FR: Sinatra L. Hunter #249892
610 Hwy 9 WEST.
Bennettsville S.C 29512

8/18-2026

RECEIVED
SEP 01 2026
S.C. SUPREME COURT

To. Ms. Brenda shealy
chief Deputy clerk.

RE: Request for last extension, Due to S.C.D.C staff losing all my personal aw legal property I feel was intwtual * SEE Grievance I wrote extwtion until the 10th or 11 of Sept. 2026 Plase.

Ms. Shealy Im at Evans C.I. The officers here are very immuture, why on Lock-up here, staff somehow lost all my personal aw legal property. Luckly Mr. David Alexander did send me another copy of my case. well Im now able to file pro-se. still I wrote all appropiate staff here aw They have yet to respond. please allow me one more extwtion since the Law Library is Back opew, IT was closed DUE to finding contraband in here I now have the needed supplies as well, all I need is another 2 to 3 weeks to do it since Im Doing all the work an research By myself.

Please understand my Situration on Make an exception

ATTachments*

Copy's of letters I wrote to staff seekn my legal work an personal property They lost of mine when I went to lock-up. I wrote all the appropiate staff still no responce so I wrote ya.

Booker vs. S.C.D.C Grievance I wrote Bout lost property

COPY

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 1

INMATE NAME: SINATRA Hunter	OFFICE USE ONLY
SCDC NUMBER: 249892	Grievance No.
INSTITUTION: Evans Corr	Code: General
HOUSING UNIT: 3-B-	Policy
WORK ASSIGNMENT:	Disc. Hear.
	Class.
	PREA
	Date Received
	IGC Initials

STATEMENT OF GRIEVANCE (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.) On June 19, 2026 S.G.T. Powell Took me to R.H.U. for a knife that wasn't mine, neither was I charge for it. 40 days later, I was charge. I now fear HE is going to hurt me or plant contraband on me or have LT. MS. Anderson Continue to HARASS me on The Yard. On or About June 25, 2026 Powell came back To R.H.U. searching my cell, Taking my STATE Jacket, aw Half of my ma form for unknown, reasons. On July 1st 2026. I was release from R.H.U (NO charge). July 2nd Sgt Powell locked me Back up, STILL NO charg On- July 18 or 19 2026. I was release from R.H.U. again, This Time I real all of my property was missing, After having LT. Prince & Capt. Glover SIG my property sheet. AT That Time. MS. McAuram The property control office DID give me some Boots and uniforms BECAUSE I had NONE. ON July 20, 2026 I Took That inventory form To the commissary aw MS Lewis DID RE-ISSUE me what She Could. Inventory Enclosed...

Sinatra Hunter 8/10/2026

Grievant Signature Date

ACTION REQUESTED: that MR. Powell leave me alone, or have a seperation place To prevent further HARASSMENT. Property BE RE-inburst A NEW MATTRESS SINCE HE Took HALF of mines

ACTION TAKEN BY IGC: ☐ PROCESSED ☐ UNPROCESSED ☐ OTHER

RECEIVED

SEP 01 2026

COURT

IGC Signature Date

WARDEN'S DECISION AND REASON:

Warden Signature Dat

- ☐ I accept the Warden's decision and consider the matter closed.
- ☐ I do not accept the Warden's decision and wish to appeal.

Grievant Signature Date IGC Signature Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staf Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answere RTSM must be attached to the grievance when the grievance is filed.
2. Complete each section in its entirety writing only in the space provided for inmate use. No additional page will be permitted.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form by placing it in the Grievance Box at your institution within eight (8) workin days of the date on the RTSM response; policy grievances can be filed at any time. Disciplinary an Classification Review appeals must be submitted within five (5) working days of the hearing/review. Do no write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible officia within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in th Grievance Box at your institution.

Evidence to property control

Informal * Resolution *

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

TO: STAFF NAME:	STAFF TITLE:	DATE:
Ms. McLauran-	Property Control -officer.	8-11-2026 8/11/2026
INMATE NAME: Sincyra Hunter		SCDC #: 249892
INSTITUTION: Evans Corr.	DORM/SIDE/BED: 3-B-215	HOUSING TYPE: ☐ RHU ☐ R&E ☐ INFIRMARY ☐ SSR ☐ DEATH ROW ☐ ASSISTED LIVING UNIT (ALU) ☐ N/A

REASON FOR PAPER REQUEST: ☐ PREA ☐ MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICAL COPAY ☐ MEDICAL RECORDS ☐ KIOSK INACCESSIBLE (EXPLAIN): _____

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

Ms. McLauran, when I was release from R.H.U. On or About July 18 or 19, 2026. All my personal property, all mail all personal Belongings As my mom sister, and father, bicturary all last words to me was lost or misplace. As of Today August-11-2026 Did you ever find it?? I still have the Boots and uniforms You have me. Thanks for help'n...

They still haven't responded.

DISPOSITION BY STAFF MEMBER:

DATE: STAFF SIGNATURE:

EVIDENCE

* Informal Resolution *

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

TO: STAFF NAME:	STAFF TITLE:	DATE:
MR. QUICK-	WARDEN	7-25-26
INMATE NAME: Sinatra Hunter		SCDC #: 249892
INSTITUTION: E.C.I.	DORM/SIDE/BED: 3B*215	HOUSING TYPE: ☐ RHU ☐ R&E ☐ INFIRMARY ☐ SSR ☐ DEATH ROW ☐ ASSISTED LIVING UNIT (ALU) ☐ N/A

REASON FOR PAPER REQUEST: ☐ PREA ☐ MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICAL COPAY ☐ MEDICAL RECORDS ☐ ~~KIOSK~~ INACCESSIBLE (EXPLAIN): _____

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

Mr Quick Your officers lost All my property out of spite Behind Lt. Ms. Anderson. Sir my mom & SISTER Bicturary IS Gone. please help ME. I Dont no how much longer I Can accept This. please speak with ME. All my property IS GONE. This IS NOT RIGHT.

Good Buy

DISPOSITION BY STAFF MEMBER:

CC.
File
CC
Lawyer
CC
A/W

DATE: STAFF SIGNATURE:

Evidence

Informal
* Resolution *

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

TO: STAFF NAME: Ms. Graves. - WARDEN - STAFF TITLE:		DATE: 7-27-26
INMATE NAME: Sinatra Hunter		SCDC #: 249892
INSTITUTION: E.C.I.	DORM/SIDE/BED: 3-B 215	HOUSING TYPE: ☐ RHU ☐ R&E ☐ INFIRMARY ☐ SSR ☐ DEATH ROW ☐ ASSISTED LIVING UNIT (ALU) ☐ N/A

REASON FOR PAPER REQUEST: ☐ PREA ☐ MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICAL COPAY ☐ MEDICAL RECORDS ☒ KIOSK INACCESSIBLE (EXPLAIN): _____

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

Ms. Graves. will You please see what happen To my property. when I was release from lock-up all my personal property Is missing However my mom & SISTER Bicturany IS lost. my ~~mm~~ mom Last words To ME IS Gone. please see whats going on. I Dont no how much longer I Can Take This lost I Just wont my mom words.... please help!

DISPOSITION BY STAFF MEMBER:

cc file
cc warden

DATE:	STAFF SIGNATURE:

SCDC FORM 19-11 (REV.JULY 2020)

To: M.S. GRAVES * WARDEN

EVIDENCE

COPY SENT Already 8-10-26

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

TO: STAFF NAME: MS. A. Buccanow	STAFF TITLE: TABLET.	DATE: 8/10/2026
INMATE NAME: SINATRA Hunter		SCDC #: 249892
INSTITUTION: EVANS.	DORM/SIDE/BED: 3-B-215	HOUSING TYPE: ☐ RHU ☐ R&E ☐ INFIRMARY ☐ SSR ☐ DEATH ROW ☐ ASSISTED LIVING UNIT (ALU) ☐ 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.

Please Be advise that I have a Court deadline aw Does not have access to A Tablet in which I need to Be able to use as needed. I would like for you/yall or whomever to charge me for the Tablet, aw charge me The $250 you claw charge me for distruction or whatever. JUST. please help me Ret A TABLET SOON. ENCLOSE IS copy

DISPOSITION BY STAFF MEMBER:

DATE: | STAFF SIGNATURE:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE PROPERTY INVENTORY

Seal Number _____

7-2-26
Date

249892
SCDC Number

Hunter
Name (Last)

Institution/Center
Sinatra
(First)

Lashawn
(Middle I.)

Purpose of Inventory (Check One)

- ☐ Arrival at R&E Center
- ☐ Property taken prior to institutional transfer
- ☐ Other (explain) _____
- ☑ Prior to being placed in lockup
- ☐ Directed by the Warden/Designee

Other Property

- ☐ Drivers License# and State _____
- ☐ Social Security Card _____
- ☐ Medical Card(s) (list) _____
- ☐ Credit Card(s) _____
- ☐ Others (list) _____

CONFISCATED CONTRABAND ITEMS (List each) _____

PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
[redacted]an (1)					
[redacted] Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

- 0 Bathrobe* (1)
- 0 Spork (3)
- 0 Books/Magazines/Bible/Koran (10)
- 0 Bras** (7)
- 0 Brush (plastic or rubber) (1)
- 0 Cap (1)
- 0 Comb (plastic) (1)
- 0 Cosmetics**
- 2 Cup (plastic) (1)
- 0 Doo-rag (1)
- 0 Footwear (work boots/shoes, tennis, shower)
- 0 Gloves (work and other) (1 each)
- 0 Half-slip** (1)
- 0 Headset (1)
- 0 Jacket (1)
- 0 Maternity** (4)
- 1 Mesh bag (1)
- 0 Necklace (1 religious)
- 0 Nightshirts** (2)
- 1 Pants (state issue and personal) (4)
- 6 Pantyhose**/knee-hi's** (up to 7)
- 0 Personal Hygiene Items
- 0 Pictures (10)
- 0 Pillowcases (1)
- 0 Playing cards deck (1)
- 0 Rainwear (orange___, clear___) 1 each
- 0 Ring (1 wedding band)
- 0 Sheets (2) (2)
- 1 Shirts (state issue and personal) (4)
- 0 Shorts (athletic) (1)
- 0 Skirts** (1)
- 1 Socks (white only) (7) (3)
- 0 Sunglasses (1)
- 0 Thermal underwear (3)
- 0 Tobaggan Hat (1)
- 0 Towels (3) (1)
- 0 Tumbler (plastic) (1)
- 0 Undershirts (7)
- 1 Boxer (7) or Panties** (7) (3)
- 1 Washcloths (3)
- 0 Watch (1)
- 0 White handkerchiefs (6)
- 0 Writing/legal material (1 box)

*Females and special needs/geriatric only
**Female Only

Other 3 Brown Envp. of Personal Papers

INMATE - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE _____ INMATE'S SIGNATURE _____

INVENTORY OFFICER - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE _____ INVENTORY OFFICER'S SIGNATURE _____

RECEIPT - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE _____ INMATE'S SIGNATURE _____

WITNESSING OFFICER'S SIGNATURE _____

WITNESS - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE 7-2-26 INVENTORY OFFICER'S SIGNATURE [signature]

WITNESSING OFFICER'S SIGNATURE [signature]

White: Institution Property Control Officer **Yellow:** Receiving Institution's Property Control Officer (inmate transfer) **Pink:** Inmate

SCDC 19-2 (Rev. August, 2009)

Sinatra Hunter #249892
E.C.I. B-B-215
Hwy 9 WEST.
Bethsville. S.C 29512.

COLUMBIA SC 290
28 AUG 2026PM 3

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RECEIVED
SEP 01 2026
S.C. SUPREME COURT

South Carolina Supreme Court.
Chief Deputy clerk Ms. Shealy
P.O. Box 11330
Columbia S.C 29211-133030

29211-133030