering him.

He should be warned that restraints would have to be used to protect him if he cannot control his behavior.

Restraints should not be used as a punishment for behavior, which is not self-injurious, such as throwing food.

Supportive and crisis counseling is encouraged as much as possible throughout the time period of the mental health restraint protocol.

Step 3: Automatic Placement on Suicide Precaution Level 3 (Constant Observations)

Any use of mental health restraints automatically initiates Level 3, constant observation suicide precautions, for the entire length of the restraint protocol for a minimum of 12 hours—even if the youth is on Level 1 (15 min) or Level 2 (5 min) previously authorized precautions at the time the restraints are administered.

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This check should include evaluating the placement of soft mental health wrist to waist restraints, ankle restraints and, if necessary, a helmet for head-banging behavior.

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The ward will be told that he is not being punished, and that mental health restraints are being applied for his own protection. He should be told that he is also being placed on constant observation.

The ward will then be told that the restraints will be removed based on his own behavior and verbal commitments to safety based on the following protocol, which should be explained to the youth after restraints are applied.

Step 6: Release of One Arm of Ward's Choice After 45 Minutes (45 minute mark)

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Step 7: Release of Second Arm After Another 45 minutes (1 hour & 30 minute mark)

Again the youth must make a commitment to safety and have not engaged in any self-injurious behavior or threats since his first arm was released.

Step 8: Release of Ankles After Another 45 minutes (2 hours and 15 minute mark)

45 minutes after releasing both arms, the ankle restraints may be removed if the youth has engaged in no self-injurious behavior or threats.

Step 9: Inform Ward that The Protocol Will Be Repeated for Any Further Self-Injurious Behavior or Imminent Threats

Tell the ward that if he cannot control his self-injurious behavior once out of restraints, then the protocol will be repeated.

Step 10: Constant Observation Continues after Restraints Removal to the 12-Hour Mark

Although all restraints may be removed at the two hour and 15 minute mark, as described by the above protocol, constant observation, Level III precautions, should be continued for about another 10 hours, to the 12 hour mark of the protocol from the first use of restraints.

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Step 12: Offer of Counseling and Warning of Use of Restraints

If the youth makes a commitment to safety at the 12 hour mark of the above restraint and release protocol, inform the youth that he can request crisis counseling if he is upset, and that he does not need to harm himself to receive staff attention and support.

However, the youth should be warned that we have an obligation to keep him safe, and that the same restraint protocol will be repeated for any further self-injurious behavior or credible threats of imminent self-harm.

Precautions Notice: Cadets who fall asleep in restraints should be observed regularly (at least every five minutes) to note breathing and comfort level, even while on constant visual or video observation.

Precautions Notice: All IOPs/SOPs must be followed for use of soft restraints, including medical checks of the restraints and proper procedures for personal hygiene, muscle movement, and eating.

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical
Shift Commander and Housing Unit Supervisory Sergeant

BSU Form #10-15-1999

Initial Contact & Monthly Note for Mikal Mahdi, 11/8/99

Page 1

**DEPARTMENT OF JUVENILE JUSTICE
CULPEPER JUVENILE CORRECTIONAL CENTER
BEHAVIORAL SERVICES UNIT**

Initial Contact & Monthly Note

CONFIDENTIAL: For Professional Use Only**Name:** Mikal Mahdi**DOB:** Redacted**Juvenile File Number:** 79936**Date of Contacts:** 10/1/99, 10/5/99, 10/6/99, 10/8/99, 10/12/99, 10/13/99, 10/18/99, 10/20/99, 10/21/99, 10/27/99**Date of Report:** November 8, 1999**Identifying Information & Reason for Referral**

Mikal was referred to the Behavioral Services Unit (BSU) for emergency services due reports that he was threatening to harm himself. He was also referred to assess his amenability for treatment in effort to decrease his disruptive and assaultive institutional behavior.

Background

The following information was obtained from Mikal's institutional record. This is Mikal's second commitment to the Department of Juvenile Justice (DJJ). He was first committed from 12/2/97 to 6/14/98, which he served at various facilities including Hanover JCC and Kenbridge Youth Development School, for breaking and entering (2 counts) and grand larceny. He began his current commitment on 8/11/98 and received an indeterminate sentence for obstruction of justice and contempt of court. He was transferred from Hanover to Culpeper JCC on 6/29/99. Mikal has a history of poor adjustment in many settings, as well as a history of verbally abusive and physically aggressive behavior. At the time of this report, he had received over 40 institutional charges during his current commitment for a variety of disruptive behaviors including failure to comply, abusive language, fighting, destruction of property, and assaults on staff.

Mikal comes from a reportedly unstable and fairly impoverished family background. His parents were married in 1980 and have been separated since 1990. While in the community, Mikal has resided with an uncle in Baltimore; a family (the Prescotts) in Broadnax, Virginia; and alternately with his grandmother and father in rural Virginia. Throughout these various placements, he also received periodic visits from his mother. Records report that Mikal's father is not employed and receives public assistance amounting to \$122 per month. In addition, records indicate that Mr. Mahdi "has attempted to exert minimal control over his son and seems content to stay detached and uninvolved as long as Mikal is not causing problems for him" (Social History Investigation Report, dated 8/11/98, p. 6). For example, Mikal was allowed to quit school while in his father's care. It is also noteworthy that Mikal's father has also been incarcerated several times in the past and was involved in Mikal's current offenses.

Past BSU Involvement

According to Mikal's records, he had no BSU contacts during his first commitment and two BSU contacts while at Hanover during his current commitment. Psychologists Gerald Boynton and Cathy Cheeks each saw Mikal separately in June 1999. Both noted that Mikal's thought patterns were greatly distorted in self-serving ways. For example, he frequently perceives everyone to be against him and tends to minimize and rationalize his negative behavior.

With regard to intellectual abilities, Mikal was evaluated by a school psychologist in the Brunswick county public school system in 1994. On the WISC-III, he obtained a VIQ=114, PIQ=119, and FSIQ=118, which placed his intellectual functioning in the Above Average range. He was re-evaluated in January 1998 at RDC. His WISC-III results were as follows: VIQ=100, PIQ=116, and FSIQ=108. These scores were significantly lower than his previous scores, but were still in the Average to Above Average (on nonverbal tests) range. His lower test scores at RDC were attributed to Mikal's decreased motivation and other effects of incarceration.

Current Mental Health Services and Issues

Mikal has had ten contacts with BSU Psychologist Marnita Floyd and one with Glen Skoler during the month of October. At least three of these contacts were crisis calls in response to Mikal's suicidal threats and gestures. When initially seen on the isolation side of the Special Housing Unit (Mikal was serving time for assaulting an officer), he appeared moderately depressed with markedly slowed speech and motor movements, a negativistic outlook, and overall melancholic presentation. The content of his speech reflected a significant amount of irrational and distorted thoughts characterized by minimizing his responsibility for negative events, blaming others, and catastrophizing about his future. His preoccupation with conspiracy theories along racial and institutional lines also seemed to have a paranoid quality to them. Mikal reported that he had thoughts to kill himself and that he had several plans that he would not disclose; therefore, he was placed on Level I (15 minute checks) suicide precautions on 10/1/99. The next day, he tried to electrocute himself in his cell and was placed on Level II (5 minute checks) suicide precautions.

Most of the first sessions focused on ensuring Mikal's safety. Next, the focus switched to finding ways to elevate his mood. In addition to a blend of supportive and cognitive-behavioral approaches to therapy, a trial of antidepressants was suggested, but Mikal declined taking any medication. His emotional state appeared to brighten around 10/8/99 when he was placed in a cell with a window. He was observed to talk more fluently, smile occasionally, and to engage in some constructive activities such as reading and exercising in his cell. On 10/13/99, his suicide precaution status was decreased to Level I (15 minute checks) because he reported that he had not had any thoughts to harm himself since 10/6/99. As Mikal's mood elevated, he also began to act out in destructive ways by covering up the camera in his room with toilet paper, writing on the window with soap, and breaking a desk off of the wall in his cell. When he was confronted about these behaviors, he took little to no responsibility for them. We discussed differences between the level of structure he received at home and that which he receives at Culpeper and he was encouraged to comply with the program here to improve his adjustment and ensure a timely return home. Despite comments to the contrary, Mikal seemed a little bit ambivalent about returning home due to financial circumstances there.

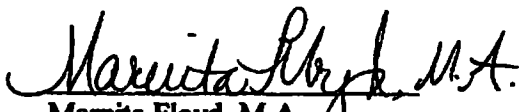
Toward the end of October, Mikal continued to deny any thought, plans, or urges to harm himself. However, he became defiant verbally issuing ultimatums that he would either go to the general population or remain in protective custody instead of going to the School of Cadet (SOC) as the LEADER program rules dictated. Nevertheless, all suicide precautions were removed on 10/20/99 and he was transferred to the School of the Cadet. I responded to another crisis call one day after his arrival to the SOC at which point Mikal was complaining and demanding to go back to protective custody. I told him he needed to do his time according to the rules and that he should rule out using threats or gestures to harm himself as a option to get his desires met. Of note, he described one unusual sensory experience. He reported that he saw and heard some paint peel up from the wall and then return to its place. Again, I suggested that he undergo a trial of medication, but he declined. His adjustment to the School of the Cadet continues to be marginally adequate at the end of this reporting period.

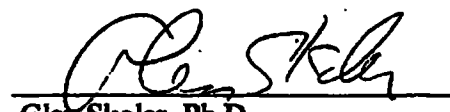
Assessment & Recommendations

Mikal is a 16 year old African-American male with a recent history of melancholic depressive symptoms, suicidal gestures, disruptive behavior, oppositional defiance of selected authority figures, and irrational thought patterns. His symptoms seem most consistent with a diagnosis of major depression of at least moderate severity. It is unclear whether his irrational thought patterns constitute psychotic features associated with his mood disorder, or egocentricity and immaturity associated with youth, or a mild thought disorder suggestive of an emerging paranoid personality disorder. Making differential diagnoses in adolescence can be complicated, not only because of typical emotional and psychological changes that accompany normal development, but also because some psychological disorders are only beginning to present themselves and have not completely emerged. Formal psychological evaluation and continued therapeutic contact should help to clarify such diagnostic issues. A diagnosis of oppositional defiant disorder was considered, but was superceded by him meeting criteria for conduct disorder.

As mentioned in Mikal's RDC evaluation dated 1/14/98, there appear to be multiple factors contributing to his disruptive behavior. Numerous placements and insufficient parental guidance and supervision in the community seem to have imbued Mikal with little regard for authority figures. Moreover, Mikal has become quite accustomed to doing whatever he wants whenever he feels like it. The irrational thought patterns that Mikal frequently engages in also play a large part in his disruptive behavior cycle. If he is in a negative emotional state like feeling bored or powerless, he will act out destructively. He then minimizes his responsibility for his actions, and when appropriate consequences are meted out, he feels as though he is being treated unjustly. He then uses this perception of unfair treatment towards him to justify further lashing out in his environment.

It is recommended that Mikal receive individual psychotherapy at least twice weekly at first, using a cognitive-behavioral approach to help him identify and correct his irrational thoughts, further develop his self-control, and increase his participation in constructive activities. Ongoing monitoring of Mikal's mood and psychological functioning will also be accomplished during individual sessions.


Marnita Floyd, M.A.
Psychologist Senior


Glen Skoler, Ph.D.
Psychology Supervisor

master transfer medical, BSU (2 copies)

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential

Status of Suicide Risk Alert/Precautions

Redacted

Ward Name: M. Kel Mahali DOB: Redacted
Living Unit: Special Housing Date: 10/2/99
BSU Staff Authorization By: DR Skaler

Change in Suicide Precautions Status

- ☒ Initiate Suicide Precautions or Continue Officer Initiated Precautions
☒ Change Suicide Precautions Status Level
☐ Remove Suicide Precautions At This Time

Current Level of Suicide Precautions Status

- ☐ Level 1 (15 min checks)
☐ Level 2 (5 min checks)
☒ Level 3 (constant observation) for until further notice, then proceed to Level 2, 5 minute checks, if no further suicidal behavior or statements

Special Suicide Precautions

- ☒ Suicide proof cell of all potentially injurious material and objects
☒ Mattress/pillow OK ☐ Clothes OK ☐ Pencils OK ☐ Blankets OK
☒ Mental health soft restraints authorized only to prevent self harm
To be used in compliance with the written protocol on the attached page only
☐ Discontinue authorization of previously authorized mental health restraints

Comments and Observations

1 blanket, no sheets, no
t-shirt, no jumper
→ Youth is a threat to harm self
Religious books authorized for isolation stat
Mental Health Restraints
authorized by attached protocol
No items that can be used for self harm

Note: Inform the Behavioral Service Unit by Page of Any Change or Increase in Suicidal or Self Harm Threats, Behavior or Acts

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical Shift Commander and Housing Unit Supervisory Sergeant

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential

Emergency Protocol For Soft Mental Health Restraints

Note: This emergency protocol authorizes the use of mental health restraints. It may only be initiated by written authorization of a BSU psychologist or by an administrator on duty or shift commander upon telephone authorization by the on-call BSU staff psychologist.

Note: Mental health restraints are for uncontrollable aggressive, suicidal, self injurious or self-mutilating behavior only. Most cases of suicidal threats or thoughts can be managed with crisis counseling, suicide precautions and protective observation, without the use of mental health restraints. IOPs/SOPs may authorize custody/security restraints for other than mental health reasons.

Name of Ward:

Mikal Michaeli
Redacted

DOB:

Juv File #:

51957/79936

Authorizing Psychologist:

Psychologist Signature:

Dr SK Lee
Ren SK Lee, M.D.

AOD/Shift Commander:

(If telephone authorized by psychologist)

Dates Authorized:

10/2/99

Emergency Mental Health Restraint Protocol
(Must be followed in exact step for step detail to comply with IOPs/SOPs)

Step 1: Page The On-Call BSU Psychologist To Inform and Discuss Situation

If possible, during off hours, page the on-call BSU psychologist before restraints are necessary. If restraints have to be used on an emergency basis to control self-injurious behavior, then page the on-call BSU psychologist.

During the work day page the BSU psychologist for crisis counseling, if possible, before use of restraints.

During regular work, evening or weekend hours, page the on-call BSU psychologist if restraints are used for mental health reasons.

Step 2: Crisis Counseling and Warning of Restraint Use for Self Injurious Acts

A youth who is engaging, has just engaged or is making imminent threats to engage in self injurious behavior should be provided crisis counseling, if possible, before mental health restraints are applied.

Ask the youth what is upsetting or bothering him.

He should be warned that restraints will have to be used to protect him if he cannot control his behavior.

Restraints should not be used as a punishment for behavior which is not self-injurious, such as throwing food.

Supportive and crisis counseling is encouraged as much as possible throughout the time period of the mental health restraint protocol.

Step 3: Automatic Placement of Suicide Precaution Level 3 (Constant Observations)

Any use of mental health restraints automatically initiates Level 3, constant observation suicide precautions, for the entire length of the restraint protocol--even if the youth is on Level 1 (15 min) or Level 2 (5 min) previously authorized precautions at the time the restraints are administered.

Step 4: Administration and Checking of Restraints by IOP/SOP standards including nursing/medical check of restraints as stipulated.

This check should include evaluating the placement of soft mental health wrist to waist restraints, ankle restraints and, if necessary, a helmet for head-banging behavior.

Step 5: Inform Ward of 8 Hour Mental Health Restraint and Observation Protocol

The ward will be told that he is not being punished, and that mental health restraints are being applied for his own protection.

The ward will then be told that the restraints will be removed based on his own behavior and verbal commitments to safety based on the following protocol, which should be read to the youth after restraints are applied.

Step 5: Release of One Arm of Ward's Choice After 45 Minutes (45 minute mark)

This will be allowed if the ward has controlled his behavior and makes a verbal commitment not to harm himself.

(Note: If a helmet was necessary, it will be removed first, after 45 minutes, if the youth has not engaged in head banging while wearing the helmet, and if he makes a continued commitment not to bang his head. At that time, the first arm can be released as well.)

Step 6: Release of Second Arm After Another 45 minutes (1 hour & 30 minute mark)

Again the youth must make a commitment to safety and have not engaged in any self-injurious behavior when his first arm was released.

Step 7: Release of Ankles After Another 45 minutes (2 hours and 15 minute mark)

45 minutes after releasing both arms, the ankle restraints may be removed if the youth has engaged in no self injurious behavior and

Step 8: Inform Ward That The Protocol Will Be Repeated For Any Further Self Injurious Behavior or Imminent Threats

Tell the ward that if he cannot control his self injurious behavior once out of restraints, then the protocol will be repeated.

Step 9: Constant Observation Continues After Restraints Removal to the 8 Hour Mark

Although all restraints may be removed at the two hour and 15 minute mark, as described by the above protocol, constant observation, Level III precautions, should be continued for about 6 hours, to the 8 hour mark of the protocol from the first use of restraints.

Step 10: Shift From Level 3 to Level 2 Suicide Precautions At 8 Hour Mark

A ward who makes another verbal commitment to safety at the 8 hour mark and who has controlled his behavior for the 8 hour protocol may now be placed on Level 2 (5 min checks) suicide precautions until he can be evaluated by a BSU psychologist.

Step 11: Offer of Counseling and Warning of Use of Restraints

If the youth makes a commitment to safety at the 8 hour mark of the above restraint and release protocol, inform the youth that he can request crisis counseling if he is upset, and that he does not need to harm himself to receive staff attention and support.

However, the youth should be warned that we have an obligation to keep him safe, and that the same restraint protocol will be repeated for any further self-injurious behavior or credible threats of imminent self-harm.

Precautions Notice: Cadets who fall asleep in restraints should be observed regularly (at least every five minutes) to note breathing and comfort level, even while on constant visual or video observation.

Precautions Notice: All IOPs/SOPs must be followed for use of soft restraints, including medical checks of the restraints and proper procedures for personal hygiene, muscle movement, and eating.

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical Shift Commander and Housing Unit Supervisory Sergeant

Treatment Services at Culpeper Juvenile Correctional Center Anger Control Report

Month of: August - September 1999
 Name: Mikal Mahdi
 DOB: Redacted
 State File #: 51957

Living Unit: 3 B
 Counselor: Amos

Current Services

☒ Individual
☒ Group
☐ Family

Number of Sessions

4 Individual ☐ Crisis
5 Group ☐ Evaluation
☐ Family

Behavioral Summary:

Mikal displayed appropriate behavior during group and participated when verbally prompted. Regarding mandatory journal assignments, Mikal made progressive effort to complete these in a timely manner. Mikal demonstrated behavior congruent with successful completion of the program up until Session 5.

Prior to finishing Anger Control, Mikal received several major institutional charges for aggressive behavior. At this time, Mikal has been terminated from group and will have to remain offense free for 30 days in order to be eligible to rejoin the Anger Control program. Mikal will need to complete Sessions 5, 6, and 7.

Thistle Newcomb, MS, NCC
Clinical Social Worker

Name
 Title

Thistle Newcomb, MS, NCC
09/17/99

Signature
 Date of Report

DEPARTMENT OF JUVENILE JUSTICE
HANOVER JUVENILE CORRECTIONAL CENTER
BEHAVIORAL SERVICES UNIT

REPORT OF CONTACT

CONFIDENTIAL

NAME: Mikal D. Mahdi
DOB: Redacted
FILE: #51957
CIRC: Booker
DATE SEEN: 6/16/99

Mr. Booker requested that I try to speak to Mikal because he felt that recently when he was attempting to assist Mikal by using a behavioral contract that Mikal exploded and did not understand the content that was being presented to him. I have, during the period that Mikal has been in the security cottages, been talking to him off and on. Often this was an embarrassment to him even though he seemed to like the attention. When I saw Mikal on 6/16/99, he was in isolation in Gee Cottage. I asked if he would prefer to be left alone or would he be willing to speak to me. Mikal indicated that he would be glad to talk to me and we engaged in a rather lengthy conversation. I explained to Mikal that I had as background information all of our discussions and the fact that both Mr. Booker and other folks had asked me to look in on him over the last few months. I also noted that I was aware that he had spoken to Ms. Cheek the previous day. Mikal acknowledged that we had been talking off and on for a while and that he knew that I had been interested in his progress. The early part of the conversation focused on Mikal's sense of having being placed in the Department of Juvenile Justice through a highly inappropriate process. We discussed the problem of having violated on his probation on the basis that he did not open his family house to police officers when they arrived to talk with his father. Mikal felt that he was poorly represented by his court appointed attorney who he did not see as being very concerned about the legality of the contact from the police. I refocused Mikal by talking about how complaints with due process or legal procedure

Mikal Mahdi

Page 2

had to be addressed while a person was not incarcerated if they were to be effective. I repeatedly tried to refocus Mikal on his current situation but he stated that it was difficult for him to consider himself a criminal and have all of his ongoing interactions focused on that set of expectations. He clearly did not feel much of his behavior needed to be addressed but that the legal system needed to redress their way of dealing with minorities. It was obvious that he had the highly idealized expectations of the legal and court system that adolescents often have and that he was taking very little responsibility for the quality of his interaction and its impact on the system. I was able to get Mikal to refocus on the current situation and ask him what he would prefer to have happen to him while he was here. He committed to the idea that he would much prefer to be in the open population working toward his discharge than he would be continuing to be isolated in the security cottages. I discussed with him his failure to engage with Mr. Booker when he was trying to talk about a contract that would facilitate Mikal's movement into the open population. Mikal admitted that he had not been listening because he had been very angry and at that point owned his own "hardheadedness," oppositional behavior and the fact that he frequently perceives everyone as being against him. Mikal at that point asked if it would be possible to have the contract that Mr. Booker offered to him reviewed again with him when he was not at such high an irritation level. I told him that I would speak to Mr. Booker and there was a possibility that this might be included in his review before he went to IRC. I did follow up with my plan to provide this change of heart information to Mr. Booker and IRC but the timeliness was interfered with because most of the principals were not available until the morning of the IRC meeting.

Mikal Mahdi

Page 3

Currently Mikal is very guarded and oppositional with most authority figures. He has a strong belief that as a minority and a Muslim he will continue to be abused by the "larger system."

It appears relatively unlikely that Mikal will continue in this location and his own continuing oppositional behavior may well immerse him in more punitive parts of the Department of Juvenile Justice. It is probably very important for Mikal to have an identified ongoing contact that will persist in working with him in a therapeutic fashion even though he is highly oppositional. He is unlikely to respond over the short haul to any type of support or investment. However, if we are unable to engage him and begin to help him reconstruct his perception of the world, we will likely be working with a very angry and potentially violent, long-term correctional client. I would recommend as much as possible that we continue to try and engage him in a therapeutic fashion. Certainly all efforts to provide this type of service should be documented as part of his ongoing incarceration.

SUBMITTED BY:


Gerald Boynton, Ed.D.
Licensed Clinical Psychologist
Psychology Supervisor
Behavioral Services Unit

Dictated: 06/18/99

Typed: 06/25/99

GB/tgh

DEPARTMENT OF JUVENILE JUSTICE
MEDICAL INTERIM FORM

SOL000064

C.M.

NAME: Mahdi M. Kal

DATE OF BIRTH: Redacted

FILE NO: 51957

FACILITY: Hanover Juvenile Correctional Center

REPORTING PERIOD: 3-15-99 - 5-10-99

3/26/99 youth cold & flu, drowsy + P.O.
BP x 3 days, problem resolved

MEDICAL / DENTAL PROBLEMS:

MEDICATION: None

OUTSIDE - CLINIC VISITS: None

SICK CALL: ☒ / ROUTINE: ☐ NONE: ☐

MISCELLANEOUS: None

Prepared by: Asharon Curtis RN

Date of Report: 5-10-99

cc: Master File
Medical File
Transfer File

DEPARTMENT OF JUVENILE JUSTICE
MEDICAL INTERIM FORM

SOL000065

J.B.

NAME: Mahesh, Nikal

DATE OF BIRTH: Redacted

FILE NO: 51957

FACILITY: Hanover Juvenile Correctional Center

REPORTING PERIOD: 11-23-98 - 1-18-99

MEDICAL / DENTAL PROBLEMS: None

MEDICATION: None

OUTSIDE - CLINIC VISITS: None

SICK CALL: ☒

ROUTINE: ☐

NONE: ☐

MISCELLANEOUS: None

Prepared by: Sharon G. Hinkley

Date of Report: 1-18-99

cc: Master File
Medical File
Transfer File

DEPARTMENT OF JUVENILE JUSTICE
MEDICAL INTERIM FORM

SOL000066
C, M

NAME: Mahdi, Mikal

DATE OF BIRTH: Redacted

FILE NO: 51957

FACILITY: Hanover Juvenile Correctional Center

REPORTING PERIOD: 1-18-99 - 3-15-99

MEDICAL / DENTAL PROBLEMS:

2/9/99 3/4 cold 5/5 headache, tooth given
Tylenol 4 tabs, problem resolved,
no other medical problems noted in
chart

MEDICATION: None

OUTSIDE - CLINIC VISITS: None

SICK CALL: ☒

ROUTINE: ☐

NONE: ☐

MISCELLANEOUS: None

Prepared by: Sharon Gustafson RN

Date of Report: 3-15-99

cc: Master File
Medical File
Transfer File

YOUTH'S NAME Maki, Maki FILE # 51957
 DOB Redacted RACE B SEX M
 RECEIVING FACILITY HQCC

HISTORY (Obtained from youth and chart):

— Last place (facility) of residence: _____
 — Allergies: NA meds
 — Current medical, dental or mental health complaints: none
 — Current or recent medical, dental or mental health treatment: none
 — Medications - name/dosage/time: none

EXAMINATION

Height 67 1/2 Weight 161 lbs

NA Scars - location, size, type: _____

NA Tattoos - location, size, type: _____

NA Pierced ear(s): _____ Right; _____ Left.

NA General Appearance and Behavior: - Normal _____ Abnormal (explain:)

None

Present (explain:)

DISPOSITION OF YOUTH:

1. ✓ Routine Care
2. ✓ Emergency referral to outside health care
3. ✓ Medical restrictions: _____
4. ✓ Appointment needed: _____
5. ✓ Dental care needed next day & exam 11/9/98
6. ✓ Immunizations needed: up to date
7. ✓ Pending lab: _____
8. ✓ Infirmary orientation done.
9. ✓ Deemed consent law explained. ?

SIGNED A. Reed H-c DATE 11/23/98

Procedure 12-001.09 - Attachment A

Department of Juvenile Justice PHYSICAL EXAMINATION

① = Yes

④ = Under Investigation or Results Not Yet Available

② = No

⑥ = Not Applicable

③ = Not Checked or Recorded

GENERAL APPEARANCE: medium size, shaved black hair, brown eyes
expressing no tattoos, or scars

1. Weight

161 lbs.

2. Height

67.5 in

VITAL SIGNS

Temp

98.1 °

Pulse

80

per/min

Resp

20

per/min

B/P

10070

SKIN:

2

3.

Birthmarks

Multiple dark spots to face and chest, and upper back2

4.

Scars

2

5.

Tatoos or Carvings (specify)

2

6.

Acne

12

7.

Skin Infection - Fungal

2

8.

Skin Infection - Other (includes warts)

tick itch / antifungal cream to OTC2

9.

Recent Trauma

HEAD, EYES, EARS, NOSE, THROAT:

2

10.

Infection

2

11.

Failed Vision Screen

2

12.

Failed Hearing Screen

HEART / LUNGS:

2

13.

Acute Asthma

2

14.

Organic Heart Abnormality

reg. shaker - soft nasale wheezing

BREAST EXAM:

LYMPHATIC:

ABDOMEN:

2

15.

GI Abnormality

MUSCULAR / SKELETAL:

2

16.

Scoliosis

NAME:	SEX	ALLERGIES	DOB	RACE	COTTAGE
<u>Mahdi, Mahdi</u>	<u>M</u>	<u>NKA</u>	<u>Redacted</u>	<u>B</u>	<u>B</u>
Juvenile # <u>51957</u>					

GENTIL / URINARY

SOL000069

17. Kidney or Bladder Problem 18. Gonorrhea 19. Chlamydia or Non-Gonococcal Urethritis 20. Syphilis 21. Trichomonas 22. Bacterial Vaginosis 23. Pediculosis Pubis or Capitis 24. Monilia 25. Hernia <u>6</u> 26. PID <u>6</u> 27. PAP (class results) _____ ① = Class I ② = Class II ③ = Class III, IV or V ④ = Not Applicable	PELVIC EXAM (Females) Deferred for 1 (one) week Ext. Genitalia <u>6</u> BUS _____ Vagina _____ Cervix _____ Uterus _____ Adnexal _____ Recto Vaginal _____ Tanner Stage _____ MALES Circumcised <u>1</u> Hernia <u>2</u> Tanner Stage <u>2</u> Testicles <u>✓✓</u>

NEUROLOGIC

2 28. Deficit Identified _____ Handedness _____ Left Right

LABORATORY FINDINGS

29. Anemia _____

30. Other _____

PREGNANCY

6 31. Currently Pregnant _____

DISPOSITION(S)

MEDICATION PRESCRIBED BY D J J PHYSICIAN

1 32. Topical Insulin

2 33. Psychotropic _____

2 34. Other _____

REFERRAL MADE:

2 35. Within D J J _____

2 36. Community Physician or Clinician _____

2 37. X-Ray or other Diagnostic Study Ordered _____

IMMUNIZATION RECORDS:

38. 0 = No Records 1 = D J J Records Only

2 = Records from Schools, Family or Other Source (In addition to D J J Records)

Signature Emily Plank Date 10/23/98

Name: _____ Juvenile #: _____

Department of Juvenile Justice MEDICAL HISTORY

① = Yes

② = No

③ = Not Known

④ = Not Applicable

2 1. ALLERGIES: Medications _____
Reactions _____
2 2. ALLERGIES: Environmental _____
Reactions _____

MEDICATIONS: Name / Dose / Frequency

2 3. Current Psychotropic meds: _____
2 4. Previous Psychotropic meds. (name/when): _____
2 5. Other: _____
2 6. Glasses 2 Other Prosthesis (specify) _____

PAST MEDICAL HISTORY

2 7. Private MD? If Yes, Name _____
Address _____ Clinic _____ Address _____
2 8. Head Injuries _____
2 9. Loss of Consciousness _____ How Long? _____
1 10. Fractures Ex (R) Tibia age approx - bike accident, Ex (R) arm - young child
2 11. Seizures _____
2 12. Gunshot Wounds _____
2 13. Stab Wounds _____
2 14. Blunt Trauma Injuries _____
2 15. Self Injury Requiring Medical Attention _____
2 16. Hospitalizations Psychiatric: _____
2 17. Hospitalizations Other: _____
2 18. Surgery: _____
Other illness or injury: _____

CHILDHOOD DISEASES: Chicken Pox 1 Other _____

YOUTH'S DISEASES

FAMILY MEMBER DISEASES

<u>2</u> 19. TB	<u>2</u> 22. Hepatitis	<u>2</u> 26. TB
<u>2</u> 20. Asthma Last Symptoms: _____ Peak Flow _____	<u>2</u> 23. Rheumatic Fever	<u>2</u> 27. Heart Disease
<u>2</u> 21. Diabetes	<u>1</u> 24. Heart (Murmur or Disease)	<u>2</u> 28. Diabetes
	<u>2</u> 25. Sickle Cell (Trait or Disease)	<u>1</u> MGM + BP

Comments

states he had a heart murmur as a child
but this has resolved

NAME	SEX	Allergies	DOB	RAC	COTTAGE
<u>Mabdi, Mikal</u>	<u>M</u>			<u>B</u>	<u>B</u>
Juvenile #: <u>5 1 9 5 7</u>			Redacted		

SUBSTANCE ABUSE:

Frequency of Use

Frequency of Intoxication 000071

2 29. Cigarettes _____
2 30. Alcohol _____
2 31. Marijuana _____
2 32. Cocaine _____
2 33. Crack _____
2 34. Heroin _____
2 35. Hallucinogens _____
2 36. Inhalants _____
2 37. Other illegal drugs (specify) _____

HIGH RISK BEHAVIOR - HISTORY

2 38. One or more Homosexual Activities (Males Only)
2 39. IV Drug use.
2 40. History of Blood Transfusion s or Blood Product Administration
2 41. Trading Sex for Money or Drugs
1 42. Multiple Sex Partners (3 or more) 3-4
2 43. Sexual Partner with High Risk Behavior

BIRTHS / BIRTH CONTROL

2 44. Number of Children _____ (1) Male/Female Age _____ months/years (2) Male/Female Age _____ months/years
6 45. B C P (name): _____, Norplant or DepoProvera (circle)
1 46. Condoms most of the time
1 47. Other (describe) _____
1 48. Has Experienced Side Effects from B C P s or other method of birth control
 Specify _____

STD:

Treatment:

2 49. Gonorrhea _____
2 50. Syphilis _____
2 51. Chlamydia _____
2 52. Herpes _____
2 53. Venereal Warts _____
2 54. Genital Sores _____
6 55. PID _____

GYNECOLOGICAL HISTORY:

Previous OB/GYN: _____

6 Menarche _____ years old Regular Cycle YES NO Last Monthly Period ____/____/____

OBSTETRIC HISTORY:

N/A

Date placed in Detention: ____/____/____

G ____ P ____ AB ____ (Induced ____ Spontaneous ____)

6 Last Pregnancy / Delivery ____/____/____ Normal YES NO

Complications _____

REVIEW OF SYSTEMS:

Not Listed Below

<u>1</u> Extreme Tiredness	<u>2</u> Bed Wetting	<u>2</u> Nose Bleeds
<u>2</u> Fever and Chills	<u>2</u> Blackout Spells	<u>2</u> Shortness of Breath
<u>2</u> Night Sweats	<u>2</u> Nausea	<u>2</u> Cough
<u>1</u> Weight Loss 10 lbs +	<u>2</u> Diarrhea	<u>2</u> Congestion
<u>2</u> Unexplained Bruising	<u>2</u> Constipation	<u>2</u> Trouble Voiding
<u>2</u> Lice	<u>2</u> Abdominal Pain	<u>2</u> Urethra Discharge (males)
<u>2</u> Rash	<u>2</u> Joint &/or Muscle Pain	<u>2</u> Jock Itch
<u>2</u> Athlete's Foot	<u>2</u> Headaches	<u>6</u> Vagina Discharge (females)

Has lost 12 lbs since he has been in detention

Signature

Kathryn McFadden RN

Date

10 / 23 / 98

STEREO OPTICAL MEDICAL VISION TEST RECORD FORM

NAME Mahdi, Mukal
 ADDRESS _____

DATE 23 October 98
 AGE 15

WEARING GLASSES ☐CONTACT LENSES ☐

WRITE COMMENTS ON BACK OF RECORD FORM

TEST ADMINISTRATOR _____

PRE-SCHOOL TEST

20/20, 20/30, 20/40, 20/50, 20/70, 20/100

(Circle Acuity Level at which You are Testing) Must Read All Pictures Correctly

FAR Point TO WHICH PICTURE DO TABLE LEGS POINT?

GROUP 1	RIGHT EYE TEST				LEFT EYE TEST				
	Left Occluder OFF		PASS	FAIL	Right Occluder OFF		PASS	FAIL	
	DIAL AT #2	BIRD			DIAL AT #4	BOY			
	DIAL AT #3	RABBIT			DIAL AT #3	GIRL			
	DIAL AT #4	BOY			DIAL AT #2	RABBIT			
	DIAL AT #1	BINOCULARITY SLIDE		Both Occluders ON		GIRL	BIRD	BOY	

RIGHT EYE

20	20	20	20	20	20	20	20
200	100	70	50	40	30	20	20

PILOT LINE

20/30	E	E	E	E	E	E	E
(Blue)	A	E	E	E	E	E	E
20/40	D	E	E	E	E	E	E
(Red)	C	E	E	E	E	E	E
20/50	B	E	E	E	E	E	E
(Yellow)	A	E	E	E	E	E	E
20/20	D	E	E	E	E	E	E
(Green)							

LEFT EYE

20	20	20	20	20	20	20	20
200	100	70	50	40	30	20	20

PILOT LINE

20/30	E	E	E	E	E	E	E
(Blue)	A	E	E	E	E	E	E
20/40	D	E	E	E	E	E	E
(Red)	C	E	E	E	E	E	E
20/50	B	E	E	E	E	E	E
(Yellow)	A	E	E	E	E	E	E
20/20	D	E	E	E	E	E	E
(Green)							

ELEMENTARY GRADE TESTS

ACUITY – FAR POINT				4 OUT OF 6=PASS		TEST RESULT	
DIAL AT #5	RIGHT EYE	RIGHT EYE	Left Occluder OFF			20/	
DIAL AT #5	LEFT EYE		Right Occluder OFF			20/	
TEST FOR EXCESSIVE FARSIGHTEDNESS • PLUS LENS • FAR POINT (Insert Plus Lens Unit)						PASS	FAIL
DIAL AT #5	LEFT EYE		Right Occluder OFF				
DIAL AT #5	RIGHT EYE		Left Occluder OFF				
(WITHDRAW PLUS LENS UNIT) A READING OF 20/30 OR 20/20 LINE THROUGH PLUS LENS=FAIL							
MUSCLE BALANCE TEST – FAR POINT						PASS	FAIL
(1) DIAL AT #6	Left Occluder OFF	(EXPLAIN SANDBOX)					
(2) DIAL AT #6	Both Occluders ON	(RED BALL IN SANDBOX=PASS)					
MUSCLE BALANCE TEST – NEAR POINT						PASS	FAIL
DIAL AT #8	Both Occluders ON	(RED BALL STILL IN SANDBOX=PASS)					

SECONDARY SCHOOL AND ADULT TEST

GROUP 3	DIAL AT #9	ACUITY "FAR"	RIGHT EYE 20/	LEFT EYE 20/	BOTH EYES 20/		
		A 12 B 5 C 26 D 6 E 16 F 0				PASS	FAIL
	DIAL AT #7	COLOR PERCEPTION "FAR"	1 E 2 E 3 m 4 w 5 m 6 E 7 w 8 E				
	DIAL AT #10	LATERAL PHORIA "FAR"	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15				
	DIAL AT #11	VERTICAL PHORIA "FAR"	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15				
	DIAL AT #12	ACUITY "NEAR"	RIGHT EYE 20/	LEFT EYE 20/	BOTH EYES 20/		

DIAL AT #9 VISUAL ACUITY TESTS AT "FAR" DIAL AT #12 VISUAL ACUITY TESTS AT "NEAR"

	LEFT	BOTH	RIGHT	
1	ZH	RO	HK	20/200
2	RKS	NMC	ZOD	20/100
3	HCOV	SKZO	RNDS	20/70
4	ZROD	NSCN	VZEN	20/50
5	KHSC	OZNR	DNVC	20/40
6	ONRZV	DNCS	KDSOM	20/30
7	SDOM	VRZO	HSNRD	20/20

	LEFT	BOTH	RIGHT	
1	SVC	NRK	HZO	20/100
2	RNZH	DOKV	CIZN	20/70
3	CKVD	SNZR	DONC	20/50
4	VNRH	ODSK	NZCS	20/40
5	HSKRC	NZDOV	ZSNK	20/30
6	ZONVR	NCSD	VKDS	20/20

770000JOS
 Perimeter Score

Right Peripheral
 85° 70° 55° Nasal 35°

Left Peripheral
 85° 70° 55° Nasal 35°

D/M 7th 1997

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
PURE TONE AUDIOMETRIC HEARING SCREENING

DATE: 23 October 98

NAME: Mahdi, Mukal Sen DOB: Redacted FILE NO. 51957

Instructions for the child:

I am going to place these ear phones over your ears (red phone on right ear, blue phone on left ear). You will hear some sounds or tones. They will start off being loud and then get low. Point to the ear that you hear the sound in.

	1000	500	2000	4000
L	20	30	20	20
R	20	30	20	20

WHL

First Corrections Corporation
 Kenbridge Youth Development School (KYDS)
 DISCHARGE SUMMARY

Juvenile: MIKAL MAHDI Case Record #: _____

Date of Admission: April 27, 1999 Date of Discharge: JUNE 12, 1999

DJJ Juvenile Case Manager: GAZELLE EGLESTON

Person Completing Report: D. BELINDA CRAIG - COUNSELOR Date of Report: 6/19/99

I. REASON FOR DISCHARGE: COMPLETED TIME OF COMMITMENT

II. DISCHARGE PLAN AND PLACEMENT: RELEASE TO CUSTODY OF SHAREF MAHDI (FATHER) UNDER PAROLE OF WOODROW HARRIS

RELEASE TO

Redacted

Name: SHAREF MAHDI Phone: _____

Address: LAWRENCEVILLE VIRGINIA (GRAND MOTHERS HOME)

III. MIKAL WAS TRANSPORTED TO BRUNSWICK CO. BY KYDS.
 SUMMARY OF CARE AND PROGRESS

Clinical: MOST OF MIKAL'S CONVERSATION/BEHAVIOR INDICATED DISTURBANCE WITHIN HIMSELF AND WITHIN THE FAMILY. HE WAS A VERY AGGRESSIVE/ABUSIVE INDIVIDUAL BOTH VERBALLY AND PHYSICALLY. DBC

Behavioral: MIKAL WAS A VERY UNCOOPERATIVE/DISRUPTIVE INDIVIDUAL WHO PURPOSELY DISOBEYED RULES AND IGNORED AUTHORITY FIGURES. DBC

Educational: MIKAL'S LACK OF ACADEMIC PROGRESS IS PRIMARILY DUE TO HIS LACK OF COMPLIANCE. HIS RELUCTANCE TO SEE VALIDITY OF THE NEED FOR EDUCATION IMPAIRS HIS ABILITY TO HAVE THE NECESSARY EFFORT TO BE SUCCESSFUL.

Vocational: MIKAL'S INTEREST IS BRICK MASONRY. IF COULD BE TRUSTED THIS TRADE IT WOULD SUIT HIM WELL TO PERSONALITY TYPE AND DESIRE TO WORK ALONE

IV. FAMILY INVOLVEMENT

NO VISITS WERE MADE BY FAMILY MEMBERS WHILE INDIVIDUAL WAS INCARCERATED. TO MY KNOWLEDGE PHONE CONTACT WAS VERY LIMITED. DBC

First Corrections Corporation
Kenbridge Youth Development School (KYDS)
DISCHARGE SUMMARY

V. RECOMMENDATIONS FOR AFTERCARE SERVICES

AFTERCARE SERVICES WILL BE ARRANGED THROUGH THE
COURT SERVICES AND THE PAROLE OFFICER

KENBRIDGE YOUTH DEVELOPMENT SCHOOL
251 HICKORY ROAD
KENBRIDGE VA 23944

EDUCATION DISCHARGE SUMMARY

Name: Mika Mahdi

Date of Birth: Redacted

School: Kenbridge Youth Development School

Grade Placement: 5th

Dates of Attendance: 4/27 - 6/10/98

REASON FOR DISCHARGE: Completed time of commitment

PROGRESS AND RECOMMENDATIONS UPON DISCHARGE:

Woodcock Johnson Psychoeducational Battery-Revised
 Date: 01-13-98

*Test of Academic Performance
 administered 05/05/98 - Complete lack of
 comprehension*

Component	Grade Level	Standard Score
Broad Reading	4.1	76
Broad Math	6.9	90
Broad Written Language	3.7	72
Broad Knowledge		

Vocational Assessment (CAPS/COPS)
 Date: 5/5/98

Highest Interest: Brick Masonry
 Highest Aptitude:

STRENGTHS:

Academic:

- ☐ Sight Vocabulary
- ☐ Whole Number operations
- ☐ Capitalizing City and State Names

Behavioral:

- ☐ Ability to work alone
- ☐ Ability to take a joke
- ☐

WEAKNESSES:

Academic:

- ☐ word attack skills
- ☐ passage comprehension
- ☐ sentence structure

Behavioral:

- ☐ ANGER control
- ☐ No remorse for negative behavior
- ☐ Non-compliance

Kenbridge Youth Development School
Education Discharge Summary
Page 2

RECOMMENDATIONS:

Type of Classroom: *Special Education*

Ratio 6:1

Misc:

Level of Functioning: *H.Kal is currently functioning below Grade level*

Literacy/Functional Testing Results:

-
-
-

CURRENT COURSES AND GRADES:

<i>Social Studies</i>	<i>69 F</i>
<i>English</i>	<i>69 F</i>
<i>P.E./Health</i>	<i>75 D</i>
<i>Math</i>	<i>69 F</i>
<i>Science</i>	<i>69 F</i>

Teacher

Eric D. Smith

Lead Teacher

03b
19AF .09

KENBRIDGE YOUTH DEVELOPMENT SCHOOL
231 HICKORY ROAD
KENBRIDGE VA 23944

EDUCATION DISCHARGE SUMMARY

Name: Mikal MahdiDate of Birth: Red
acteSchool: Kenbridge Youth Development SchoolGrade Placement: 5thDates of Attendance: 4/27 - 6/14/98REASON FOR DISCHARGE: Completed time of commitmentPROGRESS AND RECOMMENDATIONS UPON DISCHARGE:Woodcock Johnson Psychoeducational Battery-Revised
Date: 01-13-98Test of Academic Performance
administered 05/05/98 - Complete lack of
compliance

Component	Grade Level	Standard Score
Broad Reading	4.1	76
Broad Math	6.9	90
Broad Written Language	3.4	72
Broad Knowledge		

Vocational Assessment (CAPS/COPS)
Date: 5/5/98Highest Interest: Brick Masonry
Highest Aptitude:STRENGTHS:Academic:

- Sight Vocabulary
- whole number operations
- Capitalizing City and State names

Behavioral:

- Ability to work alone
- Ability to take a joke
-

WEAKNESSES:Academic:

- word attack skills
- passage comprehension
- sentence structure

Behavioral:

- Anger control
- No Remorse for Negative behavior
- Non-compliance

First Corrections Corporation
 Kenbridge Youth Development School (KYDS)
 DISCHARGE SUMMARY

Juvenile: MIKAL MAHDI Case Record #: _____

Date of Admission: APRIL 27, 1999 Date of Discharge: JUNE 12, 1999

DJJ Juvenile Case Manager: GAZELLE EGLESTON

Person Completing Report: D. BELINDA CRAIG - COUNSELOR Date of Report: 6/19/98

I. REASON FOR DISCHARGE: COMPLETED TIME OF COMMITMENT

II. DISCHARGE PLAN AND PLACEMENT: RELEASE TO CUSTODY OF SHAREP MAHDI (FATHER) UNDER PAROLE OF WOODROW HARRIS

RELEASE TO

Name: SHAREP MAHDI Phone: Redacted

Address: Redacted LAWRENCEVILLE VIRGINIA (GRAND MOTHERS HOME)

MIKAL WAS TRANSPORTED TO BRUNSWICK CO. BY KYDS.

III. SUMMARY OF CARE AND PROGRESS

Clinical: MOST OF MIKAL'S CONVERSATION/BEHAVIOR INDICATED DISTURBANCE WITHIN HIMSELF AND WITHIN THE FAMILY. HE WAS A VERY AGGRESSIVE/ABUSIVE INDIVIDUAL BOTH VERBALLY AND PHYSICALLY. DBC

Behavioral: MIKAL WAS A VERY UNCOOPERATIVE/DISRUPTIVE INDIVIDUAL WHO PURPOSELY DISOBEYED RULES AND IGNORED AUTHORITY FIGURES. DBC

Educational: MIKAL'S LACK OF ACADEMIC PROGRESS IS PRIMARILY DUE TO HIS LACK OF COMPLIANCE. HIS RELUCTANCE TO SEE VALIDITY OF THE NEED FOR EDUCATION HAMPERS HIS ABILITY TO HAVE THE NECESSARY EFFORT TO BE SUCCESSFUL.

Vocational: MIKAL'S INTEREST IS BRICK LAYING. IF COULD BE TRAINED THIS TRADE IT WOULD SUIT HIMSELF WELL TO PERSONALITY TYPE AND DESIRE TO WORK ALONE

IV. FAMILY INVOLVEMENT

NO VISITS WERE MADE BY FAMILY MEMBERS WHILE INDIVIDUAL WAS INCARCERATED. TO MY KNOWLEDGE PHONE CONTACT WAS VERY LIMITED. DBC

Deter nation: E.D.

Virginia Department of Correctional Education

ELIGIBILITY REPORTYouth: MAHDI, Mikal State Care #: 51957 DOB: RedactedVDCS School: Reception & Diagnostic Center Staffing Date: 01-14-98DYFS Counselor: Linda Coulson VDCS Evaluator: Steve HoldrenInitial Identification: _____ Triennial: X Review _____

A. Findings Based on:

Psychological Evaluation <u>✓</u>	Medical Evaluation <u>✓</u>
Sociocultural Evaluation <u>✓</u>	Speech/Language Evaluation _____
Educational Evaluation <u>✓</u>	Security Evaluation <u>✓</u>
Psychiatric Evaluation _____	Audiological Evaluation _____
Hanover J.C.C. (6-9 Months)	Other _____

B. Summary of Findings: Court: Brunswick County Offense: 2.04, 2.06

SOCIOCULTURAL INFORMATION (Including effects of cultural, environmental, or economic disadvantages):

Father was briefly incarcerated. Parents Separated 1990. Father unemployed - bricklayer. Good relationship. Mother is nurse. Lived with both to age 10. 16 yr old brother in Juv. Center. Not involved with mother. Wants carpentry skills. Regular use of Marijuana. SAGS - Alex-dependent. Ordered to complete community service. Ran from police. Was living with father. No limit setting. Father was criminal record for vandalism/escape. Did live alternatively with parents. Father poor role model. Sexually active. Boy's marriage at age 12. Reported selling crack cocaine. Needs substance abuse services. value clarification problem solving.

MEDICAL INFORMATION (Including any educationally relevant findings):

HEIGHT: 5'7" WEIGHT: 139 lb
 VISION: LNL 20/20
 HEARING: LNL
 OTHER PATHOLOGY: Overall health. Smokes 8 Cigarettes day.

PSYCHOLOGICAL INFORMATION:

Administered: 12-97

W & III: Verbal IQ 100 Performance IQ 116 Full Scale IQ 102
 Seen 12-16-97. Initially Planted and Controlled. Report established. Reported standing over 50 years for scale. Anti-social personality. Described parents in detached manner. Poorly socialized. Short answer. Not academically motivated. Older peer group associates. Poor prognosis. Needs alternative placement. Projective. Testing suggests depressive tendencies. Feelings of hopelessness. Problems with self-esteem. Thought process free of signs of disorganization. Hallucinations denied. Test scores may be reflective of incarceration. Border reproductions well produced. Presents as teenager with negative attitude toward authority rules limits and rights of others. Conduct disorder probably based on incompetent parenting and poor guidance. Supervision and monitoring in an unstable, nonacademic dysfunctional family.

Youth: MAHDI, MikalState Care #: 51227

DOB: Redacted

EDUCATIONAL/VOCATIONAL INFORMATION:

Administered: Jan. 1998

WOODCOCK-JOHNSON/R: Reading 4.1 (76) Math 6.9 (90)
 Written Lang. 3.4 (72) Knowledge ()

Mikal has attended Brunswick County Public Schools. However, he has not attended school since the 94-95 term. He was a fifth grader at Totara E.L. School. He was absent 35 days and earned six B's and one C. Second and third grade were spent in Baltimore City Schools. Grades were A's and B's with fewer than ten absences per year. 93-94 term at Totara E.L. he was noted to be depressive and lack self-esteem. His father removed him from school at the end of the 94-95 term to "Home School" Mikal. According to school personnel at Brunswick County, no evidence of home schooling was ever provided.

VIDE S.I. - 100 did not complete assignment like to go. Withdrawn in Math. Swelling. Personality negative. No. non-compliance. Disrespectful. Unable to learn. Business. Did complete vocational tasks. Did not complete. Tends to be a follower and held a grudge.

OBSERVATIONS (Relevant behavior noted during the observation and its relationship to student's academic functioning): Tested January 12, 13 1998. Refused testing on first date. Talked into microphone. On January 13, 1998, stated "This is stupid I can't do anymore" and left the room. On second date, though, he complied. He non-compliance reacted to testing. Agreed to exert maximum effort. Test results appear to be a reasonably accurate assessment.

SECURITY INFORMATION: Non-compliance. Poor relationship with staff/parents. Major offense. Assault on another person. Assault on staff. Criminal problem. No remorse for negative behaviors. Response to Rule Book. Verbalizing. Unable to use. Shows defiant and disrespectful attitudes. Personal hygiene good.

ADDITIONAL EVALUATIONS:

Youth: MAHDI, Mikal

Eligibility Date

1-14-98

Total Summary (The following statement reflects the members' conclusions which support the findings of the committee*): It was the decision of the eligibility committee that Mikal is eligible for continued ED services based on his history of noncompliance within the educational arena. His behavior and achievement have been inconsistent as well. It was the consensus of the committee that Mikal's emotional conflicts adversely affect his educational performance.

II. Special Education Determination

- A. Eligible E.D. Related Service _____
- B. A specific learning disability exists. Yes ☒ No; If yes, the following summarizes the basis for making this determination. A severe discrepancy exists between achievement and ability which is not correctable without special education and/or related services.

C. Ineligible _____ Category _____

D. Case Pending _____ Date _____

III. Recommendations for Service:

- A. Self-Contained ☒ Resource _____ Other _____
- B. Suggestions for use in designing IEP SEE DETERMINATION

IV. Target Date for Triennial January 14, 2001V. Learning Center Placement Hanover J.C.C. (8-11 Months)

VI. Personnel Present, Signatures

	Disabling Condition	Related Service
Sp. Ed. Coordinator <u>John J. Jones, Jr.</u>	<u>E.D.</u>	
Principal/Designee <u>James Michael Pearson</u>	<u>ED</u>	
Educational Evaluator <u>Stephen S. Kolden</u>	<u>E.D.</u>	
Psychologist <u>W. J. ...</u>	<u>ED</u>	
Counselor <u>W. J. ...</u>	<u>ED</u>	
Medical Staff _____		
Security Staff <u>Laura C. Burton</u>	<u>E.D.</u>	
Other _____		
(Signature/Title)		
Other _____		
(Signature/Title)		

* Dissenting member(s) will attach statement(s) reflecting conclusions.

**Department of Correctional Education
Speech Screening/Referral**

Youth: Mikal Deen Mahdi DOB: Redacted Age: 14/10
 SC#: 51957 Staffing Date: 01/14/99 Cottage: B
 Screening Date: 01/13/99 Screened By: Stephen S. Holman
 Special Education Status: ED
 Current Intelligence Testing/Name of Test: _____
 Date: _____ VIQ _____ PIQ _____ PSIQ _____
 Counselor: Coulson Psychologist: _____

I. History

- A. Have you ever had an accident that required hospitalization? No
 If so, for what? When?
- B. Have you ever had any problems hearing speech? No Did student
 pass his hearing screening? Yes
- C. Do you have any trouble understanding directions at home, in
 school, etc.? No
- D. Have you ever had speech therapy? No If so, when, and on
 what did you work?
- E. Is there anything about your speech that concerns you now? No
 Do people ever make comments about the way you talk? No

II. Observation Checklist

During the course of the student's educational evaluation, please note
 speech behaviors and check and circle appropriate descriptors below.

A. Articulation

- ✓ 1. No problems noted
 _____ 2. Omits, substitutes or distorts certain sounds in
 words
 _____ 3. Other (please describe)
 _____ 4. Conversational speech was extremely difficult to
 understand

B. Voice

- ✓ 1. No problems noted
 _____ 2. Uses low, barely audible voice, speaks in a
 whisper or uses a loud voice
 _____ 3. Uses hoarse, husky or breathy voice
 _____ 4. Sounds too nasal (i.e., as if talking through
 nose) or denasal (i.e., as if has a cold)
 _____ 5. Uses a pitch inappropriate for age and/or sex or
 speaks in a monotone
 _____ 6. Other (Please describe)

**CONFIDENTIAL**

COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
 THE PRINCIPAL
 LOCAL: (804) 323-2641
 FAX: (804) 323-2312

January 14, 1998

DCE YOUTH SCHOOL
 RECEPTION & DIAGNOSTIC CENTER
 1601 BON AIR ROAD
 BON AIR, VIRGINIA 23211

Mr. Sherif Mahdi
 Redacted

Broadnax, VA 23920

Dear Mr. Mahdi:

The Special Education Eligibility Committee met on 01/14/98. It was the decision of the committee that Mikal D. Mahdi SC# 51957 is eligible for services in the area of ED.

Federal and stated regulations require that an Individualized Education Program (IEP) be developed for each special education student in accordance with his/her educational needs. Mikal will be transferred to Hanover Juvenile Correctional Center and will be enrolled in the VDCE School where the IEP will be developed within thirty (30) days of eligibility. The principal will contact you to participate in the development of the IEP.

If you have questions or concerns before that contact is made, please feel free to contact:

Mr. Roy Haliburton, Principal
 Hanover Juvenile Correctional Center
 Department of Correctional Education
 P.O. Box 507
 Hanover, Virginia 23069-0507
 (804) 537-5602

Sincerely,

Jusolyn M. Bradshaw
 Assistant Principal

xc: Master File
 Transfer File - Coulson
 VDCE File
 VDCE Receiving School - Hanover Juvenile Correctional Center
 School Division of Legal Residence - Brunswick County
An Equal Opportunity Employer

CONFIDENTIAL

Virginia Department of Correctional Education

Referral for Special Education Services

Teacher: Michael Dean Mahdi DOB: Redacted

State Care#: 51957 Date of Referral: 01/13/98

Referred by: Stephen E. Holdren Title: Educational Evaluator

Initial Identification: _____ Triennial ☒ Review _____

Identified by: Brunswick County Date: 04/06/94
(School System)

Disabling Condition: ED VDCS Evaluator: Stephen E. Holdren

Consultation: Consult Psychologist: Shumate

Security Staff: B

Reason for Referral: Current Observations and Pertinent School History (Please include available test results WISC-III (03/28/94): V-114, P-119, FS-118.
WJ-3 (K/E/SS): R-4.1/76, M-6.9/90, and WL-3.4/72. Relative strength in Applied Problems.

CURRENT OBSERVATIONS: Mikal was tested on January 12 and 13, 1998. On the first date, he initially refused testing. This evaluator talked him into complying. On the Passage Comprehension subtest he said, "This is stupid. I can't do anymore. I'm not doing this," and left the room. On the second date, though "locked-up" for yet another incident of non-compliance, Mikal acceded to complete testing. He appeared to exert maximum effort. Mikal stated that he was not supposed to be in "3" cottage. He stated that if they were going to f__k with him, that he would f__k with "them" by refusing to comply. The test results appear to be a reasonably accurate estimate of Mikal's current academic achievement.

SCHOOL HISTORY: Mikal had attended the Brunswick County Public Schools. He has not attended school since the 1994-95 school year. At that time, he was in the fifth grade at Totaro Elementary School. He was absent 35 days and earned six B's and one C. Mikal's second and third grade years were spent in the Baltimore City Public Schools. He apparently earned A's and B's, with fewer than ten absences per year. Upon entering Totaro, during the 1993-94 school year, Mikal was noted to be "aggressive" and to lack self-esteem. His father removed Mikal from school, at the end of the 1994-95 school year, to "home school" him. According to Ms. Janet Roberts of the Brunswick County Schools, no evidence had been provided of any home schooling. NO SPEECH OR LANGUAGE REFERRAL IS PLANNED.

Referral For Special Education ServicesName: MAHDI, Mikal D. Date: January 13, 1998State Care #: 51957Screening Committee Summary:

It was the decision of the screening committee to proceed with eligibility to ascertain the need for continued special education services. Eligibility will be contingent upon findings from the following evaluation components: Sociocultural, Medical, Psychological, Educational, Cottage.

In addition, observations will be made and information collected regarding previous and current functioning.

Signature:Title:

(TELEPHONICAL)

SASC, Educ. Coord. / ASST. Dir.

Enclosure III/Revised

Parental Consent for Use of Evaluations

I GIVE PERMISSION for the Virginia Department of Correctional Education to use the evaluations developed at R&DC to determine whether or not

MAHDI, Mikal D. (S.C.#51957)

(Student's Name and Institutional Number)

is eligible for special education and related services. I have received a description of the evaluations, and I have received a copy of my due process rights. I understand those rights. Any additional areas I wished to have assessed are listed on Enclosure 1 under the section 'Other'.

Date: _____ Signature(s) _____

(Relationship: Parent/Guardian/Surrogate)

XC: Master File
Transfer File
DCE File

I DO NOT GIVE PERMISSION to the Virginia Department of Correctional Education to use the evaluations developed at R&DC to determine whether or not

(Student's Name and Institutional Number)

is eligible for special education and related services. I have received a description of the evaluations, and I have received a copy of my due process rights. I understand those rights.

Date: _____ Signature(s) _____

(Relationship: Parent/Guardian/Surrogate)

XC: Master File
Transfer File
DCE File



COMMONWEALTH of VIRGINIA

Department of Correctional Education (DCE)

December 2, 1997

OFFICE OF
THE PRINCIPAL
LOCAL : (804) 323-2641
FAX: (804) 323-2312

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BON AIR ROAD
BON AIR, VIRGINIA 23235

Dear Sherif Mahdi :

Mikal D. MAHDI may soon be received at the Reception and Diagnostic Center (ROC) Bon Air, Virginia, where he/she will remain for approximately three (3) weeks. During that time, the Department of Juvenile Justice (DJJ) and the Department of Correctional Education (DCE) will conduct evaluations to determine the specific treatment and educational needs of your child.

The Department of Correctional Education is the state agency which provides educational services youth committed to the Department of Juvenile Justice. In this regard, state and federal guidelines require us to establish procedures to conduct thorough educational evaluations which, when appropriate, will include consideration for special education and related services. Please note, that this time, we are unfamiliar with your child's educational history and do not know whether your child will be considered for special education or related services until the evaluations are completed. The Department of Correctional Education must receive your written consent before the evaluations can be used for special education purposes.

If your child has previously been identified for special education services, the current identification will be honored unless challenged by a member of the evaluation team. A triennial (3 year) review will be held during this evaluation if your child is within six months of the expiration date of his/her present eligibility status.

Please review the attached enclosures:

1. Enclosure I - Evaluation Components for Special Education
2. Enclosure II - Description of rights and protections guaranteed for you and your child
3. Enclosure III - Parental consent for use of the evaluations

If you do not have any questions or concerns, please sign and date the parent consent form (Enclosure III) in the section that best describes your response. Your signed consent form may be returned in the enclosed self-addressed, stamped envelope by no later than 12/16/97. You will be notified of the eligibility decision if your child is referred for special education or related services.

If there are any questions, please contact me.

Sincerely yours,
 M. S. Ellison, Ed.D.
Principal, DCE Educational Component
Reception and Diagnostic Center

Enclosures:

xc: (w/enclosures) Master File Transfer File
xc: (w/o enclosures) DCE/ROC File
School Division of Legal Residence - Brunswick Co. (Totaro Elem)
DCE Receiving School -

An Equal Opportunity Employer

Enclosure I/Revised

Evaluation Components For Special Education

The evaluation(s) checked below are the ones which will be used by the Department of Correctional Education and the Department of Juvenile Justice to determine the eligibility of your child for special education and related services. Parents have the opportunity to participate, if they so request, in consideration of the areas to be evaluated. All components of the evaluation are available at no cost to the parent.

- ☒ **EDUCATIONAL:** Written report describing current educational performance and identifying instructional strengths and weaknesses in academic skills and language performance.
- ☒ **MEDICAL:** Written report from a licensed physician indicating general medical history and any medical/health problems which may impede learning.
- ☒ **SOCIOCULTURAL:** Written report from a qualified visiting teacher or school social worker based on the use of information collected through social appraisal instruments which shall include background and social/adaptive behavior in home, school and community.
- ☒ **PSYCHOLOGICAL:** Written report from a qualified psychologist based on the use of a battery of appropriate instruments which shall include individual intelligence test(s) and psychoeducational tests. Also, when appropriate, a clinical/psychiatric evaluation shall be included.
- ☒ **DEVELOPMENTAL:** Written report to assess how your child functions in the major areas of development, such as cognitive, motor, social/adaptive behavior, perception and communication.
- ☒ **SPEECH AND LANGUAGE:** Written report to evaluate how well your child can speak and understand language.
- ☒ **VISION:** An evaluation to determine how well your child can see.
- ☒ **HEARING:** An evaluation to determine how well your child can hear.
- ☒ **AUDIOLOGICAL:** Written report describing the range, nature, and degree of hearing loss. It shall include the results of tests which assess inner and middle ear functioning, and referral(s) for medical or other professional attention for the rehabilitation of hearing.

☐ **Other Areas to be Assessed:** _____

XC: Master File
Transfer File
DCE File

Rights in Special Education

As the parent of a child who is suspected to need or identified as needing special education, you have certain rights which are guaranteed by state and federal law. These rights are listed here. If you would like a full explanation of them, please contact your local school division director of special education.

Both you and your local education agency (LEA) share in the education of your child. The term LEA, by definition in state regulations, includes state-operated programs (SOPs). If you or school personnel have concerns about the education of your child, you and your child's teacher should hold early and open discussions about the issues.

Notice

You have the right to:

Receive a written prior notice each time the LEA Proposes or Refuses to initiate or change the identification, evaluation or placement of your child or the provision of a free appropriate public education to your child. The notice shall include:

- A full explanation of all of the procedural safeguards available to you under the Individuals with Disabilities Education Act.

- A description of the action proposed or refused by the LEA including:

- An explanation of why the action is proposed or refused; a description of any options the LEA considered; an explanation of the reasons why those options were rejected; a description of the nature, purpose, and use of each evaluation procedure, test, report, or record used as a basis for the action proposed or refused; and a description of any other factors relevant to the LEA's proposal or refusal.

The notice must be written in language understandable to the general public, and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language or other mode of communication of the parent is not a written language, the State Education Agency (SEA) or LEA shall take steps to ensure that the notice is translated orally or by other means to the parent in his or her native language or other mode of communication; that the parent understands the content of the notice; and that there is written evidence that these requirements have been met.

Consent

Consent means that you have been fully informed of all information relevant to the activity for which consent is sought, in your native language or mode of communication. It also means you have agreed in writing to the carrying out of the activity for which your consent is being sought and the consent describes that activity and lists the records (if any) which will be released and to whom. You should also understand that the granting of your consent is voluntary and may be revoked at any time.

You have the right to:

- Give written consent before an LEA or preplacement evaluation of your child or initially place child in a program providing special education and services.

Evaluation means procedures used in accordance with federal and state regulations to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term "evaluation" includes procedures used selectively with an individual child and not include basic tests administered to or procedures used with all children in a school, grade, or class.

- Be informed that if you do not provide consent for evaluation or placement, the LEA may use the state procedures for due process hearings described in this notice to override your refusal to give consent.

- Be informed that, except for preplacement evaluation and initial placement, consent may not be required as a condition of any benefit to the parent or child.

- Be informed that consent must be obtained before a change in the program/placement, including any partial or complete termination of special education and related services, except for expulsions and graduation. Consent may be revoked up until the first day of placement.

- Give written consent before any change in identification of a child with a disability and before any evaluation conducted other than the assessment for triennial evaluation. Parental consent is not necessary for reviewing the child records for conducting a reevaluation.

- Be informed that except for preplacement evaluation and initial placement, consent or refusal to give consent in those other situations requiring consent shall be given by the parent to the LEA within ten administrative working days of the notice is received. If the parent fails to notify the LEA within ten administrative working days, the LEA may proceed as if consent had been granted, and the parent must initiate a process to contest the action. If the parent refuses to give consent, the LEA shall attempt to resolve parental withdrawal of consent through informal means. If those informal methods are not successful, the LEA must use other measures as necessary to ensure that, except for preplacement evaluation and initial placement, parental refusal to consent will not result in a denial of a necessary free appropriate public education.

Records

You have the right to:

- Inspect and review any educational records relating to your child with respect to the identification, evaluation, or educational placement of the child, and the provision of a free appropriate public education to the child, which are collected, maintained or used by the LEA. The LEA shall comply with request without unnecessary delay. When a request for disclosure

ing skills (except where these skills are the factors which the test purports to measure).

➤ Be assured that no single procedure shall be used as the sole criterion for determining an appropriate educational program for a child.

➤ An evaluation made by a multi-disciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

➤ A multi-disciplinary team for a child suspected of having a specific learning disability that includes the child's regular teacher or if the child does not have a regular teacher, a classroom teacher qualified to teach a child of that age, or if a child is below school age, a person qualified to teach that age; and at least one person qualified to conduct individual diagnostic examinations of children.

➤ LEA procedures to ensure that each child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

➤ Be informed that you have an opportunity to participate, if you so request, in the consideration of areas to be assessed.

➤ Have the multi-disciplinary team, when interpreting evaluation data and in making placement decisions, draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; ensure that information obtained from all of these sources is documented and carefully considered; ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and ensure that the placement decision is made in conformity with the least restrictive environment.

➤ An individualized education program developed for the child in accordance with the regulations, if it is determined that a child has a disability and needs special education and related services.

➤ Have the individualized education program of a child with a disability reviewed at least annually.

➤ Have your child reevaluated every three years, or more frequently if conditions warrant, or if the child's parent or teacher requests an evaluation.

Independent Educational Evaluation

You have the right to:

➤ Obtain an Independent Educational Evaluation (IEE) of your child.

➤ Be provided, on request, information as to where an IEE may be obtained. Independent educational evaluation means an evaluation conducted by a qualified examiner who is not employed by the LEA responsible for the education of your child.

parent has the right to an IEE at public expense if the parent disagrees with an evaluation obtained by the LEA. Public expense means that the LEA either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parent, consistent with federal and state regulations. However, the LEA shall have the right to initiate a due process hearing to show that its evaluation is appropriate. If the final decision is that the LEA evaluation is appropriate, the parent still has the right to an IEE but at public expense.

Whenever an IEE is at public expense, the criteria under which the evaluation is obtained, including the location of evaluation and the qualifications of the examiner, must be the same as the criteria which the LEA uses when it initiates an evaluation.

The results of the IEE, whether at public expense or obtained by the parent:

➤ Must be considered by the LEA in any decision regarding a free appropriate public education for the child;

➤ May be presented as evidence at a hearing.

A hearing officer may require an independent educational evaluation of the child. This evaluation shall be at public expense and shall be conducted in accordance with the regulations governing evaluation and assessment.

Least Restrictive Environment

Special class placement, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with use of supplementary aids and services cannot be achieved satisfactorily.

You have the right to:

➤ Have your child educated to the maximum extent appropriate with children who are not disabled, including those in public or private institutions or other care facilities.

➤ Have a continuum of alternative placements available to meet the needs of children with disabilities for special education and related services.

➤ Have your child's educational placement determined at least annually; be based on his or her individualized education program; and be as close as possible to the child's home.

➤ Have various alternative placements available to the extent necessary to implement the IEP for each child with a disability.

➤ Have your child educated in the school which he or she would attend if nondisabled unless the IEP requires some other arrangement.

➤ Selection of the least restrictive environment considering any potential harmful effects on the child or on the quality of services which he or she needs.

In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and services and activities, each LEA shall ensure that each child with a disability participates with nondisabled children in those services and activities to the maximum extent appropriate to the needs of that child.

**(Addendum to Parental Rights & Special Education
July 1997**

NOTICE:

You have a right to:

Receive notice of the parent's procedural safeguards, at a minimum upon initial referral for evaluation; upon each notification of an individualized education program meeting; upon reevaluation of the child; and upon registration of a request for due process.

Reimbursement for the Costs of a Unilateral Private School Placement:

Reimbursement for the costs of a unilateral private school placement may be reduced or denied upon a judicial finding of unreasonableness with respect to actions taken by the parents or a failure to do any of the following:

Parents must notify the local education agency (LEA) 10 business days prior to the removal of the child from the public school of their intent to make a unilateral private school placement and a statement of their concerns;

Or at the most recent IEP meeting that the parents attended prior to removal of the child from the public school, the parents must inform the IEP Team that they are rejecting the placement proposed by the local education agency, including stating their concerns and their intent to enroll their child in a private school at public expense;

Or prior to the parent's removal of the child from public school, the local education agency informed the parents in writing of its intent to evaluate the child (including a statement of the purpose of the evaluation that was appropriate and reasonable), the parents must make the child available for such evaluation

Exception: The cost of reimbursement may not be reduced or denied for failure to provide such notice if the parent is illiterate and cannot write in English; compliance with the notice requirement would likely result in physical or serious emotional harm to the child; the school prevented the parent from providing such notice; or the parents had not received notice from the local education agency of their obligation to provide notice of their intent to make a unilateral private school placement.

CONSENT:

You have a right to provide informed consent prior to any evaluation of a student with a disability.

unless the parent and the local educational agency agree otherwise.

If the child is placed in an interim alternative educational setting and the local education agency proposes to change the child's placement after expiration of the 45 days, during the pendency of a hearing to challenge the proposed change in placement, the child shall remain in the current placement (the child's placement prior to the interim alternative educational setting). If the local education agency maintains that it is dangerous for the child to be in the current placement during the pendency of the hearing, the local education agency may request an expedited hearing.

Continuation of Educational Services:

You have a right to be assured that all children with disabilities who have been suspended or expelled from school will continue to receive a free appropriate public education.

Regular Education Students Who Are Entitled to Assert IDEA Procedural Protections:

A child who has not been determined to be eligible for special education and related services and who has engaged in behavior that violated any rule or code of conduct of the local educational agency may assert any of the protections provided if the local educational agency had knowledge that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred.

You have a right to:

Express concern in writing (unless the parent is illiterate or has a disability that prevents them from doing so) to personnel of the local educational agency that the child is in need of special education and related services;

Request an evaluation of the child. If a parent requests an evaluation of a regular education child who is suspended or expelled, the evaluation must be expedited. Pending the results of the evaluation, the child shall remain in the educational placement determined by school authorities.

If the local education agency does not "have knowledge" that a child is a child with a disability prior to taking disciplinary measures against the child, the child may be subjected to the same disciplinary measures as are children without disabilities who engage in comparable behaviors.

Mediation

You have a right to:

Resolve disputes involving any matters relating to the identification, evaluation, or educational placement of the child, or the provision of a free and appropriate public education to such child through a mediation process which, at a minimum, shall be available whenever a hearing is requested, including student placement in an

Enclosure III/Revised

Parental Consent for Use of Evaluations

I GIVE PERMISSION for the Virginia Department of Correctional Education to use the evaluations developed at R&DC to determine whether or not

MAHDI, Mikal D. (S.C.#51957)

(Student's Name and Institutional Number)

is eligible for special education and related services. I have received a description of the evaluations, and I have received a copy of my due process rights. I understand those rights. Any additional areas I wished to have assessed are listed on Enclosure 1 under the section 'Other'.

Date: Dec. 5, '97

Signature(s) Shareef Mahdi
(father)

Received

(Relationship: Parent/Guardian/Surrogate)

XC: Master File
Transfer File
DCE File

DEC 10 1997

DCE School
R&DC

I DO NOT GIVE PERMISSION to the Virginia Department of Correctional Education to use the evaluations developed at R&DC to determine whether or not

(Student's Name and Institutional Number)

is eligible for special education and related services. I have received a description of the evaluations, and I have received a copy of my due process rights. I understand those rights.

Date: _____

Signature(s) _____

(Relationship: Parent/Guardian/Surrogate)

XC: Master File
Transfer File
DCE File

TC001227

request mailed 11-9-98



COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

Received

NOV 16 1998

DCE School
R&DC

DCS YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER,
1501 BON AIR ROAD
BON AIR, VIRGINIA 23235

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-2641
FAX: (804) 323-2385

10-26-98

To:

Arthur Jarrett

Redacted

From:

Elam Jarrells
IEP Coordinator
Virginia Department of Correctional Education
Reception and Diagnostic Center

Re:

Mikal Mahdi

(student's name)

d.o.b. Redacted

Student number 51957

staffing date 11-18

This student has been enrolled in the DCE school at the Reception and Diagnostic Center. In order to better serve her/him, we are trying to determine his/her Special Education eligibility.

Is this student eligible for special Education services?

☐ No
☒ Yes

Disabling Condition: ED
(If yes, please mail a copy of her/his most recent IEP and eligibility minutes.)

Date of Eligibility: APRIL 4, 1994
Date of the most recent IEP: APRIL 4, 1994

Please return this form via fax to (804) 323-2615 or (804) 323-2385.

Please call me at (804) 323-2615 if you have any questions.

Enclosures: release

cc: Master File
Transfer File
Educational Evaluator

request.doc 10-06-98

An Equal Opportunity Employer

A006016



*request mailed
11-9-98
PAJ*

COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-1641
FAX: (804) 323-2381
I authorize _____

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BON AIR ROAD
BON AIR, VIRGINIA 22015

Brunswick Co. Schools

Redacted

to release/exchange reports, records and/or information checked below with
the Department of Correctional Education, on

Student: *Mikal Mahdi*

Redacted

DOB: _____

S.C.#: *51957*

10-28-98

Date

Terida J. Morris

Signature (Parent/Guardian/Student)

Facility Director

Relationship

- ☒ Sociological
- ☒ Educational
- ☒ Psychological
- ☒ Medical
- ☒ Speech and Language Evaluation
- ☒ Immunization Records
- ☒ Individualized Education Program

*Students 18 years or older may authorize Release/Exchange of Information

Route to: Public School & DCE/R&DC

An Equal Opportunity Employer



TC001229
CONFIDENTIAL

COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-2641
FAX: (804) 323-2312

January 14, 1998

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BON AIR ROAD
BON AIR, VIRGINIA 23069

Mr. Sherif Mahdi
Redacted

Broadnax, VA 23920

Dear Mr. Mahdi:

The Special Education Eligibility Committee met on 01/14/98. It was the decision of the committee that Mikal D. Mahdi SC# 51957 is eligible for services in the area of ED.

Federal and stated regulations require that an Individualized Education Program (IEP) be developed for each special education student in accordance with his/her educational needs. Mikal will be transferred to Hanover Juvenile Correctional Center and will be enrolled in the VDCE School where the IEP will be developed within thirty (30) days of eligibility. The principal will contact you to participate in the development of the IEP.

If you have questions or concerns before that contact is made, please feel free to contact:

Mr. Roy Haliburton, Principal
Hanover Juvenile Correctional Center
Department of Correctional Education
P.O. Box 507
Hanover, Virginia 23069-0507
(804) 537-5602

Sincerely,

Jusolyn M. Bradshaw
Assistant Principal

xc: Master File
Transfer File - Coulson
VDCE File
VDCE Receiving School - Hanover Juvenile Correctional Center
School Division of Legal Residence - Brunswick County
An Equal Opportunity Employer

A006018

BRUNSWICK COUNTY PUBLIC SCHOOLS
ED OBSERVATION FORM

Name Mikal Mahdi DATE 4/6/94
Observer C. Wilson L.D. Rousa TIME 9:45 A.M.
Setting Homeroom Class SCHOOL Tolaro

Incident: (Describe in detail) Mikal was observed during
testing for the ITBS. He was gazing around the
classroom. He would look at his test booklet and
flip through the pages. Then he would pick up
his pencil and mark a few answers. This was his
pattern throughout this observer's presence.

On the Burks Rating Scale Mikal scored "very
significant" in excessive self-blame, poor impulse
control, and excessive resistance. Mikal has also
exhibited periods of extreme sadness at times.

Interpretation: Mikal appears to be unable to cope
with these feelings of low self-esteem. This makes
him unable to function and effectively learn
in school.

CONFIDENTIAL

(APPENDIX Y)

**BRUNSWICK COUNTY PUBLIC SCHOOLS
ELIGIBILITY MINUTES (4-6-94)**

STUDENT: Mikal Mahdi	SS NO.: Redacted
SCHOOL: Totaro Elementary	DOB: Redacted
PARENTS: Mr. Shareef Mahdi	GRADE: Fourth
ADDRESS: Redacted	SPECIAL PROGRAMS:
Lawrenceville, Virginia	Emotionally Disabled
23868	
PHONE: Redacted	

EVIDENCE OF DELIBERATIONS: The following reports were presented by school personnel representing the discipline providing the assessment components. The major points of discussion were:

MEDICAL: Dr. Etrie examined Mikal Mahdi on March 17, 1994. Vision was 20/20 bilaterally without glasses while hearing was at 25 db bilaterally for the frequencies of 250-4000 htz. Dr. Etrie indicated that Mikal was overweight and anemic the day of the exam. All other medical systems were within normal limits.

PSYCHOLOGICAL: Mr. A.J. Veca, school psychologist, stated that Mikal was initially non-compliant, but warmed up as time ensued. Once again, Mikal was explained the purpose of assessment and then put forth excellent effort. The Weschler Intelligence Scale for Children-III was administered with scores as follows: Verbal 114, Performance 119, and Full Scale 118. All subtest scores ranged from 10-19. The Bender Gestalt Test revealed factors for psychological blocking and characteristics of children who present academic problems, particularly in language arts. Projectives revealed depressive and victimization themes, feelings of helplessness, withdrawal, denial, and lack of self-esteem.

SOCIOCULTURAL: Mikal is the youngest of two children born to Shareef and Vera Mahdi. Mr./Ms. Mahdi are separated with the children residing with Mr. Mahdi in Lawrenceville, Virginia. Mr. Mahdi is a high school graduate, completed two years of college, and currently is employed as a substitute teacher with Brunswick County Public Schools. Ms. Mahdi completed high school, has two years of college, and currently resides and works in Richmond, Virginia. Mr. Mahdi and children reside with the paternal grandmother in a three-bedroom brick home near the city limits of Lawrenceville, Virginia. The Mahdi family has numerous educational resources such as various books, magazines, television, radio, etc. Mr. Mahdi stated there were no problems during the pregnancy. Developmental milestones were achieved at age appropriate times. Mr. Mahdi did indicate that Mikal had difficulty during early childhood with repeated ear infections (age 2-6 years). Mr. Mahdi feels that Mikal's main difficulty is with reading and the frustration it causes with other academics.

EDUCATIONAL: A review of Mikal's Cumulative Folder revealed that he attended Sister Clare Mohammed School in Richmond, Virginia for kindergarten. Mikal attended the first grade at Totaro Elementary and then transferred back to Richmond City Public Schools for the second grade. Mikal transferred to Baltimore City Public Schools for grade three with transfer back to Totaro Elementary in September 1993. Ms. Janet Roberts, educational diagnostician, assessed Mikal on two occasions. During the first day, Mikal was non-compliant for assessment. On the second day, Mikal was explained the essence of assessment and put forth excellent effort. The Peabody Individual Achievement Test and Kaufman Test of Educational Achievement were administered with results as follows: (1) General information skills 6.8 grade level, (2) Reading skills 3.3 grade level, (3) Math 5.6 grade level, and (4) Spelling 3.3 grade level. Mikal used contextual and pictorial clues to assist him in the area of comprehension. Some letter substitutions were noted in spelling such as m/n and m/w. Mikal also transposed letters within words and demonstrated difficulty with consonant clusters and digraphs. A sample of Mikal's written expression revealed similar spelling errors as well as difficulties with capitalization, run on sentences, and punctuation. In math, Mikal demonstrated knowledge of basic addition, subtraction, multiplication, and division. Mikal also computed problems that required addition with regrouping and multiplication of three and four digit numbers by a one digit number.

ED REPORT: Ms. Carole Wilson, teacher of LD/ED, observed Mikal during various academic classes and requested of his academic teacher to complete the Burk's Behavior Rating Scale. Periodically, Mikal will refuse to complete any classwork. This could be perceived as a facade to prevent frustration incurred with classwork. Recently, Mikal's attitude about completing classwork has improved and he seeks the instructor's assistance when encountering frustration with academics. Ms. Lucas, classroom teacher, stated that she uses alternative measures in the classroom to accommodate Mikal's difficulty with reading and related content. Results of the Burk's revealed very significant factors for poor impulse control, poor anger control, and excessive resistance.

SUMMARY STATEMENT:

Medical data revealed that vision, hearing, and other medical systems were within normal limits. Dr. Etrie did indicate that Mikal was overweight and anemic for his height and weight. Sociocultural data revealed that both parents are high school graduates with two years of college each. The parents are currently separated with Mikal and his older brother being reared by Mr. Mahdi. Ms. Mahdi currently lives and works in Richmond, Virginia. Mr. Mahdi sees Mikal having frustrations with reading and its effect on other academic areas. Educational data revealed that Mikal had general information skills at the 6.8 grade level. Contextual and pictorial clues were used to

improve reading comprehension skills. Transpositions were noted in the spelling sample. Written expression samples revealed difficulty with capitalization, run on sentences, and punctuation. Psychological data revealed that Mikal's intellectual functioning falls in the high average range. Extreme strengths were noted in subtest areas such as block design and digit span. Projectives revealed difficulty with feelings of helplessness, withdrawal, and lack of self-esteem. The ED Report revealed Mikal's inconsistency in attempting classroom assignments. Ms. Lucas, classroom teacher, has modified classroom intervention strategies to coax Mikal into completing assignments and has established rapport with him. Results of the Burk's Behavior Rating Scale revealed difficulty with poor impulse control, poor anger control, and excessive resistance.

DESCRIPTION OF ELIGIBILITY COMMITTEE ACTION STIPULATING TYPE AND QUANTITY OF SERVICES NEEDED: The Eligibility Committee found Mikal Mahdi eligible for the emotionally disabled program with recommended assistance in the area of reading. Furthermore, the Committee recommended of Mr. Mahdi to continue counseling sessions for Mikal through Brunswick County Mental Health.

LEA PERSONNEL AGREEING OR DISAGREEING WITH ELIGIBILITY STATEMENT SUMMARY AND COMMITTEE ACTION. Please indicate with a check mark for agreement or disagreement. If disagreement, the LEA member must submit in writing a dissenting opinion before exiting the meeting.

AGREE	DISAGREE	NAME/POSITION	DATE
☒	☐	Herbert Colson / Asst. Dir.	4-6-94
☒	☐	James P. Roberts / Educational Diagnostician	4-6-94
☒	☐	Jackie Stephens / School Nurse	4-6-94
☒	☐	Arnette J. Lucas / Classroom Teacher	4-6-94
☒	☐	Beverly H. White / Guidance Counselor	4-6-94
☒	☐	Bob R. Brown / Director of Pupil Personnel	4-6-94
☒	☐	Carol Wilcox / 2nd Grade Teacher	4-6-94
☒	☐	Alfred School Psych	4-6-94

OTHER PARTIES PRESENT: (NAME AND POSITION)

(1) Sharyl Mahdi / Father (2) _____
 (3) _____ (4) _____

****AN IEP IS DUE ON THE ABOVE MENTIONED STUDENT TO THE DEPARTMENT OF PUPIL PERSONNEL SERVICES BY 4-29-94.**



BRUNSWICK COUNTY PUBLIC SCHOOLS

219 North Main Street • Post Office Box 309
 Lawrenceville, Virginia 23868-0309
 Telephone (804) 848-2157 • Fax (804) 848-6205

Dale W. Baird
 Division Superintendent

Noah V. Rogers
 Assistant Superintendent

Bobby R. Browde
 Director of Pupil Personnel

Department of Pupil Personnel

Confidential Psychological Evaluation

CONFIDENTIAL

Identifying Data

Name: Mikal Mahdi
 Date Evaluated: 3/28/94
 Date of Birth: Redacted
 C.A.: 11 yrs., 8 days

School: Totaro Elementary
 Grade: 4
 SS#: Redacted

Reason for Referral

Behavioral insufficiencies and certain academic shortcomings.

Tests Utilized

Wechsler Intelligence Scale for Children-III (WISC-III)
 Bender Visual-Motor Gestalt Test (BVMGT)
 Thematic Apperception Test (TAT)
 Projective Drawings

Background Data

Records indicate Mikal transferred to Brunswick County Public Schools in September of 93' from Baltimore City Public Schools. A number of school division transfers are described in the record. Please refer to accompanying reports for greater breadth and specificity regarding relevant background information.

Observation of Behavior

Mikal presented initial reluctance and uncooperativeness with respect to attempting testing, but was persuaded by Mr. Mahdi to cooperate. He proved to be most cooperative throughout testing, and he seemed interested in the challenges presented by the test items. Testing was discontinued at Mikal's request about one hour

into the session. Apparently, he was fatigued by the demands of the session. It was resumed the next day as a matter of course and without incident. Mikal demonstrated excellent eye-hand coordination, manual deftness, and immediate recall skills, observationally. Current test results are felt to provide reliable indicators for his current level of functioning.

Test Results/Findings

Test findings indicate Mikal is a very bright child who presents certain adjustment difficulties. These latter difficulties, engendered by family separation, various re-locations, etc., have in turn reduced his feelings of self-efficacy. All contribute to impaired school adjustment and impaired learning in the language arts domain, particularly in spelling.

On the WISC-III, Mikal earns the following IQ estimates:

Verbal Scale	114
Performance Scale	119
Full Scale	118
Verbal Comprehension	110
Perceptual Organization .	120

Clearly, this is a bright child whose abilities within the non-verbal domain are particularly well-developed. All earned scaled scores fall within or above the Average range. Significant strengths are readily evident with respect to his performances on the following, notable sub-tests: Block Design - 19, Digit Span - 15, Similarities - 14. The difficulties he has experienced in reading skills and in spelling are not evidently related to cognitive impairments as assessed by the WISC-III. Rather, his performance on this measure would predict at least age appropriate educational achievement.

An approximate 10 year visual-motor integration age equivalent is earned on the BVMGT. His performance on this measure would not help to explain his aforementioned academic shortcomings. All designs reflect good likeness to the presented models. The errors which he does make may be attributed to emotionally relevant variables. His teacher indicates that Mikal has excellent artistic abilities, further substantiating adequacy of fine-motor skills.

The projective measures consistently point to depressive tendencies, lack of self-esteem and feelings of hopelessness. While Mikal has realized considerable behavioral and attitudinal improvement as of late, he still is experiencing personal adjustment problems which require address. Projectives point to psychological blocking and expansive behavior under stress, which may help to account for his episodic acting-out behavior and difficulties and/or unwillingness to deal with difficult (for him) school tasks.

Summary/Recommendations

Mikal has realized improvement with respect to his overall school adjustment; however, he presents persistent personal adjustment difficulties which suggest the need for special education and mental health intervention. Given his good intelligence, other positive personality traits and the strong concern by his father, he presents a good prognosis for school success.



A. J. Veca, School Psychologist

BRUNSWICK COUNTY PUBLIC SCHOOLS
SPECIAL EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM

CONFIDENTIAL

(Appendix V)

TC001237

Section A

Student

Mikal Mahdi

Date of Birth Redacted

Age 12

Parent/Guardian/Surrogate (CIRCLE ONE)

S. A. SEEF

Address

P. O. Box 608

Phone (Home)

None

Lawrenceville, GA 30046

(Work)

TOWN

STATE

ZIP

LEA Brunswick

Date of

Eligibility 4/6/94

Date of

IEP Meeting 5/30/95

Addendum

Handicapping Condition/s

1st ED 65%

2nd

3rd

4th

5th

Expiration Date of IEP

6/13/96

Grade 6/3

II. Present Level of Performance (Summary of Data/Strengths and Weaknesses to include academic, social, emotional, motor, communication, cognition, and behavior).

CODE

☒ Academic:

Mikal is a young boy who has strong math skills. The K TEA was given to Mikal on 5-18-95. The results are as indicated below: Math application G.E. 5.9, Reading Decoding G.E. 3.4, Spelling G.E. 2.4, Reading Comprehension G.E. 4.5, Math Computation G.E. 4.7 with a Battery Composite of 4.1. Mikal has a weakness in Spelling. He needs to strengthen his vowel skills and this will help his Reading Decoding skills.

☐

☐ Behavioral:

Mikal was given the Burt's Behavior Test on 5/30/95. The results indicate he has poor ego strength, poor attention, poor impulse control, poor reality contact, poor anger control, poor social conformity, excessive resistance and excessive aggressiveness.

CONFIDENTIAL: The information on this page must be maintained in the student's confidential file.

ODE: MH - Multi Handicapped
HI - Hearing Impaired
LD - Learning Disabled
ED - Emotionally Disabled
TMD - Trainably Mentally Disabled
MC - Non-Categorical

SPD - Severely/Profoundly Disabled
EMD - Educably Mentally Disabled
OHI - Other Health Impaired
VI - Visually Impaired
DB - Deaf and Blind
OI - Orthopedically Impaired

SI - Speech Impaired
A - Autistic
DD - Developmentally Delayed
TBI - Traumatic Brain Injury
OT - Occupational Therapy
PT - Physical Therapy

A006026

□ Addendum

.....ment (type and intensity of Services: See next page for list of all alternatives and justification statement.)

CODE	Special Education and Related Services	Frequency and Duration (per day) (Circle one)	Date to Begin Month/Day/Year	Anticipated	Location/ Provider
				Completion Date Month/Day/Year	
☒ E	Lang. Arts	(MTWTHF) 120 Min.	9/6/95	6/13/96	Tot, Sta
☒ E	Math	(MTWTHF) 60 Min.	9/6/95	6/13/96	Tot, Sta
☒ E	Social Studies	(MTWTHF) 30 Min.	9/6/95	6/13/96	Tot, Sta
☒ E	Science	MTWTHF 30 Min.	9/6/95	6/13/96	Tot, Sta
☒ E	Health	MTWTHF 30 Min.	9/6/95	6/13/96	Tot, Sta
☐		MTWTHF/ Min.			
☐		MTWTHF/ Min.			

Common Core of Learning: Brunswick County Public Schools has adopted Virginia's Common Core of Learning and the Division's pre-K through six curriculum as instructional requirements. Students will be promoted pending completion of 70% and above of goals/objectives referenced in the IEP and Regular Program, if applicable.

V. Standardized Tests

A. Passport Literacy Tests

Please reference Appendix KK for student participation in the Virginia Literacy Testing Program.

B. Virginia State Assessment Program

The IEP Committee agreed that the student shall take the Iowa Test of Basic Skills and/or Tests of Achievement and Proficiency as a part of Brunswick County Public Schools Testing Program and the Virginia State Testing Program. ☒ Yes ☐ No.

If yes, please check the appropriate box indicating ☐ Inclusion or ☒ Exclusion of the results from Brunswick's State tabulated scores. The following conditions should be followed for proctor of the tests (check all that should apply):

- ☐ Braille or large print for students who are identified as visually impaired.
☒ Tests to be implemented by the teacher of Special Education in the Special Education classroom setting.
☐ Tests to be presented orally.

VI. Photographs, Transportation, and Family Life Education

1. Photographs may be taken of my child identifying he/she being served in a Special Education and related service program. ☒ Yes ☐ No
2. Transportation: General ☒ (School Bus) Special ☐ (Mini-bus, shuttle bus, aide or parent transport)
3. Family Life Education: I request that my child, not participate in the following components of the Family Life Education curriculum:

VII. Transition Services: Please reference Appendix LL for student participation in a Transition Services Program.

VIII. Extent of participation with non-handicapped students:

	Frequency and Duration (per day) (Circle one)	Location/ Provider
Academic Classes:	MTWTHF/ Min.	
	MTWTHF/ Min.	
	(MTWTHF) 30 Min.	Tot, Sta
	(MTWTHF) 30 Min.	Tot, Sta
Non-Academic:	(MTWTHF) 40 Min.	Tot, Sta
	(MTWTHF) 40 Min.	Tot, Sta
	MTWTHF/ 40 Min.	Tot, Sta
Extra-Curricular:	MTWTHF/ Min.	
	MTWTHF/ Min.	

CONFIDENTIAL: Information on this page must be maintained in the student's confidential file.

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

Mikhal

(Last)

Mikal

(First)

(Middle Initial)

Date of Birth

Redacted

Area of Instruction

ED

Annual Goal Number

1 Long Arts

Mikal will be able to demonstrate improvement in the areas of reading recognition and spelling.

Short Term Objectives For Goal Number 1

Beginning Date Schedule

Anticipated Completion Date

Revision

1. Reading Recognition

9, 5, 95

6, 13, 96

1, 1

Mikal will focus on short and long vowel sounds to help in recognizing sight words and multi-syllable words.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) ☒ Daily (c) _____ Semester (d) ☒ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) ☒ Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets
 (e) ☒ Teacher Observation (f) _____ Contract (g) Other Homework, Computer

2. Spelling

Beginning Date Schedule

Anticipated Completion Date

Revision

9, 5, 95

6, 13, 96

1, 1

Mikal will correctly spell twenty words a week. He will also use his dictionary to spell check other words.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) ☒ Daily (c) _____ Semester (d) ☒ Nine Weeks (e) _____ Other Homework
 Method of Evaluation: (a) ☒ Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets
 (e) ☒ Teacher Observation (f) _____ Contract (g) Other _____

Writing SkillsBeginning Date ScheduleAnticipated Completion DateRevision9, 6, 956, 13, 96Lukas will strengthen his writing skills. He will be able to write paragraphs and short stories with editing and corrections.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) ✓ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) ✓ Other Homework
 Method of Evaluation: (a) ✓ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) ✓ Work Sheets
 (e) ✓ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date ScheduleAnticipated Completion DateRevision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date ScheduleAnticipated Completion DateRevision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

TC001241

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

(Last)

(First)

(Middle Initial)

Date of Birth

Reda
cted

Area of Instruction

Annual Goal Number

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated
Completion Date

Revision

1 Math
Mikael will be able to complete the sixth grade curriculum for math.

Fractions / All components
On grade level

9, 5, 95

6, 13, 96

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) ✓ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) ✓ Other Homework
Method of Evaluation: (a) ✓ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
(e) ✓ Teacher Observation (f) _____ Contract (g) Other _____

2 Decimals / All components
On grade level

Beginning Date Schedule

Anticipated
Completion Date

Revision

9, 5, 95

6, 13, 96

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) ✓ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) ✓ Other Homework
Method of Evaluation: (a) ✓ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
(e) ✓ Teacher Observation (f) _____ Contract (g) Other _____

A006030

Beginning Date Schedule Anticipated Completion Date Revision

3. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated Completion Date Revision

1. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated Completion Date Revision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

Liativi

Mika!

Date of Birth

Reda
cted

Area of Instruction

ED

Social Studies

Annual Goal Number

1

Mika! will understand and explain Social Studies concepts as provided in the sixth grade curriculum guide.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated
Completion Date

Revision

1. Planets and Continents

9, 5, 95

6, 13, 96

Mika! will be able to name and spell the nine planets and seven continents. He will locate them on maps and globes.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____Schedule: (a) 3x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
(e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework, Projects

Beginning Date Schedule

Anticipated
Completion Date

Revision

2. Timelines

9, 5, 95

6, 13, 96

Mika! will be able to read, explain and draw timelines.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 3x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) ✓ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
(e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework, Projects

Beginning Date Schedule

Anticipated Completion Date

Revision

9, 6, 95

6, 13, 96

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

Mikal

Mikal

Date of Birth

Redacted

Area of Instruction

ED

Science

Annual Goal Number

Mikal will master the basic components of Science for the sixth grade curriculum.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

1. Living and Nonliving Things

9, 5, 95

6, 13, 96

Mikal will be able to identify four life processes that are characteristics of living things.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) 2x Weekly (b) Daily (c) Semester (d) ☒ Nine Weeks (e) OtherMethod of Evaluation: (a) Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets(e) ☒ Teacher Observation (f) Contract (g) Other Homework

2. Climate and Life

Beginning Date Schedule

Anticipated Completion Date

Revision

Mikal will be able to infer that living things live only where appropriate conditions are found.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) 2x Weekly (b) Daily (c) Semester (d) ☒ Nine Weeks (e) OtherMethod of Evaluation: (a) Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets(e) ☒ Teacher Observation (f) Contract (g) Other Homework

3. Conservation 9, 6, 95 6, 13, 96

Mikal will understand the importance of conservation
and how specific individuals contributed to the concept.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per
 Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) 2X Weekly (b) Daily (c) Semester (d) ✓ Nine Weeks (e) Other
 Method of Evaluation: (a) ✓ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) Teacher Observation (f) Contract (g) Other Homework

4.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per
 Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other
 Method of Evaluation: (a) Checklist of Behavior (b) Quizzes (c) Tests (d) Work Sheets
 (e) Teacher Observation (f) Contract (g) Other

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per
 Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other
 Method of Evaluation: (a) Checklist of Behavior (b) Quizzes (c) Tests (d) Work Sheets
 (e) Teacher Observation (f) Contract (g) Other

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

Lichdi

(Last)

Mikal

(First)

(Middle Initial)

Date of Birth

Redacted

Area of Instruction



Health

Annual Goal Number

Mikal will master the basic components of the sixth grade curriculum. He will also participate in family life curriculum.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

1.

Alcohol and Drugs

9, 5, 95

6, 13, 96

Mikal will understand the dangers of alcohol and drugs.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____Schedule: (a) 2x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets(e) ✓ Teacher Observation (f) _____ Contract (g) Other Discussion, Homework

2.

Human Body

Beginning Date Schedule

Anticipated Completion Date

Revision

9, 5, 95

6, 13, 96

Mikal will expand his knowledge of the human body and understand how to remain healthy.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____Schedule: (a) 2x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) ✓ Tests (d) ✓ Work Sheets(e) ✓ Teacher Observation (f) _____ Contract (g) Other Discussion, Homework

3.

AdolescenceBeginning Date Schedule9, 6, 25Anticipated Completion Date6, 13, 42Revision1, 1trial will understand the adolescent phase of life and how to cope with various problems.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 2x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) ✓ Checklist of Behavior (b) _____ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 _____ Teacher Observation (f) _____ Contract (g) Other Homework

Beginning Date ScheduleAnticipated Completion DateRevision

4. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date ScheduleAnticipated Completion DateRevision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Instructional Modifications for General/Vocational Programs

Name of Student

Mandi

(Last)

Mikal

(First)

(Middle Initial)

Date of Birth

Redacted

Modifications are to be made within general education/vocational classes to ensure, insofar as possible, that this student receives consideration of his/her disability. Modifications must have a direct relationship to the student's disability as described in the Present Level of Performance.

Format of Assignments and Tests

- ☐ Braille
- ☐ large print
- ☐ assignments/tests presented on audio-cassette
- ☐ oral administration of tests
- ☐ word bank provided
- ☐ alternative test construction
- ☐ short answers accepted in lieu of essay responses
- ☐ project accepted in lieu of major written assignments
- ☐ length/number of assignments reduced
- ☐ multiple sessions
- ☐ extended time
- ☐ _____
- ☐ _____
- ☐ _____

N/A

Personal Assistance

- ☐ sign language interpretation of instruction/test directions/responses
- ☐ dictation to a scribe
- ☐ _____
- ☐ _____
- ☐ _____

Seating

- ☐ preferential seating
- ☐ by self/in study carrel
- ☐ _____
- ☐ _____
- ☐ _____

Organization

- ☐ daily assignment log/monitored by teacher(s)
- ☐ specialized notebook system
- ☐ manuscript or cursive writing accepted
- ☐ _____
- ☐ _____
- ☐ _____

Other Modifications

- ☐ behavior checklist monitored by teacher(s)
- ☐ back-up copy of notes/study guides provided
- ☐ vocational competencies adjusted
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Use of Equipment

- ☐ Braille writer/abacus
- ☐ dictation into a tape recorder
- ☐ electric calculator and other calculation devices
- ☐ magnification devices
- ☐ place keepers, trackers, pointers
- ☐ typewriter/word processor
- ☐ augmentative communicative device
- ☐ written directions provided to accompany oral directions
- ☐ templates and/or graph paper
- ☐ electronic speller
- ☐ manipulatives
- ☐ auditory trainer
- ☐ pencil grips
- ☐ adapted chair
- ☐ _____
- ☐ _____
- ☐ _____

☐ Addendum

VIII. Present at Individualized Education Program Meeting

Date	Signature of Persons Present	Relation to Student
5-30-95	J. Coleman	Principal or Designee
5-30-95	Janet Evans	Parent/Guardian/Surrogate
		Special Ed. Teacher
		Special Ed. Teacher
		Regular Ed. Teacher
5-30-95	Beverly H. White	Guidance
6-6-95	Beverly H. White	Director of PPS

NOTE: All of the elements of the IEP (including Section B) must be completed before the signature of the parent/guardian/surrogate is obtained.

IX. I give permission for my child, Mikel Mahdi, to be enrolled in the special education program described in the Individualized Education Program Plan. I understand that I have the right

to review his/her Individualized Education Program at any time. I understand that I have the right to refuse this permission and to have my child continue in his/her present placement pending further action.

May 30, 1995
DATE

Shawel Mahdi
SIGNATURE OF PARENT/GUARDIAN/SURROGATE
(Circle One)

I do not give permission for my child, Mikel Mahdi, to be enrolled in the special education program described in the Individualized Education Program Plan. I understand that I have the right to review his/her records and to request another placement. I under-

stand that the action described above will not take place without my permission or until due process procedures have been exhausted. I understand that if my decision is appealed, I will be notified of my due process rights in this procedure.

DATE

SIGNATURE OF PARENT/GUARDIAN/SURROGATE
(Circle One)

Virginia Literacy Testing Program Waiver

LITERACY TESTING PROGRAM (LTP)

- ☒ Yes → ☐ with no accommodations ☒ with accommodations listed below* Refer to testing guidelines for descriptions and limitations.
☐ No → Justification: ☐ test not administered at this grade ☐ _____
☒ On the next administration of the LTP, this student's participation in the ☐ Math ☐ Writing ☐ Reading test(s) will be postponed.

☐ I give permission for my son/daughter to be exempted from the Literacy Testing Program. I understand that this exemption makes my son/daughter ineligible for a standard or advanced diploma. _____

(Parent Signature)

(Date)

Accommodations in Test Format:

Audio-Cassette

- ☐ Math
☐ Writing
☐ Reading †

Braille

- ☐ Math
☐ Writing
☐ Reading

Large Print

- ☐ Math
☐ Writing
☐ Reading

Oral Administration

- ☐ Math
☐ Writing
☐ Reading †

Accommodations by Use of Aids:

Answers Recorded by Proctor

- ☐ Math
☐ Reading

Braille-Writer/Abacus

- ☐ Math
☐ Writing
☐ Reading

Dictation to a Scribe

- ☐ Writing †

Dictation into a Tape Recorder

- ☐ Writing
(for pre-writing only)

Electric Calculators and Other Calculation Devices

- ☐ Math †

Sign Language Interpretation of Test Directions

- ☐ Math
☐ Writing
☐ Reading

Magnification

- ☐ Math
☐ Writing
☐ Reading

Marking Responses in Test Booklet

- ☐ Math
☐ Reading

Place Keepers, Trackers, Pointers

- ☐ Math
☐ Writing
☐ Reading

Typewriter, Word Processor, Augmentative Communication

- ☐ Writing

Written Directions

- ☐ Math
☐ Writing
☐ Reading

Other _____

- ☐ Math
☐ Writing
☐ Reading

Accommodations to Environment:

Hospital/Home Setting

- ☐ Math
☐ Writing
☐ Reading

Multiple Sessions

- ☐ Math
☐ Reading

Testing in a Separate Room

- ☒ Math
☒ Writing
☒ Reading

Other _____

- ☐ Math
☐ Writing
☐ Reading

† Designated NONSTANDARD ADMINISTRATION, but will not affect pass/fail or eligibility for a high school diploma.

☐ Addendum

N/A

(Appendix LL)

Transition Services

Transition services is defined as a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. The IEP Committee shall begin planning transition services for students no later than age 16 and annually thereafter (and when determined appropriate for the individual, beginning at age 14 or younger). List below strategies and/or inter-agency linkages to prepare the student for transition beyond his formal education.

Name of Student

(Last)

(First)

(Middle Initial)

Date of Birth

Redacted

CHECK APPROPRIATE OUTCOMES**TRANSITION NEEDS****SERVICES & PROVIDER****PROJECTED INITIATION**

POSTSECONDARY EDUCATION ☐ N/A* ☐ College/University ☐ Junior/Community College ☐ Apprenticeship ☐ Vocational Training ☐ Pre-Vocational Training ☐ Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No* Is transition instruction needed? ☐ Yes ☐ No* Are community experiences needed? ☐ Yes ☐ No*		
EMPLOYMENT ☐ Full-time Employment ☐ Part-time Employment ☐ Supported Employment ☐ Military ☐ Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No* Is transition instruction needed? ☐ Yes ☐ No* Are community experiences needed? ☐ Yes ☐ No*		
ADULT LIVING Living Arrangements ☐ Alone or with a roommate ☐ With Family ☐ Supervised ☐ Transportation ☒ Licensed Driver ☐ Specialized Transportation ☐ Driven by Parent/Other Financial Planning ☐ Supplemental Security Disability Income ☐ Supplemental Security Income (SSI) Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No* Is transition instruction needed? ☐ Yes ☐ No* Are community experiences needed? ☐ Yes ☐ No*		
ADDITIONAL OUTCOMES NOT SPECIFIED ABOVE	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No* Is transition instruction needed? ☐ Yes ☐ No* Are community experiences needed? ☐ Yes ☐ No*		

The IEP team has determined that transition services are not needed in this area at this time because:

☐ Student was invited to the IEP Meeting and participated in development of transition goals/objectives.

☐ Student did not attend IEP Meeting but preferences and interests were considered by the Committee in planning transition goals/objectives.

☐ Addendum

TC001253
N/A

Graduation Requirements

Redacted

Name of Student Mike Michael _____ Date of Birth _____
(First) (Last) (MI)

Listed below are the graduation requirements for receipt of a high school diploma, diploma with Governor's seal, IEP Diploma, and certificate of attendance. Students begin accruing credits for graduation effective grades nine through twelve. The IEP committee should review the requirements listed below and check the appropriate box for the diploma or certificate working towards:

- ☐ To graduate from high school, a student shall pass all components of the Literacy Passport Test as required by the "Standards of Quality" and prescribed by the Board of Education and meet the minimum requirements for the 21 credit diploma. A student who receives a grade of "B" or better will receive a Board of Education seal on the diploma.
- ☐ To graduate from high school and receive a Governor's seal on the diploma the student must pass all components of the Literacy Passport Test as required by the "standards of quality" and prescribed by the Board of Education. Furthermore, the student must complete a minimum of 23 units of credit under the advanced studies program and maintain an average grade of "B" or better.
- ☐ To receive an IEP Diploma the student shall take coursework identical to scope and content presented in the regular education program and complete the minimum of 21 credits as prescribed by the Board of Education. The student would not have passed all components of the Literacy Passport Test as required by the "Standards of Quality" and prescribed by the Board of Education.
- ☐ To receive a certificate of attendance a student would complete the individualized education program; however, the scope and content of coursework was not identical to that presented in the regular program of instruction (student does not qualify for a diploma under any other section listed above).

(SIGNATURE)

(DATE)

[illegible][illegible]



COMMONWEALTH of VIRGINIA

Department of Correctional Education (DCE)

Office of the Principal
Phone: (540) 727-3317
Fax: (540) 727-7134

Culpeper Juvenile Correctional Center
12240 Coffeewood Drive
P.O. Box 48
Mitchells, Virginia 22729

January 24, 2000

Mr. Sheif Mahdi
Redacted
Lawrence, VA 23868

Dear Mr. Mahdi,

An Individualized Education Program was developed for Mikal Mahdi on January 24, 2000. Since you were unable to attend the meeting, I am forwarding you a copy of the completed IEP, the original signature sheet (with all participants' signatures), and a copy of that signature sheet for your records. We are requesting that you sign the signature sheet marked "original" and return it to me in the enclosed self-addressed, stamped envelope so that we may begin to provide services to your child. I will need to receive the original signature sheet with your signature affixed by no later than February 7, 2000.

If we are not in receipt of your response by that time, permission to place the student in the special education program will be sought from the Department of Juvenile Justice.

If there are any questions please contact me at (540) 727-7131.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Roehring".

K. Roehring, IEP Coordinator
DCE Youth School
Culpeper Juvenile Correctional Center

Enclosures

cc: Master File
Transfer File
DCE File
Central File

An Equal Opportunity Employer

A006045

Page 1 of 3

Virginia Department of Correctional Education
Academic Programs Division
James Monroe Building / 7th Floor
101 North 14th Street
Richmond, Virginia 23219
(804) 786-4353/0512
Individualized Education Program (IEP)

Student MAHDI, Mikal Deen Student Number 51957 Grade 10

Date of IEP Meeting 01/24/00 This IEP will be in effect from 1/25/00 to 01/24/01

Identified Disability from most recent Eligibility: ED

Parent/Guardian/Surrogate: Mr. Sheif Mahdi

Address: Redacted Lawrence, VA 23868

Work Phone: _____ Home Phone Redacted

Other/Relationship: _____

Address: _____

Work Phone: _____ Home Phone _____

Location of Sp.Ed. Program: DCE Schools Date of Birth: Redacted

Initial Eligibility Date: 01/14/98 Age * 16-10

Next Re-evaluation Due Date: 1/14/01 Most Recent Re-Evaluation Date: 1/14/98

* The student must be informed one year prior to turning 18, that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards.

Page 2 of 13

Student MAHDI, Mikal

School DCE Schools

During the IEP meeting the following need to be considered at appropriate times throughout the IEP meeting. There needs to be documentation that the items were considered and any decision made relative to each.

1. The strengths of the child and the concerns of the parents for enhancing the education of their child;

Parent was contacted and did not respond.

2 The results of the initial evaluation or most recent evaluation of the child;

DCE Schools -- ED- 01/14/98

3. In the case of a child whose behavior impedes his or her learning or that of others consider, when appropriate, strategies including positive behavioral interventions, accommodations, and supports to address that behavior;

Due to the environment that Mikal is now in, behavior issues are addressed through LEADER Program, Anger Management, and weekly sessions with counselor.

4. In the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;

Mikal's native language is English.

5. In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;

Mikal's vision is 20/20.

Page 3 of 13

Student MAHDI, Mikal

School DCE Schools

6. Consider the communication needs of the child;

Mikal has been screened for Speech and Language difficulties and was not referred for services.

7. In the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode;

Mikal's hearing is within normal limits.

8. Consider whether the child requires assistive technology devices and services;

Mikal does not require the use of assistive devices.

Page 4 of 13

Present level of Educational Performance:

The Present Level of Educational Performance describes the effect of the student's disability upon the student's involvement and progress in the general curriculum. This includes his/her performance in academic areas (reading, math, communication, etc.) and non-academic areas (behavior, social skills, daily life activities, mobility, extra-curricular activities etc.) in objective measurable terms. Test scores, if appropriate, should be self-explanatory, or an explanation should be included. There should be a direct relationship between the present level of performance and the other components of the IEP.

Mikal is currently scheduled for classes to work towards getting his GED but has been unable to attend classes due to being in "lock". He has been participating in School of Cadet and Behavior Management Unit classes where his teachers report he performs well in class, has good management of himself and has appropriate relationship with staff. His Behavior difficulties are not in the classroom. Relative strengths are sight vocabulary, whole number operations, decimal Addition and subtraction. Weaknesses are in the areas of word attack skills, written language/comprehension, sentence Structure/grammatical word usage, computing percents and interest, decimal operations and fractions.

The strengths of the child and the concerns of the parents for enhancing the education of their child:
Parent was contacted and did not respond.

Does the child's behavior impede his or her learning or the learning of others? ☐ Yes ☒ No
If yes, a description of the behavior and strategies, including positive behavioral interventions and supports to address that behavior, must be reflected on annual goal pages and the Behavior Intervention Plan. If not appropriate, explain why a behavior intervention plan is not needed below.

DIPLOMA STATUS: This student is a candidate for a ☒ Standard Diploma ☐ Special Diploma
(discuss at age 14 or younger) ☐ Advanced Studies Diploma ☐
☒ GED (only for those who meet requirements of the GED)
Projected Graduation/Exit Date ☐ Not discussed at this time
Comment:

NOTE: Special Education and related Services end upon receiving a standard or advanced studies diploma. If the student receives a special diploma, certificate, or a GED, the student remains entitled to a free and appropriate public education through age 21.

Page 5 of 13

Accommodations

Student MAHDI, MikalSchool DCE Schools

The IEP Committee has determined the following

- ☐ The student is expected to meet grade level curriculum standards in all general, vocational, and special education classes with:
 - ☐ No modifications/accommodations
 - ☒ Modifications/accommodations will apply to statewide and local assessments. Permissible testing accommodations will apply to statewide and local assessments.
- ☐ The student is not expected to meet grade level curriculum standards in all general, vocational, and special education classes. Modifications/accommodations will apply to routine instruction. Permissible testing accommodations will apply to statewide and local assessments.

Any instructional modification and/or testing accommodations must be based upon the nature and severity of the student's disability, the specific skills that are necessary to accomplish each particular standard of learning, the abilities that are required to learn these skills, and the long term implications of these decisions for the student. Accommodations based solely upon their potential to enhance the student's performance beyond providing equal opportunity to perform are inappropriate.

Time/Scheduling Modifications/Accommodations:**Setting Modifications/Accommodations:**

On an as needed basis, Mikal will need a small group setting.

Presentation Modifications/Accommodations:**Response Modifications/Accommodations:****Other:**

This student is at grade level and participation in statewide or district-wide assessments must be considered and discussed.

No	
<u>X</u> Yes.	If yes, check which assessments
	☐ *SOL Assessments
	☐ *Virginia State Assessment Program
	<u>X</u> ☐ *Literacy Testing Program
	☐ District-Wide Assessments

See attached forms for decisions made relative to participation in each of these assessments

* NOTE: Only students enrolled in or placed by public schools are eligible to participate in Virginia's State Assessment System.

Page 1 of 3

Individualized Education Program (IEP)
Literacy Passport Testing Program (LPT) Accommodations for Students with Disabilities

Student MAHDI, MikalSchool DCE Schools

Complete this page for those students who were in the 6th grade LTP until the student has passed all three literacy tests.

PARTICIPATION IN THE LTP

If the student is participating in the LTP, please list the accommodation(s) that will be made and are based upon those modifications and accommodations the student generally uses during classroom instruction and assessment. Refer to Instruction and Assessment Accommodations section of the IEP for the accommodations that may be considered for this student.

The student will participate in the following LTP tests (Check):

NOTE: Mark any nonstandard administration with an asterisk *. These test scores will be reported as scores that result from a nonstandard administration.

LTP TEST		ACCOMMODATIONS	IF YES, LIST ACCOMMODATIONS BY TEST
☐	Reading Comprehension Test	☐ Yes ☐ No	
☒	Passed		
☒	Writing Test	☒ Yes ☐ No	Small group
☐	Passed		
☐	Mathematics Test	☐ Yes ☐ No	
☒	Passed		

NOTE: Mark any Nonstandard Accommodations with an *

For any test not checked, explain in the space below why the student will not be participating in this test(s):

HOW WILL THE STUDENT BE ASSESSED

If the student has postponed taking any part of the LTP or is exempted from taking the LTP, explain in the space below how the student will be assessed.

NOTES: If a student postpones taking one or more of the literacy tests, it will decrease the student's opportunities to take and pass the tests. Remember, in order for a student to receive a standard or advance studies diploma the student must achieve passing scores on all three of the literacy tests.

Any decision to exempt the student from participating in the Literacy Testing Program must be reviewed at least annually during the IEP annual review. Students exempted from participating in the Literacy Testing Program will not be able to receive a standard or advance studies diploma.

School **DCE Schools**

Projected Initiation Duration of Services

To 1/21/01

To

DCE students are in a year around program.

Projected Initiation Duration of Services

To

Page 2 of 13

VIRGINIA DEPARTMENT OF CORRECTIONAL EDUCATION
Annual Goals/Short Term Objectives/Benchmarks

Student Mikal Mahdi School DCE Culpeper

Annual Goal (# 1)

~~Given instruction~~ Mikal will show improvement in written language comprehension, word attack skills, sentence structure, and grammatical word usage.

Short-term Objective/Benchmark

~~Given instruction~~ Mikal will be able to identify and write correct sentence structure, with correct grammatical word usage.

Evaluation Procedure Observation, written work, informal tests, formal tests

Objective Criteria 85%

Schedule/Frequency of Evaluation: Daily, weekly, every nine weeks

Grading Period _____ 1 _____ 2 _____ 3 _____ 4 _____ S

Comments:

Short-term Objective/Benchmark

~~Given instruction~~ in word attack skills, Mikal will be able to read and comprehend written language.

Evaluation Procedure Observation, written work, informal tests, formal tests

Objective Criteria 85%

Schedule/Frequency of Evaluation: Daily, weekly, every nine weeks

Grading Period _____ 1 _____ 2 _____ 3 _____ 4 _____ S

Comments:

Short-term Objective/Benchmark

Evaluation Procedure

Objective Criteria

Schedule/Frequency of Evaluation:

Grading Period _____ 1 _____ 2 _____ 3 _____ 4 _____ S

Comments:

Will the progress on this goal be sufficient for the student to achieve this by the end of the school year?

Grading Period _____ 1 _____ 2 _____ 3 _____ 4 _____ S

Evaluation Procedure:

Objective Criteria:

Schedule/Frequency of Evaluation:

Method used to measure student progress

Level of mastery required to demonstrate skill acquisition

How often a child's progress is measured - every nine weeks is sufficient for evaluation of a student's progress unless otherwise required based on special conditions of the task.

The Grading Periods are completed using the following abbreviations:

M = Objective Mastered

NI = Objective Not Initiated

NP = Student Not Progressing Toward Mastery Level Indicated

M/R = Objective Mastered But Needs Review For Student To Maintain Skill

P = Progressing Toward Mastery Level Indicated

NOTE: PROGRESS ON GOALS WILL BE REPORTED VIA PROGRESS REPORTS EVERY GRADING PERIOD.

Page 9 of 13

VIRGINIA DEPARTMENT OF CORRECTIONAL EDUCATION
Annual Goals/Short Term Objectives/Benchmarks

Student Mikal MahdiSchool Culpeper DCEAnnual Goal (# 1)

Mikal will show improvement in math skills in the areas of decimal operations, fractions, computing interest and percent to the 8.0 level

Short-term Objective/Benchmark

Given instruction, Mikal will compute percents and interests.

Evaluation Procedure written work, graded assignmentsObjective Criteria 80% - 3 out of 4 trials on 3 separate occasionsSchedule/Frequency of Evaluation: daily, weekly, every 9 weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Given instruction, Mikal will compute fractions and decimals.

Evaluation Procedure written work, graded assignmentObjective Criteria 80% - 3 out of 4 trials on 3 separate occasionsSchedule/Frequency of Evaluation: daily, weekly, every 9 weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Evaluation Procedure

Objective Criteria

Schedule/Frequency of Evaluation:

Grading Period 1 2 3 4 S

Comments:

Will the progress on this goal be sufficient for the student to achieve this by the end of the school year?

Grading Period 1 2 3 4 S

Evaluation Procedure:

Objective Criteria:

Schedule/Frequency of Evaluation:

Method used to measure student progress

Level of mastery required to demonstrate skill acquisition

How often a child's progress is measured - every nine weeks is sufficient for evaluation of a student's progress unless otherwise required based on special conditions of the task.

The Grading Periods are completed using the following abbreviations:

M = Objective Mastered

NI = Objective Not Initiated

NP = Student Not Progressing Toward Mastery Level Indicated

M/R = Objective Mastered But Needs Review For Student To Maintain Skill

P = Progressing Toward Mastery Level Indicated

NOTE: PROGRESS ON GOALS WILL BE REPORTED VIA PROGRESS REPORTS EVERY GRADING PERIOD.

Page 2 of 13

Secondary Transition

Student Mikal Mahdi School Culpeper JCC - DCETRANSITION - COURSE OF STUDY
(Beginning at age 14 or younger)

Describe the focus of the student's course of study (i.e. specify the educational courses and experiences in school and the community that will assist the student in achieving his/her post school goals):

Mikal is enrolled in GED preparation courses. He would like to finish school. He currently has no vocational goals.

TRANSITION - SERVICES

(Beginning at age 16 or younger)

1. Desired Outcomes - POST SECONDARY EMPLOYMENT (including integrated or supported

Mikal is unsure of what he would like to do upon graduation.

- Is a functional vocational evaluation needed? X Yes No
If yes, describe A functional vocational evaluation would give Mikal a better idea of what he might like to do

- Is specially designed instruction needed? Yes No
If yes, describe using the Annual Goal sheet and attach.

2. Desired Outcomes - VOCATIONAL TRAINING Mikal has no vocational goals at this time.

- Is specially designed instruction needed? Yes X No
If yes, describe using the Annual Goal sheet and attach.

3. Desired Outcomes - POST SECONDARY EDUCATION (including continuing and adult)
Secondary plans at this time.Mikal has no post

- Is specially designed instruction needed? Yes X No
If yes, describe using the Annual Goal sheet and attach.

4. Desired Outcomes - INDEPENDENT LIVING Independent living skills were not discussed with Mikal

- Is specially designed instruction needed? Yes X No
If yes, describe using the Annual Goal sheet and attach.

5. Desired Outcomes - COMMUNITY PARTICIPATION Community participation was not discussed with Mikal

- Is specially designed instruction needed? Yes X No
If yes, describe using the Annual Goal sheet and attach.

Page 1 of 13

SECONDARY TRANSITION INTERAGENCY RESPONSIBILITIES & NEEDED LINKAGESStudent Mikal MahdiSchool Culpeper JCC - DCE

1. To assist in achieving post-secondary employment outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION**PERSON RESPONSIBLE FOR REFERRAL**Department of Rehabilitative Services or Job CorpTransition Coordinator or other school personnelREFERRAL REQUEST: Assistance with career counseling and job placement if needed

2. To assist in achieving vocational training outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION**PERSON RESPONSIBLE FOR REFERRAL**Department of Rehabilitative Services or Job CorpTransition Coordinator or other school personnelREFERRAL REQUEST: Assistance with Career counseling and job training

3. To assist in achieving post-secondary education outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION**PERSON RESPONSIBLE FOR REFERRAL**Department of Rehabilitative ServicesTransition Coordinator or other school personnelREFERRAL REQUEST: Financial aid assistance and help with accommodations as needed.

4. To assist in achieving independent living outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION**PERSON RESPONSIBLE FOR REFERRAL**NoneREFERRAL REQUEST: None

5. To assist in achieving community participation outcomes or goals, the students will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION**PERSON RESPONSIBLE FOR REFERRAL**NoneREFERRAL REQUEST: None

Page 2 of 13

Student MAHDI, MikalSchool DCE Schools**IEP TEAM CONSIDERATIONS:****LEAST RESTRICTIVE ENVIRONMENT (LRE)**

When discussing least restrictive environment and placement the following must be considered:

1. To the maximum extent appropriate, the student is educated with children who are non-disabled.
2. Special classes, separate schooling or other removal of the student from the regular educational environment occurs only if the nature of severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
3. The student's placement should be as close as possible to the child's home unless the IEP of the student with a disability requires some other arrangement. The student is educated in the school that he or she would attend if non-disabled.
4. In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
5. The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

The team should consider placement options in conjunction with identifying any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check ones the team discussed. Then, describe the placement selected in the Placement Decision section below. Determination of LRE and placement may be one or a combination of options along the continuum.

Placement Continuum Options	Other Services
Instruction Provided in:	Identify any needed supplementary aids & services, assistive technology, accommodations/modifications, and supports for school personnel, not already identified:
☒ regular class(s)	
☒ special class(s)	
☐ special school	
☐ public day school	
☐ private day school	
☐ state operated program	
☐ private residential facility	
☐ home instruction	
☐ hospital	
☐ other (describe)	

PLACEMENT DECISION:

Based upon identified services and the consideration of least restrictive environment LRE and placement continuum options, describe the location of where the services are to be provided. Also, summarize below the discussions and decision around LRE and placement. This must include an explanation of why the student will not be participating with students without disabilities in the general education class(s), programs, and activities:

Mikal will have classes in the regular education classroom due to his ability to maintain academic success in that environment. He will have a Writing Skills class with the special education teacher due to difficulties in that general Area.

Page 13 of 13

Student MAHDI, MikalSchool DCE Schools

The following participants attended the IEP meeting:

Signature of Participant	Position	Date Signed
<i>[Signature]</i>	IEP Coordinator	1/24/00
<i>[Signature]</i>	Student	1/24/00
<i>[Signature]</i>	TEACHER	1/24/00
<i>[Signature]</i>	SPED Teacher	1/24/00
<i>[Signature]</i>	Assistant Principal	1/24/00
<i>[Signature]</i>	Transition Specialist	1-24-00

Date of Notification of Transfer of Rights.

The date of notification to parents and the student that all parental rights under special education law will transfer to the student at age 18 (date must be at least one year prior to the student's 18th birthday). Notification is completed through Transfer of Rights letter.

Indicate the date that the student was informed of the IDEA procedural safeguards (rights) and the transfer of those rights at the age of 18.

Date

School Official Signature

Date

Student Signature

Please Check Option 1 or Option 2

1. ☐ Permission is hereby granted.
- ☐ Permission IS NOT granted
 for my child to receive the special education services specified in the IEP. The contents of this document have been explained to me and I have received a copy of this IEP. I have been informed that I have the right to review my child's school record and to request a change in the IEP at any time. I acknowledge that I have the right to refuse permission for services and to have my child continue in the current placement pending exhaustion of my due process rights. I have received a copy of Parental Rights in Special Education and (if applicable) the Addendum.

Parent's Signature

Date

RDC/DCE SP ED TRACKING FORM

Youth: Mahdi Mital Deen State Care #: 51957Date Received at RDC: 10-22 Staffing Date: 11-18Juvenile Number: Redacted

DOB: _____

LEA: Brunswick

Contact: _____

SpEd: Yes ☒ No ☐ Phone: _____Category: ED Eligibility Date: 1-14-98IEP Date: 6-13-98Ed. Info. Requested: 10-26 Received: 11-9-98Current: Yes ☐ No ☐Parental Consent Contact

1st Letter Sent: _____ Consent Received: _____

2nd Letter Sent: _____ Consent Received: _____

3rd Phone Call: _____ Consent Received: _____

Comments: _____

_____cc: Master File
Transfer File
ewj 7/22/98 track.doc

Mahdi Mikel Deen

Redacted

51957

Brunswick

to RDC 10-22

5th flg 11-18



COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-2641
FAX: (804) 323-2385

10-26-98

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BON AIR ROAD
BON AIR, VIRGINIA 23235

To:

Arthur Jarrett
Redacted

From:

Elam Jarrells
IEP Coordinator
Virginia Department of Correctional Education
Reception and Diagnostic Center

Re:

Mikal Mahdi (student's name)
Redacted

d.o.b.

Student number

51957

staffing date

11-18

This student has been enrolled in the DCE school at the Reception and Diagnostic Center. In order to better serve her/him, we are trying to determine his/her Special Education eligibility.

Is this student eligible for special Education services?

☐ No☐ Yes

Disabling Condition: _____
(If yes, please mail a copy of her/his most recent IEP and eligibility minutes.)

Date of Eligibility: _____

Date of the most recent IEP: _____

Please return this form via fax to (804) 323-2615 or (804) 323-2385.

Please call me at (804) 323-2615 if you have any questions.

Enclosures: release

xc: Master File
Transfer File
Educational Evaluator

request.doc 10-08-98

An Equal Opportunity Employer

A006061

DEPARTMENT OF CORRECTIONAL EDUCATION

Reception & Diagnostic Center
1601 Old Bon Air Rd.
Richmond, VA 23235-6699
(804) 323-2637
Fax: (804) 323-2615 or (804) 323-2385

FAX COVER SHEET

DATE: 10-26 TIME: _____

TO: Arthur Jarrett

FROM: Elam W. Jarrells PHONE: (804) 323-2615
IEP Coordinator

RE:

CC:

Number of pages including cover sheet: 2

Message:

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	0512
CONNECTION TEL	918048486333
CONNECTION ID	
ST. TIME	10/26 06:38
USAGE T	01'11
PGS. SENT	2
RESULT	OK

DEPARTMENT OF CORRECTIONAL EDUCATION

Reception & Diagnostic Center
1601 Old Bon Air Rd.
Richmond, VA 23235-6699
(804) 323-2637
Fax: (804) 323-2615 or (804) 323-2385

FAX COVER SHEET

DATE: 10-26 TIME: _____TO: Arthur Jarrett

FROM: Elam W. Jarrells
IEP Coordinator

PHONE: (804) 323-2615



COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-2641
FAX: (804) 323-2383
I authorize

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BON AIR ROAD
BON AIR, VIRGINIA 23215

Brunswick Co. Schools

Redacted

to release/exchange reports, records and/or information checked below with
the Department of Correctional Education, on

Student:

Mikal Mahdi

Redacted

DOB:

S.C.#:

51957

10-28-98

Date

Shirley J. Morris

Signature (Parent/Guardian/Student)

Facility Director

Relationship

- ☒ Sociological
- ☒ Educational
- ☒ Psychological
- ☒ Medical
- ☒ Speech and Language Evaluation
- ☒ Immunization Records
- ☒ Individualized Education Program

*Students 18 years or older may authorize Release/Exchange of Information

Route to: Public School & DCE/R&DC

An Equal Opportunity Employer

MESSAGE CONFIRMATION

10/28/98 15:29
ID=DCE

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
10/28	00'44"	918048486203	CALLING	02	OK 0000

DEPARTMENT OF CORRECTIONAL EDUCATION

Reception & Diagnostic Center

1601 Old Bon Air Rd.

Richmond, VA 23235-6699

(804) 323-2637

Fax: (804) 323-2615 or (804) 323-2385

F A X C O V E R S H E E T

DATE: 10-28-98 TIME: _____

TO: Shawn Jones

FROM: Elam W. Jarrells PHONE: (804) 323-2615
IEP Coordinator

RE:

CC:

Number of pages including cover sheet: 2

Message:



COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

Received

NOV 09 1998

DCE School
R&DC

OFFICE OF
THE PRINCIPAL
LOCAL: (804) 323-2641
FAX: (804) 323-2381

10-26-98

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1501 EON AVE ROAD
BRYAN, VIRGINIA 22135

To

Arthur Jarrett

Redacted

From: Elan Jarrells
IEP Coordinator
Virginia Department of Correctional Education
Reception and Diagnostic Center

Re

Mikal Mahdi

(student's name)

dob

Redacted

Student number

51957

starting date

11-18

This student has been enrolled in the DCE school at the Reception and Diagnostic Center. In order to better serve her/him, we are trying to determine his/her Special Education eligibility.

Is this student eligible for special Education services?

C/No

Yes

Disabling Condition:

If yes, please mail a copy of her/his most recent IEP and eligibility to:

Date of Eligibility:

Date of the most recent IEP:

ED

1-14-98

4-16-94

6-13-96

Please return this form via fax to (804) 323-2615 or (804) 323-2385.

Please call me at (804) 323-2615 if you have any questions.

Enclosures: none

cc: Master File
Transfer File
Administrative Review

return due 10-28-98

An Equal Opportunity Employer

NOV-09-98 01:58 PM

11/09/98
S.A.J.

COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL (804) 775-7841
FAX (804) 775-7841
I authorize _____

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1601 BOWMAN ROAD
BOWMAN, VIRGINIA 22023

Brunswick Co. Schools

Redacted

to release/exchange reports, records and/or information checked below with
the Department of Correctional Education, on

Student: Mikal Mahd

Redacted

DOB: _____

S.C.#: 51957

10-28-98

Date

Shirley J. Martin
Signature (Parent/Guardian/Student)

Facility Director

Relationship

- ☒ Sociological
- ☒ Educational
- ☒ Psychological
- ☒ Medical
- ☒ Speech and Language Evaluation
- ☒ Immunization Records
- ☒ Individualized Education Program

*Students 18 years or older may authorize Release/Exchange of Information

Route to: Public School & DCE/R&DC

An Equal Opportunity Employer

**CONFIDENTIAL**

COMMONWEALTH of VIRGINIA
Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL 804-333-2641
FAX 804-333-2312

January 14, 1998

DCE YOUTH SCHOOL
RECEPTION & DIAGNOSTIC CENTER
1001 BOX AIR ROAD
BOX AIR, VIRGINIA 22024

Mr. Sherif Mahdi
Redacted

Broadnax, VA 23920

Dear Mr. Mahdi:

The Special Education Eligibility Committee met on 01/14/98. It was the decision of the committee that Mikal D. Mahdi SC# 51957 is eligible for services in the area of ED.

Federal and stated regulations require that an Individualized Education Program (IEP) be developed for each special education student in accordance with his/her educational needs. Mikal will be transferred to Hanover Juvenile Correctional Center and will be enrolled in the VDCE School where the IEP will be developed within thirty (30) days of eligibility. The principal will contact you to participate in the development of the IEP.

If you have questions or concerns before that contact is made, please feel free to contact:

Mr. Roy Haliburton, Principal
Hanover Juvenile Correctional Center
Department of Correctional Education
P.O. Box 507
Hanover, Virginia 23069-0507
(804) 537-5602

Sincerely,

A handwritten signature in cursive script, appearing to read "Jusolyn M. Bradshaw".

Jusolyn M. Bradshaw
Assistant Principal

xc: Master File
Transfer File - Coulson
VDCE File
VDCE Receiving School - Hanover Juvenile Correctional Center
School Division of Legal Residence - Brunswick County
An Equal Opportunity Employer

APPENDIX F

BRUNSWICK COUNTY PUBLIC SCHOOLS
ELIGIBILITY MINUTES (4-6-94)

STUDENT:	Mikal Mahdi	SS NO.:	Redacted
SCHOOL:	Toddard Elementary	DOB:	Redacted
PARENTS:	Mr. Shareef Mahdi	GRADE:	Fourth
ADDRESS:	Redacted	SPECIAL PROGRAMS	Emotionally Disturbed
	Lawrenceville, Virginia		
	28699		
PHONE:	Redacted		

EVIDENCE OF DELIBERATIONS: The following reports were presented by school personnel representing the discipline providing the assessment components. The major points of discussion were:

MEDICAL: Dr. Eerie examined Mikal Mahdi on March 17, 1994. Vision was 20/20 bilaterally without glasses while hearing was at 25 db bilaterally for the frequencies of 250-4000 Hz. Dr. Eerie indicated that Mikal was overweight and anemic the day of the exam. All other medical systems were within normal limits.

PSYCHOLOGICAL: Mr. A.J. Vaca, school psychologist, stated that Mikal was initially non-compliant, but warmed up as time ensued. Once again, Mikal was explained the purpose of assessment and then put forth excellent effort. The Weschler Intelligence Scale for Children-III was administered with scores as follows: Verbal 114, Performance 119, and Full Scale 118. All subtest scores ranged from 10-19. The Bender Gestalt Test revealed factors for psychological blocking and characteristics of children who present academic problems, particularly in language arts. Projectives revealed depressive and victimization themes, feelings of helplessness, withdrawal, denial, and lack of self-esteem.

SOCIOCULTURAL: Mikal is the youngest of two children born to Shareef and Vera Mahdi. Mr./Ms. Mahdi are separated with the children residing with Mr. Mahdi in Lawrenceville, Virginia. Mr. Mahdi is a high school graduate, completed two years of college, and currently is employed as a substitute teacher with Brunswick County Public Schools. Ms. Mahdi completed high school, has two years of college, and currently resides and works in Richmond, Virginia. Mr. Mahdi and children reside with the paternal grandmother in a three-bedroom brick home near the city limits of Lawrenceville, Virginia. The Mahdi family has numerous educational resources such as various books, magazines, television, radio, etc. Mr. Mahdi stated there were no problems during the pregnancy. Developmental milestones were achieved at age appropriate times. Mr. Mahdi did indicate that Mikal had difficulty during early childhood with repeated ear infections age 2-6 years. Mr. Mahdi feels that Mikal's main difficulty is with reading and the frustration it causes with other academics.

NOV-09-98 01:59 PM

EDUCATIONAL: A review of Mikal's Cumulative Folder reveals that he attended Sister Clare Mohammed School in Richmond, Virginia for kindergarten. Mikal attended the first grade at Totara Elementary and then transferred back to Richmond City Public Schools for the second grade. Mikal transferred to Baltimore City Public Schools for grade three with transfer back to Totara Elementary in September 1993. Ms. Janet Roberts, educational diagnostician, assessed Mikal on two occasions. During the first day, Mikal was non-compliant for assessment. On the second day, Mikal was explained the essence of assessment and put forth excellent effort. The Peabody Individual Achievement Test and Kaufman Test of Educational Achievement were administered with results as follows: (1) General information skills 3.3 grade level, (2) Reading skills 3.3 grade level, (3) Math 5.6 grade level, and (4) Spelling 3.3 grade level. Mikal used contextual and pictorial clues to assist him in the area of comprehension. Some letter substitutions were noted in spelling such as m/n and m/w. Mikal also transposed letters within words and demonstrated difficulty with consonant clusters and digraphs. A sample of Mikal's written expression revealed similar spelling errors as well as difficulties with capitalization, run on sentences, and punctuation. In math, Mikal demonstrated knowledge of basic addition, subtraction, multiplication, and division. Mikal also computed problems that required addition with regrouping and multiplication of three and four digit numbers by a one digit number.

ED REPORT: Ms. Carole Wilson, teacher of LD/ED, observed Mikal during various academic classes and requested of his academic teacher to complete the Burk's Behavior Rating Scale. Periodically, Mikal will refuse to complete any classwork. This could be perceived as a facade to prevent frustration incurred with classwork. Recently, Mikal's attitude about completing classwork has improved and he seeks the instructor's assistance when encountering frustration with academics. Ms. Lucas, classroom teacher, stated that she uses alternative measures in the classroom to accommodate Mikal's difficulty with reading and related content. Results of the Burk's revealed very significant factors for poor impulse control, poor anger control, and excessive resistance.

SUMMARY STATEMENT:

Medical data revealed that vision, hearing, and other medical systems were within normal limits. Dr. Etrick did indicate that Mikal was overweight and anemic for his height and weight. Sociocultural data revealed that both parents are high school graduates with two years of college each. The parents are currently separated with Mikal and his older brother being raised by Mr. Mahdi. Ms. Mahdi currently lives and works in Richmond, Virginia. Mr. Mahdi sees Mikal having frustrations with reading and its effect on other academic areas. Educational data revealed that Mikal had general information skills at the 3.3 grade level. Contextual and pictorial clues were used in

improve reading comprehension skills. Transpositions were noted in the spelling sample. Written expression samples revealed difficulty with capitalization, run on sentences, and punctuation. Psychological data revealed that Mikal's intellectual functioning falls in the high average range. Extreme strengths were noted in subtest areas such as block design and digit span. Projectives revealed difficulty with feelings of helplessness, withdrawal, and lack of self-esteem. The ED Report revealed Mikal's inconsistency in attempting classroom assignments. Ms. Lucas, classroom teacher, has modified classroom intervention strategies to assist Mikal in completing assignments and has established rapport with him. Results of the Burk's Behavior Rating Scale revealed difficulty with poor impulse control, poor anger control, and excessive resistance.

DESCRIPTION OF ELIGIBILITY COMMITTEE ACTION STIPULATING TYPE AND QUANTITY OF SERVICES NEEDED: The Eligibility Committee found Mikal Mahdi eligible for the emotionally disabled program with recommended assistance in the area of reading. Furthermore, the Committee recommended of Mr. Mahdi to continue counseling sessions for Mikal through Brunswick County Mental Health.

LEA PERSONNEL AGREEING OR DISAGREEING WITH ELIGIBILITY STATEMENT SUMMARY AND COMMITTEE ACTION. Please indicate with a check mark for agreement or disagreement. If disagreement, the LEA member must submit in writing a dissenting opinion before exiting the meeting.

AGREE	DISAGREE	NAME/POSITION	DATE
☒	☐	James Collier / Asst. Dir.	4-6-94
☒	☐	James P. Roberts / Educational Diagnostician	4-6-94
☒	☐	John Stephens / School Nurse	4-6-94
☒	☐	Christie J. Gentry / Classroom Teacher	4-6-94
☒	☐	Beverly H. White / Guidance Counselor	4-6-94
☒	☐	John R. Brown / Director of Special Services	4-6-94
☒	☐	Carol Wilcox / Resource Teacher	4-6-94
☒	☐	John A. School Principal	4-6-94

OTHER PARTIES PRESENT: (NAME AND POSITION)

(1) Sherry Mahdi / Father (2) _____
 (3) _____ (4) _____

***AN IEP IS DUE ON THE ABOVE MENTIONED STUDENT TO THE DEPARTMENT OF PUPIL PERSONNEL SERVICES BY 4-29-94.

14-00000

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4. Present Level of Performance (Summary of Data/Strengths and Weaknesses to include academic, social, emotional, motor, communication, cognition, and behavior).

Academic: Mikel is a young boy who has strong math skills. The K-TEA was given to Mikel on 5-18-95. The results are as indicated below: Math application: G.E. 5.9, Reading Decoding, G.E. 3.4, Spelling G.E. 2.4, Reading Comprehension G.E. 4.5; Math Computation G.E. 4.7 with a Battery Composite of 4.1. Mikel has a weakness in Spelling. He needs to strengthen his vowel skills and this will help his Reading Decoding skills.

Behavioral: Mike was given the Rort's Behavior Test on 5/3/15. The results indicate he has poor eye strength, poor attention, poor impulse control, poor reality contact, poor anger control, poor sexual confidence, excessive distance, and excessive aggressiveness.

CONFIDENTIAL: The information on this page must be maintained in the student's confidential file.

SI - Speech Impaired
A - Autistic
DD - Developmentally Delayed
EM - Emotional/Behavioral
OT - Occupational Therapy

TC004436

A006073

☐ Addendum

III. Least Restrictive Environment (Type and Intensity of Services: See next page for list of all alternatives and justification statement.)

CODE	Special Education and Related Services	Frequency and Duration (per day) (Circle one)	Date to Begin Month/Day/Year	Anticipated	Location/ Provider
				Completion Date Month/Day/Year	
☒	Lang. Arts	MTWTHF 120 Min.	9.15.95	6.13.96	Tot, Sta
☒	Math	MTWTHF 60 Min.	9.15.95	6.13.96	Tot, Sta
☒	Social Studies	MTWTHF 30 Min.	9.15.95	6.13.96	Tot, Sta
☒	Science	MTWTHF 30 Min.	9.15.95	6.13.96	Tot, Sta
☒	Health	MTWTHF 30 Min.	9.15.95	6.13.96	Tot, Sta
☐		MTWTHF Min.			
☐		MTWTHF Min.			

I. Common Core of Learning: Brunswick County Public Schools has adopted Virginia's Common Core of Learning and the Division's pre-K through six curriculum as instructional requirements. Students will be promoted pending completion of 70% and above of goals/objectives referenced in the IEP and Regular Program, if applicable.

V. Standardized Tests

A. Passport Literacy Tests

Please reference Appendix KK for student participation in the Virginia Literacy Testing Program.

B. Virginia State Assessment Program

The IEP Committee agreed that the student shall take the Iowa Test of Basic Skills and/or Tests of Achievement and Proficiency as a part of Brunswick County Public Schools Testing Program and the Virginia State Testing Program. ☒ Yes ☐ No.

If yes, please check the appropriate box indicating ☐ Inclusion or ☒ Exclusion of the results from Brunswick's State tabulated scores. The following conditions should be followed for proctor of the tests (check all that should apply):

☒ Braille or large print for students who are identified as visually impaired.

☒ Tests to be implemented by the teacher of Special Education in the Special Education classroom setting.

☐ Tests to be presented orally.

VI. Photographs, Transportation, and Family Life Education

1. Photographs may be taken of my child identifying labels being served in a Special Education and related service program. ☒ Yes ☐ No

2. Transportation: General ☒ (School Bus) Special ☐ (Mini-bus, shuttle bus, aide or parent transport)

3. Family Life Education: I request that my child, not participate in the following components of the Family Life Education curriculum:

VII. Transition Services: Please reference Appendix LL for student participation in a Transition Service Program.

Extent of participation with non-handicapped students:

Academic Classes:

Homeroom

Lunch

Non-Academic:

PE

Music

Library

Extra-Curricular:

Frequency and Duration (per day) (Circle one)

Location/ Provider

MTWTHF Min.

MTWTHF Min.

MTWTHF 30 Min.

MTWTHF 30 Min.

MTWTHF 40 Min.

MTWTHF 40 Min.

MTWTHF 40 Min.

MTWTHF Min.

MTWTHF Min.

Tot, Sta

Tot, Sta

Tot, Sta

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Tot, Sta

Tot, Sta

CONFIDENTIAL: Information on this page must be maintained in

A006074

TC001417

☐ Addendum

Section B

INSTRUCTIONAL SECTION

Redacted

Name of Student

Mikal

Mikal

Date of Birth

Area of Instruction

ED

Annual Goal Number

Lang. Arts

Mikal will be able to demonstrate improvement in the areas of reading recognition and spelling.

Short Term Objectives For Goal Number

1

Beginning Date Schedule

Anticipated Completion Date

Revision

Reading Recognition

9, 5, 95

6, 13, 96

Mikal will focus on short and long vowel sounds to help in recognizing sight words and multi-syllable words.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) ☒ Daily (c) Semester (d) ☒ Nine Weeks (e) Other
Method of Evaluation: (a) ☒ Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets
(e) ☒ Teacher Observation (f) Contract (g) Other Homework, Computer

Beginning Date Schedule

Anticipated Completion Date

Revision

Spelling

9, 5, 95

6, 13, 96

Mikal will correctly spell twenty words a week. He will also use his dictionary to spell check other words.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) ☒ Daily (c) Semester (d) ☒ Nine Weeks (e) Other Homework
Method of Evaluation: (a) ☒ Checklist of Behavior (b) ☒ Quizzes (c) ☒ Tests (d) ☒ Work Sheets
(e) ☒ Teacher Observation (f) Contract (g) Other

A006075

MA 10:20 86-60-AON

TC001418

3. Writing SkillsBeginning Date ScheduleAnticipated Completion DateRevision4, 16, 958, 13, '16What will strengthen his writing skills. He will be able to write paragraphs and short stories with editing and corrections.Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____Schedule: (a) _____ Weekly (b) ✓ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) ✓ Other Homework ✓
Method of Evaluation: (a) ✓ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) ✓ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____Beginning Date ScheduleAnticipated Completion DateRevision

4. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____Beginning Date ScheduleAnticipated Completion DateRevision

5. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Section B

INSTRUCTIONAL SECTION

Name of Student

Michael Michael

Date of Birth

Area of Instruction

ED

Annual Goal Number

Math
Michael will be able to complete the sixth grade curriculum for math.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

Fractions / All components
on grade level

9, 5, 95

6, 13, 96

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other Homework
Method of Evaluation: (a) Teacher Observation (b) Checklist of Behavior (c) Quizzes (d) Tests (e) Work Sheets

Decimals / All components
on grade level

Beginning Date Schedule

Anticipated Completion Date

Revision

9, 5, 95

6, 13, 96

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other Homework
Method of Evaluation: (a) Teacher Observation (b) Checklist of Behavior (c) Quizzes (d) Tests (e) Work Sheets

A006077

MA 7.6:20 86-60-004

TC001420

Beginning Date Schedule Anticipated Completion Date Revision

3. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated Completion Date Revision

4. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated Completion Date Revision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____

Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Name of Student

Lichten Mikil

Date of Birth

Redacted

Area of Instruction

ED

Social Studies

Annual Goal Number

1. Mikil will understand and explain social studies concepts as provided in the sixth grade curriculum guide.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

1. Planets and Continents 9, 5, 95 6, 13, 96
Mikil will be able to name and spell the nine planets and seven continents. He will locate them on maps and globes.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 3x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets (e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework, Projects

2. Timelines 9, 5, 95 6, 13, 96
Mikil will be able to read, explain and draw timelines.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 3x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets (e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework, Projects

A006079

MA 20:20 86-60-AON

TC001422

3. Middle East History 9, 4, 95 6, 13, 96 1
Mikel will learn about the early Egyptian and their
contribution to civilization.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 3x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework

Beginning Date Schedule Anticipated
Completion Date Revision

4. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated
Completion Date Revision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Redacted

Name of Student

Indiv.

M. Kat

Date of Birth

Area of Instruction

ED

Science

Annual Goal Number

Mikal will master the basic components of Science for the sixth grade curriculum.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

- Living and Nonliving Things 9, 5, 95 6, 13, 96

Mikal will be able to identify four life processes that are characteristics of living things.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 2x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework

- Climate and Life 9, 5, 95 6, 13, 96

Mikal will be able to infer that living things live only where appropriate conditions are found.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 1 Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other Homework

A006081

TC001424

3. Conservation 4, 6, 95 6, 13, 96 Revision
Mikal will understand the importance of conservation
and how specific individuals contributed to the concept.
 Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 2X Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) ✓ Checklist of Behavior (b) ✓ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other Homework

4. _____

 Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____
 Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

5. _____

 Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____
 Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

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TC001425

Section B

INSTRUCTIONAL SECTION

☐ Addendum

Redacted

Name of Student

(Last)

(First)

(Middle Initial)

Date of Birth

Area of Instruction

ED

Health

Annual Goal Number

Mikhail will master the basic components of the sixth grade curriculum. He will also participate in family life curriculum.

Short Term Objectives For Goal Number

Beginning Date Schedule

Anticipated Completion Date

Revision

Alcohol and Drugs

9, 5, 95 6, 13, 96

Mikhail will understand the dangers of alcohol and drugs.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) 2X Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other Method of Evaluation: (a) Checklist of Behavior (b) Quizzes (c) Tests (d) Work Sheets (e) Teacher Observation (f) Contract (g) Other Discussion, Homework

Beginning Date Schedule

Anticipated Completion Date

Revision

Human Body

9, 5, 95 6, 13, 96

Mikhail will expand his knowledge of the human body and understand how to remain healthy.

Criteria: (a) 70% 80% 90% 100% Other (b) Out of Trials (c) Per Minute with No Errors (d) Correctly for Consecutive Days (e) Other

Schedule: (a) 2X Weekly (b) Daily (c) Semester (d) Nine Weeks (e) Other Method of Evaluation: (a) Checklist of Behavior (b) Quizzes (c) Tests (d) Work Sheets (e) Teacher Observation (f) Contract (g) Other Discussion, Homework

A006083

MD 90:20 86-60-A01

TC001426

Beginning Date Schedule Anticipated Completion Date Revision

3 Adolescence 9, 6, 25 6, 13, 92 1
trial will understand the adolescent phase of life.
and how to cope with various problems.

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) 2x Weekly (b) _____ Daily (c) _____ Semester (d) ✓ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) ✓ Tests (d) ✓ Work Sheets
 (e) ✓ Teacher Observation (f) _____ Contract (g) Other Homework

Beginning Date Schedule Anticipated Completion Date Revision

4. _____

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

Beginning Date Schedule Anticipated Completion Date Revision

Criteria: (a) 70% 80% 90% 100% Other _____ (b) _____ Out of _____ Trials (c) _____ Per
 Minute with No Errors (d) Correctly for _____ Consecutive Days (e) Other _____

Schedule: (a) _____ Weekly (b) _____ Daily (c) _____ Semester (d) _____ Nine Weeks (e) _____ Other _____
 Method of Evaluation: (a) _____ Checklist of Behavior (b) _____ Quizzes (c) _____ Tests (d) _____ Work Sheets
 (e) _____ Teacher Observation (f) _____ Contract (g) Other _____

MA 50:20 06-60-101

TC001427

Instructional Modifications for General/Vocational Programs

Name of Student

Michael
(Last)

Karl
(First)

(Middle Initial)

Date of Birth _____

Redacted

Modifications are to be made within general education/vocational classes to ensure, insofar as possible, that this student receives consideration of his/her disability. Modifications must have a direct relationship to the student's disability as described in the Present Level of Performance.

Format of Assignments and Tests

- ☐ Braille
- ☐ large print
- ☐ assignments/tests presented on audio-cassette
- ☐ oral administration of tests
- ☐ word bank provided
- ☐ alternative test construction
- ☐ short answers accepted in lieu of essay responses
- ☐ project accepted in lieu of major written assignments
- ☐ length/number of assignments reduced
- ☐ multiple sessions
- ☐ extended time
- ☐ _____
- ☐ _____
- ☐ _____

NA

Personal Assistance

- ☐ sign language interpretation of instruction/test directions/responses
- ☐ dictation to a scribe
- ☐ _____
- ☐ _____
- ☐ _____

Seating

- ☐ preferential seating
- ☐ by self/in study carrel
- ☐ _____
- ☐ _____
- ☐ _____

Organization

- ☐ daily assignment log/monitored by teacher(s)
- ☐ specialized notebook system
- ☐ manuscript or cursive writing accepted
- ☐ _____
- ☐ _____
- ☐ _____

Other Modifications

- ☐ behavior checklist monitored by teacher(s)
- ☐ back-up copy of notes/study guides provided
- ☐ vocational competencies adjusted
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Use of Equipment

- ☐ Braille writer/abacus
- ☐ dictation into a tape recorder
- ☐ electric calculator and other calculation devices
- ☐ magnification devices
- ☐ place keepers, trackers, pointers
- ☐ typewriter/word processor
- ☐ augmentative communicative device
- ☐ written directions provided to accompany oral directions
- ☐ templates and/or graph paper
- ☐ electronic speller
- ☐ manipulatives
- ☐ auditory trainer
- ☐ pencil grips
- ☐ adapted chair
- ☐ _____
- ☐ _____
- ☐ _____

A006085

MS 66:28 86-68-VOM

TC001428

☐ Addendum

VIII. Present at Individualized Education Program Meeting

Date	Signature of Persons Present	Relation to Student
5-30-95	<u>L. Colman</u>	Principal or Designee
		Parent/Guardian/Surrogate
	<u>John A. Evans</u>	Special Ed. Teacher
		Special Ed. Teacher
		Regular Ed. Teacher
		Guidance
5-30-95	<u>Beverly H. White</u>	
6-6-95	<u>Beverly H. White</u>	<u>Director of P.S.</u>

NOTE: All of the elements of the IEP (including Section B) must be completed before the signature of the parent/guardian/surrogate is obtained.

IX. I give permission for my child, Mikeel Mahdi, to be enrolled in the special education program described in the Individualized Education Program Plan. I understand that I have the right

to review his/her Individualized Education Program at any time. I understand that I have the right to refuse this permission and to have my child continue in his/her present placement pending further action.

May 30, 1995
DATE

Shameel Mahdi
SIGNATURE OF PARENT/GUARDIAN/SURROGATE
(Circle One)

I do not give permission for my child, Mikeel Mahdi, to be enrolled in the special education program described in the Individualized Education Program Plan. I understand that I have the right to review his/her records and to request another placement. I under-

stand that the action described above will not take place without my permission or until due process procedures have been exhausted. I understand that if my decision is appealed, I will be notified of my due process rights in this procedure.

DATE

SIGNATURE OF PARENT/GUARDIAN/SURROGATE
(Circle One)

CONFIDENTIAL: The information on this page must be maintained in the student's confidential file.

A006086

MD 90:20 86-60-A0N

TC001429

LITERACY TESTING PROGRAM (LTP)

☐ No → Justification: ☐ test not administered at this grade ☐

☐ I give permission for my son/daughter to be exempted from the Literacy Testing Program. I understand that this exemption makes my son/daughter ineligible for a standard or advanced diploma. _____

(Date)

Audio-Cassette

Figure 1

Large Print

Oral Administration

Answers Provided by Proctor

Braille-Writing/Abacus

Distortion to a Surface

Dictation Into a Tape Recorder

Electric Calculators and Other Calculation Devices

Sign Language Interpretation of Test Directions

Magnification

Marking Responses in Test Booklet

Place Keepers, Trackers, Pointers

**Typewriter, Word Processor,
Augmentative Communication**

Written Directions

Other

Hospital/Home Setting

Multiple Sessions

Testing in a Separate Room

Other

† Designated NONSTANDARD ADMINISTRATION, but will not affect pass/fail or eligibility for a high school diploma.

N/A

Transition Services

Transition services is defined as a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. A coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. The IEP Committee shall begin planning transition services for students no later than age 16 and annually thereafter (and when determined appropriate for the individual, beginning at age 14 or younger). List below strategies and/or inter-agency linkages to prepare the student for transition beyond his formal education.

Name of Student: M. J. Smith (Last) Michael (First) (Middle Initial)

Date of Birth:

Redacted

CHECK APPROPRIATE OUTCOMES

TRANSITION NEEDS

SERVICES & PROVIDER

PROJECTED INITIATION

POSTSECONDARY EDUCATION ☐ N/A ☐ College/University ☐ Junior/Community College ☐ Apprenticeship ☐ Vocational Training ☐ Pre-Vocational Training ☐ Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No Is transition instruction needed? ☐ Yes ☐ No Are community experiences needed? ☐ Yes ☐ No		
EMPLOYMENT ☐ Full-time Employment ☐ Part-time Employment ☐ Supported Employment ☐ Military ☐ Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No Is transition instruction needed? ☐ Yes ☐ No Are community experiences needed? ☐ Yes ☐ No		
ADULT LIVING Living Arrangements ☐ Alone or with a roommate ☐ With Family ☐ Supervised Transportation ☐ Licensed Driver ☐ Specialized Transportation ☐ Driven by Parent/Other Financial Planning ☐ Supplemental Security Disability Income ☐ Supplemental Security Income (SSI) ☐ Other	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No Is transition instruction needed? ☐ Yes ☐ No Are community experiences needed? ☐ Yes ☐ No		
ADDITIONAL OUTCOMES NOT SPECIFIED ABOVE	Are specialized transition services needed? ☐ Yes (record on this form) ☐ No Is transition instruction needed? ☐ Yes ☐ No Are community experiences needed? ☐ Yes ☐ No		

The IEP team has determined that transition services are not needed in this area at this time because:

- 1 Student was invited to the IEP Meeting and participated in development of transition goals/objectives.
- 2 Student did not attend IEP Meeting but preferences and interests were considered by the Committee in planning transition goals/objectives.

A006088

TC001431

☐ Addendum

N/A

Graduation Requirements

Redacted

Name of Student Julia Nichols _____ Date of Birth _____
(First) (Last) (MI)

Listed below are the graduation requirements for receipt of a high school diploma, diploma with Governor's seal, IEP Diploma, and certificate of attendance. Students begin accruing credits for graduation effective grades nine through twelve. The IEP committee should review the requirements listed below and check the appropriate box for the diploma or certificate working towards:

- ☐ To graduate from high school, a student shall pass all components of the Literacy Passport Test as required by the "Standards of Quality" and prescribed by the Board of Education and meet the minimum requirements for the 21 credit diploma. A student who receives a grade of "B" or better will receive a Board of Education seal on the diploma.
- ☐ To graduate from high school and receive a Governor's seal on the diploma the student must pass all components of the Literacy Passport Test as required by the "standards of quality" and prescribed by the Board of Education. Furthermore, the student must complete a minimum of 23 units of credit under the advanced studies program and maintain an average grade of "B" or better.
- ☐ To receive an IEP Diploma the student shall take coursework identical to scope and content presented in the regular education program and complete the minimum of 21 credits as prescribed by the Board of Education. The student would not have passed all components of the Literacy Passport Test as required by the "Standards of Quality" and prescribed by the Board of Education.
- ☐ To receive a certificate of attendance a student would complete the individualized education program; however, the scope and content of coursework was not identical to that presented in the regular program of instruction (student does not qualify for a diploma under any other section listed above).

NOV-09-98 01:57 PM

P. 01



Mr. Jeffrey M. Millner
Principal

TOTARO ELEMENTARY SCHOOL
19350 CHRISTANNA HIGHWAY
LAWRENCEVILLE, VIRGINIA 23868



Mrs. Carolyn Meredith
Asst. Principal

FAX NO. (804) 848-6203
TELEPHONE NO. (804) 848-3209

URGENT FAX

TO: Elean M. Jarralls

Redacted

FROM: Steve Jones

DATE: 11-6-98

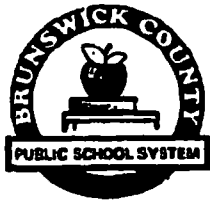
Number of Pages: (Including This Page)

Please deliver all pages, including this page, as soon as possible. If you have any questions or re-transmission is necessary, please call (804) 848-3209 and ask for: _____.

Additional remarks: _____

Have A Nice Day!





BRUNSWICK COUNTY PUBLIC SCHOOLS

219 North Main Street • Post Office Box 309
Lawrenceville, Virginia 23868-0309
Telephone (804) 848-2157 • Fax (804) 848-6205

Dale W. Baird
Division Superintendent

Noah V. Rogers
Assistant Superintendent

Bobby R. Browder
Director of Pupil Personnel

CONFIDENTIAL

Office of Pupil Personnel

Sociocultural Report

Mikal Dean Mahdi **DOB:** Redacted **Age:** 11
Sex: Male **Race:** Negro **Soc. Sec. No:** Redacted
Parents: Shareef Mahdi
Address: Redacted **Phone:** Redacted
 Lawrenceville, Virginia 23868

Mikal is a young black male currently in the Fourth Grade at Totaro Elementary School. He was referred by the child study team due to academic difficulty and behavior problems. The purpose of this report is his initial evaluation to determine if he is in need Special Education Services.

Mikal is the youngest child of Shareef Mahdi and his wife, Vera Artin Mahdi. The parents are separated. Mr Mahdi, age 40, is a high school graduate. He completed two years of college. The father works as a substitute teacher in the school system. The mother, Vera Artin Mahdi, age 31, has two years of college. She is employed as a clerk. She resides in Richmond.

Interview Setting

The interview with the father was conducted at the school in the library. He willingly gave the information for the report. The home is described as a split level modern three bedroom brick home with all facilities on highway 46. It is equipped with a stereo, television and other educational materials for the family's use. There are four people in the household.

Mikal was referred because of his behavior problems. He exhibits inappropriate and disruptive behavior.

Educational History

This child has moved several times and been in several schools. He started to school in Richmond at Sister Clare Mahamil School in Kindergarten. He attended Totaro for the First Grade. He was in Richmond Public School for the Second Grade. He was in Baltimore Public Schools for two years in the Third Grade. He transferred to Totaro in September 1993.

The father says that his own school experience was not all that good. He would prefer to home school his son but understands that that is not possible. He is willing to work with the public schools for his son's benefit.

Child's Study Habits

Mikal does not receive any type of special assistance.

Child's Personal Interpersonal Relationship

The father reports that he has an excellent relationship with his son. They get along real well and Mikal is good to help his father with whatever he is doing.

He has an excellent relationship with his brother. They get along well.

He does not always get along with his peers. He doesn't do well with the other children.

He is described as having an outgoing personality when he was younger. He has lost some of this lately with the problems that he has encountered especially with reading. He has low self esteem at present. There have been a lot of problems in adjustment.

The father reports that he seldom has to discipline his son. He is an easy child to manage. He is very good to help out at home. He responds in a very positive manner when he is disciplined.

Involvement with Outside Agencies

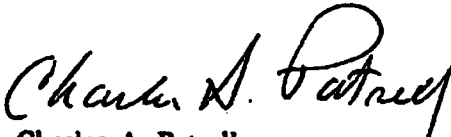
The father is taking his son to Mental Health for counseling. He has been for three sessions.

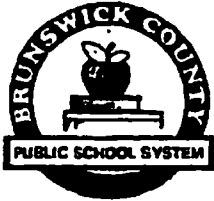
Conclusions and Recommendations

Mikal is a young lad that is having difficulty adjusting to the school situation. He has had some problems with behavior. Mikal has been in several schools. The Child Study Team referred him to ascertain what the problem is in his school related activities. The father appears to be supportive of his son and wants to see him succeed in school. The main problem that he is having appears to be adjustment and behavior. He appears to exhibit a number of inappropriate behaviors. Most of the problems seem to be getting along with people. He also appears to have some problems with reading. The frustration with the reading may be contributing to his lack of self esteem and confidence. The father appears to want help for his son and is seeking help to overcome the problem.

I recommend that Mikal be placed in a program that he will give him the opportunity to catch up with his school work. I further recommend that he continue with the counseling that has been started and that he be monitored and his parent be made aware of any progress that he makes.

March 25, 1994


Charles A. Patsell
Coordinator of Student Services



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Bobby R. Browder
Director of Pupil Personnel

Department of Pupil Personnel

Confidential Psychological Evaluation

CONFIDENTIAL

Identifying Data

Name: Mikal Mahdi
Date Evaluated: 3/28/94
Date of Birth: Redacted
C.A.: 11 yrs., 8 days

School: Totaro Elementary
Grade: 4
SS#: Redacted

Reason for Referral

Behavioral insufficiencies and certain academic shortcomings.

Tests Utilized

Wechsler Intelligence Scale for Children-III (WISC-III)
Bender Visual-Motor Gestalt Test (BVMGT)
Thematic Apperception Test (TAT)
Projective Drawings

Background Data

Records indicate Mikal transferred to Brunswick County Public Schools in September of 93' from Baltimore City Public Schools. A number of school division transfers are described in the record. Please refer to accompanying reports for greater breadth and specificity regarding relevant background information.

Observation of Behavior

Mikal presented initial reluctance and uncooperativeness with respect to attempting testing, but was persuaded by Mr. Mahdi to cooperate. He proved to be most cooperative throughout testing, and he seemed interested in the challenges presented by the test items. Testing was discontinued at Mikal's request about one hour

into the session. Apparently, he was fatigued by the demands of the session. It was resumed the next day as a matter of course and without incident. Mikal demonstrated excellent eye-hand coordination, manual dexterity, and immediate recall skills, observationally. Current test results are felt to provide reliable indicators for his current level of functioning.

Test Results/Findings

Test findings indicate Mikal is a very bright child who presents certain adjustment difficulties. These latter difficulties, engendered by family separation, various re-locations, etc., have in turn reduced his feelings of self-efficacy. All contribute to impaired school adjustment and impaired learning in the language arts domain, particularly in spelling.

On the WISC-III, Mikal earns the following IQ estimates:

Verbal Scale	114
Performance Scale	119
Full Scale	118
Verbal Comprehension	110
Perceptual Organization .	120

Clearly, this is a bright child whose abilities within the non-verbal domain are particularly well-developed. All earned scaled scores fall within or above the Average range. Significant strengths are readily evident with respect to his performances on the following, notable sub-tests: Block Design - 19, Digit Span - 15, Similarities - 14. The difficulties he has experienced in reading skills and in spelling are not evidently related to cognitive impairments as assessed by the WISC-III. Rather, his performance on this measure would predict at least age appropriate educational achievement.

An approximate 10 year visual-motor integration age equivalent is earned on the BVMGT. His performance on this measure would not help to explain his aforementioned academic shortcomings. All designs reflect good likeness to the presented models. The errors which he does make may be attributed to emotionally relevant variables. His teacher indicates that Mikal has excellent artistic abilities, further substantiating adequacy of fine-motor skills.

The projective measures consistently point to depressive tendencies, lack of self-esteem and feelings of hopelessness. While Mikal has realized considerable behavioral and attitudinal improvement as of late, he still is experiencing personal adjustment problems which require address. Projectives point to psychological blocking and expansive behavior under stress, which may help to account for his episodic acting-out behavior and difficulties and/or unwillingness to deal with difficult (for him) school tasks.

Summary/Recommendations

Mikal has realized improvement with respect to his overall school adjustment; however, he presents persistent personal adjustment difficulties which suggest the need for special education and mental health intervention. Given his good intelligence, other positive personality traits and the strong concern by his father, he presents a good prognosis for school success.



A. J. Veca, School Psychologist

Peabody Individual Achievement Test

The results of the Kaufman Test of Educational Achievement were as follows: A Reading Composite yielded a raw score of 58, a standard score of 98, a percentile rank of 45, and a grade equivalent of 4.6. His Mathematics Composite yielded a raw score of 65, a standard score of 109, a percentile rank of 73, and a grade equivalent of 5.8. Mikal's Battery Composite yielded a raw score of 135, a standard score of 97, a percentile rank of 42, and a grade equivalent of 4.6.

PIAT

Subtest	Raw Score	Grade Equiv.	Standard Score	% Rank
General Information	71	6.8	116	86
Reading Recognition	51	3.1	81	10
Reading Comprehension	56	3.7	91	27
Total Reading	107	3.3	84	14
Mathematics	58	5.6	107	68
Spelling	55	3.3	82	13
Written Language	75		83	14
Total Test	291	4.4	94	34

Mikal's current overall level of functioning is at a mid fourth grade level. This level of functioning places him in the average range. However, he demonstrated some variability in his performance. In the area of Reading Recognition, Mikal's performance was on a third grade level. His Reading Comprehension skills were slightly better developed than his Reading Recognition skills. He used contextual and pictorial clues to assist him in his comprehension. Mikal's greatest areas of weakness were in Spelling and Written Expression. His performance in these areas was also on a third grade level. Mikal had great difficulty with Spelling. Mikal frequently substituted one letter for another one, such as m/n and m/w. He often transposed letters within words. Mikal also demonstrated difficulty with consonant clusters and digraphs.

A sample of Mikal's written expression revealed similar spelling errors as well as difficulties with capitalization, run on sentences, and punctuation.

Mikal's area of strength is Mathematics and General Information. His skills in these areas fall in the above average range. His

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Dale W. Baird
Division SuperintendentNoah V. Rogers
Assistant SuperintendentBobby R. Browder
Director of Pupil Personnel**EDUCATIONAL EVALUATION****MIKAL MAHDI**

Mr. Shareef Mahdi

Redacted

Lawrenceville, VA 23868

DOB: Redacted

CONFIDENTIAL**BACKGROUND AND RECORDS REVIEW**

Mikal is an eleven year old boy in the fourth grade at Totaro Elementary School. He was referred by Mrs. Beverly White, guidance counselor. Specific concerns expressed on the referral included behavioral difficulties; such as leaving his seat inappropriately, physically and verbally aggressive towards others at times, talks out of turn, preoccupied, anxious, easily frustrated or angered, lacks respect for authority, and daydreams. Mikal transferred to Brunswick County Schools from Maryland in September of 1993. He was retained once while in Maryland. He was also previously enrolled in school in Richmond, Virginia. His report card indicated that his classroom performance in Reading, English, and Spelling was failing, while his other subject areas were above average. Mikal was evaluated during two sessions on March 31, and April 5, 1994.

OBSERVATIONS

Mikal initially presented as non-compliant. Upon being told by his teacher that he was to accompany the examiner to the testing room, he refused to do so. The examiner sat next to him in the classroom for appropriately twenty minutes, observing and briefly interacting with him. On the next day, Mikal readily accompanied the examiner to the testing room. However, once in the testing room, he stated that he did not want to be tested. The examiner spent some time explaining the referral and evaluation process to Mikal. Mikal was also told of the importance of his cooperation and the type of recommendations that could be made as a result of the evaluation process. After considerable discussion, Mikal agreed to actively participate in the testing. He proved to be most cooperative. He was very motivated and responded well to praise. It is the impression of the examiner that the evaluation results are a reasonable indication of Mikal's current level of educational functioning.

TEST ADMINISTERED

Interpretation of the Social Behavior Checklist

The check list indicates several problems. He has a negative attitude about being corrected. He prefers his family to the company of others. He does not always get along with other children. His behavior with adults is inappropriate at times. His difficulty with school is beginning to improve. He helps out at home with meal preparation. He has no fear and does not always recognize dangerous things that may hurt him. He knows his way around the neighborhood but is kept close to home. He likes to play Nintendo. He does not deal with failure well. He has a negative feeling about failing. He has had to accept many changes. He feels good about himself at times. He has a problem with instructions that are given orally. He has changed a lot in the last two years. He does not retain information as well as he did in the past. He has been suffering from depression and becoming forgetful due to that problem. He is also behind in some of his reading. He does not always finish what he is asked to do or the ones that he begins himself. He does not make good use of his leisure time. He does not stick to the job. He does not readily accept change. He rarely feels good about himself. His communication skills are weak. He rarely understands and remembers instructions that are given orally. He is unable to follow detailed directions that are given orally. He is only sometimes a good listener. .

Mikal's out-of-school activities includes going fishing, hiking, and doing his chores.

The father wants him to grow up to be a decent human being. Mikal says that he wants to have money.

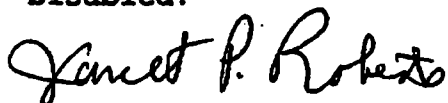
The father would like to see him change by being happy. He would like to see his son become more confident.

He is pleased that he is a sweet child. He is cooperative at home and is good to help out.

Mathematics Application skills were better developed than his computation skills. Mikal was able to solve many of the application problems without the assistance of pencil and paper. He demonstrated knowledge of basic addition, subtraction, multiplication, and division. He also computed problems that required addition with regrouping and multiplication of three and four digit numbers by a one digit number.

SUMMARY AND RECOMMENDATIONS

Mikal's current level of educational functioning falls in the average range. Overall, he is functioning on a mid fourth grade level. He does exhibit some strengths and weaknesses in his educational profile. His areas of strength are in Mathematics and General Information. His areas of weaknesses are in Reading Recognition, Written Expression, and Spelling. If additional reports warrant, it is recommended that the Eligibility Committee consider possible placement in the program for the Learning Disabled.



Janet P. Roberts
Educational Diagnostician
April 5, 1994

The father believes that the problems are due in large part because he is behind in reading. He becomes frustrated when he tries to read. He is also becoming depressed because of the repeated difficulty that he is having with reading.

Family

Mikal is the youngest child of this couple. Mr Mahdi has another son, Saleem Mahdi, age 12, in the Seventh Grade.

Saleem does not seem to have any problems. The relationship with the other child is described as excellent. The relationship with the children and the parent is described as excellent. The relationship with the father is described as excellent.

Family History

There is a family support system for the family. There are grandparents and other relatives. The family is not currently involved in church. There are neighbors and friends nearby.

There are no significant health problems in the family.

The father reports that the only problem just now is his chronic unemployment. He is having difficulty with obtaining lasting employment. Mr Mahdi is a single parent rearing two children on his own.

Prenatal History

There were no problems during the pregnancy. The only medication taken was vitamins with iron prescribed by the doctor. The mother did not use drugs, alcohol or tobacco. He was born from a full term pregnancy with regular delivery.

Developmental History

Most of the developmental stages were met at age appropriate times. The father was not sure of the exact ages that these events occurred but felt that they were at about the average time. There were no early coordination problems.

Medical History of the Child

Mikal has an extensive history of ear infections. They started when he was about two years old and lasted about four years. He was on antibiotics for these infections. He also ran high fevers while he had the ear infections. He does have some speech difficulty. He is not currently on medication.

RECEPTION AND DIAGNOSTIC CENTER
CONFIDENTIAL CASE SERVICE ALERT

DATE COMPLETED: 12/2/97 BY WHOM: Mark Ivey Lewis UPDATES: Dec 14/22/98

YOUTH: Mahdi, Mikal SC#: 51957 R/S: B/M DOB: Redacted GE: 15.7

IF RETURNER/CHECK: ☒ Recommitment ☐ Special Placement ☐ Re-Evaluation

****THIS YOUTH HAS REPORTEDLY SHOWN SYMPTOMS OF THE FOLLOWING BEHAVIORS****

NOTE: This information is not to be discussed with the youth or any other non-staff member.

AGGRESSIVE: ☒ Verbally ☒ Physically ☒ Explosive ☐ Assaultive ☐ Homicidal Tendencies

SETS FIRES: Yes ☐ Explain: _____

SEXUAL DEVIANCES: ☐ Homosexual ☐ Other/Specify: _____

MENTALLY LIMITED: ☐ Yes/Specify IQ if known: PS-118 Date of testing 3/28/94

ENURETIC: ☐ Currently ☐ Previously ENCOPRETIC: ☐ Currently ☐ Previously

BIZARRE BEHAVIORS/Dates & Explanation: _____

SIGNIFICANT EVENTS/Dates & Explanation, ie. assaults/births/deaths, etc.:
Parents separation. Father has not provided adequate rules/limits.

ON MEDICATION: ☐ Yes/Specify if known: _____

MEDICAL PROBLEMS: _____

SUICIDE ALERT LEVEL-CIRCLE: I II III (See appropriate form for details)

SELF-DESTRUCTIVE/Dates & Explanation: _____

CURRENT FELONY CONVICTION? Yes ☒ No ☐ 1998 - No.

MAJOR OFFENDER: ☐ SERIOUS OFFENDER (DETERMINATE): ☐

SECURITY/CONTROL COTTAGE due to: ☒ Control ☐ Security Risk ☐ Charge
(10/98)
stay in

MECHANICAL RESTRAINTS approved for: ☐ Belt (See appr. form for details)

COMMENTS: Mikal seems to have poor attention span, poor impulse control, poor anger control and excessive resistance and aggression in the school setting. Mikal's attitude is somewhat resistive. Mikal can become rebellious and difficult when given instructions he does not agree with what he wants to do. (10/98 update): At RDC (1/98), several FTC's + fighting. Hanover 1/24/98 - 4/27/98 (offenses included FTC formal), leave supervision, aggressive contact, resist removal). Was transferred to Kenbridge youth devel. school 4/27/98. Severely damaged property there (wall). Paroled 6/14/98 to father + grandmother. Recommitted for contempt of court + obstructive.

0+7 copies to: Original & pink to Master File; Transfer File; Med. File; C.L. Off. (2);

Playroom Supervisor; Medical

tion of justice. Made a threat toward a judge. Also shouted out window of his home to deputy (es) (who were trying to serve a warrant on his father), that he "had a gun and always wanted to kill a cop."

RECEPTION AND DIAGNOSTIC CENTER
CONFIDENTIAL CASE SERVICE ALERT

DATE COMPLETED: 12/2/97 BY WHOM: Mark Ivey Lewis UPDATES: RSC 1/23/98

YOUTH: Mahdi, Mikal SC#: 51957 R/S: B/M DOB: Redacted AGE: 15.7

IF RETURNEE/CHECK: ☒ Recommitment ☐ Special Placement ☐ Re-Evaluation

****THIS YOUTH HAS REPORTEDLY SHOWN SYMPTOMS OF THE FOLLOWING BEHAVIORS****

NOTE: This information is not to be discussed with the youth or any other non-staff member.

AGGRESSIVE: ☒ Verbally ☒ Physically ☒ Explosive ☐ Assaultive ☐ Homicidal Tendencies

SETS FIRES: Yes ☐ Explain: _____

SEXUAL DEVIANCES: ☐ Homosexual ☐ Other/Specify: _____

MENTALLY LIMITED: ☐ Yes/Specify IQ if known: ES-118 Date of testing 3/28/94

ENURETIC: ☐ Currently ☐ Previously ENCOPRETIC: ☐ Currently ☐ Previously

BIZARRE BEHAVIORS/Dates & Explanation: _____

SIGNIFICANT EVENTS/Dates & Explanation, ie. assaults/births/deaths, etc.:
Parents separation. Father has not provided adequate rules/limits.

ON MEDICATION: ☐ Yes/Specify if known: _____

MEDICAL PROBLEMS: _____

SUICIDE ALERT LEVEL-CIRCLE: I II III (See appropriate form for details)

SELF-DESTRUCTIVE/Dates & Explanation: _____

CURRENT FELONY CONVICTION? Yes ☒ No ☐ 1498-No.

MAJOR OFFENDER: ☐ SERIOUS OFFENDER (DETERMINE): ☐

SECURITY/CONTROL COTTAGE due to: ☒ Control ☐ Security Risk ☐ Charge
(10/98)
Flag in

MECHANICAL RESTRAINTS approved for: ☐ Belt (See appr. form for details)

COMMENTS: Mikal seems to have poor attention span, poor impulse control, poor anger control and excessive resistance and aggression in the school setting. Mikal's attitude is somewhat resistive. Mikal can become rebellious and difficult when given instructions he does not agree with what he wants to do. (10/98 update): At RDC (6/98), several FTE's + fighting. However 1/24/98 - 4/27/98 (offenses included FTE (several), leave supervision, aggressive contact, resist removal). Was transferred to Trembridge youth devel. school 4/27/98. Severely damaged property there (wall). Paroled 6/14/98 to father + grandmother. Recommitted for contempt of court & obstruct-

0+7 copies to: Original & pink to Master File; Transfer File; Med. File; C.L. Off. (2);

Playroom Supervisor; Medical

tion of justice. Made a threat toward a judge. Also shouted out window of his home to deputy (ies) (who were trying to serve a warrant on his father), that he "had a gun and always wanted to kill a cop".

CASE NO.

18-02

DISPOSITION NOTICE

ACCUSED:

Mikal Deen Mahdi

Jurisdiction:

Circuit

ADDRESS:

☐ GENERAL DISTRICT (TRAFFIC)☐ GENERAL DISTRICT (CRIMINAL)☐ GENERAL DISTRICT (CIVIL)☐ J & DR DISTRICT COURT☒ CIRCUIT COURT☐ Certified to Grand Jury☐ Extradition waived☐ Juvenile Transferred to Circuit Court for trial as adult☒ Convicted of: *Obstruction of justice* ☐ Felony ☒ MisdemeanorOffense Date: *6-30-78*Convicted under: ☒ State Code § *18.2-40(3)* ☐ Local Ord.☐ Civil Contempt

SENTENCE:

Credit shall be given pursuant to § 53.1-187 for any pre-trial detention

☐ to be served in jail.☐ Committed to Department of Corrections for *Justice* *indeterminate period of time*☐ Committed to Department of Youth and Family Services for

Total fines and costs assessed: \$

Restitution ordered: \$

TO THE SHERIFF, JAIL OFFICER OR CORRECTIONAL OFFICER:

Confine the person named in this notice in your facility to serve the sentence under the terms and conditions stated in this notice unless otherwise ordered released.

SPECIAL CONDITIONS:

☐ Weekend confinement to begin

DATE

☐ Work release☐ Work release (if eligible)☐ Home-electronic incarceration☐ OtherAppeal noted? ☐ Yes ☐ No ☐ Withdrawn*Cost appeal on this date*

BAIL:

☐ If transferred or certified to Circuit Court☐ Secured☐ Unsecured☐ If appealed☐ Held Without Bail

S

☐ No Change in Existing Bail

Circuit Court Date and Time

ADDITIONAL BAIL CONDITIONS:

Accused

☐ may☐ may not de*10-22-78*

DATE

Earl Stanley

CLERK OFFICE

DISPOSITION NOTICE

JUVENILE COMMITMENT ORDER

COMMONWEALTH OF VIRGINIA

§§ 16.1-284.1, 16.1-285, 16.1-285.1,
16.1-278.8, 16.1-290(A), 16.1-293 Rule 8:17

CASE NO.

BRUNSWICK

Juvenile and Domestic Relations District Court

In re: Mikal Deen Mahdi

The above-named juvenile has been brought before this Court upon the filing of a written petition or warrant; and proper notice has been given to all proper and necessary parties; the parties have been informed by this Court of their right to representation by a lawyer, the right to a public hearing, the contents of the petition or warrant filed in this Court, and the right of the juvenile to remain silent with regard to any allegation of delinquency, the right to confront and cross-examine witnesses, the right to present evidence, the right to appeal a final decision of the court and all provisions of the Juvenile and Domestic Relations District Court Law, and amendments thereto, have been duly complied with in the assuming jurisdiction of the juvenile.

Having considered all relevant and material evidence, the Court finds that the juvenile is within the the jurisdiction of this Court and the Juvenile and Domestic Relations District Court Law and that the juvenile is guilty of the following delinquency charge:

Contempt of Court and Obstruction of Justice

The Court hereby ORDERS the juvenile to be committed to:

☐

DETENTION HOME OR SECURE FACILITY

for

NOT TO EXCEED SIX (6) MONTHS

as part of suspension of commitment to the State Department of Juvenile Justice,

with a review hearing to be held on

☐

DETENTION HOME OR SECURE FACILITY

as part of suspension of commitment to the State Department of

Juvenile Justice, with such commitment being suspended on further conditions that the juvenile participate in the following community treatment programs for the juvenile's rehabilitation:

☒

the State Department of Juvenile Justice for an indeterminate period.

☐

the State Department of Juvenile Justice ☐ for a period of or, ☐ until the juvenile's twenty-first birthday.

☐

disposition is deferred and the juvenile is placed in the temporary custody of the Department of Juvenile Justice to attend a boot camp established pursuant to Va. Code § 66.13.

If committed to the Department of Juvenile Justice, the following entity shall maintain contact with the juvenile during the juvenile's commitment.

☒

the court service unit of this court

☐

Department of Social Services/Welfare

☐

and that pursuant to a hearing before the court, ... is ordered to pay support in the amount of per

for the duration of the commitment.

3/11/98
DATE

appealed it.

[Signature]
JUDGE

***** -COMM. - NAL- ***** DATE MAR-23-2001 *** TIME 14:58 *** P.01

MODE = MEMORY TRANSMISSION

START=MAR-23 14:57

END=MAR-23 14:58

FILE NO. = 211

STN NO.	COM	ABR NO.	STATION NAME/TEL. NO.	PAGES	DURATION
001	OK	B	918043232312	003/003	00:01:04"

-CJCC TREATMENT DEPARTMENT-

***** - ***** 540 727 7116- *****

COPI

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF JUVENILE JUSTICE
CULPEPER JUVENILE CORRECTIONAL CENTER**

Mailing Address:
Redacted

FROM THE DESK OF:

S. Jones

Mitchells, Virginia 22729

File: _____ Location: _____

Redacted

Phone:
Pager:
Cellular Phone:

FAX: 540/727-7116

TO: *Syria Jones*
Redacted

NUMBER OF PAGES: 3

TELE NUMBER

DATE: 3/23/99

Subject:

Syria,
I contacted Hanover Court and told them that RDC needed a copy of the commitment order for J. and that I'd like one sent to me here at Culpeper. I told them to send the RDC copy to the attention of the superintendent. The enclosed is what I received. Thought you might also like to have it.

S.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF JUVENILE JUSTICE
CULPEPER JUVENILE CORRECTIONAL CENTER

Mailing Address:
Redacted

Mitchells, Virginia 22729

Redacted

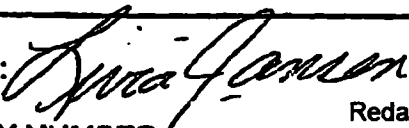
Phone:
Pager:
Cellular Phone:

FROM THE DESK OF:



File: _____ Location: _____

FAX: 540/727-7116

TO:  Redacted

FAX NUMBER:

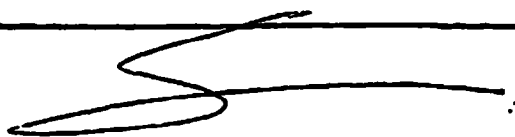
NUMBER OF PAGES: 3

TELE. NUMBER:

DATE: 3/23/99

Subject:

Sylvia,
I contacted Hanover Court and told them that RDC needed a copy of the commitment order for T. add; and that I'd like one sent to me here at Culpeper. I told them to send the RDC copy to the attention of the superintendent. The enclosed is what I received. Thought you might also like to have it.





COMMONWEALTH of VIRGINIA

Hanover Juvenile and Domestic Relations District Court

P. O. BOX 86

HANOVER, VIRGINIA 22369

(804) 537-6200 / 730-6200

237-3377 / 730-6160

DATE: 3/23/00.

SENT TO FAX NUMBER:

Redacted

TO: Superintendent of RDC

FROM: Mary Wynn

SUBJECT:

Commitment order

Number of pages sent (including cover sheet): 2

Phone Number: 537-6200 or 730-6200

To reply, send fax to (804) 537-6246

JUVENILE COMMITMENT ORDER

Case No.: J-6062-01

State of Virginia VA CODE §§ 16.1-378.5, -284.1, -285, -285.1, -290(A), -293, Rule 8:11

Hanover

Juvenile and Domestic Relations District Court

In re: Mikael D. Mahdi

, a juvenile.

The above-named juvenile has been brought before this Court upon the filing of a written petition or warrant; and proper notice has been given to all proper and necessary parties; the parties have been informed by this Court of their right to representation by a lawyer, the right to a public hearing, the contents of the petition or warrant filed in this Court, and the right of the juvenile to remain silent with regard to any allegation of delinquency, the right to confront and cross-examine witnesses, the right to present evidence and the right to appeal a final decision of the court, and all provisions of the Juvenile and Domestic Relations District Court Law, and amendments thereto, have been duly complied with in assuming jurisdiction of the juvenile.

Having considered all relevant and material evidence, the Court finds that the juvenile is within the jurisdiction of this Court and the Juvenile and Domestic Relations District Court Law and that the juvenile is guilty of the following delinquency charge:

Assault + Batter

☐ The Court hereby ORDERS the juvenile to be committed to:

☐

for

DETENTION HOME OR SECURE FACILITY

NOT TO EXCEED SIX (6) MONTHS

as part of suspension of commitment to the Department of Juvenile Justice, with a review hearing to be held on

☐

as part of suspension of commitment to the

DETENTION HOME OR SECURE FACILITY

Department of Juvenile Justice, with such commitment being suspended on further condition that the juvenile participate in the following community treatment programs for the juvenile's rehabilitation:

☒

the Department of Juvenile Justice for an indeterminate period.

☐

the Department of Juvenile Justice for a period of

☐ until the juvenile's twenty-first birthday

If committed to the Department of Juvenile Justice, the following entity shall maintain contact with the juvenile during the juvenile's commitment:

☐

the court service unit of this court

☐

Department of Social Services/Welfare

☐ Having considered the assessment and found that the juvenile is an appropriate candidate for juvenile boot camp, the Court hereby ORDERS that disposition is deferred and the juvenile is ORDERED to attend a boot camp established pursuant to Virginia Code § 66-13, and the juvenile is placed in the temporary custody of the Department of Juvenile Justice upon admission to the boot camp. The court service unit shall provide supervision to the juvenile and his or her family during the residential and aftercare components of the boot camp program.

2/24/00

DATE

Jury E. Williams
JUDGE

BOOK 4 PAGE 657

VIRGINIA: CIRCUIT COURT OF BRUNSWICK COUNTY

COMMONWEALTH OF VIRGINIA

V.

CASE NO. CJ98-02-00; 02-01

MIKAL DEEN MAHDI, DEFENDANT

Social Security Number:

Date of Birth: Redacted

Hearing Date: 10-22-98

Judge: JAMES A. LUKE

Hearing Type: TRIAL

Attorney for the Commonwealth: KEVIN CLARKE

Attorney for Defendant: R. CLINTON CLARY, JR., APPOINTED

Original Charge Description: OBSTRUCT LAW ENFORCEMENT;
FAIL TO APPEAR

Statute/Ordinance Violation Charged: 18.2-460, 18.2-456

Offense Description if Convicted: OBSTRUCT LAW ENFORCEMENT (18.2-460(B))

Alleged Offense Date: 06-30-98, 6-25-98

On the above date came the Attorney for the Commonwealth, attorney for defendant and defendant. Defendant stands before this Court on appeal from the Brunswick County General District Court on the charges described above.

Defendant pled not guilty to the charges.

The Commonwealth presented its evidence. At the conclusion of the Commonwealth's evidence, defendant moved to strike the evidence. The motion was overruled.

Defendant presented evidence.

At the conclusion of all the evidence, defendant renewed his motion to strike. The motion was overruled.

The Court, having heard the evidence and argument of counsel, found defendant guilty of obstruction of law enforcement (18.2-460(b)) and ordered him committed to the Department of Juvenile Justice for an indeterminate period of time.

As to the failing to appear charge, the Court found that there was sufficient evidence for a finding of guilt.

The caption of this order is made a part of the order.

Entered this 22nd day of October, 1998.

TRUE COPY, TESTE

DEPUTY CLERK
CIRCUIT COURT OF BRUNSWICK
STATE OF VIRGINIA
James A. Luke, Judge

VA. DEPARTMENT OF YOUTH & FAMILY SERVICES
Juvenile Offense History

page

C.S.U. District # 6th

File # _____

DEC 2 1997 4:25:53

Mikal Deen Mahdi

Juvenile's Name

Redacted

Date of Birth

Redacted

Social Security #

(Only offenses of which the youth has been convicted should appear on this form)

DYFS Code: (See Manual)	Description of Offense	Disposition of Offense	Date of Disposition	Initials Worker
LAR-2366-MI	PETIT LARCENY 7-4-97	COMMUNITY	9/30/97	FWD
ESL-4907-MI	ESCAPE FROM CUSTODY "	SERVICE WORK	9/30/97	FWD
	CURFEW VIOLATION "	"	9/30/97	FWD
2213-F9 ~~MI~~ 1-4-98	B+E 7-10-97	COM. TO DJJ	12/2/97	"
LAR-2359-F9	GRAND LARCENY "	"	12/2/97	"
2213-F9 ~~MI~~ 1-4-98	B+E 9-8-97	"	12/2/97	"
LAR-2359-F9	GRAND LARCENY "	"	12/2/97	"
CON-5008-S9	CONTEMPT OF COURT 6-24-98	COM - DJJ	8/11/98	FWD
J45-4828-MI	OBSTRUCTION OF JUSTICE 6-30-98	"	8/11/98	FWD

(A copy of this form must be sent to RDC if the youth is committed)

MLI
INTAKE ROUTING SLIP

NAME: MAHDI, Mikal R/S: B/M AGE: 15.7 DOB: Redacted SC#: 51957
 COMMITTING COURT: Brunswick Co. ACCEPTANCE DATE: 10/22/98
 DETENTION LOCATION N/A
 COTTAGE DESIGNATION (check one): OPEN ☒ CONTROL ☐ SECURITY C-1
 BELT: NO ☒ YES MEDICAL ALERT: NO ☒ YES SPECIFY: _____

STATUS: ☒ COMPLETE AND READY FOR TRANSPORT

☐ COMPLETE AND HOLD FOR:

☐ APPEAL

☐ OTHER (explain) _____

☐ INCOMPLETE - HOLD FOR (explain) _____

ADDITIONAL MATERIAL REQUESTED ☒ NO

☐ YES (specify) _____

COMMENTS/NOTES: Drop RB

1st Posting: Read & Posted by: See
 Received by F. P. 2 K K
 Rec'd by T.S. &
 Ret'd to CIRS by: _____

Date: 10/22/98
 Date: 10/23/98
 Date: _____

CHANGES ACTION TAKEN: _____ BY: _____ DATE: _____
 OR
 ADDITIONS: _____ BY: _____ DATE: _____

Department of Juvenile Justice
Offense History Data

Name: <u>Michele</u> <u>Mikal</u> <u>Deen</u>	DOB: <u>Redacted</u>
Juvenile # <u>200079936</u>	DOC <u>0212412000</u>
State File # <u>51957</u>	Race: <u>B</u> Sex: <u>M</u> Doc <u>101221998</u>

Number this Commitment: 3 Number of Suspended Commitments: 0
 Court Service Unit: 2 (use three digit locality codes) 2 Committed Under 16.1-285.1 1 = Yes 2 = No
 or 16.1-269.1

2 Adult Time Pending 1=yes 2=no If 1 (Yes), Sentence: 0 months
0 Sentenced by 0 = neither, 1 = J&DR, 2 = Circuit, 3 = Both

COMMITTING OFFENSES:

Date	Offense Code
<u>09281999</u>	<u>ASL-1313-M1</u>
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PRIOR OFFENSES:

<u>06241998</u>	<u>CON-5008-S9</u>
<u>06301998</u>	<u>JUS-4828-M1</u>
<u>07041997</u>	<u>LAR-2366-M1</u>
<u>07041997</u>	<u>ESC-4907-M1</u>
<u>07101997</u>	<u>BUR-2213-F9</u>
<u>07101997</u>	<u>LAR-2359-F9</u>
<u>09081997</u>	<u>BUR-2213-F9</u>
<u>09081997</u>	<u>LAR-2359-F9</u>
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9 to 15
 6 to 12
 1-3 : 1-3
 1-3 to 21

Mikal received a new LOS of 9 to 15 months related to a 2-24-00 commitment on ¹misdemeanor assault + batter offense incurred while in direct care @ Hanover ICC sometime in 4-99. (actually date of offense was not clear from file). His original LOS of 9 to 15 months had an early release date of 7-22-99. Per the LOS procedure, the new LOS early release date for the new LOS is 4-22-00.

JUVENILE AND DOMESTIC RELATIONS COURT
Brunswick County, Virginia
Sixth District Court Service Unit

Juvenile Face Sheet

OCT 22 '98 PM 3:58

Telephone: (h) None
(w)

Social Security #: Redacted
BVS: 145-83-015596

Name: MAHDI, Mikal Deen

Address: Redacted Brodnax, Va. 23920

Sex: Male **Race:** Black **DOB:** Redacted

FAMILY	ADDRESS	DOB	OCCUPATION

Father: Sherif Mahdi	Same as subject.	Redacted	Unemployed
Mother: Vera Mahdi	Richmond, Va.		Unknown

Siblings:

Brother: Saleem Mahdi	Same as subject	Age: 16	None (Applied to Job Corps) Not enrolled School

Other Agencies Involved:
Emergency Data/Medical Insurance:
Other:

Family Doctor:

FACE SHEET

NAME: MAHDI, Mikal Deen
Page 2

JURISDICTION: BRUNSWICK
DOB: Redacted

DOB: Redacted

PROBATION OFFICER: Woody Harris

DATE: OFFENSE/COURT APPEARANCE: DISPOSITION/PLACEMENT

7/4/97	(1) <u>Grand Larceny</u>	
7/4/97	(2) <u>Tamper with a Vehicle</u>	
7/4/97	(3) <u>Violate Town Curfew</u>	
7/4/97	(4) <u>Escape from Custody of Police Officer</u>	
7/10/97	(5) <u>Grand Larceny</u>	
7/10/97	(6) <u>B & E</u>	
7/29/97	(1-4) Subject did not appear; His father was instructed to him in Court on 8/5/97	
8/5/97	(1-4) Neither subject nor his father appeared; Cont. 9/9/97; Clint Clary appointed	Det. order issued Placed at CDH
8/8/97	(1-4)	Released from CDH and placed on outreach Det.
9/8/97	(7) <u>Grand Larceny</u>	
9/8/97	(8) <u>B & E</u>	
9/9/97	(1-4) Subject did not appear in Court;	Det. order issued
9/16/97	(1-4)	Placed at CDH
9/18/97	(1-4) Det. hearing held in Greenville J & DR Court; Cont. to 9/30/97	Remanded to CDH
9/30/97	(1-4) Subject & Attorney present; Plea of not guilty entered to all charges; Charge of tampering with vehicle dismissed. Grand Larceny reduced to petit larceny; Found guilty of petit larceny and escaping from custody and violation of curfew; SHI ordered for 11/25/97;	8 Hours CSW on curfew violation;
11/25/97	(1-4) Cont. to 12/2/97	

FACE SHEET

NAME: MAHDI, Mikal Deen
Page 3

JURISDICTION: BRUNSWICK
DOB: Redacted

DATE: OFFENSE/COURT APPEARANCES: DISPOSITION/PLACEMENT:

12/2/97	(1-8) Subject, Father & Attorney present; Found guilty of 5-8	Committed to DJJ for indeterminate period of time; Taken directly to R & DC

1/20/98 **Received at Hanover JCC**

6/11/98 Released from Hanover JCC

6/24/98 **(9) Contempt of the Mecklenburg Co. J & DR Court**

6/24/98 (9) Subject did not appear in court.

**Subject apparently threatened the judge;
Mecklenburg has an outstanding detention order
For the subject**

6/30/98 (9) Attempt was made by Brunswick Sheriff's Dept. To serve a capias on Sharif Mahdi/subject's father. Subject was in the home and apparently engaged in activities to help the father evade the police. Subject shouted out of the window he had a gun and always wanted to kill a cop;

An obstruction of justice petition was issued.

The outstanding detention order was used

CDH did not have space so
With Walter Rogers we
Coordinated placement
Of the subject to Danville Det.
Home so we could exercise
Our detention order.

FACE SHEET

NAME: MAHDI, Mikal Deen

JURISDICTION: BRUNSWICK

Page 4

DOB: Redacte

7/15/98 (9) Subject found guilty.

Disposition transferred to
Brunswick J & DR Court;
Subject held in WW Moore
Detention Center in
Danville.

7/28/98 (10) Obstruction of Justice7/28/98 (9 & 10) Subject present; Attorney
waived; Case cont. 8/11/98.

OCT 22 '98 PM3:59

THIS IS CONFIDENTIAL INFORMATION

IT IS INTENDED FOR USE BY OFFICERS OF THE COURT AND, AS SUCH, IS NOT
MEANT FOR PUBLIC DISSEMINATION.

[illegible]

>>>>>>>>>>>>>>>>PLEASE DO NOT MAKE COPIES OF THIS REPORT>>>>>>>>>>>>>>>>

[illegible]

A006119

To the Honorable Charles A. Perkinson, Jr., Judge of the Sixth District Juvenile and Domestic Relations Court for the COUNTY OF BRUNSWICK: Social History Investigation pursuant to Section 16.1-273 of the 1950 Code of Virginia, as amended, in re:

MIKAL DEEN MAHDI

August 11, 1998

I. IDENTIFYING INFORMATION:

A. Subject:

Name:	Mikal Deen Mahdi
DOB:	Redacted
BVS#:	145-83-015596
SS#:	Redacted
Race/Sex:	Black/Male
Address:	Redacted
	Brodnax, Virginia 23920
Telephone:	Redacted (home of paternal grandmother)
Current School & Grade:	None
Occupation:	None
Charges:	1) Contempt of Court {Mecklenburg} 2) Obstruction of Justice {Brunswick}
Date of Offenses:	1) 6/24/98 2) 6/30/98
Codefendant:	None
Attorney:	Waived
Author of Report:	F. Woodrow Harris
Date Report Typed:	August 10, 1998

B. Parents/Siblings/Significant Others:

1. <u>Father:</u>	Sherif Mahdi	Redacted
Address:	Same as subject	
Occupation:	Unemployed	
2. <u>Mother:</u>	Vera Mahdi	Redacted
Address:	Richmond, Virginia	
Occupation:	Unknown	

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 2

3. Siblings:

a.	<u>Brother:</u>	Saleem Mahdi (Age: 16)
	Address:	Same as subject
	Occupation:	None (Subject has applied to Job Corps) Not currently enrolled in school

II. FACTS AND CIRCUMSTANCES SURROUNDING THE VIOLATION OF LAW:

A. Present Problem:

The subject is charged that:

- (1) "he is delinquent and in contempt of the Mecklenburg County J&DR Court, to wit: disobedience of the order of said court to appear before the said court on 6-24-98, in violation of Section 18.2-456 of the 1950 Code of Virginia, as amended."

This petition was issued in Mecklenburg County. After the subject's nonappearance, a detention order was issued for the subject. He was picked up in Brunswick County and detained on 6-30-98 in connection with charge (2) below. He was held in W. W. Moore Detention Center in Danville on the Mecklenburg detention order. On 7-15-98, the subject, his father and court appointed attorney were present in Mecklenburg J&DR Court. The subject pled not guilty to the offense. He was found guilty and the matter was transferred to Brunswick J&DR Court for disposition. A date of 7-28-98 was set. The subject was ordered returned to W. W. Moore Detention Center. On 7-28-98, the subject was present in Brunswick J&DR Court. The subject waived attorney and the case was continued to 8-11 -98. The subject was ordered to remain in Detention and was placed at Crater Detention Center. On 8-5-98, Sherif Mahdi contacted the 6th District Court Service Unit and indicated his intention to hire an attorney for his son.

- (2) "he did unlawfully and feloniously on 6/30/98 obstruct a law enforcement officer in the performance of his duties, in violation of Section 18.2-460 (C) of the 1950 Code of Virginia as amended.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 3

A. Present Problem-continued:

This petition was issued by the Brunswick Sheriff's Department. The subject was detained on a detention order from Mecklenburg County at the time this petition was issued. On 7-28-98, the subject was present in Brunswick J&DR Court. He waived attorney and the case was continued to 8-11-98. The subject's father contacted the 6th District CSU office on 8-5-98 and indicated his intention of hiring an attorney to represent his son.

B. Subject's Version of the Offense:

No statement was sought from the subject on charge (2) as adjudication has not yet taken place.

C. Restitution:

Not applicable.

D. Detention/Outreach Detention:

As noted above, the subject was placed in detention on the above charges.

E. Previous Problems:

The subject was committed to the Department of Juvenile Justice on 12-2-97 on charges of petit larceny, escaping from custody of a police officer, grand larceny (two counts), and breaking and entering (two counts.) He was placed at Hanover Juvenile Correctional Center on 1-20-98. In April of 1998, the subject was transferred to Kenbridge Youth Development School. The 6th District CSU was not notified of this transfer until shortly before the subject's release from that facility in June of 1998. Some difficulties were reported verbally by staff at the facility. He was paroled at the termination of his length of stay.

F. DNA Sampling:

If convicted of the felony charge of obstruction of justice, DNA sampling would be required.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 4

III. FAMILY HISTORY:

A. Father:

Sherif Madhi was born on Redacted^d in Lawrenceville. He has two brothers and three sisters; most whom reside in Maryland. Mr. Madhi's father is deceased and his mother resides in Maryland. When Mr. Madhi was growing up in Lawrenceville, his mother was a school teacher. Mr. Madhi graduated high school and attended two years of college. He joined the Marines when he was 18. He is not employed at the present time. He is in good health, though he has suffered from bleeding ulcers in the past. He has no record of psychiatric or psychological treatment or evaluation. Mr. Mahdi was given a 30 day jail sentence for a vandalism charge in Mecklenburg County in July of 1997. While incarcerated he attempted to escape and was given additional time to serve. Mr. and Mrs. Madhi were married in 1980. They have been separated since 1990 when Mr. Mahdi reports that his wife left the family. Mr. Mahdi did not appear in Court for adjudication of the charges against his son. He also was not present at the detention hearing after the subject was picked up for nonappearance in Court. Mr. Mahdi acknowledged receiving, but ignored requests to contact the probation office in order to provide information on his son. A show cause was ultimately issued to compel his cooperation.

Mr. Mahdi was also jailed recently on charges of obstruction of justice from 6-28-98 in Brunswick County.

B. Mother:

Vera Madhi was born on Redacted. It is unknown where she was born. She has six sisters. Mrs. Madhi is currently residing in Richmond. It is not known where she is employed. Other information on Mrs. Madhi was not known. The subject has contact with his mother on roughly a monthly basis. The subject indicates that she comes to Brunswick County to visit with him. Mr. and Mrs. Mahdi were married in 1980 and have been separated since 1990.

C. Family Profile:

Mr. Madhi is not currently employed. The children in the family are not covered by any kind of medical insurance. Mr. Madhi receives public benefits consisting of food stamps in the amount of \$122 per month. No strengths and weaknesses of the family were identified by the subject. Mr. Mahdi identified as a strength his efforts to provide for his children. He felt that a major weakness was the abandonment of the family by Mrs. Mahdi and the resentment this caused in the children.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 5

C. Family Profile (continued):

Weaknesses noted by the probation officer would include an extreme lack of structure or discipline within the home setting. The erratic and unpredictable nature of the subject and his father and the fact that the subject has not attended school for the past two years.

IV. SUBJECT'S PERSONAL HISTORY:

A. Early Development:

Michael Deen Madhi was born on Redacted. The subject has had no major illnesses or accidents during the course of growing up. No complications were known at the time of birth or with the pregnancy and early development such as walking and talking is thought to have occurred at a normal rate of growth.

B. Physical Description:

The subject currently stands five feet, eight inches in height and weighs roughly 135 pounds. He has black hair and brown eyes.

C. Current Physical/Mental Condition:

The subject reports that he is in good physical health at the present time and claims no usage of drugs or alcohol. The subject has never attempted or threatened suicide. A psychological evaluation was done by the Brunswick School system in reference to evaluation for special education. A copy of this evaluation is attached to this report. That evaluation was conducted on 3/28/94 while the subject was in a fourth grade placement at Totaro Elementary School. At that time the subject tested at a full scale I.Q. level of 118 on the WISC-3 instrument. Other tests indicated the possible existence of depressive tendencies, lack of self-esteem and feelings of hopelessness. The report also references a number of acting out behaviors in the school setting and difficulty or unwillingness to deal with difficult school tasks. The subject was classified as an emotionally disturbed child and resources were made available in reference to addressing poor ego strength, poor attention span, poor impulse control, poor anger control and excessive resistance and aggression in the school setting.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 6

D. Behavior Within the Home:

No significant problems were noted behaviorally in the home or community setting prior to the incident currently before the Court. There had been minimal discipline from the subject's father while he was in the home with his father. At some point prior to the date of the offenses currently before the Court, Mr. Mahdi was in jail. At that point in time, the subject was residing with Mr. and Mrs. Charlie Prescott in Brodnax. The incidents currently before the Court took place on the day that the subject left the Prescott's home and returned to reside with his father after his father was released from jail. The subject's grandmother is also present in the community and does have some contact with the subject.

Mr. Mahdi has attempted to exert minimal control over his son and seems content to stay detached and uninvolved as long as Mikal is not causing problems for him. Mr. Mahdi described his son as having "a lot of spunk." He stated that he has been very liberal in dealing with his children and that he tries to give Mikal his freedom. The subject has not been attending school for the past two school years. Mr. Mahdi let his son drop out of school ostensibly under the pretense of allowing for home school instruction which apparently was never followed up on. Mr. Mahdi stated that he has not involved Mikal in any kind of structured home school program and that he has no confidence in the public schools in Brunswick County. In spite of this, the subject has not come to the attention of Brunswick School officials and no efforts have been made to have the subject return to the school system. Mr. Mahdi noted that Mikal had gone to live with an uncle in Baltimore several years ago. It was at that time that Mikal began to display difficult behavior. Mr. Mahdi stated that he has considered moving to Philadelphia where there are more community resources so that Mikal could enter a vocational program. He stated that he felt Job Corps would be a good prospect for Mikal and noted that his older son is entering that program.

Upon his release from the Department of Juvenile Justice on 6-11-98, the subject resided with his grandmother and father in Lawrenceville, VA.

E. Relationships:

No problems were noted by the subject in his relationship with his father or mother. Contact with his mother is minimal and the subject and his father do not appear to have a close relationship but have no noted problems in getting along with each other. Mikal and his father seem to make efforts to stay out of each other's way. The subject's relationship with his brother was described as good. There is a minimal amount of arguing and fussing between the two of them. The subject has only a few friends, most of whom live in the neighborhood in which the family resides.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 7

E. Relationships (continued):

School reports indicate that the subject was a sociable child earlier in school but has increasingly found it difficult to get along with other children in the school setting. The subject's attitude toward authority figures such as police and/or school administrators is somewhat resistive. Generally, he will behave in an appropriate and respectable manner but the subject is very independent and tends to become rebellious and difficult when given instructions that do not agree with what he wants to do.

F. School:

The subject last attended school in the 94/95 school year. At that time he was in a fifth grade placement at Totaro Elementary School. He received six B's and one C for the year and was promoted to grade six in spite of the fact that he was absent thirty-five days. The subject has attended school in the past in Baltimore, Maryland and Richmond, Virginia as well as in Lawrenceville. The subject has not failed any grades and has had no discipline referrals throughout school although he has been evaluated as a result of noted difficulties within the classroom setting. School officials at Totaro described him as an able student but noted problems with motivation and other factors in the home setting. For the 93/94 school year, the subject started in the Baltimore School system and finished in Brunswick. He was absent twelve days and had B's, C's and D's. Throughout earlier grades of elementary school, the subject's grades were primarily in the A-B range with less than ten days of absence each year. On standardized testing, given in March of 1995, while the subject was in a fifth grade placement, he tested at a grade equivalent level of 5 in reading; 4.5 in language and 5.2 in math. School records indicate the subject has received immunizations for Polio, DPT and MMR. The subject ostensibly attending school as his father had indicated a desire to have him home schooled but this never took place and the subject has been out of school for the past two years. The subject indicates awareness that he will have to return to school and has expressed concern about the grade level he will be placed in when he does go back to school.

G. Interests:

The subject indicated no interests or hobbies and stated that he does not know what he would like to do when he grows up. He has no goals and no firm plans for what he would like to do with his life.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 8

H. Subject's/Parents' Appraisal of Needs:

The subject indicated no needs.

V. HOME/COMMUNITY:

The subject resides with his father and brother in a three-room double-wide trailer that Mr. Mahdi rents. They have resided here for about four years. The subject feels this is a good area in which to live. The home is located off of Tannertown Road in Brodnax, a community in the western portion of Brunswick County. The area is not especially known for delinquency problems.

Since his release from state care in June of 1998, (prior to his being detained,) the subject resided at the home of his grandmother in Lawrenceville.

VI. SUMMARY/EVALUATION:

Mikal Deen Mahdi is a 15-year-old black male currently before the Court on charges of contempt of court (transferred from Mecklenburg County) for which he was found guilty and obstruction of justice which has yet to be adjudicated. There continue to be concerns over the subject's adjustment to the community. These offenses happened very soon after his release from state care and his return to the community. The subject is an able student academically who has had significant problems outside of school that have had negative impacts on his school performance. The subject's I.Q. level places him in the high average range or better and it is clear that the subject is capable of performing well in school when he desires to. The subject's intellectual ability is a major positive factor.

Major negative factors are the inappropriate supervision provided within the home setting for the subject and the emotional turmoil in the subject's life as a result of this circumstance. This appears to be a child who would respond well to a structured setting with firm rules and guidelines. The child also appears to be in need of counseling for a number of emotional difficulties that lead to his presentation as a very angry young man.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 9

VII. RECOMMENDATION:

In light of the above, it is respectfully recommended that Mikal Deen Mahdi be committed to the Department of Juvenile Justice, pursuant to Section 16.1-278.8 (14) of the 1950 Code of Virginia, as amended.

Respectfully submitted,



F. Woodrow Harris
Probation Officer



Avon L. Miles
Supervisor



VIII. DISPOSITION:

Enter this 11th Day of August 1998

Charles A. Perkinson, Jr.
JUDGE

IX. SOURCES:

Mikal Mahdi (Subject)
Sherif Mahdi (father)
Sixth District Court Service Unit/records
Brunswick Public School/records
Mrs. Wynn/Principal/Totaro Elementary School
Crater Detention Center/staff
Chesterfield Detention Center/staff
Mecklenburg CSU/Walter Rogers
Kenbridge Youth Development School records
Belinda Craig, Kenbridge Youth Development School

06/12/1998 14:38 18046763599

KYDS

PAGE 02

JUN -12' 98 (FRI) 11:03

TH DISTRICT CSU

TEL: 8043 1319

P. 002

SIXTH DISTRICT JUVENILE & DOMESTIC RELATIONS COURT RULES OF PAROLE

NAME: MIKAL MAHDI Date: 6-12 19 98

On 12-2- 19 97, you were committed to the Department of Juvenile Justice indeterminate period of time. On 6-12 19 98, this Court Service Unit accepted the authority to provide Parole Supervision for you from the HANOVER Juvenile Correctional Center. You will remain on Parole Supervision until such time as you are released by the Director of Court Services, based upon a recommendation from your Parole Counselor. While you are on Parole Supervision, you are to obey each of the following rules. Should you violate any law or any of the following rules, you could be brought before this Court at which time the Judge will consider whether or not to return you to Direct State Care or other alternative to community supervision. Read each of the following rules carefully and make sure you understand each of them:

RULES

1. You are to report to your Parole Counselor anytime you are told to do so, and follow any instructions given to you by your Parole Counselor.
2. You are to let your Parole Counselor know in advance of any changes you are planning to make in your school, your job, or the place you live. If working, you are expected to be on the job every working day unless excused by proper authority (Court, medical).
3. Your parole curfew is: 8 p.m. Sunday through Thursday, and 8 p.m. Friday and Saturday. Any changes to these parole curfews must be by permission of your Parole Counselor. Your parent(s)/legal guardian(s) may set earlier curfews of their own, if necessary.
4. You are not to be with the following persons; or go to any of the following places:
 - a. All known law violators and anyone on probation or parole
 - b. _____
 - c. _____
 - d. _____
5. You are to obey all laws (federal, state and local).
6. You are not to consume alcoholic beverages or use illegal drugs.
7. You are to submit to a urinalysis upon request.
8. You are to attend school/work on a daily basis with no unexcused absences or suspensions. You must report all absences and suspensions to your parole counselor.
9. You are to obey the following special conditions:
 - a. Submit a copy of your report card to your P.O. at the end of each six weeks
 - b. _____
 - c. _____

I have read and had read to me the above rules of parole. I understand each of them and agree to obey them to the fullest. I understand that if I should break any rule that I may be returned to Court for further Court action. Finally, I understand that should I have a grievance concerning my parole supervision, I should immediately contact my parole counselor.

Mikal Mahdi 6-12-98
JUVENILE

I (We), the undersigned parent(s)/legal guardian(s), with my (our) signature below promise to assist my (our) child in keeping these Rules of Parole at all times. I (We) further promise to notify my (our) child's Parole Counselor of any suspected violation(s) of these rules.

Sheresh Mahdi
PARENT/LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN

Robert J. Lewis
PAROLE COUNSELOR

JUDGE

DATE: 6-12 19 98

(Revised 4/24/95)



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

April 17, 2000

Mr. John H. Weigel III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

ATTN: Ms. Clara Faison

RE: Mikal Mahdi
DOB: Redacte
SF#: 51957

Dear Ms. Faison:

Please be advised that Mikal is eligible for release on 5/4/00. Therefore, it is respectfully requested that you forward Mikal's Parole Rules along with your letter of Parole Acceptance at this time.

If you have any further questions, please feel free to contact my supervisor, Ms. Susan Whittaker, at (540) 727-3332 or me at (540) 727-7026.

Sincerely,

Handwritten signature of Barbara A. Amos in cursive script.

Barbara A. Amos
Rehabilitation Counselor

Handwritten signature of Susan Whittaker in cursive script.

Susan Whittaker
Counselor Supervisor

Rev Gerald O.
Glen
DIRECTOR



COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

Sixth Judicial District Court Service Unit

IN ANSWER REPLY
TO:

420 South Main Street
Emporia Virginia 23847
(804) 348-3645
FAX: (804) 348-9319

John H. Weigel
COURT SERVICES DIRECTOR

DISTRICT OFFICE
Hopewell Courts Facility
100 East Broadway, Suite G05
Hopewell, Virginia 23860
(804) 541-2311
FAX (804) 541-2313

SERVING:
Emporia City
Hopewell City
Brunswick County
Greensville County
Prince George County
Stafford County
Sussex County

April 27, 2000

Ms. Susan Whittaker, Supervisor
12240 Coffeewood Dr.
P.O. Box 1000
Mitchells, Virginia 22729

Attention: Barbara A. Amos

RE: Mikal Mahdi
DOB: Redacted
State File: 51957
Subject: Parole Acceptance Letter
Family Progress Report

Dear Ms. Whittaker:

We are writing to accept Parole Supervision of the above-named youth effective April 24, 2000. Mikal will reside with his grandmother Nancy Burwell at: 18793 Christianna Highway, Lawrenceville, Virginia 23868 telephone: (804) 848-9022.

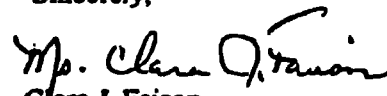
Mrs. Burwell and Sherif Mahdi will arrive at your facility on May 5, 2000, to transport Mikal back to Emporia, Virginia where he will meet with this Probation/Parole Officer at: 420 South Main Street Emporia, Virginia.

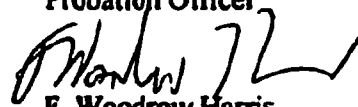
Please review the enclosed Rules of Probation/Parole Supervision with Mikal and his family. Please have

RE: Madhi, Mikal
DOB: Redacted
State File: 53955
Page: 2

grandmother, father and Mikal sign rules and fax a copy of the signed rules to (804) 348-9319. It has been a pleasure working with you and your staff during Mikal's stay at your facility. If you have any questions or concerns, please do not hesitate to contact us at (804) 348-3645.

Sincerely,


Clara J. Faison
Probation Officer


F. Woodrow Harris
Probation Supervisor



COPY TO

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJ DETENTION SERVICES

February 29, 2000

Mr. John H. Weigel III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

Attn.: Ms. Clara Faison

RE: *Mikal Mahdi*
SF#: *51957*
DOB: *Redact*

Dear Mr. Weigel III;

Enclosed is the above-named youth's court service unit progress report for your files.

If you require additional information or if I may be of further assistance, please feel free to contact me at (540) 727-7026 or my supervisor at (540) 727-3332.

Sincerely,

Barbara Amos

Barbara Amos
Counselor

Susan Whittaker

Susan Whittaker
Counselor Supervisor

Enclosure

c: *Master File*
Transfer File

BA/kdc

FAX

DEPARTMENT OF JUVENILE JUSTICE
BEHAVIORAL SERVICES UNIT
RECEPTION AND DIAGNOSTIC CENTER
1601 OLD BON AIR ROAD
BON AIR, VIRGINIA 23235
FAX # (804) 323-2312

TO: Susan Jones, Culpeper
FROM: LIVIA JANSEN, Redacted
DATE: 4-5-00
FAX #: Redacted

Mikal D. Mahdi, SF# 51957, received a
new LOS of 9 to 15 months related to a
2-24-00 commitment on a misdemeanor assault &
battery offense incurred while in direct care
at Hanover JCC in 4-99. His original LOS of
9 to 15 months had an early release date
of 7-22-99. Per the LOS procedure, the early
release date for his new LOS is 4-22-00

Number of Pages Including Cover Page 1



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES

December 29, 1999

Mr. John H. Weigel III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

COPY TO MASTER

Attn.: Ms. Clara Faison

RE: *Mikal Mahdi*
SF#: *51957*
DOB: *Redact*

Dear Mr. Weigel III;

Enclosed is the above-named youth's court service unit progress report for your files.

If you require additional information or if I may be of further assistance, please feel free to contact me at (540) 727-7026 or my supervisor at (540) 727-3332.

Sincerely,

Barbara Amos
Barbara Amos
Counselor

Susan Whittaker
Susan Whittaker
Counselor Supervisor

Enclosure

c: *Master File*
Transfer File

BA/kdc



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

October 29, 1999

Mr. John H. Weigel III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

Attn.: Ms. Clara Faison

RE: Mikal Mahdi
SF#: 51957
DOB: Redacte

Dear Mr. Weigel III:

Enclosed is the above-named youth's court service unit progress report for your files.

If you require additional information or if I may be of further assistance, please feel free to contact me at (540) 727-3303 or my supervisor at (540) 727-3332.

Sincerely,

Handwritten signature of Barbara Amos in cursive script.

Barbara Amos
Counselor

Handwritten signature of Susan Whittaker in cursive script.

Susan Whittaker
Counselor Supervisor

Enclosure

c: Master File
Transfer File

BA/kdc



Les Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22129
(540) 727-3333
FAX (540) 727-3364

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJ DETENTION SERVICES

August 4, 1999

Mr. John H. Weigel, III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

Attn: Woodrow Harris

Re: Mikal Mahdi
SF#: 51957
DOB: Redacted

Dear Mr. Weigel, III:

Please be advised that the above named ward's case management has been reassigned to Barbara Amos, Counselor. Mrs. Amos can be reached at (540) 727-3309 or (540) 727-3303.

If you need to contact Susan Whittaker, Counselor Supervisor regarding any other cases or old business concerning the ward in question, please contact her at (540) 727-3332.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Amos".

Barbara Amos
Counselor

A handwritten signature in cursive script that reads "Susan Whittaker".

Susan Whittaker
Counselor Supervisor

BA/SW/kdc

cc: Parent/Guardian
Master File
Transfer File



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

August 29, 1999

Mr. John H. Weigel III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

Attn.: Mr. Woodrow Harris

RE: Mikal Mahdi
SF#: 51957
DOB: Redacted

Dear Mr. Weigel III;

Enclosed is the above-named youth's court service unit progress report for your files.

If you require additional information or if I may be of further assistance, please feel free to contact me at (540) 727-3303 or my supervisor at (540) 727-3332.

Sincerely,

Barbara Amos, CIRC

Barbara Amos, CIRC
Counselor

Susan Whittaker

Susan Whittaker, CIRS
Counselor Supervisor

Enclosure

c: Master File
Transfer File

BA/kdc



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

12240 COFFEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES
June 29, 1999

Mr. John H. Weigel, III, Supervisor
6th Judicial District Court Service Unit
420 South Main Street
Emporia, VA 23847

To the Attention of: Woodrow Harris

RE: Mikal Mahdi, SFN# 51957

Dear Mr. Weigel:

On June 29, 1999, Mikal Mahdi was transferred from Hanover Juvenile Correctional Center to Culpeper Juvenile Correctional Center and placed in 4C Living Unit. In accordance with the length of stay guidelines, Mikal's earliest release date is dependent upon the completion of mandatory/recommended treatment needs, his behavioral adjustment, and the approval of the Institutional Review Committee, the Judge, or the Director of the Department.

Academic services are provided by the Virginia Department of Correctional Education. They will need to be informed of the school and address that the ward will be returning to so that the re-enrollment plan and academic transcript can be forwarded to them. Please contact them directly at this number (540) 727-3317 or (540) 727-3318 regarding this issue.

Mikal will have the opportunity to participate in the Leader Program, therapeutic recreation, and to have weekly individual and group counseling sessions during his stay with us.

Sincerely,

Counselor Teresa Dobson,
Culpeper Juvenile Correctional Center

TD/ces
Susan Whittaker, Counselor Supervisor
Phone # (540) 727-3332
Master
File



Lee Noble
SUPERINTENDENT

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
CULPEPER JUVENILE CORRECTIONAL CENTER
DJJ DETENTION SERVICES

12240 COFFEEWOOD DRIVE
P.O. BOX 1000
MITCHELLS, VA 22729
(540) 727-3333
FAX (540) 727-3364

June 29, 1999

Dear Parent or Guardian:

We are writing to inform you that Mikal Mahdi transferred from the Hanover Juvenile Correctional Center on June 29, 1999 and is now at Culpeper Juvenile Correctional Center. According to the length of stay guidelines, Mikal's treatment needs must be completed and his behavior must be appropriate before the Institutional Review Committee, the Judge, or the Director will approve release.

Mikal's Counselor at the Juvenile Correctional Center is Teresa Dobson. Mikal will be living in 4C (Hall, Living Unit), and will begin working on identified treatment needs. The Counselor Supervisor is Susan Whittaker who may be contacted at (540) 727-3332 in the absence of the counselor to address questions or concerns.

We encourage you to maintain weekly contact with Mikal in the form of letters, visits and phone calls. Visitation is held weekly on Sunday from either 8:30 a.m. to 10:30 a.m. or from 12:30 p.m. to 2:30 p.m. No one will be admitted to the visiting area after 10:15 a.m. or 2:15 p.m. You must provide your own transportation since the facility is not served by public transportation. Only immediate family members may visit (father, stepfather, mother, stepmother, grandparents, legal guardians, siblings, spouses, and children). Mikal will be able to make collect phone calls to you at least monthly.

If your family experiences serious illness or death, please contact the institution so that the Counselor can give the news to Mikal personally, and arrange for you to speak with him. If Mikal becomes ill or is injured, you will be notified.

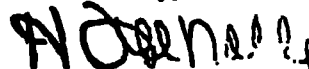
2

Wards are not allowed to possess personal property. Do not send packages, magazines, newspaper subscriptions, or forward mail from adult Juvenile Correctional Centers. Everything that Mikal needs will be provided. If there is an exception, the Counselor will contact you. Money for your child will only be accepted when mailed in the form of money orders or cashier's checks. Please do not ask staff to accept money, in any form, for your child.

As completion of treatment nears, release plans will be finalized with you by the court or social services department. Mikal may return to live with you or another relative or continue to receive services in another setting. We are requesting your understanding and cooperation so that Mikal may benefit from the time spent here.

If you have any questions regarding the behavior program or the treatment being provided, you may contact the Counselor or Counselor Supervisor.

Sincerely,



Lee Noble,
Superintendent
CJCC

cc: Master
File

Attachments: Visitation Procedures
Directions
Medical Letter

18321

HANOVER JUVENILE CORRECTIONAL CENTER

WARD'S PERSONAL DEPOSIT FUNDS

P.O. BOX 507

HANOVER, VA. 23069

68-2/510

PAY
TO THE
ORDER OF

Mikal D. Mahdi

DATE June 29, 1999

\$50.40

FIFTY DOLLARS

DOLLARS

CRESTARCrestar Bank
Richmond, Virginia

FOR

Cash on Acct

Redacted

CHECK VOID AFTER 60 DAYS
HANOVER JUVENILE CORRECTIONAL CENTER
WARD'S PERSONAL DEPOSIT FUNDS

Gregory V. Smith



REVEREND GERALD O. GLENN
DIRECTOR

COMMONWEALTH of VIRGINIA

DONALD W. DRISCOLL
SUPERINTENDENT

Department of Juvenile Justice
HANOVER JUVENILE CORRECTIONAL CENTER

January 04, 1999

P. O. Box 507
7093 Broad Neck Road
Hanover, Virginia 23069-0507
Tel. (804) 537-5316
Fax (804) 537-5907

Mr. John H. Weijel, III.
6th. Judicial District CSU
100 E. Broadway, Suite 605
Hopewell, Virginia 23860

Attn: Mr. Woodrow Harris, Parole Officer

RE: Mikal Mahdi
DOB: Redacted
FILE: #51957

Dear Mr. Weijel:

Enclosed is a copy of the Service Plan that was formulated for Mikal in conjunction with an assessment made by the Evaluation and Service Team at the Reception and Diagnostic Center. We have provided you with the treatment approach that will be utilized during his placement in our program.

If you have any questions or require additional information, please feel free to give us a call.

Sincerely,

Jeffrey L. Booker
Jeffrey L. Booker
Correctional Institution
Rehabilitation Counselor

Teresa A. Bettino
Teresa A. Bettino
Correctional Institution
Rehabilitation Supervisor/
Program Manager

:gdp

Attachment

C: Master File

"To Reduce Juvenile Delinquency and Protect the People of the Commonwealth"



COMMONWEALTH of VIRGINIA

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

DIRECTOR

OFFICE OF THE
SUPERINTENDENT

November 18, 1998

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Mr. Woodrow Harris, Parole Officer
Sixth District Court Service Unit
Hopewell Courts Facility
Suite 605 100 E. Broadway
Hopewell, Virginia 23860

Re: Mikal Mahdi
DOB: Redacted
SC#: 51957

Dear Mr. Harris:

On 11/18/98 the Reception and Diagnostic Center's Evaluation and Staffing Team met to review and discuss Mikal's case. The results of that staffing follow: His placement is Hanover Juvenile Correctional Center, P. O. Box 507, Hanover, Virginia 23069, telephone: (804) 537-5316. He has a Length of Stay of 9 to 15 months. He has a mandatory need of anger control.

Mandatory treatment objectives must be completed before release is approved and failure to complete those objectives before the late release date will result in longer confinement. The assignment of a mandatory objective solely on information provided by the juvenile may be appealed to the Central Review Committee for further review.

While in placement Mikal will extend his/her release date if he/she receives a moderate offense within 30 days of anticipated release or a major offense within 90 days of anticipated release.

The Staffing team's recommendations are subject to administrative review and, if any of the above information is changed, you will be notified. Thank you.

Sincerely,

Michael Ingles
Michael Ingles
Rehabilitation Counselor

Robert E. Clarke
Rehabilitation Counselor Supervisor
xc: Mr. Sheif Mahdi
Attorney's Copy

"To Reduce Juvenile Delinquency and Protect the People of the Commonwealth"

A006144



REVEREND GERALD O. GLENN
DIRECTOR

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
HANOVER JUVENILE CORRECTIONAL CENTER

NOVEMBER 23, 1998

DONALD W. DRISCOLL
SUPERINTENDENT

P. O. Box 507
7093 Broad Neck Road
Hanover, Virginia 23069-0507
Tel. (804) 537-5316
Fax (804) 537-5907

MR. MIKAL H. WEIGEL III, SUPERVISOR
6TH JUDICIAL DISTRICT CSU
100 EAST BROADWAY SUITE 805
HOPEWELL, VA 23860

ATTN: MR. WOODROW HARRIS, PAROLE OFFICER

RE: MIKAL MAHDI
DOB: Redacted
FILE: 51957

DEAR MR. WEIGEL:

PLEASE BE ADVISED THAT THE ABOVE-REFERENCED YOUTH WAS RECEIVED AT HANOVER JUVENILE CORRECTIONAL CENTER ON MONDAY, NOVEMBER 23, 1998 AND HAS BEEN ASSIGNED TO WINSTON COTTAGE.

OUR FACILITY OFFERS A PERFORMANCE-BASED BEHAVIORAL MANAGEMENT PROGRAM THAT ALL CADETS ARE REQUIRED TO COMPLETE SUCCESSFULLY BEFORE BECOMING ELIGIBLE FOR RELEASE. THIS CADET'S BEHAVIOR WILL BE ASSESSED DAILY BY COTTAGE STAFF AND WE WILL ADVISE HIM OF HIS PROGRESS TOWARD MEETING PROGRAM CRITERIA AT LEAST ONCE PER WEEK. DURING MONTHLY TREATMENT TEAM MEETINGS, WE WILL REVIEW HIS PERFORMANCE AND POINT OUT TO HIM THOSE SERVICE PLAN OBJECTIVES BEING MET AND THOSE FOR WHICH CONTINUED IMPROVEMENT IS NECESSARY.

DUE TO THE NATURE OF MIKAL'S COMMITTING OFFENSE HE HAS A MINIMUM STAY OF 9-15 MONTHS WITH THE DEPARTMENT OF JUVENILE JUSTICE.

IN ORDER TO DEVELOP AN EFFECTIVE SERVICE PLAN WE REQUEST THAT YOU PROVIDE US WITH WRITTEN PAROLE PLACEMENT PLANS WITHIN THE NEXT THIRTY (30) DAYS. THIS INFORMATION IS NEEDED TO PREPARE HIM FOR A SUCCESSFUL RETURN TO THE COMMUNITY. THE FIRST TREATMENT TEAM MEETING IS SCHEDULED FOR 11:00 am AT 11:00 am IN D.C.E. 11-16-98. THE PURPOSE OF THIS MEETING IS TO REVIEW YOUR PAROLE PLANS AND TO DEVELOP THE COMPREHENSIVE SERVICE PLAN WHICH WILL BE DESIGNED TO MEET HIS NEEDS WHILE AT HANOVER JUVENILE CORRECTIONAL CENTER AND PREPARE FOR HIS RETURN TO THE COMMUNITY. WE ENCOURAGE YOU TO ATTEND AND PARTICIPATE IN THIS IMPORTANT MEETING.

SHOULD YOU HAVE ANY QUESTIONS, RECOMMENDATIONS, OR CONCERNS RELATIVE TO THE SERVICE PLAN OF OUR PROGRAM, PLEASE FEEL FREE TO CALL, WRITE OR VISIT WITH US ON OUR CAMPUS. WE LOOK FORWARD TO YOUR ASSISTANCE, COOPERATION AND SUPPORT IN THIS CASE.

SINCERELY,

JEFFREY L. BOOKER
CORRECTIONAL INSTITUTION
REHABILITATION COUNSELOR

TERESA ADELE BERING
CORRECTIONAL INSTITUTION
REHABILITATION SUPERVISOR/
PROGRAM MANAGER

"To Reduce Juvenile Delinquency and Protect the People of the Commonwealth"



REVEREND GERALD O. GLENN
DIRECTOR

COMMONWEALTH of VIRGINIA

DONALD W. DRISCOLL
SUPERINTENDENT

Department of Juvenile Justice
HANOVER JUVENILE CORRECTIONAL CENTER

P. O. Box 507
7093 Broad Neck Road
Hanover, Virginia 23049-0507
Tel. (804) 537-5316
Fax (804) 537-5307

NOVEMBER 23, 1998

MR. SHEIF MAHDI
Redacted
BRODNAX, VA 23920

RE: MIKAL MAHDI
DOB: Redacted
FILE: 51057

DEAR MR. MAHDI:

THIS LETTER IS TO INFORM YOU THAT MIKAL WAS RECEIVED AT HANOVER JUVENILE CORRECTIONAL CENTER ON MONDAY, NOVEMBER 23, 1998. HE WILL BE RESIDING IN WINSTON COTTAGE WITH JEFFREY BOOKER SERVING AS HIS COUNSELOR.

ON-CAMPUS VISITATION IS SCHEDULED EACH SUNDAY FROM 8:30 AM TO 11:30 AM, 12:30 PM TO 3:30 PM IN THE GYMNASIUM. NO ONE WILL BE ALLOWED TO ENTER THE VISITING AREA AFTER 11:15 AM AND 3:15 PM. INFORMATION AND PROGRESS REPORTS CAN BE READILY AVAILABLE THROUGH MIKAL'S COUNSELOR, WHO MAY BE REACHED AT THE PHONE NUMBER LISTED ABOVE, MONDAY-FRIDAY FROM 8:00 AM TO 4:30 PM AND FROM 8:30 AM TO 3:30 PM ON THE 3RD SUNDAY OF EACH MONTH. NON-DENOMINATIONAL RELIGIOUS SERVICES ARE CONDUCTED BY OUR CHAPLAIN AT 2:15 PM EACH SUNDAY. ENCLOSED UNDER THIS COVER ARE THE RULES OF VISITATION AT HANOVER. PLEASE REVIEW THEM AND MAKE EVERY EFFORT TO COMPLY.

DURING MIKAL'S STAY AT HANOVER, HE WILL RECEIVE A PER DIEM BASED ON DEPARTMENT AND AGENCY GUIDELINES. IT IS PERMISSIBLE TO SEND MONEY TO MIKAL, IN THE FORM OF MONEY ORDERS, CERTIFIED OR CASHIER'S CHECKS (PERSONAL CHECKS WILL NOT BE ACCEPTED).

DUE TO THE NATURE OF MIKAL'S COMMITTING OFFENSE HE HAS A MINIMUM STAY OF 9-15 MONTHS WITH THE DEPARTMENT OF JUVENILE JUSTICE.

"To Reduce Juvenile Delinquency and Protect the People of the Commonwealth"

A006146

In order to reduce the mis-use and abuse of stamps, we request that you do not send or give stamps to your son. Youth may purchase stamps through canteen services. You may send a money order or cashier's check to be placed on account for your son to buy stamps.

Enclosed you will find a brief description of the Behavior Management Program used at Hanover which outlines expectations of your son and rules of conduct.

In the event you have any questions, please do not hesitate to contact your son's counselor or me at any time.

Sincerely,

cc: Master file
Court Service Unit


Donald W. Driscoll
Institution Superintendent

DWD/ml
Attachments:

NOTE: The Service Plan will be developed on 11-16-76
at 11:00 Am in D.C.F.
The purpose of this meeting is to review the parole placement plans and to develop the Comprehensive Service Plan which will be designed to meet his needs while at Hanover Juvenile Correctional Center and prepare for his return to the community. We encourage you to attend and participate in this important meeting.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

DIRECTOR

OFFICE OF THE
SUPERINTENDENT

Oct. 22, 1998

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Mr. John H. Weigel, III, Court Ser. Unit Dir.
DJJ - 6th Court Service Unit
Hopewell Courts Facility
Suite G05, 100 East Broadway
Hopewell, VA 23860

RE: ~~MANDI, MIKAL DEEN~~
DOB: Redacted

SF#: 51957

Date Committed: Aug. 11, 1998 BY Brunswick County Court
Caseworker: Mike Ingles Phone: Redacted

Dear Mr. Weigel:

The above named youth will be staffed at the Reception and Diagnostic Center on 11-18-98. Input from the court service unit is required by minimum standards and may be in the form of a letter, phone call followed by written documentation, or attendance at staffing. Determining primary needs and parole plans is essential in order for the department to sufficiently outline the youth's treatment objectives during the commitment.

The Basic Training portion of the LEADER military school style program begins at RDC. Youths will participate in four weeks of Basic Training concluding with a graduation exercise prior to transfer to their assignment. During this Basic Training, parental visitation is not permitted nor are parents/guardians allowed to attend staffing. They will be invited to attend the Basic Training graduation for their son or daughter. If you wish to attend staffing, please contact the youth's caseworker for information on the scheduled time.

It will be necessary for parents/guardians to retain all personal belongings for their son or daughter except the clothing they wear to RDC. Please advise parents of this requirement as the RDC transportation officers will no longer bring additional belongings to RDC.

If you have questions or concerns or need additional information, please contact us. Thank You.

Sincerely,

Linda J. Morris
Superintendent



COMMONWEALTH of VIRGINIA

DEPARTMENT OF JUVENILE JUSTICE

DIRECTOR

Reception & Diagnostic Center

OFFICE OF THE
SUPERINTENDENT

Mr. Sheif Mahdi
Redacted
Brodnax, VA 23920

Date: Oct. 22, 1998

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Dear Mr. Mahdi:

I am writing to inform you that Mikal Deen is at the Reception and Diagnostic Center (RDC) in Bon Air, Virginia. All youths who are committed to the Virginia Department of Juvenile Justice remain at RDC for a short period while their needs are being assessed and plans are being made for a placement where these needs can be met. In addition to the evaluation and assessment process at RDC, youths now also participate in the very structured four week Basic Training portion of the LEADER military school style program.

While your son/daughter is at RDC, you are encouraged to write to him/her but he/she cannot receive any money, stamps, pictures or other items while here- **LETTERS ONLY. ANY UNAUTHORIZED ITEMS IN THE MAIL WILL NOT BE RETURNED.**

Your son/daughter may make one collect call to you during the first week of his/her arrival. Your son or daughter cannot receive phone calls, so please contact me for any family emergencies.

Your son or daughter's platoon will graduate from Basic Training on Sunday Nov. 22, 1998 at 1:30 p.m. Please keep in mind that your child must maintain a required level of progress until the day of graduation...or he/she will not graduate. If your son or daughter is not graduating, you will still be able to visit with him/her after the graduation. You may check with the caseworker at visitation to confirm your son/daughter's graduation. You will need to arrive at the Administration Building for processing between 12:15 p.m. and 1:15 p.m. Attendance for each graduating cadet is limited to four immediate family members who are on the approved visitation list. Please see enclosed rules for visitation. The graduation ceremony is outdoors so please dress accordingly. Refreshments will be served immediately following the ceremony.

Please contact me at (804) 323-2395 if you have questions about who may attend the graduation or if you have questions about your son or daughter's case.

Sincerely,

Mike Ingles
Caseworker

Enclosures



COMMONWEALTH of VIRGINIA

DIRECTOR

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

Oct. 22, 1998

OFFICE OF THE
SUPERINTENDENT1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312Honorable Charles A. Perkinson, Jr.
6th Judicial District
102 East Hicks Street
Lawrenceville, VA 23868RE: MAHDI MIKAL DEEN
State File #: 52957
DOB: RedactedDear Judge Perkinson:

This will acknowledge receipt and acceptance of the commitment packet on the above named youth effective Oct. 22, 1998 (unless he/she appeals or has pending charges).
This youth was committed in Brunswick County Court on Aug. 11, 1998.

If detention care in an approved detention facility is necessary prior to the youth's transfer to the Reception and Diagnostic Center, the acceptance date given above will be used as the date on which the Department of Juvenile Justice's financial responsibility begins.

The Reception and Diagnostic Center will arrange to transport this youth to this facility as soon as space is available. If the youth enters an appeal or has pending charges, transportation will be arranged, as needed, following these court appearances.

Thank you.

Sincerely,

Linda J. Morris
Superintendent

xc: Detention Center

Rev. Gerald O. Glenn
DIRECTOR



COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

Sixth Judicial District Court Service Unit

John H. Weigel
COURT SERVICES DIRECTOR

DISTRICT OFFICE
Hopewell Courts Facility
100 East Broadway, Suite G03
Hopewell, Virginia 23860
(804) 541-2311
FAX (804) 541-2313

SERVING:
Emporia City
Hopewell City
Brunswick County
Greensville County
Prince George County
Stafford County
Sussex County

IN ANSWER REPLY TO:

420 South Main Street
Emporia Virginia 23847
(804) 348-3643
FAX: (804) 348-9319

OCT 22 1998 PM 3:53

August 11, 1998

Mr. Donald Driscoll, Director
Reception and Diagnostic Center for Children
1601 Bon Air Road
Bon Air, Virginia 23235

RE: Mikal Deen Mahdi
DOB: Redacted

Dear Mr. Driscoll:

The above named youth was committed to the Department of Juvenile Justice on August 11, 1998 by the Honorable Charles A. Perkinson, Jr., Judge of the Sixth District Juvenile and Relations Court.

If you have further questions, please feel free to contact our office at 348-3645.

Sincerely,

F. Woodrow Harris
Probation Officer

FWH/plw
Enclosures

RICHMOND POLICE DEPARTMENT



FAX TRANSMITTAL FORM

COMMANDER STEVE DREW
2ND PRECINCT

177 E. BELT BOULEVARD, RICHMOND, VIRGINIA 23224

PHONE: 804.646.8092 FAX: 804.646.8199 WWW.CI.RICHMOND.VA.US/POLICE

TO

FROM

NAME:	Sorenson, Donald N.	NAME:	Officer Michael Kuehler
FAX NUMBER:	Redacted	PAGE 1 OF:	3

Message:

Mikal Mahdi

☐	Urgent
☐	For Review
☐	Please Comment
☐	Please Reply

Confidentiality Notice

This is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by calling the above telephone number. Thank you for your assistance and cooperation.

Revised 6/1/98

RICHMOND JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT
THIRTEENTH JUDICIAL DISTRICT
AFFIDAVITJuvenile Name: Mikal MahdiDate of Birth: RedactedAge: 17Sex: MaleDate: 11/23/00Time: 2100Nature and Class of Offense: Vandalism Misd.Police Offense Report Number: 20001123-0290Violation of a VA Code Section: ☒ If so, which one: 18.2-137

I, Michael Koehler, a police officer of the Richmond Police Department, being duly sworn, hereby affirm that, to the best of my knowledge, there exist the following evidence establishing probable cause, that the juvenile named did commit the offense stated in this affidavit.

Evidence considered in establishing probable cause (be specific): Mikal's mom stated that she heard Mikal banging on the door, but she was asleep and did not answer the door before he left. Minutes after he left, a few kids from the neighborhood came to her door and told her that somebody sliced her tires. She also had some damage to her driver-side, door handle. After reading him Miranda, Mikal admitted to me that he sliced her tires because he was mad at her not coming to the door.

Signature: Michael KoehlerDate: 11/24/00

RICHMOND JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT
THIRTEENTH JUDICIAL DISTRICT
AFFIDAVIT

Juvenile Name: Mikal Mahdi

Date of Birth: Redacted

Age: 17

Sex: Male

Date: 11/23/09

Time: 2100

Nature and Class of Offense: Obstruction of Justice with force Misd.

Police Offense Report Number: 20001123-0453

Violation of a VA Code Section: ☒ If so, which one: 18.2-469b

I, Michael Koehler, a police officer of the Richmond Police Department, being duly sworn, hereby affirm that, to the best of my knowledge, there exist the following evidence establishing probable cause, that the juvenile named did commit the offense stated in this affidavit.

Evidence considered in establishing probable cause (be specific): I and Officer Charles Taylor responded to 7808 Forest Hill Avenue in order to serve a summons for vandalism and a serve a Capias on Mikal Mahdi. I wrote the summons for him and his father and then advised Mikal that he had a detention order on him and that he needed to place his hands behind his back. At that time I grabbed his arm and he started to pull back and angrily told me "No, you said that you were going to release me on a summons!" His father, Shareef Mahdi, then grabbed his son and told him to calm down. Mikal then violently tried to pull away. I and Officer Taylor then wrestled him to the ground. When we got to the ground, Officer Taylor was on the ground beside Mikal - both face down. I was kneeling on top of Mikal. Mr. Mahdi was also grabbing at his son. At that time I heard Officer Taylor yell at Mikal, "Let go of my gun." I then pulled at the suspect's face and tried to get to his arms, but the father attempted to get to his son by forcing his way in between me and Mikal. I then pushed him out of the way and yelled for him to get back. The father immediately forced his way back in between me and Mikal and said, "I don't want you to hurt my son!" I pushed him out of the way again. He then shoved me. I then took out my pepper spray and sprayed Mikal in the face and then sprayed Mr. Mahdi on the shoulder because he was covering his face to avoid the spray. I then took out my asp baton and administered one shot to Mr. Mahdi's lower leg (calf) and then hit Mikal in the calf a few times. At that time I heard Mikal yell, "Stop, I'll put my hands behind my back - it hurts!" I saw that he was putting his hands behind his back, so I placed him in cuffs and effected the arrest without further incident.

SIGNATURE: Michael A. Koehler

SUBSCRIBED AND SWORN TO BEFORE ME THIS TIME DAY OF 18

INTAKE OFFICER

and Mahdi's mother and father, he admitted to seeing, times of more early for a rape, which and that he should have killed her, he said he grabbed the officers from just to pull him off him and he would get away, can you let he was happy no did feel a shoot him or ask what it take - please handwriting in front of 1000 at us?

CASE NO.

MALICIOUS WOUNDING

	ACCT CODE	AMOUNT	REV 1 -01	REV 2	REV 3	REV 4
	450	348.00				
	451					
D	452					
ON	453					
RNEY	120	395.00				
	181					
	113					
	113					
V	113					
E	107					
	COSTS					
	110					
	TOTAL	743.00				
JLL						
RNEY	120					
	113					
	113					
	TOTAL					
JLL						

Def. Atty.

PARSON

Retained
Pub. Def

CIRCUIT COURT
MANCHESTER COURTHOUSE

Richmond, Virginia

BEVILL M. DEAN, Clerk

01

40007

LAST NAME		FIRST		MIDDLE		SUFFIX		SSN		POL NUMBER		DATE BORN	
MAHDI		MIKAL		DEEN				00184611					
ALIAS ALIAS NUMBER								PLACE OF BIRTH (CITY - COUNTY)				STATE (CITY) COUNTRY	
								PETERSBURG				118 VA US US	
SEX	RACE	DOB	SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	EYES	HAIR	SCARS, MARKS, TATTOOS					
M	B	Redacted	Redacted	509	170	BRN	BLK						
HOME ADDRESS		STREET		CITY/TOWN		STATE		ZIP CODE		REMARKS OF CITY OR COUNTY			
7806 FOREST HILL AVE		RICHMOND				VA				RICHMOND 120			
FELONIOUS ASSAULT								ORIGINAL DISPOSITION					
18.2-51								WHERE COMPLETED, EMBL TOI					
F								VIRGINIA STATE POLICE					
								GEORGIA BUREAU OF INVESTIGATION					
								CENTRAL PENITENTIARY, GEORGIA					
								P.O. BOX 1700					
								DICKSON, VA 22520-1470					
VA1220000		DATE OF OFFENSE		JURISDICTION									
PD RICHMOND CITY VA		04/17/2001		120									
		DATE OF ARREST		JURISDICTION									
		04/17/2001		120									
		PHOTO AVAILABLE THIS ARREST		ARRESTING OFFICER (LAST, FIRST, MI)		BIRTHDATE							
		Y		CANNON, T.W.		1960							
DISTRICT COURT OF CITY OR COUNTY		CASE NUMBER		JUDICIAL COURT DATE		CASE NUMBER		DATE OF HEARING					
DISPOSITION (CHECK ONE)		DISPOSED		DISPOSITION (CHECK ONE)		DISPOSED		DISPOSITION (CHECK ONE)		DISPOSED		DISPOSITION (CHECK ONE)	
GUILTY		☐		GUILTY		☐		GUILTY		☐		GUILTY	
ADJUDICATED DELINQUENCY		☐		ADJUDICATED DELINQUENCY		☐		ADJUDICATED DELINQUENCY		☐		ADJUDICATED DELINQUENCY	
DEFERRED ADJUDICATION		☐		DEFERRED ADJUDICATION		☐		DEFERRED ADJUDICATION		☐		DEFERRED ADJUDICATION	
		☐		NOT GUILTY - DEBILITY		☐		NOT GUILTY - DEBILITY		☐		NOT GUILTY - DEBILITY	
		☐		CERTIFIED TO GRAND JURY		☐		NOT GUILTY		☐		NOT GUILTY - DEBILITY	

18-03-04



MICHAEL A. WRIGHT
CHIEF PROBATION AND PAROLE OFFICER

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE

829 OLIVER HILL WAY
RICHMOND, VIRGINIA 23219
PHONE: (804) 786-0251
FAX: (804) 786-0252 & 0253

Probation Violation Report

July 30, 2004

Case Data

Probationer	Mikal Deen Mahdi
Case Number(s)	01-900-F
Offense(s) at Conviction	Malicious Wounding
Sentencing Date	07/16/01
Original Sentence Data	180 months , with 141 months suspended for Fifteen years. He is placed on Supervised Probation, and he is directed to pay the costs of Court.
Court	Richmond Circuit Court, Manchester
Judge	The Honorable Richard D. Taylor

Case History

Synoptic Overview of Post-Sentencing Appearances on this Case - Not Applicable

Case No.	Hearing Date	Court Action - In Brief

Adjustment Summary

Supervising Officer	District #38
Date Supervision Initiated	May 12, 2004
This Summary Covers	Subject's adjustment since Probation ordered
Date/Type of Last Contact	07/15/04
Overall Adjustment	Adjustment has been unsatisfactory.
Reporting Compliance	See Violation Narrative
Residential Profile	See Adjustment Narrative
Employment Profile	See Adjustment Narrative
Drug/Alcohol Abuse	See Adjustment Narrative
Type Positive Screens	Marijuana

18-05-04: copy sent to P.O. 12

Reference: Mikal Deen Mahdi
July 30, 2004

Page 2

Adjustment Narrative

(Include Programs and Sanctions Utilized When Applicable)

Please See Attached Report from Probation and Parole Chief Joseph T. Langley.

Violation Narrative

(Specific Violations and Factual Support)

See Attached Report.

Reference: Mikal Deen Mahdi
July 30, 2004

Page 3

Current Status

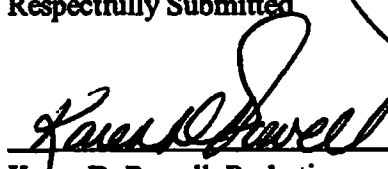
Incarceration	See Below
Last Known Address	18793 Christiana Hwy Lawrenceville, Va 23868
PB-15	See Comments Below
Pending Matters	Subject has new charges pending (See Violations)

This subject is currently detained at Calhoun County South Carolina Sheriff's Department, 120 Mill Street, St. Matthews, South Carolina 29135 Phone # (803) 874-2741

Recommendation

This Officer recommends that a Capias be issued for a Show Cause Hearing.

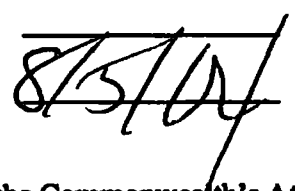
Respectfully Submitted

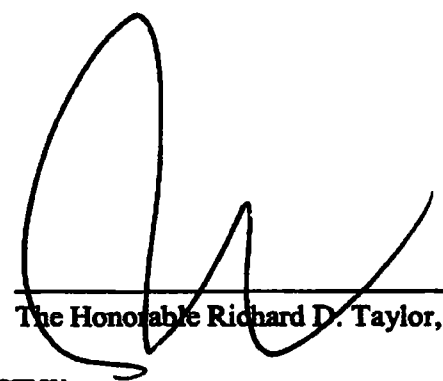

Karen D. Powell, Probation and Parole Officer
District One

Judicial Authorization

Approved: 

Disapproved: _____

Date: 


The Honorable Richard D. Taylor, Judge

CC: Office of the Commonwealth's Attorney

This Report consists of 2 Pages and 7 Attachments



COMMONWEALTH of VIRGINIA

JOSEPH T. LANGLEY, JR., CHIEF
PROBATION AND PAROLE OFFICER

Department of Corrections
Adult Probation and Parole
District 38

420-A S. MAIN STREET
EMPORIA, VA 22847
TELEPHONE: (434) 348-3211
FAX: (434) 348-0917

July 23, 2004

Memo To: Michael Wright, Chief
District #1

RE: Mikal Deen Mahdi
B//M DOB Redacted
SSN: Redacted
Richmond CC Probationer
Supervised in District #38
VACCIS # 273200
Violation Report
"Request for a Capias"

Identifying Information:

This Offender is a Richmond Circuit court, VA probationer. He was convicted and sentenced 07/16/01 without a Presentence Report, regarding Malicious Wounding 04/17/01 (Apartment Manager Moises Rivera responded to another employee's concern about subject around the apartments). Rivera (an ex-Richmond Police Officer), surprised the offender who was breaking into an apartment. Mahdi repeatedly stabbed Rivera with a knife in his back, side, neck and chest.

The offender was sentenced by The Honorable Thomas N. Nance under a plea agreement to 15 years, with 11 year 9 months suspended for 15 years good behavior, indefinite supervised probation upon release, costs.

Hence, he received 3 years 3 months active to serve.

While incarcerated in VA DOC, Mahdi had numerous institutional infractions, mostly Assault and Disobeying Direct Orders. He was incarcerated from 04/17/01 – 05/12/04 when he was

Ref: Mikal D. Mahdi

Page: 2

released from Wallen's Ridge and was received at District #38, Emporia, VA for supervision due to his release home plan being: Nancy Burwell, Grandmother, 18793 Christiana Highway, Lawrenceville, VA 23868.

Probation Adjustment Summary:

Mahdi reported to us upon release. Early on with this young man's (21) history, CPO Langley noted concern about him, and he was thereafter monitored closely, by both Senior Probation Officer Joseph P. Owen (actually had his case) and Surveillance Officer Rufus B. Jones. Offender was released May 12, 2004; in May he was seen 2 times by Sr. PO Owen and 1 time by SO Jones. In June he was seen once by Sr. PO Owen and 2 contacts were made by SO Jones. On 07/14/04 Jones last saw Mahdi at the Lawrenceville, VA address.

We only had this subject 2 ½ months. Subject reported for appointments. The Officer's and his grandmother (3 home contacts were made) all reported that his attitude was good, and that he was cooperative. He had not secured regular employment, but reportedly was performing construction renovation work at the home of Tom Godfrey, 618 Third Avenue, Lawrenceville, VA for various wages. His urine screen 05/26/04 was negative, but SO Jones took a urine screen 07/14/04 that was later tested and proved positive for marijuana. The events that have unfolded thereafter did not give us a chance to address it.

Mahdi was last seen by SO Jones 07/14/04 at his grandmother's residence in Lawrenceville. Nothing out of the usual was detected, and the offender was described as cooperative. He was scheduled for another appointment in July, but that letter was destroyed by me before it went out, in view of recent events.

On the morning of 07/19/04 I received a number of phone calls from: Investigator Kent Washburn, Brunswick Co. Sheriff's Department (Lawrenceville, VA), we talked 4 times throughout the day, Ruthie King, VA DOC, we talked 3 times throughout the day, Toni Williams, US Marshall's Office, South Carolina, and Nina Gunn, South Carolina State Police, we talked 2 times throughout the day.

From all of those conversations I was able to ascertain:

In the evening of Sunday, 07/18/04 in Columbia, South Carolina Mahdi allegedly went to a convenience store in a stolen vehicle and tried to use a credit card there; that was denied. He left, and then abandoned that vehicle a short distance away. I am told that Mahdi's

Ref: Mikal D. Mahdi

Page: 3

fingerprints have been found on that stolen vehicle that also had stolen tags on it. Mahdi then left on foot and allegedly came upon the residence/property of Orangeburg Police Department, South Carolina's Police Captain James Myers, age 56. Mr. Myers and his spouse (also an officer – SC State Police Officer) had just returned from vacation.

Sometime around 7:00pm-8:30pm Mr. Myers went outside to check around his property (storehouse/garage area). His charred body was later found around 9:15pm in that area by his wife; he had been shot five times and set on fire. Captain Myers' (unmarked police vehicle – worked the Special Operations/Swat Team/Task force) 2003 white Dodge Ram King Cab truck, fully equipped, and fully equipped with police arsenal – grenades, machine gun, assault weapons, bullet proof vest, etc... was taken. The slain Captain had served with Orangeburg PD for more than 30 years.

On the late afternoon of 07/19/04 I confirmed that the following warrants were in fact outstanding for Mahdi's arrest: 1) Homicide – willfully kill a Police Officer with a gun 07/18/04, Calhoun County, SC (W346200205); 2) Misdemeanor Possession of a Stolen Vehicle 07/18/04, Columbia, SC (W406227826). On 07/20/04 we ran updated FBI/CCRE terminal checks; these 2 appeared, as well, as 3) Larceny From a Vehicle 07/19/04 in Brunswick County, VA.

On 07/20/04, Investigator Washburn of Brunswick County, VA advised that he had pulled warrant #3 above, and had now filed 2 Felony warrants for Statutory Burglary and Grand Larceny o/a 07/15/04 in Brunswick County, VA.

Later, on 07/20/04 I received another call from Investigator Charles Sexton, Winston Salem PD (336-773-7738). He advised that on 07/15/2004 @ 7:05pm at an Exxon Convenience Store there, a man fitting our subject's description entered and unprovoked killed the store clerk, shooting the clerk 3 times, taking cash, and fleeing. They did not know at that time if this was in fact Mahdi, but did recover partial fingerprints and would attempt the comparison and continue to look at convenience store video footage of the crime taking place.

The suspect was still at large at that time and obviously considered extremely dangerous.

At Investigator Washburn's request, on the early morning of 07/19/04 this officer placed a call to subject's residence in Brunswick County, VA (Lawrenceville). I spoke with his grandmother, Nancy Burwell. I advised her that Sr. PO Owen was on vacation, and CPO was just calling to see if things are still going okay with Mahdi? She said he wasn't there (this was Monday), and that he was at work on 3rd Avenue locally working on renovations. I

Ref: Mikal D. Mahdi

Page: 4

asked her if he had been at home during the weekend, and she said that he had, "in and out all weekend." We talked more; then I asked her when exactly had she last personally seen him, and she said, "last Thursday night" (07/15/04). I asked her when she expected him back, and she said she "didn't know." She stated that there had been no problems with Mahdi since his release. This information was relayed to Investigator Washburn.

At Investigator Washburn's request, we held back on attempting any sort of contact by mail or in person at that time, and were letting the police handle it from there. Multiple Federal, State, and Local agencies were conducting a nationwide manhunt for Mahdi. We had been sharing information daily with all the agencies involved (cross sharing and pulling thoughts together).

In the evening of 07/20/04, Lt. King, VA Fugitive Recovery Unit also called and talked with me. He advised that the Brunswick County, VA Sheriff's Department and the US Marshall's Service executed a search warrant the previous night at Mahdi's grandmother's residence in Lawrenceville; nothing of significance was found. His grandmother reportedly told authorities that Mahdi had never lived with her, and had never been there.

The District #1, Richmond, VA Probation Office was briefed by me regarding the situation.

Investigator Sexton called me back (around 10:30am 07/21/04) and told me they had "just" gotten a fingerprint match-Mahdi's print and a print during their shooting. They then issued a First Degree Murder Warrant for Mahdi - o/a 07/15/04 Kill and Murder Christopher Boggs, W/M, age 30, who had worked at that convenience store for 8 years. This occurred at the convenience store in Winston Salem, NC.

Thereafter, the manhunt continued. He was caught 07/21/04.

I later confirmed through law enforcement these facts: Wednesday night, 7/21/04 at 10:00PM Mahdi was arrested by police in Satellite Beach City, Florida without incident after driving Capt. Myers truck. Satellite Beach Police initially received a phone call from a motorist reporting that the driver of that truck was driving recklessly. Police responded, and Mahdi jumped from that vehicle with a .223 Ruger (property of Capt. Myers). Police had him at gunpoint, and ordered him to drop the weapon. He then dropped the weapon and ran and a foot pursuit took place. He was chased almost a half an hour, and he got out of sight of police a few times. A K-9 was used, and police located Mahdi in a building nearby, and captured him without incident. Reports are that the Florida Officers involved were unaware Mahdi was wanted and was this dangerous.

Ref: Mikal D. Mahdi

Page: 5

Mahdi appeared in a Florida court the morning of 07/22/04, waived extradition, and is expected to be in Calhoun County, South Carolina by 2:PM on 07/23/04. South Carolina Authorities have said that once he's back in their jurisdiction they will be serving a Death Penalty Notice on him. Mahdi was housed @ Bevard County Detention Center, Cocoa, Florida, but would be moved to South Carolina 07/23/04. Police are continuing to process the truck for evidence in Florida.

Instant Probation Violations:

(1) Violation of Condition #1 that mandates that the Probationer obey all laws.

Mahdi currently has Murder Charges pending in Calhoun County, SC for the Killing of Police Captain James Myers 07/18/04, and in Winston Salem, NC for the Killing of Store Clerk Christopher Boggs 07/15/04.

He also has: Possession of a Stolen Vehicle 07/18/04 in Columbia, SC, and Statutory Burglary and Grand Larceny Warrants 07/15/04 in Brunswick County, VA.

In view of all of the events we anticipate that other charges too could likely be filed.

If convicted of any of these offenses, or any reductions, this would be a Violation of Condition #1.

(2) Violation of Condition #8 that mandates that the Probationer not possess or use illegal drugs, or paraphernalia.

On 07/14/04 at Mahdi's Lawrenceville, VA residence Surveillance Officer Rufus Jones took a urine screen. It was later tested and proved positive for marijuana; was confirmed with a second test. Mahdi was using illegal drugs.

(3) Violation of Condition #9 that mandates that the Probationer not use, own, possess, or transport a firearm.

Two murders described above were committed with firearms. As well, the police report from Satellite Beach City, Florida reveals that Mahdi greeted police there welding a .223 Ruger firearm on 07/21/04 (the date of his capture).

Ref: Mikal D. Mahdi

Page: 6

- (4) Violation of Condition #10 that mandates that the Probationer not change his residence, go outside of Virginia, or outside a designated area (75 mile radius of Brunswick County, VA) without permission of his Probation Officer.

Details given in the "Probation Adjustment Summary" show Mahdi left Virginia and was in NC 07/15/04, in SC 07/18/04, and in FLA 07/21/04. As well, his grandmother told authorities on 07/19/04 that he did not live at the designated residence. She also told this officer earlier on 07/19/04 that she hadn't seen him since the night of 07/15/04.

Mahdi left his designated VA residence 07/15/04 and stopped living there, violated his designated travel area restrictions, and also traveled out of state without our knowledge or permission.

- (5) Violation of Condition #11 that mandates that the Probationer not abscond from supervision.

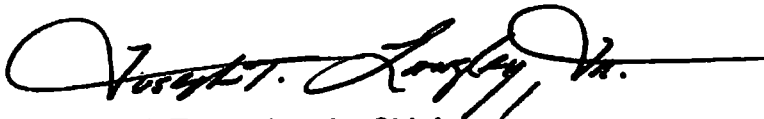
From the period 07/15/04 – 07/21/04 Mahdi's whereabouts were unknown to us, and he was being hunted in Fugitive Status for heinous crimes committed. This required hours of relentless dedicated work by many to finally locate him 07/21/04 in Florida.

Summary and Recommendation:

Please pass this information on to the court as soon as possible.

We are requesting that a Capias be issued and filed against him as a detainer with the Calhoun County, South Carolina Sheriff's Department, 120 Mill Street, St. Matthews, South Carolina 29135 (Phone: (803) – 874-2741).

Your attention to this serious matter is appreciated.



Joseph T. Langley, Jr., Chief
Probation & Parole Officer

/jdc

Ref: Mikal D. Mahdi

Page: 7

**Attachments: Signed Conditions
Signed Federal Gun Law Form**



COMMONWEALTH of VIRGINIA

Department of Corrections

CHARLES R. WHITE
CHIEF PROBATION & PAROLE OFFICER

Probation & Parole

District 1

829 N. 17TH ST.
RICHMOND, VA 23219
PHONE (804) 788-0231
FAX (804) 788-0252
(804) 788-0233

REQUEST FOR VCIN ENTRY -WANTED PERSON

NAME: Mikal Deen MaldiJOB: RedactedSEX: MALE/FEMALERACE: BLHEIGHT: 5'10"WEIGHT: 168 lbs.HAIR: BL EYE COLOR: BR

OFFENSE: 1. Malicious Wounding
2. _____
3. _____

INCRE NO: Va 1351299M

PROBATION & PAROLE PICTURE #: _____

/ACCIS #: _____

ADDRESS: Calhoun County Sheriff's Dept 120 Mill St.
St. Matthews, SC
PHONE NO: (803) 874-2741 29135

DATE OF CAPIAS 8/6/04 (TO BE COMPLETED BY CLERK OF COURT)

Please forward this form along with the capias issued to the Richmond Police Department.

Copy! @BW



Sentencing Revocation Report

◆ OFFENDER

First: Mikal Middle: Deen
Last: Mahdi Suffix: Redacted
Date of Birth: Redacted Social Security Number: Redacted
SID/CCRE: VA1351799M

◆ COURT-

Judicial Circuit: _____ City/Country: Richmond FIPS Code: 760

Judge's Name: Honorable Richard D. Taylor

Office Use Only

◆ MOST SERIOUS ORIGINAL FELONY OFFENSE INFORMATION

Primary Offense: **VCC** **Mailicious Wounding** **ASL** **1334** **F3** **Sentencing Date (Original)** **07** / **16** / **01**
PSI NUMBER: 141199

◆ ORIGINAL DISPOSITION INFORMATION

☐ No Incarceration ☒ Jail or Prison

◆ **TYPE OF REVOCATION** (check all that apply)

☒ Probation ☐ Post-Release ☐ Good Behavior ☐ Suspended Sentence ☐ Community-Based Program

◆ **CONDITIONS CITED IN VIOLATION** (check all that apply)

- ☒ Fail to obey all Federal, State, and local laws and ordinances
- ☐ Fail to report any arrests within 3 days to probation officer
- ☐ Fail to maintain employment or to report changes in employment
- ☐ Fail to report as instructed
- ☐ Fail to allow probation officer to visit home or place of employment
- ☐ Use alcoholic beverages
- ☐ Fail to follow instructions and be truthful and cooperative
- ☒ Use, possess, distribute controlled substances or paraphernalia
- ☒ Use, own, possess firearm
- ☒ Change residence or leave State of Virginia without permission
- ☒ Abscond from supervision
- ☐ Fail to follow special conditions (specify) _____

Complete if there are any new law or ordinance violations:
VCCs for most serious conviction

MUR 0923 F1

MUR 0961 F1

Location of Arrest:☐ Virginia ☒ Out of State or Federal

◆ VIOLATION GUIDELINES

The Probation Violation Guidelines apply if, at the time of the capias, warrant or revocation request, the offender was charged with violating the conditions of supervision but was not cited for a new conviction during the current supervision period.

☐ Probation Violation Guidelines Apply ☒ Probation Violation Guidelines Do Not Apply



Final Disposition To be completed by the sentencing judge or judge's designee.

◆ DECISION OF THE COURT

☐ Found in Violation— OR —
of Conditions Cited

☐ Taken Under Advisement

☐ Not in Violation

☐ Found in Violation of the Following Conditions: (check all that apply)

☐ Fail to obey all laws and ordinances

☐ Fail to report any arrests within 3 days

☐ Fail to maintain employment/report changes

☐ Fail to report as instructed

☐ Fail to allow probation officer to visit

☐ Use alcoholic beverages

☐ Fail to follow instructions and be truthful

☐ Use, possess, distribute drugs or paraphernalia

☐ Use, own, possess firearm

☐ Change residence/leave State without permission

☐ Abscond from supervision

☐ Fail to follow special conditions _____

◆ GUIDELINES RECOMMENDATION

The Probation Violation Guidelines apply if, at the time of the capias, warrant or revocation request, the offender was charged with violating the conditions of supervision but was not cited for a new conviction during the current supervision period.

Section A

☐ Probation/
No Incarceration

Section C (Score, Recommendation)

Up to 33 ☐ Incarceration 1 Day to 3 Mo.

34 - 41 ☐ More than 3 Mo. up to 6 Mo.

42 - 43 ☐ More than 6 Mo. up to 12 Mo.

44 - 48 ☐ 1 Yr up to 1 Yr. 3 Mo.

49 - 51 ☐ More than 1 Yr. 3 Mo. up to 1 Yr. 6 Mo.

52 - 55 ☐ More than 1 Yr. 6 Mo. up to 2 Yr.

56 - 62

63 - 66

67 - 74

75 - 85

86 +

☐ More than 2 Yr. up to 3 Yr.

☐ More than 3 Yr. up to 4 Yr.

☐ More than 4 Yr. up to 5 Yr.

☐ More than 5 Yr. up to 6 Yr.

☐ More than 6 Yr.

☐ Recommendation Exceeds Revocable Time of:

Years	Months	Days

◆ SENTENCE FOR REVOCATION (FOR ORIGINAL OFFENSE)

Amount of Revocable Time at Hearing/Sentencing.....

Years	Months	Days

Amount of Time to Serve for Violation.

Years	Months	Days

☐ Sentenced to
Time Served

Placed on Supervised Probation For: ☐ Indefinite

Years	Months	Days

☐ Continued on
Same Period of
Supervision

☐ Continued Under Same Conditions

☐ Released from Supervision/Restrictions

◆ SANCTIONS IMPOSED FOR REVOCATION (Check all that apply)

Office Use Only

☐ Electronic Monitoring

☐ Day Reporting

☐ Intensive Probation

☐ Other _____

☐ Detention Center Incarceration

☐ Diversion Center Incarceration

☐ Community-Based Program _____

◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only

◆ DATE OF REVOCATION DECISION

Month	Day	Year

Judge's Signature

CAPIAS TO SHOW CAUSE

COMMONWEALTH OF VIRGINIA

RICHMOND CIRCUIT CT/MANCHESTER

Case No. CR0100900F-01

M003570

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	BORN DAY	YEAR	FT.	HT. IN.	WGT.	EYES	HAIR
B	M	1	Redacted		5	10	168	BR	BK
SSN 252891724									

DEFENDANT:

MIKAL DEEN MAHDI
 CALHOUN CO SHERIFF'S DEPT
 120 MILL ST, ST MATTHEWS, SC

AKA:

TO: Any authorized officer:

You are hereby commanded in the name of the Commonwealth to forthwith arrest the defendant and to bring him/her before a judicial officer to show cause why he/she should not:

BE FOUND IN VIOLATION OF THE CONDITIONS OF THE SUSPENDED SENTENCE IMPOSED BY THIS COURT ON JULY 16, 2001, AND TO FURTHER SHOW CAUSE WHY SUCH SUSPENDED SENTENCE SHOULD NOT THEREFORE BE REVOKED.

CHARGE: REVOCATION(19.2-306)

Original Charge: MALICIOUS WOUNDING (18.2-51)

Considerations on determining bail:

THE COURT REQUESTS NO BAIL / NO BOND

JURISDICTION: NATIONAL

August 6, 2004

DATE ISSUED

BEVILL M. DEAN

Clerk

by

DEPUTY CLERK

☒ CCRE Report Needed (If checked)

Return Date (Circuit Court Use Only)

FIRST BUSINESS DAY FOLLOWING ARREST

EXECUTED by arresting the defendant named above on this day:

DATE AND TIME

ARRESTING OFFICER

BADGE NO., AGENCY, AND JURISDICTION

for

SHERIFF

DATE

Virginia:

In the Circuit Court of the City of Richmond, Manchester Courthouse

ORDER FOR ISSUANCE OF CAPIAS TO SHOW CAUSE

FIPS CODE: 766

COMMONWEALTH OF VIRGINIA

v.

MIKAL DEEN MAHDI, DEFENDANT

For reasons satisfactory to the Court, a capias is awarded against the defendant to bring him before this Court forthwith to show cause why his previously suspended sentence(s) should not be revoked on the offense(s) indicated below:

CASE
NUMBEROFFENSE DESCRIPTION AND
INDICATOR (F/M)OFFENSE
DATE

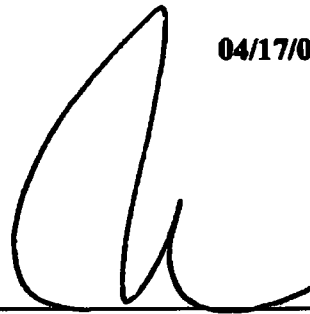
CR01-900-F

Malicious Wounding (F)

04/17/01

8-5-04
Date

ENTER:

Richard D. Taylor, Jr., Judge

CONVICTION AND SENTENCING ORDER

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF RICHMOND
MANCHESTER COURTHOUSE

FEDERAL INFORMATION PROCESSING
STANDARDS CODE: 766

Hearing Date: July 16, 2001
Judge: Thomas N. Nance

COMMONWEALTH OF VIRGINIA

v.

MIKAL DEEN MAHDI DEFENDANT

This day came the defendant, who appeared in person with his attorney, **Vietta Parson**. The Commonwealth was represented by **Vaughan Jones**. Whereupon the defendant was arraigned as charged in the indictment, and after being advised by counsel pleaded guilty to said charge, and the Court, after inquiry, found for a fact that the defendant's plea of guilty was made freely, voluntarily and intelligently and was accordingly accepted.

Having heard the evidence and the argument of counsel, the Court finds the defendant guilty of the following offense(s):

CASE NUMBER	OFFENSE DESCRIPTION AND INDICATOR (F/M)	OFFENSE DATE	VA. CODE SECTION
01-900-F	MALICIOUS WOUNDING (F)	4/17/01	18.2-51

Pursuant to the provisions of Code Section 19.2-298.1, the Court has considered and reviewed the applicable discretionary sentencing guidelines and the guidelines worksheets. The sentencing guidelines worksheets and the written explanation of any departure from the guidelines are ordered filed as a part of the record in this case.

Before pronouncing the sentence, the Court inquired if the defendant desired to make a statement and if the defendant desired to advance any reason why judgment should not be pronounced in keeping with the plea agreement.

The Court **SENTENCES** the defendant to:

Incarceration with the **Virginia Department of Corrections** for the term of **one hundred eighty (180) months** on the conviction of **MALICIOUS WOUNDING** in **Case No. 01-900-F**.

This sentence shall run **consecutively** with all other sentences.

The Court **SUSPENDS one hundred forty one (141) months of the one hundred eighty (180) months** on the conviction of **MALICIOUS WOUNDING** in **Case No. 01-900-F**, for a period of **fifteen (15) years** upon the following condition(s):

Good behavior. The defendant shall keep the peace and be of good behavior.

Costs. The defendant shall pay the cost of this proceeding.

Supervised Probation. The defendant is placed on supervised probation, and that he waive his fourth amendment right as to search and seizure and submit to any blood/urine analysis his probation officer directs to determine if he has used any controlled substances.

Credit for Time Served: The defendant shall receive credit for all time served.

Drug Screening. Pursuant to Section 18.2-251.01 The defendant shall complete any substance abuse screening, assessment, testing, and treatment as directed by the Department of Corrections.

The defendant is subject to payment of any fees associated with substance abuse treatment or intervention as required by the treatment or intervention program on an ability to pay basis.

Whereupon, on motion of the Assistant Attorney for the Commonwealth, and with the consent of the defendant and his counsel, **It is Ordered that Case No. 01-901-F, be nolle prosequed.**

It is further Ordered that the Commonwealth do recover of the defendant her costs incident to this proceeding, and the defendant is remanded to the custody of the Sheriff of this City.

DATE: July 16, 2001

ENTER: Thomas N. Nance JUDGE
Thomas N. Nance

DEFENDANT IDENTIFICATION:

M003583

SSN: Redacted

DOB: Redacted

Sex: M

SENTENCING SUMMARY:

SENTENCE IMPOSED: 180 months

SENTENCE SUSPENDED: 141 months, for a period of 15 years

In the Circuit Court of the City of Richmond, Manchester Courthouse

June 11, 2001

Commonwealth of Virginia, plaintiff,)
against

Rowland Len Boone - 01-938-F - 7/16/01 1:00 p.m.
Willie James Cannon, Jr. - 01-177-M, 01-978-M & 01-979-M - 7/12/01 9:00 a.m.
Rodney A. Cobbs - 01-1665-F & 01-60-F - July 01
Jeff Feggins - 01-943-F - July 01
William Carol Fleming - 01-712-F - 7/13/01 9:00 a.m.
Kennard Antoine Fowlkes - 00-510-F & 01-886-F - 7/3/01 9:00 a.m.
Aniano Herrera Guzman - 01-961-F - July 01
Christine Hilton - 00-167-F - July 01
Ramone Johnson - 01-948-F & 949-F - 7/12/01 9:00 a.m.
Michael Anthony Johnston - 01-921-F through 01-929-F - 7/12/01 at 9:00 a.m.
Eric Jason Jordan - 97-692-F - 7/12/01 9:00 a.m.
Mikal Deen Mahdi - 01-900-F & 01-901-F - 7/16/01 at 10:00 a.m.
Antoin Jermaine McFall - 98-124-F through 98-127-F & 98-657-F through 98-660-:
- July 01
Betty Osborne - 01-930-F - July 01
Stephen Osborne - 01-299-F through 01-303-F - 7/11/01 1:00 p.m.
Julio Cesar Otero - 01-931-F - 7/3/01 9:00 a.m.
James Pressley - 00-2061-F & 01-01-191-F - July 01
Latisha Marguerite Pritchett - 01-950-F - 7/3/01 9:00 a.m.
Thomas Revick Rich - 01-987-M - 7/12/01 9:00 a.m.
Hassan J. Salibury - 01-990-M - 7/12/01 9:00 a.m.
Travis Sentell Turner - 01-906-F through 01-908-M - 7/12/01 9:00 a.m.
Edward Elwyn Walters - 01-239-F through 01-22-F - 7/19/01 9:00 a.m.

On motion of each of the above-named defendants, it is Ordered that
the above cases be continued to the term of Court or specific date as set
forth in the caption of this Order.

Enter this Order,

Anna D. Flannery Judge

Memorandum

To: Tuong Pham, Asst. Comth. Atty.
CC:
From: Tammy Taylor, Deputy Clerk
Date: 5/31/2005
Re: Comth vs. Mikal Deen Mahdi 01-900-F

Enclosed is a copy of a Probation Violation Report dated 7/30/04 which is being provided to your office for further action as deemed necessary. A Capias was issued by the Clerk's Office on 8/6/04. According to the Violation Report, the defendant is being detained at the Calhoun County Sheriff's Dept. in South Carolina.

WARRANT OF ARREST - FELONY

VA. CODE §§ 19.2-71, -72

Richmond/Manchester

CITY OR COUNTY

General District Court



Criminal



Traffic



Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 04/17/2001 DATE did unlawfully and feloniously in violation of Section

18.2-51

, Code of Virginia:

maliciously stab, cut, or wound Moises Rivera with the intent to maim, disfigure, disable, or kill.

~~Noted for Office Summons~~
 RECORDED FOR APPEARANCE
 BEFORE THE GRAND JURY FOR
 THE RICHMOND CIRCUIT COURT
 ON 4-11-01

SUBPOENA ISSUED

DATE

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

GANNON, Thomas W. - RPD

Complainant.

04/17/2001 12:09 PM

DATE AND TIME ISSUED

☐ CLERK ☐ MAGISTRATE ☐ JUDGE

J. D. Norris, Magistrate

CCRE is Required

HCC		CASE NO.	
01-900-F		01004337	
ACCUSED			
MAHDI, Mikal Deen			
Middle Name		Red	
Richmond, VA		ADDRESS/LOCATION	
COMPLETE DATA BELOW IF KNOWN			
RACE	SEX	HT	WGT.
E	M	5'09	170
SSN	Red	Red	Red
Commonwealth of Virginia			
WARRANT OF ARREST			
FELONY Class 3			
☒ EXECUTED by delivering a copy to the Accused named above on this day:			
4-17-01 1215			
DATE AND TIME OF SERVICE			
TW Gannon			
ARRESTING OFFICER			
1560			
BADGE NO., AGENCY AND JURISDICTION			
SHERIFF			
Attorney for the Accused:			
APR 18 2001 Pub. Def. Office			

HEARING DATE

MOON TIME

4-18-01 92
 518-9

Wax/Sum

7640C-RI20119601

The Commonwealth of Virginia

01-900-901-F INN CT

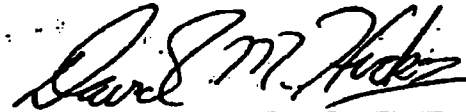
To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/18/2001 at 10:00 AM to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI

MOISES RIVERA

2313 W TREEMONT COURT

Richmond, VA 23237

Given under my hand this 12 day of June 2001

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
REPORT TO ROOM 115, ON THE DAY AND TIME INDICATED.**

If this notice was posted on your door, or if you have any questions,
please contact this office at 646-8704 between the hours of 8:30 a.m. and 4:00 p.m.

Virginia:

In the Circuit Court of the City of Richmond

Manchester Courthouse

June 11, 2001

The GRAND JURY charges that:

01-900-F

On or about April 17, 2001, in the City of Richmond,

MIKAL DEEN MAHDI

did feloniously, unlawfully and maliciously, stab, cut or wound, or cause bodily injury to Moises Rivera, with intent to maim, disfigure, disable or kill.

Virginia Code Section 18.2-51

✓ Thomas W. Gannon

James A. Simmons

Witnesses sworn and sent by
the Court to the Grand Jury to
give evidence.

Bill M. [Signature]

Clerk

✓ A TRUE BILL.

Samuel J. Ball [Signature]

Foreman

REQUEST FOR APPOINTMENT OF A LAWYER

Commonwealth of Virginia

VA. CODE ANN. §§ 16.1-266, 267 §§ 19.2-159, 160, 163

Case No. **CA-43371**
0005589
5-18-01

DISTRICT COURT
ICHMOND, VIRGINIA
MANCHESTER DIVISION
 CITY OR COUNTY

- ☐ Circuit Court
☒ General District Court
☐ Juvenile and Domestic Relations District Court

Michael Maholi

Adult

TO THE ADULT: You have been charged with an offense punishable by death or confinement in the penitentiary or in jail, are a party in a case involving allegations of abuse and/or neglect, or are involved in a case in which you may be subjected to termination of your residual parental rights and responsibilities. You have the right to be represented by a lawyer with respect to this charge. You may retain a lawyer at your own expense or, if it is determined by the court that you are unable to afford a lawyer, this court will appoint a lawyer to represent you. If the judge appoints a lawyer for you, you shall be required to pay the statutory fee of that lawyer if you are convicted of a criminal offense. You may also waive your right to a lawyer.

REQUEST FOR APPOINTMENT OF A LAWYER-STATEMENT OF INDIGENCY

I, the undersigned, have been advised this day by this Court of my right to be represented by a lawyer in the case involving me; I certify that I am without means to employ a lawyer and I hereby request the Court to appoint a lawyer for me. My financial statement accompanies this request.

I have been informed that the lawyer appointed for me will be paid with public funds, but if I am convicted of a criminal offense, I shall have to pay the amount of the court-appointed lawyer's fee as part of the costs of prosecution. This lawyer will represent me in this case in all state courts until relieved or replaced by another lawyer.

If the court finds me to be not indigent, and if the court then declines to appoint a lawyer to represent me, I understand that I may employ my own lawyer. But, if I appear without counsel on the trial date, I may be deemed to have waived my right to counsel.

APR 18 2001

DATE

Michael Maholi
 ADULT

The Court was advised that, a lawyer, has been retained to represent the accused in this Court. This information was provided by:

- ☐ the above-named person ☐ the lawyer ☐

DATE

☐ JUDGE ☐ CLERK

ORDER OF APPOINTMENT OF COUNSEL

The Request for Appointment of a Lawyer was executed under oath. Having examined the Adult and considered other competent evidence, I find that

- ☐ the Adult is not indigent and not entitled to representation by a court-appointed attorney.
- ☐ the Adult is indigent within the guideline set forth in the law and is entitled to representation by court-appointed counsel;
- ☐ the Adult is not indigent and the Adult refuses to either employ counsel or waive his right to representation by a lawyer, but that the following circumstances and the ends of justice require the appointment of counsel:

Therefore I appoint the lawyer indicated below to represent the adult at such hearings and all other stages of the proceeding in this court and in any other court to which this case may be appealed or certified until relieved or replaced by another lawyer

NAME, ADDRESS
 OF COURT
 APPOINTED
 LAWYER

Person
Pub. Def. Office

5-18-01 9:00
 NEXT HEARING DATE AND TIME

APR 16 2001

L. Rapa
 JUDGE

VIRGINIA:

IN THE GENERAL DISTRICT COURT OF THE CITY OF RICHMOND
Manchester Courthouse

COMMONWEALTH OF VIRGINIA,
Plaintiff,

v.

MIKAL MAHDI,
Defendant,

RECEIVED
 Time 1:15
 By [Signature]
MAY 2 - 2001
Richmond GDC
Man. Justice Div.

ORDER

This day came the Commonwealth, by counsel, on its Motion to have Mikal Mahdi's blood drawn by jail medical staff. In support of this motion, the Commonwealth states the following:

1. The defendant, Mikal Mahdi, is charged with the malicious wounding of Moises Rivera.
2. The defendant's clothing were covered in blood.
3. The Commonwealth desires to have the defendant's blood drawn to eliminate the possibility that the blood found on the defendant's clothing was not his own.

It is hereby **ORDERED** that Mikal Mahdi submit to blood testing in order to determine the origin of blood found on his clothing.

Entered this 4th day of May, 2001

Judge [Signature]

Gregory L. Rupe

5/4/01

I ASK FOR THIS:

Chandra F. Thompson
 Chandra F. Thompson
 Assistant Commonwealth's Attorney

2 Certified Copies to Sheriff For
 Service on Jail Medical Unit
 1 Certified Copy to C/A
 1 Certified Copy to ~~Officer [Signature]~~

BCP

V. PARSON
P/P

FINANCIAL STATEMENT— ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES

Case No.

M003591

Presumptive Eligibility:

☐ I currently receive the following type(s) of public assistance in _____ City/County

☐ AFDC \$ _____ ☐ Food Stamps \$ _____ ☐ Medicaid ☐ Supplemental Security Income \$ _____

☐ Other (specify type and amount) _____

☐ I currently do not receive public assistance.

Names and addresses of employer(s) for defendant and spouse:

Self _____

Spouse _____

NET INCOME:

Pay period (weekly, every second week, twice monthly, monthly)

Self 400

Spouse _____

Net take home pay (salary/wages, minus deductions required by law)

\$ _____

Other income sources (please specify) _____

\$ _____

TOTAL INCOME

\$ _____

+

\$ _____

COURT USE ONLY

= **A**

ASSETS:

Cash on hand :

\$ _____

Bank Accounts at:

\$ _____

Any other assets: (please specify) _____

with a
value of

\$ _____

Real estate — \$ _____

\$ _____

Net Value

with net
value of

\$ _____

Motor
Vehicles

{

Year and Make

with net
value of

\$ _____

Year and Make

Other Personal Property: (describe) _____

\$ _____

TOTAL ASSETS

\$ _____

+

\$ _____

COURT USE ONLY

= **B**

Number in household _____

"Household" means all persons related or unrelated who live together as an economic unit.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)

\$ _____

Court-ordered support payments/alimony

\$ _____

Child-care payments (e.g. day care)

\$ _____

Other (describe): _____

\$ _____

COURT USE ONLY

TOTAL EXPENSES

\$ _____

=

 C

COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds

=

This statement is made under oath: Any false statement of a material fact to any question contained herein shall constitute perjury under the provisions of § 19.2-161 of the Code of Virginia. The maximum penalty for perjury is confinement in the penitentiary for a period of ten years.

I hereby state that the above information is correct to the best of my knowledge.

Name of defendant (type or print) _____

Date

Michael H. H. H.
Signature

Sworn/affirmed and signed before me this day.

Date

Signature

Title

**FINANCIAL STATEMENT—ELIGIBILITY DETERMINATION
FOR INDIGENT DEFENSE SERVICES**

FORM DC-333 12/99 P.C. (114-6-010 11/00)

A006182

COMMITMENT ORDER

Commonwealth of Virginia

Case No.

M003592

ACCUSED: **MAHDI, Mikal Deen**

Jurisdiction: **Richmond/Manchester**

Redacted

☐ General District (Traffic)

ADDRESS:

☒ General District (Criminal)

Richmond, VA

☐ General District (Civil)

Redacted

Redacted

☐ J & DR District Court

SSN:

DOB:

☐ Circuit Court

SEX:

STATUS:

CHARGED UNDER:

☒ Male ☐ Female ☐ Adult ☐ Juvenile ☒ State ☐ Local Law

CHARGE(S):

Break and Enter, Aggravated Assault

☐ Since accused is unable or unwilling to participate in a bail hearing, I order accused to be returned to Judicial Officer for bail determination.

BAIL:

☐ Secured ☐ Unsecured ☐ Recognizance

\$

☒ Held without bail ☐ No additional bail required

☐ Release by Judicial Officer to custody of responsible person or when accused is no longer intoxicated

☐ Currently serving sentence

☐ Charges pending in Court

Hearing date and time if released on bail:

Court appearance location, date and time if not released on bail:

04/18/2001 09:00 AM

☒ General District ☐ J & DR ☐ Circuit

Richmond/Manchester

04/18/2001 09:00 AM

Other conditions of bail:

Accused ☐ may ☒ may not depart the Commonwealth of Virginia.

Place initially detained (if other than this jurisdiction):

TO THE SHERIFF, JAIL OFFICER OR CORRECTIONAL OFFICER: You are ordered to take custody of and convey the accused to the Court, unless otherwise released.

04/17/2001 12:09 PM

DATE AND TIME

☒ MAGISTRATE ☐ DISTRICT COURT CLERK ☐ JUDGE

Received:

4/17/01

12:22

DATE AND TIME

J. D. Norris, Magistrate

FORM DC-352 10/99 PC (114.6-010 1000)

A006183

CONTINUANCE ORDER

Commonwealth of Virginia

Case No.:

01-433 M003593
4338

ACCUSED: Mandi Mikal

Jurisdiction:

102

- ☐ GENERAL DISTRICT (TRAFFIC)
☒ GENERAL DISTRICT (CRIMINAL)
☐ GENERAL DISTRICT (CIVIL)
☐ J. & DR DISTRICT COURT
☐ CIRCUIT COURT

Hearing Date and Time:

7/18/01 9:00

CHARGE(S):

Mal. Wounding
B&E

BAIL:

- ☐ Secured ☐ Unsecured ☐ Recognizance
☒ Held without Bail ☐ No change in Existing Bail Amount
☐ No change in Existing Bail Conditions

☐ Additional Bail Conditions: Accused ☐ may ☐ may not depart the Commonwealth of Virginia.

☐ Assigned to home-electronic incarceration by Judge

TO THE SHERIFF, JAIL OFFICER OR CORRECTIONAL OFFICER:

Hold the accused in custody pending the hearing date and convey the accused to the appropriate court so that the accused will be present in court at the hearing date and time, unless otherwise ordered by the appropriate judicial officer.

DATE

4/18/01

☐ DISTRICT COURT CLERK ☐ JUDGE

DISPOSITION NOTICE

Commonwealth of Virginia

DISPOSITION: TO THE SHERIFF'S OFFICE ON 008894 HONAL
OFFICER: Confine the person named in this notice in your facility in accordance
with the order(s) below; HOWEVER, if the defendant appeals ANY of the charges
below, DO NOT RELEASE him or her until ALL conditions of bail are met.

DC 2

CITY OR COUNTY

☒ General District Court ☐ Traffic ☒ Criminal ☐ Civil Division
☐ Juvenile and Domestic Relations District Court ☐ Circuit Court
Redacted Redacted

Maha, Michael Neen

NAME OF DEFENDANT AND ALIAS, IF ANY

JAIL NUMBER

DATE OF BIRTH

☒ Male ☐ Female ☐ Adult ☐ Juvenile

1. Case No. BC01-4337-00 Offense Date: 4-17-01 Original Charge: Fel. Mal. Abandon

☐ Convicted of ☐ Felony ☐ Misdemeanor
☐ State Code § ☐ Local Ordinance

☐ Appeal noted ☒ Certified to Grand Jury

FINE/COST

☐ mos. days to be served in jail

☐ Committed to the Department of Corrections for

☐ Committed to the Department of Juvenile Justice for

☐ Extradition waived, form DC-374, WARRANT OF ARREST FOR EXTRADITION attached. ☐

2. Case No. BC01-4338-00 Offense Date: 4-17-01 Original Charge: Fel. B + E

☐ Convicted of ☐ Felony ☐ Misdemeanor
☐ State Code § ☐ Local Ordinance

☐ Appeal noted ☒ Certified to Grand Jury

FINE/COST

☐ mos. days to be served in jail

☐ Committed to the Department of Corrections for

☐ Committed to the Department of Juvenile Justice for

☐ Extradition waived, form DC-374, WARRANT OF ARREST FOR EXTRADITION attached. ☐

3. Case No. Offense Date: Original Charge:

☐ Convicted of ☐ Felony ☐ Misdemeanor
☐ State Code § ☐ Local Ordinance

☐ Appeal noted ☐ Certified to Grand Jury

FINE/COST

☐ mos. days to be served in jail

☐ Committed to the Department of Corrections for

☐ Committed to the Department of Juvenile Justice for

☐ Extradition waived, form DC-374, WARRANT OF ARREST FOR EXTRADITION attached. ☐

☐ Civil contempt ☐ To be served in jail ☐ Released upon payment of \$ support arrearages

to:

Restitution ordered: \$

PAYEE

☐ Other:

SPECIAL CONDITIONS:

☐ Weekend confinement to begin DATE ☐ Delayed confinement to begin DATE

☐ Work release ☐ Work release (if eligible) ☐ Home-electronic incarceration ☐ Drug testing ordered

BAIL AMOUNT: \$ If transferred or certified to Circuit Court ☐ If appealed

☐ Secured ☐ Unsecured ☐ Recognizance ☐ Held without bail ☐ No change in existing bail amount

☐ No change in existing bail conditions Circuit Court date and time: 6-11-01 @ 9:00 A.M.

ADDITIONAL BAIL CONDITIONS: Accused ☐ may ☐ may not depart the Commonwealth of Virginia.

☐ Future Support Bond (form DC-460) in the amount of \$ ordered and must be posted with the Clerk within
thirty (30) days of civil contempt finding/criminal contempt conviction.

5-18-01

DATE

CLERK

JUDGE

**VIRGINIA:
IN THE CIRCUIT COURT FOR THE CITY OF RICHMOND
MANCHESTER COURT BUILDING**

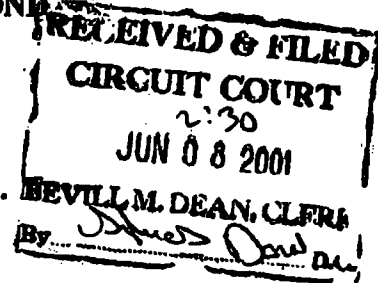
COMMONWEALTH OF VIRGINIA

V.

MIKAL MAHDI,

DEFENDANT.

CRIMINAL NO.



MOTION FOR DISCOVERY

The defendant, Mikal Mahdi, by counsel, moves the court to grant the following discovery motions. In these motions wherever reference is made to "the Commonwealth," the request shall be deemed also to request the same facts and information of whatever form, source or nature which are within the knowledge, custody and/or control of (1) the Commonwealth's Attorney or his assistants, (2) the Virginia State Police, (3) the law enforcement departments of the jurisdiction of this Court or of any other jurisdiction which the Commonwealth's Attorney believe might reasonably be expected to have such information, (4) other law enforcement agencies of the State of Virginia or subdivisions thereof, (5) law enforcement agents of the federal government, or (6) witnesses who may testify in this cause.

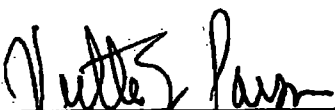
1. The defendant moves for an order requiring disclosure by the Commonwealth of all information of an exculpatory, mitigating or otherwise favorable nature to which he is entitled under the cases of Brady v. Maryland, 377 U.S. 83 (1963), United States v. Agurs, 427 U.S. 97 (1976), Stover v. Commonwealth, 211 Va. 789 (1971), Dozier v. Commonwealth, 219 Va. 1113 (1979), Giglio v. United States, 405 U.S. 150 (1972), Napue v. Illinois, 360 U.S. 264 (1959), and other pertinent authorities, including pertinent provisions of the Constitution of the United States and the Constitution of Virginia, said information to include, but not to be limited to, the following.
 - a. Any statements allegedly made by any person which show or tend to show any information within the knowledge or possession of the Commonwealth which tends to be exculpatory, mitigating or otherwise favorable to the defendant.
 - b. Any other information of whatever form, source or nature which tends to be exculpatory, mitigating or impeachment evidence or otherwise favorable to the defendant or which would be material on the issue of guilt or innocence of the defendant or tend to reduce the penalty which he might suffer in the ascertainment of punishment should he be convicted in this cause.
2. The defendant moves for an order, pursuant to the authorities recited in paragraph 1 above, directing the Commonwealth forthwith to make inquiry and disclose all of the following within the possession, custody or control of the Commonwealth, or the existence of which is known or by the exercise of

- a. Any and all consideration or promises of consideration given to or on behalf of any potential witness or expected or hoped for by any witness.
 - b. Any and all other records and/or information which arguably could be helpful or useful to the defense in impeaching or otherwise detracting from the probative force of the Commonwealth's evidence or which arguably could lead to such records or information.
3. Pursuant to Rule 3A:11 of the Supreme Court of Virginia and other pertinent authority, the defendant moves for an order requiring the Commonwealth's Attorney to give the defendant access to all alleged confessions or statements of any kind made by the defendant or alleged co-conspirator that may be pertinent to this case.
 4. Pursuant to Rule 3A:11 of the Supreme Court of Virginia and other pertinent authorities, the defendant moves for an order requiring the Commonwealth's Attorney to produce and allow the defendant the opportunity to inspect and copy or photograph the following:
 - a. All scientific reports prepared by any agent of the Commonwealth or at the request of the Commonwealth in this case, regardless of their potential use at trial.
 - b. All samples submitted to the Consolidated Laboratories of the Commonwealth of Virginia for analysis.
 - c. All physical evidence in the case, including, but not limited to any controlled substances, any documents, and any other physical evidence which may be in the possession of the Commonwealth's Attorney, the Commonwealth or its agents, or others within the knowledge or control of the Commonwealth.
 - d. Any other information or material discoverable under Rule 3A:11.
 5. Pursuant to Rule 3A:11 of the Supreme Court of Virginia and other pertinent authority, the defendant moves for an order requiring the Commonwealth to divulge to the defendant the following.
 - a. All information concerning any alleged prior criminal record of the defendant, including, but not limited to, felony and moral turpitude misdemeanor convictions, if any.
 - b. All photographs, motion pictures or any other pictorial or diagram representations of any alleged crime scene.
 - c. Any item of tangible or demonstrative evidence which the Commonwealth intends to have available for possible introduction at trial.

6. Pursuant to Va. Code §295.1 and other pertinent authority, the defendant moves for an order requiring the Commonwealth's Attorney to produce and allow the defendant the opportunity to inspect and copy or photograph any certified copies of the defendant's prior criminal convictions which the Commonwealth intends to introduce at sentencing.
7. The defendant moves for an order requiring the Commonwealth to secure and preserve any handwritten notes of any government agents or informers involved in this case, in order to assure their production in court, if and when ordered by the court.
8. The defendant asks that all orders for discovery and production requested herein direct that the duty of the Commonwealth regarding the divulging of the foregoing information and material continues until trial and shall not hinge upon further motions, and that the disclosure and production by the Commonwealth shall proceed forthwith with all reasonable speed, as soon as reasonably possible.
9. The defendant moves for such other relief to which he may be entitled, including the establishment of dates for compliance with orders of the court pursuant to these motions, if the Commonwealth fails to comply with the requests in these motions by agreement.

Respectfully submitted,

Mikal Mahdi
By Counsel



Vietta E. Parson
Assistant Public Defender
Counsel for Mikal Mahdi
Office of the Public Defender
701 E. Franklin Street
Suite 600, 6th Floor
Richmond, Virginia 23219
(804) 225-4330

CERTIFICATE OF SERVICE

I hereby certify that on this 8th day of June, 2001, that I hand-delivered a copy of the foregoing Motion for Discovery to the Office of the Commonwealth's Attorney for the City of Richmond, Manchester Courts Building, 905 Decatur Street, Richmond, Virginia 23219



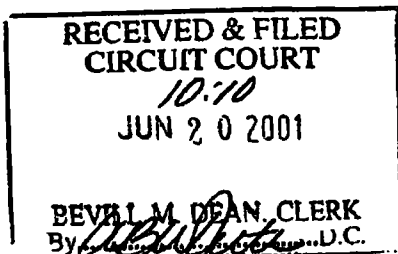
Vietta E. Parson
Assistant Public Defender

The Commonwealth of Virginia

01-900-901-F TNN CT

To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/10/2001 at 9:30 AM, to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI



JAMES SIMMONS
501 N 9TH STREET

Richmond, VA 23219

Given under my hand this 12 day of June 2001

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
REPORT TO ROOM 115, ON THE DAY AND TIME INDICATED.**

If this notice was posted on your door, or if you have any questions,
please contact this office at 646-8704 between the hours of 8:30 a.m. and 4:00 p.m.

EXECUTED IN THE CITY OF RICHMOND,
VIRGINIA, THIS 14th DAY OF June
2001 BY DELIVERING A TRUE COPY OF
THE WITHIN SUMMONS
IN WRITING TO J. MUSE
FOR JAMES SIMMONS, PO

MICHELLE B. MITCHELL
SHERIFF OF RICHMOND, VA.

By: [Signature]

DEPUTY SHERIFF

The Commonwealth of Virginia

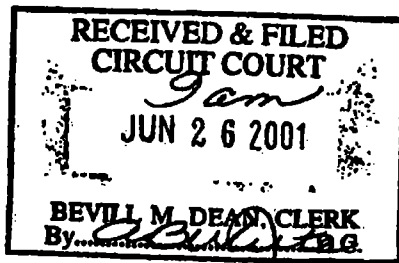
01-800-801-F TNN CT

To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/18/2001 at 9:30 AM to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI

MOISES RIVERA
2313 W TREEMONT COURT

Richmond, VA 23237



RECEIVED
2001 JUN 14 10 28
SHERIFF'S OFFICE

Given under my hand this 12 day of June 2001

A handwritten signature in cursive script, appearing to read "David M. Hader".

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
REPORT TO ROOM 115, ON THE DAY AND TIME INDICATED.**

If this notice was posted on your door, or if you have any questions,
please contact this office at 646-8704 between the hours of 8:30 a.m. and 4:00 p.m.

NAME <u>MOISES RIVERA</u>	
Redacted	

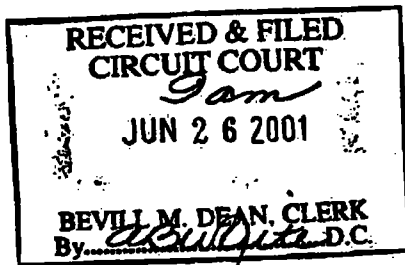
☐ PERSONAL SERVICE	
Being unable to make personal service, a copy was delivered in the following manner:	
☐ Delivered to person found in charge of usual place of business or employment during business hours and giving information to its purport.	
☐ Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above giving information of its purport. List name, age of recipient and relation of recipient to party named above.	
☐ Posted on the front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
Served on officer or managing employee who is not an officer of the corporation.	
☐ Evicted ☐ Served on registered agent	☐ Not Evicted ☐ Affidavit attached
☒ Not found <u>(DOES NOT LIVE AT THIS ADDRESS)</u>	
☐ NO EFFECTS FOUND	
DEPUTY SHERIFF	
	
FOR	
<u>25 JUNE 2001</u> DATE	Sherill Michelle B. Mitchell City of Richmond

The Commonwealth of Virginia

01-900-901-F TNN CT

To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/18/2001 at 9:30 AM to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI



ED WHITFIELD
1807 N 29TH STREET

Richmond, VA 23223

Given under my hand this 12 day of June 2001

A handwritten signature in cursive script, appearing to read "David M. Kutz", written over a horizontal line.

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
REPORT TO ROOM 115, ON THE DAY AND TIME INDICATED.**

If this notice was posted on your door, or if you have any questions,
please contact this office at 646-8704 between the hours of 8:30 a.m. and 4:00 p.m.

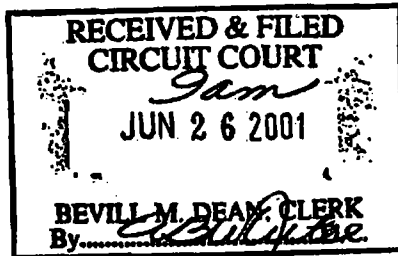
NAME <u>ED. WHITEFIELD</u> Redacted	
☐ PERSONAL SERVICE	
Being unable to make personal service, a copy was delivered in the following manner:	
☐ Delivered to person found in charge of usual place of business or employment during business hours and giving information to its purport.	
☐ Delivered to family member (not temporary sojourner or guest) age 18 or older at usual place of abode of party named above giving information of its purport. List name, age of recipient and relation of recipient to party named above.	
☒ Posted on the front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
Served on officer or managing employee who is not an officer of the corporation.	
☐ Evicted ☐ Served on registered agent ☐ Not found	☐ Not Evicted ☐ Affidavit attached
☐ NO EFFECTS FOUND	
DEPUTY SHERIFF  FOR Sheriff Michelle B. Mitchell City of Richmond	
<u>25 JUNE 2001</u> DATE	

The Commonwealth of Virginia

01-900-901-F TNN CT

To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/16/2001 at 9:30 AM to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI



JOHN BROACH
2316 S. KENMORE ROAD

Richmond, VA 23225

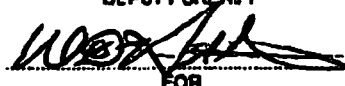
Given under my hand this 12 day of June 2001

A handwritten signature in cursive script, appearing to read "David M. Hoke".

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
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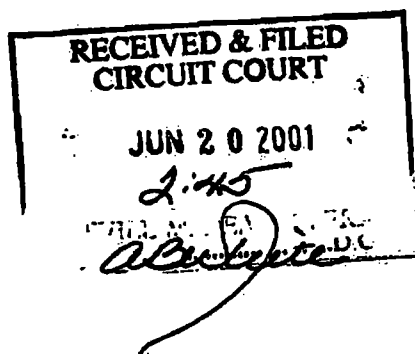
NAME <u>JOHN BROACH</u> Redacted	
☐ PERSONAL SERVICE	
Being unable to make personal service, a copy was delivered in the following manner:	
☐ Delivered to person found in charge of usual place of business or employment during business hours and giving information to its purport.	
☐ Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above giving information of its purport. List name, age of recipient and relation of recipient to party named above.	
☒ Posted on the front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) Served on officer or managing employee who is not an officer of the corporation.	
☐ Evicted ☐ Served on registered agent ☐ Not found	☐ Not Evicted ☐ Affidavit attached
☒ NO EFFECTS FOUND	
DEPUTY SHERIFF  FOR Sheriff Michelle B. Mitchell City of Richmond	
25 JUNE 2001 DATE	

The Commonwealth of Virginia

01-900-901-F TNN CT

To the Sheriff of the City of Richmond or any other Authorized Officer:

You are commanded to summon the within named person(s) to appear in the Circuit Court of the City of Richmond, Manchester Courthouse, located at Tenth and Hull Streets, Richmond, Virginia, on 07/10/2001 at 9:30 AM, to testify and give evidence on behalf of the Commonwealth in a certain prosecution of the Commonwealth against MIKAL MAHDI



CATHY NUCHOLES
CLASS 2
5313 CHESTWOOD DRIVE

Richmond, VA

RECEIVED
SHERIFF'S OFFICE

2001 JUN 11 12 28

Given under my hand this 12 day of June 2001

Commonwealth's Attorney

**YOU ARE A WITNESS IN A CIRCUIT COURT CASE. PLEASE
REPORT TO ROOM 115, ON THE DAY AND TIME INDICATED.**

If this notice was posted on your door, or if you have any questions,
please contact this office at 646-8704 between the hours of 8:30 a.m. and 4:00 p.m.

A006199

Patricia V. Williams

.....

.....

PERSONAL SERVICE

Unable to make personal service, a copy of the summons is being served in the following manner:

☐ Delivered to person found in charge of use of business or employment during business hours and given information of its purport.

.....

☐ Delivered to family member (not temporary or guest) 16 or older at usual place of party named above after giving information of its purpose, name, age of recipient, and recipient's name named above.

.....

☒ Posted at front door of usual place of abode of party named above. (Other authorized recipient)

☐ Served on officer or managing employee of corporation.

☐ Not Found

☐ NO EFFECTS FOUND

JUN 18 2004

DATE for **SERVING DE C.G. WILLIAMS, JR. CHESTERFIELD CO.**

Lawrence