

The South Carolina Court of Appeals

The State, Respondent

v

Diana Jordan, Appellant

Appellate Case No. 2023-000090

RECEIVED
NOV 21 2023
SC Court of Appeals

Motion to Overturn Conviction Based on Newly
Discovered Evidence and Request for
Expedited Buling

- I received a notice from the SC Department of
Employment and Workforce (SCDEW) dated 10/17/23
that Charles Shortie had applied for unemployment
benefits with Lakewood Service Company, employers
account number 547173.

- I received a notice from SCDEW dated 10/27/23
approving Charles Shortie for a weekly benefit
amount of \$376.00 from employer account
number 547173, Lakewood Service Company.

- Lakewood Service Company was my former employer
and on 11/3/12 their account was classified as
inactive. If business owner Kimberly Szabo had
reactivated Lakewood Service Company she would
have changed the address to 207 Lexington Lane,
Chapin, SC 29036, or another address she receives
mail at.

- The documents reminded me that MY initial hearing
had been scheduled with an employer I had

NEVER heard of Amick Farms, notice date 4/18/14,
hearing date 4/30/14.

- I notified SCDEW of the error and the hearing was cancelled but never RESCHEDULED.
- I received a notice dated 6/13/14 telling me I had been OVERPAID unemployment benefits by \$60,000.00, probably from the Amick Farms account that I had never worked for.
- On 7/17/14, the FIRST hearing I had regarding the supposed overpayment of unemployment benefits was done as an APPEAL not an initial hearing. At the initial hearing you are allowed to present exculpatory evidence, on appeal NO new evidence can be presented, meaning none of the exculpatory evidence presented at the APPEAL hearing on 7/17/14 could be considered by the Hearing Officer because it had NOT been presented at an initial hearing that was scheduled with the WRONG liable employer, Amick Farms and NEVER rescheduled.
- My convictions need to be overturned due to the failure of SCDEW to allow me an INITIAL HEARING with MY liable employers, EBay Consignment Company, A Home Improvement Company and Lakewood Service Company, allowing me to present exculpatory evidence, which is available.
- I respectfully request an expedited En Banc ruling and am forwarding a copy of these documents to the United States Department of Justice (USDOJ)

who is investigating the Alvin S. Glenn Detention Center for civil rights violations. I was incarcerated there from 11/20/23 to 11/27/23 when an inmate was murdered. If other inmates civil rights are being violated like mine were by SCDPW, SC state agencies need to be investigated and prosecuted by the USDOJ.

- On 9/19/23 the Commission on Indigent Defense ordered the trial transcripts. Appellant respectfully requests to be notified when they arrive.

PROOF OF SERVICE

I certify that I have served copies of these documents on:

P. O. Box 11549
Columbia, SC 29211

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NOV 21 2023

US Department of Justice SC Court of Appeals
950 Pennsylvania Avenue NW
Washington, DC 20530

by US mail, postage paid.

November 16, 2023

Diana B. Jordan

Diana B. Jordan

104 Woodglen Lane

Chapin, SC 29036

dhjordan2000@yahoo.com

Pro Se Appellant



24084084

Please return to:
SC DEW
PO BOX 1477
COLUMBIA SC 29202
Fax: 843-234-0352

Claimant's Name: CHARLES R SHORTIE
Name Worked Under:
Employer's Account #: 547173

SS#: 426-08-6631 Claimant ID: 10608436

Date Mailed: 10/17/2023

Return with in 10 days
of the above date to:
Fax Number: 843-234-0352
BYE: 11/11/2023

Employer's Name & Address:
LAKEWOOD SERVICE COMPANY
PO BOX 333
WHITE ROCK SC 29177-0333

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please select the reason this person no longer works for you and answer the questions that follow so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please visit the agency website at www.dew.sc.gov. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR CHARGEABLE EMPLOYER.

CLAIMANT'S Reason for Separation: I was laid off due to lack of work-slow down in business

SEPARATION INFORMATION: Please check the explanation below that applies and answer the questions that are related to that section.

LACK OF WORK: (NO ADDITIONAL WRITTEN EXPLANATION IS NECESSARY.)

DISCHARGE:

When was the claimant discharged?

What was the reason for the discharge?

Does your company have a policy regarding this reason for discharge? Yes No

If Yes, what is your company policy?



24137400

Original

Decision Date:	10/27/2023
Mailing Date:	10/30/2023
Effective Date:	10/15/2023
Type:	LO01
Category:	Lay Off (SC)
Benefit Year Ends:	11/11/2023
RE:	CHARLES R SHORTIE
Claimant ID:	10608436
SSN:	426-08-6631
WBA:	\$326.00
RBA:	\$0.00

1088 1 AB 0.534

UCB103
P:1088 / T:4 / S:



LAKESIDE SERVICE COMPANY
PO BOX 333
WHITE ROCK SC 29177-0333



The claimant received a determination stating:

DECISION

You are eligible for benefits from 10/15/2023, if otherwise eligible.

DETERMINATION REASON

You are on lay off from your most recent bona fide employer due to lack of work and no disqualification is imposed on the separation under the South Carolina code.

CONCLUSION

You have met the eligibility requirements of the law, benefits are allowed.

UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 11/09/2023. Appeals may be filed by mail addressed to the "Appeal Tribunal, Post Office Box 995, Columbia, SC 29202," or by fax to 803-737-0287, or via the CSS or ESS portals using the "Request Appeal" button. NOTE: UPLOADING DOCUMENTS TO THE PORTALS WILL NOT BE ACCEPTED AS AN APPEAL. For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at <https://www.dew.sc.gov/individuals/appeals>.

SEE FURTHER EXPLANATIONS OF THE LAW ON PAGE TWO (2) OF THIS FORM

**SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
1550 Gadsden Street
PO Box 995
Columbia, SC 29202
11/13/2012**

LAKWOOD SERVICE COMPANY

PO BOX 333
WHITE ROCK, SC 29177-0333

In reply refer to:
Employer Status Section
Telephone: (803) 737-3075

Account Number: 547173
Doc #: 111

Dear Employer:

Based on information furnished this office, your contribution account has been classified "inactive" as of 03/31/2012.

This action only relieves you of the necessity for filing quarterly reports until such time as you again have covered employment in South Carolina and should not be confused with the granting of Termination of Coverage, as such termination can be accomplished only under Section 41-37-30 of the South Carolina Code.

When you again have covered employment in this state you should immediately notify us of that fact in order that your account may be reactivated.

Sincerely,



Nicole Little
Department Director

* 3/17/13 mailed Cr Bal Ref req.

FORM ALIGNMENT BOXES

1. EMPLOYER NAME
LAKWOOD SERVICE COMPANY

2. ACCOUNT NUMBER
SA1173
4. TOTAL NO. PAGES
(Including Continuation Sheets)

3. QUARTER ENDING DATE
12/31/11
5. TOTAL NO. OF EMPLOYEES
1



EMPLOYEE'S SOCIAL SECURITY NUMBER
0165-40-3789

7. NAME: FIRST MIDDLE INITIAL LAST.
DIANA B JORDAN

8. TOTAL WAGES
\$ 12,714.00

Kim Szabo
207 Lexington Ln
Chapin, SC 29036
1-30-2012
096
67-776532
2007
Pay to the Order of
Payable in Full or in Part
SC employment Security Commission 270.00
two hundred & seventy 2/100
WACHOVIA
Wachovia Bank, N.A.
Lakewood Services Co. / FEIN 21-4702096
Kim Szabo

11. EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE-101)
(See example for computing excess wages)

\$ 2,714.00

9. TOTAL WAGES THIS PAGE
\$ 12,714.00
10. TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE-101)
\$ 12,714.00

ATTACH CHECK HERE

FORM UCE-101
NAME, ADDRESS
**LAKWOOD SERVICE CO.
P.O. BOX 333
WHITE ROCK, SC 29177**

SCESC ACCT. NO. **SA1173** QUARTER ENDING DATE **12/31/11** CURRENT F.E.I.N. **21-4702096**

L.B.	L.E.	L.A.	CH.	AREA

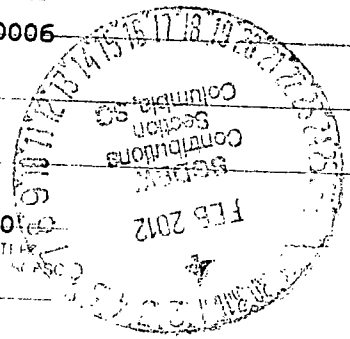
1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

MONTH 1	MONTH 2	MONTH 3
0	0	0

2 A. TOTAL WAGES PAID THIS QUARTER	12,714.00
B. LESS: EXCESS OVER 10,000 (SEE ITEM 2B ON INSTRUCTIONS)	2,714.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	10,000.00
3 A. TOTAL CONTRIBUTIONS DUE (ITEM 2C TIMES .0264)	264.00
B. CONTINGENCY ASSESSMENT DUE (ITEM 2C TIMES .0006)	6.00
4. INTEREST DUE	
5. PENALTY DUE	
6. LESS OUTSTANDING CREDIT OF	2,700.00
7. TOTAL AMOUNT DUE THIS QUARTER (MAKE REMITTANCE PAYABLE TO)	270.00

SIGNATURE **Kim Szabo** DATE **12/31/11**

PREPARER'S TELEPHONE NUMBER ()
EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.



SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995

COLUMBIA, S.C. 29202

06/03/14

FINAL NOTICE

***-**-3789

DEMAND FOR REFUND

YOU WERE PREVIOUSLY NOTIFIED THAT YOU WERE OVERPAID UNEMPLOYMENT BENEFITS. YOUR BALANCE DUE IS \$60,020.00.

THIS OVERPAYMENT IS A DEBT FOR WHICH YOU ARE RESPONSIBLE AND MUST BE REPAYED TO THIS AGENCY IN ACCORDANCE WITH SECTION 41-41-40 OF THE SCDEW LAW. YOU HAVE MADE NO EFFORT TO REPAY THIS DEBT. THEREFORE, IF PAYMENT ARRANGEMENTS HAVE NOT BEEN MADE WITHIN TEN (10) DAYS FROM THIS DATE OF THIS DEMAND LETTER, YOUR DEBT WILL BE TURNED OVER TO A COLLECTION SPECIALIST WITHIN OUR DEPARTMENT FOR FURTHER ACTION.

PLEASE DETACH THE ENCLOSED COUPON AND MAIL WITH YOUR PAYMENT TO THE ADDRESS SHOWN ON THE COUPON. DO NOT MAIL CASH. IF ASSISTANCE IS NEEDED, PLEASE CALL (803)737-2490.

BENEFIT PAYMENT CONTROL

RETURN THIS PORTION WITH YOUR PAYMENT

IMMEDIATE ACTION IS REQUIRED ON THIS DEMAND

MAKE PAYMENT TO: SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, RM-130
P.O. BOX 2644
COLUMBIA, S.C. 29202

PAYMENT AMOUNT \$ _____

ADDRESS CORRECTION INFORMATION

DIANA

*****-**-3789**

\$60,020.00

JORDAN

**SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT & WORKFORCE**

Columbia, South Carolina

Transcript of Testimony

Before

Daniel C. Beach, Administrative Hearing Officer

Diana Jordon) **CLAIMANT**
104 Woodglen Lane)
Chapin, SC 29036)
Claimant SSN: xxx-xx-3789)

No Liable Employer) **LIABLE EMPLOYER**

PLACE OF HEARING: SC Department of Employment & Workforce
700 Taylor Street
Columbia, South Carolina

DATE OF HEARING: **July 17, 2014**

APPEARANCES:

For Claimant: In Person

For Employer: None

Diana Jordan
104 Woodglen Ln.
Chapin, SC 29036

Retail



UNITED STATES
POSTAL SERVICE



29211

RDC 99

U.S. POSTAGE PAID
FCM LETTER
IRMO, SC 29063
NOV 17, 2023

\$0.90

R2304M111047-75

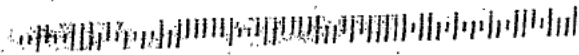
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SC Court of Appeals

SC Court of Appeals
P. O. Box 11629
Columbia, SC 29211

29211-102020



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