

The South Carolina Court of Appeals

The State, Respondent

v

Diana Jordan, Appellant

Appellate Case No. 2023-000090

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 10/17/23 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 11/13/17 their account was classified as inactive. If business owner Kimberly Scabo 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 4/15/14,
hearing date 4/30/14.

- I notified SCDEW of the error and the hearing was cancelled but never RESCHEDULED.
- I received a notice dated 6/3/14 telling me I had been OVERPAID unemployment benefits by \$60,070.00, 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 WBCOG 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 J. Glenn Detention Center for civil rights violations. I was incarcerated there from 11/30/93 to 11/27/93 when an inmate was murdered. If other inmates civil rights are being violated like mine were by SCDEW, SC state agencies need to be investigated and prosecuted by the USDOJ.

- On 9/19/93 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:

SC Attorney General's Office
P. O. Box 11549
Columbia, SC 29211

+
US Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530

by US mail, postage paid.

RECEIVED

Nov 22 2023

SC Court of Appeals

November 16, 2023

Diana B. Jordan
Diana B. Jordan
104 Woodglen Lane
Chapin, SC 29036
dbjordan2000@yahoo.com
Pro Se Appellant

Diana Jordan
104 Woodglen Ln.
Chapin, SC 29036

Overturn Based on New-Expedited

SC Court of Appeals
P.O. Box 16711
Columbia, SC 29111

SC Attorney General's Office
P.O. Box 11549
Columbia, SC 29111

Overturn Based on New-Expedited

Diana Jordan
104 Woodglen Ln.
Chapin, SC 29036

Diana Jordan
104 Woodglen Ln.
Chapin, SC 29036

Kristen Clarke
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue NW
Office of the Assistant Attorney General, Main
Washington, DC 20530

return Based on New-Expedited



Department of Employment and Workforce



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.

[X] 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



1088 1 AB 0.534 UCB103
 P:1088 / T:4 / S:
 LAKEWOOD SERVICE COMPANY
 PO BOX 333
 WHITE ROCK SC 29177-0333



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

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.

1. EMPLOYER NAME
LAKWOOD SERVICE COMPANY

2. ACCOUNT NUMBER
SA7173
4. TOTAL NO. PAGES (including Continuation Sheets)
1

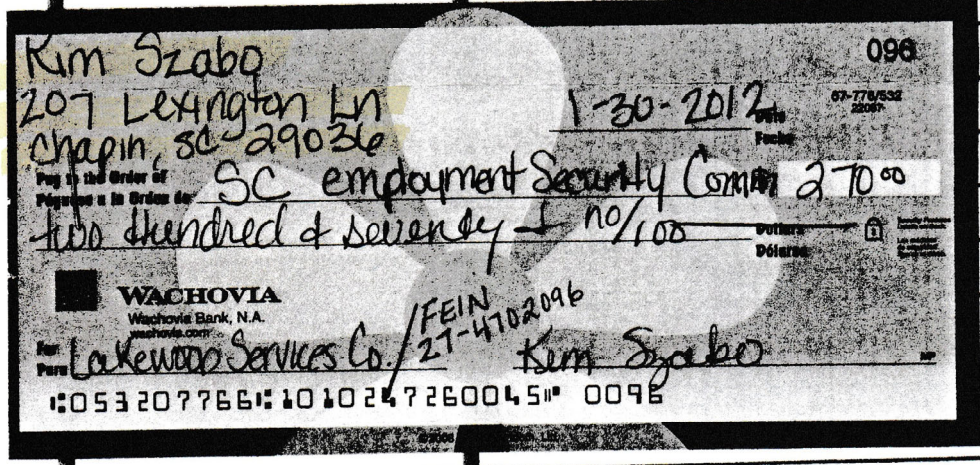
3. QUARTER ENDING DATE
12/31/11

5. TOTAL NO. OF EMPLOYEES
1

6. EMPLOYEE'S SOCIAL SECURITY NUMBER
0105-40-3789

7. NAME: FIRST MIDDLE INITIAL LAST
DIANA B JORDAN

8. TOTAL WAGES
\$ 12,714.00



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

\$ 2,714.00

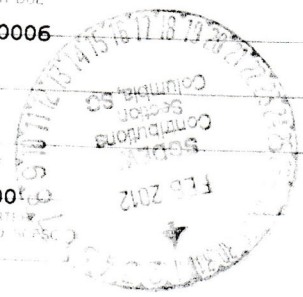
9. TOTAL WAGES THIS PAGE
\$ 12,714.00

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, JC 29177**
Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month
Kim Szabo
SIGNATURE
DATE
1/2/12

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT FEIN
SA7173	12/31/11	27-4702096
2 A. TOTAL WAGES PAID THIS QUARTER		
		12,714.00
B. LESS EXCESS OVER 10,000 (SEE ITEM 11B ON INSTRUCTIONS)		
		2,714.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)		
		10,000.00
3 A. TOTAL CONTRIBUTIONS DUE (ITEM 2C TIMES)		
		0.0264
B. CONTINGENCY ASSESSMENT DUE (ITEM 2C TIMES)		
		0.0006
		6.00
4. INTEREST DUE		
5. PENALTY DUE		
6. LESS OUTSTANDING DEBT OF		
		0.00
7. TOTAL PAYMENT DUE THIS QUARTER (MAKE REMITTANCE PAYABLE TO SCESC)		
		27,000



SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. Box 995, Columbia, South Carolina 29202
NOTICE OF TELEPHONE HEARING

Claimant's Name: DIANA JORDAN Social Security Number: 065-40-3789

Claimant's Telephone Number: (803) 732-1762

Employer's Name: AMICK FARMS Telephone Number: (803) 532-1400

Appeal Number: 1403860 Hearing Date: 04/30/14 Hearing Time: 9:30 AM
Month/Day/Year Hour/Minute-Eastern Time

Administrative Hearing Officer: NICOLE T. IVERY for the South Carolina Department of Employment and Workforce will conduct this hearing by means of a **TELEPHONE CONFERENCE**. The parties will be called by the Administrative Hearing Officer at the telephone numbers shown on this form. **IF NO TELEPHONE NUMBER IS SHOWN OR THE NUMBER IS INCORRECT, YOU MUST CALL THIS TOLL FREE NUMBER (866) 269-5680 IMMEDIATELY TO INFORM US OF YOUR NUMBER SO THAT WE MAY INCLUDE YOU IN THE HEARING.**

IF YOU HAVE NOT BEEN CALLED WITHIN 10 MINUTES AFTER THE SCHEDULED TIME OF THE HEARING, YOU MUST CALL (803) 737-2520. EITHER ANOTHER HEARING IS STILL IN PROGRESS OR WE ARE UNABLE TO CONTACT YOU. FAILURE TO CALL PROMPTLY OR PARTICIPATE IN THE HEARING MAY RESULT IN YOUR INTERESTS BEING CONSIDERED ABANDONED.

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Department at (803) 737-2520, AT ONCE, if you cannot be present at the time scheduled and wish to request a postponement of the hearing. Also, if you require any special needs, such as an interpreter, please contact us prior to the hearing.

ISSUES

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Voluntary Quit | <input type="checkbox"/> Voluntary Retirement | <input type="checkbox"/> Timeliness of Appeal |
| <input checked="" type="checkbox"/> Discharge | <input type="checkbox"/> Absence from Hearing | <input type="checkbox"/> Fraud & Overpayment |
| <input type="checkbox"/> Availability | <input type="checkbox"/> Overpayment | <input type="checkbox"/> Job Offer & Referral |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Other _____ | |

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimony is required from witnesses with first-hand knowledge. Any documents that you want considered in this hearing must be mailed to the Appeal Tribunal at the address above, or faxed to (803) 737-0287. In addition to the copy sent to the Appeal Tribunal, you must mail or fax copies to the opposing party. No testimony or evidence can be considered from witnesses who are not present. Documents sent to another address or fax number may not be considered.

SUBPOENAS: If a witness is reluctant to appear, you may apply for a subpoena through the Department's local office or the Appeal Tribunal at (803) 737-2520.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is your responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited to the greater of \$125.00 or the claimant's weekly benefit amount per appearance.

IMPORTANT: A claimant must continue to file for benefits during the appeal process if totally or partially unemployed. Weeks not claimed cannot be paid, even if the claimant is held eligible.

This notice supersedes any previous hearing notice you may have received. If the date on this notice is later than the date on any other notice, you should assume that the previous hearing has been postponed and follow the instructions on this notice.

Please note the hearing may result in an increase, decrease, or no change in the disqualification.

MAILING DATE: 04/18/2014

GENERAL INFORMATION ON THE SOUTH CAROLINA CODE IS ON THE BACK OF THIS NOTICE.

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. BOX 995
COLUMBIA, S.C. 29202
FINAL NOTICE

DEMAND FOR REFUND

06/03/14
***-**-3789

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 REPAID 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



IRMO
7821 SAINT ANDREWS RD
IRMO, SC 29063-2867
(800)275-8777

11/17/2023 02:19 PM

Product	Qty	Unit Price	Price
First-Class Mail® Letter Columbia, SC 29211 Weight: 0 lb 1.80 oz Estimated Delivery Date Mon 11/20/2023	1		\$0.90
First-Class Mail® Letter Washington, DC 20530 Weight: 0 lb 1.70 oz Estimated Delivery Date Mon 11/20/2023	1		\$0.90
First-Class Mail® Letter Columbia, SC 29211 Weight: 0 lb 1.70 oz Estimated Delivery Date Mon 11/20/2023	1		\$0.90
Grand Total:			\$2.70