

MOM,

PLEASE SEND ME YOUR AFFIDAVIT DESCRIBING  
WHAT MR. MURPHY TOLD YOU OUT SIDE OF THE  
COURT HOUSE, TWO DAYS BEFORE I WENT TO  
COURT. ALSO INCLUDE WHAT WE ARE ASKING  
FOR THE COURTS TO DO AS FAR AS THERE  
RULING, WHAT WE ARE ASKING THEM TO  
CONSIDER. INCLUDE MY HAVING A NEW GRAD-  
CHILD AND MY 4 CHILDREN WHO ARE IN NEED  
OF ME. AND ANY THING ECSE THAT ARE FACTS  
AND CAN BE PROVEN.

LOVE,

X  
\_\_\_\_\_

MICHAEL,

WILL YOU PLEASE SEND ME YOUR AFFIDAVIT, I AM  
CURRENTLY FIGHTING MY CASE IN THE SUPREME  
COURT, AND NEED THIS AS SOON AS POSSIBLE. PLEASE  
STATE ONLY FACTS THAT YOU GAVE IN YOUR STATE-  
MENT THE FIRST TIME THAT CAN BE PROVEN.

SINCERELY

X \_\_\_\_\_

(60F21)

ROBBY,

JAM JAGEL

WILL YOU SEND ME YOUR AFFIDAVIT PLEASE, I AM CURRENTLY  
IN THE SUPREME COURT FIGHTING MY CASE. ITS VERY  
IMPORTANT THAT YOU MAIL IT TO ME AS SOON AS  
POSSIBLE. PLEASE STATE ONLY THE FACTS YOUR GAVE  
STATEMENT TO BEFORE.

SINCERELY,

X \_\_\_\_\_

(70P21)

RECEIVED

MAR 15 2024

RECEIVED

MAR 11 2024

MAILROOM SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INDIGENT/APPELLATE DEFENSE GENERAL COUNSEL TELEPHONE PRIVILEGE REQUEST PLEASE PRINT

All information requested on this form must be provided. After you have filled out the form, mail it to the address on the reverse side of this form. If you are the inmate's attorney, please see the reverse side of this form for additional instructions.

Inmate: Please fill out this block before you mail this form to the person who you want to be added to your telephone list.

INMATE NAME: Samuel Campbell INMATE SCDC NUMBER: 360837

INSTITUTION TO WHICH ASSIGNED: Allendale Correctional Institution UNIT/ROOM#:

I wish to be added to the telephone list of the above inmate so that I can receive collect phone calls from this inmate. My name, relationship to the inmate, telephone number, telephone service provider, physical address, and mailing address are listed below. I understand that no toll-free numbers or cellular telephone numbers are allowed.

Table with 4 columns: Name of Requestor, Relationship to Inmate, Telephone Number, Local Telephone Service Provider Name. Row 1: Jessica Saxon, Attorney, (803) 734-1330, State of SC - CIO

Physical Address (Required by the South Carolina Department of Corrections):

1330 Lady Street, Suite 401 (STREET NUMBER, STREET NAME OR RURAL ROUTE AND BOX NUMBER) Columbia, SC 29201 (CITY, STATE, AND ZIP CODE)

Mailing Address (Required by Sprint/If different from address above)

PO Box 11589, Columbia, SC 29211-1589 (POST OFFICE BOX NUMBER, CITY, STATE, AND ZIP CODE)

Both addresses are required if applicable. A Post Office box alone is not acceptable. A physical address is mandatory.

\*\*\*\*\*

By completing this form I am stating that I understand and agree to the following:

- 1. I am the party to whom the residential telephone service is billed or an acceptable agent for that party.
2. I agree to pay all costs associated with accepting collect telephone calls from the above inmate.
3. I will always be quoted the rate prior to acceptance and charges do not begin until I accept the telephone call.
4. It is always my choice to accept or refuse a call.
5. Since inmate telephone privileges are a privilege not a right of the inmate, I understand that any fraudulent information that I provide in connection with this form or any efforts to defraud the phone company or to commit fraud using this phone system may result in loss of or restricted use of these privileges for the inmate.
6. I understand that all calls are subject to monitoring and recording with the exception of an inmate's attorney who has provided a request to the South Carolina Department of Corrections General Counsel.
7. If you are no longer representing inmate and wish to be removed from the inmate's calling list, you must submit in writing, on agency letterhead your request to be removed from the calling list to General Counsel, South Carolina Department of Corrections.

(SIGNATURE OF RESPONSIBLE PARTY)

(DATE)

Data Entry Performed by: [Signature] on 3/12/24

THEY STILL HAVE NOT ADDED HER NUMBER TO MY CALLING LIST!

(80F21)

X

THIS WAS SENT TO ME BY THE CLERK 11 DAYS LATER FROM WHEN I SENT THE REQUEST BUT I SENT THE PAPER FROM MY ATTORNEY ON JULY 29th.

TO THE LAW CLERK HERE SO IT TOOK 15 DAYS TO GET THERE RESPONSE

X

Mr. Campbell,

You can and should raise each issue you wish to raise under Ineffective Assistance of Counsel, anything that the PCR judge failed to address and/or rule on RAISE on Johnson Brief and also argue that you have no access to a kiosk/tablet with Westlaw on it Also, raise everything about writing attorney, requesting an attorney phone call.

Appellant counsel should have provided PCR transcript. Also write the Supreme Court requesting transcript (90F21)



# SCCID

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE  
Division of Appellate Defense  
1330 Lady Street, Suite 401  
Columbia, South Carolina 29201-3332

Post Office Box 11589  
Columbia, South Carolina 29211-1589  
Telephone: (803) 734-1330  
Facsimile: (803) 734-1345

Robert M. Dudak, Chief Appellate Defender  
Wanda H. Carter, Deputy Chief Appellate Defender

July 18, 2024

Mr. Samuel Campbell, #360837  
Allendale Correctional Institution  
1057 Revolutionary Trail  
Fairfax, SC 29827

LAW LIBRARY

DO NOT LOOSE THIS PLEASE!

Re: Your Case

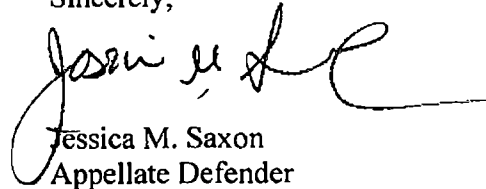
Dear Mr. Campbell:

Enclosed are copies of the Johnson Petition for Writ of Certiorari and Appendix in your case, which I have filed with the South Carolina Supreme Court. The filing of a Johnson Petition indicates to the appellate court that I have reviewed everything in your case and based on the record and law there are no meritorious issues that can be raised which would result in the PCR Court's decision being overturned. The good thing about filing a Johnson Petition is that the appellate court will do a full review of the record and determine if I missed anything.

The Court will write to you in the future eliciting any **written memorandum** you may want to submit for the Court's consideration of your appeal. That memorandum should be sent to the Supreme Court, and **not to me**. Please understand that the State does **not file a return** when a Johnson petition is filed. The petition to be relieved is a standard part of the Johnson procedure, it does not mean that I do not wish to represent you.

Please contact me if you have any questions. I HAVE WRITTEN HER AND SENT AN E-MAIL AND IVE GOTTEN NO RESPONSE!

Sincerely,

  
Jessica M. Saxon  
Appellate Defender

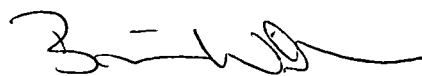
8-12-24  
GOT BACK



JMS/cws

Enclosure

Received by Law Library  
8-12-2024



X \_\_\_\_\_ (100F21)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

LAW LIBRARY

TO: STAFF NAME: <u>WILLIAMS</u>	STAFF TITLE: <u>L-T / LAW LIBRARY / clerk</u>	DATE: <u>8-1-24</u>
INMATE NAME: <u>SAMUEL CAMPBELL</u>		SCDC #: <u>360837</u>
INSTITUTION: <u>ACT</u>	DORM/SIDE/BED: <u>FS-A-201</u>	HOUSING TYPE: <input checked="" 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
REASON FOR PAPER REQUEST: <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 checked="" type="checkbox"/> KIOSK INACCESSIBLE (EXPLAIN) <u>NO TABLET</u>		

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

MY ATTORNEY SENT ME PAPER WORK STATING SHE FOUND NO MERIT FOR MY PCR APPEAL BUT THAT SHE FILED A MOTION TO THE SUPREME COURT FOR A JOHNSON PETITION OF WRIT OF CERTIORARI I HAVE NO IDEA WHAT THIS MEANS SHE ALSO ~~FILED~~ FILED A MOTION TO BE RELIEVED AS MY COUNSEL. THE SUPREME COURT SENT ME A LETTER SAYING I HAVE 45 DAY FROM JULY 18<sup>TH</sup> TO FILE TO THEM A CONSIDERATION FOR MY APPEAL AND I DO NOT KNOW WHAT THIS MEANS OR WHAT KIND OF FORMAT NEEDS TO BE USED. I HAVE NO TABLET OR ACCESS TO THE LAW LIBRARY I AM IN RHU SINCE THE 12<sup>TH</sup> OF JULY AND HAVE YET TO RECEIVE ANY WRITE UP MY ATTORNEY SAID <sup>FOR</sup> ~~FOR~~ ME TO CONTACT HER IF I HAD ANY QUESTIONS. I HAVE WRITTEN SEVERAL REQUEST ASKING FOR A PHONE CALL TO MY ATTORNEY AND HAVE YET BEEN AFFORDED ONE. I ONLY HAVE 30 DAYS LEFT TO GET THIS PAPER WORK TO THE SUPREME COURTS. I NEED COPIES OF COURT TRANSCRIPTS AND OTHER ~~MATERIAL~~ MATERIAL THAT I DO NOT HAVE. THE LETTER SAID MY PAPER SHOULD BE TYPE WRITTEN OR READABLE HANDWRITING, ~~MY~~ HANDWRITING IS HORRIBLE. THIS IS TO BE A PROSE RESPONSE FROM ME NOT MY ATTORNEY. I HAVE TO SEND IT DIRECTLY TO THE COURTS ITS HARD TO EVEN WRITE WITH

DISPOSITION BY STAFF MEMBER: A FLY PEN! THIS IS MY LAST HOPE OF GETTING RELIEF IN MY CASE!

(CAN NOT CHECK I HAVE NO TABLET OR ACCESS TO KIOSK MACHINE)

X

DATE:

STAFF SIGNATURE:

(110F21)

RECEIVED

AUG 02 2024

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

WARDEN'S AREA

TO: STAFF NAME: <u>LAW LIBRARY</u>		STAFF TITLE:	DATE: <u>8-1-24</u>
INMATE NAME: <u>SAMUEL CAMPBELL</u>		SCDC #: <u>360837</u>	
INSTITUTION: <u>ACI</u>	DORM/SIDE/BED: <u>FS-201</u>	HOUSING TYPE: <input checked="" 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	
REASON FOR PAPER REQUEST: <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): <u>NO TABLET</u>			

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

FROM JULY 18<sup>th</sup> I HAVE 45 DAYS TO FILE PAPERS TO THE SUPREME COURT REGARDING MY APPEAL IT IS A PRO SE RESPONSE I HAVE NO IDEA WHAT TO DO OR THE FORMAT TO USE. IT IS FOR ANYTHING THAT I WANT THE COURTS TO CONSIDER ON MY APPEAL MY ATTORNEY FILED A ~~PRO~~ JOHNSON PETITION WRIT OF CERTIORARI. I HAVE NO IDEA WHAT THIS MEANS. CAN YOU EXPLAIN THIS FOR ME AND OUTLINE EXACTLY WHAT I NEED TO DO? ASAP! I HAVE NO TABLET TO CHECK THEIR RESPONSE BUT YET THEY CONTINUE TO PUT THESE REQUEST ON THE KIOSK SYSTEM.

THANK YOU,  
Saul Campbell

FIRST REQUEST I'D SENT TO THE LAW LIBRARY

DISPOSITION BY STAFF MEMBER: THEY COULD HAVE GIVEN A WRITTEN RESPONSE BUT DID NOT.

Please, Do Not Submit Again. This is a DUPLICATE  
Request of Ref: # 24-03608583  
SUBMITTED: 8/7/24

DATE: 8.02.24 STAFF SIGNATURE: M. Williams  
(12 OF 21)

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS AUG 12 2024  
REQUEST TO STAFF MEMBER

TO: STAFF NAME: <u>LAW LIBRARY</u>	STAFF TITLE:	DATE: <u>8-11-24</u>	WARDEN'S AREA
INMATE NAME: <u>SAMUEL CAMPBELL</u>		SCDC #: <u>300837</u>	
INSTITUTION: <u>ACI</u>	DORM/SIDE/BED: <u>F5-201-A</u>	HOUSING TYPE: <input checked="" 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	

REASON FOR PAPER REQUEST:  PREA  MEDICAL  MENTAL HEALTH  DENTAL  
 MEDICAL COPAY  MEDICAL RECORDS  KIOSK INACCESSIBLE (EXPLAIN): NO TABLET

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

I HAD 45 DAYS FROM JUNE 18<sup>TH</sup> TO COMPLETE A PRO SE RESPONSE TO THE SUPREME COURTS I WROTE TO YOU ASKING WHAT FORMAT I NEEDED TO FOLLOW YOU SENT ME THE REQUEST AND MY PAPER WORK BACK WITH NO RESPONSE EXCEPT FOR ME NOT TO SEND ANOTHER REQUEST THAT IT WAS NOW THE KIOSK, NOTE I DO NOT HAVE A TABLET WHAT DO I NEED TO DO I HAVE NOT HAD ACCESS TO THE LAW LIBRARY PRESENT TO SCDC OR POLICE AND PROCEDURES GA-01.03 § 9.4 - 9.6.2 I ONLY HAVE 2 WEEKS TO FILE MY RESPONSE

THE SECOND REQUEST I HAD TO SEND THEY FINALLY RESPONDED THE NEXT DAY

DISPOSITION BY STAFF MEMBER:  
NO RESPONSE WRITTEN

Please, Do Not Submit Again. This is a DUPLICATE  
 Request of Ref: # 24-03600583  
 SUBMITTED: 07.30.24

DATE: 08.12.24 STAFF SIGNATURE: M. Williams  
 13 OF 21



SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

TO: STAFF NAME: <b>MAIL ROOM</b>		STAFF TITLE:	DATE: <b>8-14-24</b>
INMATE NAME: <del>SAMUEL CAMPBELL</del>		SCDC #: <del>360837</del>	
INSTITUTION: <b>ACT</b>	DORM/SIDE/BED: <del>AMBLYN</del> <del>15-201-A</del>	HOUSING TYPE: <input checked="" 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	
REASON FOR PAPER REQUEST: <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 checked="" type="checkbox"/> KIOSK INACCESSIBLE (EXPLAIN: <b>NO TABLET</b> )			
YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.			
<p>CAN I PLEASE GET THE ADDRESS TO THE COLLETON COUNTY MAGISTRATE COURT, AND THE COLLETON COUNTY DETENTION CENTER. I HAVE A COURT DEADLINE CAN I PLEASE GET THIS AS SOON AS POSSIBLE?</p> <p>THANK YOU I ALSO NEED TWO PAPERS NOTARIZED SO THAT I CAN MAIL THESE'S TO THESE ADDRESS. THIS IS VERY TIME SENSITIVE. I ALSO NEED IT TIME CROCKED AND DATED, AND COPIES MADE</p> <p>WHY DID THEY FINALLY RESPOND BACK TO ME ON THIS REQUEST WHEN ALL OTHERS WERE PUT ONTO THE KIOST <u>X</u></p>			
DISPOSITION BY STAFF MEMBER:		* Will come by + notarize today we dont time/clock stamp. Only date stamp.	
Magistrate county Magistrate 40 Klein St. Walterboro, SC 29488 Colleton Detention Center 22 Klein St. Walterboro, SC 29488			
DATE: <b>8/15/24</b>	STAFF SIGNATURE: <b>AN</b>		

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

AUG 08 2024

TO: STAFF NAME: <u>MRS. <del>DEWITT</del> DRAWTY</u>		STAFF TITLE: <u>WARDEN'S AREA</u>	DATE: <u>8-6-24</u>
INMATE NAME: <u>SAMUEL CAMPBELL *</u>		SCDC #: <u>360837</u>	
INSTITUTION: <u>ACT</u>	DORM/SIDE/BED: <u>F-11 201</u>	HOUSING TYPE: <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	
REASON FOR PAPER REQUEST: <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 checked="" type="checkbox"/> KIOSK INACCESSIBLE (EXPLAIN): <u>NO TABLET</u>			

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

WILL YOU PLEASE SEND ME A PRINT OUT OF WHERE YOU EMAILED MY ATTORNEY SO THAT I CAN PROVE TO THE COURTS THAT SHE IS NOT RESPONDING TO MY LETTERS OR MY ATTEMPTS TO GET HER ON THE PHONE? ASAP PLEASE I ONLY HAVE UNTIL @ THE END OF THE MONTH. AGAIN NO TABLET AND I STILL

DISPOSITION BY STAFF MEMBER: HAVE NOT RECEIVED THE PRINT OUT OF THE E-MAIL X

Please, Do Not Submit Again. This is a DUPLICATE  
Request of Ref: # 24-03596238  
SUBMITTED: 07.29.24

AGAIN NO WRITTEN RESPONSE

DATE: 08.08.24 STAFF SIGNATURE: (16 OF 21) M. Williams

RECEIVED

AUG 12 2024

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

WARDEN'S AREA

TO: STAFF NAME: <i>MRS. DRAWTY</i>		STAFF TITLE: <i>WARDEN'S SECRETARY</i>	DATE: <i>8-11-24</i>
INMATE NAME: <i>SAMUEL CAMPBELL</i>		SCDC #: <i>360837</i>	
INSTITUTION: <i>ACT</i>	DORM/SIDE/BED: <i>F5-201-A</i>	HOUSING TYPE: <input checked="" 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	

REASON FOR PAPER REQUEST:  PREA  MEDICAL  MENTAL HEALTH  DENTAL  
 MEDICAL COPAY  MEDICAL RECORDS  KIOSK INACCESSIBLE (EXPLAIN): *NO TABLET*

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

*THE EDUCATION DEP. DID SEND ME THE PAPERS OF MINE THAT YOU SENT THEM BUT WITH NO INSTRUCTION OF WHAT I NEEDED TO DO. WHAT I NEED FROM YOU IS A PRINT OUT OF THE E-MAIL THAT YOU SENT MY ATTORNEY JESSICA SAXON SO THAT I CAN SUBMIT IT TO THE COURTS I ONLY HAVE 2 WEEKS TO GET THIS TURNED IN NOTE I DO NOT HAVE A TABLET.*

*SECOND REQUEST ASKING FOR THE PRINT OUT OF THE E-MAIL TO MY ATTORNEY!*

*X*

DISPOSITION BY STAFF MEMBER:

*NO RESPONSE WRITTEN*

Please, Do Not Submit Again. This is a DUPLICATE  
 Request of Ref: # *24-03596238*  
 SUBMITTED: *07.29.24*

DATE: <i>08.12.24</i>	STAFF SIGNATURE: <i>(170F21) M. Williams</i>
-----------------------	--

RECEIVED

AUG 13 2024

WARDEN LANGDOON

DATE: 8-12-24 WARDEN'S AREA

SAMUEL CAMPBELL

SCDC # 360837

INSTITUTION: DORM/SIDE BUILDING

HOUSING TYPE:

ACT

F5-201-A

REASON FOR PAPER REQUEST

NO TABLET

YOU MUST USE THE REQUEST FORM IF YOUR REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE

I HAVE A COURT DEADLINE OF THE 30th OF THIS MONTH MY TABLET DID NOT GET PACKED UP IN MY PROPERTY I HAVE NO ACCESS TO THE LAW LIBRARY PERIODICALLY TO SCDC POLICY AND PROCEDURES GA-01.03 SUB SECTIONS 9.4-9.6.2 I HAVE WRITTEN TO YOUR SECRETARY AND THE LAW LIBRARY. I ALSO NEED LEGAL PAPERWORK OUT OF MY PROPERTY AS WELL AS CERTIFICATES SO THAT I CAN MAIL ALL OF THIS TO THE COURT I NEED A PRINT OUT OF AN E-MAIL YOUR SECRETARY E-MAILED TO MY ATTORNEY I HAVE SENT A REQUEST TO PROPERTY STATING THAT I NEED DOCUMENT FROM MY PROPERTY A WEEK AND A HALF AGO, NO ANSWER I HAVE 2 WEEKS TO MEET THIS DEADLINE AND I'M STARTING TO FREAK OUT. I HAVE NEVER IN MY 8 YEARS AT SCDC HAD TO SPEAK TO MENTAL HEALTH NEVER HAD A MAJOR DISCIPLINARY BUT I NEED A MENTAL HEALTH COUNSELOR TODAY PLEASE I AM BEGGING HELP ME I REALLY NEED TO BE POLICED TO THE HOLDING CELL SO I CAN LOOK THROUGH AND GET THE PROPER PAPERWORK. THANK YOU

WAS RETURNED TO ME WITH NO RESPONSE AT ALL THIS REQUEST ASKING FOR E-MAIL STILL NOT GIVEN (18 OF 21)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

**RECEIVED**

TO: STAFF NAME: <b>WILLIAMS</b>	STAFF TITLE: <b>L-T</b>	DATE: <b>7-24-24</b>	<b>JUL 25 2024</b>
INMATE NAME: <b>SAMUEL CAMPBELL</b>		SCDC #: <b>360837</b>	WARDEN'S ADMIN <b>ACI</b>
INSTITUTION: <b>ACI</b>	DORM/SIDE/BED: <b>ES-A-201</b>	HOUSING TYPE: <input checked="" 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	

REASON FOR PAPER REQUEST:  PREA  MEDICAL  MENTAL HEALTH  DENTAL  
 MEDICAL COPAY  MEDICAL RECORDS  KIOSK INACCESSIBLE (EXPLAIN): **TABLET & NEED CALL**

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

I MADE TO THE HEARING BUT MESSED MY AUG 13th HEARING

I JUST RECEIVED PAPER WORK FROM MY ATTORNEY AND I HAVE A HEARING ON AUG, 14th AND I HAVE TO GET ALL WITNESSES TO BE PRESENT NOTICED I NEED TO SPEAK WITH MY ATTORNEY AND MY MOTHER SO I CAN HAVE EVERYTHING IN ORDER SO I NEED TO USE THE PHONE. THANK YOU FOR YOUR ATTENTION TO THIS MATTER. ALSO MY TABLET DID NOT GET SENT UP HERE TO LOCK UP I HAVE NOT EVEN RECEIVED A PROPERTY SLIP WHERE THEY PACKED MY STUFF UP I DON'T EVEN KNOW WHAT I HAVE OR DON'T HAVE IN PROPERTY WHAT CAN I DO TO GET A TABLET?

*Samuel Campbell*

NEVER RECEIVED THE PRINT OUT OF E-MIAL  
*Samuel Campbell*

DISPOSITION BY STAFF MEMBER:  
Please submit a request with attorney name + Law Firm. Regarding the tablet you need to submit a request to Telephone/Kiosk.

DATE: <b>7-25-24</b>	STAFF SIGNATURE: <b>S. Draddy, Warden's Admin. Asst.</b> <b>(190F21)</b>
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THIS IS A COMPLETELY DIFFERENT CASE  
THAT I MISSED EVEN THOUGH I  
SENT THIS TO THE ADMIN ASSISTANT

SOUTH CAROLINA  
DEPARTMENT OF SOCIAL SERVICES  
NOTICE OF MEETING OF  
FOSTER CARE REVIEW BOARD

July 23, 2024

Samuel Campbell  
C/O Allendale Correctional Facility  
1057 Revolutionary Trail  
Fairfax, SC 29827

PLEASE DO NOT LOSE  
TO MRS. DRAWTY

Dear Mr. Campbell:

The purpose of this letter is to make you aware that Samuel (Sammy) Campbell placement in foster care will be reviewed by the Foster Care Review Board (FCRB) on August 13, 2024 at 1140AM. The purpose of this meeting is to review the status of the child and ensure that a permanent plan is achieved as soon as possible. Using information submitted by DSS and other interested parties, the local FCRB will review the child's case and issue a recommendation, addressing what the Review Board determines to be the best permanent plan for the child. This information is filed with the Family Court and sent to DSS and the Guardian ad Litem Program.

FCRB will be holding Review Board meetings through the use of Microsoft Teams.

Parties may participate in a Microsoft Teams Review Board meeting by using any compatible device including phone (landline, smartphone, non-smartphone), laptop, tablet, or desktop computer. Participation by parties to the case may also be provided by submitting a participant questionnaire. A questionnaire is included for your convenience and can also be found on the FCRB website, [www.fcrb.sc.gov](http://www.fcrb.sc.gov), at the bottom of the page.

The Microsoft Teams invitation, in reference to the abovementioned Review Board meeting, has been provided to the DSS worker responsible for the child by the FCRB Coordinator. The call-in information for Samuel (Sammy) Campbell Microsoft Teams case review is available below for those that wish to participate in the Review Board meeting by phone:

Microsoft Teams Phone Number if participating by phone: 803-454-9963

Meeting Number (Access Code): 215352428529

Meeting Password: sK6mtR

The DSS worker may also forward, via email, the Microsoft Teams invitation to all interested parties that wish to participate through the use of smartphone, laptop, tablet, desktop computer, or other compatible device.

If you chose to complete a participant questionnaire, you will need to return your questionnaire, concerns, progress report, etc., one (1) week after receipt of this notice and NO later than one (1) week prior to the review date listed above. Questionnaires may be mailed to the FCRB office, emailed, or submitted online. The FCRB contact information is provided below.

**As a parent**, you have the right, as established by policy, to participate in this meeting by joining the Microsoft Teams meeting at the scheduled time or completing a questionnaire. If you are represented by a counsel, you may also notify your attorney of your upcoming case review.

**As a Service Provider** for this case, we request that you submit a brief written report directly to the Review Board, complete the online questionnaire or participate directly through Microsoft Teams.

**As a Guardian ad Litem (GAL)**, you are encouraged to submit a brief written report directly to the Review Board, or participate directly through Microsoft Teams.

**As a foster parent**, you are encouraged to submit a brief written report directly to the Review Board, complete the online questionnaire or participate directly through Microsoft Teams.

(206F21) X

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

AUG 08 2024

TO: STAFF NAME: MRS. BAPTIST		STAFF TITLE: MENTAL HEALTH	DATE: 8-6-24 WARDEN'S AREA
INMATE NAME: SAMUEL CAMPBELL			SCDC #: 360837
INSTITUTION: ACT	DORM/SIDE/BED: F5-1A-201	HOUSING TYPE: <input checked="" type="checkbox"/> RHU <input type="checkbox"/> R&E <input type="checkbox"/> INFIRMARY <input type="checkbox"/> SSR <input type="checkbox"/> DEATH ROW <input type="checkbox"/> LIVING UNIT (ALU) <input type="checkbox"/> N/A	
REASON FOR PAPER REQUEST: <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 checked="" type="checkbox"/> KIOSK INACCESSIBLE (EXPLAIN): NO TABLET			

YOU MUST USE THE KIOSK IF YOUR PAPER REQUEST DOES NOT MEET ANY OF THE CRITERIA ABOVE.

I SPOKE WITH YOU YESTERDAY I WANT TO THANK YOU FOR COMING TO SEE ME SO QUICKLY AND REMIND YOU TO PLEASE NOT FORGET TO SEND ME A RADIO I KNOW YOUR OUT BECAUSE OF THE STORE.

THANK YOU

*Saul Lynch*  
I HAVE NEVER HAD TO SEE MENTAL HEALTH UNTIL THIS!

DISPOSITION BY STAFF MEMBER:

I CAN NOT CHECK E-MAILS



email - T. Williams - Y. Baptiste - Thomas

DATE:

08.08.24

STAFF SIGNATURE:

(210F21)

M. Williams