

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

Mikal D. Mahdi, #5238

Petitioner,

v.

State of South Carolina,

Respondent.

APPENDIX

Vol. XXVIII of XXVIII

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VOLUME V OF V

STATE OF SOUTH CAROLINA

In The Supreme Court

APPEAL FROM CALHOUN COUNTY

Clifton Newman, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

MIKAL D. MAHDI,

APPELLANT

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Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCC Date: 12-18-01 Time: 7:35 a.m./p.m.
Tape No(s): 43-2 Inmate hand cuff in back
Plea: () Guilty (X) Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (X) Guilty () Not Guilty () Dismissed
Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused refused to go back to his cell when he was told to.
Penalty: 15 days isolation based on his past record.
Comments: _____

Inmate Hearings Officer's Signature: [Signature] Print Name: John R. White
Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____
Admitted to Isolation: _____
() Yes _____ Date In: _____ Weight In: _____
(X) No _____ Date Out: _____ Weight Out: _____
INSTITUTIONAL REVIEW: (X) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense
Comments: _____

15 days isolation suspended on 01-23-02 due to transfer. RKE/bcf RKE jpf

Signature: [Signature] Date: 12-18-01
Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____
Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Unit Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

1526

DISCIPLINARY OFFENSE REPORT

Redacted

Inmate Name: M. Martin Inmate Number: Redacted Institution: Sec Dorm: 315B
Offense Code: 222 Offense Title: using vulgar language directed
person of employee
Offense Date: 12-20 Approximate Time: 8:55 a.m./p.m. Location: Barney
Investigation: yes ☒ no ☐ Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): on the above
date and approx time, the above inmate states
to me, "Susan Norma, all it takes is fifty
dollars, I'll make the judge eat that phony"
therefore, I placed this charge

Witnesses: _____

Reporting Officer's Signature: B. SpriggsPrint Name: B. SpriggsDate: 12-21-01 Time: 8:55 a.m.

Pre-Hearing Detention: () Yes (X) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: N. MitchellPrint Name: N. Mitchell

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor (X) Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (X) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do (X) do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (X) do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: _____ Date: 12-21-01 Time: 1:05 p.m.
Date Set for Hearing: 12-21-01 Revised Date: _____ Revised Date: _____

1 - Central Record, White 2 - Inst. Record, Pink 3 - Inmate Copy, Yellow 4 - Inmate's Copy Appeal/Green 5 - Inmate's Copy Appeal/Cold

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING SRLL
Institution where heard: SRLL Date: 12-21-01 Time: 7:52 a.m./p.m.

Tape No(s): 44-2

Plea: () Guilty (☒) Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (☒) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused made the statement "all it takes is fifty dollars, I'll suck the juice out of that pussy."

Penalty: 12 days isolation based on his past FELONY

Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation: () Yes (☒) No Date In: _____ Date Out: _____ Weight In: _____ Weight Out: _____

INSTITUTIONAL REVIEW: (☒) Approved () Dismissed () Suspended Pending () Reduced Penalty () Vacate - Rehear New Offense

Comments: 12 days isolation suspended on 01-23-02 due to transfer. RKE/bce RKE/jay

Signature: Robert K. Ellis Date: 12-21-01
Print Name: Robert K. Ellis Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____
Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/Written 2 Inst. Record/Pink 3 Inmate Copy/Tellies 4 Inmate's Copy Appeal/Chen 5 Inmate's Copy Appeal/Gold

yes

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: M. Madi Inmate Number: Redacted Institution: SPCC Dorm: 2-152
Offense Code: 222 Offense Title: Using vulgar language
Offense Date: 12-7-01 Approximate Time: 8:05 a.m./p.m. Location: B-hall

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

(☒) offer the following penalty: 8 DAYS Isolation
() for the above listed offense, or
() for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 12/18/01
Print Name: [Signature] Title: [Signature]

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. (☒) I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature] Print Name: [Signature] Date: 12/18/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: [Signature] Date: 12/18/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline: DOP
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: A. Mahd Inmate Number: Redacted Dorm: B-5B

Offense Code: 222 Offense Title: _____

Offense Date: 12/2/01 Approximate Time: 9:00 a.m./p.m. Location: B-612

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of this charge.

Reporting Officer: B.R. Spragg Title: Sgt

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 12/2/01. Reporting Officer must return to IHO by: _____

Question #1: Can you prove (with facts) that your statement is true?

Response #1: You were standing on your door making that statement and it was observed & heard by me.

Question #2: Could these vulgar words have been said by any one else?

Response #2: No, they were made by you.

Question #3: Was I the only one present at this so called event?

Response #3: The others were in their cell but you were the one making the statement.

Question #4: How can you prove your statement is true? You need facts!

Response #4: Through observation and hearing. I have no reasonable doubt.

Reporting Officer's Signature: B.R. Spragg Print Name: B.R. Spragg Date: 12/19/01

Inmate Discipline: DOP 86,
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: M. MAHLI Inmate Number: Redacted Dorm: B-15B

Offense Code: 222 Offense Title: _____

Offense Date: _____ Approximate Time: 8:05 a.m./p.m. Location: B-wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: B.R. Spriggs Title: Sgt

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for _____. Reporting Officer must return to IHO by: _____

Question #1: Can you prove there is such an event? "Facts" 86.8 A

Response #1: Refer to sheet #1, prior question.

Question #2: Do you have a witness? You can't because this never happened.

Response #2: There were other inmates the way that heard it ^{and} they're not going to test, but it did happen.

Question #3: Do you write people up out of hate?

Response #3: No, only when they do things that's inappropriate.

Question #4: Was this false charge hate motivated?

Response #4: No, your conduct was inappropriate, disrespectful and disrespectful which was why you were written up.

Reporting Officer's Signature: B.R. Spriggs Print Name: B.R. Spriggs Date: 12/10/00

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redact Institution: SRCC Dorm: B-15B
Offense Code: 224 Offense Title: Possession of Contraband
Offense Date: 11/27/01 Approximate Time: 1:20 a.m./p.m. Location: B-15
Investigation: yes ☒ no ☐ Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): ON THIS DATE AS I WAS CHECKING A NEW INMATE INTO CELL B-15, I FOUND A WALKMAN RADIO. I ASKED MAHDI WAS THE RADIO HIS, HE SAID YES, THEN HE SAID NO. MAHDI WAS THE ONLY INMATE ASSIGNED TO B-15 AT THIS TIME. HE DID SAY "JUST LEAVE IT AND I WILL BE MINE IN TEN MINUTES"

Witnesses: _____

Reporting Officer's Signature: [Signature]

Print Name: [Name]

Date: 11/27/01

Time: 2:46 PM

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form: _____

Officer-in-Charge approving this report: _____

Signature: [Signature]

Print Name: [Name]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No 14 Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No 14 If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not (☒) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not (☒) wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]
I certify that this charge was served and he/she refused to sign in the space above: [Signature]
Inmate Provided copy of report: Date: 11-28-01 Time: 10:3 a.m./p.m.
Date Set for Hearing: 12-12-01 Revised Date: _____ Revised Date: _____

1 Central Record/White 2 Ind. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCC Date: 12-12-01 Time: 7:37 a.m./p.m.
Tape No(s): 42-2 Inmate refused to appear

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: ☐ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused had a radio in his possession.

Penalty: 15 days Isolation and confiscate the radio based on his past record.
Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: Date In _____ Date Out _____

Admitted to Isolation:

☒ Yes
☐ No

Date In 12-24-01
Date Out 01-09-02

Weight In _____

Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps, Sr. Date: 12-12-01
Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline: DOP 861
September 1, 2000

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Inmate Name: M. Mahdi Number: Redacted
Building: B-WING Bed/Cell: B-15
Offense Code: 224 Offense Title: Possession of Contraband
Offense Date: 11-27-01 Hearing Date: 12-12-01

On 12-12-01 at 7:20 a.m. the above named
inmate was asked by Wiley Grizzard GA if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by Wiley Grizzard
(Signed)

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT
Redacted

1434
Inmate Name: M. Mahali Inmate Number: Redacted Institution: 3 sec Dorm: B15B
Offense Code: 222 Offense Title: Vulgar and profane language, gestures
Offense Date: 11-14-01 Approximate Time: 7:30 a.m./p.m. Location: B Wing
Investigation: yes no Date Completed: Redacted

Description of Offense (provide a summary of how the inmate violated this offense): On the above date and approximate time, J. A. Goodie received a complaint request form from M. Mahali. Redacted concerning his free envelope. He was using vulgar words through out the request. Another function he broke as a rule, so got my shirt which was directed forward on 11/14/01.
Witnesses: Redacted Reporting Officer's Signature: Off. J. Goodie
Print Name: Off. J. Goodie
Date: 11-14-01 Time: 11:00 AM

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: Redacted
Print Name: Redacted

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: Redacted
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. If an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses. Witnesses are not required to be present at the hearing.)
(1) Redacted (2) Redacted (3) Redacted
(4) Redacted (5) Redacted
3. I do (☒) do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (☒) do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses. The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: M. Mahali Inmate's Signature: Redacted
I certify that this charge was served and he/she refused to sign in the space above.
Inmate Provided copy of report. Date: 11-15-01 Time: 9:26 a.m./p.m.
Date Set for Hearing: 11-21-01 Revised Date: Redacted Revised Date: Redacted

1 Central Record White 2 Inmate Record/Pink 3 Inmate Copy Yellow 4 Inmate's Copy Appeal/Given 5 Inmate's Copy Appeal/Given

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCL Date: 11-27-01 Time: 7:33 a.m./p.m.

Tape No(s): 40-1

Plea: () Guilty () Not Guilty () No Plea Inmate's Signature: [Signature]

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that she received a request from From M. Mahdi Redacted using vulgar words, mother fucking f---, broke as bitch.

Penalty: 10 days cell restriction

Comments: based on his past record.

Inmate Hearings Officer's Signature: [Signature] Print Name: John R. White

Admitted to Pre-Hearing Detention: Date In _____ Date Out _____

Admitted to Isolation:

() Yes

Date In _____

Weight In _____

() No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: () Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps, Sr. Date: 11-28-01

Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline: DOP 861
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: M. MAHDE Inmate Number: Redacted Dorm: B-15-Bottom

Offense Code: 232 Offense Title: Vulgar insubstant language

Offense Date: 11-14-01 Approximate Time: 9:30 a.m./p.m. Location: D wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: M. GOODE Title: C/O

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for _____. Reporting Officer must return to IHO by: _____

Question #1: Can you prove this letter was written by me.

Response #1: Yes I have proof you wrote the request.

Question #2: Did you see me write this letter

Response #2: No I did not

Question #3: Is it possible for any inmate to write this letter.

Response #3: No it's not, your handwriting on this paper matches the one on the request form.

Question #4: _____

Response #4: _____

Reporting Officer's Signature: [Signature] Print Name: Ch M Goode Date: 11-20-01

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Redacted

Inmate Name: 2820001. Alahed Inmate Number: Redacted Institution: SLC Dorm: B15B
Offense Code: 213 Offense Title: Failure to Follow Institutional
Offense Date: 11-6-01 Approximate Time: 11:00 a.m. Location: Barney
Investigation: yes no Date Completed: 11-6-01

Description of Offense (provide a summary of how the inmate violated this offense): White for Barney
Marker Count B15B M. Malide Redacted on Barney
in bed. He did not stand for Count - going to bunking
the whistle was blown and Marker Count announced

Witnesses: _____

Reporting Officer's Signature: Clt. M. MontePrint Name: Clt. M. MonteDate: 11-6-01 Time: 11:00

Pre-Hearing Detention: () Yes () No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: [Signature]Print Name: [Name]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor ☒ Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes ☒ No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do ☒ do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do ☒ do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and the inmate refused to sign in the space above.

Inmate Provided copy of report: Date: 11-14-01 Time: 1:00 a.m./p.m.

Date Set for Hearing: 11-14-01 Revised Date: _____ Revised Date: _____

1 Central Record/White 2 Inst Record/Pink 3 Inmate Copy Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SKCC Date: 11-13-01 Time: 7:27 a.m./p.m.

Tape No(s): 39-1

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: Muhammed

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: The accused was found guilty based on his own admission of guilt and the testimony of the reporting officer that the accused was not standing for major count and was in bed.

Penalty: 10 days loss of recreation

Comments: _____

Inmate Hearings Officer's Signature: John Carbit

Print Name: John P. White

Admitted to Pre-Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

☐ Yes

Date In _____

Weight In _____

☐ No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Gifford

Date: 11-13-01

Print Name: Robert K. Gifford Sr.

Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: M. Mahedi Inmate Number: Redacted Institution: SPALC Dorm: B-15B
Offense Code: 313 Offense Title: Failure to follow Institutional
Count Procedures
Offense Date: 11-6-01 Approximate Time: 7:10 a.m./p.m. Location: B-Wing

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

(☒) I offer the following penalty: 8 Days Rec Rest

(☐) for the above listed offense, or
(☐) for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature]

Date: 11/7/01

Print Name: [Signature]

Title: ST

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer:

1. (☐) I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. (☒) I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. (☐) The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature]

Print Name: Atikal Mahedi

Date: 11/7/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature]

Print Name: [Signature]

Date: 11/7/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline: DOP 861
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: M. H. Ad: Inmate Number: Redacted Dorm: B-153

Offense Code: 213 Offense Title: _____

Offense Date: 11/6/01 Approximate Time: 7:10 a.m./p.m. Location: B-wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: M. H. Ad: Title: CO

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 11/14/01. Reporting Officer must return to IHO by: _____

Question #1: Why was I given a warning? I must have been making

Response #1: You are given a Orientation Booklet when you arrived about the Court and also Orientated again on the following Monday, that's warning enough.

Question #2: _____

Response #2: _____

Question #3: _____

Response #3: _____

Question #4: _____

Response #4: _____

Reporting Officer's Signature: op M. Ad: Print Name: M. Ad: Date: 11-9-01

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

28 2001
Inmate Name: 19 Cabal Inmate Number: Redact Institution: State Dorm: B-15
Offense Code: 2-15 Offense Title: Being in an unauthorized area
Offense Date: 11-5-01 Approximate Time: 12:15 p.m. Location: B-15 B-15
Investigation: yes ☒ no ☐ Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): On the above date and time, I "Sledge" was searching inmate Mink's cell when he left and went to the main area. Inmate Mink was not supposed to be in that area.

Witnesses: One Parker

Reporting Officer's Signature: [Signature]

Print Name: J. M. Sledge

Date: 11-5-01 Time: 1:14 p.m.

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form:

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: [Signature]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: _____
NOTE: Inmate advisors are appointed by the institution; staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not (☒) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: _____ Date: 11-5-01 Time: 1:55 a.m./p.m.

Date Set for Hearing: 11-9-01 Revised Date: _____ Revised Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/ Yellow 4 Inmate's Copy- Appeal/ Green 5 Inmate's Copy- Appeal/ Gold

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCC Date: 11-9-01 Time: 7:23 a.m./p.m.

Tape No(s): 38-24391

Plea: () Guilty ☒ Not Guilty () No Plea Inmate's Signature: Michael Chahel

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: ☒ Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused was not suppose to be in the movie room.

Penalty: Reprimand

Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: Date In _____ Date Out _____

Admitted to Isolation:

() Yes
() No

Date In _____
Date Out _____

Weight In _____
Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps Sr. Date: 11-9-01
Print Name: Robert K. Epps Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy, Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Child

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: TD. Mabedi Inmate Number: Redacted Institution: SRCC Dorm: B-15T
Offense Code: 229 Offense Title: Bring in an Unauthorized Item
Offense Date: 11-5-01 Approximate Time: 12:52 a.m./p.m. Location: B-15

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

☒ I offer the following penalty: 10 Days Cell Rest
☐ for the above listed offense, or
☐ for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 11/6/01
Print Name: NESSER Title: _____
The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form.
The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
- I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer:

- ☐ I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
- ☒ I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- ☐ The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: Refused to Sign Print Name: Refused to Sign Date: 11/6/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: [Signature] Date: 11/6/01
After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline: DOP 861
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: K. H. H. Inmate Number: Redacted Dorm: B-15

Offense Code: 224 Offense Title: Being in an unauthorized Area

Offense Date: 11/5/01 Approximate Time: 12:52 a.m. Location: P

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: J. Sledge Title: CO

PART II - QUESTIONS AND STATEMENTS: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 11/9/01. Reporting Officer must return to IHO by: _____

Question #1: How did you, C.O. Sledge, bring to

the attention of the hearing officer?

Response #1: I did not tell the whole story to go to the

orientation class. I had a lot of other inmates that had to go

and I went to their door to let them know. I did not tell you to go.

Question #2: If I was not supposed to be

in the morning room, how did I

get there?

Response #2: I can not answer this question because I was not

the control room. The officer in the booth may not have you and let

you out with the other inmates on the wing.

Question #3: What was my name, because I was

with you?

Response #3: After I opened your cell to check and see where the

smoke was coming from, I shot your door and told you and your associate

to stand by your cell while I got another officer to assist me. When Sgt. Maye

arrived and we entered your cell to see what was going on we

came back out and you were nowhere to be found.

Question #4: _____

Response #4: _____

Reporting Officer's Signature: J. M. Sledge Print Name: J. M. Sledge Date: 11-7-01

INTAKE EDUCATIONAL SUMMARY

Receiving Unit SRCCName MAHDI, MIKAL DEENI.O.# Redact
dINITIAL TESTTABE Form D7Date 18 OCT 01Reading 10.0 Math 9.7 Language 10.6 Average 10.5 Spelling 5.6Special Education Classification _____ Eligibility date _____
(minima 21 or under)Not tested: Non-reader Low level reader Refused to test
Visual problems Unavailable for testing MedicalComments: _____

_____ LIP eligible ☒ Not LIP eligible
(Test scores above criteria) ESL

Native Language _____

Signature Mick A. [illegible]
(To be completed by OCE Principal/Designee)Date Oct. 19, 2001Original: OOC Central File
OOO Institutional File
OCE School
Inmate
OCE Reception Center

CENTRAL CRIMINAL RECORD

SECTION 3

ICP 821, Attachment 2
ICP 822, Attachment 4

DOC - 1111
Revised 2/23/04

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Madhi Number Redact Institution WRSP - POD/Cell C-301

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.

You will be scheduled to appear before the Institutional Classification Authority on or after 5/13/04 for:

- | | | | |
|---|---|--|--|
| ☐ *General Detention** | ☐ Segregation Review/Release | ☐ Hearings Officer Referral | ☐ Other <u>PAR</u>
(Specify) |
| ☐ *Pre-Hearing Detention** | ☐ *Segregation Medical Hold | ☐ *Class Level Review | ☐ Suspend Exercise Pending ICA
(Explain) |
| ☐ *Segregation Assignment | ☐ *Segregation Mental Health | ☐ Transfer/Security Review | |

Comments: _____

Authorizing Signature _____	Name Printed _____	Date _____	Time _____	☐ Yes ☐ No
				Medical Notified - Time _____

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____

Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend: Yes ☐ No ☐

Inmate Signature _____	Date _____	Witness Signature _____	Date _____
------------------------	------------	-------------------------	------------

**Administrative Duty Officer Review within 72 hours Date _____ Time _____

☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____	Name Printed _____	Date _____
---	--------------------	------------

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings: Hearing Date 5/13/2004

Inmate Statement/Reporting Officer: _____

The ICA/PAR recommends: Job Termination: Barter

Rationale: Request of Foreman.

T. Monk	5/13/04	I received a copy of ICA's recommendation:	<u>Parolee out of S.B.</u>
ICA Signature _____	Date _____	Inmate Signature _____	Date _____

Administrative Review: ☐ Approved ☐ Disapproved
Comments/Reason: _____

☐ Modified/No Action
☐ Date Removed from PHD/AGID _____ Days Credit _____

Warden/Superintendent/Designee Signature _____	Name Printed _____	Date _____
--	--------------------	------------

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____	Name Printed _____	Date _____
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Original - Central Classification Services
Cc: Institutional Distribution (including ICR)
Inmate Copy

OP 821, Attachment 2
ICOP 822, Attachment 4

DOC - 11H
Revised 2/23/04

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redac Institution WRSP - POD/Cell C-3

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.
You will be scheduled to appear before the Institutional Classification Authority on or after 5/25/04 for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☒ Other PAR
(Specify)
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review ☐ Suspend Exercise Pending ICA
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review (Explain)

Comments:

Authorizing Signature _____ Name Printed _____ Date _____ Time _____ ☐ Yes ☐ No
*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.
This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.
Witness Request 1) _____ 2) _____ 3) _____
Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend Yes ☐ No ☐

Inmate Signature _____ Date _____ Witness Signature _____ Date _____
**Administrative Duty Officer Review within 72 hours Date _____ Time _____
☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____ Name Printed _____ Date _____

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 5/25/2004
Inmate Statement/Reporting Officer: _____

The ICA/PAR recommends: Job Termination: Barber

Rationale: Request of foreman.

M. Hensley 5/25/04 I received a copy of ICA's recommendation. Transfer to B-1
ICA Signature _____ Date _____ Inmate Signature _____ Date _____

Administrative Review: ☐ Approved ☐ Disapproved
Comments/Reason: _____

☐ Modified/No Action
☐ Date Removed from PHD/AGD _____ Days Credit _____

Warden/Superintendent/Designee Signature _____ Name Printed _____ Date _____

Regional Director/Central Classification Services Review: _____ Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original - Central Classification Services
Cc: Institutional Distribution (including ICR)
Inmate Copy

ICP 821, Attachment 2
ICP 822, Attachment 4

DOC - 11H
Revised 2/23/04

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name Mahdi, M Number Redact Institution WRSP/C-301

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on or after _____ for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review (Specify)
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA (Explain)

Comments: _____

Authorizing Signature M. Hensley Name Printed M. Hensley Date 4/7/04 Time _____ ☐ Yes ☐ No Medical-Notified - Time _____

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____
 Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend Yes ☐ No ☐
 Inmate Signature Mahdi, M Date 4/7/04 Witness Signature [Signature] Date 4/7/04

**Administrative Duty Officer Review within 72 hours Date _____ Time _____
☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____ Name Printed _____ Date _____

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 4/8/04
 Inmate Statement/Reporting Officer: _____

The ICA/PAR recommends: Remain in Seg.

Rationale: 102, 239a (attempting to grab staff members hand) and 2) 2: 7 charges since placement in Seg. Inmate will be released in May 2004.
No charges since 11/26/03.

ICA Signature M. Hensley Date 4/9/04 received a copy of ICA's recommendation: Not Read Inmate Signature [Signature] Date 4/9/04

Administrative Review: ☒ Approved ☐ Disapproved
 Comments/Reason: _____

☐ Modified/No Action
☐ Date Removed from PHD/AGD _____ Days Credit _____

Warden/Superintendent/Designee Signature [Signature] Name Printed S. Young Date 4/8/04

Regional Director/Central Classification Services Review: _____ Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original - Central Classification Services
 Cc: Institutional Distribution (including ICR)
 Inmate Copy

DOP 821
Attachment 2

DOC - 11H
Revised 2/23/04

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name MAHDI, M. Number Redacted Institution WRSP/D-301

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on or after _____ for:

- | | | | |
|---|---|--|--|
| ☐ *General Detention** | ☐ Segregation Review/Release | ☐ Hearings Officer Referral | ☐ Other _____ (Specify) |
| ☐ *Pre-Hearing Detention** | ☐ *Segregation Medical Hold | ☐ *Class Level Review | ☐ Suspend Exercise |
| ☐ *Segregation Assignment | ☐ *Segregation Mental Health | ☐ Transfer/Security Review | Pending ICA (Explain) |

Comments: _____

Authorizing Signature _____ Name Printed _____ Date and Time _____ Medical Notice Date _____
 *Inmate Due Process: You will be permitted to: 1) Be present at the hearing. 2) Remain silent. 3) Know the reasons for any decisions rendered by the ICA. 4) Have your counsel or an employee present to assist you. 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing referrals the following is not applied to you: 1) Hearing the Reporting Officer's testimony. 2) Cross-examining adverse witnesses. 3) Calling and cross-examining witnesses.
 This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____
 Waives rights to 48-hour notice. Yes ☐ No ☐ I wish to attend. Yes ☐ No ☐

Inmate Signature _____ Date _____ Witness Signature _____ Date _____
 **Administrative Duty Officer Review within 72 hours Date _____ Time _____
☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____ Name Printed _____ Date _____

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 4/15/04
 Inmate Statement/Reporting Officer: _____

The ICA/PAF recommends Assign to Bunk
 Rationale: _____

A. M. HENLEY 4/15/04 received a copy of ICA's recommendation. M. C. F. WHITE 4/15/04
 ICA Signature _____ Date _____ Inmate Signature _____ Date _____
 Administrative Review: ☐ Approved ☐ Disapproved Comments/Reason: _____

☐ Modified/No Action
☐ Date Removed from PHD/AOD _____ Days Credit _____

Warden/Superintendent/Designee Signature _____ Name Printed _____ Date _____

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original - Central Classification Services
 Cc: Institutional Distribution (including ICR)
 Inmate Copy

0-301
DOP 821
Attachment

DOC12
Revised 12/02

INSTITUTIONAL CLASSIFICATION AUTHORITY ANNUAL REVIEW FORM

Inmate Name Mahdi, Mikal Number Redacted Institution WRP
Security Level: 5 Class Level: 4
Counselor Breduecker Period Covered 10-01 to 10-03

A. Program participation in past 12 months: None

B. Number of Disciplinary Infractions within past 12 months: 100 Series 8 200 Series

C. Educational Review: Program participation in past 12 months: None

D. Work Assignments in past 12 months: None

E. Housing Status:

1) Current Assignment Status: Segregation

Comments:

2) Detention History: 10-4-02 (201) 11-1-02 (201) 2-2-03 (Rep) 2-24-03 (Rep) 3-25-03 (Rep)
2-03 (201) 2-27-03 (201) 2-03 (Rep)

F. General Comments: 10-24-02 (201) 11-29-02 (201)

11-12-02 (201) 2-5-03 (201)
11-25-02 (201) 2-5-03 (201)

G. IPR Update Entered: ☒ Yes ☐ No, Date: 10-24-03 Counselor's Initials: [Signature]

Security Level: ☒ No Change ☐ Recommend Change (complete Form 110, 11D)

Class Level: ☒ No Change ☐ Recommend Change (complete Class Level Evaluation form)

Treatment Plan for Next Evaluation Period:

1) Primary Objective: obtain/maintain employment

2) Secondary Objective/s: Complete Program of choice
establish interaction free behavior

Inmate Signature: [Signature] Name Printed: M. MAHDI Date: 10/21/03

ICA Signature: [Signature] Name Printed: M. Henrich Date: 11-3-03

Administrative Review: ☒ Approval ☐ Disapproval

Administrative Signature: [Signature] Name Printed: [Signature] Date: 11-5-03

Original - Central Classification Services
Cc: Institutional Distribution (including ICR)
Inmate Copy

IOP 821 Attachment 7
IOP 822 Attachment 4

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H
Revised 2/13/03

Inmate Name: M. Mahdi Number: Redacted Housing Unit: C-301 Date/Time: 10/25/03 4:30 PM

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on within 72 hr excluding weekend/holiday for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☒ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend/Exercise Pending ICA (Explain reason below)

Comments: INMATE Mahdi Threw Food Tray out tray slot in

10/25/03 13:50 10/25/03 4:30 PM
 AUTHORIZED SIGNATURE: _____ NAME PRINTED: _____ DATE AND TIME: _____

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reason for any decision rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives Rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☐ No ☐

10/25/03 10/25/03 10/25/03/555
 INMATE SIGNATURE: _____ DATE: _____ WITNESS SIGNATURE: _____ DATE/TIME: _____

**ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours: Date 10-26-03 Time: 6:00 AM

☒ Approval ☐ Disapproval Comments: _____

10/26/03 10/26/03 10/26/03
 ADMINISTRATIVE DUTY OFFICER SIGNATURE: _____ NAME PRINTED: _____ DATE: _____

PART II to be completed by ICA for all Formal and Informal Hearings. Hearing Date: 10/27/03

Inmate Statement/Reporting Officer: Asnight

ICA/PAR recommends: Stay

Rationale: Parolee 037A

10/27/03 10/27/03 10/27/03
 ICA SIGNATURE: _____ DATE: _____ I received a copy of the ICA's recommendation: _____ INMATE SIGNATURE: _____ DATE: _____

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action _____

☐ Date removed from PHD/AGD _____ Days Credit: _____

10/27/03 10/27/03 10/27/03
 WARDEN/DESIGNEE SIGNATURE: _____ NAME PRINTED: _____ DATE: _____

Regional Director/Central Classification Services Review: Action: _____

IOP 821 Attachment 7
IOP 822 Attachment 4

Smoker **INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM**

DOC 11H
Revised 2/13/03

Inmate Name: Mahdi, M. Number: Reda Housing Unit: C-205 Date/Time: 6/23/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on 6/25/03 for:

- ☐ *General Detention** ☒ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend/Exercise Pending ICA (Explain reason below)

Comments: _____

Authorizing Signature: [Signature] RB Phillips 6/23/03
Name Printed: _____ Date and Time: _____

*Inmate Due Process: You will be permitted to: 1) be present at the hearing 2) remain silent 3) know the reason for any decision rendered by the ICA 4) have your counselor or an employee present to assist you 5) receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____
 Waives rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☒ No ☐

Inmate Signature: [Signature] DATE: 6-23-03 Witness Signature: [Signature] DATE/TIME: 6/23/03

****ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours:** Date _____ Time: _____

☐ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE _____ NAME PRINTED _____ DATE _____

PART II to be completed by ICA for all Formal and Informal Hearings: Hearing Date 6/23/03

Inmate Statement/Reporting Officer: OK

ICA/PAR recommends: GP

Rationale: SPACE and furniture 237

ICA SIGNATURE: [Signature] DATE: 6/23/03 I received a copy of the ICA's recommendation: [Signature] INMATE SIGNATURE: [Signature] DATE: 6/23/03

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action ☐ Date removed from PHD/AGD _____ Days Credit _____

WARDEN/DESIGNEE SIGNATURE: [Signature] NAME PRINTED: SLY DATE: 6-24-03

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original Central classification Services CC: Institutional Distribution (including ICR) Inmate Copy

**WALLENS RIDGE STATE PRISON
DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU**

Name: Mahdi, M.Number: RedacStatus: SEG☒ Release to General Population GP☐ Remain in Special HousingEscape History: (Date and Brief Description: NoneSignature MahdiDate 6/24/03

Reason for confinement to Special Housing: _____

Arrival Date at WRSP: 1/28/03Received from: NOTEDDate of last SHU assignment: 5/1/03Institution: WRSP102 and 105 Infractions in the Last 5 Years None

☐ Staff _____	☐ Inmate _____
☐ Staff _____	☐ Inmate _____
☐ Staff _____	☐ Inmate _____
☐ Staff _____	☐ Inmate _____
☐ Staff _____	☐ Inmate _____
☐ Staff _____	☐ Inmate _____

.....

Approvals - Warden

☒ Approved☐ Disapproved -- Comments: _____☐ Refer back to ICA for: _____☐ Refer to Regional Director (Assault on Staff with Weapon): _____Warden 8/1/03Date 6-24-03

.....

Approval - Regional Director

☐ Approved☐ Disapproved -- Comments: _____☐ Refer back to ICA for: _____

.....

Records Manager:

☐ Release Action Action Completed: _____

Assignment: _____

☐ No Action Required

Records Manager _____

Date _____

IOP 821 Attachment 7
IOP 822 Attachment 4

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H
Revised 2/13/03

Inmate Name: M. Mahdi Number: Redacted Housing Unit: C-205 Date/Time: 5/10/03 9:00A

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on Within 72 hr excluding weekend/holiday for:

- ☒ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☒ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise
Pending ICA (Explain reason below)

Comments: During t-up pick-up in C-1 pod inmate M. Mahdi exited his cell and threw his t-up on to the pod floor.
RT Hall 5-10-03 4:14AM 12:20pm

Authorizing Signature: _____ Name Printed: _____
*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reason for any decision rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☐ No ☐

Inmate Signature: [Signature] Date: 5/10/03 Witness Signature: [Signature] Date/Time: 5-10-03 2

****ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours:** Date 5-1-03 Time: 2:15 PM

☒ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE: [Signature] NAME PRINTED: K.A. Miller DATE: 5-1-03

PART II to be completed by ICA for all formal and informal hearings. Hearing Date: _____

Inmate Statement/Reporting Officer: Refused to participate

ICA/PAR recommends: Seg

Rationale: Threw t-up off second time

ICA SIGNATURE: [Signature] DATE: 5/5/03 I received a copy of the ICA's recommendation: [Signature] INMATE SIGNATURE: [Signature] DATE: 5/5/03

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from PHD/AGD _____ Days Credit: _____

WARDEN/DESIGNEE SIGNATURE: [Signature] NAME PRINTED: S. K. Young DATE: 5-5-03

Regional Director/Central Classification Services Review: _____ Action: _____

Authorizing Signature: _____ Name Printed: _____ Date: _____

Original Central classification Services CC: Institutional Distribution (including ICR) Inmate Copy

VIRGINIA DEPARTMENT OF CORRECTIONS
DOP 821 Attachment 3

CL-20
Rev. 1/01

ICA HEARINGS REPORT

ICA HEARINGS REPORT	
NUMBER: Redact ~ Redacted	INSTITUTION: Wallens Ridge State Prison
NAME: Mahdi, M.	HEARING DATE: 3/25/03

HEARING INFORMATION					
HEARING AT REQUEST OF: (check only one)			HEARING TYPE: (attach all due process forms)		
	INMATE			TRANSFER _____ SECURITY LEVEL _____	
X	INSTITUTION ADMINISTRATION			PHD/SEGREGATION ACTION	
	CENTRAL CLASSIFICATION SERVICES			WORK RELEASE	
				OTHER _____ Appropriate Housing	
ADMISSION DATA			MEDICAL DATA		
DRC/RFP DATE:			MEDICAL ACTIVITY CODE:		
DATE OF ARRIVAL - PRESENT LOCATION:			MEDICAL LOCATION CODE:		
SL:			MENTAL HEALTH CODE:		
GCA/ESC:					
SUMMARY STATEMENT OF INMATE					
(Where applicable, include summary statement of witnesses and reporting officer.)					
OK _____ _____ _____ _____					
ICA RECOMMENDATION AND RATIONALE					
ICA Recommendation: GP (Transition) _____					
ICA Rationale: 201 charge over 30 days. Stable adjustment. _____ _____ _____					
_____ ICA Chairperson		_____ Member		_____ Member	
ADMINISTRATION: ☒ APPROVE		☐ DISAPPROVE		BY: SKY / _____	
				DATE: 3-25-02	
CENTRAL CLASSIFICATION SERVICES ACTION					
DATE: _____		☐ APPROVE		☐ DISAPPROVED	
TRANSFER TO: _____		TRANSFER CODE _____		CCS RECEIVED _____	
Copy to Transportation _____		Int. _____			
Caseworker _____		Supervisor _____		Manager _____	
DISTRIBUTION: CCR - WHITE RECEIVING INSTITUTION - CANARY ICR - GREEN INMATE - PINK					

IOP 832.1
ATTACHMENT 2

ASSIGNMENT, MOVEMENT, OR REMOVAL FORM

Date: 3/25/03

From: R. B. Phillips, Assistant Warden

Subject: Assignment, Movement or Removal

Please be advised that Inmate Mohd. M. # Redacted
has been screened by the Progressive Housing Team and the following is recommended:

- ☐ Initial Assignment Phase 1 ☐ Remove from Progressive Housing Program
☐ Progress from Phase 1 to Phase 2 ☐ Move back from Phase 2 to Phase 1

Reason for Recommendation: 30 day min 301

[Signature]
Inmate Signature

3/25/03
Date

ASSIGNMENT: Approval [initials] Disapproval

[Signature]
Ass't. Warden, Administrative Duty Officer or Warden

3-25-03
Date

Cc: Records Manager
Watch Commander
Treatment File

WALLENS RIDGE STATE PRISON
DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU

Name: Mahdi, M.Number: RedacStatus: SEG

- ☒ Release to General Population
☐ Remain in Special Housing

Escape History: (Date and Brief Description: NONESignature MTBendyDate 3/29/03Reason for confinement to Special Housing: 201Arrival Date at WRSP: 1/28/03Received from: NOTHINGDate of last SHU assignment: NONE Institution: WRSP

102 and 105 Infractions in the Last 5 Years

- | | |
|--------------------------------------|---------------------------------------|
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |

.....

Approvals - Warden

- ☒ Approved
☐ Disapproved - Comments: _____
☐ Refer Back to ICA for: _____
☐ Refer to Regional Director (Assault on Staff with Weapon): _____

Warden SKYDate 3-25-03

.....

Approval - Regional Director

- ☐ Approved
☐ Disapproved - Comments: _____
☐ Refer back to ICA for: _____

.....

Records Manager:

- ☐ Release Action Action Completed: _____ Assignment: _____
☐ No Action Required

Records Manager _____

Date _____

IOP 821 Attachment 7
IOP 822 Attachment 4

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H

Revised 2/13/03

Inmate Name: Mahdi M. Number: Redacted Housing Unit: D-312 Date/Time: 3/25/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on Within 72 hr excluding weekend/holiday for:

- | | | | |
|---|---|--|--|
| ☐ *General Detention** | ☐ Segregation Review/Release | ☐ Hearings Officer Referral | ☐ Other _____ |
| ☐ *Pre-Hearing Detention** | ☐ *Segregation Medical Hold | ☐ *Class Level Review | |
| ☐ *Segregation Assignment | ☐ *Segregation Mental Health | ☐ Transfer/Security Review | ☐ Suspend Exercise Pending ICA (Explain reason below) |

Comments: _____

Authorizing Signature: _____ Name Printed: _____ Date and Time: _____
*Inmate Due Process: You will be permitted to: 1) Be present at the hearing. 2) Remain silent. 3) Know the reason for any decision rendered by the ICA. 4) Have your counselor or an employee present to assist you. 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony. 2) Cross-examining adverse witnesses. 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____
Waives Rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☐ No ☐
J. Mahdi M. 3/25/03 J. Mahdi M. 3/25/03
INMATE SIGNATURE DATE WITNESS SIGNATURE DATE

****ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours:** Date _____ Time: _____

☐ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE _____ NAME PRINTED _____ DATE _____

PART II to be completed by ICA for all Formal and Informal Hearings: Hearing Date _____

Inmate Statement/Reporting Officer: OK

ICA/PAR recommends: 60 (Transition)

Rationale: 201 change new 30 days - 466K Adj.

K. Mahdi 3/25/03 I received a copy of the ICA's recommendation: Mahdi M.
ICA SIGNATURE DATE INMATE SIGNATURE DATE

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action _____
☐ Date removed from PHD/AGD _____ Days Credit: _____

8167 5-11 3-25-03
WARDEN/DESIGNEE SIGNATURE Name Printed Date

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original Central Classification Services CC: Institutional Distribution (including ICR). Inmate Copy

VIRGINIA DEPARTMENT OF CORRECTIONS
DOP 821 Attachment 3

CL-20
Rev. 1/01

Redacted

ICA HEARINGS REPORT

NUMBER:	INSTITUTION: Wallens Ridge State Prison
NAME: Mahdi, M	HEARING DATE: 2/28/03

HEARING INFORMATION	
HEARING AT REQUEST OF: (check only one)	HEARING TYPE: (attach all dup process forms)
☐ INMATE	☐ TRANSFER ☐ SECURITY LEVEL
☒ INSTITUTION ADMINISTRATION	☐ PHD/SEGREGATION ACTION
☐ CENTRAL CLASSIFICATION SERVICES	☐ WORK RELEASE
	☐ OTHER: Appropriate Housing
ADMISSION DATA	MEDICAL DATA
DRC/RFP DATE:	MEDICAL ACTIVITY CODE:
DATE OF ARRIVAL - PRESENT LOCATION:	MEDICAL LOCATION CODE:
SL:	MENTAL HEALTH CODE:
GCA/ESC:	
SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.) That whole charge was made up after I had a problem with C/O in control booth. 	
ICA RECOMMENDATION AND RATIONALE ICA Recommendation: SEG ICA Rationale: Received 201 	
ICA Chairperson	Member
ADMINISTRATION: ☒ APPROVE ☐ DISAPPROVE	BY: <u>SLC</u>
DATE: <u>3-3-03</u>	
CENTRAL CLASSIFICATION SERVICES ACTION DATE: <u> </u> ☐ APPROVE ☐ DISAPPROVED ☐ NO CHANGE TRANSFER TO: <u> </u> TRANSFER CODE: <u> </u> CCS RECEIVED Copy to Transportation <u> </u> INCL Caseworker <u> </u> Supervisor <u> </u> Manager <u> </u>	
DISTRIBUTION: CCR - WHITE RECEIVING INSTITUTION - CANARY ICR - GREEN INMATE - PINK	

IOP 821 Attachment 2

IOP 822 Attachment 5

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H

Revised 11/02

Page 1

MANDI

Inmate Name: M. Madi Number: Redacted Housing Unit: D-210 Date/Time: 2/26/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an Inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on 2/26/03 within 72 hr excluding weekend/holiday for:

- | | | | |
|---|---|--|--|
| ☐ Administrative Referral | ☐ Segregation Hearing Referral | ☐ Adjustment Hearing Referral | ☐ Other <u>App</u> |
| ☐ Adm. Gen. Detention * | ☐ Segregation Medical Hold | ☐ GCA/ESC, GCT Review | |
| ☒ Pre-Hearing Detention * | ☐ Segregation Mental Health | ☐ Transfer/Security Review | ☐ Suspend Recreation Pending ICA (Explain reason below) |

Comments: Inmate visited cell and threw a food tray across the Pod floor

Administrative Signature: [Signature]

NAME PRINTED/DATE/TIME: H. B. [Signature] 2/26/03

You will be permitted to: Be present at the hearing; Remain silent; Know the reason for any decision rendered by the ICA; Have your counselor or an employee present to assist you; Receive a copy of the written recommendation of the ICA; Hear the reporting officer's testimony; Cross examine adverse witnesses; Call and cross examine witnesses (**Items not afforded to inmates during hearing based solely on documented Adjustment Hearing Referrals).

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☐ NO ☐

Inmate Signature: [Signature] DATE: 2/26/03

Witness Signature: [Signature] DATE/TIME: 2/26/03

*** ADMINISTRATIVE DUTY OFFICER REVIEW:**

☒ Approval ☐ Disapproval Comments: _____ Date: 2-26-03 Time: 5:00pm

ADMINISTRATIVE DUTY OFFICER SIGNATURE: [Signature]

NAME PRINTED: T. O. Yates

DATE: 2-26-03

PART II: DISPOSITION: (To be completed by the ICA for all Formal and Informal Hearings)

Hearing Date: 2/26/03

Inmate Statement/Reporting Officer: That whole charge was made up

after a had a problem with C/O in control room

The ICA recommends: 5-25

Rationale: Received a 201 charge

ICA SIGNATURE: [Signature] DATE: 2/28/03 I received a copy of the ICA's recommendation: ☒ [Signature] DATE: 2/28/03

ADMINISTRATIVE REVIEW: ☐ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from PHD/AGD

WARDEN/DESIGNEE SIGNATURE: _____ DATE: _____

** The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Original: SHU Counselor -> Records

cc: Warden: AW. CIRC Sr: THO: SHU PSYCHOLOGIST: DEPENDS W/ INMATE

VIRGINIA DEPARTMENT OF CORRECTIONS
DOP 821 Attachment 3

CL-20
Rev. 1/01

ICA HEARINGS REPORT

NUMBER: Redacted	INSTITUTION: Wallens Ridge State Prison
NAME: M. Mahdi	HEARING DATE: 1/29/02

[illegible]

ICP 821 Attachment 2
ICP 822 Attachment 5

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H
Revised 11/02
Page 1

Inmate Name: M. Mahdi Number: Reda Housing Unit: A301 Date/Time: 1/28/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- | | | | |
|---|---|--|--|
| ☐ Administrative Referral | ☐ Segregation Hearing Referral | ☐ Adjustment Hearing Referral | ☐ Other <u>1</u> |
| ☒ Adm. Gen. Detention * | ☐ Segregation Medical Hold | ☐ GCA/ESC, GCT Review | |
| ☐ Pre-Hearing Detention * | ☐ Segregation Mental Health | ☐ Transfer/Security Review | ☐ Suspend Recreation Pending ICA (Explain reason below) |

Comments: New Intake from Nottoway.

Authorizing Signature: [Signature]

LT MEYER 1/28/03
NAME PRINTED/DATE/TIME

You will be permitted to: Be present at the hearing-Remain silent-Know the reason for any decision rendered by the ICA-Have your counselor or an employee present to assist you-Receive a copy of the written recommendations of the ICA **Hear the reporting officer's testimony**Cross examine adverse witnesses**Call and cross examine witnesses (**Items not afforded to inmates during hearing based solely on documented Adjustment Hearing Referrals).

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☒ NO ☐

Inmate Signature: [Signature]

DATE: 1/28/03

Witness Signature: [Signature]

DATE/TIME: 1-28-03 7:51 PM

*ADMINISTRATIVE DUTY OFFICER REVIEW:

☒ Approval ☐ Disapproval

Comments: _____

Date: 1-29-03

Time: 10:20 AM

ADMINISTRATIVE DUTY OFFICER SIGNATURE: [Signature]

NAME PRINTED: Randolph Phillips

DATE: 1-29-03

PART II: DISPOSITION (To be completed by the ICA for all Formal and Informal Hearings)

Hearing Date: 1/29/03

Inmate Statement/Reporting Officer: _____

The ICA recommends: G.P.

Rationale: Not Viewed as a threat to W.K.S.P.

ICA SIGNATURE: [Signature]

DATE: 1-29-03

I received a copy of the ICA's recommendation:

[Signature]
INMATE SIGNATURE

DATE: 1/28/03

ADMINISTRATIVE REVIEW:

☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from PHD/AGD _____

WARDEN/DESIGNEE SIGNATURE: [Signature]

DATE: 1-30-03

** The Warden/Sup/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CI-20 if recommendations are approved.

Original: SHU Counselor -> Records

cc: Warden; AW, CIRC Sr; IHO; SHU PSYCHOLOGIST; RECORDS, W/C; INMATE

WALLENS RIDGE STATE PRIS !
DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU

Name: M. MahdiNumber: Redact Status: GDT

- ☒ Release to General Population
☐ Remain in Special Housing

Escape History: (Date and Brief Description: None)

[Signature]
 Signature

1-29-03
 Date

Reason for confinement to Special Housing: GDTArrival Date at WRSP: 1/24/03Received from: AltoonaDate of last SHU assignment: 1/22/03 Institution: WRSP102 and 105 Infractions in the Last 5 Years None

- | | |
|--------------------------------------|---------------------------------------|
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |

.....

Approvals - Warden

- ☒ Approved
☐ Disapproved - Comments: _____
☐ Refer Back to ICA for: _____
☐ Refer to Regional Director (Assault on Staff with Weapon) _____

[Signature] 1-30-03
 Warden Date

.....

Approval - Regional Director

- ☐ Approved
☐ Disapproved - Comments: _____
☐ Refer back to ICA for: _____

.....

Records Manager:

- ☐ Release Action Action Completed: _____ Assignment: _____
☐ No Action Required

 Records Manager

 Date

Attachment 1
DOC 3111
RPP 521
REV 9/91

VIRGINIA DEPARTMENT OF CORRECTIONS
CLASSIFICATION SUMMARY REPORT

INMATE NAME: M. M. H. L. NUMBER: Redacted INSTITUTION: NCC
DATE: 12/4/02 CIRC: D. Chaffin MED. LOC.: A MH: 0
ANNUAL REVIEW _____ ADMINISTRATIVE REVIEW ✓ TOTAL SCORE: _____

SCORED SECURITY LEVEL BRACKETS

16 - 24 pts. LEVEL 3 32 - 38 pts. LEVEL 5
8 - 15 pts. LEVEL 2 25 - 31 pts. LEVEL 4 39+ pts. LEVEL 6

MANDATORY RESTRICTORS

- ☐ R1 More than 20 years remaining to serve (Restricted from Levels 1 and 2)
☐ R3 1st Degree Murder (Restricted from Level 1 and Units 1, 4, 25, BCC, STNCC, JRCC, STBCC, ICCC)
☐ R4 Entry at all institutions at scored level
☐ R5 Convicted of assault (105) within 24 months - Attach SIR (Restricted from Levels 1, 2 and 3)

DISCRETIONARY OVERRIDES

High - Increases Security Level

- ☐ H1 Assaultive Prior Institutional Conduct
☐ H2 Serious Prior Criminal Record Indicates Caution
☐ H3 Severity of Current Offense
☐ H4 Serious Escape History/Risk
☐ H5 Recent Pattern of Poor Institutional Adjustment
☐ H6 Needs to Establish Stable Adjustment
☒ H7 Other Poor Institutional Adjustment

Low - Decreases Security Level

- ☐ L1 Exceptional Institutional Conduct
☐ L2 Singular Nature of Incident
☐ L3 Prior Success at Lower Level
☐ L4 Other _____

ICA RECOMMENDATION

TOTAL SCORE: 31 RESTRICTOR: - OVERRIDE: H-7 RECOMMENDED LEVEL: V
PRIMARY TREATMENT NEED: _____
RECOMMENDED ASSIGNMENTS: _____ COMMENTS: _____
SIGNATURE: ESL: [Signature] DATE: Dec 4, 2002

WARDEN/SUPERINTENDENT ACTION

APPROVE ICA ☒ DISAPPROVE ICA ☐ RESTRICTOR: - OVERRIDE: H-7 SECURITY LEVEL: V
ASSIGNMENTS: _____ COMMENTS: _____
SIGNATURE: [Signature] DATE: 12/23/02

CENTRAL CLASSIFICATION SERVICES ACTION

APPROVE ☐ DISAPPROVE ☐ RESTRICTOR: _____ OVERRIDE: _____ SECURITY LEVEL: 5
COMMENTS: _____
SIGNATURE: [Signature] DATE: 1/22/2003

DISTRIBUTION CCR - WHITE ICR - YELLOW INMATE-PINK

Attachment 3
DOC- 118
DOP 823
REV 9/00

VIRGINIA DEPARTMENT OF CORRECTIONS
INMATE RECLASSIFICATION SCORE SHEET

INMATE NAME M. Ka/ Mahdi NUMBER Redacted DATE 12/4/02
LAST DATE RECEIVED 10/11/01 (DRC or RFP)

1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or prison, score most serious within last 5 years.)		
None.....	0	<u>0</u>
Assault not involving use of a weapon and not resulting in serious injury.....	8	
Assault involving use of a weapon and/or resulting in serious injury or death.....	20	
2. SEVERITY OF CURRENT OFFENSE (Refer to Severity of Offense Scale. Score most serious offense if there are multiple convictions.)		
Low.....	0	<u>10</u>
Low Moderate.....	1	
Moderate.....	2	
High.....	5	
Highest.....	10	
3. PRIOR OFFENSE HISTORY SEVERITY (Refer to Severity of Offense Scale. Score most serious felony conviction in inmate's history.)		
None.....	0	<u>0</u>
Low or Low Moderate.....	1	
Moderate.....	2	
High.....	5	
Highest.....	7	
4. ESCAPE HISTORY (Last 5 Years)		
None.....	0	<u>0</u>
Escape or attempt from outside security perimeter.....	4	
Escape or attempt from within security perimeter and/or from custody or direct supervision.....	8	
5. LENGTH OF TIME REMAINING TO SERVE		
5 yrs. or less.....	2	<u>2</u>
5 yrs. 1 day - 10 yrs.....	4	
10 yrs. 1 day - 20 yrs.....	10	
20 yrs. 1 day - 80 yrs.....	15	
80 yrs. 1 day - LIFE/LIFE +.....	20	
6. CURRENT DETAINER		
None.....	0	<u>0</u>
Felony and/or INS Detainer.....	10	
7. CURRENT AGE		
Under Age 21.....	2	<u>2</u>
21 - 26.....	0	
27 - 34.....	4	
35 and above.....	6	
8. INSTITUTIONAL DISCIPLINARY RECORD (Last 24 Months)		
None in the last 24 months.....	6	<u>0</u>
None in the last 12 months.....	3	
100 series in the last 12 months.....	3 X	<u>0</u>
200 series in the last 12 months.....	1 X	<u>9</u>
9. SEVERITY OF MOST SERIOUS DISCIPLINARY REPORT (Last 24 Months)		
None.....	0	<u>4</u>
Low Moderate.....	2	
Moderate.....	4	
High.....	10	
Highest.....	20	
10. CLASS LEVEL ASSIGNMENT		
GCA/ESC LEVEL I (L-1 or V-1).....	4	<u>4</u>
GCA/ESC LEVEL II (L-2 or V-2).....	2	
EFFECTIVE DATE <u>12/4/02</u>		
GCA/ESC LEVEL III.....	0	
GCA/ESC LEVEL IV.....	4	
TOTAL POINTS		<u>31</u>

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: **Redact** INSTITUTION: Nottoway Correctional Center
INMATE NAME: Mahdi, Mikal HEARING DATE: 12/4/2002
Hearing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: October 11, 2001 Date of arrival at present location: January 23, 2002
Crimes: Malicious Wounding
Total Sentence: 3 yrs. 3 mos. days OD: 4/16/04 PED: n/a
Number of previous felony convictions: FTI 1
DOB: Redacted Detainer status: none Medical location code: A
Custody status: IV Date Assigned: 1/11/02 Medical work code:

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC-11-H)

Type of hearing: ☒ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ segregation assignment/removal ☐ Other

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: You need to get me off this camp.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi's security level is increased from 4 to 5, his ESC level is reduced from 3 to 4, and he is transferred to any institution deemed appropriate by CCB. The ICA's recommendation is based on the following: 1.) NIC score of 31 points with a H-7 override for poor institutional adjustment. ESC score of 35 points. 2.) Mahdi's current segregation status. He has spent approximately 7 months out of the last 11 months in Segregation for exhibiting poor behavior. 3.) The NIC score and his poor institutional adjustment indicate a need for housing at a higher security level.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

[Signature]
Name

[Signature]
Title

Psychologist Review (If applicable):

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments:

Date:

12/23/02

By:

[Signature]
Name

[Signature]
Title

CENTRAL CLASSIFICATION BOARD ACTION

Date: 1-22-03

☒ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To: WRSP, SXI

Transfer Code: OSU 1

Case Set for Rehearing:

ICA ☐ CCB ☐ Other ☒ Transfer based on subject's continued poor institutional adjustment and increase in SL.

Meeting Chairman

[Signature]
CCB Member

[Signature]
CCB Manager

DISTRIBUTION: Original - Central Classification

Green - Institutional Criminal Record

Pink - Counselor

Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name Mikal Mabdi Number Redacted Institution NCC 11/18/02 11/17/02

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on 11/18/02 for:

- ☐ Pre-hearing Detention ☒ GCA/ESC GCI Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☒ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date: _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (**Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____
Inmate Signature Mikal Mabdi Date 11/16/02 Witness Signature [Signature] Date 11/16/02

Waives rights to 24-hour notice Yes ☐ No ☒

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings
Inmate Statement/Reporting Officer for [Signature] NCC Hearing Date Dec 4, 2002

The ICAPAC recommends Security Level C increase from IV to V
Rationale Based on [Signature] H. [Signature]

ICA/PAR Signature [Signature] Date _____ I received a copy of the ICA's recommendation: [Signature] Initials [Signature] Date [Signature]

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Mikal Mahedi
Redacted

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: Sec Counselor

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: *AKC* Date 12-1-02

DOP 821
Attachment 2

DOC - 11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Redacted

Inmate Name M. M. W. Number N-104 Institution UCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on 16 June 2003 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other Ho/Aire

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____

Date _____

Witness Signature _____

Date _____

Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Hearing Date 3 Jan 2003

Inmate Statement/Reporting Officer Why am I on level 5

The ICA/PAC recommends continue on Segregation

Reasons Level 5 is not suitable for General Population to UCC

ICA/PAC Signature [Signature] Date 3 Jan 2003 Initials [Initials] Date 3 Jan 2003

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

M. Mahadi

NCC

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

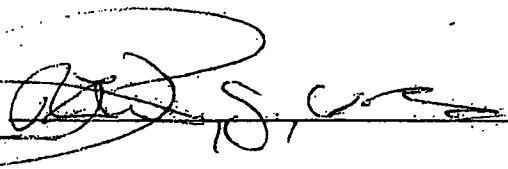
Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☐ No ☐

Reason: _____

COMPLETED BY: 

Date 3/1/2003

Mikal Mahdi
Redacted

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?
2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: Staff Counselor

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: E. Williams

Date: 12-4-02

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

INMATE NUMBER: **Redact** INSTITUTION: **Nottoway Correctional Center**
 INMATE NAME: **Mahdi, Mikal** HEARING DATE: **11/4/2002**
 Hearing at request of (Check only one) Inmate Inmate Hearings Officer Director ☒ Institution Administration
 CCB Medical Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
 Crimes: _____
 Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
 Number of previous felony convictions: _____
 DOB: _____ Detainer status: _____ Medical location code: _____
 Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☒ Segregation assignment/removal ☐ Other: **H2O / fire**

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: You are probably going to give me 90 days.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be placed on Segregation (SEG). The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject has been convicted by adjustment hearings for refusing to comply with the water restrictions, and for setting a fire. The subject continues to display a pattern of behavior that shows no respect for authority, rules, and is continually disruptive while housed in General Population at NCC.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (If applicable): _____

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

Date: **11-7-02**

By: **E.B. Walker**

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

☐ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

☐ ICA ☐ CCB ☐ Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION: Original - Central Classification Green - Institutional Criminal Record Pink - Counselor Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redacted Institution WCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on Before 4 Nov 2002 for:

- ☒ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other No restriction

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
 Inmate Signature M. Mahdi Date 28 Oct 2002 Witness Signature Ch. B. Kent Date 28 Oct 2002

Waives rights to 48-hour notice: Yes ☐ No ☒

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Inmate Statement/Reporting Officer you are probably going to Hearing Date 4 Nov 2002
give me 70 days

The ICA/PAC recommends Place on Sec

Rationale: The Sec. Officer would be responsible for
the 70 days, and we are going to
be in the 4 Nov 2002
 ICA/PAC Signature _____ Date _____ I received a copy of the ICA's recommendation Yes Date 4 Nov 2002

Administrative Review: ☐ Disapprove - Comments/Reason: _____

☐ Modified/No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. Mahadi

MAC DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☐ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days? Yes ☐ No ☐

Reason: _____

COMPLETED BY: [Signature]

Date: 4/10/2001

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: Redac		INSTITUTION: Nottoway Correctional Center	
INMATE NAME: Mahdi, Mika		HEARING DATE: 10/28/2002	
Hearing at request of (Check only one)		☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration ☐ CCB ☐ Medical ☐ Other	

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Crimes: _____

Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

DOB: _____ Detainer status: _____ Medical location code: _____

Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-F)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
 ☐ segregation assignment/removal ☐ Other **H2O / fire**

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer)
 Inmate Mahdi and Counselor Parminter were present. All due process rights were afforded. Inmate Mahdi made no statement.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)
 The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi continue on Pre-Hearing Detention status (PHD). The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject is pending an adjustment hearings for refusing to comply with the water restrictions, and for setting a fire. The subject continues to display a pattern of behavior that shows no respect for authority, rules, and is continually disruptive while housed in General Population at NCC.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (If applicable): _____ Name: _____ Title: _____

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

Date: **10/29/02** By: _____ Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

☐ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

☐ ICA ☐ CCB ☐ Other

Meeting Chairman: _____ CCB Member: _____ CCB Manager: _____

DISTRIBUTION: Original - Central Classification Green - Institutional Criminal Record Pink - Counselor Gold - Inmate

ATTENTION AUTHORIZATION FOR
NOTTOWAY CORRECTIONAL CENTER.

Attachment I

NAME

NUMBER

DATE

TIME

JUSTIFICATION FOR PLACEMENT IN DETENTION:

[X] PRE-HEARING DETENTION

OFFENSE CODE: 201 OFFENSE TITLE: VIOLATION OF PAROLE
REPORTING OFFICER: [Signature] CHARGE WRITTEN (DATE AND TIME): 10-23-83
STATE SPECIFIC REASON INMATE POSES A THREAT

Officer In Charge- Signature: [Signature]

Date: 10-23-83

[] GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL [] REQUESTING PROTECTIVE CUSTODY [] INVESTIGATIVE HOLD []
SPECIFY REASON FOR PLACEMENT:

Officer in Charge- Signature: [Signature]

Date: [Signature]

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE: 10-23-83 TIME: 1:00 APPROVAL: [Signature] DISAPPROVAL: [Signature]

COMMENTS:

Administrative Duty Officer- Signature: [Signature]

Date: 10-23-83

Name Printed: [Signature]

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assignment to Pre-hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have counselor or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reason for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.
THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

INMATE SIGNATURE / DATE

I DO / DO NOT WAIVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Goldrenrod-Inmate

Inmate Discipline
September 1, 2000

A-break
4pm-6am

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: NCC Dorm: N-432
Offense Code: 238 Offense Title: Setting a fire Not resulting in actual damage or injury to persons or property
Offense Date: Oct. 24, 2002 Approximate Time: 1940 a.m./p.m. Location: Upper N-432
Investigation: yes no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): I saw C. Tucker smelled something burning, so I walked over to slot in Control Room. Inmate M. Mahdi, #Redacted N-432 was standing underneath slot w/ trash bags and a lighter. I asked what are you doing he replied, "I'm not going anywhere" and continued to set the bags on fire and threw them into the slot of Control Room.

Witnesses: _____ Reporting Officer's Signature: C/O C. TUCKER
Print Name: C/O C. TUCKER
Date: Oct. 24, 2002 Time: 2010
Pre-Hearing Detention: () Yes () No If yes, attach authorization form.
Officer-in-Charge approving this report: _____ Signature: Marshall, J.
Print Name: Marshall, J.

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution; staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: _____ Inmate's Signature: _____
I certify that this charge was served and he/she refused to sign in the space above: _____
Inmate Provided copy of report: Date: _____ Time: _____ a.m./p.m.
Date Set for Hearing: _____ Revised Date: _____ Revised Date: _____

Inmate Discipline
September 1, 2000

A-brack
6pm - 6am

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: m. mabd. Inmate Number: Redacted Institution: NCC Dorm: N-432

Offense Code: 201 Offense Title: disobeying an order

Offense Date: Oct. 24, 2002 Approximate Time: 1845 hrs a.m. (p.m.) Location: Upper N-615

Investigation: yes no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): I c/o C. Tucker
while making Visual check of Westside Pod area walked
over to window and saw Inmate m. mabd. # Redacted in shower.
I c/o C. Tucker asked Inmate m. mabd. # Redacted to get out of shower.
Inmate m. mabd. # Redacted ignored what was said, closed
shower curtain and continued to take shower.

Witnesses: _____

Reporting Officer's Signature: C/O C. TUCKER

Print Name: C/O C. TUCKER

Date: OCT. 24, 2002 Time: 1845 HRS

Pre-Hearing Detention: (☒) Yes (☐) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: Marshall

Print Name: Marshall

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor (☐) Yes (☐) No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses (☐) Yes (☐) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do (☐) do not (☐) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (☐) do not (☐) wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: _____ Inmate's Signature: _____

I certify that this charge was served and he/she refused to sign in the space above: _____

Inmate Provided copy of report: Date: _____ Time: _____ a.m./p.m.

Date Set for Hearing: _____ Revised Date: _____ Revised Date: _____

NOT WAY CORRECTIONAL CENTER
INCIDENT REPORT

ATTACHMENT B
CP 401
JUL 1, 1984

1. DATE: October 24, 2002 2. TIME: 1940 hrs

3. LOCATION: Upper N W/S

4. (a) INMATE (s) 4. (b) INVOLVEMENT

M. Mahdi Redacted U.432 Burning Trash Bags

5. DESCRIPTION (WHAT HAPPENED? HOW? BE SPECIFIC).

I saw C. Tucker while on Post in Upper N control, smelled something burning. I saw C. Tucker walked over to slot in control room and saw inmate M. Mahdi. "Redacted" standing under slot w/ trash bags and a lighter in his hands. I saw C. Tucker asked inmate M. Mahdi. "Redacted" what he was doing, he replied "I'm not going anywhere" and continued to burn the trash bags and then threw the bags into the slot of control room. The statement inmate M. Mahdi. "Redacted" made about not going anywhere referring to a previous incident which cause this inmate M. Mahdi. "Redacted" to be locked up. Therefore this report is written. Building supervisor notified.

Inmate locked up charged
placed on P.H.D.

USE SUPPLEMENT IF NEEDED

SIGNATURES:

6. C. C. Tucker
REPORTING OFFICER

SUPERVISOR

Marshall J.
WATCH COMMANDER

7. FILE NUMBER: 020 10-25 0015

Redacted

M. Mahadi

NCC

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Reason: _____

COMPLETED BY: _____

Date

28 Oct 2002

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

INMATE NUMBER: **Redac** INSTITUTION: **Nottoway Correctional Center**
 INMATE NAME: **Mahdi, Mikal** HEARING DATE: **10/2/2002**
 Hearing at request of (Check only one) Inmate Inmate Hearings Officer Director ☒ Institution Administration
 CCB Medical Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
 Crimes: _____
 Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
 Number of previous felony convictions: _____
 DOB: _____ Detainer status: _____ Medical location code: _____
 Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Commutation ☒ Pre-Hearing detention
☐ Segregation assignment/removal ☒ Other: **Grooming Policy**

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
 Inmate Mahdi and Counselor McMillion were present. All due process rights were afforded. DOC 11-H dated 9/25/02 was available for review. Inmate Mahdi made no formal statement.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be released to the general population. The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure, and orderly operation of NCC. Subject's hair is now in compliance with departmental policy.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

Date: **10/3/02** By: _____ Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____
☐ ICA action approved ☐ ICA Action disapproved ☒ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA ☐ CCB ☐ Other ☐

Meeting Chairman _____ CCB Member _____ CCB Manager _____
 DISTRIBUTION: Original - Central Classification _____ Green - Institutional Criminal Record _____ Pink - Counselor _____ Gold - Inmate _____

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: **Redact**
INMATE NAME: **Mahdi, Mikal**
Hearing at request of (Check only one)
Inmate _____ Inmate Hearings Officer _____ Director _____
CCB _____ Medical _____ Other _____

INSTITUTION: **Norwalk Correctional Center**
HEARING DATE: **10/2/2002**
☒ Institution Administration

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)
Date of Admission: _____ Date of arrival at present location: _____
Crimes: _____
Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
DOB: _____ Detainer status: _____ Medical location code: _____
Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)
Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☒ Pre-Hearing detention
segregation assignment/removal ☒ Other Grooming Policy

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor McMillion were present. All due process rights were afforded. DOC 11 H dated 9/25/02 was available for review. Inmate Mahdi made no formal statement.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)
The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be released to the general population. The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure, and orderly operation of NCC. Subject's hair is now in compliance with departmental policy.

INSTITUTIONAL CLASSIFICATION AUTHORITY:
Name: _____ Title: _____
Psychologist Review (if applicable): _____
ADMINISTRATION: ☐ Approval ☐ Disapproval Comments: _____
Date: **10/3/02** By: _____ Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION
Date: _____
ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment ☐
Transfer Approved To: _____
Case Set for Rehearing: _____
ICA ☐ CCB ☐ Other ☐
Meeting Chairman _____ CCB Member _____ CCB Manager _____
DISTRIBUTION: Original - Central Classification _____ Green - Institutional Criminal Record _____ Pink - Counselor _____ Gold - Inmate _____

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mabadi Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on before 10/2/02 for:

- ☒ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☒ Other Grooming Policy

AUTHORIZING OFFICIAL _____

Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (**Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____

2) _____

3) _____

X Refused to sign 9-25-02
Inmate Signature

Date

Cliff R. Hauls
Witness Signature

Date

Waives rights to 48-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 10/2/02

Inmate Statement/Reporting Officer

No formal statement

The ICA/PAC recommends

PGD

Rationale: Does not meet to be sentenced to prison because of no criminal record, no complaints, and no disciplinary actions.

EC 1111 10/2/02
ICAPAR Signature Date

I received a copy of the ICA's recommendation: 10/1/02
Initials Date

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee Date

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

M. Mahdi

Redacted

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: _____

McMillan

Date: 10/2/02

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: **Redact**
INMATE NAME: Mahdi, **Redact**
Hearing at request of (Check only one):
Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
CCB ☐ Medical ☐ Other ☐

INSTITUTION: Nottoway Correctional Center
HEARING DATE: 9/25/2002

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
Crimes: _____
Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
DOB: _____ Detainer status: _____ Medical location code: _____
Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (if due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common-fare ☒ Pre-Hearing detention
☐ segregation assignment/removal ☒ Other Grooming Policy

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor McMillion were present. All due process rights were afforded. Detention Authorization Form dated 9/24/02 was available for review. Inmate Mahdi stated that he went to recreation when the barber was out.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi remain on Pre-Hearing Detention status. The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. Subject has a pending charge for violating the DOC Grooming policy.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____

ADMINISTRATION:

Date:

9/25/02

By:

☒ Approval ☐ Disapproval ☐ Comments

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

Date:

ICA action approved

☐ ICA Action disapproved

☐ No Change in Assignment

Transfer Approved To:

Case Set for Rehearing:

ICA

CCB

Other

Meeting Chairman
DISTRIBUTION: Original - Central Classification

CCB Member
Green - Institutional Criminal Record

CCB Manager
Pink - Counselor
Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (**Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____ Date _____

Witness Signature _____ Date _____

Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 9/6/02

Inmate Statement/Reporting Officer _____

The ICA/PAC recommends PHD2

Rationale Does a threat to the safe secure custody of inmate
of the grooming policy

ICA/PAC Signature M. Lane Date 9/25/02 I received a copy of the ICA's recommendation. Redacted Date 9/25/02

Administrative Review ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Data removed from PHD/AGD _____

Warden/Supt./Designee: _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

m Maide

Redacted

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: _____

McMullion

Date

9/25/02

DETENTION AUTHORIZATION FORM NOTTOWAY CORRECTIONAL CENTER

NAME _____ NUMBER _____ DATE _____ TIME _____ AM/PM _____

JUSTIFICATION FOR PLACEMENT IN DETENTION:

|| PRE-HEARING DETENTION

OFFENSE CODE _____ OFFENSE TITLE _____
REPORTING OFFICER _____ CHARGE WRITTEN (DATE AND TIME) _____
STATE SPECIFIC REASON INMATE POSES A THREAT _____

Officer In Charge- Signature _____

Date: _____

|| GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL ☐ REQUESTING PROTECTIVE CUSTODY ☐ INVESTIGATIVE HOLD ☐
SPECIFY REASON FOR PLACEMENT _____

Officer In Charge- Signature _____

Date: _____

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE: _____ APPROVAL ☒ DISAPPROVAL ☐

COMMENTS: _____

Administrative Duty Officer- Signature _____

Name Printed _____

Date: _____

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assignment to Pre-hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

- * 1. Be present at the hearing.
- * 2. Hear reporting officer's testimony.
- * 3. Call and cross-examine witnesses.
- * 4. Cross-examine adverse witnesses.
5. Remain silent.
6. Have counselor or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reason for any decisions rendered by the ICC.

* Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.
THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

INMATE SIGNATURE _____ DATE _____

I DO / DO NOT WAIVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Gold-enrod-Inmate

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: NCC Dorm: N-329
Offense Code: 201 Offense Title: Disobeying an order
Offense Date: 9-24-02 Approximate Time: 1130 a.m. (p.m.) Location: in front of mess hall
Investigation: yes ☒ no ☐ Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): on 9-22-02
I go w. Harkins advised inmate m. mahdi Redacted that
he needed a hair cut and I also advised him
on 9-23-02 on 9-24-02 inmate m. mahdi was
still out of compliance

Witnesses: _____

Reporting Officer's Signature: J. W. Harkins

Print Name: J. W. Harkins

Date: 9-24-02 Time: 10:15

Pre-Hearing Detention: () Yes (☒) No

(If yes, attach authorization form)

Officer-in-Charge approving this report:

Signature: J. C. Hill

Print Name: J. C. Hill

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: _____ Inmate's Signature: _____

I certify that this charge was served and he/she refused to sign in the space above: _____

Inmate Provided copy of report: _____ Date: _____ Time: _____ a.m./p.m.

Date Set for Hearing: 9/30/02 Revised Date: _____ Revised Date: _____

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

INMATE NUMBER: **Redact** INSTITUTION: Nottoway Correctional Center
 INMATE NAME: Mahdi, Mikal HEARING DATE: 8/26/2002
 Hearing at request of (Check only one) Inmate Inmate Hearings Officer Director ☒ Institution Administration
 CCB Medical Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of admission: _____ Date of arrival at present location: _____
 Crimes: _____
 Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
 Number of previous felony convictions: _____
 DOB: _____ Detainer status: _____ Medical location code: _____
 Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Communitary ☐ Pre-Hearing detention
☐ segregation assignment/removal ☐ Other: Refused to tuck in shirt on Blvd.

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer)
 Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: I've been trying to get a razor. I can not stand it back here.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be Released to General Population (RGP). The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure, and orderly operation of NCC. The subject has had a stable adjustment in SMU.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____

ADMINISTRATION:

Date: 9/14/02

By: _____

Name: _____

Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

ICA action approved

ICA Action disapproved

☐ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA CCB Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION:

Original - Central Classification

Green - Institutional Criminal Record

Pink - Counselor

Gold - Inmate

DC-P 821
Attachment 2

N-217

DOC-11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM
Redacted

Inmate Name M. M. M. M. Numt Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on 28 Aug 2002 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other 604/Shift to 1st/2nd/3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th/13th/14th/15th/16th/17th/18th/19th/20th/21st/22nd/23rd/24th/25th/26th/27th/28th/29th/30th/31st/32nd/33rd/34th/35th/36th/37th/38th/39th/40th/41st/42nd/43rd/44th/45th/46th/47th/48th/49th/50th/51st/52nd/53rd/54th/55th/56th/57th/58th/59th/60th/61st/62nd/63rd/64th/65th/66th/67th/68th/69th/70th/71st/72nd/73rd/74th/75th/76th/77th/78th/79th/80th/81st/82nd/83rd/84th/85th/86th/87th/88th/89th/90th/91st/92nd/93rd/94th/95th/96th/97th/98th/99th/100th/101st/102nd/103rd/104th/105th/106th/107th/108th/109th/110th/111th/112th/113th/114th/115th/116th/117th/118th/119th/120th/121st/122nd/123rd/124th/125th/126th/127th/128th/129th/130th/131st/132nd/133rd/134th/135th/136th/137th/138th/139th/140th/141st/142nd/143rd/144th/145th/146th/147th/148th/149th/150th/151st/152nd/153rd/154th/155th/156th/157th/158th/159th/160th/161st/162nd/163rd/164th/165th/166th/167th/168th/169th/170th/171st/172nd/173rd/174th/175th/176th/177th/178th/179th/180th/181st/182nd/183rd/184th/185th/186th/187th/188th/189th/190th/191st/192nd/193rd/194th/195th/196th/197th/198th/199th/200th/201st/202nd/203rd/204th/205th/206th/207th/208th/209th/210th/211st/212nd/213th/214th/215th/216th/217th/218th/219th/220th/221st/222nd/223rd/224th/225th/226th/227th/228th/229th/230th/231st/232nd/233rd/234th/235th/236th/237th/238th/239th/240th/241st/242nd/243rd/244th/245th/246th/247th/248th/249th/250th/251st/252nd/253rd/254th/255th/256th/257th/258th/259th/260th/261st/262nd/263rd/264th/265th/266th/267th/268th/269th/270th/271st/272nd/273rd/274th/275th/276th/277th/278th/279th/280th/281st/282nd/283rd/284th/285th/286th/287th/288th/289th/290th/291st/292nd/293rd/294th/295th/296th/297th/298th/299th/300th/301st/302nd/303rd/304th/305th/306th/307th/308th/309th/310th/311st/312nd/313th/314th/315th/316th/317th/318th/319th/320th/321st/322nd/323rd/324th/325th/326th/327th/328th/329th/330th/331st/332nd/333rd/334th/335th/336th/337th/338th/339th/340th/341st/342nd/343rd/344th/345th/346th/347th/348th/349th/350th/351st/352nd/353rd/354th/355th/356th/357th/358th/359th/360th/361st/362nd/363rd/364th/365th/366th/367th/368th/369th/370th/371st/372nd/373rd/374th/375th/376th/377th/378th/379th/380th/381st/382nd/383rd/384th/385th/386th/387th/388th/389th/390th/391st/392nd/393rd/394th/395th/396th/397th/398th/399th/400th/401st/402nd/403rd/404th/405th/406th/407th/408th/409th/410th/411st/412nd/413th/414th/415th/416th/417th/418th/419th/420th/421st/422nd/423rd/424th/425th/426th/427th/428th/429th/430th/431st/432nd/433rd/434th/435th/436th/437th/438th/439th/440th/441st/442nd/443rd/444th/445th/446th/447th/448th/449th/450th/451st/452nd/453rd/454th/455th/456th/457th/458th/459th/460th/461st/462nd/463rd/464th/465th/466th/467th/468th/469th/470th/471st/472nd/473rd/474th/475th/476th/477th/478th/479th/480th/481st/482nd/483rd/484th/485th/486th/487th/488th/489th/490th/491st/492nd/493rd/494th/495th/496th/497th/498th/499th/500th/501st/502nd/503rd/504th/505th/506th/507th/508th/509th/510th/511st/512nd/513th/514th/515th/516th/517th/518th/519th/520th/521st/522nd/523rd/524th/525th/526th/527th/528th/529th/530th/531st/532nd/533rd/534th/535th/536th/537th/538th/539th/540th/541st/542nd/543rd/544th/545th/546th/547th/548th/549th/550th/551st/552nd/553rd/554th/555th/556th/557th/558th/559th/560th/561st/562nd/563rd/564th/565th/566th/567th/568th/569th/570th/571st/572nd/573rd/574th/575th/576th/577th/578th/579th/580th/581st/582nd/583rd/584th/585th/586th/587th/588th/589th/590th/591st/592nd/593rd/594th/595th/596th/597th/598th/599th/600th/601st/602nd/603rd/604th/605th/606th/607th/608th/609th/610th/611st/612nd/613th/614th/615th/616th/617th/618th/619th/620th/621st/622nd/623rd/624th/625th/626th/627th/628th/629th/630th/631st/632nd/633rd/634th/635th/636th/637th/638th/639th/640th/641st/642nd/643rd/644th/645th/646th/647th/648th/649th/650th/651st/652nd/653rd/654th/655th/656th/657th/658th/659th/660th/661st/662nd/663rd/664th/665th/666th/667th/668th/669th/670th/671st/672nd/673rd/674th/675th/676th/677th/678th/679th/680th/681st/682nd/683rd/684th/685th/686th/687th/688th/689th/690th/691st/692nd/693rd/694th/695th/696th/697th/698th/699th/700th/701st/702nd/703rd/704th/705th/706th/707th/708th/709th/710th/711st/712nd/713th/714th/715th/716th/717th/718th/719th/720th/721st/722nd/723rd/724th/725th/726th/727th/728th/729th/730th/731st/732nd/733rd/734th/735th/736th/737th/738th/739th/740th/741st/742nd/743rd/744th/745th/746th/747th/748th/749th/750th/751st/752nd/753rd/754th/755th/756th/757th/758th/759th/760th/761st/762nd/763rd/764th/765th/766th/767th/768th/769th/770th/771st/772nd/773rd/774th/775th/776th/777th/778th/779th/780th/781st/782nd/783rd/784th/785th/786th/787th/788th/789th/790th/791st/792nd/793rd/794th/795th/796th/797th/798th/799th/800th/801st/802nd/803rd/804th/805th/806th/807th/808th/809th/810th/811st/812nd/813th/814th/815th/816th/817th/818th/819th/820th/821st/822nd/823rd/824th/825th/826th/827th/828th/829th/830th/831st/832nd/833rd/834th/835th/836th/837th/838th/839th/840th/841st/842nd/843rd/844th/845th/846th/847th/848th/849th/850th/851st/85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Redacted

M. Mahadi

NCC

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification, Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

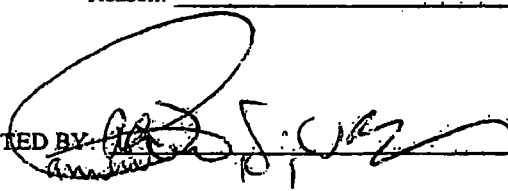
Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☐ No ☐

Reason: _____

COMPLETED BY: 

Date: 26 May 2007

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: **Redact**
INMATE NAME: Mahdi, Mikal
Hearing at request of (Check only one):
Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
CCB ☐ Medical ☐ Other ☐

INSTITUTION: Nottoway Correctional Center

HEARING DATE: 6/12/2002

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
Crimes: _____
Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
DOB: _____ Detainer status: _____ Medical location code: _____
Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ segregation assignment/removal ☐ Other: Refused to tuck in shirt on Blvd.

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: 90 days? I got a \$6.00 fine. Note: The subject walked out of the hearing before it was complete.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be placed on Segregation status (SEG). The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject's refusal to stay in the ICA hearing until it was complete displays a negative attitude. The subject was not in compliance with the DOC Inmate Grooming standards.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____

ADMINISTRATION: _____

Date: 6/12/02

By: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

ICA action approved

ICA Action disapproved

No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA ☐ CCB ☐ Other ☐

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION:

Original - Central Classification

Green - Institutional Criminal Record

Pink - Counselor

Gold - Inmate

DUP 52:
Attachment 2

N-217
DOC-11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahadi Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on before 6/12/02 for:

☒ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral

☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral

☐ Transfer/Security Review ☐ Other 201ch - refusing to talk in shirt

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf

Witnesses Requested 1) Refused 2) 6/5/02 3) 6/5/02
Inmate Signature _____ Date _____ Witness Signature _____ Date _____

Waives rights to 48-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Inmate Statement/Reporting Officer 90 days Hearing Date 12 Jun 2002

This ICA/PAC recommends Place on Sec

Rationale The subject was not in compliance with the ICA's recommendation
ICA/PAC Signature _____ Date 25 Jun 02 Received a copy of the ICA's recommendation Refused Initials _____ Date 25 Jun 02

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved

Redacted

M. Mahadi

NCE

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☐ No ☒

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☒

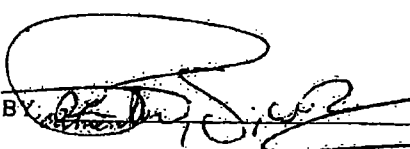
Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY



Date

12 Jan 2002

NOTTOWAY CORRECTIONAL CENT.
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

INMATE NUMBER: Redact		INSTITUTION: <u>Nottoway Correctional Center</u>	
INMATE NAME: <u>Mahdi, Mikal</u>		HEARING DATE: <u>6/5/2002</u>	
Hearing at request of (Check only one)			
☐ Inmate	☐ Inmate Hearings Officer	☐ Director	☒ Institution Administration
☐ CCB	☐ Medical	☐ Other	

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Crimes: _____

Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

DOB: _____ Detainer status: _____ Medical location code: _____

Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-4)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common file ☐ Pre-Hearing detention
☐ segregation assignment/removal ☒ Other: Refused to look in shirt on Blvd

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: Fuck this shit! I do not want to hear this, you fagot assed mother fucker!

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi continue on Pre-Hearing Detention status (PHD). The ICA's recommendation is based on the following: The subject is pending an adjustment hearing, for disobeying a direct order. The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject's statement to the ICA displays a negative attitude.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): / _____ Name: _____ Title: _____

ADMINISTRATION: ☒ Approval ☐ Disapproval ☐ Comments: _____

Date: 6/7/02 By: [Signature] Name: _____ Title: Warden

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment ☐

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA ☐ CCB ☐ Other ☐

Meeting Chairman _____ CCB Member _____ CCB Manager _____

DISTRIBUTION: Original - Central Classification _____ Green - Institutional Criminal Record _____ Pink - Counselor _____ Gold - Inmate _____

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Redacted
Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCI Review ☐ Segregation Hearing Referral
☐ Adm. Gp. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counsel or an employee present (as is) - You will receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses - Items not allowed (to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appeal on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Inmate Signature _____

Date _____

Witness Signature _____

Date _____

Waives rights to 48-hour notice: Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Hearing Date 5 Jun 2002

Inmate Statement/Reporting Officer _____

The ICA/PAC recommends _____

Rationale _____

ICA/PAC Signature _____

Date _____

I received a copy of the ICA's recommendation _____

Initials _____

Date _____

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____

Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of GL-20 if recommendations are approved.

ATTENTION AUTHORIZATION FOR
NORTHWAY CORRECTIONAL CENTER

Attachment I

NAME Al M-12 Redacted NUMBER 16164102 DATE 11/15/02 TIME 11:55 AM/PM

JUSTIFICATION FOR PLACEMENT IN DETENTION:

PRE-HEARING DETENTION

OFFENSE CODE 201.2 OFFENSE TITLE Disobeying an Order
REPORTING OFFICER 35 CHARGE WRITTEN (DATE AND TIME) _____
STATE SPECIFIC REASON INMATE POSSES A THREAT _____

Inmate was told to talk to the inmate in the house to do so, becoming agitated and the inmate.

Officer in Charge- Signature [Signature] Date: 6-4-02

GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL || REQUESTING PROTECTIVE CUSTODY || INVESTIGATIVE HOLD ||
SPECIFY REASON FOR PLACEMENT: _____

Officer in Charge- Signature _____ Date: _____

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE 6-4-02 TIME 12:00 APPROVAL [Signature] DISAPPROVAL _____

COMMENTS: REFER TO ICA

Administrative Duty Officer- Signature [Signature] Date: 6-4-02
Name Printed [Name]

NOTIFICATION OF REFERRAL TO ICC

If subject is to remain in Pre-Hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assign him to Pre-Hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have contact with employees of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reason for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.
THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

INMATE SIGNATURE [Signature] DATE _____

DO NOT WAIVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Gold-repro Inmate

Redacted

M. Mahdi

NCC

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge, disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☐ No ☒

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☒

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☐ No ☒

Reason: _____

COMPLETED BY: _____

Date: 5 Jun 2002

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 621
 ATTACHMENT 3
 OOC CL-20

INMATE NUMBER: Redact		INSTITUTION: <u>Nottoway Correctional Center</u>	
INMATE NAME: <u>Mahdi, Mikal</u>		HEARING DATE: <u>1/25/2002</u>	
Hearing at request of (Check only one)		☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration	
☐ CCB ☐ Medical ☐ Other			

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Crimes: _____

Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

DOB: _____ Detainer status: _____ Medical location code: _____

Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention

☐ Segregation assignment/removal ☒ Other: General Detention/New Arrival

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor McMillon were present. All due process rights were afforded. Detention Authorization Form dated 1/23/02 and the inmate's institutional file were available for review. Inmate Mahdi stated that he had six charges in less than three months at Southampton.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA met on the above date to review the General Detention/New Arrival status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be placed on Segregation status. The ICA recommendations are based on the following: 1. Subject poses a threat to the safe, secure and orderly operation of the institution. 2. Subject has demonstrated poor institutional adjustment at previous facility.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____ Name: _____ Title: _____

ADMINISTRATION: ☐ Approval ☐ Disapproval Comments: _____

Date: 1/29/02 By: [Signature] Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

ICA action approved ICA Action disapproved No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

☐ ICA ☒ CCB ☐ Other

Meeting Chairman: _____ CCB Member: _____ CCB Manager: _____

DISTRIBUTION: Original - Central Classification Green - Institutional Criminal Record Pink - Counselor Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Redacted Number Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other

AUTHORIZING OFFICIAL Date

You will be permitted to: Be present at the hearing. Remain silent. Know the reasons for any decisions rendered by the ICA. Have your counselor or an employee present to assist you. Receive a copy of the written findings and recommendations of the ICA. Hear the reporting officer's testimony. Cross-examine adverse witnesses. Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) 2) 3)

Inmate Signature Date Witness Signature Date

Waives rights to 24-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 25 Jan 2002

Inmate Statement/Reporting Officer

SHRC - I had many simple charges which
sex charges - that I had

The ICA/PAC recommends AM

Rationale ICR - subject to the 1st security order hearing
on 1/10/02 - stable adjustment

M. Mahdi 25 Jan 2002 received a copy of the ICA's recommendation 25 Jan 2002

ICA/PAC Signature Date Initials Date

Administrative Review: ☐ Disapprove - Comments/Reason

☐ Modified/ No Action

☐ Data removed from PHD/AGD

Warden/Supt./Designee Date

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. Mahdi

NCC

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☐

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: McMillan

Date: 25 Jun 2002

DETENTION AUTHORIZATION FORM NOTTOWAY CORRECTIONAL CENTER

Redacted

NAME

NUMBER

DATE

TIME AM/PM

JUSTIFICATION FOR PLACEMENT IN DETENTION:

|| PRE-HEARING DETENTION

OFFENSE CODE

OFFENSE TITLE

REPORTING OFFICER

CHARGE WRITTEN (DATE AND TIME)

STATE SPECIFIC REASON INMATE POSES A THREAT

Officer In Charge- Signature

Date:

|| GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL ☒REQUESTING PROTECTIVE CUSTODY ☐INVESTIGATIVE HOLD ☐

SPECIFY REASON FOR PLACEMENT:

Officer in Charge- Signature

Date:

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE

TIME

APPROVAL

DISAPPROVAL

COMMENTS:

Administrative Duty Officer- Signature

Date:

Name Printed

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assignment to Pre-hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have counselor or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reasons for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.
THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

INMATE SIGNATURE / DATE

I DO / DO NOT / WAIVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Gold-reinforced-Inmate

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: **Redact** INSTITUTION: **Nottoway Correctional Center**
INMATE NAME: **Mahdi, Mikal** HEARING DATE: **4/10/2002**
Hearing at request of (Check only one) Inmate Inmate Hearings Officer Director ☒ Institution Administration
CCB Medical Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Crimes:

Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

DOB: _____ Detainer status: _____ Medical location code: _____

Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-4)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ segregation assignment/removal ☐ Other: New arrival needed stable adjustment

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi made no statement.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be moved to General Population (RGP). The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure and orderly operation of the institution. The subject has displayed a stable institutional adjustment in NCC's SMU for approximately the last 90 days.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Name

Title

Psychologist Review (if applicable):

ADMINISTRATION:

Approval

Disapproval

Comments:

Date:

By:

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

Date:

ICA action approved

ICA Action disapproved

No Change in Assignment

Transfer Approved To:

Case Set for Rehearing:

ICA CCB Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION:

Original - Central Classification

Green - Institutional Criminal Record

Pink - Counselor

Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. M. M. M. M. Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on before 4/10/02 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☒ Other PHD Institutional Behavior at State

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing. Remain silent. Know the reasons for any decisions rendered by the ICA. Have your counsel or an employee present to assist you. Receive a copy of the written findings and recommendations of the ICA. Hear the reporting officer's testimony. Cross-examine adverse witnesses. Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
X. M. M. M. M. 1/25/02 M. M. M. M. M. 1/25/02
Inmate Signature Date Witness Signature Date

Waives rights to 24-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings. Hearing Date 10/21/01
Inmate Statement/Reporting Officer NO Statement

The ICA/PAC recommends RGP

Rationale less than 10 days in state for VSMU
1/25/02 1/25/02 received a copy of the ICA's recommendation 1/25/02
ICA/PAC Signature Date Initials Date

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. M. M.

NCC

DOP 821
DOC-11H
Attachment 2
Page 2 - Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐
2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐
Reason: _____
3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification? Yes ☐ No ☐
Reason: _____
- Was the inmate present at hearing? Yes ☒ No ☐
Reason: _____
- Did the inmate request a staff member to assist him/her? Yes ☐ No ☒
Reason: _____
- If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☐ No ☒
Reason: _____
- Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☒
Reason: _____
- Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☒
Reason: _____
- At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days? Yes ☐ No ☒
Reason: _____

COMPLETED BY

[Signature]

Date

10/1/00

DXP 821
 ATTACHMENT 3
 DOC CL-20

 VIRGINIA DEPARTMENT OF CORRECTIONS-DIVISION OF OPERATIONS
 INSTITUTIONAL CLASSIFICATION REPORT

INMATE NUMBER: <u>Redact</u>		INSTITUTION: <u>Southampton Reception & Classification Center</u>	
INMATE NAME: <u>MWDL, Mikal Deen</u>		HEARING DATE: <u>1-14-02</u>	
Hearing at request of: (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration ☐ CCB ☐ Medical ☐ Other			
I. ADMISSION AND OTHER DATA To be completed only for recommendations requiring transfer from assigned facility			
Date of Admission: _____		Date of arrival at present location: _____	
Crime(s): _____			
Total sentence: _____ yrs. _____ mos. _____ days		DD: _____ PED: _____	
Number of previous felony convictions: _____			
DOB: _____		Detainer Status: _____	
Custody status: _____		Medical Location Code: _____	
Date Assigned: _____		Medical Work Code: _____	
II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-11)			
Type of hearing: ☐ Transfer ☐ Work Release ☐ Common Fare ☐ Pre-Hearing Detention ☐ Segregation Assignment/Removal ☒ Other: <u>Administrative General Detention/ESC Review</u>			
III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)			
Inmate and counselor present. Inmate stated "I was having a hard time for the past two months. I have learned a lesson."			
☐ see continuation			
IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATIONS (include rationale)			
Assign to Custodial Management Segregation with a 45 day review. Reduce ESC from Level II to Level III because of the number of write-ups you have received (6)			
Reason: This action is taken: 1) Isolation time you can not pull yet and 2) To maintain the safe and orderly operation of this facility.			
☐ see continuation			
INSTITUTIONAL CLASSIFICATION AUTHORITY: <u>L. Harrison</u> (Name) <u>Commissioner</u> (Title)			
COMMITTEE MEMBERS (if applicable) _____			
ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____			
Date: <u>1/17/02</u>		By: <u>[Signature]</u> (Name) <u>[Signature]</u> (Title)	
CENTRAL CLASSIFICATION BOARD ACTION			
DATE: _____			
☐ ICA Action Approved ☐ ICA Action Disapproved ☐ No Change in Assignment			
☐ Transfer Approved To: _____			
☐ Case Set for Rehearing			
By ☐ ICA ☐ CCB ☐ (Other) _____			
_____ Meeting Chairman		_____ CCB Member	
_____ CCB Manager		_____ CCB Manager	
DISTRIBUTION: Original - Central Classification, Green - Institutional Criminal Record, Pink - Counselor, Gold - Inmate			

DOP 821
Attachment ?

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name MAHDI, Mikal Deen Number Redac Institution SR&CC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on 1-14-02 for:

- ☐ Pre-hearing Detention ☒ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
 Inmate Signature [Signature] Date _____ Witness Signature [Signature] Date 1-14-02

Waives rights to 24-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 1-14-02

Inmate Statement/Reporting Officer "I was having a hard time for the past 2 mos. I have learned a lesson."

The ICA/PAC recommends that you be placed on seg until 15 days passed
you have had time to be writing to pull the number of weeks up (8)
Reason for this decision: you are not planning to stop
this is warranted to maintain the safety & public reputation of the facility

ICAPAR Signature E.H. Date 1-14-02

I received a copy of the ICA's recommendation: sent up for book 11
 Initials _____ Date 1-14-02

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

DOP 821
 Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM
Redacted

Inmate Name Mr. Mahdi Number Institution SRCC

PART I: REFERRAL

Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on ORR 06-1-12-02 at for:

- | | | |
|--|--|---|
| ☐ Pre-hearing Detention | ☐ GCA/ESC GCT Review | ☐ Segregation Hearing Referral |
| ☒ Adm. Gen. Det. | ☐ Adjustment Hearing Referral | ☐ Administrative Referral |
| ☐ Transfer/Security Review | ☐ Other _____ | |

AUTHORIZING OFFICIAL SA [Signature] C. J. M. ALI Date 1-9-00

You will be permitted to: Be present at the hearing - Retain client - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
Inmate Signature Nashid Nadeem Date 1-9-02
Witness Signature Sgt. C. Hume Date 1-9-02

Waives rights to 24-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings. Hearing Date _____
Inmate Statement/Reporting Officer _____

The ICA/PAC recommends

Rationale

ICA/PAR Signature _____ Date _____

I received a copy of the ICA's recommendation: _____

Initials: _____ Date: _____

Administrative Review : ☐ Disapprove -- Comments/Reason _____

Modified/ No Action

.. Data removed from PHD/AGD.

***The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Reda
Inmate Number

MAHDI, Mikal D.
Inmate Name

DOP 821
Attachment #2

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: Mrs. Pope

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY:

E. Harrison

Date

1-14-02

Attachment 1
DOC 11.0
DOP 823
REV 9/00

VIRGINIA DEPARTMENT OF CORRECTIONS
CLASSIFICATION SUMMARY REPORT

INMATE NAME: MAHDI, Mikal Deen NUMBER: Redac INSTITUTION: S.R.C.C.
DATE: 11-20-01 CIRC: P. Gillus-Lanier MED. LOC.: A MH: 0
ANNUAL REVIEW _____ ADMINISTRATIVE REVIEW _____ TOTAL SCORE: 17

SCORED SECURITY LEVEL BRACKETS

to +7 pts. LEVEL 1	16 - 24 pts. LEVEL 3	32 - 38 pts. LEVEL 5
8 - 15 pts. LEVEL 2	25 - 31 pts. LEVEL 4	39+ pts. LEVEL 6

MANDATORY RESTRICTORS

- ☐ R1 More than 20 years remaining to serve (Restricted from Levels 1 and 2)
☐ R3 1st Degree Murder (Restricted from Level 1 and Units 1, 4, 25, BCC, STNCC, JRCC, STBCC, ICC)
☐ R4 Enemy of all institutions at scored level
☐ R5 Convicted of assault (105) within 24 months - Attach SIR (Restricted from Levels 1, 2 and 3)

DISCRETIONARY OVERRIDES

High - Increases Security Level

- ☐ H1 Assaultive Prior Institutional Conduct
☐ H2 Serious Prior Criminal Record Indicates Caution
☐ H3 Severity of Current Offense
☐ H4 Serious Escape History/Risk
☐ H5 Recent Pattern of Poor Institutional Adjustment
☒ H6 Needs to Establish Stable Adjustment
☐ H7 Other _____

Low - Decreases Security Level

- ☐ L1 Exceptional Institutional Conduct
☒ L2 Singular Nature of Incident
☐ L3 Prior Success at Lower Level
☐ L4 Other _____

ICA RECOMMENDATION

TOTAL SCORE: 17 RESTRICTOR: _____ OVERRIDE: L2 RECOMMENDED LEVEL: 2
PRIMARY TREATMENT NEED: Anger Management
RECOMMENDED ASSIGNMENTS: JRCC HCC DWCC COMMENTS: _____
SIGNATURE: _____ DATE: _____

WARDEN/SUPERINTENDENT ACTION

APPROVE ICA ☐ DISAPPROVE ICA ☐ RESTRICTOR: _____ OVERRIDE: H-6 SECURITY LEVEL: 4
ASSIGNMENTS: NCC ACC KMC COMMENTS: _____
SIGNATURE: C. O'Brien For W. Copeland DATE: 1-11-02

CENTRAL CLASSIFICATION SERVICES ACTION

APPROVE ☐ DISAPPROVE ☐ RESTRICTOR: _____ OVERRIDE: _____ SECURITY LEVEL: _____
COMMENTS: _____
SIGNATURE: _____ DATE: _____

DISTRIBUTION CCR - WHITE ICR - YELLOW INMATE - PINK

Attachment 3

DOC 11A
 DOP 823
 REV 9/00

VIRGINIA DEPARTMENT OF CORRECTIONS
 INITIAL INMATE CLASSIFICATION SCORE SHEET

INMATE NAME MAHDI, Mikal Deen NUMBER Redac DATE 11-20-01
td

1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or prison, score most serious within last 5 Years)

None.....	0	0
Assault not involving use of a weapon and not resulting in serious injury.....	8	
Assault involving use of a weapon and/or resulting in serious injury or death.....	20	
2. SEVERITY OF CURRENT OFFENSE (Refer to the Severity of Offense Scale. Score most serious offense if there are multiple convictions)

Low.....	0	15
Low Moderate.....	1	
Moderate.....	3	
High.....	8	
Highest.....	15	
3. PRIOR OFFENSE HISTORY SEVERITY (Refer to Severity of Offense Scale. Score most serious felony conviction in inmate's history)

None.....	0	0
Low or Low Moderate.....	1	
Moderate.....	2	
High.....	7	
Highest.....	10	
4. ESCAPE HISTORY (Last 5 years)

None.....	0	0
Escape or attempt from outside security perimeter.....	4	
Escape or attempt from within security perimeter and/or from custody or direct supervision.....	8	
5. LENGTH OF TIME REMAINING TO SERVE

5 yrs. or less.....	2	2
5 yrs. 1 day - 10 yrs.....	4	
10 yrs. 1 day - 20 yrs.....	10	
20 yrs. 1 day - 80 yrs.....	18	
80 yrs. 1 day - LIFE/LIFE+.....	20	
6. CURRENT DETAINER

None.....	0	0
Felony and/or INS Detainer.....	10	
7. CURRENT AGE

Under Age 27.....	2	2
27 - 34.....	0	
35 - 55.....	4	
56+.....	6	
8. PRIOR FELONY CONVICTIONS (Last 5 years)

None.....	0	0
One.....	2	
Two or More.....	4	
9. OTHER STABILITY FACTORS (Score all appropriate factors)

High School Diploma or GED.....	1	2
Employed or Attending School (full or part-time) for 6 months or longer at arrest.....	1	
Prior Successful Confinement in Security Level I.....	2	

TOTAL POINTS

17

CENTRAL CRIMINAL RECORD

SECTION 4

Division Operating Procedures 806 & 807
 Good Conduct Allowance (GCA) 806
 Earned Sentence Credits (ESC) 807
 Attachment I

CLASS LEVEL EVALUATION SHEET

Inmate Name: M. Mabb Evaluation Date: 10/10/02
 Inmate Number: Redacted Period Covered: From: 10/01 To: 10/02
 Counselor: D. Chaffin Nottoway Correctional Center
 If Applicable PED: Encl MPRD Encl GTRD 3/8/2004

Personal Conduct Not to exceed 10 points (10)
 Infractions Not to exceed 20 points (10) 9/24/02 (201)
 Education Not to exceed 30 points (6) 6/4/02 (201)
 Treatment Programs Not to exceed 20 points (0)
 Work / Vocation Not to exceed 20 points (10)

Total Score (36)

Earnings under GCA Class Level Point Range

30/30 I = 85 to 100 points
 20/30 II = 65 to 84 points
 10/30 III = 45 to 64 points
 0/30 IV = 0 to 44 points

Earnings under ESC

4.5/30
 3/30
 1.5/30
 0/30

Prior Class Level: III (2) Now Class Level: IV (4) Effective Date: 12-4-02

Recommended Override (circle one) (No) Yes (specify #)

Comments:

Signature of ICC Members 1) 2)

Signature of ICC Chairman: E.W. Allen Date: Dec 4, 2002

Warden/Superintendent Review: Approved: ✓ Disapproved:

If action is disapproved, reason for disapproval:

Signature: CC at Date: 12/23/02

Division Operating Procedures 806 & 807
 Good Conduct Allowance (GCA) 806
 Earned Sentence Credits (ESC) 807
 Attachment 1

CLASS LEVEL EVALUATION SHEET

Inmate Name: MAHDI, Mikal Evaluation Date: 1-14-2002
 Inmate Number: Redact Period Covered: 10-11-2001 to 1-14-2002
 Counselor: C.L. Pope Institution: S.R.C.C.
 If Applicable: PED: N/A MPRD: N/A GTRD: 3-5-2004

Personal Conduct

		Not to exceed 10 points (5)
Infractions	11-5-01 229	Not to exceed 20 points (0)
	11-6-01 213	
Education	11-14-01 222	Not to exceed 30 points (30)
	11-28-01 213	
Treatment Program	11-27-01 224	Not to exceed 20 points (0)
	12-06-01 201	
Work/Vocation	12-15-01 229	Not to exceed 20 points (0)
	12-7-01 222	
Total Score		(35)

Earnings under GCA	Class Level Point Range	Earnings under ESC
30/30	I " 85 to 100 points	4.5/30
20/30	II " 65 to 84 points	3/30
10/30	III " 45 to 64 points	1.5/30
0/30	IV " 0 to 44 points	0/30

Prior Class Level II Now Class Level III Effective Date 1-14-2002

Recommended Override (circle one) No Yes (specify: # 4)

Comments: Number of infractions.

Signature of JCA Chairman C. Harrison Date: 1/17/02

Warden/Superintendent Review: ✓ Approved Disapproved

If action is disapproved, reason for disapproval:

Signature: [Signature] Date: 1/17/02

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
INDIVIDUAL WARRANT REPORT
FOR: WEDNESDAY, 10/10/2001

DATE: 10-10-2001
TIME: 15.44.17
PAGE: 1 OF 1

WARRANT NBR: W208315 DATE-ISSUED: 09072001 STATUS: AVAILABLE FOR PICKUP

SHERIFF OR JAILOR OF COMMITTING COURT: RICHMOND CITY , VIRGINIA

HAVING RECEIVED LEGAL NOTICE THAT: MAHDI , MIKAL DEEN

R/S: BLACK MALE DOB: Redacted SSN: Redacted SID: Redacted FBI: 728349RB2

HAS BEEN COMMITTED TO THE DEPARTMENT OF CORRECTIONS AS A FIRST TERM FELON FOR A
TERM OF 000 YEARS 39 MONTHS 000 DAYS. (M/S) CRIME: MALICIOUS WOUNDING

PRIOR DOC NBR(S)-STATUS-DATE:
NO MORE PRIOR NBR(S)

ESTIMATED JAIL CREDIT: 0090 ESTIMATED PED: 11012001 ESTIMATED MFD: 02152003

DESIGNATED RECEP. UNIT: 600 DOC-NBR ASSIGNED: Redacted DATE RECEIVED: 10-11-01

ADDITIONAL COURT ORDERS RECEIVED

SENTENCE TERM

OFFENSE

ESTIMATED DATES ARE FOR INTAKE ASSIGNMENT PURPOSES
ONLY AND ARE NOT AN ACCURATE REPRESENTATION OF HOW
MUCH TIME THE INMATE WILL ACTUALLY SERVE.

**CENTRAL
CRIMINAL
RECORD**

**SECTION 5
(PAROLE)**

PAVSRS-01-05/06/04/02:59:22#57

Commonwealth of Virginia
Department of Corrections

Notification of Release
Post/Probation Supervision

for
MIKAL DEEN MAHDI 299449
NEW UPDATE

In accordance with the order of the Circuit Court for the City(ies)/ County(ies) of
RICHMOND CITY, your release from the Department of Corrections is
directed on **May 12, 2004**.

Your release plan is: **NANCY BURNELL - GRANDMOTHER** Redact
Redacted

You will report within 3 days from your release as follows:
Joseph Langley, Probation & Parole District 38, 420 A S. Main
Street, Emporia, Virginia, Telephone Number (434) 348-3211/0021.

By direction of the Virginia Department of Corrections



Dennis E. Gaudin
Community Release Manager
Division of Operations

Offenders lose certain civil rights when convicted of a felony and may petition for
restoration of civil rights upon completion of their sentence. You may contact the
Secretary of the Commonwealth for information.
CC: WALLER'S RIDGE STATE PRISON.

I have read (had read and explained to me) the above and by my signature or mark
below, acknowledge and understand the requirements upon me:

Inmate: *D. Langley* Date: *5/12/04*
Witness: *Book* Date: *5.12.04*

MAY 06 2004 15:23

VARDC HQ Atmore

PAGE:02

Commonwealth of Virginia
Department of Corrections

**Notification of Release
Post/Probation Supervision**

for

MIKAL DEEN MAHDI 299449

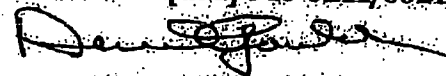
NEW UPDATE

In accordance with the order of the Circuit Court for the City(ies)/ County(ies) of RICHMOND CITY, your release from the Department of Corrections is directed on May 12, 2004.

Your release plan is: **NANCY BURNELL - GRANDMOTHER.** Redact
Redacted

You will report within 3 days from your release as follows:
Joseph Langley, Probation & Parole District 38, 420 A S. Main
Street, Emporia, Virginia, Telephone Number [434] 348-3211/0021.

By direction of the Virginia Department of Corrections



Dennis L. Gauden
Community Release Manager
Division of Operations

Offenders lose certain civil rights when convicted of a felony and may petition for restoration of civil rights upon completion of their sentence. You may contact the Secretary of the Commonwealth for information.

CC: WALLENS RIDGE STATE PRISON

I have read (had read and explained to me) the above and by my signature or mark below, acknowledge and understand the requirements upon me.

Inmate: _____ Date: _____

Witness: _____ Date: _____

Fax Sr. Transmission Record

Name: Wallen Ridge State Prison
Company: Wallen Ridge State Prison
Fax Number: 1-276-523-9615

Code:
Subcode:
Reference: 299449 MAHDI

Status: Sent OK
Submitted: 06-May-2004 14:53
Completed: 06-May-2004 14:55
Fax ID: 5405239615
Connect Time: 00:00:59
Pages: 2

Comments:

Fax Sr. Transmission Record

Name: BMPORIA P & P
Company:
Fax Number: 1-434-348-0917

Code:
Subcode:
Reference: 299449 MAHDI

Status: Sent OK
Submitted: 06-May-2004 14:53
Completed: 06-May-2004 14:55
Fax ID: 4343480917
Connect Time: 00:01:01
Pages: 2

Comments:

Case Handling Statistical Sheet

Case Assignment		Type of Case: ☐ Granted ☒ Mandatory ☒ GTRD
<u>4/16</u> Date Assigned	<u>1-5</u> Officer Assigned	
Inmate Profile Data		
<u>M. K. A. D. Alhadi</u> Inmate Name	Redacted	<u>630</u> Inmate Number / Institution
Redacted	Race: ☒ B ☐ W	Sex: ☒ M ☐ F SS#: Redacted
DOB		
Request for Information		
Action Request Sent To:		Date Information/ Plan Received:
<u>no det</u>		
Placement Plan Information		
Home: <u>Worcester, MA - Grandview</u>		
Address: Redacted		
Redacted		
Spec. Conditions: _____		
Report To: <u>D-38</u>		

5/12/04
Date Paroled

Expiration Date

CC:

Planned Locality of Residence: Atlanta GA SSD: 4/17/04

Residence Prior to Conviction: _____ MPR: _____ PED: _____

Special Instructions:

Parole Release Section
Checklist for Parole Release
(to be completed after case is set up)

Redacted

Inmate Name: Mark M. Kw. Mhale Inmate#: 2-11

- ☒ Is complete name and inmate number correct?
- ☒ Is location correct?
- ☒ Is parole plan complete with street address? If not list reason why: _____
- ☒ Are special conditions included and written correctly? (if applicable)
- ☒ Is release date correct? (including detainer requirements & special transportation arrangements)
- ☒ Is expiration date correct?
- ☒ Have all the convictions from the most recent sentence summary been listed?
- ☒ Have all pending charges from PSI or legal updates been resolved?
- ☒ Have all differences been resolved between PSI and C&L?
- ☒ Has planned locality of residence been completed?
- ☒ Has residence prior to conviction been completed?
- ☒ Any detainers, etc...outstanding?
- ☒ Are all needed "CC's" listed to every district?
- ☒ Was victim notification sent? (if applicable)
- ☒ Were special instructions required/noted?

Officer's signature Gabe Jordan Date Completed May 4, 2004

Commonwealth of Virginia
Department of Corrections

Notification of Release
Post/Probation Supervision
for
MIKAL DEEN MAHDI 299449

In accordance with the order of the Circuit Court for the City(ies)/ County(ies) of
RICHMOND CITY, your release from the Department of Corrections is
directed on May 12, 2004.

Your release plan is: **NANCY BURNELL GRANDMOTHER** Redact
Redacted

You will report within 3 days from your release as follows:
Michael A. Wright Chief, Probation & Parole District 1, 829 Oliver
Hill Way, Richmond, V.A. 23219 Telephone No. (804) 786-0251

By direction of the Virginia Department of Corrections



Dennis L. Gauden
Community Release Manager
Division of Operations

Offenders lose certain civil rights when convicted of a felony and may petition for
restoration of civil rights upon completion of their sentence. You may contact the
Secretary of the Commonwealth for information.
CC: WALLENS RIDGE STATE PRISON

I have read (had read and explained to me) the above and by my signature or mark below,
acknowledge and understand the requirements upon me.

Inmate: _____ Date: _____

Witness: _____ Date: _____

Jordan, Gwendolyn

From: Langley, Joseph T.
Sent: Thursday, May 06, 2004 2:20 PM
To: Wright, Michael A.; Jordan, Gwendolyn
Cc: Tarr, Su J.
Subject: RE: Mikal Mahdi # Reda

Gwen, have her Release Papers showing her Lawrenceville address and we'll open here for Mike (District # 1), and supervise.

District # 1, please forward the package of usual materials as soon as possible so they'll be here before she gets out.

Joey Langley
Chief, District # 1

-----Original Message-----

From: Wright, Michael A.
Sent: Thursday, May 06, 2004 10:13 AM
To: Jordan, Gwendolyn
Cc: Langley, Joseph T.; Tarr, Su J.
Subject: RE: Mikal Mahdi # Red

Hi Gwen,

I've contacted Ms. Burnell. She said it was Okay for Mahdi to live with her in Lawrenceville. I confirmed the address.

If Mr. Langley has no objection, please direct the offender to report to District 38.

District 1 will forward the normal probation documents.

THANKS to everyone.

Mike

-----Original Message-----

From: Jordan, Gwendolyn
Sent: Wednesday, May 05, 2004 11:45 AM
To: Wright, Michael A.
Cc: District #01 P&P
Subject: Mikal Mahdi #299449

The above subject has a GTRD of 5/12/04 and has probation supervision in your district following his release. The subject has submitted the following plan:
Nancy Burnell-grandmother

Redacted

Thanks,
Gwen

Jordan, Gwendolyn

From: Wright, Michael A.
 Sent: Thursday, May 06, 2004 10:13 AM
 To: Jordan, Gwendolyn
 Cc: Langley, Joseph T.; Tarr, Su-J.
 Subject: RE: Mikal Mahdi Redac

Hi Gwen,

I've contacted Ms. Burnell. She said it was Okay for Mahdi to live with her in Lawrenceville. I confirmed the address.

If Mr. Langley has no objection, please direct the offender to report to District 38.

District 1 will forward the normal probation documents.

THANKS to everyone.

Mike

-----Original Message-----

From: Jordan, Gwendolyn
 Sent: Wednesday, May 05, 2004 11:45 AM
 To: Wright, Michael A.
 Cc: District #01 P&P
 Subject: Mikal Mahdi Red

The above subject has a GTRD of 5/12/04 and has probation supervision in your district following his release. The subject has submitted the following plan.
 Nancy Burnell, grandmother.

Redacted

Thanks,
 Gwen

Jordan, Gwendolyn

From: Huff, Terrance M.
Sent: Thursday, May 06, 2004 11:24 AM
To: Jordan, Gwendolyn
Subject: M. Mahdi, **Reda**

Hi Ms. Jordan,

Here is the information requested on inmate M. Mahdi, **Reda**
t d

He will reside with:

Nancy Bumell, his grandmother

At: **Redacted**

Telephone: **Redacted**

Employment is to be secured

Has no current detainees

If you need further information, please let me know.

Counselor Huff
Wallens Ridge State Prison

Jordan, Gwendolyn

From: Jordan, Gwendolyn
Sent: Wednesday, May 05, 2004 11:45 AM
To: Wright, Michael A.
Cc: District #01 P&P
Subject: Mikal Mahdi #Redac

The above subject has a GTRD of 5/12/04 and has probation supervision in your district following his release. The subject has submitted the following plan:
Nancy Rummel-transmother

Redacted

Thanks,
Gwen

MAY 04 2004 15:18 WALLENS RIDGE RECORDS 5405239615 TO 918046743597
 05/04/2004 12:04 894-674-3597 COMMUNITY RELS

P.01/01
 PAGE 01/01



*Please provide
 Physical Address.
 No. P.O. Box*

COMMONWEALTH of VIRGINIA

Department of Corrections
 COMMUNITY RELEASE UNIT
 P.O. BOX 26963
 RICHMOND, VIRGINIA 23261-6963

TO: 276-523-5625
Classification/Release

DATE: 5/4/04
 RE: Mikal Mahon
Redacted
 NO:

LOCATION: 630
5/12

The above-named subject has a parole release date on/about
 Please complete the following parole plan information and return both copies to my attention at the above address by URGENT II Thanks

Will reside with: NANCY BURNELL, Grand mother
Redacted Redacted
 Address: Redacted

City/Country of: LAWRENCEVILLE VA Redacted ZIP CODE 23868
 Telephone No: Redacted

City/Country of Last Known Residence: Brunswick
 Employment: IN RE SECURED

Other: Current charges, warrants or detainers? yes or No
It yes. Please fax copy of detainer or warrant.

By: _____ Date: _____

Thank you for your prompt response to this request which will help to insure the speedy release of this inmate.

Phone # (804) 674-3046 ext. 1556
 Fax # (804) 674-3597

Gabe Jordan
 Community Release Unit

MAY 04 2004 12:49

5405239625 PAGE 01
 ** TOTAL PAGE 01 **

TRANSMISSION VERIFICATION REPORT

TIME : 05/04/2004 15:41
 NAME : COMMUNITY RELEASE
 FAX : 804-674-3597
 TEL : 804-764-3046

DATE, TIME
 FAX NO. /NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

05/04 15:41
 912765235625
 00:00:36
 01
 OK
 STANDARD
 ECM

MAY 04 2004 15:10 FR WALLENS RIDGE RECORDS 5405235615 TO 918046743597 P.01/01
 05/04/2004 12:04 804-674-3597 COMMUNITY RELEASE PAGE 01/01



*Please provide
 Physical Address
 No. P.O. Box*

COMMONWEALTH of VIRGINIA
 Department of Corrections
 COMMUNITY RELEASE UNIT
 P.O. BOX 26963
 RICHMOND, VIRGINIA 23261-4963

to 276-503-5625 DATE 5/4/04
Classification/Release RE M. Reed Mahan
 NO. Redacted
 LOCATION 630

The above named subject has a parole release date on/about 5/12
 Please complete the following parole plan information and return both copies to my attention at the above
 address by: URGENT!! Thanks

Will reside with: NANCY BURNELL Grandmother
 (Name and Relationship)
 Address: Redacted

City/County: LAURENCEVILLE, VA Zip Code: 23923
 Telephone No.: Redacted
 City/County of Last Known Residence: Brunswick
 Employment: DI. BE SOUTHERN

TRANSMISSION VERIFICATION REPORT

TIME : 05/04/2004 12:04
 NAME : COMMUNITY RELEASE
 FAX : 804-674-3597
 TEL : 804-764-3046

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

05/04 12:04
 912765235625
 00:00:32
 01
 OK
 STANDARD
 ECM



COMMONWEALTH of VIRGINIA

Department of Corrections
 COMMUNITY RELEASE UNIT

P.O. BOX 26963
 RICHMOND, VIRGINIA 23261-6963

TO: 276-523-5625

Classification / Receipt

DATE

RE

NO

LOCATION

The above named subject has a parole release date on/about

Please complete the following parole plan information and return both copies to my attention at the above address by

Will reside with:

(Name and Relationship)

Address:

City/County of:

Telephone No.:



COMMONWEALTH of VIRGINIA

Department of Corrections
COMMUNITY RELEASE UNIT

P. O. BOX 26963
RICHMOND, VIRGINIA 23261-6963

TO: 276-523-5625Classification / ParoleDATE: 5/4/04RE: Michael MahanNO: RedactedLOCATION: 636The above named subject has a parole release date on/about 5/12Please complete the following parole plan information and return both copies to my attention at the above address by URGENT!! Thanks,Will reside with: (Name and Relationship)

Address: _____

City/County of: _____

Zip code: _____

Telephone No.: _____

City/County of Last Known Residence: _____

Employment: _____

Other: Current charges, warrant or detain? yes or no.
If yes please fax copy of detain or warrant.

By: _____

Date: _____

Thank you for your prompt response to this request which will help to insure the speedy release of this inmate.

Phone #

Redacted

Fax #

Gwen Jordan

Community Release Unit

cc:

PRU 18 (12/92)

DATE 04/30/2004 TIME 11:32:21

PAGE: 01

IPR PAROLE PLAN

OFFENDER NUMBER: **Redacted** NAME: MAHDI MIKAL DEEN

PAROLE TO: NANCY BURNELL
RELATIONSHIP: 03: Grand Mother
STREET ADDRESS: **Redacted**
CITY: LAWRENCEVILLE
STATE: VIRGINIA
ZIP CODE: 23923
PHONE NUMBER: **Redacted**
EMPLOYMENT: NO
FIPS CODE: 025 BRUNSWICK
PHONE IN HOME: YES
COMMENTS:
INFORMATION VERIFIED: NO
IPR CREATED BY: BROADWATERCL
IPR CREATED ON: 10/24/2003
IPR APPROVED BY: HENSLEYMR
IPR APPROVED ON: 11/07/2003
TYPE OF IPR: ANNUAL

**CENTRAL
CRIMINAL
RECORD**

SECTION 6

Central Criminal Records
File Check Out List

Inmate Number: **Redacted** Date: 5/17/23 By: AMS

[illegible]



COMMONWEALTH of VIRGINIA

RON ENGELONE
DIRECTOR

Department of Corrections
Date 12/12/02

P. O. BOX 2500
RICHMOND, VIRGINIA 23261
(804) 676-2000

Memorandum

TO: Attorney General
FROM: Court and Legal Services
RE: Mich. Lee, III # Redacted
Major Offense Reports Due 101

The attached major offense report is being returned for correction. Please make necessary changes and return to Court and Legal immediately. The major offense report cannot be processed due to the following:

- ☐ Prisoner name and number do not match.
- ☐ Offense number and offense description do not agree.
- ☐ Reviewer's signature and/or approval date is missing.
- ☐ Isolation dates and penalty do not agree.
- ☐ Isolation dates begin prior to the date the offense was committed.
- ☐ Isolation dates are not reflected.
- ☐ Pre-hearing dates are not reflected.
- ☐ Please clarify suspended portion of the penalty.
- ☐ Future isolation dates cannot be entered. Please hold report at the institution until the isolation has been served.
- ☐ Dismissed and not guilty reports must remain at the institution.

✓ Other: See attached. C.L. with me. Comp. enter
isolation time to be served after 11/1/02.

** If the prisoner has been transferred please forward this to this present location in order to assure processing of this major offense report. Your attention and cooperation is appreciated.

ISO - ELS -
ENTRY
ELS ENTRY



COMMONWEALTH of VIRGINIA

RON ANGELONE
DIRECTOR

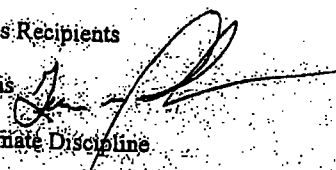
Department of Corrections

P. O. BOX 26963
RICHMOND VIRGINIA 23281
(804) 674-3000

September 17, 2002

MEMORANDUM

TO: All Non-Security Division Operating Procedures Recipients

FROM: Gene M. Johnson, Deputy Director of Operations 

SUBJECT: Revised Division Operating Procedure 861 - Inmate Discipline

Attached is the revised Division Operating Procedure 861, Inmate Discipline, which is effective November 1, 2002.

The following are a number of the most significant changes to the inmate disciplinary process contained in this DOP; note that this list is not all-inclusive.

1. Each employee will be given a copy of 861 and will receive training during Phase I on the rules of inmate conduct, the rationale for the rules, and the sanctions available. (Section 861.2)
2. The Disciplinary Procedure should be translated into those languages spoken by significant numbers of inmates. The institution will notify the Disciplinary Appeals Unit of the need to translate this Division Operating Procedure. (Section 861.2)
3. The procedure now provides a definition for vacating a charge, and restricts this process so that it may only be used by the IHO at the disciplinary hearing before an actual decision of guilt or innocence has been rendered. A definition is also provided for a mentally disordered offender. (Section 861.3)
4. New offense codes have been added to address Security Threat Group related activities. In addition, offense codes 214 and 240 are now Category I offenses. (Section 861.4)
5. For certain offense codes, the penalty range for the authorized penalties that may be imposed has been restricted. (Section 861.5)
6. Inmates assigned to isolation status, including time credited to PND will be eligible to earn Good Time. (Section 861.7). Accordingly, the following pen and ink changes should be made to DOP 806, 807 and 822.

- The paragraph numbered "1" in DOP 806-7.13 should be lined through, and the paragraph numbered "2" should be "1," and the paragraphs that follow should be numbered consecutively to maintain uniformity.
 - The paragraph numbered "1" in DOP 807-7.5 should be lined through, and the other paragraph numbering should be removed.
 - 822-7.1.3 should be changed to read, "Inmates may be assigned to Isolation or Cell Restriction for a maximum period of 30 days for each major rule violation."
 - 822-7.1.4 should be changed to read, "When an inmate has more than one isolation sentence to serve, the total days served consecutively in isolation cannot exceed thirty days regardless of the number of charges received."
7. Funds recovered from the inmate will be deposited into the Commonwealth's general fund. Clarification of this section has been made to ensure compliance with the Code of Virginia. (Section 861.7).
 8. The Disciplinary Offense Report should also include the following information - any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including the use of force. (Section 861.8).
 9. The Officer-in-Charge will investigate and review the charge within 24 hours of the report being filed. (Section 861.8).
 10. Certain Category II Offenses should be considered for an informal resolution when it is the inmate's first or second Category II Offense within the last 12 months. (Section 861.8).
 11. Inmates may be found guilty of a lesser included offense. (Section 861.9).
 12. The inmate has the right to present documentary evidence. When requesting documentary evidence, the inmate must complete and submit Attachment 12, *Request for Documentary Evidence Form*, to the IHO within 48 hours from the date the charge was served. The request will then be subject to review by the IHO for relevancy to the offense. If it is determined that the documentary evidence is relevant to the offense, the IHO will obtain the information. (Sections 861.9 and 861.14).
 13. Failure to respond or indicate a preference to the advisement of rights during the serving of the charge does not constitute a waiver of any right. (Section 861.9).
 14. The Warden/Superintendent/Duty Officer should review the Pre-Hearing Detention assignment within 72 hours, including weekends and holidays, of the inmate's placement in Pre-Hearing Detention. (Section 861.10 and DOC 11-H).
 15. Special provisions are to be made when the inmate has literacy and/or language problems, or if the inmate is intellectually limited and/or mentally disordered. These provisions may include determining the inmate's mental status and if isolation would be detrimental before disciplinary action is taken; providing an interpreter/translator during the service of the charge; appointing an advisor to assist the inmate in completing and submitting the necessary forms; or providing an interpreter/translator to assist the inmate in understanding the disciplinary process. (Sections 861.3, 861.8, 861.9, 861.13 and 861.14).

16. A continuance will be authorized for a hearing held outside of the time frame if the continuance is necessary in order to be able to obtain an appropriate interpreter/translator/advisor to assist the inmate. (Section 861.13).
17. If the inmate indicates that he intends to appeal at the conclusion of the hearing, the inmate should be provided with two copies of the Disciplinary Offense Report with the institutional review section completed and signed. If the inmate indicates that he does not intend to appeal, he should only be provided with one copy. (Section 861.19).
18. Only Category II Offenses where the Warden/Superintendent has declined to respond to the inmate's appeal due to the inmate failing to submit the appeal within the specified time limit, where the Warden/Superintendent has exceeded the time frame to respond to the inmate's appeal, or where the Warden/Superintendent has failed to address each issue raised in the inmate's appeal, can be appealed to the Regional Director. Only those issues not addressed by the Warden/Superintendent will be considered by the Regional Director (Section 861.20).
19. Division Operating Procedure 861 - Inmate Discipline will be reviewed annually, and updated if necessary. (Section 861.31).

Each inmate and employee will be provided with a copy of the new Inmate Discipline Handbook.

As noted in Section 861.2, this Division Operating Procedure will serve as both the Division and Institutional Operating Procedure and a separate IOP is not required. It is also not necessary to complete an IOP Waiver Form (DOP 1, Attachment 2).

gmj/rnaa

Attachment

Inmate Discipline
September 1, 2000

A-bruck
12pm JAM

5

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mohd. Inmate Number: Redacted Institution: NCC Dorm: A-100
Offense Code: 201 Offense Title: disobeying an order
Offense Date: Oct 24, 2002 Approximate Time: 12:45 hrs a.m. Location: Upper N-615
Investigation: yes X no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): T. C. C. Tucker while making visual check of Westside Pod area walked over to window and saw Inmate M. Mohd. # Redacted in shower. T. C. C. Tucker asked Inmate M. Mohd. # Redacted to get out of shower. Inmate M. Mohd. # Redacted ignored what was said, closed shower curtain and continued to take shower.

Witnesses: _____ Reporting Officer's Signature: C. C. Tucker
Print Name: C. C. Tucker
Date: Oct 24, 2002 Time: 12:45 hrs
Pre-Hearing Detention: () Yes () No If yes, attach authorization form.
Officer-in-Charge approving this report: _____ Signature: Marshall J.
Print Name: Marshall J.

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: Det. Oakes Inmate's Signature: [Signature]
I certify that this charge was served and he/she refused to sign in the space above.
Inmate Provided copy of report: Date: 10-25-02 Time: 2:40 a.m./p.m.
Date Set for Hearing: 10/31/02 Revised Date: _____ Revised Date: _____

DATA ENTERED
BY TOWAY CORRECTIONAL

JAN 6 2003

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING
Institution where heard: NCC Date: 10/18/02 Time: 4:30 a.m./p.m.
Tape No(s): 4837A

Plea: () Guilty () Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed

Reason for Decision: Refusal of penalty officer

Penalty: 10 days Test

Comments: _____

Inmate Hearings Officer's Signature: _____ Print Name: L. E. Nelson

Admitted to Pre-Hearing Detention (Isolation): Date In _____ Date Out _____

Admitted to Disciplinary Detention (Isolation):
() Yes Date In 10/18/02 Weight In _____
() No Date Out 10/22/02 Weight Out _____

INSTITUTIONAL REVIEW: () Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Reduced to Lesser Included Offense

Comments: _____

Signature: D. M. [Signature] Date: 10/28/02

Print Name: D. M. [Signature] Title: [Signature]

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: REFUSE TO SIGN Date: 11-1-02

Witnessed by: C/O L. Bowell Print Name: C/O L. Bowell Date: 1 Nov 02

NOTTOWAY CORRECTIONAL CENTER
ADJUSTMENT COMMITTEE HEARING
ISOLATION NOTICE

NAME _____ NUMBER _____ DATE _____

THE INMATE NAMED ABOVE WAS HEARD BY THE ADJUSTMENT COMMITTEE ON THIS DATE AND THE
PENALTY IMPOSED INCLUDES ISOLATION OR CELL RESTRICTION AS SPECIFIED IN "PENALTY"
BELOW.

PENALTY _____

IN- _____

OUT- _____

OFFENSE _____

CHAIRMAN

Inmate Discipline
September 1, 2000

A-9
6pm-6am

5

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Madi Inmate Number: Redacted Institution: NCC Dorm: A-9
Offense Code: 238 Offense Title: Setting a fire. Not resulting in actual damage or injury to persons or property.
Offense Date: Oct 24, 2000 Approximate Time: 1940 a.m./p.m. Location: Upper N. Cell Block
Investigation: yes x no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): I saw C. Tucker smelled something burning, so I worked over to slot in Control Room. Inmate M. Madi # Redacted U-432 was standing underneath and got trash bags and a lighter. I asked what are you doing, he replied "I'm not going anywhere" and continued to set the bags on fire and throw them into the slot of Control Room.

Witnesses: _____ Reporting Officer's Signature: C. G. Tucker
Print Name: C. G. Tucker
Date: Oct 24, 2000 Time: 2010
Pre-Hearing Detention () Yes () No If yes, attach authorization form.
Officer-in-Charge approving this report: _____ Signature: M. Madi
Print Name: M. Madi

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

Refused to have Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
Refused to have Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
Refused to have I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
Refused to have I do () do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
Refused to have Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
Refused to have I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
Refused to have I will remain silent.
Refused to have This charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.
Served and Witnessed by: A. L. O'Brien Inmate's Signature: Refused
I certify that this charge was served and the inmate refused to sign in the space above.
Inmate Provided copy of report: Date: Oct 24, 2000 Time: 10:31 a.m./p.m.
Date Set for Hearing: 10/31/02 Revised Date: _____ Revised Date: _____

Inmate Discipline
September 1, 2000

Attachment I
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: NCC Date: 10/3/02 Time: 0955 a.m./p.m.

Tape No(s): 4834B

Plea: () Guilty ☒ Not Guilty () No Plea Inmate's Signature: [Signature]

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed

Reason for Decision: Based on P's written
account as to the accused setting
a fire without damage.

Penalty: 10 days Jail

Print Name: L. E. Nelson

Admitted to Pre-Hearing Detention (Isolation): Date In _____ Date Out _____

Admitted to Disciplinary Detention (Isolation):
☒ Yes Date In 10/3/02 Weight In _____
☐ No Date Out 10/7/02 Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Reduced to Lesser Included Offense

Comments: _____

Signature: [Signature] Date: 10/9/02

Print Name: D. M. Vaughan Title: [Signature]

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: [Signature] Date: 11-8-02

Witnessed by: Sgt. Ferrell Print Name: Sgt. Ferrell Date: 11-8-02

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: _____ Inmate Number: _____ Institution: _____ Dorm: _____
Offense Code: _____ Offense Title: _____
Offense Date: _____ Approximate Time: _____ a.m./p.m. Location: _____

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- (☒) I offer the following penalty: 10 Days Inmate
() for the above listed offense, or
() for an equal or lesser offense of: _____
Offense Title: _____

Staff Signature: _____ Date: 10/25/21
Print Name: _____ Title: _____

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me, and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
- I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

- () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
- () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: _____ Print Name: _____ Date: _____

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: _____ Print Name: _____ Date: _____

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

NOTTOWAY CORRECTIONAL CENTER
ADJUSTMENT COMMITTEE HEARING
ISOLATION NOTICE

NAME _____ NUMBER _____ DATE _____

THE INMATE NAMED ABOVE WAS HEARD BY THE ADJUSTMENT COMMITTEE ON THIS DATE AND THE
PENALTY IMPOSED INCLUDES ISOLATION OR CELL RESTRICTION AS SPECIFIED IN "PENALTY"
BELOW.

PENALTY 15 days Isolation

IN- 11/3/02

OUT- 11/17/02

OFFENSE _____

CHAIRMAN

Attachment #1
DOP #831: Inmate Correspondence

NOTICE TO ALL INMATES
SUBJECT: GENERAL CORRESPONDENCE

In compliance with U. S. Postal regulation, *D042 Conditions of Delivery, Section 5.3*, Virginia Department of Corrections staff has the authority to open all mail addressed to you before it is delivered to you. "Legal Mail" may be opened only in your presence to be checked for contraband. This procedure occurs only if the sender is adequately identified on the envelope and the front of the envelope is marked "Legal Mail - Open only in the presence of the inmate." Other mail will be opened and may be read by the staff.

If you do not want your general correspondence opened and read, the Department will return it to the Postal Service. This means that you will not receive such mail. You may choose whether you want your general correspondence delivered to you subject to the above conditions, or returned to the Postal Service. Whatever your choice, "Legal Mail" will be delivered to you, after it is opened in your presence and checked for contraband. You can make your choice by signing Part I or Part II.

The choice that you make on this form will be effective, whatever your institutional assignment, until you request to change your status by completing a new correspondence form. Choose either Part I or Part II, **BUT NOT BOTH.**

PART I: GENERAL CORRESPONDENCE TO BE RETURNED TO THE POSTAL SERVICE

I have read or had read to me the foregoing notice regarding mail. I do not want my general correspondence opened and read. I REQUEST THAT THE VIRGINIA DEPARTMENT OF CORRECTIONS RETURN MY GENERAL CORRESPONDENCE TO THE POSTAL SERVICE. I understand that "Legal Mail" will be delivered to me, after it is opened in my presence and checked for contraband.

Name _____ Inmate Number _____ Date _____

PART II: GENERAL CORRESPONDENCE TO BE OPENED, READ AND DELIVERED

I have read or had read to me the foregoing notice regarding mail. I WISH TO RECEIVE MY GENERAL CORRESPONDENCE. I understand that the Virginia Department of Corrections may open and read my general correspondence if I choose to receive same. I also understand that "Legal Mail" will be delivered to me, after it is opened in my presence and checked for contraband.

Name *Michael* Redacted _____ Date 10-15-2001
Inmate Number _____

Inmate, _____ refused to sign this form. He (she) was advised by me that the Virginia Department of Corrections retains the authority to open and read all general correspondence. The inmate was also advised that his (her) refusal to sign this form will be interpreted as an indication that he (she) wishes not to receive general correspondence subject to the conditions in Part II above.

Staff Member's Signature _____

Date: _____

The original signed notice is to be placed in the inmate's Central Criminal Record.
One copy of the signed notice is to be placed in the inmate's Institutional Record.

4/00

Attachment:
885 is Inmate Correspondence

Each inmate assumes responsibility for the content of each letter and that correspondence containing threats, extortion or other illegal activity that may result in prosecution for violation of federal laws.

Each inmate is also subject to disciplinary action in accordance with Division Operating Procedure 861, Inmate Discipline, if mail violations are detected.

Victor A. Williams
Name

Redacted
Number

10-15-2001
Date

**VIRGINIA DEPARTMENT OF CORRECTIONS
SOUTHAMPTON RECEPTION & CLASSIFICATION CENTER
APPROVED VISITATION LIST**

Date: 10-11-01

Inmate Name: Mahdi, Ali

Inmate Number: Redacted

Name:	Address:	Relation:
1. <u>Saleen Mahdi</u>	<u>Redacted</u>	<u>Brother</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

The above listed Visitors have been approved to visit this inmate.

Inmate Signature: Mahdi Ali

Approved by: _____
(Assistant Warden of Programs or Designee)

/PG-J.

DO NOT DETACH UNTIL DISCHARGE

Date: 10-11-01Number: RedactedName: Mital Mahdi

Received from the above named inmate for deposit this date:

- ☐ Driver's Permit
- ☐ Auto Registration
- ☐ Draft Registration
- ☐ Social Security Card # _____
- ☐ Club Membership Card(s) _____
- ☐ Military Discharge _____
- ☐ Credit Card(s) # _____
- ☐ Identification Cards _____
- ☐ Seaman's Papers _____
- ☒ No Deposit

IN FOR DEPOSIT:

Date: 10-11-01

Mital Mahdi
Inmate's Signature

S. J. C. Mingo
Receiving Officer's Signature

ONLY WHEN CALLED FOR AND IN THE PRESENCE OF THE CLERK OF

Date: _____

Signature of Depositor

SOUTHAMPTON RECEPTION AND CLASSIFICATION CENTER
CAPRON, VA. 23829

INMATE NUMBER: Redacted NAME: Mikal Maldi

THIS IS TO CERTIFY THAT ALL PERSONAL PROPERTY BROUGHT WITH ME WHEN I WAS RECEIVED AT SOUTHAMPTON RECEPTION AND CLASSIFICATION CENTER HAS BEEN PROPERLY DISPOSED OF ACCORDING DIVISION OF OPERATIONS POLICY AND SOUTHAMPTON RECEPTION AND CLASSIFICATION CENTER INSTITUTION OPERATING PROCEDURE.

I UNDERSTAND THAT I HAVE BEEN PROVIDED AN OPPORTUNITY TO EITHER SEND THOSE ITEMS NOT ALLOWED HOME BY VISITORS OR TO HAVE THEM MAILED AT MY EXPENSE.

INMATE SIGNATURE: Mikal Maldi

WITNESS: Sgt M. W. [Signature]

DATE: 10-11-01

REVISED: 5-21-01

Redacted *Mahdi, Mital D.*

VIRGINIA DEPARTMENT OF CORRECTIONS
SOUTHAMPTON RECEPTION & CLASSIFICATION CENTER
15172 OLD BELFIELD ROAD
CAPRON, VA

*****INMATE GRIEVANCE PROCEDURE*****
INMATE NOTIFICATION FORM

IN ACCORDANCE WITH DOP 866, "INMATE GRIEVANCE PROCEDURE", ALL EMPLOYEES AND INMATES OF THE DIVISION OF INSTITUTIONS WILL RECEIVE NOTIFICATION OF THE INMATE GRIEVANCE PROCEDURE.

BE ADVISED THAT COPIES OF DOP 866 AND THE INSTITUTIONAL IMPLEMENTATION MEMORANDUM OF DOP 866 ARE LOCATED FOR REVIEW PURPOSES ON THE "C" SECTION BULLETIN BOARD.

GRIEVANCE FORMS ARE AVAILABLE THROUGH THE WING COMMANDERS' OFFICE AND WING OFFICERS.

ANY INMATE NEEDING ASSISTANCE IN UNDERSTANDING THE PROCEDURE OR COMPLETING THE FORM MAY REQUEST ASSISTANCE AND IT WILL BE PROVIDED BY: S. BEALE, INSTITUTIONAL OMBUDSMAN.

PLEASE BE ADVISED, INMATE *Mahdi, M.* THAT ORIENTATION FOR YOU ON THE INMATE GRIEVANCE PROCEDURE WILL BE HELD ON: *10/11/01* AT THIS ORIENTATION, INFORMATION ON THE GRIEVANCE PROCEDURE WILL BE DISCUSSED WITH YOU AND TIME WILL BE ALLOWED FOR A QUESTION AND ANSWER PERIOD.

EMPLOYEE / INMATE NOTIFICATION VERIFICATION FORM

INMATE SIGNATURE: *Aisha Mahdi* DATE: *10/11/01*

NOTIFIED BY: *D. Gurnea* DATE: *10/11/01*

/DGT

SOUTHAMPTON RECEPTION & CLASSIFICATION CENTER

This is to certify that I have received info. in to the Department of Corrections by the following persons: (1) Assistant Warden; (2) Chief of Security; (3) Grievance Coordinator; (4) Treatment Program Supervisor; (5) Chief Psychologist; (6) Hearing Officer; (7) Food Service Manager/Supervisor; (8) Recreation Officer; (9) Cafeteria Manager; (10) Treatment Department. I have been informed about the Earned Sentence Credit/Good Conduct Allowance System of earning good time credits, introduction to the Grievance Procedure, procedures for requesting the services of the Court-Appointed Counsel, and services from the institutional counselors. The app series of Division Operating Procedure was discussed.

Inmate Number: **Redacted**

Inmate Name: Richard L. Johnson

Date: 10-15-01

Witness: K. L. Williams

COURT
&
LEGAL

SECTION 7

PRIORITY

GTRD AUDIT CHECKLIST
(GOOD TIME RELEASE DATE LIST)

INMATE NAME:

Mahdi Mikal

INMATE NUMBER:

Redacted

DATE:

April 29, 2004SM Incoming Court Orders have been checked.CP Time Clerk has checked desk.WLT Loose Work has been checked.CW Left-hand side of C & L folder checked.CW All documentation, including court orders, in C & L folder has been checked and is included in the Time Computation Record.5-12
DCC

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
UNIFORM COMMITMENT REPORT

08:31.55

** W O R K U P D A T E **

PAGE 1

CURRENT DATE: 04/29/2004

STATUS: ACTIVE

CLERK ID: PSC

VERIFICATION CLERK ID: JCE

INMATE NUMBER: Redacte NAME: MAHDI

MIKAL DEEN

CURRENT LOCATION: WALLENS RIDGE STATE PRISON

DATE RECEIVED: 11OCT2001

JAIL CREDIT DAYS: 00177

SEN START DATE: 17APR2001

CLASS LEVEL: 4 TOTAL SENTENCE: 003 YEARS 03 MONTHS 000 DAYS

NOT ELIGIBLE FOR DISCRETIONARY PAROLE

ANTICIPATED GOOD TIME RELEASE DATE WITH 30 ADJ-DISCHG DAYS: 12MAY2004

PREV DPED: INELIGBL

PREV GTRD: 12MAY2004

PREV MPD: INELIGBL

EVENTS LISTED BELOW IN CHRONOLOGICAL ORDER REFLECT THE
VARIOUS TRANSACTIONS THAT AFFECT DATES OF ELIGIBILITY AND
RELEASE SINCE THE LAST UPDATE ON JANUARY 23, 2003.

TOTAL DAYS	PAROLE	RELEASE
TO BE SATISFIED	0	1187
SATISFIED	0	631
LEFT TO BE SATISFIED	0	856
PROJECTED TO SERVE	0	555
PROJECTED EARNED GOOD TIME	0	0

CTRD AUDIT CHECKLIST

INMATE NAME: MAITRE, DUKAL
 INMATE NUMBER: 255449
 DATE: 11-25-83

 Incoming court orders have been checked

 Time clerk has checked desk.

 Loose work has been checked.

CW Left side of folder has been checked.

YES Supervised Probation ✓ Yes & ✓ B9 added No

CW All documentation in the file has been checked and is included in the time computation record.

CW COURT ORDERS HAVE BEEN READ.

 DETAINER

 TERRY WARD AND JANET POORE NOTIFIED OF DETAINER(S).

 CHANGES TO RECORD AFTER AUDIT

 PAROLE RELEASE NOTIFIED

 TERRY WARD AND JANET POORE NOTIFIED

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Kenneth Hasty
KENNETH HASTY
CLERK OF COURT
CALHOUN COUNTY

Telephone call received
Telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC ☐ Other ☒

Name Mahdi, Mikal
Redacted
DOB Redacted
Living Unit 36
Assigned Counselor Amos

Date	Code	Entries	Initial
1/99	O	Case load transferred to Counselor Amos. File reviewed.	BA
		8-10-99 ga	
1/99	GC	Mahdi attended Anger Control Group to be held weekly. Mahdi shows some participation which may increase with positive reinforcement.	TN
2/99	TR	Received message from Mr. Sherif Mahdi	(u)
2/99	TH	Spoke w/ Mr. Mahdi parent concerned w/ Counselor Change. Will call Ms. Whitaker with question concerning this matter. # used Redacted	(u)
3/99	WR	Met w/ Mahdi on several occasions for an individual session. Mahdi upset and projecting anger toward this counselor but later apologized. Mahdi began Anger Control Group this week & shows promise for satisfactory participation. Encouraged Mahdi to stay focused.	BA

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>3B</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
4/99	TT	for release (when the time comes.)	
	(cont.)	Advised Mikal he cannot complete those objectives if housed in the SOC.	
		Advised Mikal he should focus on his goal to get out of here.	BH
6/99	TR	Received another message from Mr. Mahdi, Mikal's father.	BH
4/99	TM	Returned Mr. Mahdi's call & left a message to call back. Advised Mr. Mahdi of this counselor's extension.	BH
		8-28-99 Sec	
2/99	IC	Met with Mahdi for individual counseling as part of Anger Control Group.	TN
1/99	GC	Mahdi attended Anger Control Group. Participation seems to be appropriate.	TN
'99	IC	Met briefly w/ Mahdi & advised that due to the "lockdown," anger Control Group will meet tomorrow. Mahdi appeared to be in good spirits. Encouraged him	
	(late entry)		

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

phone call received
telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name Mahdi, Mikal

Redacted

DOB _____

Living Unit 3B

Assigned Counselor Amos

date	Code	Entries	Initial
1/29	IC	to maintain. _____	Ba
	(late entry)	_____	
1/29	IC/WR	met w/ Mahdi. He had no questions or concerns for this counselor. Overall, Mahdi is doing well. He participated in Anger Control Group w/ satisfactory participation. Mahdi remains charge-free. _____	Ba
1/29	PR	This counselor witnessed Mahdi being carried by three officers to the Special Housing Unit as he attempted to assault an officer. Major offense pending. _____	Ba
1/29	TM	This counselor called Mahdi's father & advised him that due to the pending charge & being housed in SHU, Mikal will not be eligible for a visit this Sunday, 9/12/99. (Ba)	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>	
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>	
Weekly review	CSUV Court Visit	Living Unit <u>5B</u>	
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>	
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
8/99	GC	Met with Mahdi for Anger Control Group. Participation was improved and very positive.	TN
9/99	IC	Unable to meet with Mahdi for individual counseling for Anger Control as he is in isolation.	TN
10/99	WR	This counselor unable to meet w/ Mikal today as all cadets on lockdown & Mikal in special Housing. Mikal will more than likely be expelled from the Anger Control Group depending on his offenses received. Mikal's behavior has been unpredictable & inconsistent. He appeared to be focused on his release until the incident occurred.	Pa
11/99	IC	This counselor met w/ Mahdi for an individual session. explained	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>	
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>	
Weekly review	CSUV Court Visit	Living Unit <u>3B</u>	
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>	
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
9/1/99	IC	him that due to his aggressive and inappropriate behavior, he will no longer be able to participate in Anger Control group. Mahdi was very upset and continuously threatened that if he does not get released (from DJJ) on 9/23/99, he's going to "fuck people up and go around acting crazy." Mahdi stated that he is not responsible for his actions. This counselor informed him that he is responsible for his own actions. _____	Ba
9/1/99	TR	Received call from Mr. Mahdi RE Mikal's status. _____	Ba
9/1/99	TAM	Returned Mr. Mahdi's call and left a message to call back. _____	
		Redacted _____	Ba

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received Telephone call made Weekly review Progress Review Group Counseling C	TT Treatment Team Meeting SP Service Plan Development CSUV Court Visit IC Individual Counseling CN Consultation with CRC	Name <u>Mahdi, Mikal</u> Redacted DOB _____ Living Unit <u>3B</u> Assigned Counselor <u>Amos</u>
---	---	--

Date	Code	Entries	Initial
1/15/99	TM	This counselor also attempted to reach Mr. Mahdi at work but he works the 11-7 shift Redacted	
1/16/99	TR	This counselor received a call from Mr. Mahdi who wanted to know Mikal's status. Advised him that Mikal received two major offenses on 9/9/99 and is still in isolation. Mr. Mahdi feels that we are trying to break Mikal's spirit. Assured him we are only holding Mikal accountable for his actions. —	Bh
1/17/99	WR	Mikal remains in the Special Housing unit for receiving two major offenses on 9/9/99. He received a total of 240 hours of isolation. —	Bh

9-27-99 su

2142

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	Redacted
Weekly review	CSUV Court Visit	DOB _____
Progress Review	IC Individual Counseling	Living Unit <u>3B</u>
Group Counseling	CN Consultation with	Assigned Counselor <u>Amos</u>
	CRC	

Date	Code	Entries	Initial
2/99	IC	(late entry). Met w/ Mikal for an individual session. Advised him that this counselor will be on vacation 9/23 + 9/24. Mikal apologized to this counselor for yesterday 9/21/99 as this counselor had to write him up for verbal threats. Mikal stated he knows he was wrong. Mikal wanted to know how long he will be in SOC & whether or not he could have a book. Advised cl would confirm. _____	BA
13 -	0	This counselor will be on vacation. _____	BA
7/24			
7/24	IC	Met briefly w/ Mahdi. Advised him that TT will be held tomorrow as he is serving Phd today. _____	BA

Date	Code	Entries	Initial
1/29/99	TT	Mahdi attended Treatment Team for his monthly progress review but had to be removed and taken back to his pod as he became upset and began threatening to hit someone. Mahdi feels as though he is never going to go home; he feels staff is playing him. Mahdi fails to realize that he is responsible for his own actions.	BA
1/1/99	IC/WR	met w/ Mahdi for an individual session. He appeared very calm stating he was going to comply but the more he talked the madder he got. He began making suicidal statements but noted he would become homicidal first. He gave very	

02000000

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	Redacted
Weekly review	CSUV Court Visit	DOB _____
Progress Review	IC Individual Counseling	Living Unit <u>3B</u>
Group Counseling	CN Consultation with CRC	Assigned Counselor <u>Amos</u>

date	Code	Entries	Initial
1/19/99	IC/WR	graphic descriptions of how he would hurt others. He also graphically described how we would find him (i.e. "hanging"). This counselor tried to calm Mahdi but he stated he had nothing else to say. This counselor spoke w/ Glen Skoler & Susanne Shrynn re: the above. This counselor will complete a BSM referral. It is this counselor's opinion that Mahdi is "self-entitled" as he takes no responsibility for his own actions.	13h
1/19/99	TR	Received call from Mr. Sherif Mahdi. He was calling in re: to Mikal's status. Advised him that Mikal is in Special Housing Unit due to receiving	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mahdi, MikalDOB RedactedLiving Unit 3BAssigned Counselor Amos

Date	Code	Entries	Initial
1/6/99	TR	several major offenses, and	
	(cont.)	the latest being an assault	
		on staff. Mr. Mahdi feels	
		the system is prejudice and	
		that we're trying to break	
		Mikal's spirit. He further	
		stated that Virginia is	
		full of white supremacists.	
		Attempted to assure Mr. Mahdi	
		that we are only holding	
		Mikal accountable for his	
		own actions. He requested	
		to speak w/ Mrs. Whittaker.	
		Advised Mrs. Whittaker and	
		she returned this call. —	BE
1/6/99	TR/TW	Received call from Nancy	
		Burwell, Mikal's grandmother.	
		Returned her call	
		Redacted	
		She is very concerned about	
		Mikal. Advised her of his	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>Special Housing</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
6/99	TR/TM (cont.)	status. also advised her that he is working w/ a psychologist. assured her that we are here to help mikal. she stated she believes in "law + order" but she feels something is really going on w/ him.	BF
6/99	CSUV	Mikal's P.O. visited him today.	BF
8/99	WR	Mikal remains in the Special Housing Unit on 5 minute Suicide Watch. Mr. Holland, CRC, has advised this counselor that he will be taking care of Mikal's immediate concerns while in Special Housing.	BF
9/99	"Other"	Mikal's father visited him today.	BF
	10-11-99	10-11-99	

RULES
DISCONTINUED

Capeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	<u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	DOB	<u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit	<u>SPECIAL HOUSING</u>
Progress Review	IC Individual Counseling	Assigned Counselor	<u>Amos</u>
Group Counseling	CN Consulation with CRC		

Date	Code	Entries	Initial
12/99	IC	This counselor met w/ Mikal for an individual session in Special Housing. We had a lengthy discussion regarding his negative behavior. Mikal admitted to feeling angry w/ the system. He feels he did not commit a crime "bad enough" to place him in the DJJ. Mikal often states that he only committed a "misdemeanor." As we continued to talk, Mikal would raise his voice and begin cursing. At such time, this counselor would point that out to him & Mikal would attempt to control himself. However, he has difficulty in doing so. For example, when the officer handed Mikal his dinner tray, Mikal looked	

2148

--- JUVENILE CORRECTIONAL CENTER

Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mahdi, Mikal
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	SPECIAL HOUSING
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
2/99	IC	to see what was inside. When	
	(cont.)	he looked inside, he didn't	
		like what he saw. He began	
		cursing and threw the tray	
		back at the officer, dripping	
		food juices on this counselor's	
		pants. This counselor asked	
		Mikal why he felt he	
		needed to act that way.	
		Advised that he could've	
		simply informed the officer	
		that he didn't like what	
		was being served for dinner.	
		Mikal apologized for dripping	
		food on my pants but justified	
		throwing the tray at the	
		officer. He stated "They	
		shouldn't be trying to feed	
		us this bullshit." Advised Mikal	
		to think of his actions. ———	BS

RULE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with
C	CRC

Name Mandi, Mikal Redacted

DOB _____

Living Unit _____

Assigned Counselor Amos

Date	Code	Entries	Initial
11/1/99	CN	Counselor Harrison spoke with Mikal's father during visitation. He expressed his concern/disappointment in Mikal not being able to have reading material related to his religious faith. I advised Mr. Mikal to forward any of his concerns @ this to Ms. Amos; but also suggested that he explain the type of content in which the book contained.	LS
11/1/99	C	Upon Mikal's arrival to visitation he was informed that he would have to placed in a special visiting area because he is in SHU. He became a little irate, stood up and said he was not going any where. He did use profanity. St. Sampkin arrived immediately following that moment. After Mandi calmed down - his father (and mother) were allowed	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mahdi, Mikal
Redacted
DOB _____
Living Unit SHU
Assigned Counselor Amos

Date	Code	Entries	Initial
10/19	TR	Received call from Mahdi's father requesting that this counselor call him back. —	Ba
20/19	TM	Returned Mr. Mahdi's call Redacted and left a message to call back. Need to advise of Mahdi's status and that Mahdi not eligible for a visit this weekend. Next visit, 3rd Sunday in November as Mahdi is in SOC ^{2nd} cmu.	Ba
21/19	IC	Met w/ Mahdi. Advised that IRC tomorrow. Advised evaluation for placement taking place. —	Ba
22/19	IRC	Mahdi attended IRC. IRC recommended that Mahdi remain in the Conduct Mgmt. Unit. Mahdi requested to speak to this counselor after IRC. Followed Mahdi to his cell in an attempt to talk to him.	

FILED
NOV 1 1999

Calaveras Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consulation with CRC

Name Mahdi Mikal
 Redacted
 DOB _____
 Living Unit BMU
 Assigned Counselor Amos

Date	Code	Entries	Initial
2/2/99	IRC	but Mahdi threw his shoe at the officer escorting him. This counselor dismissed herself as he was obviously not in the right frame of mind to talk. —————	Ph
2/2/99	ICR	Mahdi has been offense free since 10/3/99 but he continues to be very aggressive & assaultive in nature. He was written up right before IRC and right after. Thus, he currently has two pending charges. —————	Ph
2/1/99	GC	Met w/ Mahdi and introduced the "Cage Team" (entry) "Cage" Program for Anger Mgt, which he needs to complete so he may be considered for release. —————	Ph
	10-23-99	Dr	
2/16/99	TT	Mikal attended Treatment Team for a monthly progress review but was removed due to	

aggressive & threatening behavior

Cape Fear Juvenile Correctional Center

Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mahdi, Mikal
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	Cmu
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
10/99	TT	Mikal stated that he would	
	(cont.)	"stab someone, hit someone,	
		whatever" if he doesn't leave	
		here once he completes Anger	
		Control. This counselor attempted	
		to explain to Mikal that all he	
		has to do is remain offense free	
		& complete anger control in order to	
		be released but Mikal did not	
		appear to want to hear me as he	
		was talking over me. _____	Bh
11/99	O	Completed Mikal's bi-monthly	
		progress report. _____	Bh
12/99	TM	This counselor called Mr. Mahdi	
		Redacted _____ and left a message	
		advising that Mikal is not	
		eligible for a visit until the	
		3rd Sunday in November. _____	Bh
1/99	IC	This counselor met w/ Mikal for	
		an individual session. Mikal	

Running Case Record

Telephone call received
 Telephone call made
 Weekly review
 Progress Review
 Group Counseling

TT Treatment Team Meeting
 SP Service Plan Development
 CSUV Court Visit
 IC Individual Counseling
 CN Consulation with
 CRC

Name Mahdi, Mikal
 Redacted
 DOB _____
 Living Unit CMU
 Assigned Counselor Amos

Date	Code	Entries	Initial
1/1/99	IC (cont.)	requested to talk to someone in Administration as he said there is no such thing as a 60 day program. Ms. White was present at the time so she discussed the issue w/ Mikal. This counselor also encouraged Mikal to complete his Anger Control group w/ Mr. Holland & to remain offense free. Mikal was fairly pleasant today w/ the exception of a racial comment he made.	
3/99	TR/ CN	Received a phone call from Priscilla Budeiri of The Virginia Poverty Law Center. She stated, via message, that she would like to arrange a visit w/ Mikal. This counselor consulted w/ Ms. Jones who advised that she will consult w/ Mr. Noble before this counselor	BB

1/1/99
 1/1/99

Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mahdi, Mikal
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	CMU
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consulation with CRC		

Date	Code	Entries	Initial
1/99	TR/ CN	returns Ms. Budeiri's call. _____ _____	BK
1/99	TM	This counselor returned Ms. Budeiri's call _____ and left a message advising that she may reach me at _____ _____ Redacted. Also advised that she may also want to call Ms. White or Mr. Noble. _____	BK
1/99	TR	Received a call from Mr. Sherif Mahdi re: Mikal's status. Advised him that Mikal's behavior seems to have improved a little this week. Advised him that Mikal is still in the SOC (CMU) and not eligible for a visit until the 3rd Sunday of this month. Mr. Mahdi was pleasant on the phone today. _____	BK
1/99	IC	Met w/ Mikal for an individual	

FILED
2000

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>CMU</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
1/8/99	IC	session. Informed him that this counselor spoke w/ his father. Advised Mikal, per his father's request, that his father loves him & misses him. Also, informed Mikal that this counselor observed him doing a good job in school. Explained to Mikal that it's important for him to maintain his behavior in order to progress in the Anger Control group. Mikal had no further questions or concerns for this counselor. —	BA
0/99	TR	Received phone call from Priscilla Budeiri. She informed this counselor (via message) that she planned to visit Mikal on Monday, November 15, 1999 at 10:30 a.m. This counselor informed Ms. Jones. Also advised Ms. White; she was	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>	
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>	
Weekly review	CSUV Court Visit	Living Unit <u>CMU</u>	
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>	
Group Counseling	CN Consultation with CRC		

ate	Code	Entries	Initial
0/99	TR	already aware of the planned visit. Ms. Budeiri will need access to Mikal's file as she is his "Attorney of Record."	FB
2/99	IC	Met w/ Mikal. He asked this counselor when he'll be eligible to move to General Population. Advised from CMU, he will go to the SOC. Advised Mikal that this counselor will bring him before treatment team ^{next} ~~thru~~ week. Commended Mikal for doing well in school. Encouraged him to comply w/ institutional rules so he can go home.	FB
2/99	IC	This counselor met w/ Mikal for an individual session & explained that he will be attending treatment team next week. Advised him that he needs to ~~follow~~ ^{follow} rules.	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mahdi, MikalDOB RedactedLiving Unit CMUAssigned Counselor Amos

Date	Code	Entries	Initial
6/99	IC	maintain his behavior; informed him that if he makes it to 11/27/99, he'll have been charge-free for four weeks. Mikal appeared to be a little upset but seemed to understand the importance of waiting one more week. In addition, CMU is a minimum of 30 days. ———	Be
7/99	TR	Received call from Mr. Mahdi who was calling re: Mikal's status. Advised Mr. Mahdi that Mikal has remained offense free since 10/30/99. Advised that he will be eligible for a review by the treatment team next week. Also advised that he is eligible for a visit this weekend as it is the 3 rd Sunday of the month. Also advised Mr. Mahdi that Mikal's in court today.	

**RULES
DISCOVERY**

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received Telephone call made Weekly review Progress Review Group Counseling	TT Treatment Team Meeting SP Service Plan Development CSUV Court Visit IC Individual Counseling CN Consultation with CRC	Name <u>Mahdi, Mikal</u> DOB <u>Redacted</u> Living Unit <u>CMU</u> Assigned Counselor <u>Amos</u>
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Date	Code	Entries	Initial
1/7/99	TR	Mr. Mahdi aware of the Assault and Battery charge (Hanover) but he was unaware that he had court today. Mr. Mahdi thanked me for my time.	
1/8/99	TR	Received message that Mr. Mahdi call & requested a return call.	Bh
1/9/99	TM	Called Mr. Mahdi <u>Redacted</u> & left a message to please call back.	Bh
1/10/99	91 G		Bh
2/9/99	TT	Mikal was unable to attend treatment team as he was in the Special Housing Unit pending an Assault on Staff that occurred over the weekend. His paperwork will be forwarded to the IRC w/ the recommendation that Mikal remain in the CMU.	
1/99	IRC	Mikal attended IRC - IRC	

**Culpeper Juvenile Correctional Center
Running Case Record**

Telephone call received
Telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name Mahdi, Mikal

Redacted

DOB _____

Living Unit CMU

Assigned Counselor Amos

Date	Code	Entries	Initial
4/99	IRC	recommended that Cadet Mahdi remain in SOC - Conduct Management due to recent charges and continued non-compliance w/ the LEADER program.	BH
129/99	TR	Received message from Mr. Mahdi, who was calling for Mikal's status. He stated he would call back later.	BH
2/3/99	WR	This counselor met w/ Mikal on several occasions this week. He is currently in PC. Mikal advised this counselor that he would like to remain in PC for the remainder of his stay. Advised him that he did not have a problem w/ that but placement is a security issue, not for TX alone.	

**RULE 5
DISCOVERY**

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mahdi, Mikal</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>PC</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
13/99	WR	to decide. Advised him that this counselor will have to run the idea by security - perhaps the Capt. or CDI Harris. Mikal understood.	B
04/99	IC	This counselor met w/ Mikal in SHU for an individual session. We discussed his latest charge. He claims that Ofc. Waller spit on him & that's why he hit Ofc. Waller. This counselor also asked about what happened when he went to court. Mikal stated nothing - he has to go back on January 20. Also advised Mikal that his father called yesterday to check on his status. Mikal appeared to be in good spirits.	
1/99	TR	(late entry). Mr. Mahdi called	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received Telephone call made Weekly review Progress Review Group Counseling	TT Treatment Team Meeting SP Service Plan Development CSUV Court Visit IC Individual Counseling CN Consultation with CRC	Name <u>Mahdi, Mikal</u> DOB <u>Redacted</u> Living Unit <u>SHU</u> Assigned Counselor <u>amos</u>
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Date	Code	Entries	Initial
1/9/99	TR	to check on mikal's status. reformed Mr. Mahdi that Mikal placed in SHU for assaulting an officer. Advised him, however, that Mikal's offenses are fewer & further between.	BS
1/15/99	IC	This counselor met w/ Mikal, for an individual session. He was busy reading; he had no questions or concerns for this counselor. This counselor encouraged him to remain offense-free.	BS
1/17/99	TR	Received a phone call from Mr. Sherif Mahdi. He left a message for me to return his call.	BS
1/27/99	TM	This counselor called Mahdi and left a	BS

RULE 5
DISCOVERY

Department of Juvenile Justice
 Culpeper Juvenile Correctional Center
 Running Case Record

Telephone call received
 Telephone call made
 Weekly review
 Progress Review
 Group Counseling

TT Treatment Team Meeting
 SP Service Plan Development
 CSUV Court Visit
 IC Individual Counseling
 CN Consultation with
 CRC

Name Mahdi, Mikal
 Redacted
 DOB _____
 Living Unit SHU
 Assigned Counselor Amos

Date	Code	Entries	Initial
1/7/99	TM	message w/ the female who answered the phone. Informed her to please advise Mr. Mahdi that Mikal is eligible for a visit as it is the 3rd Sunday of the month.	BH
9/99	CN	This counselor met w/ Mr. Sherif Mahdi. We discussed Mikal's status. We also discussed the visitation procedures. He assured me he understood.	BH
11/99	TR/TM	Ms. White advised this counselor that Mikal's grandmother called. ^{Redacted} Returned her call as she had questions regarding Mikal's status and release date. Informed her that Mikal will be eligible for release when	

NOLE 5
 DISMISS

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mahdi, Mikal
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	SHU
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
12/1/99	TR/TM	he completes Anger Control treatment objective and when he remains major offense-free for a period of 90 days as well as moderate offense-free for a period of 30 days. Mrs. Powell stated that she was informed that Mikal would be released in December. When this counselor asked her who advised her of that information, she stated that she did not have any names. This counselor informed her that Mikal received a major offense on 12/5/99 and a moderate offense on 12/8/99. Mrs. Powell further stated that she doesn't appreciate him behaving "like that" and that she appreciates what this counselor	

RULE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received
Telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name

Mahdi, Mikal

DOB

Redacted

Living Unit

SHU

Assigned Counselor

Amos

Date	Code	Entries	Initial
12/1/99	TR/TAI	is doing for him. Assured her that this counselor would like nothing better than to see him be able to maintain good behavior in order to be considered for release. Ms. Bowell also asked if this counselor could relay a message to Mikal for her. Advised her yes. —	Bh
2/23/99	TT	Mikal attended treatment team for a monthly progress review. Mikal continues to show inappropriate + non-compliant behavior. Also, he displays aggressive / assaultive behavior. Major + moderate offence pending. He refused to sign TT form. His case will be forwarded to the IRC.	Bh

RULE 5
RECOVERY

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>CMU / SOC</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
12/1/99	FC	(late entry) Met w/ Mikal for an individual session. He was very upset as he had a confrontation w/ staff. He refused to elaborate on the situation. Advised him of his grandmother's message. Informed him she loves him & is praying for him. Also advised him that she is planning to visit him 3rd Sunday in January, as this counselor explained visitation procedures to her. —	BA
30/99	TM	This counselor called Sherif Mahdi and informed him that Mikal is not eligible for visitation until the 3rd Sunday in January. Also informed him of Mikal's status - offense free since since December 8. —	BA

RULE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with
	CRC

Name Mikal Mahdi
 DOB Redacted
 Living Unit SOC - Remedial
 Assigned Counselor Amos

Date	Code	Entries	Initial
12/1/00	IRC	Mikal attended IRC. IRC recommended that he be taken out of the CMU and placed in the SOC-Remedial. Mikal was satisfied with IRC's decision as he did not wish to appeal. Mikal also informed the IRC that he would like his counselor changed. Ms. Whittaker agreed to discuss the issue w/ Mikal at a later time.	BR
1/5/00	IC	This counselor met w/ Mikal for an individual session. Informed him of his upcoming court date on January 20. Advised this may slow down release process. Mikal got upset - stated he did not want to talk about it.	BR

PAGE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with
	CRC

Name Mikal MahdiDOB RedactedLiving Unit SOC - RemedialAssigned Counselor Amos

Date	Code	Entries	Initial
14/00	IC	Met w/ Mikal for an individual session. Allowed him to make a phone call. Also gave him a letter that was addressed to him. Mikal was somewhat guarded and stated he did not feel like talking. Mikal has expressed a desire to have his counselor changed as he feels this counselor is trying to keep him here.	PB
19/00	TR	Received call from Mr. Sherif Mahdi. He left a message advising this counselor he will call back as he is "on the job." He was calling for Mikal's status.	PB
21/00	TM	Called Mr. Sherif Mahdi and left a message. Advised female who answered the phone that	

DUE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received Telephone call made Weekly review Progress Review Group Counseling	TT Treatment Team Meeting SP Service Plan Development CSUV Court Visit IC Individual Counseling CN Consulation with CRC	Name <u>Mikal Mahdi</u> DOB <u>Redacted</u> Living Unit <u>SOC - Remedial</u> Assigned Counselor <u>Amos</u>
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Date	Code	Entries	Initial
2/1/00	TM	Mikal not eligible for a visit this weekend. Also advised her to please have Mr. Mahdi call in order to discuss Mikal's status. Received call earlier today from Mr. Mahdi - he stated via message that he was calling for Mikal's status.	
1/1/00	IC	This counselor met w/ Mikal for an individual session. He was unable to go to court this week due to inclement weather. Court date continued. Mikal appeared to be handling it well. He also admitted to "sounding like a broken record" and a "whiny-ass baby." This counselor commended Mikal as he has been displaying good behavior. We also discussed	JB

DATE 3

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi
Redacted
DOB _____
Living Unit SOC - Remedial
Assigned Counselor Amos

Date	Code	Entries	Initial
11/00	IC	how he will handle more time. Mikal stated he thinks he will be able to handle it if he's in GP. Encouraged him to continue on the track he's on as he has remained offense-free since 12/21/99. Advised him he will be going before Treatment Team soon. Mikal informed this counselor to just "be straight" w/ him.	PB
6/00	TT	Mikal was scheduled to attend Treatment Team today but his case was deferred until next week. Mikal eligible for a promotion to GP but he was involved in a fight last week w/ another cadet & he has pending charges which may affect his promotion.	PB
8/00	TR	This counselor received a message from Sheriff Mahdi. He advised that	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi
 DOB Redacted
 Living Unit SOC - Remedial
 Assigned Counselor Amos

Date	Code	Entries	Initial
8/00	TR	counselor that he was unable to make it for visitation last week because he was having car trouble. He stated he cannot make it this weekend due to the weather. Mr. Mahdi called from work and stated he would call back for Mikal's status.	
9/00	IC	This counselor met w/ Mikal for an individual session. He requested this counselor follow-up for his court date. Mikal also stated he would like to call his P.O. Advised this counselor will set up a telephone conference. Mikal also asked to see Ms. Pearson & Ms. White. Mikal very upset & feels that "we" are trying to keep him here. Mikal accepts no responsibility for his actions.	BR

RULE 5

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>	
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>	
Weekly review	CSUV Court Visit	Living Unit <u>SOC - Remedial</u>	
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>	
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
1/00	TT	Mikal was scheduled to attend treatment team but was unable to attend as he was displaying aggressive & threatening behavior. In addition, he was writing obscenities on his cell wall w/ pudding. Mikal received a major on 1/21/00 and a moderate on 1/26/00. In order for him to be eligible for placement in GL, he must remain ^{major} offense-free until 2/21/00. He can receive no more than one moderate. His case will be forwarded to the IRC for an evaluation.	RULE 5 DISCOVERY FB
1/00	TR	This counselor received a phone call from Mikal's father, Sherif Mahdi. He was calling for Mikal's status. Informed him of the above. Also informed him that Mikal didn't go to court on 1/20/00 as scheduled.	

Department of Juvenile Justice
 Culpeper Juvenile Correctional Center
 Running Case Record

Telephone call received
 Telephone call made
 Weekly review
 Progress Review
 Group Counseling

TT Treatment Team Meeting
 SP Service Plan Development
 CSUV Court Visit
 IC Individual Counseling
 CN Consultation with
 CRC

Name Mikal Mahdi

Redacted

DOB _____

Living Unit SOC - Remedial

Assigned Counselor Amos

ate	Code	Entries	Initial
1/00	TR	due to inclement weather. Advised him the court date has been re-scheduled for the latter part of February. Further, advised Mr. Mahdi that Mikal is not eligible for a visit until the 3rd Sunday in February, 2/20/00.	RB
1/00	IRC	Mikal attended the IRC meeting. The IRC recommended that he remain in SOC-Remedial in spite of his recent charges & overall behavior. Mikal refused to sign the IRC form.	RB
1/00	IC	Met w/ Mikal. We discussed what happened at the IRC. He stated he understood why he was kept in SOC-Remedial. Encouraged Mikal to remain offense-free - advised him he was so close to population. Also advised Mikal that he will get	

RULE 5

DISCOVERY

Entries

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi
 Redacted
 DOB _____
 Living Unit 50C - Remedial
 Assigned Counselor Amos

Date	Code	Entries	Initial
1/00	IC	him copies of the material he requested provided there are copies in his file. Also advised Mikal that we will sit down w/ Ms. Gates & discuss his situation. This counselor is concerned about Mikal as he doesn't appear to accept any responsibility for his own actions & this is hurting him. Mikal also appears to be bitter & resentful & this is eating at him in my opinion.	BH
2-4	008		
1/00	IC/ CSUV/ TM	(late entry) Met w/ Mikal along w/ his P.O., Ms. Jason. We discussed his progress as well as his pending charge for which he will appear in court on 2/24/00 at 11:00 AM. Mikal also requested a phone call. Allowed him to make a phone call but he	

RULE 6
DISCOURAGE

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>SOC - Remedial</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
1/9/00	IC/	did not get through. _____	
	CSUV/	_____	
	TM	_____	Ph
1/5/00	IC	Met w/ Mikal for an individual counseling session. He requested copies of all "papers" regarding (pertaining to) his upcoming court date. He is scheduled to appear in court on 2/24/00 at 11:00 a.m. Mikal also requested a phone call. Mikal also asked this counselor what would likely happen in court. Advised him it is hard to predict what will happen in court but encouraged him to think positive. Ph	
1/7/00	WR	Mikal will attend Treatment Team next week as he is eligible for a promotion to Cadet 1st Class. Treatment Team will likely make the recommendation that Mikal be	

FILE 5
DISC...

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received
 Telephone call made
 Weekly review
 Progress Review
 Group Counseling

TT Treatment Team Meeting
 SP Service Plan Development
 CSUV Court Visit
 IC Individual Counseling
 CN Consultation with
 CRC

Name Mikal Mahdi
 DOB Redacted
 Living Unit SOC - Remedial
 Assigned Counselor Ames

date	Code	Entries	Initial
7/00	WE	promoted. This case will be forwarded to the IRC for final approval.	PG
4/00	TR	Received call from Nancy Powell.	B
1/00	TRM	Returned Ms. Powell's call (804)848-9022 - No answer, no machine. Will make another attempt to reach Ms. Powell at a later time.	PG
3/00	TT	Mikal attended treatment team. His behavior has improved tremendously. Treatment team recommended he be promoted to Cadet 1st Class & placed in general population. This case will be forwarded to the IRC.	PG
1/00	O	Mikal in court today.	PG
2/00	IC	Attempted to meet w/ Mikal for an individual session. He stated he does not feel like talking to anybody. He appears to be upset about court yesterday. This case will be forwarded to the IRC.	PG

Discontinued

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Phone call received
Phone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name

Mikal Mahdi

Redacted

DOB

Living Unit

SDC - Remedial

Assigned Counselor

Amos

te	Code	Entries	Initial
1/0	IC	will follow-up for details. —	B
3/00	IRC	Mikal attended IRC today. The IRC approved Mikal for Cadet 1st Class & placement in general population. —	B
1/00	IC	Individual session w/ Mikal. He informed this counselor he was re-committed to the DJJ when he went to court. Advised him RDC will calculate his LOS & this counselor will follow-up w/ RDC. He appeared to be frustrated but handled himself appropriately. He appears to be somewhat more "at ease" in general population. —	B
1/00	IC	Brief contact w/ Mikal. Asked him if he wanted to make a phone call. He stated "no" because "it is too expensive." —	B
1/00	IC	Individual session w/ Mikal in the SHU. He is serving a sanction.	

RULE 5
DISCOVERY

Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mikal Mahdi
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	50C - Remedial
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
0/00	IC	for receiving a charge. Mikal not sure as to what kind of charge he received. Advised Mikal that if he received a major, he would go back to the SOC. Mikal became very upset & began yelling. He is very argumentative. Stated staff is trying to run him up. Advised Mikal this counselor will look unto his charge. End of conversation.	PS
	3-11-06		
6/00	IC / TR	Individual session with Mikal. He was in the Special Housing Unit on PC. He apparently requested to move to PC. Discussed his recent major charge. Advised him it will more than likely, effect his status. Advised IRC will hear his case today. Also informed	

FILE 5
DISC 1

**Culpeper Juvenile Correctional Center
Running Case Record**

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi
 Redacted
 DOB _____
 Living Unit 4-D / PC
 Assigned Counselor Amos

date	Code	Entries	Initial
2/00	IC/	Mikal that cl received a call	
	TR	from his father this week.	
		informed him his father will	
		be coming for visitation this	
		weekend. Advised Mikal that	
		overall, cl am pleased w/ his	
		progress but also advised cl	
		must adhere to program & w/	
		one major, he will receive a	
		reduction in rank & go back	
		to soc. Further, advised Mikal	
		that Ms. Jones has called RDC	
		trying to get information on his	
		new LOS. Mikal understood. —	FB
7/00	TM	Ms. Jones called RDC, this	
		the second time, trying to	
		secure Mikal's new LOS as	
		he was recommitted to DJJ in	
		February. —	FB
1/6/00	IRC	(late entry) Mikal demoted to soc. —	FB

**RULE 5
DISCOVERY**

Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received Telephone call made Weekly review Progress Review Group Counseling C	TT Treatment Team Meeting SP Service Plan Development CSUV Court Visit IC Individual Counseling CN Consultation with CRC	Name <u>Mikal Mahdi</u> DOB <u>Redacted</u> Living Unit <u>4-D / PC</u> Assigned Counselor <u>Amos</u>
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Date	Code	Entries	Initial
1/13/00	TR	(late entry) Mr. Shereef Mahdi called this counselor regarding Mikal's status. Informed Mr. Mahdi that Mikal's behavior has improved tremendously. Also informed Mr. Mahdi that Mikal is now in general population & eligible for a visit each Sunday as long as he maintains his behavior. Mr. Mahdi thanked this counselor.	
1/15/00	Tm	This counselor called Mikal's father, Shereef Mahdi, as he just received word that Mikal is to go to IRC for demotion to SOC. Mikal received a major charge. Mr. Mahdi appeared to be upset. This counselor also reminded him that Mikal will only be eligible for visit the 3 rd Sunday	

of the month until he gets out of the SOC (A) **FILE 5**

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received
Telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name Mikal Mahdi

DOB Redacted

Living Unit 4-D/PC

Assigned Counselor Amos

Date	Code	Entries	Initial
6/1/00	TM	Mr. Jones called RDC and spoke with Livia Janson in an attempt to secure Mikal's new LOS. ———	FB
6/1/00	TT	Mikal attended treatment team for a monthly progress review. His behavior has been inconsistent. He was recently demoted to SOC on 3/16/00. Provided he remains offense-free, he will be eligible for a promotion to 1st Class on 4/16/00. ———	FB
6/21/00	IC	Explained to Mikal that we are trying to secure his new LOS. Mikal has been fairly patient concerning this matter. Acknowledged his frustration and advised we will inform him of his new LOS as soon as we find out. Mikal was re-committed to DJJ on 2/24/00. ———	FB
6/26/00	O	Mr. Mahdi showed for visitation. Informed Mr. Mahdi that	

RULE 5

**Culpeper Juvenile Correctional Center
Running Case Record**

R Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
M Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
/R Weekly review	CSUV Court Visit	Living Unit <u>4-D/PC</u>
R Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
C Group Counseling	CN Consultation with	
IC	CRC	

Date	Code	Entries	Initial
1/26/00	D	Mikal is in SOC & not eligible for a visit. Mr. Mahdi stated he knew Mikal was in SOC, but he thought "he'd give it a try". Ms. Carpenter witnessed our conversation as did Officers Waller & Davis. Officer Waller called Capt. Rivera. This counselor also spoke with Capt. Rivera. He permitted Mr. Mahdi to visit. —	RS
31-00	TM	Telephoned Mr. Mahdi at 804-272-2624 and told him Mikal would not be able to have a visit as he is in SOC	RS
3/00	TR	Received call from Sherief Mahdi. He wanted to know Mikal's new COS. —	RS
3/00	TM	Returned Mr. Mahdi's call & left a message to please call back. —	RS

**RULE 5
DISCOVERY**

Supervisory Case Record

Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mikal Mahdi
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	PC (SOC)
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
1/5/00	IC	Individual session with Mikal in PC. Informed him of his new LOS (9-15 mos.) which began at his last ELOS. Explained he would have been eligible for release 4/22/00 but he received a major on 3/4/00. Advised him, however, instead of 90 days, we are only going to ask that he remain major offense-free for 60 days which makes him eligible for release on 5/4/00. Mikal remained calm; stated he did not want to get too excited. He requested a copy of the fax that Ms. Jones received from Ms. Jansen. This CRC stressed the importance of positive behavior.	PG

RULE 5
DISCIPLINE

Culpeper Juvenile Correctional Center
Running Case Record

COPY TO MASTER

TR Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
TM Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
WR Weekly review	CSUV Court Visit	Living Unit <u>PC (SOC)</u>
PR Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
GC Group Counseling	CN Consultation with	
IRC	CRC	

Date	Code	Entries	Initial
4/6/00	TM	This CRC called Shereef Mahdi at <u>Redacted</u> and left a message to please call back. Need to inform him of Mikal's release date.	
4/6/00	IC	Brief contact with Mikal. I gave him a copy of the fax he requested.	PB
	4-8-00	for	PB
4/11/00	TM	This counselor called P.O. Clara Faison 348-3645 and left a message with her secretary. Informed her Mikal eligible for release on 5/4/00 and to please have Ms. Faison call back.	PB
4/17/00	O	Mailed letter to P.O. Clara Faison announcing Mikal eligible for release on 5/4/00; requested she forward parole rules & her letter of parole acceptance.	PB
4/27/00	TM	Called P.O. Clara Faison & left a	

RULE
RECOVER

Department of Juvenile Justice
 Culpeper Juvenile Correctional Center
 Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>PC</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consultation with CRC	

Date	Code	Entries	Initial
2/25/00	TT	Mikal attended treatment team as he is eligible for a promotion to Cadet 1st Class. He is also scheduled for release on 5/4/00. His case will be forwarded to IRC regarding both issues. —	PB
2/25/00	TR/ TM	Received a call from P.O. Clara Jaison after this counselor called. * left another message. Ms. Jaison advised this counselor that she is in the process of working on Mikal's parole rules & securing placement. She advised that Mikal will return home to live with his grandmother as she has received no responses from his father. —	PB
2/27/00	IRC	Mikal did not attend IRC. IRC reviewed his case however & decided he will remain in PC until his scheduled release date of 5/4/00 (H)	

RULE 5
 EVERY

CERTIFICATE OF COUNSEL FOR APPELLANT

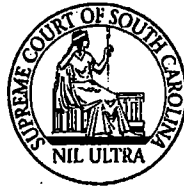
Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability, with the August 13, 2007, order from the South Carolina Supreme Court entitled "Interim Guidance Regarding Personal Data Identifiers and Other Sensitive Information in Appellate Court Filings."

November 10th, 2008


Kathrine H. Hudgins
Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
PO Box 11589
Columbia, S. C. 29211-1589
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ATTORNEY FOR APPELLANT



South Carolina Court Administration
South Carolina Supreme Court
Columbia, South Carolina

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November 24, 2014

Brandon W. Duke, Esq.
WINSTON & STRAWN, L.L.P.
1111 Louisiana St, 25th Floor
Houston, TX 77002

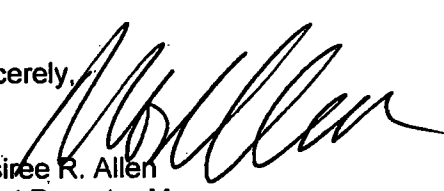
In re: Mikal D. Mahdi v. State of South Carolina, 2009CP0900164

Dear Mr. Duke:

This is in response to your letter dated October 13, 2014, and the attached letter dated February 4, 2013, requesting a transcript from the records of Priscilla Nay. Ms. Nay was separated from employment with Court Administration as of March 2011, and was instructed to deliver all outstanding records to our office. Records from court reporters are stored in our warehouse for the requisite five years. In a telephone conversation with your office, I advised that this was done pursuant to Rule 607. This morning I personally went to the warehouse where court reporter records are stored to be sure it had not been retained beyond the five-year period.

After a thorough review and search of her records, I have determined that unfortunately, the records to produce a transcript from these proceedings have already been destroyed, and we will be unable to have this transcript prepared. We have exhausted all avenues before writing this letter, and are sorry for any inconvenience this causes you and all parties involved.

Sincerely,


Desiree R. Allen
Court Reporter Manager

The Honorable Daniel E. Shearouse, Clerk, S.C. Supreme Court

BRANDON DUKE
Associate
713 651 2636
bduke@winston.com

October 13, 2014

Via Email

Desiree Allen
Manager, Court Reporting and Court Interpreters
Court Administration
1015 Sumter Street, Suite 200
Columbia, South Carolina 29201-3739
dallen@sccourts.org

Re: Mikal D. Mahdi v. State of South Carolina, 2009-CP-09-164

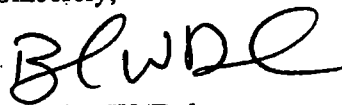
Dear Ms. Allen:

I write regarding our letter dated February 4, 2013, requesting a transcript for the above case, which was heard before the Honorable Doyet Early, III, Circuit Court Judge, in Beaufort County on August 11, 2009. A copy of the letter is attached.

On October 8, 2014, the Notice of Appeal in this case was filed, and we are ordering the transcripts for the entire proceedings below pursuant to Rule 207(a), SCACR. As explained in the previous letter, our records indicate that Priscilla Nay was the Court Reporter, and that Ms. Nay is no longer a court reporter. Can you please let me know the status of our request that Court Administration provide us with a transcript of the proceedings and to please transcribe the entire record?

I agree to pay the per page charge for the transcript as provided by Rule 607, SCACR.

Sincerely,



Brandon W. Duke
Attorney for the Appellant

Attachment

cc: The Honorable Daniel E. Shearouse
Anthony Mabry, Esq.
Teresa L. Norris, Esq.

WINSTON & STRAWN LLP

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SETH C. FARBER
Partner
212-294-4611
sfarber@winston.com

February 4, 2013

VIA FEDERAL EXPRESS

Court Administration
1015 Sumter Street
Columbia, South Carolina 29201

Re: Mikal D. Mahdi v. State of South Carolina, 2009-CP-09-164

To whom it may concern:

On August 11, 2009, the above case was heard before the Honorable Doyet Early, III, Circuit Court Judge, in Beaufort County. My records indicate that Priscilla Nay was the Court Reporter and that Priscilla Nay is no longer a court reporter.

I therefore request that you provide me with a transcript of the proceedings. Please transcribe the entire record.

I agree to pay the per page charge for the transcript as provided by Rule 607, SCACR.

Sincerely,



Seth C. Farber
Attorney for Appellant
(Application for admission *pro hac vice* pending)

Cc: The Honorable Daniel E. Shearouse
Anthony Mabry, Esq.
Teresa L. Norris, Esq.

NY:1546997.1

A008905