

RECEIVED

PROBATION CITATION

Indictment Number(s):

22-GS-21-02571

No.C-21-24-0078

JUL 12 2024

SC Court of Appeals

SOUTH CAROLINA V. JONATHAN PAUL POSTON	COUNTY: FLORENCE	
	SCDC #	SID # 02290688

TO: JONATHAN PAUL POSTON

YOU ARE HEREBY NOTIFIED to appear in the above named case at the time, date and place specified below.

Place	Room
	Date to Appear:
	Time to Appear:

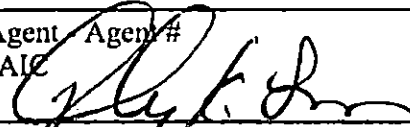
YOU ARE HEREBY NOTIFIED that you are charged with violating the conditions of your supervision as stated below.

Violations Charged
The offender has violated conditions 3, 7, 9, 10, Special Conditions of the standard Department conditions associated with Section 24-21-430. The offender has also violated special conditions imposed by the General Sessions Court per order dated October 27, 2022. This warrant or citation is issued pursuant to section 24-21-450 or 300.

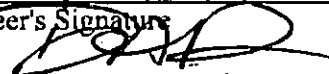
YOU ARE HEREBY NOTIFIED that you have the rights listed below.


List of Rights:
You have the right at the hearing to question any person who appears as a witness against you and to have witnesses appear on your behalf. You may present evidence on your behalf. You may have an attorney represent you. If you cannot afford an attorney, an attorney will be appointed for you. You must advise the agent or the court in writing of your desire for an attorney. It is your responsibility to make arrangements for your witnesses and your attorney to appear at the hearing.

IF YOU FAIL TO APPEAR AT THE TIME, DATE AND PLACE SHOWN ABOVE, THE HEARING WILL BE HELD IN YOUR ABSENCE AND YOU MAY BE INCARCERATED.

FLORENCE , South Carolina	Probation and Parole Agent Agent # JaCoby K. Lewis - 21-AIC
Date 05/16/2024	

A copy of the citation was served by the undersigned and given to the individual named therein at the time, date, and place indicated below.

Place 859 Old McAlister Road, Lake City, SC 29560	Date and Time 5/16/24 4:03pm
	Serving Officer's Signature 

Sworn to and subscribed before me this 16th day of May, 2024

 Signature of Notary Public
 My Commission Expires March 15, 2031

STATE OF SOUTH CAROLINA

AFFIDAVIT

County of FLORENCE

Personally appeared before me, JaCoby K. Lewis, who first being duly sworn, deposes and says that JONATHAN PAUL POSTON did within this county and State on the 16 day of May, 2024, violate certain conditions of release in the following particulars:

DESCRIPTION OF VIOLATION

The offender has violated conditions 3, 7, 9, 10, Special Conditions of the standard Department conditions associated with Section 24-21-430. The offender has also violated special conditions imposed by the General Sessions Court per order dated October 27, 2022. This warrant or citation is issued pursuant to section 24-21-450 or 300.

The Affiant states that there is probable cause to believe the defendant named committed the violations set forth and that such probable cause is based on the following facts:

Failing to attend and complete the Batterers Intervention Program. The offender was dismissed from the program on 4/22/2024 for failing to enroll in services, evidenced by provider update received on 4/22/24. He also failed to enroll in substance use classes at Circle Park as instructed on 3/18/24. Such action is a violation of Domestic Violence condition 2. Failing to refrain from using alcoholic beverages and use of drugs. During a home visit on 4/16/2024 the offender stated he used THC and consumed alcohol the day before the home visit. Such action is a violation of Domestic Violence condition 4. Failing to pay supervision fees, being in the arrears \$200. Failing to accept and agree to comply with the conditions of Domestic Violence and requesting his term of supervision be revoked and the sentence be reinstated. During home visit on 4/16/2024 the offender advised he no longer wants to be on supervision. Such action is a violation of Domestic Violence condition 11. Failing to follow the advice and instructions of the agent as evident in the above violations. Such actions constitute violation of conditions 3, 7, 9, 10, Special Conditions.

Sworn to and subscribed before me this
16 day of May, 2024

Sabrina Hemming
Signature of Notary Public

[Signature]
Affiant

March 15, 2031
My Commission Expires:

SPECIAL CONDITIONS:

- PTUP after _____ months/years
- And Other Terms Listed Below:**
- Substance Abuse Counseling Completion of GED Random Drug/Alcohol Testing
- Attend Voc. Rehab. Or Job Corp No Contact with Victim Domestic Violence Intervention Program
- Mental Health Counseling May serve W/E beginning: _____
- Sex Offender Registry pursuant to S.C. Code § 23-3-430 Public Service Employment _____ days/hours
- Central Registry of Child Abuse and Neglect pursuant to S.C. Code § 17-25-135.
- Other: _____ *prison management*
 _____ *AA/NA*

- RESTITUTION: Deferred Dgf. Waives Hearing Ordered

Total \$ _____ plus 20% fee: _____ \$ _____

Payment Terms: _____ Set by SCDPPPS

Recipient: _____

***Fine:**

	\$	Beginning	\$
Fine may be pd. in equal consecutive weekly/monthly pmts. of	\$	_____	_____
§14-1-206 (Assessments 107.5%)	\$	_____	_____
§14-1-211 (A)(1)(Conv. Surcharge)	\$100	_____	\$ 100.00
§14-1-211.(A)(2)(DUI Surcharge)	\$100	_____	_____
§56-5-2995 (DUI Assessment)	\$12	_____	_____
§56-1-286.(DUI Breath Test)	\$25	_____	_____
§14-1-212 (Law Enforce. Funding)	\$25	_____	\$ 25.00
§14-1-213 (Drug Court Surcharge)	\$150	_____	_____
§34-11-70(b)and(c), and 34-11-90(c)and(d) (Admin Fraud Check Court Costs)	\$41	_____	_____
§50-21-114 (BUI Breath Test Fee)	\$50	_____	_____
§56-5-2842(J) (Vehicle Assessment)	\$40/ea	_____	_____
3% to County (if paid in installments)	TBD	_____	\$ 18.15
<input type="checkbox"/> Appointed PD or appointed other counsel, Proviso requires \$500 be paid to Clerk during probation and shall be collected before any other fees	\$500	_____	\$ 500.00
<input type="checkbox"/> § 17-3-30(B) Unpaid Application Fee to be paid to the Public Defender Fund	TBD	_____	_____
TOTAL	\$	_____	\$ 643.75

Clerk of Court/Deputy Clerk: *E. Roan*
 Court Reporter: *K. Roan*

Presiding Judge: *Michael A. ...*
 Judge Code: *3140*
 Sentence Date: *October 27, 2022*

2022 GS 21-02571

Count

STATE

-vs-

Jonathan Boston

STANDARD CONDITIONS OF PROBATION

- 1 I shall report in person to the South Carolina Department of Probation, Parole and Pardon Services' office on the day of my sentencing or release, and as instructed by the Department, and I shall make complete and truthful reports to the Agent.
- 2 I shall not change my residence or employment without the consent of my Agent. Further, I shall allow my Agent to visit me in my home, at my place of employment, or elsewhere, at any time.
- 3 I shall not use controlled substances, except when properly prescribed by a licensed physician, nor consume alcoholic beverages to excess nor enter establishments whose primary business is the sale and drinking of alcoholic beverages. Further, I shall submit to a urinalysis, blood test or provide forensic evidence when instructed by Agents of the Department, and I agree that any of these test results may be used as evidence in any hearing for the violation of the conditions of my supervision.
- 4 I shall not possess or purchase any firearms or other dangerous weapons, and I shall not associate with any person who has a criminal record or any other person whom my Agent has instructed me to avoid.
- 5 I shall work diligently at a lawful occupation. Further, I shall notify my Agent if I become unemployed.
- 6 I shall not violate any Federal, State, or Local Law, and I shall immediately contact my Agent if I am ever arrested or questioned by a law enforcement official for any reason whatsoever.
- 7 I shall pay a supervision fee and any other fees as determined by the Department.
- 8 I shall not leave the State without permission from my Agent. Further, if I am ever arrested in another state for violating these conditions, I hereby irrevocably waive all extradition rights I may otherwise have been entitled to, and agree to return to South Carolina when directed by my Agent, the Court or by a warrant.
- 9 I shall obey all conditions of supervision set forth in this order, including the payment of fines, restitution or other payments, and the service of any period of incarceration.
- 10 I shall follow the advice and instructions of my Agent, and I agree to comply with any further conditions imposed by the Department or its Agents.
- 11 I agree to pay restitution and a statutory collection fee payable to the Department of Probation, Parole, and Pardon Services as directed by Agents of the Department. (20% collection fee charged).
- 12 Unless I was convicted of or pled guilty or no contest to a Class C misdemeanor or an unclassified misdemeanor that carries a term of imprisonment of not more than one year, I shall be subject to a search or seizure, without a search warrant, based on reasonable suspicions of my person, any vehicle I own or am driving, and any of my possessions by (1) any probation agent employed by the Department, or (2) any other law enforcement officer.

I hereby certify that this statement of Conditions has been read and explained to the Probationer listed above and he/she has agreed to them.

I hereby certify that the Conditions above have been explained fully to me and in agreement thereto, I attach my signature.

This 27 day of October, 2022

OSS Patterson

Agent/Officer/Supervision Specialist

181 North Irby Street Florence, SC 29501

Agent/Officer/Supervision Specialist

(843)665-3063

Agent/Officer/Supervision Specialist

Will Patel

Officer

317 Spring Rd. Kingstree S.C.

Officer/Agent

843-373-4598 / 843-373-0261

Officer/Agent

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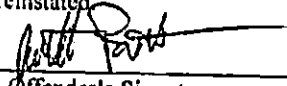
JUL 12 2024

SC Court of Appeals

South Carolina Department of Probation, Parole, and Pardon Services
Conditions of Supervision for Domestic Violence

1. I shall report in person to the South Carolina Department of Probation, Parole and Pardon Services' office on the day of my sentencing or release, and as instructed by the Department. I shall make complete and truthful reports to my Agent. I agree to report as scheduled by the Agent and as the supervision guidelines for domestic violence dictate and understand that as I progress through supervision, the rate at which I report may be increased or decreased.
2. I will attend, actively participate in, not give cause to be terminated from, and successfully complete any counseling/treatment program, to which I am referred by my Agent, which may include other treatment related testing, all at my own expense. I waive all rights to confidentiality between myself and my treatment provider, and authorize my treatment provider to disclose to my Agent, the Court, the Parole Board, the releasing authority, and/or the hearing officer, information about my attendance and participation in the program. (Must complete Referral Form 1054).
3. I shall abide by all court orders, Parole Board orders, any releasing authority, or hearing officer as it relates to victim contact. At any time, if no contact with a victim is ordered, I agree and will not have any contact with the victim(s) of my crime, directly or indirectly. This includes, but is not limited to, physical or face to face contact, contact through letters or written notes, telephone calls, text messages, electronic mail (e-mail), social media or any contact through a third party. I also will not enter into, travel past, or loiter near a victim's residence or workplace.
Special contact conditions imposed by the Court:

4. I will not possess or consume alcoholic beverages or use any type of drugs unless otherwise prescribed by a physician and will submit to alcohol and drug testing as instructed by my Agent or treatment provider.
5. I will not purchase, have in my possession or own any firearms, ammunition or other dangerous weapons that may be used to hurt another individual or myself. I will disclose to my Agent any firearms, ammunition or dangerous weapons that may be in my possession and agree to forfeit them to the State.
6. I will permit my Agent or a representative of the Department, without a warrant and with or without the assistance of any other law enforcement officer, to search my person, residence, and/or any vehicle I own or have permission to use, and any of my possessions for, but not limited to, alcohol, drugs, firearms, ammunition, dangerous weapons that may be used to hurt another individual or myself and, when no contact with the victim is ordered, cellular devices and other electronic devices for the evidence of victim contact. Such materials seized shall be forfeited to the State and may result in new charges.
7. I will truthfully disclose during each office visit to my Agent everyone that resides within my household and will immediately notify if there are any new residents to the household. I will also immediately notify my Agent if there is a change in my residence plan/address. I will disclose new intimate partner relationships to my Agent.
8. I will comply with the Department's requirements for any electronic monitoring program and/or alcohol monitoring program for which I may be ordered to participate in by the Court, the Parole Board, the releasing authority, the hearing officer, or my Agent, or as required, all at my own expense.
9. I will comply with and abide by all restraining orders and/or orders of protection issued by the Court. I will also refrain from any harassing or stalking behaviors.
10. I further agree to follow the advice and instructions of my Agent and any further conditions imposed by the Court, the Parole Board, or the releasing authority.
11. I have read, or had read to me, the above conditions and I understand their meaning. I have received a copy of these conditions. I accept and agree to comply with these conditions and understand that any violation could result in the Court, Parole Board, or releasing authority revoking my supervision and reinstating my sentence or returning me to prison. If I refuse to accept these conditions, I must immediately ask my Agent to bring my case before the Court, Parole Board, or releasing authority where I will request that my term of supervision be revoked and my sentence be reinstated or that I be returned to prison. If I refuse to accept these conditions, I understand that my Agent may immediately bring my case before the Court, Parole Board, or releasing authority and request that my term of supervision be revoked and my sentence be reinstated.

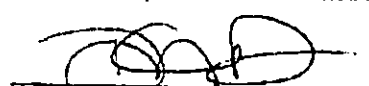


Offender's Signature
Sarahon Boston

Offender's Name (Printed)

2/21/24

Date



Agent's Signature
D. DAUS

Agent's Name (Printed)

2/21/24

Date

South Carolina Department of Probation, Parole and Pardon Services Violation Report - (Report 1106)

Personal Information					
Name:	SID:	DOB:	SCDC#:	Supervision Level:	Agent Name:
JONATHAN PAUL POSTON	02290688			Domestic Violence Level 2	21-DV-01-Diamond Davis

Sentencing Information		
Order: 3	Potential End Date: 8/23/2024	Adjusted End Date: 10/6/2024
Warrant/Citation Numbers: C-21-24-0078		
Sentence Date: 10/27/2022	County Name: FLORENCE	GPS Indicator:
Authority: Judge - Nettles, MichaelG		

Indictment Number: 22-GS-21-02571	Offense Code: 3812 - Domestic Violence, 2nd degree
Supervision: Probation	Sup. Begin Date: 10/27/2022
	Sup. End Date: 10/26/2024
Sentence: 3 YRS UPON SERVICE OF 45 DAYS & 1 YR PROBATION, CREDIT 45 DAYS	
Special Conditions: Fine - Fine/Costs and Assessments payable as directed by the Court TOTAL FINE \$643.75, SURCHARGE \$100.00, LEF \$25.00, PDF \$500.00, 3% \$18.75; MH - Mental Health Counseling; Other1 - ANGER MANAGEMENT; Other2 - AA/NA; RADT - Random Alcohol/Drug Testing	

Residence Summary & Address History			
Address:	Begin Date:	End Date:	Time at Residence:
859 OLD MCALLISTER RD, LAKE CITY, SC, 29560	12/08/2023		0 YR, 6 MO, 12 DY
317 SPRING RD, LAKE CITY, SC, 29560	10/27/2022	12/08/2023	1 YR, 1 MO, 10 DY
859 OLD MCALLISTER RD, LAKE CITY, SC, 29560	09/29/2020	10/27/2022	2 YR, 0 MO, 28 DY

Employment History				
Employer:	Location:	Begin Date:	End Date:	Time at Employer:
Unemployed		04/16/2024		0 YR, 2 MO, 4 DY
UNDERGROUND LLC	, OLANTA, SC	01/30/2024	04/16/2024	0 YR, 2 MO, 14 DY
HOME TELECOM	UNKNOWN	05/22/2023	01/30/2024	0 YR, 8 MO, 8 DY
Unemployed		09/29/2020	05/22/2023	2 YR, 7 MO, 7 DY

Account Information										
Account Name:	Case:	Indictment #:	Monthly Obligation:	Total Obligation:	Total Paid:	Co-Payer Paid:	Account Balance:	Pmts in Arrears:	Arrearage:	Last Payment Made:
Drug Test Fee			\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	0	\$0.00	02/13/2023
Surcharge	105	22-GS-21-02571	\$55.00	\$643.75	\$0.00	\$0.00	\$643.75	0	\$0.00	
Regular Supervision			\$50.00	\$1,200.00	\$700.00	\$0.00	\$500.00	5	\$250.00	02/12/2024

Violation History			
Violation:	Start Date:	Complete Date:	Disposition:
2023-08-07: Offender has failed to follow up on referrals/attend the following court ordered services: NA/AA counseling, Batter's Intervention (anger management), and mental health counseling. He was referred to these services on 11/07/2022 in which he signed a supervision plan agreeing to comply.	08/07/2023	01/26/2024	1/25/2024-Form9; Judge Ferrell Cothran; Continued on probation, continue on supervision terminate supervision upon successfully completion batter's Intervention;

South Carolina Department of Probation, Parole and Pardon Services

Violation Report - (Report 1106)

<p>2023-08-07: He failed to pay Supervision Fees being in arrears of \$310.00 with an unpaid balance of \$460.00. He failed to pay Court Cost being in arrears of \$495.00 with an unpaid balance of \$643.75.</p> <p>2023-08-07: Condition 10: Failed to follow the advice and instructions of the agent. Such actions demonstrate a willful violation of the signed standard conditions of probation which were signed on 10/27/2022.</p> <p>2023-08-07: Jonathan Poston failed to refrain from drug usage testing positive for marijuana, Benzodiazepine, and Opiates/Morphine on 8/7/2023.</p> <p>2023-08-07: Condition 3: Failed to refrain from drug usage. Tested positive for marijuana, buprenorphine and benzo on August 7, 2023.</p> <p>2023-08-07: The above violations constitute a failure to follow the advice and instructions of the Agent.</p> <p>2023-08-07: He failed to attend Substance Abuse Counseling, Batter's Intervention Counseling, and Mental Health Counseling as ordered by the Courts.</p> <p>2023-08-07: Condition 7: Failed to pay supervision fee and has an arrearage of \$310.00 with a balance of \$460.00.</p> <p>Condition 9: Failed to pay court cost and has an arrearage of \$495.00 with a balance of \$643.75.</p>			<p>Extend supervision for one year. No administrative monitoring. Restructure surcharge account: allow payment to begin on new end date; issue civil judgement on surcharge. Transfer case to Florence County.</p>
<p>2024-02-26: Failed to report as instructed. The offender failed to be present for a scheduled home visit on 2/14/24. The offender failed to be present for DV group on 2/26/2024. Such action is a violation of domestic violence condition 1.</p> <p>2024-02-26: Failing to refrain from the use of illegal substances. The offender confessed to using cocaine during his office visit on 2/21/2024 and tested positive for cocaine on that date. The subject was aware of the conditions and failed to abide by domestic violence condition 4 and standard condition 3.</p>	02/26/2024	03/20/2024	<p>Attend AA/NA program weekly. Enroll in substance use outpatient treatment at Circle Park within 14 days. Zero tolerance for any future positive drug test.</p>

Current Violation(s) Summary

Violations:	16.x
Condition:	Description:
3	I shall not use controlled substances, except when properly prescribed by a licensed physician, nor consume alcoholic beverages to excess, nor enter establishments whose primary business is the sale and drinking of alcoholic beverages.
7	I shall pay a supervision fee as determined by the Department.
9	I shall obey all conditions of supervision set forth in this order including the payment of fines, restitution or other payments, and the service of any period of incarceration.
10	I shall follow the advice and instructions of my Agent and I agree to comply with any further conditions imposed by the Department or its' Agents.
Fine	Fine/Costs and Assessments payable as directed by the Court TOTAL FINE \$643.75, SURCHARGE \$100.00, LEF \$25.00, PDF \$500.00, 3% \$18.75

Description:

Failing to attend and complete the Batterers Intervention Program. The offender was dismissed from the program on 4/22/2024 for failing to enroll in services, evidenced by provider update received on 4/22/24. He also failed to enroll in substance use classes at Circle Park as instructed on 3/18/24. Such action is a violation of Domestic Violence condition 2. Failing to refrain from using alcoholic beverages and use of drugs. During a home visit on 4/16/2024 the offender stated he used THC and consumed alcohol the day before the home visit. Such action is a violation of Domestic Violence condition 4. Failing to pay supervision fees, being in the arrears \$200. Failing to accept and agree to comply with the conditions of Domestic Violence and requesting his term of supervision be revoked and the sentence be reinstated. During home visit on 4/16/2024 the offender advised he no longer wants to be on supervision. Such action is a violation of Domestic Violence condition 11. Failing to follow the advice and instructions of the agent as evident in the above violations. Such actions constitute violation of conditions 3, 7, 9, 10, Special Conditions.

South Carolina Department of Probation, Parole and Pardon Services
Violation Report - (Report 1106)

The Agent's Recommended Response(s) Summary

Responses:

Revocation and allow time to satisfy financial obligations.

Justification:

Mr. Jonathan Poston violations are willful in that he had the opportunity as well as ability to comply with the conditions of his supervision. Mr. Poston has been given multiple chances, warnings, and opportunities to comply with his probationary conditions. He has failed to enroll in batterers intervention classes, failed to report as instructed, failed to notify change of residence and failed to pay monetary obligations. He was referred to batterers intervention on 2/21/2024 and since then has not made the necessary efforts to enroll in the program. He was referred to Circle Park on 3/18/2024 and since then he hasn't made the effort to enroll in the treatment. At this time, he does not seem to be interested in completing his supervision and states he no longer wants to be on probation and would rather serve the remainder of his sentence.

Approved By: Elizabeth Warren, 6/20/2024

End Of Violation Report

South Carolina Department of Probation, Parole, and Pardon Services
Service Referral Information
General Information

Offender's Name JONATHAN PAUL POSTON		SID Number 02290688	Referral Date 02/21/2024
Address/Current Location [REDACTED]		Phone Number [REDACTED]	Date of Birth [REDACTED]
Current Offense DV 2nd degree		Family Support System <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Offense History Pertinent to Referral		Currently Receiving Public Assistance? If yes, Please List Agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Treatment History: <input type="checkbox"/> Substance Use Services <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Mental Health Services <input type="checkbox"/> Anger Management Services <input type="checkbox"/> Domestic Violence Treatment <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Housing Services <input type="checkbox"/> Physical/Medical Service <input type="checkbox"/> Vocational/Employment Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Sex Offender Treatment Services <input type="checkbox"/> Life Skills <input type="checkbox"/> Financial Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____		Current Treatment Enrollment (in addition to today's referral): <input type="checkbox"/> Substance Use Services <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Anger Management Services <input type="checkbox"/> Domestic Violence Treatment <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Housing Services <input type="checkbox"/> Physical/Medical Service <input type="checkbox"/> Vocational/Employment Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Sex Offender Treatment Services <input type="checkbox"/> Life Skills <input type="checkbox"/> Financial Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____	
Referred By Agent Davis		Office Phone Number (843) 731-7056	
Office Address/Location			

Reason for Referral

<input checked="" type="checkbox"/> Court/Board Ordered	<input type="checkbox"/> Drug Test Results	<input type="checkbox"/> Offender Request
<input type="checkbox"/> Hearing Officer Ordered	<input type="checkbox"/> Supervisor Ordered/1182	<input type="checkbox"/> Agent Ordered

Referral (Check all that apply)

<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Vocational/Employment Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Anger Management Services	<input type="checkbox"/> Sex Offender Treatment Services
<input checked="" type="checkbox"/> Domestic Violence Treatment	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Cognitive Behavioral Therapy	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Physical/Medical Services	<input type="checkbox"/> Other _____

Service Provider Pea Dee Coalition	Address/Location 234 South Dargan Street SC 29506	Telephone Number (843) 673-2008
--	---	---

Supporting Information/Special Instructions to Service Provider:
 Contact service provider and enroll within 14 days.
If records released by SCDPPPS relate to a substance use disorder, 42 C.F.R. part 2 prohibits unauthorized disclosure of these records.

Information Release
 I authorize release of all information pertaining to my employment, medical, financial, and scholastic records or any other confidential information to the South Carolina Department of Probation, Parole, and Pardon Services (SCDPPPS). This includes all information relating to any treatment or any assessment for substance use disorders of any kind. I understand that this information will be used by SCDPPPS to determine the need for services. I authorize SCDPPPS to release such information to the service provider specified above. I also authorize the service provider specified above to release to SCDPPPS my treatment plan and summaries of my progress in attaining the objectives therein. I understand that my alcohol and/or drug treatment records are protected by the Federal regulations at 42 C.F.R. Part 2 and cannot be disclosed without my written consent except when allowed by those regulations or other applicable law. I understand that I may revoke this consent in writing at any time except to the extent that disclosures have already been made in reliance on it. I understand that this consent shall remain in force until the end of my supervision/probationary term or until completion of services provided, whichever occurs earliest.

Offender's Signature 	Date 2/21/24
Agent/Offender Supervision Specialist/Witness' Signature 	Agent/Offender Supervision Specialist/Witness' Printed Name Agent D. Davis
	Date 2/21/2024

South Carolina Department of Probation, Parole, and Pardon Services
Service Referral Information
General Information

Offender's Name JONATHAN PAUL POSTON	SID Number 02290688	Referral Date 03/18/2024
Address/Current Location	Phone Number	Date of Birth
Current Offense DV 2ND	Family Support System <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prior Offense History Pertinent to Referral	Currently Receiving Public Assistance? If yes, Please List Agency. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Prior Treatment History: <input type="checkbox"/> Substance Use Services <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Mental Health Services <input type="checkbox"/> Anger Management Services <input type="checkbox"/> Domestic Violence Treatment <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Housing Services <input type="checkbox"/> Physical/Medical Service <input type="checkbox"/> Vocational/Employment Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Sex Offender Treatment Services <input type="checkbox"/> Life Skills <input type="checkbox"/> Financial Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____	Current Treatment Enrollment (in addition to today's referral): <input type="checkbox"/> Substance Use Services <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Anger Management Services <input checked="" type="checkbox"/> Domestic Violence Treatment <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Housing Services <input type="checkbox"/> Physical/Medical Service <input type="checkbox"/> Vocational/Employment Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Sex Offender Treatment Services <input type="checkbox"/> Life Skills <input type="checkbox"/> Financial Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____	
Referred By Agent Davis	Office Phone Number (843) 731-7056	
Office Address/Location 181 N. Irby Street, Florence, SC 29501		

Reason for Referral

<input checked="" type="checkbox"/> Court/Board Ordered	<input type="checkbox"/> Drug Test Results	<input type="checkbox"/> Offender Request
<input type="checkbox"/> Hearing Officer Ordered	<input type="checkbox"/> Supervisor Ordered/1182	<input type="checkbox"/> Agent Ordered

Referral (Check all that apply)

<input checked="" type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Vocational/Employment Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Anger Management Services	<input type="checkbox"/> Sex Offender Treatment Services
<input type="checkbox"/> Domestic Violence Treatment	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Cognitive Behavioral Therapy	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Physical/Medical Services	<input type="checkbox"/> Other _____

Service Provider Circle Park Associates and Chrysalis Center	Address/Location 238 S. Coit Street SC 29501	Telephone Number (843) 665-9349
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Supporting Information/Special Instructions to Service Provider:
 Enroll in Substance use outpatient treatment at Circle Park within 14 days.
If records released by SCDPPPS relate to a substance use disorder, 42 C.F.R. part 2 prohibits unauthorized disclosure of these records.

Information Release

I authorize release of all information pertaining to my employment, medical, financial, and scholastic records or any other confidential information to the South Carolina Department of Probation, Parole, and Pardon Services (SCDPPPS). This includes all information relating to any treatment or any assessment for substance use disorders of any kind. I understand that this information will be used by SCDPPPS to determine the need for services. I authorize SCDPPPS to release such information to the service provider specified above. I also authorize the service provider specified above to release to SCDPPPS my treatment plan and summaries of my progress in attaining the objectives therein. I understand that my alcohol and/or drug treatment records are protected by the Federal regulations at 42 C.F.R. Part 2 and cannot be disclosed without my written consent except when allowed by those regulations or other applicable law. I understand that I may revoke this consent in writing at any time except to the extent that disclosures have already been made in reliance on it. I understand that this consent shall remain in force until the end of my supervision/probationary term or until completion of services provided, whichever occurs earliest.

Offender's Signature <i>Jonathan Paul Poston</i>	Date 3/18/24
Agent/Offender Supervision Specialist/Witness' Signature <i>[Signature]</i>	Agent/Offender Supervision Specialist/Witness' Printed Name Agent D. Davis
	Date 3/18/24