

Memorandum

TO: Appellant
From: Clerk's Office, Administrative Law Court
Re: Filing Fee

If you file more than 3 administrative appeals during a calendar year, you are required to pay a \$25 filing fee pursuant to S.C. Code Ann. §1-23-670, which states in part:

"No filing fee is required in administrative appeals by inmates from final decisions of the Department of Corrections or the Department of Probation, Parole and Pardon Services. However, **if an inmate files three administrative appeals during a calendar year, then each subsequent filing during that year must be accompanied by a twenty-five dollar filing fee.**"

Our records indicate you have filed 3 appeals in this calendar year and therefore the appeal attached is being returned and will not be processed unless it is accompanied by the appropriate fee.

13C065
13C174
13C401

STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

T. Terrell Bryan

Appellant,

vs.

South Carolina Department of Corrections,

Respondent.

NOTICE OF APPEAL

DOCKET NO. -ALJ-04- -
GRIEVANCE NO.: McC 1098-13

Notice is hereby given that T. Terrell Bryan does hereby appeal the final decision of the South Carolina Department of Corrections dated N/A and received on 12/03/13, a copy of which is attached. A general statement of the grounds for appeal is (See S.C. Code Ann. § 1-23-380(A)(6)):

SCDC is intentionally not keeping grievances in the grievance box to thwart I/As ability to utilize the grievance system.

If Federal Employees who were/are under the Federal Employees Health Benefits program (FEHBP) are eligible for ObamaCare, then it will be frivolous to hold that an I/As is not eligible for ObamaCare.

ALL I/AS IN THE UNITED STATES SHOULD BE SIGN UP FOR OBAMACARE IMMEDIATELY.

T. Terrell Bryan

Appellant's Name

#254638, SMC-219, MCC 1

385 Redemption Way

Mailing Address

McCormick, SC 29899

City, State, Zip Code

[Signature]

Signed

12/5/13

Dated

CERTIFICATE OF SERVICE

I hereby certify that I, T.T. Bryan (your name), on the 5 day of 12, 2013, in McCormick (city), South Carolina, served a copy of the foregoing Notice of Appeal on all parties to this matter by depositing the same in the United States Mail, postage paid, or in the mail room of the undersigned's institution and addressed as follows:

Name of person/Agency served: General Counsel
4444 Broad River Rd.

Address:

Columbia, SC 29229 29210

City, State, Zip Code:

T. T. Bryan

Print your name

[Signature]

Sign your name

(See reverse side for instructions)

Instructions for filing an appeal of the final agency decision from the South Carolina Department of Corrections:

- 1) You must complete the **Notice of Appeal** on the reverse side of these instructions and mail it to the Administrative Law Court at the following address:

**Clerk's Office
South Carolina Administrative Law Court
1205 Pendleton Street, Suite 224
Columbia, SC 29201**

A copy of the Notice of Appeal must also be forwarded to the Office of General Counsel at the Department of Corrections.

- 2) **In order for your case to be processed by the ALC, a copy of the final decision from the Department of Corrections must be attached to the Notice of Appeal.**

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

EMERGENCY GRIEVANCE

STEP 1

INMATE NAME: T. Terrell Bryan
SCDC NUMBER: 254538
INSTITUTION: SMC MCCI
HOUSING UNIT: SMU-B19
WORK ASSIGNMENT: N/A

DEC 11 2013

Office Use Only
Grievance No. MCCI 1158-13
Code: General ME/HL
Policy _____
Disc. Hear. _____
Class. _____
Date Received 12-11-13
IGC Initials PT
Resubmit

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy)

*I'm refile MCCI 1098-13 see attachment. I have been taken off backfin & left in pain due to budget cuts. The Doctor is ~~not~~ denying me to see an outside back specialist. I am having serious back spasm & I am in serious pain. Because of budget cuts I request to be place under ObamaCare. Pursuant to National Federation, supra, the decrease cost of health care is a benefit of ObamaCare & half off or free medication.
ALL SIMS IN US SIGN UP FOR OBAMACARE IMMEDIATELY.
See attach MCCI 1110-13 & EXHIBIT #10 - #12, & #13*

EMERGENCY GRIEVANCE!

ACTION REQUESTED: *Per EXHIBIT #2 I can not get a grievance form, this is a refile of MCCI 1098-13. I REQUEST TO BE SIGN UP FOR OBAMACARE so I can receive care for back pain, pain meds & see a back specialist. ALL SIMS IN US SIGN UP FOR OBAMACARE.*

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:
see attach EXHIBIT #1, the Nurse intentionally said nothing about my pain meds. ALL SIMS in the U.S. needs to be sign up under ObamaCare. I AM IN PAIN, SPASM!

*This is an emergency 7 (seven) days grievance.
ALL SIMS IN U.S. SIGN UP FOR OBAMACARE!*

[Signature] 12/06/13
Grievant Signature Date

ACTION TAKEN BY IGC:

This grievance is being returned to you unprocessed. You have exceeded your limit of (5) grievances for the month No further action will be taken. REMINDER-Inmates will be allowed to file five (5) grievances per month, which shall include all grievances that are returned unprocessed. After the five (5) grievances have been accepted, all others will be returned unprocessed except disciplinary and classification hearings. This does include refiles if the 5 grievance limit has been limited.

- I accept the action taken by the IGC and consider the matter closed.
- I do not accept the action taken and wish to appeal.

P. Tallent 12-10-13
IGC Signature Date
N/A
Grievant Signature Date

STEP ONE GRIEVANCE

MCCI 1098-13
ME/HL

EMERGENCY GRIEVANCE

I have been taking my medicine for a long time and I am in pain due to my condition. The doctor is not helping me + I am in a lot of pain. I am having trouble breathing + I am having trouble sleeping. Because of my condition I require to be covered under a health plan + I am not able to pay for it. I am requesting that you help me with this. I am in pain + I am in need of help. I am requesting that you help me with this. I am in pain + I am in need of help.

ACTION REQUESTED

My Request I am not getting any relief from my pain. I REQUEST TO BE SIGN UP FOR OBAMACARE. I am in pain + I am in need of help. I am requesting that you help me with this. I am in pain + I am in need of help.

INFORMAL RESOLUTION

ALL IIMS IN US SIGN UP FOR OBAMACARE

I am in pain + I am in need of help. I am requesting that you help me with this. I am in pain + I am in need of help. I am requesting that you help me with this. I am in pain + I am in need of help.

ALL IIMS IN US SIGN UP FOR OBAMACARE!

KIRKLAND PHARMACY - KCI
4344 BROAD RIVER RD - COLUMBIA, SC)
1732193 J. MCREE 11/05/13
BRYAN, TERENCE 00254638
MCCORMICK - B0019A
TAKE 1 TABLET(S) TWICE DAILY BY MOUTH TO RELIEVE SPASM #10
METHOCARBAMOL* 750MG TAB #10
CAMBER Substituted For ROBAXIN
(0) Refills
11/05/2013
NDC: 31722-0534-01
EXP: 11/10/13

This grievance is being returned to you unprocessed. You must submit your grievance using an original SE-DC Form 10-5 Grievance form. You have 5 days to resubmit your grievance. Refile by 12-08-13. Return this unprocessed grievance for date verification purposes.
P. Talbot, IGC
12-08-13

REQUEST

Exp. Report
To: [unclear]
Page 1

4/27/83
252093
SA-330

I request the following items:

EXHIBIT
#2

- 101- [unclear]
- 101- [unclear]
- Exp. Report
- 101- [unclear]

STATE OF VA. SEV. CO.
COURT OF COMMON PLEAS

COURT OF COMMON PLEAS

The People of the State of Virginia,

SUMMON

EXHIBIT #1

John P. ...
...

TO NURSE VIRGINIA DEEN

You are hereby summoned to appear in the above request and the proper
consequence thereof in the following thing from the State of Virginia, that in another case
is said to be in the interest of the people, so I CAN FILE A GRIEVANCE.

You are also being summoned to appear in an EMERGENCY hearing of a grievance
being filed against the above named person at the time and place stated.

NURSE VIRGINIA DEEN
The People of the State of Virginia

REQUEST

11/23/13
254233
5A-1-30

- If you are unable to sign me up for the hearing please contact me.

- If you have signed the request for hearing, please show up at the hearing.

Mrs Deen will not be back before your designated
time period. You are not eligible for affordable
health care. You are being taken care of by the state

11/26/13 / Andrews 120

STEP ONE GRIEVANCE

T. Terrell Bryan
KAS4638
3010-319
MCCZ

EMERGENCY GRIEVANCE

MCC1110-13
MCHL
12-03-13
P.J.

STATE GRIEVANCE

In my medical records it states that I told medical that ~~Robaxin~~ ^{Robaxin} was not to be given & that the only meds that provided relief was baclofen. The last two times I signed up for sick care I was told that I would receive baclofen, on 12/01/13 Nurse Taylor told me that I was told on 11/15/13 ~~baclofen~~ ^{I would} not be given ~~baclofen~~ baclofen.

ACTION REQUESTED

I be given quality medical care, I am in pain, given baclofen for pain. If I am up for sick care so I can receive quality care where sick care is not determined by budget cuts.

INFORMAL

See attached EXHIBIT #2 12/01/13 response!

[Signature] 12/01/13

This grievance is being returned to you unprocessed. You must submit your grievance on an original SCDC 10-5 Grievance form to be addressed. You have five (5) days to correct by resubmitting a new grievance form rewritten and received no later than 12-10-13. This unprocessed grievance should be attended for date verification. If not received by the date requested the issue will be closed.

[Signature] IGC

12-05-13

T. Terrell Bryan 12/01/13
#254538, SMO-B19

Baclofin

On 11/15/13 you was
informed Baclofen was
not being used @ present
time.

C. Triplin UPN

EXHIBIT
#2

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER**


TO: NAME: <i>Ms. Douglas Liza...</i>	TITLE:	DATE: <i>11/15/13</i>
INMATE'S NAME: <i>T. Terrell Brown</i>	SCDC #: <i>259638</i>	
INSTITUTION: <i>JAIL 2</i>	LIVING QUARTERS: <i>SPR 279</i>	

*I am having serious back spasms, I am in pain. Medical has refused to place me back on medication or to respond to my requests so I am writing this issue. This is greatly affecting me and. Can you ~~help~~ help me get back to Obama care so I can get quality medical care.
I request help to deal with my case.*

Thank you

EXHIBIT #10

DISPOSITION BY STAFF MEMBER:
*Hello, The state provides you with "quality" care so you do not qualify for Obamacare.
when your done with this section let me know and I'll send you the next session.*

DATE: <i>11/15/13</i>	SIGNATURE: 
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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

RECEIVED
Classification
NOV 01 2013

TO: NAME: MS. Saltzburg / Case Worker	TITLE:	DATE: 11/01/13	MCCI
INMATE'S NAME: T. Terrell Bryan		SCDC #: 254138	
INSTITUTION: MCCI		LIVING QUARTERS: SMU-319	

let this serve as a reminder. please 1.) see if you can get me some anger management ~~counseling~~ counseling, 2.) please check to see if got a new charge in the last 7 (seven) days so I lay all the way back.

EXHIBIT #11

Thank you!

G.S. I am eligible to receive stigma care?

DISPOSITION BY STAFF MEMBER:

You do not have any disc. last one was in Feb.

Maddox and myself are on board for an anger management class, but Administration is not.

About Obamacare, you may. I've been googling and if I'm reading

DATE:
11-1-13

SIGNATURE:
D. Saltzburg

right - yes
I will see if Tamy will allow you to come to my office.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

RECEIVED
Classification
NOV 01 2013

TO: NAME: M.S. Lee / Classification	TITLE:	DATE: 11/01/13	MCCI
INMATE'S NAME: T. Teren Bryan	SCDC #: 254538		
INSTITUTION: MCCI	LIVING QUARTERS: SMU-B19		

Do I fit within the classification of persons who are eligible to receive Obama Care (or Patient Protection & Affordable Care (PPACA))?

If yes please sign me up so I can receive quality medical care as oppose to this... ssc care.

Thank you,
Your greatly appreciated!

EXHIBIT
#12

DISPOSITION BY STAFF MEMBER:

This is not a classification
ISSUE.

DATE:
11-1-13

SIGNATURE:
M. Lee

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER**

7110
RECEIVED

NOV 25 2013

TO: NAME: <i>General Counsel</i>	TITLE:	DATE: <i>11/25/13</i>	ROOM: <i>MAIL ROOM</i>
INMATE'S NAME: <i>T. Terrell Thomas</i>		SCDC #: <i>254838</i>	
INSTITUTION: <i>M.C.I.</i>		LIVING QUARTERS: <i>5A-131</i>	

*For health & other reasons I am not going to file request for work release.
Sign me up for discharge.*

**EXHIBIT
#13**

RECEIVED
NOV 20 2013
GENERAL

DISPOSITION BY STAFF MEMBER:

For your health care needs please comply with HS 18.05 Sick Call and Dental Health.

DATE: <i>12/2/13</i>	SIGNATURE: <i>Dayne Spate</i>
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REQUEST

1/10/80
1/10/80
1/10/80

1/10/80
1/10/80
1/10/80

I request the following items

EXHIBIT
#2

1/10/80
1/10/80
1/10/80
1/10/80

STATE OF VIRGINIA
COUNTY OF HENRICO

COURT OF COMMON PLEAS

The Court, this day, ordered,

SUMMON

EXHIBIT
#1

TO NURSE VERGINIA DEEN

Wherefore, I, the undersigned, do hereby request that the Court
appoint a guardian ad litem to represent the State of Virginia in the
event that the matter is brought to the Court, so I CAN FILE A GRIEVANCE.

Wherefore, I, the undersigned, do hereby request that the Court
appoint a guardian ad litem to represent the State of Virginia in the
event that the matter is brought to the Court, so I CAN FILE A GRIEVANCE.

REQUEST

NURSE VERGINIA DEEN

11/23/13
259255
544-300

- If you are willing to sign me up for the state health care...
- If you are willing to sign me up for the state health care...

Ms Deen will not be back before your designated
time period. You are not eligible for affordable
Health care. You are being taken care of by the state

11/26/13 / T Andrews 120