

Clerk of Court  
SC Court of Appeals  
PO Box 11629  
Columbia SC 29211

CURR  
EN  
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S  
TIMOTHY E NEWMAN 392951  
KIRKLAND REC A 1A18  
4344 Broad River Road  
Columbia SC 29210

2 FEB 2024

(CLERK KITCHINGS OR  
DEAN WARRISON).

My Home = 1012 Broadview Ln  
(Permanet) Columbia SC 29020

MS. KITCHINGS OR MS. WARRISON =

I REQUEST AN APPEAL OF THE PARTIAL REVOCATION  
OF MY PROBATION IN Kershaw County General Sessions  
ON FRIDAY DECEMBER 15, 2024. BEFORE JUDGE HOOD  
I JUST LEARNED I AM TO PETITION FOR AN APPEAL FROM  
REPEARED IN LAW LIBRARY HERE.

THE Grounds Are:

① I had NO OPPORTUNITY TO CONFER  
WITH MY COUNSEL BEFORE THE HEARING. (I MET  
WITH 20 MINUTES BEFORE THE HEARING FOR THE FIRST TIME) -

② SLED AGENT KIMBERLY CLARK  
AND PPP AGENT VENESHA JACOBS PERTURED  
THEMSELVES UNDER OATH AT THE HEARING EVEN  
THE JUDGE TOLD THEM TO STOP TALKING WITH THEIR PROSECUTOR

③ I WAS BROUGHT TO SCDC AS A  
RESULT OF AN "ORDER" WHICH I HAVE  
NEVER SEEN OR SIGNED, AS I AM TOLD  
BY MY LEE COUNTY PUBLIC DEFENDER  
I SHOULD HAVE BEEN GIVEN OPPORTUNITY TO SIGN  
AND REVIEW BEFORE THE HEARING

④ AT THIS POINT, I AM "PROSEC"  
ON APPEAL BUT WILL SEE A PRO  
BOND ATTORNEY SURELY YOUR COURT  
GRANT ME STANDING TO HEAR MY  
APPEAL - PLEASE WRITE ME BACK  
USE "LEGAL MAIL" THANKS.

TIM NEWMAN

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SC Court of Appeals

-55#241272494  
SCCLTD392951

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

<b>TO: STAFF NAME:</b>		<b>STAFF TITLE:</b>	<b>DATE:</b>
<b>INMATE NAME:</b>		<b>SCDC #:</b>	
<b>INSTITUTION:</b>	<b>DORM/SIDE/BED:</b>	<b>HOUSING TYPE:</b> <input type="checkbox"/> RHU <input type="checkbox"/> R&E <input type="checkbox"/> INFIRMARY <input type="checkbox"/> SSR <input type="checkbox"/> DEATH ROW <input type="checkbox"/> ASSISTED LIVING UNIT (ALU) <input type="checkbox"/> N/A	
<b>REASON FOR PAPER REQUEST:</b> <input type="checkbox"/> PREA <input type="checkbox"/> MEDICAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> MEDICAL COPAY <input type="checkbox"/> MEDICAL RECORDS <input type="checkbox"/> KIOSK INACCESSIBLE (EXPLAIN): _____			
<b>YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.</b>			
<b>DISPOSITION BY STAFF MEMBER:</b>			
<b>DATE:</b>		<b>STAFF SIGNATURE:</b>	

TIMOTHY E. NEWMAN SCDC392951  
KIRKLAND RECEPTION/ENVELOPE A1A18  
4344 Broad River Road  
COLUMBIA, SC 29210

COLUMBIA SC 290  
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