

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CALHOUN COUNTY
Court of Common Pleas

Doyet A. Early, III, Circuit Court Judge

Case No. 2014- 002131

Mikal D. Mahdi, #5238

Petitioner,

v.

State of South Carolina,

Respondent.

APPENDIX

Vol. XVII of XXVIII

Seth C. Farber (*pro hac vice*)
Winston & Strawn LLP
200 Park Avenue
New York, New York 11006
(212) 294-4611

Anthony Mabry
Assistant Attorney General
Post Office Box 11549
Columbia, South Carolina 29211
(803) 734-3665

Brandon W. Duke (*pro hac vice*)
Winston & Strawn LLP
1111 Louisiana Street, 25th Floor
Houston, Texas 77002
(713) 651-2636

Attorney for Respondent

Teresa L. Norris
Blume Norris & Franklin-Best, LLC
900 Elmwood Avenue, Suite 101
Columbia, South Carolina 29201
(803) 765-1044

Attorneys for Petitioner

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S.C. Supreme Court

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Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

phone call received
phone call made
weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name Mikal Mahdi

DOB Redacted

Living Unit S.C. - Remedial

Assigned Counselor Amos

ite	Code	Entries	Initial
1/00	TR.	counselor that he was unable to make it for visitation last week because he was having car trouble. He stated he cannot make it this weekend due to the weather. Mr. Mahdi called from work and stated he would call back for Mikal's status.	BA
3/00	IC	This counselor met w/ Mikal for an individual session. He requested this counselor follow-up for his court date. Mikal also stated he would like to call his P.O. Advised this counselor will set up a telephone conference. Mikal also asked to see Ms. Pearson & Mr. White. Mikal very upset & feels that "we" are trying to keep him here. Mikal accepts no responsibility for his actions.	BA

Department of Juvenile Services
Culpeper Juvenile Correctional Center
Running Case Record

M00918

COPY TO MASTER

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consulation with
C	CRC

Name Mikal Winkidi
DOB Redacted
Living Unit PC (S6C)
Assigned Counselor Amee

Date	Code	Entries	Initial
1/6/00	TM	This CRC called Sherree Winkidi at <u>Redacted</u> and left a message to please call back. Need to inform him of Mikal's release date.	PS
1/6/00	IC	Brief contact with Mikal. I gave him a copy of the fax he requested.	PS
		4-8-00	
1/11/00	TM	This counselor called P.O. Clara Gaison <u>Redacted</u> and left a message with her secretary informing her Mikal eligible for release on 5/4/00 and to please have Mrs. Gaison call back.	PS
1/17/00	O	Mailed letter to P.O. Clara Gaison announcing Mikal eligible for release on 5/4/00; requested she forward parole rules & her letter of parole acceptance.	PS
2/1/00	TM	Called P.O. Clara Gaison & left a	

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record**

M00919

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi

DOB Redacted

Living Unit PC

Assigned Counselor Ames

Date	Code	Entries	Initial
125/00	TT	Mikal attended treatment team as he is eligible for a promotion to Cadet 1st Class. He is also scheduled for release on 5/4/00. His case will be forwarded to IRC regarding both issues. —	PB
125/00	TR/ T.A.	Received a call from P.O. Clara Jaison after this counselor called. * left another message. Ms. Jaison advised this counselor that she is in the process of working on Mikal's parole rules & securing placement. She advised that Mikal will return home to live with his grandmother as she has received no responses from his father. —	PB
127/00	IRC	Mikal did not attend IRC; IRC reviewed his case however & decided he will remain in PC until his scheduled release date of 5/4/00 (etc).	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received
Telephone call made
Weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consulation with
CRC

Name Mikal Mahdi

Redacted

DOB _____

Living Unit 50C-RemedialAssigned Counselor Amos

Date	Code	Entries	Initial
1/1/00	TT	Mikal was scheduled to attend treatment team but was unable to attend as he was displaying aggressive & threatening behavior. In addition, he was writing obscenities on his cell wall w/ pudding. Mikal received a major on 1/21/00 and a moderate ^{on} 1/26/00. In order for him to be eligible for placement in GP, he must remain ^{major} offense-free until 2/21/00. He can receive no more than one moderate. This case will be forwarded to the IRC for an evaluation. —	FB
1/1/00	TR	This counselor received a phone call from Mikal's father, Sherif Mahdi. He was calling for Mikal's status. Informed him of the above. Also informed him that Mikal didn't go to court on 1/20/00 as scheduled.	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

phone call received
phone call made
weekly review
Progress Review
Group Counseling

TT Treatment Team Meeting
SP Service Plan Development
CSUV Court Visit
IC Individual Counseling
CN Consultation with
CRC

Name Mikal Mahdi

Redacted

DOB _____

Living Unit SOC - Remedial

Assigned Counselor Amor

ite	Code	Entries	Initial
1/00	TR	due to inclement weather. Advised him the court date has been re-scheduled for the latter part of February. Further, advised Mr. Mahdi that Mikal is not eligible for a visit until the 3rd Sunday in February, 2/20/00.	PB
3/00	IRC	Mikal attended the IRC meeting. The IRC recommended that he remain in SOC-Remedial in spite of his recent charges & overall behavior. Mikal refused to sign the IRC form.	PB
4/00	IC	Met w/ Mikal. We discussed what happened at the IRC. He stated he understood why he was kept in SOC-Remedial. Encouraged Mikal to remain offense-free - advised him he was so close to population. Also advised Mikal that he will get	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mikal Mahdi
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	506-Remedial
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
1/1/00	IC	him copies of the material he requested provided there are copies in his file. Also advised Mikal that we will sit down w/ Ms. Gates & discuss his situation. This counselor is concerned about Mikal as he doesn't appear to accept any responsibility for his own actions & this is hurting him. Mikal also appears to be bitter & resentful & this is eating at him in my opinion.	BH
	2-4-00	008	
1/9/00	IC/ CSUV/ TM	(late entry) Met w/ Mikal along w/ his P.O., Mrs. Jackson. We discussed his progress as well as his pending charges for which he will appear in court on 2/24/00 at 11:00 AM. Mikal also requested a phone call. Allowed him to make a phone call but he	

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record**

M00923

Telephone call received	TT Treatment Team Meeting
Telephone call made	SP Service Plan Development
Weekly review	CSUV Court Visit
Progress Review	IC Individual Counseling
Group Counseling	CN Consultation with CRC

Name Mikal Mahdi
 DOB Redacted
 Living Unit SCC - Remedial
 Assigned Counselor Amos

Date	Code	Entries	Initial
1/9/00	IC/	did not get through.	
	CSUV/		
	TM		BB
1/15/00	IC	Met w/ Mikal for an individual counseling session. He requested copies of all "papers" regarding (pertaining to) his upcoming court date. He is scheduled to appear in court on 2/24/00 at 11:00 a.m. Mikal also requested a phone call. Mikal also asked this counselor what would likely happen in court. Advised him it is hard to predict what will happen in court but encouraged him to think positive.	BB
1/17/00	WR	Mikal will attend Treatment Team next week as he is eligible for a promotion to Cadet 1st Class. Treatment Team will likely make the recommendation that Mikal be	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>
Weekly review	CSUV Court Visit	Living Unit <u>CMU 150C</u>
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>
Group Counseling	CN Consulation with CRC	

Date	Code	Entries	Initial
12/1/99	FC	(late entry) Met w/ Mikal for an individual session. He was very upset as he had a confrontation w/ staff. He refused to elaborate on the situation. Advised him of his grandmother's message informing him she loves him & is praying for him. Also advised him that she is planning to visit him 3rd Sunday in January, as this counselor explained visitation procedures to her. — Bk	
1/30/99	TM	This counselor called Sherif Mahdi and informed him that Mikal is not eligible for visitation until the 3rd Sunday in January. Also informed him of Mikal's status - offense free since December 8. — Bk	

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Running Case Record

Telephone call received	TT Treatment Team Meeting	Name <u>Mikal Mahdi</u>	
Telephone call made	SP Service Plan Development	DOB <u>Redacted</u>	
Weekly review	CSUV Court Visit	Living Unit <u>SOC - Remedial</u>	
Progress Review	IC Individual Counseling	Assigned Counselor <u>Amos</u>	
Group Counseling	CN Consultation with CRC		

Date	Code	Entries	Initial
1/1/00	IRC	Mikal attended IRC. IRC recommended that he be taken out of the CMU and placed in the SOC - Remedial. Mikal was satisfied with IRC's decision as he did not wish to appeal. Mikal also informed the IRC that he would like his counselor changed. Ms. Whittaker agreed to discuss the issue w/ Mikal at a later time.	BR
1/5/00	IC	This counselor met w/ Mikal for an individual session. Informed him of his upcoming court date on January 20. Advised this may slow down release process. Mikal got upset - stated he did not want to talk about it.	BR

Department of Juvenile Justice
Culpeper Juvenile Correctional Center

COPY TO MASTER

Running Case Record

Telephone call received	TT Treatment Team Meeting	Name	Mikal Mahdi
Telephone call made	SP Service Plan Development	DOB	Redacted
Weekly review	CSUV Court Visit	Living Unit	SOC - Remedial
Progress Review	IC Individual Counseling	Assigned Counselor	Amos
Group Counseling	CN Consultation with CRC		

ate	Code	Entries	Initial
1/00	IC	him copies of the material he requested provided there are copies in his file. Also advised Mikal that we will sit down w/ Mr. Gates & discuss his situation. This counselor is concerned about Mikal as he doesn't appear to accept any responsibility for his own actions & this is hurting him. Mikal also appears to be bitter & resentful & this is eating at him in my opinion.	BK

Department of Juvenile Justice
 Culpeper Juvenile Correctional Center
 Running Case Record

Telephone call received
 Telephone call made
 Weekly Review
 Progress Review
 Group Counseling

TT
 SP
 CSUV
 IC
 CN
 CRC

Treatment Team Meeting
 Service Plan Development
 Court Visit
 Individual Counseling
 Consultation with

Name Makal Mahdi
 DOB Redacted
 Living Unit 50C (4C)
 Assigned Counselor Jesse Dobson

Code	Entries	INITIAL
TM	Returned Ms. Nancy Burwell's Call (Makal's Grand-Mother). Ms. Burwell is concerned about Makal's welfare. She stated that her mother hasn't been in Makal's life since he was 2 yrs old. Ms. Burwell was assured that the Cadet is doing well. He gave her his address here at CJCC and she plans to visit and write often. PDI Wilson will give Makal a phone this evening around 12:30 or 1:00 PM. (De)	
7-15-99		
TM	Cadet received phone call to Brother Saleem Mahdi. (De)	
TT	Promoted to 80C Phase II due to excellent behavior. (De)	
IC	Cadet pleased w/ promotion. Says he's ready to move on to his next phase. (De)	
7-20-99		
TM	Returned Mr. Shief Mahdi telephone call. Updated father on Mike's progress and adjustment at CJCC. Mr. Mahdi plans to visit in early August. (De)	
IC	Mikal (phon) called call spoke w/ grandmother. (De)	
IC	Positive visit w/ M. Kal. Cadet was informed of DeLeon's 7/28 and 7/29. No concerns at this time. (De)	
TT	De Leon held team consisted of Cice Dobson, official w/in and Mr. Whittaker. Cadet is recommended for promotion to Cadet 5th Class and transfer to General Population. Cadet done an outstanding job in 80C. (De)	
TT	Call has promoted cadet Mahdi to Cadet 5th Class. Cadet will be transferred to General Population ASAP. (De)	
TM	Attempted to reach father Shief Mahdi by phone. Only have work number available. However Mr. Mahdi is off duty. (De)	
TM	Spoke Grandmother Nancy Burwell (Grandmother) and informed her of Mikal's promotion status. She plans to contact Son Shief Mahdi as soon as possible. (De)	

Department of Juvenile Justice
 Culpeper Juvenile Correctional Center
 Running Case Record

Telephone call received
 Telephone call made
 Weekly Review
 Progress Review
 Group Counseling

TT
 SP
 CSUV
 IC
 CN
 CRC

Treatment Team Meeting
 Service Plan Development
 Court Visit
 Individual Counseling
 Consultation with

Name

Mikal Mahdi

Redacted

DOB

Living Unit

Assigned Counselor

Jerrisa Johnson

Code

Entries

DETAIL

TM

Ms. Burwell has offered to be an alternate
 contact when Mikal's father can not be reached.

IC

Mikal was complaining about having pain in his
 right "big" toe. Early this week his whole came
 off. I advised Sgt. Minors of this matter, he assured
 me a nurse would treat his problem.

CUSTODIAL TRANSPORTATION ORDER

Mikal Dean Mahdi

NAME OF TRANSPORTEE

CASE NO.

SOCIAL SECURITY NUMBER

☐

General District Court (Traffic)

☐

General District Court (Criminal)

☐

General District Court (Civil)

☒

J & DR Court

☐

Circuit Court

Hanover
CITY/COUNTY

ANY AUTHORIZED OFFICER: Take custody of and transport the person named above from:

the jail serving this jurisdiction or

Culpepper Juvenile Corrections

OTHER FACILITY

THIS COURT or

OTHER DESTINATION

Arrive

2/24/00 @ 11:00 am

DATE AND TIME

APPEAR IN:

☒

COMMONWEALTH OF VIRGINIA

☐

V/in re

Mikal D. Mahdi

When the person's presence is no longer needed there, return such person to the jail officer or director of the other named facility, unless otherwise directed by this court.

THE JAIL OFFICER OR DIRECTOR OF THE OTHER NAMED FACILITY:

Release the person named in this order into the custody of the officer bearing this order, and accept custody of the person on his/her return.

SPECIAL INSTRUCTIONS:

1/21/00
DATE

Jany E. Gilman

CLERK JUDGE

CUSTODIAL TRANSPORTATION ORDER

A005213



M00930

COMMONWEALTH of VIRGINIA

Department of Correctional Education (DCE)

Office of the Principal
Phone: (540) 727-3317
Fax: (540) 727-7134

Culpeper Juvenile Correctional Center
12240 Coffeewood Drive
P.O. Box 48
Mitchells, Virginia 22729

January 24, 2000

Mr. Sheif Mahdi
Redacted

Lawrence, VA 23868

Dear Mr. Mahdi,

An Individualized Education Program was developed for Mikal Mahdi on January 24, 2000. Since you were unable to attend the meeting, I am forwarding you a copy of the completed IEP, the original signature sheet (with all participants' signatures), and a copy of that signature sheet for your records. We are requesting that you sign the signature sheet marked "original" and return it to me in the enclosed self-addressed, stamped envelope so that we may begin to provide services to your child. I will need to receive the original signature sheet with your signature affixed by no later than February 7, 2000.

If we are not in receipt of your response by that time, permission to place the student in the special education program will be sought from the Department of Juvenile Justice.

If there are any questions please contact me at (540) 727-7131.

Sincerely,

K. Roehring, IEP Coordinator
DCE Youth School
Culpeper Juvenile Correctional Center

Enclosures

cc: Master Files
Transfer File
DCE File
Central File

During the IEP meeting the following need to be considered at appropriate times throughout the IEP meeting. There needs to be documentation that the items were considered and any decision made relative to each.

1. The strengths of the child and the concerns of the parents for enhancing the education of their child;

Parent was contacted and did not respond.

2. The results of the initial evaluation or most recent evaluation of the child;

DCE Schools – ED- 01/14/98

3. In the case of a child whose behavior impedes his or her learning or that of others consider, when appropriate, strategies including positive behavioral interventions, accommodations, and supports to address that behavior;

Due to the environment that Mikal is now in, behavior issues are addressed through LEADER Program, Anger Management, and weekly sessions with counselor.

4. In the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;

Mikal's native language is English.

5. In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;

Mikal's vision is 20/20.

Student MAHDI, Mikal

School DCE Schools

M00933

6. Consider the communication needs of the child;

Mikal has been screened for Speech and Language difficulties and was not referred for services.

7. In the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode;

Mikal's hearing is within normal limits.

8. Consider whether the child requires assistive technology devices and services;

Mikal does not require the use of assistive devices.

Present level of Educational Performance:**M00934**

The Present Level of Educational Performance describes the effect of the student's disability upon the student's involvement and progress in the general curriculum. This includes his/her performance in academic areas (reading, math, communication, etc.) and non-academic areas (behavior, social skills, daily life activities, mobility, extra-curricular activities, etc.) in objective measurable terms. Test scores, if appropriate, should be self-explanatory, or an explanation should be included. There should be a direct relationship between the present level of performance and the other components of the IEP.

Mikal is currently scheduled for classes to work towards getting his GED but has been unable to attend classes due to being in "lock". He has been participating in School of Cadet and Behavior Management Unit classes where his teachers Report he performs well in class, has good management of himself and has appropriate relationship with staff. His Behavior difficulties are not in the classroom. Relative strengths are sight vocabulary, whole number operations, decimal Addition and subtraction. Weaknesses are in the areas of word attack skills, written language/comprehension, sentence Structure/grammatical word usage, computing percents and interest, decimal operations and fractions.

The strengths of the child and the concerns of the parents for enhancing the education of their child:

Parent was contacted and did not respond.

Does the child's behavior impede his or her learning or the learning of others? ☐ Yes ☒ No

If yes, a description of the behavior and strategies, including positive behavioral interventions and supports to address that behavior, must be reflected on annual goal pages and the Behavior Intervention Plan. If not appropriate, explain why a behavior intervention plan is not needed below.

DIPLOMA STATUS: This student is a candidate for a ☒ Standard Diploma ☐ Special Diploma
 (discuss at age 14 or younger) ☐ Advanced Studies Diploma ☐
☒ GED (only for those who meet requirements of the GED)
 Projected Graduation/Exit Date ☐ Not discussed at this time
 Comment:

NOTE: Special Education and related Services end upon receiving a standard or advanced studies diploma. If the student receives a special diploma, certificate, or a GED, the student remains entitled to a free and appropriate public education through age 21.

Accommodations

M00935

Student MAHDI, Mikal

School DCE Schools

The IEP Committee has determined the following

- ☐ The student is expected to meet grade level curriculum standards in all general, vocational, and special education classes with:
 - ☐ No modifications/accommodations
 - ☒ Modifications/accommodations will apply to statewide and local assessments. Permissible testing accommodations will apply to statewide and local assessments.
- ☐ The student is not expected to meet grade level curriculum standards in all general, vocational, and special education classes. Modifications/accommodations will apply to routine instruction. Permissible testing accommodations will apply to statewide and local assessments.

Any instructional modification and/or testing accommodations must be based upon the nature and severity of the student's disability, the specific skills that are necessary to accomplish each particular standard of learning, the abilities that are required to learn these skills, and the long term implications of these decisions for the student. Accommodations based solely upon their potential to enhance the student's performance beyond providing equal opportunity to perform are inappropriate.

Time/Scheduling Modifications/Accommodations:

Setting Modifications/Accommodations:

On an as needed basis, Mikal will need a small group setting.

Presentation Modifications/Accommodations:

Response Modifications/Accommodations:

Other:

This student is at grade level and participation in statewide or district-wide assessments must be considered and discussed.

<u> X </u>	No		
<u> X </u>	Yes.	If yes, check which assessments	<u> </u> *SOL Assessments
			<u> </u> *Virginia State Assessment Program
			<u> X </u> *Literacy Testing Program
			<u> </u> District-Wide Assessments

See attached forms for decisions made relative to participation in each of these assessments

* NOTE: Only students enrolled in or placed by public schools are eligible to participate in Virginia's State Assessment System.

Individualized Education Program (IEP)
Literacy Passport Testing Program (LPT) Accommodations for Students with Disabilities

M00936

Student MAHDI, Mikal School DCE Schools

Complete this page for those students who were in the 6th grade LTP until the student has passed all three literacy tests.

PARTICIPATION IN THE LTP

If the student is participating in the LTP, please list the accommodation(s) that will be made and are based upon those modifications and accommodations the student generally uses during classroom instruction and assessment. Refer to Instruction and Assessment Accommodations section of the IEP for the accommodations that may be considered for this student.

The student will participate in the following LTP tests (Check):

NOTE: Mark any nonstandard administration with an asterisk *. These test scores will be reported as scores that result from a nonstandard administration.

LTP TEST		ACCOMMODATIONS	IF YES, LIST ACCOMMODATIONS BY TEST
☐	Reading Comprehension Test	☐ Yes ☐ No	
X	Passed		
X	Writing Test	☒ Yes ☐ No	Small group
☐	Passed		
☐	Mathematics Test	☐ Yes ☐ No	
X	Passed		

NOTE: Mark any Nonstandard Accommodations with an *

For any test not checked, explain in the space below why the student will not be participating in this test(s):

HOW WILL THE STUDENT BE ASSESSED

If the student has postponed taking any part of the LTP or is exempted from taking the LTP, explain in the space below how the student will be assessed.

NOTES: If a student postpones taking one or more of the literacy tests, it will decrease the student's opportunities to take and pass the tests. Remember, in order for a student to receive a standard or advance studies diploma the student must achieve passing scores on all three of the literacy tests.

Any decision to exempt the student from participating in the Literacy Testing Program must be reviewed at least annually during the IEP annual review. Students exempted from participating in the Literacy Testing Program will not be able to receive a standard or advance studies diploma.

Student MAHDI, Mikal

School DCE Schools

M00937

SPECIAL EDUCATION & RELATED SERVICES: Identify the services, including their frequency and duration that the student will need. Identify any needed supplementary aids & services, assistive technology, accommodations/modifications and supports for personnel. Address any needed transportation and physical education services including accommodations/modifications.

[illegible]

EXTENDED SCHOOL YEAR SERVICES: Does the student need extended school year services? _____ Yes X No
Summarize the decision made. If "Yes", identify the services, location, frequency, and duration.
DCE students are in a year around program.

[illegible]

VIRGINIA DEPARTMENT OF CORRECTIONAL EDUCATION
Annual Goals/Short Term Objectives/Benchmarks

M00938

Student Mikal Mahdi School DCE Culpeper

Annual Goal (# 1)

Given instruction, Mikal will show improvement in written language comprehension, word attack skills, sentence structure, and grammatical word usage.

Short-term Objective/Benchmark

Given instruction, Mikal will be able to identify and write correct sentence structure, with correct grammatical word usage.

Evaluation Procedure Observation, written work, informal tests, formal testsObjective Criteria 85%Schedule/Frequency of Evaluation: Daily, weekly, every nine weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Given instruction in word attack skills, Mikal will be able to read and comprehend written language.

Evaluation Procedure Observation, written work, informal tests, formal testsObjective Criteria 85%Schedule/Frequency of Evaluation: Daily, weekly, every nine weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Evaluation Procedure

Objective Criteria

Schedule/Frequency of Evaluation:

Grading Period 1 2 3 4 S

Comments:

Will the progress on this goal be sufficient for the student to achieve this by the end of the school year?

Grading Period 1 2 3 4 S

Evaluation Procedure:

Method used to measure student progress

Objective Criteria:

Level of mastery required to demonstrate skill acquisition

Schedule/Frequency of Evaluation:

How often a child's progress is measured – every nine weeks is sufficient for evaluation of a student's progress unless otherwise required based on special conditions of the task.

When Grading Periods are completed using the following abbreviations:

= Objective Mastered

NI = Objective Not Initiated

NP = Student Not Progressing Toward Mastery Level Indicated

= Objective Mastered But Needs Review For Student To Maintain Skill

P = Progressing Toward Mastery Level Indicated

= PROGRESS ON GOALS WILL BE REPORTED VIA PROGRESS REPORTS EVERY GRADING PERIOD.

VIRGINIA DEPARTMENT OF CORRECTIONAL EDUCATION
Annual Goals/Short Term Objectives/Benchmarks

M00939

Student Mikal Mahdi School Culpeper DCE

Annual Goal (# 1)

Mikal will show improvement in math skills in the area of decimal operations, fractions, computing interest and percent to the 8.0 level

Short-term Objective/Benchmark

Given instruction, mikal will compute percents and interests.

Evaluation Procedure written work, graded assignmentsObjective Criteria 80% - 3 out of 4 trials on 3 separate occasionsSchedule/Frequency of Evaluation: daily, weekly, every 9 weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Given instruction, Mikal will compute fractions and decimals.

Evaluation Procedure written work, graded assignmentObjective Criteria 80% - 3 out of 4 trials on 3 separate occasionsSchedule/Frequency of Evaluation: daily, weekly, every 9 weeksGrading Period 1 2 3 4 S

Comments:

Short-term Objective/Benchmark

Evaluation Procedure

Objective Criteria

Schedule/Frequency of Evaluation:

Grading Period 1 2 3 4 S

Comments:

Will the progress on this goal be sufficient for the student to achieve this by the end of the school year?

Grading Period 1 2 3 4 S

Evaluation Procedure:

Method used to measure student progress

Objective Criteria:

Level of mastery required to demonstrate skill acquisition

Schedule/Frequency of Evaluation:

How often a child's progress is measured - every nine weeks is sufficient for evaluation of a student's progress unless otherwise required based on special conditions of the task.

The Grading Periods are completed using the following abbreviations:

M = Objective Mastered

NI = Objective Not Initiated

NP = Student Not Progressing Toward Mastery Level Indicated

M/R = Objective Mastered But Needs Review For Student To Maintain Skill

P = Progressing Toward Mastery Level Indicated

NOTE: PROGRESS ON GOALS WILL BE REPORTED VIA PROGRESS REPORTS EVERY GRADING PERIOD.

Secondary Transition

M00940

Student Mikal Mahdi School Culpeper JCC - DCE**TRANSITION - COURSE OF STUDY**
(Beginning at age 14 or younger)

Describe the focus of the student's course of study (i.e. specify the educational courses and experiences in school and the community that will assist the student in achieving his/her post school goals):

Mikal is enrolled in GED preparation courses. He would like to finish school. He currently has no vocational goals.

TRANSITION - SERVICES

(Beginning at age 16 or younger)

1. Desired Outcomes - POST SECONDARY EMPLOYMENT (Including Integrated or supported _____)

Mikal is unsure of what he would like to do upon graduation.

- Is a functional vocational evaluation needed? X Yes _____ No _____
If yes, describe A functional vocational evaluation would give Mikal a better idea of what he might like to do

- Is specially designed instruction needed? _____ Yes _____ No _____
If yes, describe using the Annual Goal sheet and attach.

2. Desired Outcomes - VOCATIONAL TRAINING Mikal has no vocational goals at this time.

- Is specially designed instruction needed? _____ Yes _____ X No _____
If yes, describe using the Annual Goal sheet and attach.

3. Desired Outcomes - POST SECONDARY EDUCATION (including continuing and adult) Mikal has no post
Secondary plans at this time.

- Is specially designed instruction needed? _____ Yes _____ X No _____
If yes, describe using the Annual Goal sheet and attach.

4. Desired Outcomes - INDEPENDENT LIVING Independent living skills were not discussed with Mikal

- Is specially designed instruction needed? _____ Yes _____ X No _____
If yes, describe using the Annual Goal sheet and attach.

i. Desired Outcomes - COMMUNITY PARTICIPATION Community participation was not discussed with Mikal

- Is specially designed instruction needed? _____ Yes _____ X No _____
If yes, describe using the Annual Goal sheet and attach.

SECONDARY TRANSITION INTERAGENCY RESPONSIBILITIES & NEEDED LINKAGES

Student Mikal Mahdi School Culpeper JCC - DCE

1. To assist in achieving post-secondary employment outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION

Department of Rehabilitative Services or Job Corp

PERSON RESPONSIBLE FOR REFERRAL

Transition Coordinator or other school personnelREFERRAL REQUEST: Assistance with career counseling and job placement if needed

2. To assist in achieving vocational training outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION

Department of Rehabilitative Services or Job Corp

PERSON RESPONSIBLE FOR REFERRAL

Transition Coordinator or other school personnelREFERRAL REQUEST: Assistance with Career counseling and job training

3. To assist in achieving post-secondary education outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION

Department of Rehabilitative Services

PERSON RESPONSIBLE FOR REFERRAL

Transition Coordinator or other school personnelREFERRAL REQUEST: Financial aid assistance and help with accommodations as needed.

4. To assist in achieving independent living outcomes or goals, the student will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION

None

PERSON RESPONSIBLE FOR REFERRAL

REFERRAL REQUEST: None

5. To assist in achieving community participation outcomes or goals, the students will be referred to the following post-secondary agency(s) or organization(s):

AGENCY/ORGANIZATION

None

PERSON RESPONSIBLE FOR REFERRAL

REFERRAL REQUEST: None

Student MAHDI, Mikal

School DCE Schools

M00942

IF TEAM CONSIDERATIONS:**LEAST RESTRICTIVE ENVIRONMENT (LRE)**

When discussing least restrictive environment and placement the following must be considered:

1. To the maximum extent appropriate, the student is educated with children who are non-disabled.
2. Special classes, separate schooling or other removal of the student from the regular educational environment occurs only if the nature of severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
3. The student's placement should be as close as possible to the child's home unless the IEP of the student with a disability requires some other arrangement. The student is educated in the school that he or she would attend if non-disabled.
4. In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
5. The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

The team should consider placement options in conjunction with identifying any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check ones the team discussed. Then, describe the placement selected in the Placement Decision section below. Determination of LRE and placement may be one or a combination of options along the continuum.

Placement Continuum Options	Other Services
Instruction Provided in:	Identify any needed supplementary aids & services, assistive technology, accommodations/modifications, and supports for school personnel, not already identified:
☒ regular class(s)	
☒ special class(s)	
☐ special school	
☐ public day school	
☐ private day school	
☐ state operated program	
☐ private residential facility	
☐ home instruction	
☐ hospital	
☐ other (describe)	

PLACEMENT DECISION:

Based upon identified services and the consideration of least restrictive environment LRE and placement continuum options, describe the location of where the services are to be provided. Also, summarize below the discussions and decision around LRE and placement. This must include an explanation of why the student will not be participating with students without disabilities in the general education class(s), programs, and activities:

Mikal will have classes in the regular education classroom due to his ability to maintain academic success in that environment. He will have a Writing Skills class with the special education teacher due to difficulties in that general area.

Student MAHDI, MikalSchool DCE Schools

M00943

The following participants attended the IEP meeting:

Signature of Participant	Position	Date Signed
<i>[Signature]</i>	IEP Coordinator	1/24/00
<i>[Signature]</i>	Student	1/24/00
<i>[Signature]</i>	TEACHER	1/24/00
<i>[Signature]</i>	SPED Teacher	1/24/00
<i>[Signature]</i>	Assistant Principal	1/24/00
<i>[Signature]</i>	Transition Specialist	1-24-00

Date of Notification of Transfer of Rights.

The date of notification to parents and the student that all parental rights under special education law will transfer to the student at age 18 (date must be at least one year prior to the student's 18th birthday). Notification is completed through Transfer of Rights letter.

Indicate the date that the student was informed of the IDEA procedural safeguards (rights) and the transfer of those rights at the age of 18.

Date

School Official Signature

Date

Student Signature

Please Check Option 1 or Option 2

1.

☐

Permission is hereby granted.

☐

Permission IS NOT granted

for my child to receive the special education services specified in the IEP. The contents of this document have been explained to me and I have received a copy of this IEP. I have been informed that I have the right to review my child's school record and to request a change in the IEP at any time. I acknowledge that I have the right to refuse permission for services and to have my child continue in the current placement pending exhaustion of my due process rights. I have received a copy of Parental Rights in Special Education and (if applicable) the Addendum.

Parent's Signature

Date

COPY TO MASTER

Promotion Checklist For Cadet To Cadet-First Class

Cadet Name: Mikal Mahdi Cadet #: _____
 Unit: _____ Squad: _____ Date: 1/26/00

Criteria	Yes	No
225 Merit Points or 75% <u>1,435 - 69%</u>	☒	☐
Completion of 75 Program Units of Instruction (8T)	☒	☐
No Major Offenses for 30 Days <u>006 - 1/21/00</u>	☒	☒
No more than two (2) Moderate Offenses for 30 days	☒	☐
Completion of Orientation	☒	☐
Uniform Compliance	☒	☐
Drill Compliance	☒	☐
Ceremonies Compliance	☒	☐
APFT Basic Training	☒	☐
Educational Schedule	☒	☐
Treatment Schedule	☒	☐
Written Contact-Parent/Guardian	☐	☐
Written Contact-Court	☐	☐
Personal Appearance/Grooming Compliance	☒	☐
Knows Cadet Creed	☐	☐
Understands Rules and Codes of Conduct	☐	☐

Certified by: 

Program and Discipline Instructor

Barbara Amos

Treatment Team Chair

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit

December/January Monthly Note

CONFIDENTIAL: For Professional Use Only

NAME: Mikal Madhi
DOB: Redacted
State File Number: Redacted
Date of Report: 2/1/00
Dates of Contact: 12/20/99, 12/30/00, 1/4/00, 1/13/00, and 1/28/00

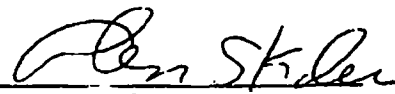
COPT TO MASTER

Mikal was transferred to this writer when his previous therapist, Dr. Marnita Floyd, left CJCC. Initial contact revolved around discussions of his work with Dr. Floyd and his time in DJJ. With a few exceptions, Mikal tends to blame others for his problems and minimize his own role.

Depressed mood and angry, hostile affect characterized Mikal's presentation during this time period. His level of frustration, which fluctuated from moderate to very high, greatly affected his mood and affect. His frustration was directly related to Mikal learning that he would be maintained at CJCC until a street charge he incurred at Hanover JCC was resolved. During times of increased stress, Mikal's ability to think coherently and logically was compromised. At these times, his thinking became acutely paranoid and unavailable to therapeutic intervention. When he was more receptive, sessions continued the previously established focus of addressing problematic thought patterns and the concomitant behavioral reactions. Throughout this difficult time for him, Mikal consistently denied suicidal and homicidal ideation. He did not endorse or otherwise present evidence of psychotic thought process.

Individual psychotherapy will continue to address cognitions and behavior.


Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC


Glen Skoler, Ph.D.
Psychology Supervisor, BSU, CJCC

cc: Transfer file, Master file, BSU (2), Nursing/Medical

Commonwealth of Virginia
Department of Juvenile Justice
Institutional Review Committee Referral

M00946

Ward's Name: <u>Mikal Mahdi</u>	DOB: <u>Redacted</u>	SF#: <u>Redacted</u>
Living Unit: <u>4-A</u>	Referral Source: <u>Barbara Amos, CIRC</u>	Date of Referral: <u>2/4/00</u>
(Name/Title)		
Date Arrived at RDC: <u>10/22/98</u>	Date Arrived at JCC: <u>7/29/99</u>	
Early LOS: <u>5/11/99</u>	Late LOS: <u>11/11/99</u>	Anticipated Release Date: _____
Committing Offense: <u>Contempt of Court and Obstruction of Justice</u>		☐ Serious Offender
Number of Commitments: <u>Two</u>		☐ Major Offender

Referral For:

☐ Release	☒ Case Consultation	☐ Transfer (living unit/facility)
☐ Annual Case Review	☐ Modify Sanction Plan	☐ Referral to Special Placement
☐ Appeal of Treatment Team Decision	☐ Major Offender Release Review	

Recommendation of the Treatment Team: It is recommended that Mahdi be evaluated for placement.

CASE SUMMARY

Description of Committing Offense: Mahdi threatened a judge, and shouted at deputies who were trying to serve a warrant on his father, that he "had a gun and always wanted to kill a cop."

Status of Recommended & Mandatory Treatment Needs: Mahdi completed his Anger Control treatment objective.

Institutional Offense History (previous six months): Mahdi received eleven (11) majors and seven (7) moderates within the past six months.

Other Pertinent Information Related to Referral: Mahdi recently received a major charge, Threat to Institutional Security, on 1/21/00 and a moderate charge, Failure to Comply, on 1/26/00. In addition, he was unable to attend treatment team as he was exhibiting aggressive and threatening behavior. Further, he was writing obscenities on his wall with pudding. Finally, Mahdi has a pending charge, Assault on a Correctional Officer. He will appear in court the latter part of February.

Juvenile's Statement: I understand the reason for and the contents of this referral. I ☒ do ☐ do not want to be at the IRC meeting when this Referral is considered.

Cadet refused to sign (21) Signature of Ward

Disposition IRC recommends Cadet Mahdi remain in SOC-Remedial.

Date: 2/4/00

Signatures of Committee Members:

	(Chair/Superintendent)
	(BSU Representative)
	(DCE Representative)

Juvenile's Statement: I understand the IRC's Disposition of this referral. I ☐ do ☐ do not want to appeal this disposition to the Central Review Committee.

Cadet refused to sign (21) Signature of Ward

Master. Transfer, CIRC

A005230

MEDICAL SERVICE REQUEST

M00947

YOUTH'S SUMMARY

(May be completed by either youth or staff)

COTTAGE: 4C ROOM 8

YOUTH'S NAME: MIKAL MANDIE

(Please print in ink, if available)

WHAT IS YOUTH'S COMPLAINT/SYMPTOMS/REQUEST: MY SKIN

IS ALWAYS - BREAKING OUT.

PLEASE HELP ME FIND A

SOLUTION TO THIS PROBLEM.

Signature of person completing request:

Mikal Mandie 2/21/00

Date:

STOP - DO NOT WRITE BELOW THIS LINE

SELF-CARE PROTOCOL ASSIGNED - NUMBER NAME

ADDITIONAL INSTRUCTIONS:

We will give you lotion twice a day for five days. Then you can go back to requesting Lotion from the morning nurse.

Medical Staff Signature, Title and Date:

P. Solares RN

2/22/00

Promotion Checklist For Cadet To Cadet-First Class

Cadet Name: Mahdi Mikal Cadet #: Redacted
 Unit: SOC Squad: 002 Date: 02/23/00

Criteria	Yes	No
225 Merit Points or 75% <u>1,635 - 71%</u>	☒	☐
Completion of 75 Program Units of Instruction <u>-89</u>	☒	☐
No Major Offenses for 30 Days	☒	☐
No more than <u>2</u> Moderate Offenses for 30 days	☒	☐
Completion of Orientation	☒	☐
Uniform Compliance	☒	☐
Drill Compliance	☒	☐
Ceremonies Compliance	☒	☐
APFT Basic Training <u>Army Phy. Fitness Training</u>	☒	☐
Educational Schedule	☒	☐
Treatment Schedule	☒	☐
Written Contact-Parent/Guardian	☒	☐
Written Contact-Court	☒	☐
Personal Appearance/Grooming Compliance	☒	☐
Knows Cadet Creed	☒	☐
Understands Rules and Codes of Conduct	☒	☐

Certified by:

RJA CDE
 Program and Discipline Instructor

Barbara A. Ames
 Treatment Team Chair

TREATMENT TEAM DISPOSITION

CONFIDENTIAL

Name: Mikal Mahdi Rank: SOC Date: 2/23/00Instructor: Barbara Amos Housing Unit: 4-ATreatment Team Members: Mr. Stephenson, Mrs. Amos, PDI Tyler

Agenda for Meeting:

☐ Orientation ☐ Service Plan ☐ Update ☒ Special Concern☒ Monthly Progress Review: Mikal's overall behavior has improved. He appears to be a little more focused on his release than before.

Behavior Concerns:

☒ Positive ☐ Negative: ☐ Major Offense 2 ☐ Moderate Offense

Description and Action Taken:

1/31/00 # 56 Throwing objects2/1/00 # 58 VandalismChange in Rank: Mikal has remained offense-free since 2/1/00.☒ Change in Rank: ☐ Cadet Request ☒ Staff Recommendation☒ Approved ☐ Not Approved: Program Justification:Mikal is eligible for a promotion to Cadet 1st Class as he meets all criteria.☐ Cadet Request for Privilege (specify):Reader Averages6th - 12th 100%13th - 19th 100%☐ Approved ☐ Not Approved: Program Justification:☒ Recommendation to IRC:☒ Program/Facility Transfer to: General Population.☐ Cadet Appeal (Specify):☐ Release/Parole Review:☐ Other:

Comments:

Good comments from DCE - good gradesCadet Signature: Mikal Mahdi

Commonwealth of Virginia
Department of Juvenile Justice
Institutional Review Committee Referral

M00950

Ward's Name: <u>Mikal Mahdi</u>	DOB: <u>Redacted</u>	SFA: <u>Redacted</u>
Living Unit: <u>4-A</u>	Referral Source: <u>Barbara Amos, CIRC</u>	(Name/Title)
Date Arrived at RDC: <u>10/22/98</u>	Date Arrived at JCC: <u>7/29/99</u>	
Early LOS: <u>5/11/99</u>	Late LOS: <u>11/11/99</u>	Anticipated Release Date: _____
Committing Offense: <u>Contempt of Court and Obstruction of Justice</u>	☐	Serious Offender
Number of Commitments: <u>Two</u>	☐	Major Offender

Referral For:

☐ Release	☐ Case Consultation	☒ Transfer (living unit/facility)
☐ Annual Case Review	☐ Modify Service Plan	☐ Referral to Special Placement
☐ Appeal of Treatment	☐ Major Offender Release Review	
☐ Team Decision		

Recommendation of the Treatment Team: It is recommended that Mahdi be promoted to cadet 1st class and placed in general population.

CASE SUMMARY

Description of Committing Offense: Mahdi threatened a judge, and shouted at deputies who were trying to serve a warrant on his father, that he "had a gun and always wanted to kill a cop."

Status of Recommended & Mandatory Treatment Needs: Mahdi completed his Anger Control treatment objective.

Institutional Offense History (previous six months): Mahdi has received eleven (11) majors and eleven (11) moderates within the past six months.

Other Pertinent Information Related to Referral: Mahdi is eligible for a promotion to cadet 1st class as he has only received two moderates and no majors within the past thirty days; he meets all other criteria as well.

Juvenile's Statement: I understand the reason for and the contents of this referral. I ☒ do _____ do not want to be at the IRC meeting when this Referral is considered.

Mikal Mahdi Signature of Ward

Disposition: The IRC approved Mikal for a promotion to Cadet 1st Class and placement in General Population. Date: 2/24/00

Signatures of Committee Members:

<u>[Signature]</u>	(Chair/Superintendent)
<u>[Signature]</u>	(BSU Representative)
<u>[Signature]</u>	(DCE Representative)

Juvenile's Statement: I understand the IRC's Disposition of this referral. I _____ do ☒ do not want to appeal this disposition to the Central Review Committee.

Mikal Mahdi Signature of Ward

cc: Master. Transfer. CIRS

A005234

Redacted

10951

JUVENILE COMMITMENT ORDER

Case No.:

State of Virginia VA CODE §§ 16.1-278.8, -284.1, -285, -285.1, -290(A), -293, Rule 9:17

Hanover Juvenile and Domestic Relations District Court

In re Mikael D. Mahdi, a juvenile.

The above-named juvenile has been brought before this Court upon the filing of a written petition or warrant; and proper notice has been given to all proper and necessary parties; the parties have been informed by this Court of their right to representation by a lawyer, the right to a public hearing, the contents of the petition or warrant filed in this Court, and the right of the juvenile to remain silent with regard to any allegation of delinquency, the right to confront and cross-examine witnesses, the right to present evidence and the right to appeal a final decision of the court, and all provisions of the Juvenile and Domestic Relations District Court Law, and amendments thereto, have been duly complied with in assuming jurisdiction of the juvenile.

Having considered all relevant and material evidence, the Court finds that the juvenile is within the jurisdiction of this Court and the Juvenile and Domestic Relations District Court Law and that the juvenile is guilty of the following delinquency charge:

Assault + Batter

☐ The Court hereby ORDERS the juvenile to be committed to:



DETENTION HOME OR SECURE FACILITY

for

NOT TO EXCEED SIX (6) MONTHS

as part of suspension of commitment to the Department of Juvenile Justice, with a review hearing to be held on



DETENTION HOME OR SECURE FACILITY

as part of suspension of commitment to the Department of Juvenile Justice, with such commitment being suspended on further condition that the juvenile participate in the following community treatment programs for the juvenile's rehabilitation:

☒ the Department of Juvenile Justice for an indeterminate period.

☐ the Department of Juvenile Justice for a period of or,
☐ until the juvenile's twenty-first birthday

If committed to the Department of Juvenile Justice, the following entity shall maintain contact with the juvenile during the juvenile's commitment:

☐ the court service unit of this court



Department of Social Services/Welfare

☐ Having considered the assessment and found that the juvenile is an appropriate candidate for juvenile boot camp, the Court hereby ORDERS that disposition is deferred and the juvenile is ORDERED to attend a boot camp established pursuant to Virginia Code § 66-13, and the juvenile is placed in the temporary custody of the Department of Juvenile Justice upon admission to the boot camp. The court service unit shall provide supervision to the juvenile and his or her family during the residential and aftercare components of the boot camp program.

2/24/00
DATE

Jany E. Wilson
JUDGE

RELEASE AUTHORIZATION FORM

Name of Ward: Mardi, Michael Living Unit: 4C

Date of Departure/Return (if applicable): 2/24/00 2/24/00

Reason for Departure: X Court Release Transfer to

Transportation Provided by: Culpeper Security Staff

P/U Medication Money Property

Barbara A. Ames, CIRC Date: 2/18/00

Susan Whisman, CIRS Date: 2/18/00

Julian Day, Administrator Date: 2/18/00

xc: Captain, Shift Commander, Control Center, DCE, Food Service, Infirmary, BSU,
Storekeeper, Living Unit

If for any reason, this ward becomes unable/ineligible for release immediately contact:

 , CIRC @
 , CSU/DSS @
 , Parent/Guardian @

IF THE CIRC OR CIRS ARE NOT ON THE GOUNDS OF THE FACILITY, THE SHIFT
COMMANDER SHALL BE CONTACTED.

DJJ-298

Culpeper Juvenile Correctional Center
Department of Juvenile Justice

Attachment #1

Incident Report

Redacted

Location of Incident Dining Hall IR#
 Date of Incident 3-4-00 Time 1710 (use military time)

.....Redacted.....
 Name of Cadet #1 Mahdi Mikal File#
 Redacted

Male DOB Age 16

Name of Cadet #2 File#
 DOB Age

Name of Cadet #3 File#
 DOB Age

Name of Incident Assault on Staff Offense Code(s) MAJ 005-
 Reasons for Reporting Staff

Description of Incident (describe who, what, when, where, why, and how)

On the above date and time, in the dining hall I was
 instructing cadet Mahdi to walk around the table.
 as he is instructed to do when in the dining hall. Cadet
 Mahdi then began to ~~conduct~~ ^{AST} using abusive language
 by saying "you're going to stop fucking with me I'm try-
 ing your shit you're been fucking with me all day" I
 again instructed cadet Mahdi to walk around the table.
 like he is instructed to do cadet Mahdi again say "you're
 going to stop fucking with me. I then informed the
 cadet that he was being removed from the dining hall.
 as I turn and walk away the cadet a glass of water
 at me. Ofc. Scott restrained cadet and as I went to
 assist Ofc. Scott cadet Mahdi broke free from Ofc.
 Scott, and hit me in the mouth. End of Report

Off Reporting Ofc. Taylor Ofc. Taylor
 Name Signature

3-4-00

A905237 1843

(use military time)

Station

Spoke to Cadet Mahdi, he was disruptive and had no comment. I concur of this report, Spence founded.

det Witnesses: [Yes ☒ No] #1 _____ #2 _____ #3 _____

Not given due process hearing witness statement attachment? Yes ☒ No

Offense Assault on Staff Date Charged 04 Mar 00 Time Charged 18 35 (use military time)

Investigating Sergeant Purcell Sgt 624
Name Signature

Drawing Lieutenant Sgt Green Sgt 7
Name Signature

Medical Care Required? Yes No

Description _____

Reported by _____ Date _____ Time _____ AM PM

Administrative Review

[Signature] Date 3/7/00 Time 4:10 AM PM

I Concur [Signature]

CULPEPER JUVENILE CORRECTIONAL CENTER
DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

NAME OF WARD: Mahdi UNIT: _____
 DATE OF OFFENSE: 3-4-00 TIME: 1710 A.M. PM

CHARGE & OFFENSE PLEA

You are charged with Assault on STAFF
 which is a MODERATE/MAJOR (circle one) offense. I am offering you the following sanctions:

1. 96 HRS. I.S.O.
2. _____
3. _____

Do you plead: GUILTY () NOT GUILTY (X)

Do you wish to have a Hearing? YES (X) NO ()

If no, do you accept the sanctions offered above? YES () NO (X) Ward Initials _____

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (X)

(If yes, give ward a copy of the Offense Hearing Form) Sergeant Initials STR

Do you want a staff/ward representative? YES () NO (X)

Pre-Hearing Detention? YES (X) NO () Ward Signature: _____

Reason for Detention: Assault on STAFF

Date: 3-4-00 Time: _____ A.M. PM

Sergeant Signature: STR Ward Signature: _____

Witness: Thomas Signature: Thomas

HEARING / IR received by Hearing Officer on Date: _____ Time: _____ A.M. P.M.

Date: 3/6/00 Time: 1515 A.M. PM

Staff/Ward Representative: _____

Staff and Wards who Testified: Officer Mahdi

JCC Taylor

Witnesses Denied and Reason: _____

FINDING: GUILTY (X) NOT GUILTY ()

Sanctions: 1. 120 hrs. isolation - 24 hrs. 13 min.

2. 95 hours 47 mins.

3. _____

to be concluded on 3/10/00 (date) 1530 (time)

Hearing Officer: Str Jones

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (X) Signature: Libel Mahdi

*Appeals must be written on the back of this form.

Decision of Review/Appeal: APPEAL DENIED - NO KNEW

EVIDENCE OR ADMINISTRATIVE ERROR

Signature of Appellate: Libel Mahdi

Date: 3/7/00 Time: 1410 A.M. P.M.

Culpeper Juvenile Correctional Center

M00956

PROGRAM SANCTION APPEAL FORM Attachment #5 continues

APPEAL SECTION (COMPLETED BY WARD)

Name: MICHAEL MAHDI UNIT: 4D ROOM 4

Date: 3/7/2000 Time: 11:05 A.M./P.M. (circle one)

I want to appeal (check one):
☐ Moderate Offense
☒ Major Offense

This action occurred: Date: 3/4/2000
Time: 5:25

Location: DRIVING HALL

The reason for my appeal is: THE STAFF HIT ME
FIRST

Another sheet of paper can be added if more space is needed.)

NOTE: APPEALS WILL BE REVIEWED AND DECIDED UPON WITHIN 24 HOURS.

APPELLATE DECISION (COMPLETED BY ADMINISTRATOR)

Disposition was: ☒ Upheld (Disposition stands; appeal denied)
☐ Overturned (Appeal upheld; charges dropped)

Program Justification for Decision: NO NEW EVIDENCE OR ADMINISTRATIVE
ERROR

Appeal heard on 3/7/00 (date) at 1410 A.M./P.M. (time)
at CJEC (location).

Signature of Appellate: [Signature]

Ward notified of appeal decision by _____ (staff) at
_____ A.M./P.M. (circle one) on _____ (date).

A005240

**Culpeper Juvenile Correctional Center
Ward Discipline Procedure**

ISOLATION APPROVAL

Date: 3/7/00

The below listed ward was found guilty of an offense and received the following isolation as part of the sanction.

Name of Ward: Mahdi, M. K. I

Offense: ASSAULT ON STAFF

Duration of Isolation: 120 hours

Isolation up to 24 hours may be approved by the Hearings Officer.

Isolation from 25-72 hours requires approval of the Superintendent/ designee.

Approved ☒

Denied ☐

[Signature]
Superintendent

Fax this form to the Deputy Director for Institutions for isolation of 73-120 hours.
The sanction shall remain in effect unless the facility is notified otherwise by the Deputy Director.

This form shall be completed by the Hearing Officer and attached to the original Discipline Report for Administrative Review.

COPY TO MASTER

M00958

Department of Juvenile Justice
JUVENILE CORRECTIONAL CENTER

TREATMENT TEAM MINUTES

WARD: Mikal Nishi DOB: Redacted DATE: 3/21/00
LIVING UNIT: SHL COUNSELOR: Barbara Ames
SF#: Redacted

PURPOSE OF MEETING:
(check all that apply)

☒ Monthly Progress Review
☐ Annual Case Review
☐ Case Consultation
☐ Develop Service Plan
☐ Program Promotion
☐ Program Demotion
☐ Develop Contract
☐ Transfer
☐ Release

SUMMARY OF DISCUSSION: Mikal's behavior has been very inconsistent. He was promoted to Cadet 1st class & placed in population on 3/25/00. However, he received a major charge assault on staff on Cadet on 3/4/00. He was therefore demoted to SOC on 3/16/00. He is currently in the SHL refusing to be moved to Building 4. Mikal was recommitted to DJJ on 2/24/00. RDC calculating his LOS.

DECISIONS/RATIONALE:

DCE: Worked well, good comments overall; gets off-task
CDI: Will give him enemy form - possibly on occasion
dr. SOC times in SHL - enemies in Bldg. 4
30 days from 3/16/00 - eligible for population.

Signatures of Treatment Team:

Counselor: Barbara Ames
DCE: [Signature]
JCO/PDI: [Signature]
Other: [Signature]

I participated in the Treatment Team and do ☐ do not ☒ wish to appeal any decisions/recommendations made by the Treatment Team.

Ward: Mikal Nishi

A005242

Commonwealth of Virginia
Department of Juvenile Justice
Institutional Review Committee Referral

M0095

Ward's Name: Mikal Mahdi DOB: Redacted SF#: Redacted
Living Unit: SHU Referral Source: Barbara Amos, CIRC Date of Referral: 3/16/00
(Name/Title)
Date Arrived at RDC: 10/22/98 Date Arrived at JCC: 7/29/99
Early LOS: 5/11/99 Late LOS: 11/11/99 Anticipated Release Date: _____
Committing Offense: Contempt of Court and Obstruction of Justice ☐ Serious Offender
Number of Commitments: Two ☐ Major Offender

Referral For:

☐ Release ☐ Case Consultation ☒ Transfer (living unit/facility)
☐ Annual Case Review ☐ Modify Service Plan ☐ Referral to Special Placement
☐ Appeal of Treatment ☐ Major Offender Release Review
☐ Team Decision

Recommendation of the Treatment Team: It is recommended that Mahdi be demoted and placed in the School of Cadet.

CASE SUMMARY

Description of Committing Offense: Mahdi threatened a judge, and shouted at deputies who were trying to serve a warrant on his father, that he "had a gun and always wanted to kill a cop."

Status of Recommended & Mandatory Treatment Needs: Mahdi completed his Anger Control treatment objective.

Institutional Offense History (previous six months): Mahdi has received twelve (12) majors and eleven (11) moderates within the past six months.

Other Pertinent Information Related to Referral: Mahdi was promoted to Cadet 1st Class and placed in population on 2/24/00. On 3/5/00, Mahdi received a major charge, Assault on Staff or Cadet. His behavior seems to be deteriorating instead of improving. It is therefore recommended that Mahdi be demoted and placed back in the School of Cadet.

Juvenile's Statement: I understand the reason for and the contents of this referral. I _____ do _____ do not want to be at the IRC meeting when this Referral is considered.

Mikal Mahdi

Signature of Ward

Disposition IRC recommends Cadet Mahdi be demoted to SOC-remedial.

Date: 3/16/00

Signatures of Committee Members:

[Signature] (Chair/Supintendent)
[Signature] (BSU Representative)
[Signature] (DCE Representative)

Juvenile's Statement: I understand the IRC's Disposition of this referral. I _____ do _____ do not want to appeal this disposition to the Central Review Committee.

[Signature]

Signature of Ward

cc: Master, Transfer, CIRC

A005243



M00960

COMMONWEALTH of VIRGINIA

Hanover Juvenile and Domestic Relations District Court

F. C. BOX 86

HANOVER, VIRGINIA 22969

(804) 537-6200 / 730-6200

227-3377 / 798-6160

DATE: 3/23/00.

SENT TO FAX NUMBER: 540-727-7116

TO: Superintendent of RDC

FROM: Mary Wynn

SUBJECT:

Commitment order

Number of pages sent (including cover sheet): 2

Phone Number: 537-6200 or 730-6200

To reply, send fax to (804) 537-6246

Promotion Checklist For Cadet To Cadet-First Class

Cadet Name: MAHDI Cadet #: Redacted
 Unit: SHU Squad: 001-PC Date: as of 4/24/00

Criteria	Yes	No
225 Merit Points or 75% - 71% - 1,854	☒	☐
Completion of 75 Program Units of Instruction - 96	☒	☐
No Major Offenses for 30 Days	☒	☐
No more than 2 Moderate Offenses for 30 days	☒	☐
Completion of Orientation	☐	☐
Uniform Compliance	☒	☐
Drill Compliance	☒	☐
Ceremonies Compliance	☒	☐
APFT Basic Training <i>Army Phys. Fitness Training</i>	☒	☐
Educational Schedule	☐	☐
Treatment Schedule	☐	☐
Written Contact-Parent/Guardian	☐	☐
Written Contact-Court	☐	☐
Personal Appearance/Grooming Compliance	☐	☐
Knows Cadet Creed	☐	☐
Understands Rules and Codes of Conduct	☐	☐

Certified by: K. A. Bane
 Program and Discipline Instructor

Barbara Amos
 Treatment Team Chair

M00962

FAX

DEPARTMENT OF JUVENILE JUSTICE
BEHAVIORAL SERVICES UNIT
RECEPTION AND DIAGNOSTIC CENTER
1601 OLD BON AIR ROAD
BON AIR, VIRGINIA 23235
FAX # (804) 323-2312

TO: Susan Jones, Culpeper

FROM: LIVIA JANSEN. Redacted

DATE: 4-5-00

FAX #: 540-727-7116

COPIES TO LIAISON

Mikal D. Mahdi, SF# Redacted received a
new LOS of 9 to 15 months related to a
2-24-00 commitment on a misdemeanor assault &
battery offense incurred while in direct care
at Hanover JCC in 4-99. His original LOS of
9 to 15 months had an early release date
of 7-22-99. Per the LOS procedure, the early
release date for his new LOS is 4-22-00

Number of Pages Including Cover Page 1

Department of Juvenile Justice
JUVENILE CORRECTIONAL CENTER

TREATMENT TEAM MINUTES

WARD: Mikal Mahdi DOB: Redacted DATE: 4/25/00
LIVING UNIT: PC COUNSELOR: B. Ames
SF#: Redacted

PURPOSE OF MEETING:
(check all that apply)

☒ Monthly Progress Review
☐ Annual Case Review
☐ Case Consultation
☐ Develop Service Plan
☒ Program Promotion
☐ Program Demotion
☐ Develop Contract
☐ Transfer
☐ Release

SUMMARY OF DISCUSSION: Mikal's behavior has improved, overall. He is eligible for a promotion to Cadet 1st Class as he has remained offense-free since 3/4/00. Mikal has successfully completed his TX objectives. He is scheduled for release on 5/4/00.

DECISIONS/RATIONALE:

DCE: The comments
PDI: 100% - no last demerits.

Signatures of Treatment Team:

Counselor: Barbara Ames
DCE: Dave Hemperley
JCO/PDI: Bam
Other: _____

I participated in the Treatment Team and do _____ do not ☒ wish to appeal any decisions/recommendations made by the Treatment Team.

Ward: Mikal Mahdi

Commonwealth of Virginia
Department of Juvenile Justice
Institutional Review Committee Referral

M00964

Ward's Name: Mikal Mahdi **DOB:** Redacted **SP#:** Redacted **STER**

Living Unit: PC **Referral Source:** Barbara Amos, CIRC **Date of Referral:** 4/27/00
(Name/Title)

Date Arrived at RDC: 10/22/98 **Date Arrived at JCC:** 7/29/99

Early LOS: 5/11/99 **Late LOS:** 11/11/99 **Anticipated Release Date:** 5/4/00

Committing Offense: Contempt of Court and Obstruction of Justice ☐ Serious Offender

Number of Commitments: Two ☐ Major Offender

Referral For:

☒ Release ☐ Case Consultation ☒ Transfer (living unit/facility)
☐ Annual Case Review ☐ Modify Service Plan ☐ Referral to Special Placement
☐ Appeal of Treatment ☐ Major Offender Release Review
☐ Team Decision

Recommendation of the Treatment Team: It is recommended that Mahdi be placed in General Population; it is also recommended that Mahdi be considered for release.

CASE SUMMARY

Description of Committing Offense: Mahdi threatened a judge, and shouted at deputies who were trying to serve a warrant on his father, that he "had a gun and always wanted to kill a cop."

Status of Recommended & Mandatory Treatment Needs: Mahdi completed his Anger Control treatment objective.

Institutional Offense History (previous six months): Mahdi has received six (6) majors and nine (9) moderates within the past six months.

Other Pertinent Information Related to Referral: Mahdi was placed in the SOC on 3/16/00 due to a major charge; he has remained offense-free since 3/4/00 and is therefore eligible for Cadet 1st Class. He meets all other criteria as well. In addition, Mahdi was recommitted to the DJJ in February for 9-15 months, beginning with his previous LOS. He is therefore eligible for release on 5/4/00.

Juvenile's Statement: I understand the reason for and the contents of this referral. I ☐ do ☒ do not want to be at the IRC meeting when this Referral is considered.

Mikal Mahdi Signature of Ward

Disposition

Cadet Mahdi will remain in Protective Custody until his scheduled release date of 5/4/00.

Date: 4/27/00

Signatures of Committee Members:

Cadot [Signature] (Chair/Superintendent)
[Signature] (BSU Representative)
[Signature] (DCE Representative)

Juvenile's Statement: I understand the IRC's Disposition of this referral. I ☐ do ☒ do not want to appeal this disposition to the Central Review Committee

Mikal Mahdi Signature of Ward

cc: Master, Transfer, CIRS

A005248

Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit

February/March Monthly Report

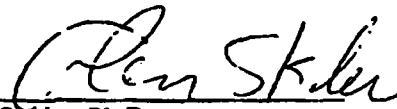
Name: Mikal Madhi
DOB: Redacted
State File Number:
Date of Report: 5/1/00
Dates of Contact: 2/3/00, 2/7/00, 2/14/00, 2/23/00, 3/1/00, 3/14/00 and 3/27/00

This month started with Mikal apologizing to this writer for escalating and throwing food in his cell at the end of last month. This interchange set the tone for the remaining six contacts during this reporting period. For the most part, Mikal allowed himself to be more open to very direct interventions from this writer and also to be appropriately challenging of this writer's style. The content of the sessions was Mikal's preoccupation with the idea that there is a conspiracy against him and that CJCC staff are active and knowing participants in this process. Therapeutic interventions attempted to cognitively disassemble his delusional thought processes by challenging various aspects of Mikal's theory. For example, Mikal is prone to use the term "they" to describe the vague, unidentified entity that is out to get him. Unless Mikal could identify the "they" he was referring to, he was not allowed to use that term. Mikal quickly became aware that he was frequently unsure of to whom he was referring when he was making his allegations. Other interventions focused on Mikal's tendency to make negative predictions based on limited information. These and similar cognitive interventions had the most positive, albeit typically fleeting, success with Mikal. There were times, however, when he was completely unresponsive and instead insisted that his view of the world was indeed accurate. One such example occurred around Mikal's court appearance regarding a street charge he incurred at his previous placement. Mikal was convinced that this writer knew what the outcome of the court proceedings was going to be. This session, however, was an exception to the general tone of the interactions.

In addition to the cognitive work, Mikal was also able to engage in process conversations with this writer. It was noted that Mikal frequently became somewhat agitated by these sessions. Mikal reported that he often feels attacked by this writer's comments and feels that I am trying to "turn his mind around." This issue was addressed by explaining the purpose of therapy to Mikal and, most importantly, by talking about the prevalence of Mikal's fears of developing relationships with others in his life.

During this period, Mikal was promoted to first class for the first time since his arrival to CJCC. Unfortunately, he lasted only a few weeks before catching a charge. After serving his sanction, Madhi was placed in PC where he has remained since. Mikal's time was re-calculated to include his most recent charge and he is scheduled to be released on May 6. Sessions will continue until his release.


Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC


Glen Skoler, Ph.D.
Psychology Supervisor, BSU, CJCC

cc: Master File, Transfer File, BSU (2), Medical/Nursing

**DEPARTMENT OF JUVENILE JUSTICE
CULPEPER JUVENILE CORRECTIONAL CENTER**

DISCHARGE SUMMARY

YOUTH'S NAME: Mikal Mahdi		RELEASE DATE: 5/4/00
DOB: Redacted	FILE# Redacted	DATE OF COMMITMENT: 9/29/97
LENGTH OF RESIDENCE AT CJCC AT TIME OF DISCHARGE: 10 months 5 days		
COMMITTING COURT: Brunswick County Juvenile and Domestic Relations District Court		
COUNSELOR/CASE COORDINATOR (CJCC): Barbara Amos, BS, CIRC		
FORWARDING ADDRESS: Mikal D. Mahdi C/O Nancy Burwell 18793 Christianna Highway Lawrenceville, VA 23868		

A. OVERALL PROGRESS DURING PLACEMENT:

Mikal was committed to the Department of Juvenile Justice on August 11, 1998. He was transferred to Hanover Juvenile Correctional Center on November 23, 1998, and later transferred to Culpeper Juvenile Correctional Center on June 29, 1999. Mikal's overall progress was plagued by his maladaptive behavior. During his stay at Culpeper JCC, Mikal received a total of twelve moderate and twelve major institutional offenses. Although Mikal made it to General Population, he spent most of his time in the School of Cadet due to the display of consistent inappropriate and non-compliant behavior. It appeared that Mikal had a feeling of entitlement; if things did not immediately go his way, he felt he had the right to become aggressive and/or assaultive and often times he did. Although Mikal successfully completed his mandatory Anger Control treatment objective, he seldom "practiced" what he learned. He consistently displayed a lack of respect for authority figures, rules, and limits, thereby failing to comply with program guidelines. In addition, Mikal received psychological services while at Culpeper. At one time, he displayed suicidal and homicidal ideations and was therefore placed on Suicide Alert. During therapy sessions, Mikal reportedly focussed on the Destructive Behavior Style and Common Thinking Errors in order to correct his irrational thoughts, develop his self-control, and increase his participation in constructive activities. Mikal's behavior eventually improved; he received his last institutional offense on March 4, 2000. Further, Mikal was encouraged to pursue his education upon release, as he did not obtain

a diploma or GED certificate prior to his release.

B. SUMMARY OF FAMILY CONTACTS DURING PLACEMENT:

Mikal maintained contact with his family through written correspondence, telephone calls, and visitation.

C. NEW OR CURRENTLY PRESCRIBED MEDICATIONS (INCLUDING WHEN AND WHY IT WAS PRESCRIBED, THE DOSAGE, AND WHETHER IT IS TO BE CONTINUED): None

D. PLACEMENT PLAN (INCLUDING NAME AND ADDRESS OF PARENT/GUARDIAN/AGENCY RECEIVING YOUTH: Mikal will reside with his grandmother, Nancy Burwell, upon release; her address is as follows:

Redacted

Lawrenceville, VA 23868

E. DOCUMENTATION OF DISCUSSION OF PLAN WITH YOUTH, PARENT/GUARDIAN AND COURT/SUPERVISING AGENCY:

This counselor spoke with Mikal's parole officer, Clara Faison, on several occasions regarding acceptance of parole supervision beginning May 4, 2000. This counselor also reviewed and discussed the rules of parole supervision with Mikal on 5/3/00, and with Mr. Shareef Mahdi on 5/4/00. They signed and received a copy of Mikal's parole rules acknowledging that they fully understood and will comply with the terms of the agreement. The signed parole rules were faxed to Clara Faison at Redacted along with the Parole Supervision Authority, on 5/4/00.

F. REASON FOR DISCHARGE: Mikal was approved for release by the Institutional Review Committee (IRC) as he met his length of stay requirements, completed his mandatory treatment objective, and remained offense -free for two months prior to his release.

**G. MASTER FILE
TRANSFER FILE**

SIXTH DISTRICT JUVENILE AND DOMESTIC RELATIONS COURT
RULES OF PAROLE

M00968

NAME: Mikal Deen Mahdi

DATE: May 4, 2000

On August 25, 1998, you were committed to the Department of Juvenile Justice for an indeterminate period of time. On May 4, 2000, this Court Service Unit accepted the authority to provide Parole Supervision for you from the Civil Pepper Juvenile Correctional Center. You will remain on Parole Supervision until such time as you are released by the Director of Court Services, based upon a recommendation from your Parole Officer. While you are on Parole Supervision, you are to obey each of the following rules. Should you violate any law or any of the following rules, you could be brought before the Court at which time the Judge will consider whether or not to return you to Direct State Care or other alternative to community supervision. Read each of the following rules carefully and make sure you understand each of them:

RULES

1. You are to report to your Probation Officer any time you are told to do so, and follow any instructions given to you by your Probation Officer.
2. You are to let your Probation Officer know in advance of any changes you are planning to make in your school, your job or the place you live. If working, you are expected to be on the job every working day unless excused by proper authority (Court, medical).
3. Your probation curfew is: 7 p.m. Sunday through Thursday, and 7 p.m. Friday and Saturday. Any changes to these probation curfews must be by permission of your Probation Officer. Your parent(s)/legal guardian(s) may set earlier curfews of their own, if necessary. You must remain at home from the time stated above until _____ a.m. the following morning.
4. You are not to be with any of the following persons, or go to any of the following places:
a. Any known law violators or anyone on probation or parole. b. _____
c. _____ d. _____
5. You are to obey all laws (federal, state and local).
6. You are not to consume alcoholic beverages or use illegal drugs.
7. You are to submit to a urinalysis upon request.
8. You are to attend school/work on a daily basis with no unexcused absences or suspensions.
9. You are to obey the following special conditions:
a. You are to submit a copy of your report card at the end of each grading period.
b. You are to be placed on RMS at discretion of Probation Officer.
c. _____

I have read and had read to me the above rules of probation. I understand each of them and agree to obey them to the fullest. I understand that if I should break any rules that I may be returned to Court for further Court action. Finally, I understand that should I have a grievance concerning my probation supervision, I should immediately contact my Probation Officer.

[Signature]
Juvenile

I (We), the undersigned parent(s)/legal guardian(s), with my (our) signature below promise to assist my (our) child in keeping these Rules of Parole at all times. I (We) further promise to notify my (our) child's Parole Officer of any suspected violations of these rules.

[Signature]
PARENT/LEGAL GUARDIAN

[Signature]
PARENT/LEGAL GUARDIAN

Ms. Clara J. Faison
OFFICER

[Signature]
JUDGE

[Signature]
PROBATION

DATE: 5-24-2000

A005252

**Department of Juvenile Justice
Culpeper Juvenile Correctional Center
Behavioral Services Unit**

April Monthly Report

Name: Mikal Madhi
DOB: Redacted
State File Number:
Date of Report: 6/1/00
Dates of Contact: 4/19/00, 4/26/00, and 5/3/00

The first few weeks of the month Mikal refused to speak to me. He reported that he was not angry, but only wanted to think about his release and he did not wish to discuss this topic with me at that time. At some point he changed his mind and the final three sessions that Mikal were primarily focused on his thoughts about and plans for his going home. In general Mikal was resistant to these conversations, stating that he did not want me to "write everything down and report to someone." Mikal denied suicidal and homicidal ideation, but would offer little else. Mikal was released from CJCC to his father on 5/4/00. As there is no further action required at this time, his BSU file will be closed.


Celena Gates, Psy.M.
Psychologist Senior, BSU, CJCC

cc: Master File, Transfer File, BSU (2), Medical/Nursing

**Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential**

**Emergency Mental Health Restraint Protocol
(Must be followed in exact step for step detail to comply with IOPs/SOPs)**

Note: This emergency protocol authorizes the use of mental health restraints. It may only be initiated by written authorization of a BSU psychologist or by an administrator on duty or shift commander upon telephone authorization by the on-call BSU staff psychologist.

Note: Mental health restraints are for uncontrollable aggressive, suicidal, self-injurious or self-mutilating behavior only. Most cases of suicidal threats or thoughts can be managed with crisis counseling, suicide precautions and protective observation, without the use of mental health restraints. IOPs/SOPs may authorize custody/security restraints for other than mental health reasons. Covering windows or cameras while on suicide precautions should be considered a mental health emergency.

Name of Ward:

Mahdi, M

Redacted

DOB:

Authorizing Psychologist:

Psychologist Signature:

AOD/Shift Commander:

(If telephone authorized by psychologist)

Dates Authorized:

Step 1: Page The On-Call BSU Psychologist To Inform and Discuss Situation

If possible, during off hours, page the on-call BSU psychologist before restraints are necessary. If restraints have to be used on an emergency basis to control self-injurious behavior, then page the on-call BSU psychologist.

During the workday, page the BSU psychologist for crisis counseling, if possible, before use of restraints.

During regular work, evening or weekend hours page the on-call BSU psychologist if restraints are used for mental health reasons.

Step 2: Crisis Counseling and Warning of Restraint Use for Self-Injurious Acts

A youth who is engaging, has just engaged or is making imminent threats to engage in self injurious behavior should be provided crisis counseling, if possible, before mental health restraints are applied.

Ask the youth what is upsetting or bothering him.

He should be warned that restraints would have to be used to protect him if he cannot control his behavior.

Restraints should not be used as a punishment for behavior, which is not self-injurious, such as throwing food.

Supportive and crisis counseling is encouraged as much as possible throughout the time period of the mental health restraint protocol.

Step 3: Automatic Placement on Suicide Precaution Level 3 (Constant Observations)

Any use of mental health restraints automatically initiates Level 3, constant observation suicide precautions, for the entire length of the restraint protocol for a minimum of 12 hours—even if the youth is on Level 1 (15 min) or Level 2 (5 min) previously authorized precautions at the time the restraints are administered.

Step 4: Administration and Checking of Restraints by IOP/SOP standards including nursing/medical check of restraints as stipulated

This check should include evaluating the placement of soft mental health wrist to waist restraints, ankle restraints and, if necessary, a helmet for head-banging behavior.

Step 5: Inform Ward of 12 Hour Mental Health Restraint and Observation Protocol

The ward will be told that he is not being punished, and that mental health restraints are being applied for his own protection. He should be told that he is also being placed on constant observation.

The ward will then be told that the restraints will be removed based on his own behavior and verbal commitments to safety based on the following protocol, which should be explained to the youth after restraints are applied.

Step 6: Release of One Arm of Ward's Choice After 45 Minutes (45 minute mark)

This will be allowed if the ward has controlled his behavior and makes a verbal commitment not to harm himself.

(Note: If a helmet was necessary, it will be removed first, after 45 minutes, if the youth has not engaged in head banging while wearing the helmet, and if he makes a continued commitment not to bang his head. At that time, the first arm can be released as well.)

Step 7: Release of Second Arm After Another 45 minutes (1 hour & 30 minute mark)

Again the youth must make a commitment to safety and have not engaged in any self-injurious behavior or threats since his first arm was released.

Step 8: Release of Ankles After Another 45 minutes (2 hours and 15 minute mark)

45 minutes after releasing both arms, the ankle restraints may be removed if the youth has engaged in no self-injurious behavior or threats.

Step 9: Inform Ward that The Protocol Will Be Repeated for Any Further Self-Injurious Behavior or Imminent Threats

Tell the ward that if he cannot control his self-injurious behavior once out of restraints, then the protocol will be repeated.

Step 10: Constant Observation Continues after Restraints Removal to the 12-Hour Mark

Although all restraints may be removed at the two hour and 15 minute mark, as described by the above protocol, constant observation, Level III precautions, should be continued for about another 10 hours, to the 12 hour mark of the protocol from the first use of restraints.

Step 11: Shift from Level 3 to Level 2 Suicide Precautions at 12-Hour Mark

A ward who makes another verbal commitment to safety at the 12 hour mark and who has controlled his behavior for the 12 hour protocol may now be placed on Level 2 (5 min checks) suicide precautions until he can be evaluated by a BSU psychologist.

Step 12: Offer of Counseling and Warning of Use of Restraints

If the youth makes a commitment to safety at the 12 hour mark of the above restraint and release protocol, inform the youth that he can request crisis counseling if he is upset, and that he does not need to harm himself to receive staff attention and support.

However, the youth should be warned that we have an obligation to keep him safe, and that the same restraint protocol will be repeated for any further self-injurious behavior or credible threats of imminent self-harm.

Precautions Notice: Cadets who fall asleep in restraints should be observed regularly (at least every five minutes) to note breathing and comfort level, even while on constant visual or video observation.

Precautions Notice: All IOPs/SOPs must be followed for use of soft restraints, including medical checks of the restraints and proper procedures for personal hygiene, muscle movement, and eating.

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical
Shift Commander and Housing Unit Supervisory Sergeant

BSU Form #10-15-1999

**Culpeper Juvenile Correctional Center
Behavioral Services Unit
Confidential**

**Emergency Mental Health Restraint Protocol
(Must be followed in exact step for step detail to comply with IOPs/SOPs)**

Note: This emergency protocol authorizes the use of mental health restraints. It may only be initiated by written authorization of a BSU psychologist or by an administrator on duty or shift commander upon telephone authorization by the on-call BSU staff psychologist.

Note: Mental health restraints are for uncontrollable aggressive, suicidal, self-injurious or self-mutilating behavior only. Most cases of suicidal threats or thoughts can be managed with crisis counseling, suicide precautions and protective observation, without the use of mental health restraints. IOPs/SOPs may authorize custody/security restraints for other than mental health reasons. Covering windows or cameras while on suicide precautions should be considered a mental health emergency.

Name of Ward: _____

DOB: _____

Authorizing Psychologist: _____

Psychologist Signature: _____

AOD/Shift Commander: _____

(If telephone authorized by psychologist)

Dates Authorized: _____

Step 1: Page The On-Call BSU Psychologist To Inform and Discuss Situation

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Ask the youth what is upsetting or bothering him.

He should be warned that restraints would have to be used to protect him if he cannot control his behavior.

Restraints should not be used as a punishment for behavior, which is not self-injurious, such as throwing food.

Supportive and crisis counseling is encouraged as much as possible throughout the time period of the mental health restraint protocol.

Step 3: Automatic Placement on Suicide Precaution Level 3 (Constant Observations)

Any use of mental health restraints automatically initiates Level 3, constant observation suicide precautions, for the entire length of the restraint protocol for a minimum of 12 hours--even if the youth is on Level 1 (15 min) or Level 2 (5 min) previously authorized precautions at the time the restraints are administered.

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Precautions Notice: Cadets who fall asleep in restraints should be observed regularly (at least every five minutes) to note breathing and comfort level, even while on constant visual or video observation.

Precautions Notice: All IOPs/SOPs must be followed for use of soft restraints, including medical checks of the restraints and proper procedures for personal hygiene, muscle movement, and eating.

cc: Transfer File and Master File, BSU File-2 copies, Nursing/Medical
Shift Commander and Housing Unit Supervisory Sergeant

BSU Form #10-15-1999

M01326

MIKAL MAHDI

VA DOC (DTG)

A005258

M01327



COMMONWEALTH of VIRGINIA

GENE M. JOHNSON
DIRECTOR

Department of Corrections

P. O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

February 11, 2009

Redacted

Winston-Salem, North Carolina 27104

Re: Copies of criminal information on
Mikal Deen Mahdi - former VSP Redacted

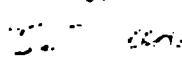
Dear Ms. Gray:

I am in receipt of your payment of \$ 67.45 for copies of Mr. Mahdi's central criminal record.

Please find these documents enclosed.

I trust this information is helpful.

Sincerely,


J. Tiede, Research Specialist
Central Criminal Records

Enclosures

cc: File

A005259

Deborah T. Grey, LCSW

P.O. Box 30153 Phone: 336-749-0903
Winston-Salem, N.C. 27130 Fax: 336-765-1862

January 7, 2009

Central Criminal Records Manager
P. O. Box 26963
6900 Atmore Drive
Richmond, Virginia 23261-6369

Re: Mikal Mahdi VA DOC# ^{Redacted}
Dob: ^{Redacted}
SSN:

Dear Keeper of Records

I am forwarding a signed release from Mr. Mahdi, who was incarcerated between 07/16/2001 and 05/12/2004.

Mr. Mahdi has been charged with First Degree Murder in North Carolina and is already on Death Row in South Carolina. I am performing a life history investigation on Mr. Mahdi at the request of his defense attorney. I need any and all of his incarceration records including employment assessment, release planning, infractionary and discipline records.

If for some reason this release is not sufficient, please notify me in writing of what is required.

Thank you for your assistance,

Deborah Grey

Deborah Grey, LCSW

Clinical and Forensic Social Work

Deborah T. Grey, LCSW & Cathie Bradshaw
PO BOX 30153
Winston-Salem, NC 27130
336-749-0903

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Information: Mikal Mahdi Doc # Redacted

Name: Mikal D. Mahdi

D.O.B: Redacted

S.S.N. Redacted

I Mikal Mahdi authorize Orange Dept Corrections to release
(Facility/Person Releasing Information)
information from the Record of Mikal Mahdi
to (Name of Client)

DEBORAH T. GREY, LCSW PO Box 30153 Winston-Salem, NC 27130

This information shall include:

Any and all information and records in your custody pertaining to my diagnosis, care and treatment, including but not limited to nurses' notes, physician notes, psychologist and / or social work notes, results of any and all testing and or evaluations, any and all diagnoses and recommendations, and any other records or materials you may have in your possession relative to my medical - psychological history, care and treatment.
(Extent of Information to be Released)

for the purpose of assist evaluation

I understand this information pertains to the time period of 7/1/01 - 5/30/04
(Dates of Treatment)

I authorize release of any and all drug or alcohol related records. I hereby waive protection of my records under the federal regulations governing Confidentiality of Drug and Alcohol Abuse Patient Records, 42 CFR part 2. I release any HIV records.

This document also authorizes any treating professionals, doctors, experts or any other personnel to discuss their otherwise confidential information with Deborah T. Grey, LCSW. In consideration of such disclosure, I release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

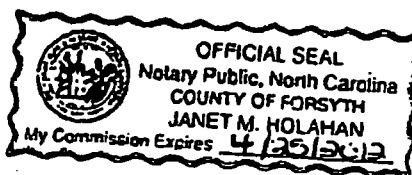
I certify that this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal laws and cannot be redisclosed without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation this consent will automatically expire one year from the date signed.

I agree that a photostatic copy of this authorization shall be considered as effective as the original. This information is critical and is to be used for legal purposes by Deborah Grey for her assistance in preparation and representation of me and or my family.

Client Signature

Date

Janet M. Holahan



A005261

Clinical and Forensic Social Work

Deborah T. Grey, LCSW & Cathie Bradshaw
PO BOX 30153
Winston-Salem, NC 27130
336-749-0903

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Information: Mikal Mahdi ODC# Redacted

Name: Mikal D. Mahdi

D.O.B: Redacted

S.S.N. _____

I Mikal Mahdi authorize Da Department of Corrections to release
(Facility Person Releasing Information)

information from the Record of Mikal Mahdi
to (Name of Client)

DEBORAH T. GREY, LCSW PO Box 30153 Winston-Salem, NC 27130

This information shall include:

Any and all information and records in your custody pertaining to my prison and jail records, probation and parole records including, but not limited to all records of confinement of any kind, any and all tests conducted, any and all testing results, any and all testing evaluations, any and all recommendations including any and all psychological testing results, recommendations and evaluations and any other records of whatever nature that relate in any way to my confinement for any length of time - or to my probation/parole. Please include any information about disciplinary infractions or violations.

(Extent of Information to be Released)

for the purpose of psych evaluation

I understand this information pertains to the time period of 7/1/01 - 5/30/04
(Dates of Treatment)

I authorize release of any and all drug or alcohol related records. I hereby waive protection of my records under the federal regulations governing Confidentiality of Drug and Alcohol Abuse Patient Records, 42 CFR part 2. I release any HIV records.

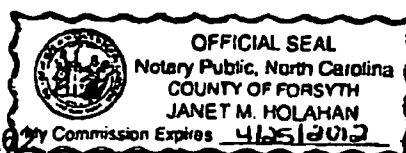
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I agree that a photostatic copy of this authorization shall be considered as effective as the original. This information is critical and is to be used for legal purposes by Deborah Grey for her assistance in preparation and representation of me and or my family.

Client Signature

Date



7/22/04
12-11-08
4005202

DEBORAH T. GREY, LCSW, CSAC
CATHIE BRADSHAW, ASSISTANT

FACSIMILE TRANSMITTAL SHEET

TO: RECORDS KEEPER**FROM: DEBORAH GREY****Joyce Tiede****FAX: 336-765-1862****COMPANY:****DATE:****FAX NUMBER****FAX: 804-674-3293****TOTAL NO. OF PAGES INCLUDING COVER:****PHONE NUMBER:****SENDER'S REFERENCE NUMBER:****RE:****YOUR REFERENCE NUMBER:**☐ **URGENT**☐ **FOR REVIEW**☐ **PLEASE COMMENT**☐ **PLEASE REPLY**☐ **PLEASE RECYCLE**

**I am faxing you a letter and release of information: the
originals are being put in the mail today.**

Thank you-

Deborah Grey, LCSW

PO BOX 30153**WINSTON-SALEM, NC 27130**PHONE: 336 740 0002 E MAIL: DEED@DEVEDA.OTL.IOV.NET**336-765-1862**

Deborah T. Grey, LCSW

P.O. Box 30153 Phone: 336-749-0903
Winston-Salem, N.C. 27130 Fax: 336-765-1862

January 7, 2009

Central Criminal Records Manager
P. O. Box 26963
6900 Atmore Drive
Richmond, Virginia 23261-6369

Re: Mikal Mahdi VA DOC, Redacted
Dob: Redacted
SSN:

Dear Keeper of Records

I am forwarding a signed release from Mr. Mahdi, who was incarcerated between 07/16/2001 and 05/12/2004.

Mr. Mahdi has been charged with First Degree Murder in North Carolina and is already on Death Row in South Carolina. I am performing a life history investigation on Mr. Mahdi at the request of his defense attorney. I need any and all of his incarceration records including employment assessment, release planning, infractionary and discipline records.

If for some reason this release is not sufficient, please notify me in writing of what is required.

Thank you for your assistance.

Deborah Grey

Deborah Grey, LCSW

Clinical and Forensic Social Work

Deborah T. Grey, LCSW & Cathie Bradshaw
PO BOX 30153
Winston-Salem, NC 27130
336-749-0903

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Information: Mikal Mahdi

Name: Mikal D. Mahdi

D.O.B: Redacted

S.S.N. _____

1 Mikal Mahdi authorize Virginia Department of Corrections to release
(Facility/Person Releasing Information)

information from the Record of Mikal Mahdi
to (Name of Client)

DEBORAH T. GREY, LCSW PO Box 30153 Winston-Salem, NC 27130

This information shall include:

Any and all information and records in your custody pertaining to my prison and jail records, probation and parole records including, but not limited to all records of confinement of any kind, any and all tests conducted, any and all testing results, any and all testing evaluations, any and all recommendations including any and all psychological testing results, recommendations and evaluations and any other records of whatever nature that relate in any way to my confinement for any length of time - or to my probation/parole. Please include any information about disciplinary infractions or violations.

(Extent of Information to be Released)

for the purpose of _____ evaluation

I understand this information pertains to the time period of _____
(Date of treatment)

I authorize release of any and all drug or alcohol related records. I hereby waive protection of my records under the federal regulations governing Confidentiality of Drug and Alcohol Abuse Patient Records, 42 CFR part 2. I release my HIV records.

This document also authorizes any treating professionals, doctors, experts or any other personnel to discuss their otherwise confidential information with Deborah T. Grey, LCSW. In consideration of such disclosure, I release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

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Client Signature

Date _____

POOR REPRODUCTION QUALITY

Some documents within this file may be of
Poor Reproduction Quality.

Redacted

Inmate Number _____

Inmate's Last Name _____

MAHDI

Inmate's First Name/Initial _____

*MIKAL**D.*

DO NOT DETACH UNTIL DISCHARGE

10-11-01

Redacted

Name:

Mickal Mahdi

Received from the above named inmate for deposit this date:

- ☐ Driver's Permit
- ☐ Auto Registration
- ☐ Draft Registration
- ☐ Social Security Card
- ☐ Club Membership Card(s)
- ☐ Military Discharge
- ☐ Credit Card(s)
- ☐ Identification Cards
- ☐ Soldier's Papers
- ☐ No Deposit

FOR DEPOSIT:

Date:

10-11-01Mickal Mahdi

Signature

Received by Officer's Signature

ONLY WHEN CALLED FOR AND IN THE PRESENCE OF THE CLERK OF

Date

Signature of Depositor

SOUTHAMPTON RECEPTION AND CLASSIFICATION CENTER

CAPRON, VA 23825

Redacted

INMATE NUMBER _____

NAME M. kat Maldi

THIS IS TO CERTIFY THAT ALL PERSONAL PROPERTY BROUGHT WITH ME
WHEN I WAS RECEIVED AT SOUTHAMPTON RECEPTION AND
CLASSIFICATION CENTER HAS BEEN PROPERLY DISPOSED OF ACCORDING
DIVISION OF OPERATIONS POLICY AND SOUTHAMPTON RECEPTION AND
CLASSIFICATION CENTER INSTITUTION OPERATING PROCEDURE.

I UNDERSTAND THAT I HAVE BEEN PROVIDED AN OPPORTUNITY TO
EITHER SEND THOSE ITEMS NOT ALLOWED HOME BY VISITORS OR TO
HAVE THEM MAILED AT MY EXPENSE.

INMATE SIGNATURE _____

WITNESS _____

DATE _____

REVISED 5-21-01

SOUTHAMPTON RECEPTION AND CLASSIFICATION CENTER

CAPRON, VA 23829

INMATE NUMBER RedactedNAME M. Kal. Malyd.

THIS IS TO CERTIFY THAT ALL PERSONAL PROPERTY BROUGHT WITH ME
WHEN I WAS RECEIVED AT SOUTHAMPTON RECEPTION AND
CLASSIFICATION CENTER HAS BEEN PROPERLY DISPOSED OF ACCORDING
DIVISION OF OPERATIONS POLICY AND SOUTHAMPTON RECEPTION AND
CLASSIFICATION CENTER INSTITUTION OPERATING PROCEDURE.

I UNDERSTAND THAT I HAVE BEEN PROVIDED AN OPPORTUNITY TO
EITHER SEND THOSE ITEMS NOT ALLOWED HOME BY VISITORS OR TO
HAVE THEM MAILED AT MY EXPENSE.

INMATE SIGNATURE M. Kal. Malyd.WITNESS Sgt. M. Malyd.DATE 10-16-01

REVISED 3-21-01

Redacted

Mahdi, Mitah D.

VIRGINIA DEPARTMENT OF CORRECTIONS
SOUTHAMPTON RECEPTION & CLASSIFICATION CENTER
15172 OLD BELFIELD ROAD
CAERON, VA

*****INMATE GRIEVANCE PROCEDURE*****

INMATE NOTIFICATION FORM

IN ACCORDANCE WITH DOP 866, "INMATE GRIEVANCE PROCEDURE", ALL EMPLOYEES AND INMATES OF THE DIVISION OF INSTITUTIONS WILL RECEIVE NOTIFICATION OF THE INMATE GRIEVANCE PROCEDURE.

BE ADVISED THAT COPIES OF DOP 866 AND THE INSTITUTIONAL IMPLEMENTATION MEMORANDUM OF DOP 866 ARE LOCATED FOR REVIEW PURPOSES ON THE "C" SECTION BULLETIN BOARD.

GRIEVANCE FORMS ARE AVAILABLE THROUGH THE WING COMMANDERS' OFFICE AND WING OFFICERS.

ANY INMATE NEEDING ASSISTANCE IN UNDERSTANDING THE PROCEDURE OR COMPLETING THE FORM MAY REQUEST ASSISTANCE AND IT WILL BE PROVIDED BY: S. BEALE, INSTITUTIONAL OMBUDSMAN.

PLEASE BE ADVISED, INMATE *Mahdi, Mi.* THAT ORIENTATION FOR YOU ON THE INMATE GRIEVANCE PROCEDURE WILL BE HELD ON: *Mon - 10/15/01*. AT THIS ORIENTATION, INFORMATION ON THE GRIEVANCE PROCEDURE WILL BE DISCUSSED WITH YOU AND TIME WILL BE ALLOWED FOR A QUESTION AND ANSWER PERIOD.

EMPLOYEE / INMATE NOTIFICATION VERIFICATION FORM

INMATE SIGNATURE:

*Mahdi Mitah*DATE: *10/11/01*

NOTIFIED BY:

*D. Guenen*DATE: *10/11/01*

/DGT

DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES - MEDICAL RECORD
SOCIAL NO. Redacted

C&R 7 REVISED
7/15/98

Exam Center	SR&CC	Name	MAHDI, Mikal Deen	Inmate No.	Redacted
Date Rec'd	10-11-01	Race	Black	DOB	Redacted
Date Exam'd	10-12-01	Nativity	Virginia	Age	18
[X] Initial Exam	[] Re-Exam	Occupation	Maintain	Sex	Male
Family History: (Person Affected) 1) Mental Illness --- 2) Epilepsy ---					
3) Cancer (Type) --- 4) Diabetes --- 5) Tuberculosis ---					
6) Heart Disease --- 7) Hypertension --- 8) Arthritis ---					
PERSONAL HISTORY:		YES	NO	YES	NO
9) Hematology				27) Orthopedic/back	
10) Cardiovascular	X			28) Operations	
11) Hypertension				29) Injuries	X
12) Diabetes				30) Allergies	
13) Neurology				31) Psychiatric TX	
14) Epilepsy				XXXXXXXXXXXXXX	
15) Respiratory				XXXXXXXXXXXXXX	
16) Tuberculosis				34) Other	
17) Gastrointestinal					
18) Endocrine					
PERSONAL HISTORY REMARKS: (Chest pain, Back disorder, Skin disorder)					
10) Heart Murmur age 9, 26) Occ, 29) Hit in back with a pipe 2001.					

PHYSICAL FINDINGS:				PHYSICAL FINDING REMARKS			
A. Height (w/o shoes) 5ft. 8in. E. Vision R20/20L20/20				Temp: 98			
B. Weight 148 lbs. F. Glasses R L							
C. Pulse 62/min. G. Prostheses							
D. B/P 116/56 Recheck Date H. Hearing R L							
DEFECTS		YES	NO	DEFECTS		YES	NO
I. Eyes				Q. Hernia			
J. Ears				R. Genital/Prostate			
K. Nose, Throat				S. Rectal			
L. Neck/Thyroid				T. Spine			
M. Heart				U. Extremities			
N. Lungs				V. Lymph Nodes			
O. Breast				W. Dermatology Disfigure			
P. Abdomen				X. Other			
IMMUNIZATIONS: 0.5CC TET. TOX. N/A				GENERAL CONDITION:			
OTHER:				X GOOD FAIR POOR			
DIAGNOSTIC PROCEDURES: (WNL/ABNORMAL/ N/A RESULT)				WORK: X ANY MODERATE			
PPD (mm) 10-11-01 Open CBC				LIGHT NONE			
Chest X-Ray BS				NONHAZARDOUS			
Urinalysis RPR							
GC Smear Chlamydia							
PAP Smear Sickie Cell							
Chem. 24 Other							
				MEDICAL CODE: A			
				LOCATION CODE: A			
				MENTAL HEALTH CODE: 0			
				FINAL REMARK:			
				ALVIN HARRIS M.D.			
				EXAMINING PHYSICIAN			

Redacted
NOTIFICATION: NAME:

ADDRESS: Redacted
TELEPHONE:

Richmond, Va. 23223

RELATION: Father

MEDICAL CLASSIFICATION CHANGES

DATE	CLASS	LOC	INT	DATE	CLASS	LOC	INT	DATE	CLASS	LOC	INT	DATE	CLASS	LOC	INT

MEDICAL

C&R 7

SOUTHAMPTON RECEPTION & CLASSIFICATION CENTER

This is to certify that I have received on 10-15-01 in to the Department of Corrections by the following persons: (1) Assistant Warden, (2) Chief of Security, (3) Grievance Coordinator, (4) Treatment Program Supervisor, (5) Chief Psychologist, (6) Hearing Officers, (7) Food Service Manager/Supervisor, (8) Recreation Officer, (9) Cafeteria Manager, (10) Treatment Department. I have been informed about the Earned Sentence Credit/Good Conduct Allowance System at the beginning of my time credits, introduction to the Grievance Procedure, procedures for requesting the services of the Court Appointed Counsel, and services from the institutional counselors. The 600 Series of Division Operating Procedures was discussed.

Inmate Number: Redacted

Inmate Name: Richard A. Hester

Date: 10-15-01

Witness: R. P. W. G. J.

Virginia Department of Corrections
Mental Health Services Screening Redacted

Name: MAHDI, MIKAL DOC #: Redacted
 Ant Offense: MALICIOUS WOUNDING Date of Birth: Redacted
 Sentence: 15 YRS, SWP 11.5, 3.5 YRS Race: BLACK
 Source of information: X Inmate Other (Specify):

I. PERSONAL HISTORY

SEPARATED AT 8 YRS OLD.

Family history: RAISED BY FATHER, SELF-EMPLOYED SKILLED LABOR, SEES NOT A
FRIENDLY, NOT CLOSE, TOLD BY BROTHER.Educational level/reason for leaving school: 10TH GRADE, LEFT SCHOOL, "MADE
TOO MUCH MONEY" NO BROTHER, DAVE DALLING.Vocational history (inc. military): MAINTENANCE MAN, "SOMETHING I COULD DO"Reported medical problems: DEPRESSIONPrior adult/juvenile incarcerations: NO BROTHER, MALICIOUS WOUNDING, DRUGS, 14 YRS OLD, 2 YRS, JUVENILE INST.

II. CLINICAL HISTORY

Previous mental health treatment: DEPRESSIONIs inmate currently prescribed psychotropic medication? YES ☐ NO ☒If Yes, specify: DEPRESSIONSubstance abuse history: DEPRESSIONHistory of assaultive behavior: YESHistory of suicidal/self injurious behavior: DEPRESSION

III. CURRENT MENTAL STATUS

General appearance, interview behavior, interaction: TALL, LANKY BUILD, HYGIENE WAS
WITHIN NORMAL LIMITS & MAINTAINED, COOPERATIVE, POLITE, DISTANT
APPROACHED & CONTAINED & ANSWERED.Sensorium (orientation, attention/memory, speech flow): OK 3 COULD RECALL 3 OBJECTS, COULD
RECALL WORDS, YES COULD NOT ASSOCIATE SIMILARITIES, HAD DIFFICULTY ASSOCIATINGThought content: (symptoms of disorder, appropriateness, judgment, insight): DEMENT, HALLUCINATIONS ON
RACIAL THOUGHTS, CLEAR, COHERENT, ABILITY TO SUSPECT ATTEMPT, OFFERED
SELF SOME SOLUTIONS TO JUDGMENT SCENARIOS, NO INSIGHT TO CAUSAL EFFECTMood/affect (symp, appropriateness): FLAT, LETHARGIC, NO RESPONSE, ABSENCE OF REMORSE
DISCUSSING CRIMES.Current suicidal or self-injurious ideation/intent: DEMENT "HAPPY WITH MY LIFE"

Additional observations: _____

IV. DIAGNOSTIC IMPRESSION

Axis I: 312.34 INTERMITTENT EXPLOSIVE DISORDERAxis II: 301.7 ANTISOCIAL PERSONALITY DISORDER

V. MENTAL HEALTH CLASSIFICATION CODE	
MH-4	Severe impairment (Must have Axis I diagnosis)
MH-3	Moderate impairment (Must have Axis I diagnosis)
MH-2	Mild impairment
MH-1	Minimal impairment
<u>MH-0</u>	No documented/reported history of mental health services/needs/treatment within last five years

VI. COMMENTS: LIMITS OF CONFIDENTIALITY DISCUSSION

* INMATE STATED THAT ROBBERY WAS A "SEASONAL" JOB
 REPORTED TO CRIMES AS BUSINESSMAN OCCUPATION STATED HE
 HATED DOING THE SAME THING EVERY DAY HAD TO HIM
 ANGRY & FELT LOSS OF A MAN

VII. RECOMMENDATIONS: R.F.D. AUTO BODY REPAIR. ANGER MGMT.
BARBAR LIL. R.S.D. REASON NOT TO CONSIDER F.B.I.
WORK O.K. FOR WORK

Signature

STAFF PSYCHOLOGIST

Position

Date

10-24-01

Dist - Health record - Section 4 (original)

cc: CCR

ICR

Name

K. Quidcho

Facility

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
** SENTENCE SUMMARY **

PAGE: 01
DATE: 10/16/2001

Redacted

INMATE NO: INMATE NAME: MAHDI MIKAL DEEN
CURRENT LOCATION: SOUTHAMPTON RECEPTION CENTER 00530

DOJ: 16JUL2001 OFFENSE: CNIS-01 1320-MALICIOUS WOUNDING FTI-X
COURT: RICHMOND CITY (CIRCUIT) TYPE: ESK-FTX DISP: PARTIALLY SUSP
ORIGINAL SENTENCE UNCALCULATED SENTENCE NET SENTENCE
015 YRS 00 MOS 000 DAYS 011 YRS 09 MOS 000 DAYS 003 YRS 03 MOS 000 DAYS

OFFENSE DATE: 1/APR2001 MEMO: 01-900-F/180M/141M SUSPENDED

DOJ: 16JUL2001 OFFENSE: CNIS-01 2208-BREAKING AND ENTERING FTI-X
COURT: RICHMOND CITY (CIRCUIT) TYPE: ESK-FTX DISP: NOLLE PROSSE
ORIGINAL SENTENCE UNCALCULATED SENTENCE NET SENTENCE
000 YRS 00 MOS 000 DAYS 000 YRS 00 MOS 000 DAYS 000 YRS 00 MOS 000 DAYS

OFFENSE DATE: 17APR2001 MEMO: 01-901-F

TOTAL SENTENCE: 003 YRS 03 MOS 000 DAYS

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
** FINES, COSTS, AND RESTITUTION **

PAGE: 01
DATE: 10/16/2001

** ERROR - FCR REQUESTED NOT FOUND ON TIPS DB **
INMATE NO: Redacted INMATE NAME:

INMATE LOCATION:

TIME SERVED DOES NOT RELIEVE THE ABOVE NAMED INMATE OF THE RESPONSIBILITY
TO PAY THE AMOUNTS BELOW TO THE CLERK OF THE SENTENCING COURT.

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
UNIFORM COMMITMENT REPORT

11:50.54

** LEGAL UPDATE **

PAGE 1

CURRENT DATE: 10/16/2001

CLERK ID: CAO

VERIFICATION CLERK ID:

STATUS: ACTIVE

INMATE NUMBER: Redacted

NAME: MAHDI

MIKAL

DEEN

CURRENT LOCATION: SOUTHAMPTON RECEPTION CENTER

DATE RECEIVED: 11OCT2001

JAIL CREDIT DAYS: 00177

SEN START DATE: 17APR2001

CLASS LEVEL: 2 TOTAL SENTENCE: 003 YEARS 03 MONTHS 000 DAYS

NOT ELIGIBLE FOR DISCRETIONARY PAROLE

ANTICIPATED GOOD TIME RELEASE DATE WITH 30 ADJ-DISCHG DAYS:

09MAN2004

THE ABOVE ANTICIPATED DATES ARE BASED ON THE ASSUMPTION THAT YOU WILL CONTINUE TO EARN GOOD TIME AT YOUR PRESENT EARNING LEVEL AND THAT YOU WILL NOT HAVE EARNED GOOD TIME TAKEN FROM YOU BY AN ADJUSTMENT COMMITTEE ACTION AS A RESULT OF MISBEHAVIOR. LOSS OF EARNED GOOD TIME OR A CHANGE IN YOUR GOOD TIME EARNING LEVEL MAY CAUSE YOUR ANTICIPATED DATES TO CHANGE.

EVENTS LISTED BELOW IN DATE ORDER REFLECT TRANSACTIONS AFFECTING ANTICIPATED DATES OF ELIGIBILITY AND RELEASE FROM THE SENTENCE START DATE OF APRIL 17, 2001.

*****NOTICE: INMATES RELEASED ON GOODTIME RELEASE MUST RECEIVE AN AUTHORIZATION OF RELEASE FORM FROM COMMUNITY RELEASE. GOODTIME DATE ON LEGAL UPDATE MUST AGREE WITH RELEASE DATE ON AUTHORIZATION OF RELEASE FORM.*****

17APR2001 11OCT2001 00177 JAIL CREDIT DAYS FROM RICHMOND CITY JAIL
JAIL CREDIT DAYS INCLUDED IN TOTAL JED.

16JUL2001 SENTENCE (ESX FT1-X FTX) FROM RICHMOND CITY
ON 01 COUNT(S) OF MALICIOUS WOUNDING
FOR 013 YRS 00 MOS 000 DAYS (011 YRS 00 MOS 000 DAYS UNCALC)
COURT DISPOSITION: PARTIAL SUSPENDED SENTENCE

11OCT2001 I.C.C. ASSIGNED CLASS 2

12OCT2001 SUBJECT HAS A SUPERVISED PROBATION OBLIGATION UPON RELEASE FROM
CUSTODY.

* CONTINUED ON NEXT PAGE *

M01346

PAGE 1

*** LEGAL UPDATE ***

10/16/2001

DEMAND NUMBER:

Redacted

NAME: HANDI

MIKAL

DEEN

100000001

SENTENCE (ESX FFI-X FFI) FROM RICHMOND CITY
ON 01 COUNT(S) OF BREAKING AND ENTERING
FOR 000 YRS 00 MOS 000 DAYS
COURT DISPOSITION: NOLLE PROSSE DISPOSITION

A005278

M01347:

I.D.# **Redacted**

A005279

NOV 28 2001

DISCIPLINARY OFFENSE REPORT

M01348

Inmate Name: M. Mohd. Inmate Number: Redacted Situation: SRAC Dorm: B-15T
 Offense Code: 229 Offense Title: Being in an unauthorized area
 Offense Date: 11-5-01 Approximate Time: 12:52 p.m. Location: B-15 B-wing
 Investigation: yes ☒ no ☐ Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): On the above date and time, I was stopped while searching inmate Mohd's cell when he left and went to the recreation. Inmate Mohd. was not supposed to be in that area.

Witnesses: Car Parker

Reporting Officer's Signature: [Signature]

Print Name: J. M. Shope

Date: 11-5-01 Time: 1:54 p

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: [Signature]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: _____
 NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.

2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)

(1) _____ (2) _____ (3) _____
 (4) _____ (5) _____

3. I do () not wish to waive my right to 24-hour preparation time prior to the hearing.

4. I do (☒) not wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)

5. Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)

6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.

7. I may remain silent.

8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: Date: 11/6/01 Title: 1:53 nm/nm

Date Set for Hearing: 11-9-01 Revised Date: _____ Revised Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Blue

Penalty Offer Form

Inmate Name: M. Mardi Inmate Number: Redacted Institution: SPCC Dorm: B-15
Offense Code: 229 Offense Title: Bring in an Unauthorized Area
Offense Date: 11-5-01 Approximate Time: 12:52 a.m. Location: B-15

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

☒ I offer the following penalty: 10 Days Cell Rest
☐ for the above listed offense, or
☐ for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 11/6/01
Print Name: W. NEXSR Title: ST

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. ☐ I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. ☒ I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. ☐ The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: Refused to Sign Print Name: Refused to Sign Date: 11/6/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: [Signature] Date: 11/6/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer, by the witnessing staff member. The inmate is given a copy of this form.

REPORTING OFFICER RESPONSE FORM

Inmate Name: M. Hild Inmate Number Redacted Dorm: B15

Offense Code: 226 Offense Title: Being in an unauthorized area

Offense Date: 11/5/01 Approximate Time: 12:52 a 12 p.m. Location: 3

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: J. Sledge Title: CO

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 11/9/01 Reporting Officer must return to IHO by: _____

Question #1: Why did you C.O. Sledge say to

the whole "B" wing, "I'm going to go to the

Response #1: I did not tell the whole wing to go to the
Orientation class. I had a list of certain inmates that had to go
and I went to their doors to let them know. I did not tell you to go.

Question #2: If I was not supposed to be

in the morning room how did I

Response #2: I can not answer this question because I was not working
the control booth. The officer in the booth may not know you and let
you out with the other inmates on the wing.

Question #3: Why was my room being searched

with out me, with the security present.

Response #3: After I opened your cell to check and see where the
smoke was coming from. I shut your door and told you and go to inmate
to stand by your cell while I got another officer to assist me. When Sgt. Noye

Question #4: Arrived and we returned your cell to see what was going on we

came back out and you were nowhere to be found.

Response #4: _____

Reporting Officer's Signature: J. M. Sledge Print Name: J. M. Sledge Date: 11-7-01

1397

DISCIPLINARY OFFENSE REPORT
Redacted

Inmate Name: 20041. Mahdi Inmate Number: 600 on SRCC Dorm: B15B
Offense Code: 213 Offense Title: Failure to follow institutional
Offense Date: 11-6-01 Court Procedure: 11/6 a.m./p.m. Location: Prison
Investigation: yes no Date Completed: 11/6/01

Description of Offense (provide a summary of how the inmate violated this offense): While performing
Mahdi Quat B15B M. Mahdi Redacted in Barry unit
in bed he did not stand for Count-down to Counting
the whistle was blown and later Count Announced

Witnesses: _____

Reporting Officer's Signature: Clt M. Boudie

Print Name: Clt M. Boudie

Date: 11-6-01 Time: 2:18 PM

Pre-Hearing Detention: () Yes () No

If yes, attach authorization form

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: [Name]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses; Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and the inmate refused to sign in the space above.

Inmate Provided copy of report: Date: 11/7/01 Time: 1:18 a.m./p.m.

Date Set for Hearing: 11-14-01 Revised Date: _____ Revised Date: _____

Penalty Offer Form

Inmate Name: M. Mahedi Inmate Number: Redacted Institution: SPCC Dorm: B-15B
Offense Code: 213 Offense Title: Failure to follow Institutional
Laundry Procedures
Offense Date: 11-6-01 Approximate Time: 7:10 a.m./p.m. Location: B-Wing

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

(☒) I offer the following penalty:

☒ for the above listed offense, or

☐ for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: _____

Date: 11/7/01

Print Name: _____

Title: _____

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-In-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered.
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request.
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing.
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. (☐) I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in #6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. (☒) I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. (☒) The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: Mahedi Mahedi

Print Name: Mahedi Mahedi

Date: 11/7/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: _____

Print Name: _____

Date: 11/7/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

REPORTING OFFICER RESPONSE FORM
Redacted

Inmate Name: M. MAHDI Inmate Number: Redacted Dorm: B-153

Offense Code: 213 Offense Title: _____

Offense Date: 11/6/01 Approximate Time: 7:10 a.m./p.m. Location: B-wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: M. Goode Title: CO

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 11/14/01. Reporting Officer must return to IHO by: _____

Question #1: Why was I given a summary? I must have been talking.

Response #1: You are given a Pretextual Booklet when you arrive about the Court and also Pretextual again on the following Monday. That's warning enough.

Question #2: _____

Response #2: _____

Question #3: _____

Response #3: _____

Question #4: _____

Response #4: _____

Reporting Officer's Signature: Ch M Goode Print Name: Ch M Goode Date: 11-9-01

DISCIPLINARY OFFENSE REPORT
(continued)

M01354

DISCIPLINARY HEARING

Institution where heard: SRCC Date: 11-9-01 Time: 7:23 a.m./p.m.

Tape No(s): 38-2439-1

Plea: () Guilty (☒) Not Guilty () No Plea Inmate's Signature: [Signature]

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (☒) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused was not suppose to be in the movie room.

Penalty: Reprimand

Comments: _____

Inmate Hearings Officer's Signature: [Signature] Print Name: John R. White

Admitted to Pre-Hearing Detention: Date In _____ Date Out _____

Admitted to Isolation:

() Yes

Date In _____

Weight In _____

() No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: (☒) Approved () Dismissed () Suspended/Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps, Sr. Date: 11-9-01
Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SKL Date: 11-13-01 Time: 7:27 a.m./p.m.

Tape No(s): 39-1

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: Abdullah Mahdi

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: The accused was found guilty based on his own admission of guilt and the testimony of the reporting officer that the accused was not standing for major count and was in bed.

Penalty: 10 days loss of recreation

Comments: _____

Inmate Hearings Officer's Signature: [Signature] Print Name: William R. White

Admitted to Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

☐ Yes

Date In _____

Weight In _____

☐ No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps Sr. Date: 11-13-01

Print Name: Robert K. Epps Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category 1 and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

1434

DISCIPLINARY OFFENSE

Inmate Name: Mabeli Inmate Number: 3800 Room: B150
Offense Code: 2.2.2 Offense Title: Violence against Inmate
Offense Date: 11-14-01 Approximate Time: 10:00 PM Location: Wing
Investigation: yes no Date Completed: 11-14-01

Description of Offense (provide a summary of how the inmate violated this offense): On the above

date and approx. time, I saw Inmate [redacted] [redacted]
Complainant Request Form from [redacted] [redacted]

Complainant Request Form from [redacted] [redacted]
through the request. Inmate [redacted] [redacted]
asked us what so get my shirt which was directed toward
the complainant.

Witnesses: [redacted] Reporting Officer's Signature: [redacted]

Pre-Hearing Detention: () Yes (X) No

Officer-in-Charge approving this report:

Print Name: [redacted]
Date: 11-14-01

If Yes, detach authorization form.

Signature: [redacted]

Print Name: [redacted]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Please indicate a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor (S) Yes (X) No Name: [redacted]
NOTE: Inmate advisors are appointed by the institution. Staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (X) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearing Officer. (Category 1 Offenses: Witnesses are not required to be present at the hearing.)
(1) [redacted] (2) [redacted]
(3) [redacted] (4) [redacted] (5) [redacted]
3. I do () do not (X) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not (X) wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category 1 Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 5) to the Inmate Hearing Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider the offer.
7. I may remain silent.
8. The charge may be vacated and reserved for a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Serve and Witnessed by: [redacted] Inmate Signature: [redacted]

I certify that this charge was served and the refused to sign in the space above.

Inmate Provided copy of report: 11-15-01 Date: 11-15-01 Time: 9:26

Date Set for Hearing: 11-22-01 Revised Date: 11-22-01 Revised Date: 11-22-01

1 Central Record/White 1 Inmate Record/Print 3 Inmate Copy/White 4 Inmate Copy/Append/White 5 Inmate Copy/Append/White

Attachment 2

DOC 11A
DOP 823
REV. 9/00VIRGINIA DEPARTMENT OF CORRECTIONS
INITIAL INMATE CLASSIFICATION SCORE SHEETINMATE NAME MAHDI, Kikal Deen NUMBER Redacted DATE 11-20-01

1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or prison, score most serious within last 5 Years)		
None.....	0	0
Assault not involving use of a weapon and not resulting in serious injury.....	8	
Assault involving use of a weapon and/or resulting in serious injury or death.....	20	
2. SEVERITY OF CURRENT OFFENSE (Refer to the Severity of Offense Scale. Score most serious offense if there are multiple convictions)		
Low.....	0	15
Low Moderate.....	1	
Moderate.....	3	
High.....	8	
Highest.....	15	
3. PRIOR OFFENSE HISTORY SEVERITY (Refer to Severity of Offense Scale. Score most serious felony conviction in inmate's history)		
None.....	0	0
Low or Low Moderate.....	1	
Moderate.....	2	
High.....	7	
Highest.....	10	
4. ESCAPE HISTORY (Last 5 years)		
None.....	0	0
Escape or attempt from outside security perimeter.....	4	
Escape or attempt from within security perimeter and/or from custody or direct supervision.....	8	
5. LENGTH OF TIME REMAINING TO SERVE		
5 yrs. or less.....	2	2
5 yrs. 1 day - 10 yrs.....	4	
10 yrs. 1 day - 20 yrs.....	10	
20 yrs. 1 day - 80 yrs.....	15	
80 yrs. 1 day - LIFE/LIFE+.....	20	
6. CURRENT DETAINER		
None.....	0	0
Felony and/or INS Detainer.....	10	
7. CURRENT AGE		
Under Age 27.....	2	2
27 - 34.....	0	
35 - 55.....	4	
56+.....	6	
8. PRIOR FELONY CONVICTIONS (Last 5 years)		
None.....	0	0
One.....	2	
Two or More.....	4	
9. OTHER STABILITY FACTORS (Score all appropriate factors)		
High School Diploma or GED.....	1	2
Employed or Attending School (full or part-time) for 6 months or longer at arrest.....	1	
Prior Successful Confinement in Security Level 1.....	2	
TOTAL POINTS		17

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCL Date: 11-27-01 Time: 7:33 a.m./p.m.

Tape No(s): 40-1

Plea: () Guilty (☒) Not Guilty () No Plea Inmate's Signature: [Signature]

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (☒) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that she received a request form from m. mabdi using vulgar words, mother fucking the, broke as bitch.

Penalty: 10 days cell restriction based on his past record.

Comments: _____

Inmate Hearings Officer's Signature: [Signature] Print Name: John R. White

Admitted to Pr. Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

() Yes
() No

Date In _____
Date Out _____

Weight In _____
Weight Out _____

INSTITUTIONAL REVIEW: (☒) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps, Sr. Date: 11-28-01

Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Received/White 2 Inst. Received/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline: DOP 861
September 1, 2000

Attachment 3
Page of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: M. MANDE Inmate Number: Redacted Date: 9-15-2000

Offense Code: 222 Offense Title: Vulgar Insult Language

Offense Date: 11-14-01 Approximate Time: 9:30 a.m. Location: D wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: M. GOODE Title: C/O

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for _____ Reporting Officer must return to IHO by: _____

Question #1: Can you prove this letter was written by me.

Response #1: Yes I have proof you wrote the request.

Question #2: Did you see me write this letter

Response #2: No I did not

Question #3: Is it possible for any inmate to write this letter.

Response #3: No it's not. Your handwriting on this paper matches the one on the request form.

Question #4: _____

Response #4: _____

Reporting Officer's Signature: [Signature] Print Name: [Signature] Date: 11-20-01

Inmate Discipline: DOP 861
September 1, 2000

Attachment 3
Page 1 of 1

REPORTING OFFICER RESPONSE FORM
Redacted

Inmate Name: Ukhal Mahdi Inmate Number: Redacted Jail: Bureau #15
Offense Code: 213 Offense Title: Failure to Follow Institutional
Offense Date: 11-23-01 Approximate Time: 704 c.m./p.m. Location: Bureau #15

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: C/O M. Gaudin Title: C/O

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for _____ Reporting Officer must return to IHO by: _____

Question #1: It's sad to me that you
get so much enjoyment out

Response #1: of writing me up. It's
clear that you hate your
self and everyone around you.

Question #2: You are in need of
help badly.

Response #2: _____

Question #3: _____

Response #3: _____

Question #4: _____

Response #4: _____

Reporting Officer's Signature: _____ Print Name: _____ Date: _____

M01361

DISCIPLINARY OFFENSE REPORT
Redacted

1487
Inmate Name: M. Mahdi Inmate Number: _____ Institution: S RCC Dorm: B-15B
Offense Code: 224 Offense Title: Possession of Contraband
Offense Date: 11/27/01 Approximate Time: 1:20 a.m./p.m. Location: B-15
Investigation: _____ yes _____ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): ON THIS DATE AT
I WAS CHECKING A NEW INMATE INTO CELL B-15. I FOUND A WORKMAN
RADIO. I ASKED MAHDI WAS THE RADIO HIS, HE SAID YES, THEN HE
SAID NO. MAHDI WAS THE ONLY INMATE ASSIGNED TO B-15 AT THIS TIME.
HE DID SAY, "JUST LEAVE IT AND IT WILL BE MINE IN TEN MINUTES"

Witnesses: _____

Reporting Officer's Signature: [Signature]

Print Name: [Name]

Date: 11/27/01

Time: 2:46 PM

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: M. M. T. Chell

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not (☒) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not (☒) wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be of higher, equivalent or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above: [Signature]

Inmate Provided copy of report: Date: 11-28-01 Time: 10:30 a.m./p.m.

Date Set for Hearing: 12-12-01 Revised Date: _____ Revised Date: _____

1 Central Record/White 2 Inmate Record/Pink 3 Inmate Copy/White 4 Inmate's Copy/Append/White 5 Inmate's Copy/Append/White

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCC Date: 12-12-01 Time: 7:37 a.m./p.m.
Tape No(s): 42-2 Inmate refused to appear
Plea: (☒) Guilty () Not Guilty () No Plea Inmate's Signature: _____
Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed
Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused had a radio in his possession.

Penalty: 15 days Isolation and confiscate the radio based on his past record.
Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White
Admitted to Pre-Hearing Detention: Date In _____ Date Out _____
Admitted to Isolation:
(☒) Yes Date In 12-26-01 Weight In _____
() No Date Out 01-04-02 Weight Out _____
INSTITUTIONAL REVIEW: (☒) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense
Comments: _____

Signature: Robert K. Epps, Sr. Date: 12-12-01
Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category III Offenses only).

Inmate's Signature: _____ Date: _____
Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Insa. Record/Pink 3 Inmate Copy: Yellow 4 Inmate's Copy: Appeal/Green 5 Inmate's Copy: Appeal/Gold

Inmate Discipline: DOP 861
September 1, 2000

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Inmate Name: M. Mahdi Number: Redacted
Building: B-Wing Bed/Cell: B-15
Offense Code: 224 Offense Title: Possession of Contraband
Offense Date: 11-27-01 Hearing Date: 12-12-01

.....

On 12-12-01 at 7:20 a.m. the above named
inmate was asked by Wiley Grizzard % if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by Wiley Grizzard
(Signed)

DISCIPLINARY OFFENSE REPORT
Redacted

1473
Inmate Name: M. Mahdi Inmate Number: see Dorm: B15B
Offense Code: 213 Offense Title: Failure to Follow Institutional
Offense Date: 11-28-01 Approximate Time: 1:00 p.m. Location: Prison
Investigation: yes no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): While performing
Major Count on Prison M. Mahdi B15B did
not stand for Count. He was in bed. He was in bed. He was in bed. He was in bed.
The whistle was blown and Major Count commenced.

Witnesses: _____

Reporting Officer's Signature: Ch. M. Smith

Print Name: Ch. M. Smith

Date: 11-28-01 Time: 12:00 p.m.

Prec-Hearing Detention (A) Yes () No ()

If yes, attach authorization form.

Officer in Charge approving this report:

Signature: M. Mitchell

Print Name: M. Mitchell

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution. Staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing. No answer
4. I do () do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.) No answer
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Seen and Witnessed by: M. Mitchell Inmate's Signature: _____

I certify that this charge was served and he/she refused to sign in the space above. M. Mitchell

Inmate Provided copy of report: Date: 11-29-01 Time: 1:00 p.m.

Date Set for Hearing: 12-7-01 Revised Date: _____

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SKCL Date: 12-7-01 Time: 7:48 a.m./p.m.:
Tape No(s): 42-1 Refused to sign
Plea: () Guilty () Not Guilty (X) No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (X) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused was not standing for major count and was in bed.

Penalty: 15 days T301 based on his past record
Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: Date In _____ Date Out _____

Admitted to Isolation:

(X) Yes
() No

Date In: 12-11-01
Date Out: 12-15-01

Weight In _____
Weight Out _____

INSTITUTIONAL REVIEW: (X) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

Signature: Robert K. Epps Sr. Date: 12-10-01
Print Name: Robert K. Epps Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Red

M01366

1504

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mord Inmate Number: Redacted Institution: SPCC Dorm: B150
Offense Code: 201 Offense Title: Disobeying An Order
Offense Date: 12/6/01 Approximate Time: 8:30 a.m./p.m. Location: Movie Room / CH 401
Investigation: yes ☒ no ☐ Date Completed: 12/6/01

Description of Offense (provide a summary of how the inmate violated this offense): On the above date + time, Cell restriction inmates were asked to return to their cell after the movie. Telephone orientation. Mord M. Redacted refused to leave after being told. Sgt Spriggs was notified and also told him and he still remain seated.

Witnesses: Sgt Spriggs

Reporting Officer's Signature: [Signature]

Print Name: J. M. Robertson

Date: 12/6/01

Time: 10:25 AM

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: [Signature]

ADVISMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: [Signature]
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do ☒ do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do ☒ do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: Date: 12-7-01

Time: 10:30 a.m./p.m.

Date Set for Hearing: 12-18-01 Revised Date: _____

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: SRCL Date: 12-18-01 Time: 7:35 a.m./p.m.
Tape No(s): 43-2 Inmate hand cuff in back

Plea: () Guilty (X) Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (X) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused refused to go back to his cell when he was told to.

Penalty: 15 days Isolation based on his past record.

Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

() Yes

Date In _____

Weight In _____

(X) No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: (X) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

15 days isolation suspended on 01-23-02 due to transfer. RKE/pcf RKE/pcf

Signature: Robert K. Eggs, Jr. Date: 12-15-01

Print Name: Robert K. Eggs, Jr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

1526

DISCIPLINARY OFFENSE

Redacted

Inmate Name: M. Martin Inmate Number: Station: Sec Dorm: B15B
Offense Code: 232 Offense Title: Leaving Violation (Leaving directed)
Offense Date: 12-7-01 Approximate Time: 8:25 a.m. Location: Receiving
Investigation: yes ☒ no ☐ Date Completed:

Description of Offense (provide a summary of how the inmate violated this offense): on the above date and approx time, the above inmate stated to me, "Sugar Mama, all it takes is fifty dollars, I'll make the time out that pussy" therefore, I received this charge

Witnesses:

Reporting Officer's Signature: [Signature]

Print Name: B. Spriggs

Date: 12-7-01 Time: 8:15a

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: [Signature]

Print Name: M. Mitchell

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights

1. Request Inmate or Staff Advisor (☒) Yes () No Name:
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) (2) (3)
(4) (5)
3. I do (☒) do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (☒) do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made, and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report. Date: 12/10/01 Time: 1:10 a.m./p.m.

Date Set for Hearing: 12-31-01 Revised Date:

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING SRLL
Institution where heard: 10-2000-01 Date: 12-21-01 Time: 7:52 a.m./p.m.

Tape No(s): 44-2

Plea: () Guilty (☒) Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: (☒) Guilty () Not Guilty () Dismissed

Reason for Decision: The accused was found guilty based on the testimony of the reporting officer that the accused made the statement "all it takes is Fifty dollars, I'll suck the juice out of that pussy."

Penalty: 12 days Isolation based on his past record.

Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

() Yes

Date In _____

Weight In _____

(☒) No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: (☒) Approved () Dismissed () Suspended Penalty
() Reduced Penalty () Vacate - Rehear New Offense

Comments: _____

12 days isolation suspended on 01-23-02 due to transfer. RKE/pcf RKE/pcf

Signature: Robert K. Epps, Jr. Date: 12-21-01

Print Name: Robert K. Epps, Jr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

YES

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form
Redacted

Inmate Name: Mr. Mabele Inmate Number: Redacted Institution: SPCC Dorm: P-15B
Offense Code: 222 Offense Title: Disruptive Behavior and Intimidation
Offense Date: 12-7-01 Approximate Time: 8:45 a.m./p.m. Location: Recreation

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

I offer the following penalty:

() for the above listed offense, or

() for an equal or lesser offense of:

Offense Title: Disruptive Behavior

Staff Signature: [Signature]

Date: 12/14/01

Print Name: [Signature]

Title: [Signature]

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered.
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request.
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing, and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing.
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #3 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. () I accept the penalty offer as indicated in Part I, I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. (X) I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature]

Print Name: [Signature]

Date: 12/14/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature]

Print Name: [Signature]

Date: 12/14/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline: DOP
September 1, 2000

Attachment: J
Page of 1

REPORTING OFFICER RESPONSE FORM

Inmate Name: H. Mahd Inmate Number: Redacted Dorm: B-5B

Offense Code: 232 Offense Title: _____

Offense Date: 12/2/01 Approximate Time: 8:05 a.m./p.m. Location: B-4

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: B.R. Spriggs Title: Sgt.

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for 12/3/01 Reporting Officer must return to IHQ by: _____

Question #1: Can you prove? (with facts) That your statement is true

Response #1: You were standing at your door making that statement and it was observed & heard by me.

Question #2: Could these words have been said by any one else

Response #2: No, they were made by you.

Question #3: Was I the only one present at this so called event?

Response #3: The others were in their cells but you were the one making the statement.

Question #4: How can you prove your statement is true? You need 11 Justified B's & A's

Response #4: Through observation and hearing. I have no recollection.

Reporting Officer's Signature: [Signature] PHN Name: [Signature] Date: 12-19-01

510

DISCIPLINARY OFFENSE REPORT

Inmate Name: Mikal M. H. D. Inmate Number: Redacted Institution: S.R.C.C. Dorm: C14B
Offense Code: 229 Offense Title: Being in an unauthorized area
Offense Date: 12-15-01 Approximate Time: 6:30 a.m./p.m. Location: C-Wing
Investigation: yes no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): On the above
date & time, I, L. Anthony, did see inmate M. M. H. D. Redacted
out in C-Wing hallway & that person was *1st C-Contrast
Officer stated he did not open cell C-14. Therefore
the charge was written

Witnesses: L. Anthony

Reporting Officer's Signature: L. Anthony

Print Name: L. Anthony

Date: 12-15-01 Time: 6:33pm

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: Sgt. M. J. [Signature]

Print Name: Sgt. M. J. [Signature]

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not (☒) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not (☒) wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and I will have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: Date: 12/17/01 Time: 5:30 p.m.

Date Set for Hearing: 1-3-02 Revised Date: _____ Revised Date: _____

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: _____ Date: _____ Time: _____ a.m./p.m.

Tape No(s): _____

Plea: ☐ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: ☐ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: _____

Penalty: 30 days Loss of Visitation

Comments: _____

Inmate Hearings Officer's Signature: John R. White Print Name: John R. White

Admitted to Pre-Hearing Detention: _____ Date In _____ Date Out _____

Admitted to Isolation:

☐ Yes

Date In _____

Weight In _____

☐ No

Date Out _____

Weight Out _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Vacate - Rehear New Offense

Comments: _____

30 days loss of visitation privileges suspended on 01-23-02 due to transfer. RKE/pcr

Signature: Robert K. Epps, Sr. Date: 12-18-01

Print Name: Robert K. Epps, Sr. Title: Chief of Security

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report; and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

1 Central Record/White 2 Inst. Record/Pink 3 Inmate Copy/Yellow 4 Inmate's Copy Appeal/Green 5 Inmate's Copy Appeal/Gold

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

A1

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: SPCC Dorm: C10B
Offense Code: 229 Offense Title: Being in an Unauthorized Area
Offense Date: 12-15-01 Approximate Time: 6:30 a.m./p.m. Location: C-Wing

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- ☒ I offer the following penalty: 30 days Loss of Visitation
☐ for the above listed offense, or
☐ for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 12/17/01
Print Name: O. Wyche Title: Officer

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered.
- I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request.
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

- ☒ I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
- ☐ I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- ☐ The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature] Print Name: M. Mahdi Date: 12/17/01

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: O. Wyche Date: 12/17/01

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

REPORTING OFFICER RESPONSE FORM

Redacted

Inmate Name: M. MAHDI Inmate Number: Redacted Dorm: B-15B

Offense Code: 222 Offense Title: _____

Offense Date: _____ Approximate Time: 8:05 a.m./p.m. Location: B-wing

PART I - INSTRUCTION: Inmate: If you want to cross-examine the Reporting Officer, provide up to four (4) questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48 hours of service of the charge.

Reporting Officer: B.R. Springs Title: Sgt

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for _____ Reporting Officer must return to IHO by: _____

Question #1: Can you prove there is such an event? "Facts" 8/6/00 A

Response #1: Refer to sheet #1, first question.

Question #2: Do you have a witness? You can't because this never happened.

Response #2: There were other inmates the way that heard it ^{and} they're not going to tell, but it did happen.

Question #3: Do you write people up out of hate?

Response #3: No, only when they do things that's inappropriate.

Question #4: Was this false charge hate motivated?

Response #4: No, your conduct was inappropriate, disrespectful and disrespectful which was why you were written up.

Reporting Officer's Signature: [Signature] Print Name: B.R. Springs Date: 12/12/00

PAGE 2

*** LEGAL UPDATE ***

02/08/M01376

INMATE NUMBER: Redacted

NAME: MAHDI

MIKAL

DEEN

25DEC2001 OUT OF ISOLATION CLASS 2

26DEC2001 PUT IN ISOLATION CLASS 4

09JAN2002 OUT OF ISOLATION CLASS 2

A005308

DOP 821
Attachment 2

DOC - 11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Redacted

Inmate Name M. Mahdi Number _____ Institution SRCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on 08/06/12 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☒ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL Sgt. C. Maye Date 1-9-02

You will be permitted to: Be present at the hearing - Refrain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses; (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
M. Mahdi 1-9-02 Sgt. C. Maye 1-9-02
Inmate Signature Date Witness Signature Date

Waives rights to 24-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date _____

Inmate Statement/Reporting Officer _____

The ICAPAC recommends _____

Rationale _____

ICAPAC Signature _____ Date _____ I received a copy of the ICA's recommendation: Initials _____ Date _____

Administrative Review: ☐ Disapproved - Comments/Reason _____

☐ Modified/ No Action _____

☐ Data removed from PHDI/AGD: _____

Warden/Supt./Designee Signature _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Attachment 1
DOC 11.0
DDP 823
RC 9900

VIRGINIA DEPARTMENT OF CORRECTIONS
CLASSIFICATION SUMMARY REPORT

MATE NAME: HAHDI, Kikal Deen NUMBER: Redacted INSTITUTION: S.R.C.C.
TE: 11-20-01 CIRC: P. Gillus-Lanier MED. I.O.C.: A MH: 0
ANNUAL REVIEW _____ ADMINISTRATIVE REVIEW _____ TOTAL SCORE: 17

SCORED SECURITY LEVEL BRACKETS

to +7 pts. LEVEL 1 16 - 24 pts. LEVEL 3 32 - 38 pts. LEVEL 5
8 - 15 pts. LEVEL 2 25 - 31 pts. LEVEL 4 39+ pts. LEVEL 6

MANDATORY RESTRICTORS

- R1 More than 20 years remaining to serve (Restricted from Levels 1 and 2)
R3 1st Degree Murder (Restricted from Level 1 and Units 1, 4, 25, BCC, STNCC, JRCC, STBCC, ICCG)
R4 Enemy at all institutions at scored level
R5 Convicted of assault (105) within 24 months - Attach SIR (Restricted from Levels 1, 2 and 3)

DISCRETIONARY OVERRIDES

h - Increases Security Level

- H1 Assaultive Prior Institutional Conduct
H2 Serious Prior Criminal Record Indicates Caution
H3 Severity of Current Offense
H4 Serious Escape History/Risk
H5 Recent Pattern of Poor Institutional Adjustment
H6 Needs to Establish Stable Adjustment
H7 Other _____

Low - Decreases Security Level

- ☐ L1 Exceptional Institutional Conduct
☒ L2 Singular Nature of Incident
☐ L3 Prior Success at Lower Level
☐ L4 Other _____

ICA RECOMMENDATION

AL SCORE: 17 RESTRICTOR: _____ OVERRIDE: L2 RECOMMENDED LEVEL: 2
PRIMARY TREATMENT NEED: Anger Management
RECOMMENDED ASSIGNMENTS: JRCC BCC DMCC COMMENTS: _____
NATURE: _____ DATE: _____

WARDEN/SUPERINTENDENT ACTION

APPROVE ICA ☐ DISAPPROVE ICA ☐ RESTRICTOR: _____ OVERRIDE: H-6 SECURITY LEVEL: 4
RECOMMENDATIONS: NCC ACC KMCC COMMENTS: _____
NATURE: C. Allen for W. Copeland DATE: 1-11-02

CENTRAL CLASSIFICATION SERVICES ACTION

APPROVE ☐ DISAPPROVE ☐ RESTRICTOR: _____ OVERRIDE: _____ SECURITY LEVEL: _____
RECOMMENDATIONS: _____
NATURE: _____ DATE: _____

Redacted
Inmate Number

MAHDI, Mikal D.
Inmate Name

DOP 821
Attachment #2

PART III: CHECKLIST

if NO check block is marked, please provide the reason below the item.

his ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

as the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

d the inmate request a staff member to assist him/her?

Yes ☐ No ☒

staff assistance was requested, did the inmate have a staff member present his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: Mrs. Pope

if inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

if written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

the close of the hearing, the inmate was verbally informed of the recommendations the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY:

E. Harrison

Date:

1-14-02

Division Operating Procedures 806 & 807
Good Conduct Allowance (GCA) 806
Earned Sentence Credits (ESC) 807
Attachment 1

CLASS LEVEL EVALUATION SHEET

Inmate Name: MAHDI, Mikal Evaluation Date: 1-14-2002
Inmate Number: Redacted Period Covered: 10-11-2001 to 1-14-2002
Counselor: C.L. Pope Institution: S.R.C.C.
If Applicable: PED: N/A MPRD: N/A GTRD: 3-5-2004

Personal Conduct		Not to exceed 10 points (5)
Infractions	11-5-01 229	Not to exceed 20 points (0)
	11-6-01 213	
Education	11-14-01 222	Not to exceed 30 points (30)
	11-28-01 213	
Treatment Programs	11-27-01 224	Not to exceed 20 points (0)
	12-06-01 201	
Work/Vocation	12-15901 229	Not to exceed 20 points (0)
	12-7-01 222	
Total Score		(35)

RECEIVED
DEC 02 2002
INTAKE & LEGAL SERVICES

Range under GCA	Class Level Point Range	Earnings under ESC
30/30	I = 85 to 100 points	4.5/30
20/30	II = 65 to 84 points	3/30
10/30	III = 45 to 64 points	1.5/30
0/30	IV = 0 to 44 points	0/30

Prior Class Level II New Class Level III Effective Date 1-14-2002

Recommended Override (circle one) No Yes (specify: # 1)

Comments: Number of infractions.

Signature of ICA Chairman L. Harrison Date 1/17/02

Warden/Supervisor Review: ✓ Approved Disapproved

Action is disapproved, reason for disapproval:

Signature: WMP Date: 1/17/02

RECEIVED
JAN 30 2002
INTAKE & LEGAL SERVICES

DOP 821
ATTACHMENT 3
DOC CL-20VIRGINIA DEPARTMENT OF CORRECTIONS-DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORTINMATE NUMBER: Redacted INSTITUTION: Southampton Reception & Classification CenterINMATE NAME: MWIDI, Mikal Deen HEARING DATE: 1-14-02Hearing at request of: (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

ADMISSION AND OTHER DATA To be completed only for recommendations requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

B: _____ Detainer Status: _____ Medical Location Code: _____

Inmate status: _____ Date Assigned: _____ Medical Work Code: _____

NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Commutation ☐ Pre-Hearing Detention☐ Segregation Assignment/Removal ☒ Other Administrative General Detention/ESC Review

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate and counselor present. Inmate stated "I was having a hard time for the past two months. I have learned a lesson."

☐ see continuation

SUMMARY STATEMENT OF ICA AND RECOMMENDATIONS (include rationale)

Assign to Custodial Management Segregation with a 45 day review. Reduce ESC from Level II to Level III because of the number of write-ups you have received (8).

Reason: This action is taken: 1) Isolation time you can not pull yet and 2) To maintain the safe and orderly operation of this facility.

☐ see continuation

INSTITUTIONAL CLASSIFICATION AUTHORITY: _____

Name: _____ (Title): _____

COMMITTEE MEMBERS (if applicable) _____

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____By: 1/17/02 _____

Name: _____ (Title): _____

CENTRAL CLASSIFICATION BOARD ACTION

ACTION: ☒ ICA Action Approved ☐ ICA Action Disapproved ☐ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

☐ ICA ☐ CCB ☐ Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION: Original - Central Classification, Green - Institutional Criminal Record, Pink - Counselor, Gold - Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name MAHDI, Mikal Deen Number Redacted Institution SR60C

PART I: REFERRAL

Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on 1-14-02 for:

Pre-hearing Detention ☒ GCA/ESC, GCT Review ☐ Segregation Hearing Referral

Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral

Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have a counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
Inmate Signature _____ Date _____ Witness Signature K. L. [unclear] Date 1-18-01

Give 24-hour notice Yes ☐ No ☐

PART II: Disposition

Part II to be completed for all Formal and Informal Hearings.
Hearing Date 1-14-02
Inmate Statement/Reporting Officer "I was having a hard time for the past 3 mos. I have learned a lesson."

ICAPAC recommends that you be placed on Sec. 114.5. Day room.
we have had time you are writing to give the inmate the inside up. (3)
inmate has been received. GCA/ESC is looking for more info.
we are warranted to maintain the safety & security of the prison.
H. 1-14-02 I received a copy of the ICA's recommendation. Handed off behind.
VPAR Signature _____ Date _____ Initials _____ Date 1-14-02

Administrative Review: ☐ Disapprove - Comments/Reason _____

Modified/ No Action _____

☐ Data removed from PHD/AGD _____

Warden/Supt./Designee signature is only required if recommendation is modified or approved. Inmate will receive copy of CL-20 if recommendations are approved.
Warden/Supt./Designee _____ Date _____

DETENTION AUTHORIZATION FORM NOTTOWAY CORRECTIONAL CENTER

Redacted

NAME

DATE

TIME

JUSTIFICATION FOR PLACEMENT IN DETENTION:

|| PRE-HEARING DETENTION

OFFENSE CODE:

OFFENSE TITLE:

REPORTING OFFICER:

CHARGE WRITTEN (DATE AND TIME):

STATE SPECIFIC REASON INMATE POSSES A THREAT

Officer in Charge- Signature

Date

☒ GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL ☒REQUESTING PROTECTIVE CUSTODY ☐INVESTIGATIVE HOLD ☐

SPECIFY REASON FOR PLACEMENT:

Officer in Charge- Signature

Date

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE

TIME

APPROVAL

DISAPPROVAL

COMMENTS

Administrative Duty Officer- Signature

Date

Name Printed

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assign him to Pre-hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have counselor or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reason for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.

THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

INMATE SIGNATURE / DATE

WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

I DO NOT WAIVE A 24 HOUR NOTICE

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Gold-Prison Inmate

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

ATE NUMBER: Redacted INSTITUTION: Nottoway Correctional Center
 ATE NAME: Mahdi, Mike HEARING DATE: 1/25/2002
 Hearing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
 Sentence: _____ yrs. _____ mos. _____ days DO: _____ PED: _____
 Number of previous felony convictions: _____
 Detainer status: _____ Medical location code: _____
 Date Assigned: _____ Medical work code: _____

NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-hearing detention
☐ Segregation assignment/removal ☒ Other General Detention/New Arrival

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
 Inmate Mahdi and Counselor McMillon were present. All due process rights were afforded. Detention Authorization Form 1/23/02 and the inmate's institutional file were available for review. Inmate Mahdi stated that he had six charges in the last three months at Southampton.

STATEMENT OF ICA AND RECOMMENDATION (include rationale)

On the above date to review the General Detention/New Arrival status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be placed on Segregation status. The ICA recommendations are based on the following: 1. Subject is a threat to the safe, secure and orderly operation of the institution. 2. Subject has demonstrated poor institutional adjustment at previous facility.

INSTITUTIONAL CLASSIFICATION AUTHORITY

ologist Review (if applicable):

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

By: Ch

Name: _____

Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment ☐

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA ☐ CCB ☐ Other ☐

Meeting Chairman: _____ CCB Member: _____ CCB Manager: _____
 Distribution: Original - Central Classification Green - Institutional Criminal Record Pink - Counselor Gold - Inmate

DOP 821
Attachment 2

DOC - IHH
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to be present at the hearing. Remain silent. Know the reasons for any decisions rendered by the ICA. Have your counselor or an employee present to assist you. Receive a copy of the written findings and recommendations of the ICA. Hear the reporting officer's testimony. Cross-examine adverse witnesses. Call and cross-examine witnesses. Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____ Date _____

Witness Signature _____ Date _____

Waives rights to 24-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 25 Jan 2002

Inmate Statement/Reporting Officer

SHRCC - I had mainly simple changes & had
six changes in three months

The ICA/PAC recommends AM

Rationale ICPAC advised to give 5% reduction in classification

On NCC, stable adjustment

M. Mahdi received a copy of the ICA's recommendation

ICA/PAC Signature _____ Date _____ Initials _____ Date _____

Administrative Review: ☐ Disapprove Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt/Designee _____ Date _____

**The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL 2011 recommendations are approved.

Redacted

U. Mahdi

NCC

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☐

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: McMullen

Date 25 Jun 2002

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
UNIFORM COMMITMENT REPORT

11 M01387

** L E G A L U P D A T E **

PAGE 1

CURRENT DATE: 02/08/2002

STATUS: ACTIVE

CLERK ID: CAO

VERIFICATION CLERK ID: CAO

INMATE NUMBER: Redacted

NAME: MAHDI

MIKAL

DEEN

CURRENT LOCATION: NOTTOWAY CORRECTIONAL CENTER

DATE RECEIVED: 11OCT2001

JAIL CREDIT DAYS: 00177

SEN START DATE: 17APR2001

CLASS LEVEL: 2 TOTAL SENTENCE: 003 YEARS 03 MONTHS 000 DAYS

NOT ELIGIBLE FOR DISCRETIONARY PAROLE

ANTICIPATED GOOD TIME RELEASE DATE WITH 30 ADJ-DISCHG DAYS:

08MAR2004

THE ABOVE ANTICIPATED DATES ARE BASED ON THE ASSUMPTION THAT YOU WILL CONTINUE TO EARN GOOD TIME AT YOUR PRESENT EARNING LEVEL AND THAT YOU WILL NOT HAVE EARNED GOOD TIME TAKEN FROM YOU BY AN ADJUSTMENT COMMITTEE ACTION AS A RESULT OF MISBEHAVIOR. LOSS OF EARNED GOOD TIME OR A CHANGE IN YOUR GOOD TIME EARNING LEVEL MAY CAUSE YOUR ANTICIPATED DATES TO CHANGE.

EVENTS LISTED BELOW IN DATE ORDER REFLECT TRANSACTIONS AFFECTING ANTICIPATED DATES OF ELIGIBILITY AND RELEASE SINCE THE LAST UPDATE ON OCTOBER 16, 2001.

****NOTICE: INMATES RELEASED ON GOODTIME RELEASE MUST RECEIVE AN AUTHORIZATION OF RELEASE FORM FROM COMMUNITY RELEASE. GOODTIME DATE ON LEGAL UPDATE MUST AGREE WITH RELEASE DATE ON AUTHORIZATION OF RELEASE FORM.*****

27NOV2001 ADJUSTMENT COMMITTEE ACTION: POSSESSION OF CONTRABAND
THIS REPORT ORDERS THE LOSS OF 00000 GOOD TIME DAYS.
PENALIZED 0000 DAYS; 00000 TOTAL DAYS LOST FOR PAROLE TO DATE
PENALIZED 0000 DAYS; 00000 TOTAL DAYS LOST FOR RELEASE TO DATE
UNEARNED-PAROLE: 0000 TOTAL: 0000; RELEASE: 0000 TOTAL: 0000
15 DAYS IN ISOLATION 00 DAYS IN PREDETENTION

28NOV2001 ADJUSTMENT COMMITTEE ACTION: FAILURE TO FOLLOW COUNT RULES
THIS REPORT ORDERS THE LOSS OF 00000 GOOD TIME DAYS.
PENALIZED 0000 DAYS; 00000 TOTAL DAYS LOST FOR PAROLE TO DATE
PENALIZED 0000 DAYS; 00000 TOTAL DAYS LOST FOR RELEASE TO DATE
UNEARNED-PAROLE: 0000 TOTAL: 0000; RELEASE: 0000 TOTAL: 0000
15 DAYS IN ISOLATION 00 DAYS IN PREDETENTION

11DEC2001 PUT IN ISOLATION CLASS 4

* CONTINUED ON NEXT PAGE *

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

INMATE NUMBER: Redacted INSTITUTION: Nottoway Correctional Center
 INMATE NAME: Mahdi, Mikal HEARING DATE: 4/10/2002
 Hearing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

COMMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of admission: _____ Date of arrival at present location: _____
 Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
 Number of previous felony convictions: _____
 Detainer status: _____ Medical location code: _____
 Date Assigned: _____ Medical work code: _____

NATURE OF HEARING REQUEST (if due process hearing, attach copy of DOC 11-H)

Reason for hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ Segregation assignment/removal ☐ Other: New arrival needed stable adjustment

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer)
 Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi made no comment.

SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

Met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be moved to General Population (RGP). The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure and orderly operation of the institution. The subject has displayed a stable institutional adjustment ICC's SMU for approximately the last 90 days.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Name

Title

Psychologist Review (if applicable):

INSTRATION:

☒ Approval

☐ Disapproval

By:

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

☐ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To:

Case Set for Rehearing:

☐ ICA ☐ CCB ☐ Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION: Original: Central Classification Green: Institutional Control Record Pink: Counselor Gold: Inmate

DOP 821
Attachment 2

DOC-11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahru Number Redacted Situation NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on before 4/10/02 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☒ Other for institutional behavior at SHCC

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

X Nehru 1/25/02 MM Miller 1/25/02
Inmate Signature Date Witness Signature Date

Waives rights to 24-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Inmate Statement/Reporting Officer NO Statement Hearing Date 10 April 2002

The ICA/PAC recommends RCP

Rationale: 1. C.E.S. has displayed stable and consistent behavior.

2. C.E.S. has been in the institution for a long period of time.

3. C.E.S. has been in the institution for a long period of time.

ICA/PAC Signature [Signature] Date 10/1/02 received a copy of the ICA's recommendation Initials [Initials] Date 10/1/02

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/No Action _____

☐ Date removed from PHD/AGD _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. Mahdi

NCC

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☒

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: _____

Date: _____

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT
Redacted

Inmate Name: M. Mahdi Institution: NCC Dorm: N-217
Offense Code: 201 Offense Title: Violating a Direct Order
Offense Date: 06-04-02 Approximate Time: 1245 a.m./p.m. Location: BLVD
Investigation: yes no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): On June 4, 2002
I /s/ R.M. Swann gave inmate M. Mahdi, Redacted a direct
Order to tuck his shirt tail in and refuse to do
so and kept on walking down the blvd.

Witnesses: Lt. Ferguson
Y. F. Williams

Reporting Officer's Signature Y. R. M. Swann SR.
Print Name: Y. R. M. Swann SR.
Date: 6-4-02 Time: 1520

Pre-Hearing Detention: Yes () No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: Sgt. Elshaker
Print Name: Sgt. Elshaker

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.

Request Witnesses () Yes No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)

(1) _____ (2) _____ (3) _____
(4) _____ (5) _____

I do () do not do wish to waive my right to 24-hour preparation time prior to the hearing.

4. I do do () do not () wish to appear at the Disciplinary Hearing (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)

5. Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)

6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.

7. I may remain silent.

8. The charge may be vacated and rescribed as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: B. Walker Inmate's Signature: M. Mahdi

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report Date: 6-5-02 Time: 1250 a.m./p.m.

Date Set for Hearing: 6/11/02 Revised Date: _____ Revised Date: _____

DATA ENTERED
NOTTOWAY CORRECTIONAL CENTER

JUL 03 2002

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING: NPC Date: 6/6/02 Time: 1340 a.m./p.m.

Tape No(s): 4803B

Plea: () Guilty () Not Guilty () No Plea Inmate's Signature: _____

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed

Reason for Decision: Acceptance of penalty offer

Penalty: Six (6) dollars fine

Hearings Officer's Signature: _____ Print Name: L E Nelson

Inmate's Signature: _____ Date In: _____ Date Out: _____

Inmate's Signature: _____ Date In: _____ Date Out: _____

Inmate's Signature: _____ Date In: _____ Date Out: _____

Inmate's Signature: _____ Date In: _____ Date Out: _____

APPEAL REVIEW: ☒ Approved () Dismissed () Suspended Penalty

☐ Reduced Penalty () Reduced to Lesser Included Offense

Signature: Don Vignone Date: 6/21/02

Print Name: Don Vignone Title: Warden

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: Robert A. Smith Date: 6-15-02

Witnessed by: SA R.C. Danner Print Name: AC Jan Date: 6-15-02

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: M. Mahi Inmate Number: Redacted Institution: ACC Dorm: N217
Offense Code: 201 Offense Title: Disobeying A Direct Order
Offense Date: 06-04-02 Approximate Time: 1245 a.m. Location: B1V1

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- (☒) I offer the following penalty: 60 days
() for the above listed offense, or
() for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 6-5-02
Print Name: [Signature] Title: CT

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
- I have until midnight of the following working day, from the date the charge is served, to accept this offer; and I will be provided the opportunity to consult with an advisor, upon request;
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

- (☒) I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in #5 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer, must be in the presence of a staff member.
- () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature] Print Name: M. Mahi Date: 6/5/02

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: [Signature] Date: 6-5-02

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer, by the witnessing staff member. The inmate is given a copy of this form.

ATTENTION AUTHORIZATION FOR
NOT FOWAY CORRECTIONAL CENTER

Attachment I

FAIMD 73 TS N-3.7

Redacted

NAME

DATE

TIME

JUSTIFICATION FOR PLACEMENT IN DETENTION:

PRE-HEARING DETENTION

OFFENSE CODE: 201

OFFENSE TITLE: Prisoner on Order

REPORTING OFFICER: R. J. [Signature]

CHARGE WRITTEN (DATE AND TIME)

STATE SPECIFIC REASON FOR PLACEMENT: PRISONER A THREAT

Prisoner was held to take his shirt in coat in order to go to S.I. becoming disruptive on the bus/van.

Officer in Charge- Signature: [Signature]

Date: 6-4-02

GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL []

REQUESTING PROTECTIVE CUSTODY []

INVESTIGATIVE HOLD []

SPECIFY REASON FOR PLACEMENT:

Officer in Charge- Signature: _____

Date: _____

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

6-4-02

TIME 1300

APPROVAL []

DISAPPROVAL []

COMMENTS:

REFER TO ICA

Administrative Duty Officer- Signature: [Signature]

Date: 6-4-02

Name Printed: [Signature]

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assignment to Pre-hearing Detention if a charge is served or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have counsel or other choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reason for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports. THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE QUESTIONED HEARING.

WITNESSES REQUESTED:

EVALUATE SIGNATURE DATE: [Signature] 6-4-02

(1X) DO NOT WAIVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE) (SUA OR CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-City Pink-SMU Gold-Prison Inmate

Redacted

M. Mahdi

NCC

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge, disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☐ No ☒

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☒

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY

Date

5 Jan 2002

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: Redacted INSTITUTION: Nottoway Correctional Center
INMATE NAME: Mahdi, Mikal HEARING DATE: 6/5/2002
Requesting at request of (Check only one): ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

MISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of admission: _____ Date of arrival at present location: _____
Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
Detainer status: _____ Medical location code: _____
Medical work code: _____

FUTURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Request for hearing: ☐ Transfer ☐ Work Release ☐ Correction fare ☐ Pre-Hearing detention
☐ Segregation assignment/removal ☒ Other: Refused to tuck in shirt on Blvd.

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: Fuck hell I do not want to hear this, you fagot-assed mother fucker!

STATEMENT OF ICA AND RECOMMENDATION (include rationale)

Met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi remain on Pre-Hearing Detention status (PHD). The ICA's recommendation is based on the following: The subject is requesting an adjustment hearing, for disobeying a direct order. The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject's statement to the ICA displays a negative attitude.

INSTITUTIONAL CLASSIFICATION AUTHORITY

Logist Review (if applicable): ☒

Illustration: ☒ Approval ☐ Disapproval Comments: _____

By: [Signature]

Name: _____

Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

CA action approved ☐ ICA Action disapproved ☐ No Change in Assignment ☐

Transfer Approved To: _____

Case Set for Rehearing: _____

CA ☐ CCB ☐ Other ☐

Meeting Chairman: _____ CCB Member: _____ CCB Member: _____
Reason: ☐ Original ☐ Central Classification ☐ Green ☐ Institutional Criminal Record ☐ Pink ☐ Counselor ☐ Gold ☐ Inmate

DOP 821
Attachment 2

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Redacted
Numt Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other

AUTHORIZING OFFICIAL Date

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counsel or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) 2) 3)

Inmate Signature Date Witness Signature Date

Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Inmate Statement/Reporting Officer Fuck this shit. I don't

want to hear this you bastard ass mother

The ICA/PAC recommends Continue on PHD

Rationale Mr. Sub is a security risk, not suitable

ICAPAR Signature SDR Date 5/2/02 I received a copy of the ICA's recommendations (Initials)

Administrative Review: ☐ Disapprove - Comments/Reason

☐ Modified/ No Action

☐ Date removed from PHD/AGB

Warden/Supt/Designee Signature Date
*The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOP 821
 ATTACHMENT 3
 DOC CL-20

TE NUMBER: Redacted INSTITUTION: Nottoway Correctional Center
 TE NAME: Mahdi, Muxal HEARING DATE: 6/12/2002
 ing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

MISSION AND OTHER DATA (To be completed only for recommitment requiring transfer from

assigned facility)

of Admission:

Date of arrival at present location:

s:

Sentence: yrs. mos. days DD: PED:

er of previous felony convictions:

Detainer status:

Medical location code:

dy status:

Date Assigned:

Medical work code:

NATURE OF HEARING REQUEST (if due process hearing, attach copy of DOC 11-H)

of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ Segregation assignment/removal ☐ Other: Refused to lock in shirt on Blvd.

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

re Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: 90
I got a \$6.00 fine. Note: The subject walked out of the hearing before it was complete.

BY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

A met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that
re Mahdi be placed on Segregation status (SEG). The ICA's recommendation is based on the following: The subject
is a threat to the safe, secure, and orderly operation of NCC. The subject's refusal to stay in the ICA hearing until it was
tele displays a negative attitude. The subject was not in compliance with the DOC Inmate Grooming standards.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

ologist Review (if applicable):

ISTRATION: ☐ Approval ☐ Disapproval Comments:

By:

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

CA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To:

Case Set for Rehearing:

CA ☐ CCB ☐ Other

Meeting Chairman

CCB Member

CCB Manager

ION: Original: Central Classification Green: Institutional Criminal Record Pink: Counselor Gold: Inmate

DOP 821
Attachment 2

N-217
DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. MAHADI Number Redacted Institution NOX

PART I: REFERRAL

Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on before 6/12/02 for:

☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral

☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral

☐ Transfer/Security Review ☐ Other 201ch - refusing to talk in shut

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
Refused 6/5/02 Refused 6/5/02
Inmate Signature Date Witness Signature Date

Waives rights to 48-hour notice Yes ☒ No ☐

PART II: Disposition

Part II to be completed for all Formal and Informal Hearings

Inmate State Agent/Reporting Officer 90 days Hearing Date 12 Jun 2002
Place on Sec

The ICA/PAC recommends:

Place on Sec
The subject will be placed on Segregation
12 Jun 2002
ICAPAR Signature Date 12 Jun 2002

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/No Action _____

☐ Date removed from PHDIAGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. Mahadi

NCE

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge, disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY

Date

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INMATE NUMBER: Redacted INSTITUTION: Nottoway Correctional Center
INMATE NAME: Mahdi, Mikel HEARING DATE: 8/28/2002
Hearing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
Detainer status: _____ Medical location code: _____
Study status: _____ Date Assigned: _____ Medical work code: _____

NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Reason for hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ Segregation assignment/removal ☐ Other: Refused to tuck in shirt on Blvd.

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)
Inmate Mahdi and Counselor Penner were present. All due process rights were afforded. Inmate Mahdi stated: I've been trying to get a razor. I can not stand it back here.

SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA met on the above date to review the Segregation status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be Released to General Population (RGP). The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure, and orderly operation of NCC. The subject has had a stable adjustment in SMU.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____ Name: _____ Title: _____
MINISTRATION: ☒ Approval ☐ Disapproval ☐ Comment: _____
By: _____ Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment ☐
Transfer Approved To: _____
Case Set for Rehearing: _____
☐ ICA ☐ CCB ☐ Other

Meeting Chairman: _____ CCB Member: _____ CCB Manager: _____
DISTRIBUTION: Original: Central Classification Green: Institutional Criminal Record Pink: Counselor Log Gold: Inmate

DOP 821
Attachment 2

N-217

DOC -11H
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Redacted

Inmate Name M. Mahedi Numt NCCInstitution NCC

PART I:

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on 28 Aug 2002 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
- ☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
- ☐ Transfer/Security Review ☐ Other Relief Shift Table/B. Attitude

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested

Inmate Signature Refused 12 Jun 2002

Date

Witness Signature [Signature]Date 12 Jun 2002Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Hearing Date 26 Aug 2002Inmate Statement/Reporting Officer I've been taken to work hallThe ICA/PAC recommends ReliefRationale The ICA has no other stateof the inmate26 Aug 2002ICA/PAC Signature [Signature]

Date

I received a copy of the ICA's recommendation

Initials [Initials]Date 26 Aug 2002Administrative Review: ☐ Disapprove -- Comments/Reason _____☐ Modified/ No Action _____☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

M. Mahadi

NCC

DOP 821
 DOC-11H
 Attachment 2
 Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days? Yes ☐ No ☐

Reason: _____

COMPLETED BY: [Signature]

Date: 2/6/02

ENTION AUTHORIZATION FOR
NOTTOWAY CORRECTIONAL CENTER

~~N-335~~
D-51
N-120

Redacted

DATE:

TIME AM/PM

JUSTIFICATION FOR PLACEMENT IN DETENTION:

II. PRE-HEARING DETENTION

NSE CODE: 10-10-10 OFFENSE TITLE: CHARGE WRITTEN (DATE AND TIME)
 REPORTING OFFICER: 10-10-10 CHARGE WRITTEN (DATE AND TIME): 10-10-10
 I SPECIFY REASON INMATE POSSES A THREAT

Mr. [unclear] advised by [unclear] that the [unclear] on base can be [unclear]
[unclear] he was [unclear] as [unclear] [unclear] [unclear] [unclear]
per In Charge- Signature [unclear] Date 10/1/78

GENERAL DETENTION / ADMINISTRATIVE HOLD

REQUESTING PROTECTIVE CUSTODY () INVESTIGATIVE HOLD ()
BY REASON FOR PLACEMENT

 Officer in Charge- Signature Date: _____

71 BY ADMINISTRATIVE DUTY OFFICER:

APPROVE ☒ DISAPPROVE ☐

Administrative Duty Officer Signature: [Signature] Date: 11/1/2
Printed: C. H. [illegible]

IFICATION OF REFERRAL TO ICC:

at to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for more than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assignment to Pre-hearing Detention if a review or assigned to Segregation status. The inmate will be permitted to:

5. Remains Silent.
6. Have spouse or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the H.C.
8. Know the reason for any decisions rendered by the H.C.

2. J. and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.

5 TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND THAT I HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE

10 WITNESSES I WISH TO APPEAR IN MY DEFENSE AT THE ABOVE MENTIONED HEARING.

ASSA REQUESTED:

INMATE SIGNATURE / DATE

DO NOT WAVE A 24 HOUR NOTICE

WITNESS SIGNATURE (TITLE)
(SUCORN COLLECTIONS EMPLOYEE)

• **PN: White-Records Green-Watch Commander Canary-Circ Pink-SMU Goldrenrod-Inmate**

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Redacted

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: NCC Dorm: 11-325
Offense Code: 201 Offense Title: Disobeying AN order
Offense Date: 9-24-02 Approximate Time: 1730 a.m. (p.m.) Location: in front of mess hall
Investigation: yes ☒ no ☐ Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): on 9-22-02

I go to W. Harkins advised inmate M. Mahdi Redacted that
he needed a hair cut and I also advised him
on 9-23-02 on 9-24-02 Inmate M. Mahdi was
still out of compliance

Witnesses: _____

Reporting Officer's Signature: W. Harkins

Print Name: W. Harkins

Date: 9-24-02 Time: 1645

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form

Officer-in-Charge approving this report:

Signature: A. C. Hill

Print Name: A. C. Hill

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the Hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing:

Served and Witnessed by: _____ Inmate Signature: _____

I certify that this charge was served and he/she refused to sign in the space above:

Inmate Provided copy of report: _____ Date: _____ Time: _____ a.m./p.m.

Date Set for Hearing: 9/25/02 Revised Date: _____ Revised Date: _____

Inmate Discipline
September 1, 2000

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT
Redacted

4 Attachments N211
N136

Inmate Name: M. Mahdi Inmate Number: Redacted ion: NCC Dorm: X-527
Offense Code: 201 Offense Title: Disobeying an order
Offense Date: 9-24-02 Approximate Time: 1730 a.m. (p.m.) Location: in front of mess hall
Investigation: yes ☒ no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): on 9-22-02

I go to W. Haskins advised inmate M. Mahdi Redacted that
he needed a hair cut and I also advised him
on 9-23-02 on 9-24-02 Inmate M. Mahdi was
still out of compliance.

Witnesses: _____

Reporting Officer's Signature W. Haskins

Print Name: W. Haskins

Date: 9-24-02 Time: 1645

Pre-Hearing Detention: () Yes (☒) No

If yes, attach authorization form

Officer-in-Charge approving this report:

Signature: S. C. Hall

Print Name: S. C. Hall

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes (☒) No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes (☒) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not (☒) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (☒) do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: S. C. Hall Inmate's Signature: M. Mahdi

I certify that this charge was served and the inmate refused to sign in the space above.

Inmate provided copy of report: Date: 9-25-02 Time: 1850 a.m. (p.m.)

Date Set for Hearing: 9/30/02 Revised Date: 10/3/02 Revised Date: _____

Inmate Discipline
September 1, 2000

Attachment 1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: NCC Date: 10/3/02 Time: 0835 a.m./p.m.

Tape No(s): 48597

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: Unable to sign

Reason for Absence of Requested Witnesses: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: Best from PPS written
admission & accusatory desire to plead
guilty as charged.

Penalty: 10 days Isolation

Comments: _____

Inmate Hearings Officer's Signature: _____

Print Name: _____

Admitted to Pre-Hearing Detention (Isolation):

Date In _____

Date Out _____

Admitted to Disciplinary Detention (Isolation):

☒ Yes

Date In 9/24/02

Weight In _____

☐ No

Date Out 10/3/02

Weight Out _____

INSTITUTIONAL REVIEW:

☒ Approved

☐ Dismissed

☐ Suspended Penalty

☐ Reduced Penalty

☐ Reduced to Lesser Included Offense

Comments: _____

Signature: Y. Dillard

Date: 10-4-02

Print Name: Dillard

Title: Warden

RECEIPT OF APPEAL COPIES:

This is to certify that I have received 2 copies of this report, and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: I. N. N. N.

Date: _____

Witnessed by: Set H. H.

Print Name: Set H. H.

Date: 10-4-02

Inmate Discipline DOP 861
September 1, 2000

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: Mr. [redacted] Inmate Number: Redacted Institution: CLC Dorm: 1-1-1
Offense Code: 201 Offense Title: Disruptive behavior
Offense Date: 8-28-00 Approximate Time: 11:00 a.m./p.m. Location: CLC

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- () I offer the following penalty: 15 days in-lieu
() for the above listed offense, or
() for an equal or lesser offense of: _____

Offense Title: [redacted]

Staff Signature: [Signature] Date: 8-28-00
Print Name: L. Johnson Title: CLC

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer and I understand that:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have until midnight of the following working day, from the date the charge is served, to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. () The Inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: _____ Print Name: _____ Date: _____

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: _____ Print Name: _____ Date: _____

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline DOP 861
September 1, 2000

Attachment 5
Page 1 of 1

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE
Redacted

11/30

Inmate Name: M. Maldi Number: _____
Offense Code: 301 Offense Title: Disobeying an order
Offense Date: 9/24/02 Reporting Officer: Go W. Haskins

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: _____ Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the 30 day time frame or 15 day time frame for Pre-Hearing Detention.)

Date: 10/3/02 Time: TBA a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

- _____ The Reporting Officer, voluntary staff advisor or witnesses are off duty or away from the institution on the date of the hearing.
- _____ The absence of the accused inmate due to hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- _____ Awaiting the results of blood tests or other laboratory tests.
- _____ Unavailability of staff due to escape, disturbance, or natural disaster.
- _____ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training, or military leave.
- _____ In the case of the escape of the accused inmate.
- _____ Awaiting the outcome of criminal charges as a result of this offense.
- _____ Per written authorization of the Regional Director.

Inmate's Signature: [Signature] Date: 10/1/02
Noticed Served By: Go I. Roberts Date: 10/1/02 Time: 0822 a.m./p.m.

Original to Inmate Hearings Officer - Copy to Inmate

**NOTTOWAY CORRECTIONAL CENTER
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOP 821
ATTACHMENT 3
DOC CL-20

INSTITUTION: Nottoway Correctional Center
HEARING DATE: 9/25/2002
Requesting at request of (Check only one):
☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

MISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from

assigned facility)

Date of Admission: _____

es:

Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

Detainer status: _____ Medical location code: _____

Today status: _____ Date Assigned: _____ Medical work code: _____

NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☒ Pre-Hearing detention

☐ Segregation assignment/removal ☒ Other Grievance Policy

SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor McMillion were present. All due process rights were afforded. Detention Authorization Form dated 9/24/02 was available for review. Inmate Mahdi stated that he went to recreation when the barber was out.

ICAR STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

Met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi remain on Pre-Hearing Detention status. The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. Subject has a pending charge for violating the DOC grooming policy.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable): _____

INSTITUTION: ☒ Approval ☐ Disapproval Comments: _____

9/25/02

By: _____

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION

☒ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

Transfer Approved To: _____

Case Set for Rehearing: _____

ICA ☐ CCB ☐ Other

Meeting Chairman: _____ CCB Member: _____ CCB Manager: _____
DISTRIBUTION: Original: Central Classification, Green: Institutional Criminal Record, Pink: Counselor, Gold: Inmate

DOP 821
Attachment 2

UOC - ITH
Revised 9/00

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing. Request a hearing. Know the reasons for any decisions rendered by the ICA. Have your counselor or an employee present to assist you. Receive a copy of the written findings and recommendations of the ICA. Hear the reporting officer's testimony. Cross-examine adverse witnesses. Call and cross-examine witnesses. (Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____ Date _____ Witness Signature _____ Date _____

Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings.

Hearing Date 9/25/02

Inmate Statement/Reporting Officer

Report to institution

The ICA/PAC recommends DNQ

Rationale Does a threat to the safety of the institution

of the institution

9/25/02 received a copy of the ICA's recommendation. 9/25/02

ICA/PAC Signature _____ Date _____ Initials _____ Date _____

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/No Action _____

☐ Data removed from PHD/AGD _____

Warden/Supt/Designee _____ Date _____

*The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Redacted

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: McMillion

Date: 9/25/02

**VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT**

DOC CL-26

M01413

INMATE NUMBER: Redacted INSTITUTION: Norfolk Correctional Center
 INMATE NAME: Mahdi, Mikel HEARING DATE: 10/2/2002
 (Hearing at request of (Check only one)) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

1. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
 Crimes: _____
 Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
 Number of previous felony convictions: _____
 DOB: _____ Detainer status: _____ Medical location code: _____
 Custody status: _____ Date Assigned: _____ Medical work code: _____

2. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☒ Pre-Hearing detention
☐ Segregation assignment/removal ☒ Other: Grooming Policy

3. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witness and reporting officer.)
 Inmate Mahdi and Counselor McMillon were present. All due process rights were afforded. DOC 11-H dated 9/25/02 was available for review. Inmate Mahdi made no formal statement.

4. STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA will review the due date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be released to the general population. The ICA's recommendation is based on the following: The subject poses no threat to the safe, secure, and orderly operation of NCC. Subject's hair is now in compliance with departmental policy.

5. CLASSIFICATION AUTHORITY:

Name: [Signature] Title: CCS
 (If applicable) ☒ Approval ☐ Disapproval Comments: [Signature]
 By: [Signature] Name: _____ Title: Asst

CENTRAL CLASSIFICATION BOARD ACTION

☐ ICA Action disapproved ☒ No Change in Assignment

Approved To: _____

Sent to Hearing: _____

☐ CCB ☐ Other

Meeting Chairman: _____ CCB Member: _____ CCA Manager: _____
 DISTRIBUTION: Original: Central Classification Green: Institutional Criminal Record Pink: Counselor Gold: Inmate

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Redacted Number Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on before 10/2/02 for:

- ☒ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☒ Other grooming policy

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counsel or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses (witnesses not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
X Refused to sign 9-25-02 CL 10/2/02 9-25-02
Inmate Signature _____ Date _____ Witness Signature _____ Date _____

Waives rights to 48-hour notice Yes ☒ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings. Hearing Date: 10/2/02

Inmate Statement/Reporting Officer: No formal statement

The ICA/PAC recommends: R6D

Rationale: Does not meet minimum security classification criteria

CL 10/2/02 I received a copy of the ICA's recommendation 10/2/02

ICA/PAC Signature _____ Date _____ Initials _____ Date _____

Administrative Review: ☐ Disapprove: Comments/Reason: _____

☐ Modified/No Action: _____

☐ Date removed from PHD/ADD: _____

(Warden/Supt./Designee) _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved; inmate will receive copy of CL-20 if recommendations are approved.

M. Mahdi Redacted

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☒ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☒ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: *McMillan*

Date: *10/10/02*

VIRGINIA DEPARTMENT OF CORRECTIONS - ADULT INSTITUTIONS
INSTITUTIONAL TREATMENT PLAN

DDF 872
 ATTACHMENT 1
 DOC 11C

Name M. Mahdi Redacted Number _____ Institution N.C.L.
 Prepared By D. Chaffin Date 10/10/02

Needs Assessment: Select the answer which best describes the inmate.

- A. 1 HEALTH: (MEDICAL CODES)
 1. A or B 2. Severe B, C, or Mild E 3. Severe C, D, E
- B. 3 BEHAVIORAL/EMOTIONAL PROB.:
 1. None 2. Moderate 3. Severe
- C. 1 ALCOHOL ABUSE:
 1. No Problem 2. Occasional Abuse 3. Frequent Abuse
- D. 1 DRUG ABUSE:
 1. No Problem 2. Occasional Abuse 3. Frequent Abuse
- E. 3 EDUCATIONAL STATUS:
 1. H. S. Diploma/GED 2. Literate 3. LIP or Exempt
- F. 2 VOCATIONAL/WORK:
 1. Sufficient Skills 2. Minimal Skills 3. Unemployable
- G. 1 FAMILY ENVIRONMENT:
 1. Stable Home 2. Mild Conflict/Instability 3. Severe Conflict/Instability

Comments: _____

Primary Need And Objectives: Anger Control
- enroll in program and complete
- attend all sessions and participate in
each.

Secondary Needs and Objectives: AME classes, lawsuit, earnings GED
Become Inmate Free
Breaking Barriers
- enroll in program
- attend and participate in all sessions
of complete program

I. C. C. Recommendations: Approval _____ Disapproval _____ Date Dec. 4, 2002

I acknowledge that I have been informed of the contents of my Institutional Treatment Plan.

Inmate Signature: M. Mahdi

Witnessed By: D. Chaffin Date 11/16/02

I.C.C. Signatures:
[Signature] chairman _____ member _____ member _____

Distribution: White - Central File Green - Inmate File Canary - Receiving Inst. Pink - Transportation Gold - Inmate

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: NCC Dorm: N-432
Offense Code: 238 Offense Title: Setting a fire Not resulting in actual damage
or injury to persons or property
Offense Date: Oct. 24, 2002 Approximate Time: 1940 a.m./p.m. Location: Upper N-W/5
Investigation: yes no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): I saw C. Tucker
smelled something burning, so I walked over to slot in Control Room
Inmate M. Mahdi, Redacted N-432 was standing underneath slot w/
trash bags and a lighter. I asked what are you doing, he
replied "I'm not going anywhere" and continued to set the
bags on fire and threw them into the slot of Control Room.

Witnesses: _____ Reporting Officer's Signature: Clo C. Tucker

Print Name: Clo C. Tucker
Date: Oct. 24, 2002 Time: 2010

Pre-Hearing Detention: () Yes () No If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: [Signature]
Print Name: Marshall J.

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor () Yes () No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses () Yes () No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do () do not () wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do () do not () wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: _____ Inmate's Signature: _____

I certify that this charge was served and he/she refused to sign in the space above.

Inmate Provided copy of report: Date: _____ Time: _____ a.m./p.m.

Date Set for Hearing: _____ Revised Date: _____ Revised Date: _____

M01418

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: NCC Dorm: N-432

Offense Code: 201 Offense Title: disobeying an order

Offense Date: Oct. 24, 2002 Approximate Time: 1845 hrs a.m. Location: Upper N-432

Investigation: yes no Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense): I c/o C. Tucker while making visual check of Westside Pod area and asked Inmate M. Mahdi to get out of shower. Inmate M. Mahdi ignored what was said, closed shower curtain and continued to take shower.

Witnesses: _____

Reporting Officer's Signature C/O C. Tucker

Print Name: C/O C. Tucker

Date: Oct. 24, 2002 Time: 1905 HRS

Pre-Hearing Detention: (☒) Yes (☐) No

If yes, attach authorization form.

Officer-in-Charge approving this report:

Signature: Markell J. Marshall

Print Name: Markell J. Marshall

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Silence constitutes a waiver of the first two (2) rights.

1. Request Inmate or Staff Advisor (☐) Yes (☐) No Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided.
2. Request Witnesses (☐) Yes (☐) No If yes, the inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Witness Request Form (Attachment 4) to the Inmate Hearings Officer. (Category II Offenses: Witnesses are not required to be present at the hearing.)
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____
3. I do (☐) do not (☐) wish to waive my right to 24-hour preparation time prior to the hearing.
4. I do (☐) do not (☐) wish to appear at the Disciplinary Hearing. (Refusal to appear constitutes an admission of guilt and waiver of own witnesses.)
5. Reporting Officer will be present at the hearing. (Category II Offenses: The Reporting Officer is not required to be present at the hearing. The inmate has 48 hours (from the date of the advisement of rights) to complete and submit the Reporting Officer Response Form (Attachment 3) to the Inmate Hearings Officer.)
6. I have the right to enter into a penalty offer. I understand that an offer will be made and that I have until midnight of the following working day to consider this offer.
7. I may remain silent.
8. The charge may be vacated and reserved as a different offense, which can be a higher, equivalent, or lesser offense code.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: _____ Inmate's Signature: _____

I certify that this charge was served and he/she refused to sign in the space above: _____

Inmate Provided copy of report: Date: _____ Time: _____ a.m./p.m.

Date Set for Hearing: _____ Revised Date: _____ Revised Date: _____

M. Mahadi

NCC

M01419

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf? Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf? Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification. Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing? Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her? Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her? Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance? Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA? Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days? Yes ☐ No ☐

Reason: _____

COMPLETED BY:

Date:

VIRGINIA DEPARTMENT OF CORRECTIONS · DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

ATTACHMENT J
DOC # M01420

INMATE NUMBER: <u>Redacted</u>		INSTITUTION: <u>Northway Correctional Center</u>	
INMATE NAME: <u>Mahdi, Mikal</u>		HEARING DATE: <u>10/28/2002</u>	
Hearing at request of (Check only one)		☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration ☐ CCB ☐ Medical ☐ Other	

I. ADMISSION AND OTHER DATA (To be completed only for recommitment requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____

Crimes: _____

Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____

Number of previous felony convictions: _____

DOB: _____ Detainer status: _____ Medical location code: _____

Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
 ☐ Segregation assignment/removal ☐ Other H2O / fire

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi made no statement.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that inmate Mahdi continue on Pre-Hearing Detention status (PHD). The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject is pending an adjustment hearing, for refusing to comply with the water restrictions, and for setting a fire. The subject continues to display a pattern of behavior that shows no respect for authority, rules, and is continually disruptive while housed in General Population at NCC.

INSTITUTIONAL CLASSIFICATION AUTHORITY: _____ Name: _____ Title: _____

Psychologist Review (if applicable): _____

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

Date: 10/29/02 By: [Signature] Name: _____ Title: _____

CENTRAL CLASSIFICATION BOARD ACTION

Date: _____

☐ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment
☐ Transfer Approved To: _____
☐ Case Set for Rehearing: _____
☐ ICA ☐ CCB ☐ Other _____

Meeting Chairman	CCB Member	CCB Manager
DISTRIBUTION: Original - Central Classification	Green - Institutional Criminal Record	Pink - Counselor / Gold - Inmate

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Redacted

Inmate Name M. Mahdi Numt 1 tion NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses - Items not referred to inmates during hearings based solely on documented Adjustment Hearing Referrals

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____ Date _____

Witness Signature _____ Date _____

Waives rights to 24-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for Formal and Informal Hearings

Hearing Date 28 Oct 2002

Inmate Statement/Reporting Officer N. statement

The ICA/PAC recommends PHD²

Rationale 1) Pending 201-2380 hrs. 2) Follow-up with the inmate's parole officer.

ICAPAR Signature 28 Oct 2002 Received a copy of the ICA's recommendation Initials 28 Oct 2002

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/No Action _____

☐ Date removed from PHDIAGD _____

Warden/Supt./Designee _____ Date _____

*The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL 20 if recommendations are approved.

NOT FOR RELEASE
VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

ATTACHMENT J

DO M01422

INMATE NUMBER: Redacted
INMATE NAME: Mahdi, Mikal
INSTITUTION: Norwalk Correctional Center
HEARING DATE: 11/4/2002
Hearing at request of (Check only one):
☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: _____ Date of arrival at present location: _____
Crimes: _____
Total Sentence: _____ yrs. _____ mos. _____ days DD: _____ PED: _____
Number of previous felony convictions: _____
DOB: _____ Detainer status: _____ Medical location code: _____
Custody status: _____ Date Assigned: _____ Medical work code: _____

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☐ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☒ Segregation assignment/removal ☐ Other H2O / fire

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer.)

Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: You are probably going to give me 90 days.

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi be placed on Segregation (SEG). The ICA's recommendation is based on the following: The subject poses a threat to the safe, secure, and orderly operation of NCC. The subject has been convicted by adjustment hearings for refusing to comply with the water restrictions, and for setting a fire. The subject continues to display a pattern of behavior that shows no respect for authority, rules, and is continually disruptive while housed in General Population at NCC.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Psychologist Review (if applicable):

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments: _____

Date: 11-7-02

By: E.B. Wilk

Name

Title

CENTRAL CLASSIFICATION BOARD ACTION:

Date:

☐ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

☐ Transfer Approved To: _____

☐ Case Set for Rehearing: _____

☐ ICA ☐ CCB ☐ Other

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION: Original: Central Classification Green: Institutional Criminal Records Pink: Counselor Gold: Inmate

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM
Redacted

Inmate Name M. Mahdi Numb tion WCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on before 4 Nov. 2002 for:

- ☒ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other no restriction/line

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employer present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (*Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature _____

Date _____

Witness Signature _____

Date _____

Waives rights to 48-hour notice Yes ☐ No ☐

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Hearing Date 4 Nov. 2002

Inmate Statement/Reporting Officer _____

You are probably going to give me 90 days.

The ICA/PAG recommends Place on Sec

Rationale The sub is placed on Sec

ICAPAR Signature _____

Date _____

I received a copy of the ICA's recommendation

Initials _____

Date 4 Nov 2002

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt/Designee _____ Date _____

*The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

M. Mahadi

NCC

M01424

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☐ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☐ No ☐

Reason: _____

COMPLETED BY: _____

Date: _____

Attachment I

M01425

Redacted
NAME: _____ NUMBER: _____ DATE: 10/24/02 TIME: 1950 AM/PM

JUSTIFICATION FOR PLACEMENT IN DETENTION:

[X] PRE-HEARING DETENTION

OFFENSE CODE: 201 OFFENSE TITLE: Disobeying an order
REPORTING OFFICER: _____ CHARGE WRITTEN (DATE AND TIME): 10-24-02 KTS
STATE SPECIFIC REASON INMATE POSSES A THREAT

Inmate in custody. Redacted was told not to leave the shower. Inmate was told not to leave the shower anyway.

Officer In Charge- Signature: Sgt. J. Williams Date: 10/24/2002

[] GENERAL DETENTION / ADMINISTRATIVE HOLD

NEW ARRIVAL [] REQUESTING PROTECTIVE CUSTODY [] INVESTIGATIVE HOLD []
SPECIFY REASON FOR PLACEMENT

Officer in Charge- Signature: _____ Date: _____

REVIEW BY ADMINISTRATIVE DUTY OFFICER:

DATE: 10-24-02 TIME: 1945 APPROVAL: [initials] DISAPPROVAL: _____

COMMENTS: Refer to 10-24-02

Administrative Duty Officer- Signature: [initials] Date: 10-24-02

Name Printed: James H. [initials]

NOTIFICATION OF REFERRAL TO ICC:

If subject is to remain in Pre-hearing Detention for more than three (3) working days, he is to be reviewed by the ICC. An inmate may not be held in General Detention for longer than three (3) working days without a formal review by the ICC. The ICC may return the inmate to general population or assign him to Pre-hearing Detention if a charge is scored or assigned to Segregation status. The inmate will be permitted to:

1. Be present at the hearing.
2. Hear reporting officer's testimony.
3. Call and cross-examine witnesses.
4. Cross-examine adverse witnesses.
5. Remain Silent.
6. Have counselor or employee of your choice present to assist you.
7. Receive a copy of the written findings and recommendations of the ICC.
8. Know the reasons for any decisions rendered by the ICC.

*Items 2, 3, and 4 will not be afforded the inmate during hearings which are based solely on documented Adjustment Committee reports.
THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS NOTICE AND HAVE HAD THE SAME EXPLAINED TO ME. LISTED BELOW ARE THE WITNESSES I WISH TO APPEAR IN MY BEHALF AT THE ABOVE MENTIONED HEARING.

WITNESSES REQUESTED:

[Signature]
INMATE SIGNATURE / DATE

(DO) (DO NOT) WAIVE A 24 HOUR NOTICE

[Signature]
WITNESS SIGNATURE (TITLE)
(SWORN CORRECTIONS EMPLOYEE)

DISTRIBUTION: White-Records Green-Watch Commander Canary-Circ Pink-SMU Gold/Red-Inmate

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name Mikal Mabd. Number Redacted Institution NCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on 1/18/02 for 1/18/02

- ☐ Pre-hearing Detention ☒ GCA/ESC GCI Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Del. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☒ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Retain staff - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses - Items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____
Inmate Signature [Signature] Date 11/16/02 Witness Signature [Signature] Date 11/16/02

Waives rights to 24-hour notice Yes ☐ No ☒

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings
Inmate Statement/Reporting Officer Inmate NCC Hearing Date Dec. 4, 2002

The ICA/PAC recommends Security Level increase from IV to V
Rationale Security Level increase from IV to V

ICA/PAC Signature [Signature] Date _____ I received a copy of the ICA's recommendation: [Signature] Date 12/14/02

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Data removed from PHO/AGD _____

Warden/Supt/Designee _____ Date _____

*The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Inmate Discipline: DOP 861
November 1, 2002

Attachment #1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: N.C.C. Unit: A-
Offense Code: 201 Offense Title: Disobeying an order
Offense Date: 11-12-02 Approximate Time: 07:15 Location: Eastside
Investigation: ☐ YES ☒ NO Date completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Format: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force)

ON 11-12-02 I saw Davis's white
conducting the tray pick-up on the bottom tier. Inmate
M. Mahdi, Redacted, was sitting on the
pool floor. Inmate M. Mahdi refused to pass his tray
back through the tray slot. Therefore this report
was written.

☐ Description continued on attached page

Witnesses: _____ Reporting Officer's Signature: G. Davis

Print Name: G. Davis
Date: 11-12-02 Time: 1924

Pre-Hearing Determination: ☒ Yes ☐ No

If yes, attach authorization form.

Officer-in-Charge investigating report:

Signature: Marshall J. Date: 12-12 Time: 2314
Print Name: Marshall J.

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☐ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☒ REFUSED TO RESPOND
- ☐ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☐ Inmate received Witness Request Form(s) during the service of the charge. ☒ REFUSED TO RESPOND
Right to present documentary evidence. ☐ Request the services of an Advisor.
This form is available in each housing unit. ☒ REFUSED TO RESPOND
☐ DO ☐ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☒ REFUSED TO RESPOND
☐ DO ☐ DO NOT ☐ wish to appear at the Disciplinary Hearing.
Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☒ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☐ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☐ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.39.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: S. K. Williams Inmate's Signature: R. S. Williams
I certify that this charge was served and he/she refused to sign in the space above: S. K. Williams
Inmate Provided copy of report: 11-12-02 Date: 11-12-02 Time: 1924
Date Set for Hearing: 11-19-02 Revised Date: _____

DATA ENTERED
NOTTOWAY CORRECTIONAL CENTER

DEC 11 2002

Inmate Discipline: DOP 861
November 1, 2002

Attachment #1
Page 2 of 2

DISCIPLINARY OFFENSE REPORT
(continued)

DISCIPLINARY HEARING NCC
Institution where heard: NCC Date: 11/19/02 Time: 1432 a.m./p.m.
Tape No(s): 4838A
Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: Refuse to appear
Reason for Absence/Exclusion of the Accused Inmate: _____

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed
Reason for Decision: Based upon DPO's written
account as to the accused not
complying with orders as given

Penalty: Twelve (12) dollars fine

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: _____ Print Name: LE Nelson

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation: _____

☐ Yes Date In: _____ Weight In: _____

☐ No Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty

☐ Reduced Penalty ☐ Rehear

☐ Reduced to Lesser-Included Offense

Comments: _____

Signature: [Signature] Date: 11/20/02

Print Name: [Signature] Title: [Signature]

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: [Signature] Date: 11-22-02

Witnessed by: [Signature] Print Name: [Signature] Date: 11-22-02

Inmate Discipline: DOP 361
November 1, 2002

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: D.C.C. Dorm: A
Offense Code: 201 Offense Title: Disobeying an Order
Offense Date: 11-12-02 Approximate Time: 0515 a/p.m. Location: Eastside

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

☒ I offer the following penalty: 6.00 fine
() for the above listed offense, or
() for a lesser-included offense of: _____

Offense Title: _____

Staff Signature: Maebell J Date: 11-12-02
Print Name: Maebell J Title: LT

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer. I understand that if I accept the penalty offer indicated above:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have 24-hours from the date the charge is served to accept this offer and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Inmate Signature: _____ Print Name: _____ Date: _____

Signature of Serving Officer: _____ Print Name: _____ Date: _____

This inmate has refused to sign in the space above. I certify that this penalty offer was served, and that the inmate has been advised of the conditions of acceptance.

PART III

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: _____ Print Name: _____ Date: _____

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: _____ Print Name: _____ Date: _____

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Discipline DOP 861
September 1, 2000

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Attachment 5
Page 1 of 1

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Redacted

Inmate Name: M. Mahdi Number: Redacted

Offense Code: 201 Offense Title: Disobeying an order

Offense Date: 11/12/02 Reporting Officer: C/O W. Davis

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 11/19/02 Time: TBA a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the 30 day time frame or 15 day time frame for Pre-Hearing Detention.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

____ The Reporting Officer, voluntary staff advisor or witnesses are off duty or away from the institution on the date of the hearing.

____ The absence of the accused inmate due to hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.

____ Awaiting the results of blood tests or other laboratory tests.

____ Unavailability of staff due to escape, disturbance, or natural disaster.

____ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.

____ In the case of the escape of the accused inmate.

____ Awaiting the outcome of criminal charges as a result of this offense.

____ Per written authorization of the Regional Director.

Inmate's Signature: Rafaela to sign Date: 11/14/02

Noticed Served By: W. Bander Date: 11/14/02 Time: 01:55 PM p.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline: DOP 861
September 1, 2000

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Redacted

Inmate Name: M. Nakki Number _____
Building: A Bed/Cell: 7
Offense Code: 501 Offense Title: Disobeying an order
Offense Date: Nov 15, 2002 Hearing Date: Nov 15, 2002

.....
On Nov 19, 2002 at 9:12 a.m./p.m. the above-named
inmate was asked by C/O M. Bradley if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by C/O M. Bradley
(Signed)

Rule Discipline: DOP 861
November 1, 2002

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1-104

Attachment #1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. M. M. M. Inmate Number: Redacted NCC Norm A-7
Offense Code: 212 Offense Title: Threatening Bodily Harm to any person in custody
Offense Date: 11/25/02 Approximate Time: 9:45 a.m. Location: J-124
Investigation ☐ YES ☒ NO Date completed: _____

Description of Offense: (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual, chaotic, any physical evidence and its disposition, and any immediate action taken, including use of force)

On 11/25/02 at approx 9:45am, at CIRC McMillan, "Redacted" a four page correspondence from inmate M. M. M. M. dated 11/25/02. Explored with inmate request form (used, page 1, 2, 3, 4) in formal complaint (page 5) and informal complaint (page 6). On page 4 in formal complaint the following was written: "READ THIS BITCH, THE DAY YOU DIE I'LL KILL YOU. I'LL F*CK ALL YA'LL AND S*CK SOME MILEY BALLS. YAH! HOE!" If you the charge was written. ☐ Description continued on attached page.

Witnesses: _____ Reporting Officer's Signature: S. J. McMillan, CIRC
Print Name: S. J. McMillan
Date: 11-25-02 Time: 10:15am

Pre-hearing Detention: ☐ Yes ☐ No If yes, attach authorization form.

Officer-in-Charge investigating report:

Signature: Capt. Cates Date: 11-25-02 Time: 10:20
Print Name: Capt. Cates

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☐ No Request Inmate or Staff Advisor. Name: Y. King 173807
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☒ REFUSED TO RESPOND
- ☐ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☐ Inmate received Witness Request Form(s) during the service of the charge. ☒ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor.
This form is available in each housing unit. ☒ REFUSED TO RESPOND
- ☐ I DO NOT wish to waive my right to 24-hour preparation time prior to the hearing. ☒ REFUSED TO RESPOND
- ☐ I DO NOT wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☒ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☐ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861-29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: Sgt. Taylor Inmate's Signature: [Signature]
I certify that this charge was served and he/she refused to sign for the space above:
Inmate Provided copy of report: Date: 12/3/02 Time: 10:25 a.m.
Date Set for Hearing: 12/3/02 Revised Date: _____

DATA ENTERED:
CITIZENWAY CORRECTIONS

JAN 6 2003

Inmate Discipline: DOP #61
November 1, 2002

Attachment
Page 2 of 2

DISCIPLINARY OFFENSE REPORT (continued)

DISCIPLINARY HEARING: NCC Date: 12/3/02 Time: 1315 a.m./p.m.

Tape No(s): 4839A

Plea: () Guilty () Not Guilty () No Plea Inmate's Signature: Unwilling to sign

Reason for Absence/Exclusion of the Accused Inmate: _____

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

Decision of Inmate Hearings Officer: () Guilty () Not Guilty () Dismissed

Reason for Decision: Based upon P/R's own handwritten account as to the accused writing a threatening note to the P/R

Penalty: 15 days Isolation

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: _____ Print Name: L E Nelson

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation: () Yes () No Date In: 12/3/02 Date Out: 12/17/02 Weight In: _____ Weight Out: _____

INSTITUTIONAL REVIEW: () Approved () Dismissed () Suspended Penalty

() Reduced Penalty () Rehear () Reduced to Lesser included Offense

Comments: _____

Signature: _____ Date: 12/5/02

Print Name: D. M. Nelson Title: _____

RECEIPT OF APPEAL COPIES: () Inmate intends to appeal () Inmate does not intend to appeal

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category III Offenses only).

Inmate's Signature: [Signature] Date: 12-21-02

Witnessed by: Sgt. Tucker Print Name: Sgt. Tucker Date: 12-21-02

Inmate Line: DO# 951
November 1, 2002

Attachment 2
Page 1 of 1

Penalty Offer Form

Inmate Name: M. M. M. M. Inmate Number: Redacted Institution: NCC Dorm: A-7
Offense Code: 212 Offense Title: Disorderly Conduct - Being Noisy in a Public Place
Offense Date: 11-25-02 Approximate Time: 12:15 a.p.m. Location: J-124

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

I offer the following penalty: 10 DAY ISOLATION
() for the above listed offense, or
() for a lesser-included offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 11-26-02
Print Name: S. C. C. Title: Officer

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer. I understand that if I accept the penalty offer indicated above:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
- I have 24-hours from the date the charge is served to accept this offer and I will be provided the opportunity to consult with an advisor, upon request;
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Inmate Signature: [Signature] Print Name: _____ Date: _____
Signature of Serving Officer: [Signature] Print Name: Sgt. Taylor Date: 11-26-02
This inmate has refused to sign in the space above. I certify that this penalty offer was served, and that the inmate has been advised of the conditions of acceptance. [Signature]

PART III

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

- () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
- () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: [Signature] Print Name: _____ Date: _____

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: Sgt. Taylor Date: 11-26-02

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Inmate Line: DO? 251
November 1, 2002

Attachment 2
Page 1 of 1

Penalty Offer Form

Redacted

Inmate Name: M. MARRU Inmate Number: _____ Institution: NCL Dorm: A-2
Offense Code: 212 Offense Title: Unauthorized Use of Force
Offense Date: 11-25-02 Approximate Time: 0215 Location: J-121

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- () Offer the following penalty: 10 Days Isolation
() for the above listed offense, or
() for a lesser-included offense of: _____

Offense Title: _____

Staff Signature: D. Gorton Date: 11-26-02
Print Name: D. Gorton Title: POA

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer. I understand that if I accept the penalty offer indicated above:

- I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
- I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
- Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
- I have 24-hours from the date the charge is served to accept this offer and I will be provided the opportunity to consult with an advisor, upon request;
- If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing; I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
- If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Inmate Signature: Refused to sign Print Name: _____ Date: _____

Signature of Serving Officer: Sgt. Taylor Print Name: Sgt. Taylor Date: 11-26-02

This inmate has refused to sign in the space above. Certify that this penalty offer was served, and that the inmate has been advised of the conditions of acceptance. Sgt. Taylor

PART III

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

- () I accept the penalty offer as indicated in Part I. I understand and accept the conditions as stated in 1-6 above, and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
- () I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
- () The inmate has failed to respond to this penalty offer within the specified time limits.

Inmate Signature: Refused to sign Print Name: _____ Date: _____

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: Sgt. Taylor Print Name: Sgt. Taylor Date: 11-26-02

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witnessing staff member. The inmate is given a copy of this form.

Read this

NOTTOWAY CORRECTIONAL CENTER INFORMAL COMPLAINT FORM

DOP 866

DATE:

SENT TO:

AWP:

BM:

OO:

COS:

FROM:

NAME:

NUMBER:

HOUSING UNIT/CELL:

COMPLAINT:

REQUESTED ACTION:

INMATE SIGNATURE:

ASSIGNED TO DEPARTMENT/HEAD:

DATE RECEIVED:

FACE-TO-FACE MEETING DATE:

DATE RESPONDED TO:

RESPONSE:

SIGNATURE OF RESPONDER:

DEPARTMENT:

DATE:

NOTE: IF YOU ARE NOT SATISFIED WITH THE RESPONSE YOU MAY FILE A REGULAR GRIEVANCE WITHIN THE REQUIRED TIME FRAME AS SET FORTH IN DOP 866

VIRGINIA DEPARTMENT OF CORRECTIONS
CLASSIFICATION SUMMARY ^{DEPT} RedactedINMATE NAME: M. Mald NUMBER: _____ INSTITUTION: NCC
DATE: 12/4/02 CIRC: D. Chaffin MED. LOC: A MH: 0
ANNUAL REVIEW _____ ADMINISTRATIVE REVIEW ☒ TOTAL SCORE: _____

SCORED SECURITY LEVEL BRACKETS

10 - 17 pts. LEVEL 1 16 - 24 pts. LEVEL 3 32 - 38 pts. LEVEL 5
8 - 15 pts. LEVEL 2 25 - 31 pts. LEVEL 4 39+ pts. LEVEL 6

MANDATORY RESTRICTORS

- ☐ R1 More than 20 years remaining to serve (Restricted from Levels 1 and 2)
☐ R3 1st Degree Murder (Restricted from Level 1 and Units 1, 4, 25, BCC, STNCC, JRCC, STBCC, ICCG)
☐ R4 Enemy at all institutions at scored level
☐ R5 Convicted of assault (103) within 24 months - Attach SIR (Restricted from Levels 1, 2 and 3)

DISCRETIONARY OVERRIDES

High - Increases Security Level

- ☐ H1 Assaultive Prior Institutional Conduct
☐ H2 Serious Prior Criminal Record Indicates Caution
☐ H3 Severity of Current Offense
☐ H4 Serious Escape History/Risk
☐ H5 Recent Pattern of Poor Institutional Adjustment
☐ H6 Needs to Establish Stable Adjustment
☒ H7 Other For Institutional Adjustment

Low - Decreases Security Level

- ☐ L1 Exceptional Institutional Conduct
☐ L2 Singular Nature of Incident
☐ L3 Prior Success at Lower Level
☐ L4 Other _____

ICA RECOMMENDATION

TOTAL SCORE: 31 RESTRICTOR: - OVERRIDE: H-7 RECOMMENDED LEVEL: V
PRIMARY TREATMENT NEED: _____
RECOMMENDED ASSIGNMENTS: _____ COMMENTS: _____
SIGNATURE: [Signature] DATE: Dec 4, 2002

WARDEN/SUPERINTENDENT ACTION

APPROVE ICA ☒ DISAPPROVE ICA ☐ RESTRICTOR: - OVERRIDE: H-7 SECURITY LEVEL: V
ASSIGNMENTS: [Signature] COMMENTS: _____
SIGNATURE: [Signature] DATE: 12/23/02

CENTRAL CLASSIFICATION SERVICES ACTION

APPROVE ☐ DISAPPROVE ☐ RESTRICTOR: _____ OVERRIDE: _____ SECURITY LEVEL: 5
COMMENTS: [Signature]
SIGNATURE: [Signature] DATE: 12/23/02

DISTRIBUTION CCR - WHITE ICR - YELLOW INMATE-PINK

VIRGINIA DEPARTMENT OF CORRECTIONS
INMATE RECLASSIFICATION SCORE SHEET
RedactedINMATE NAME M. Kal Mahdi NUMBER Redacted
LAST DATE RECEIVED 10/11/01 (DRC or RFP)DATE 12/4/02

1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or prison, score most serious within last 5 years.)
None 0
Assault not involving use of a weapon and not resulting in serious injury 8
Assault involving use of a weapon and/or resulting in serious injury or death 20
2. SEVERITY OF CURRENT OFFENSE (Refer to Severity of Offense Scale. Score most serious offense if there are multiple convictions.)
Low 0
Low Moderate 1
Moderate 2
High 5
Highest 10
3. PRIOR OFFENSE HISTORY SEVERITY (Refer to Severity of Offense Scale. Score most serious felony conviction in inmate's history.)
None 0
Low or Low Moderate 1
Moderate 2
High 5
Highest 7
4. ESCAPE HISTORY (Last 5 Years)
None 0
Escape or attempt from outside security perimeter 4
Escape or attempt from within security perimeter and/or from custody or direct supervision 8
5. LENGTH OF TIME REMAINING TO SERVE
5 yrs or less 2
5 yrs 1 day - 10 yrs 4
10 yrs 1 day - 20 yrs 10
20 yrs 1 day - 30 yrs 15
30 yrs 1 day - LIFE/LIFE + ... 20
6. CURRENT DETAINER
None 0
Felony and/or INS Detainer 10
7. CURRENT AGE
Under Age 21 2
21 - 26 0
27 - 34 4
35 and above 6
8. INSTITUTIONAL DISCIPLINARY RECORD (Last 24 Months)
None in the last 24 months 6
None in the last 12 months 3
100 series in the last 12 months 3 X 0
200 series in the last 12 months 1 X 9
9. SEVERITY OF MOST SERIOUS DISCIPLINARY REPORT (Last 24 Months)
None 0
Low Moderate 2
Moderate 4
High 10
Highest 20
10. CLASS LEVEL ASSIGNMENT
GCA/ESC LEVEL I (L-1 or V-1) 4
GCA/ESC LEVEL II (L-2 or V-2) 2
- EFFECTIVE DATE 12/4/02
GCA/ESC LEVEL III 0
GCA/ESC LEVEL IV 4

TOTAL POINTS

VIRGINIA DEPARTMENT OF CORRECTIONS - DIVISION OF OPERATIONS
INSTITUTIONAL CLASSIFICATION REPORT

DOC M01439

INMATE NUMBER: Redacted INSTITUTION: Nottingham Correctional Center
INMATE NAME: Mahdi, Mahdi HEARING DATE: 12/4/2002
Hearing at request of (Check only one) ☐ Inmate ☐ Inmate Hearings Officer ☐ Director ☒ Institution Administration
☐ CCB ☐ Medical ☐ Other

I. ADMISSION AND OTHER DATA (To be completed only for recommendation requiring transfer from assigned facility)

Date of Admission: October 11, 2001 Date of arrival at present location: January 23, 2002
Crimes: Malicious Wounding
Total Sentence: 3 yrs. 3 mos. days DD: 4/16/04 PED: n/a
Number of previous felony convictions: FIL 1
DOB: March 20, 1983 Detainer status: none Medical location code: A
Custody status: IV Date Assigned: 1/11/02 Medical work code:

II. NATURE OF HEARING REQUEST (If due process hearing, attach copy of DOC 11-H)

Type of hearing: ☒ Transfer ☐ Work Release ☐ Common fare ☐ Pre-Hearing detention
☐ segregation assignment/removal ☐ Other

III. SUMMARY STATEMENT OF INMATE (Where applicable, include summary statement of witnesses and reporting officer)

Inmate Mahdi and Counselor Parmenter were present. All due process rights were afforded. Inmate Mahdi stated: "You need to get me off this camp."

IV. SUMMARY STATEMENT OF ICA AND RECOMMENDATION (Include rationale)

The ICA met on the above date to review the Pre-Hearing Detention status of Inmate Mahdi. The ICA recommends that Inmate Mahdi's security level is increased from 4 to 5, his ESC level is reduced from 3 to 4, and he is transferred to any institution deemed appropriate by CCS. The ICA's recommendation is based on the following: 1) NIC score of 31 points with a H-7 override for poor institutional adjustment. ESC score of 36 points. 2) Mahdi's current segregation status. He has spent approximately 7 months out of the last 11 months in Segregation for exhibiting poor behavior. 3) The NIC score and his poor institutional adjustment indicate a need for housing at a higher security level.

INSTITUTIONAL CLASSIFICATION AUTHORITY:

Name

Title

Psychologist Review (if applicable):

ADMINISTRATION: ☒ Approval ☐ Disapproval Comments:

Date: 12/23/02 By: [Signature] Name: Title:

CENTRAL CLASSIFICATION BOARD ACTION

Date: 1-22-03

☒ ICA action approved ☐ ICA Action disapproved ☐ No Change in Assignment

☐ Transfer Approved To: WRSP, SXI Transfer Code: OSU 1

☐ Case Set for Rehearing:

☐ ICA ☐ CCB ☐ Other Transfer based on subject's continued poor institutional adjustment and increase in SL.

Meeting Chairman

CCB Member

CCB Manager

DISTRIBUTION: Original - Central Classification Green - Institutional Criminal Record Pink - Counselor Gold - Inmate

Mikal Mahdi
Redacted

DOP S21
DOC-11H M01440
Attachment 2
Page 2 Rev 9/00

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: Sgt. Counselor

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: [Signature]

Date: 12-4-02

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name Mikal Mahd. Number Redacted Institution NCC 11/18/02 1077

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings
You will be scheduled to appear before the Institutional Classification Authority on 11/18/02 for:

- ☐ Pre-hearing Detention ☒ GCA/ESC GCT Review ☐ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☒ Transfer/Security Review ☐ Other _____

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counsel or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses - If not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____
Mikal Mahd. 11/16/02 D. Chaffin 11/16/02
Inmate Signature Date Witness Signature Date

Waives rights to 24-hour notice Yes ☐ No ☒

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings. Hearing Date Dec. 4, 2002

Inmate Statement/Reporting Officer M. Mahd. / NCC

The ICA/PAC recommends Security Level increased from IV to V

Rationale: Escalated behavior from IV to V

Will I received a copy of the ICA's recommendation: Received 12/16/02
ICA/PAC Signature Date Initials Date

Administrative Review: ☐ Disapprove - Comments/Reason: _____

☐ Modified/No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL-20 if recommendations are approved.

Mikal Mahdi
Redacted

DOP 821
DOC-11H
Attachment 2
Page 2 Rev 9/00

M01442

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☒

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☒

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate His/her reasons for requesting reclassification.

Yes ☐ No ☒

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☐ No ☒

Reason: Sag Counselor

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☒ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☒ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☒ No ☐

Reason: _____

COMPLETED BY: [Signature]

Date 12-4-02

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
UNIFORM COMMITMENT REPORT

11-3 M01443

** LEGAL UPDATE **

PAGE 1

CURRENT DATE 12/13/2002

STATUS: ACTIVE

CLERK ID: JCE

VERIFICATION CLERK ID: JCE

INMATE NUMBER: Redacted

NAME: MAHDI

MIKAL

DBEN

CURRENT LOCATION: NOTTOWAY CORRECTIONAL CENTER

DATE RECEIVED 11 OCT 2001

JAIL CREDIT DAYS: 00177

SEN START DATE 17 APR 2001

CLASS LEVEL: 3 TOTAL SENTENCE 003 YEARS 03 MONTHS 000 DAYS

NOT ELIGIBLE FOR DISCRETIONARY PAROLE

ANTICIPATED GOOD TIME RELEASE DATE WITH 10 ADJ DISCHG DAYS 16 APR 2004

THE ABOVE ANTICIPATED DATES ARE BASED ON THE ASSUMPTION THAT YOU WILL CONTINUE TO EARN GOOD TIME AT YOUR PRESENT EARNING LEVEL AND THAT YOU WILL NOT HAVE EARNED GOOD TIME TAKEN FROM YOU BY AN ADJUSTMENT COMMITTEE ACTION AS A RESULT OF MISBEHAVIOR. LOSS OF EARNED GOOD TIME OR A CHANGE IN YOUR GOOD TIME EARNING LEVEL MAY CAUSE YOUR ANTICIPATED DATES TO CHANGE.

EVENTS LISTED BELOW IN DATE ORDER REFLECT TRANSACTIONS AFFECTING ANTICIPATED DATES OF ELIGIBILITY AND RELEASE SINCE THE LAST UPDATE ON FEBRUARY 08, 2002.

NOTICE: INMATES RELEASED ON GOODTIME RELEASE MUST RECEIVE AN AUTHORIZATION OF RELEASE FORM FROM COMMUNITY RELEASE. GOODTIME DATE ON LEGAL UPDATE MUST AGREE WITH RELEASE DATE ON AUTHORIZATION OF RELEASE FORM.

14 JAN 2002 1 C.C. ASSIGNED CLASS 3

24 SEP 2002 PUT IN ISOLATION CLASS 4

24 SEP 2002 ADJUSTMENT COMMITTEE ACTION: DISOBEYING DIRECT ORDER
THIS REPORT ORDERS THE LOSS OF 00000 GOODTIME DAYS
PENALIZED 0000 DAYS 00000 TOTAL DAYS LOST FOR PAROLE TO DATE
PENALIZED 0000 DAYS 00000 TOTAL DAYS LOST FOR RELEASE TO DATE
UNEARNED PAROLE 0000 TOTAL 00000 RELEASE 00000 TOTAL 0000
10 DAYS IN ISOLATION 00 DAYS IN PREDETENTION

03 OCT 2002 OUT OF ISOLATION CLASS 3

05 OCT 2002 THIS UPDATE REFLECTS THE RECOMPUTATION OF A STATUTORY GOOD TIME
THE DATE(S) REFLECT THIS CHANGE

Inmate Name: M. Makdi Evaluation Date: 10/10/02
Redacted
Inmate Number: Period Covered: From: 10/01 To: 10/02
Counselor: D. Chaffin Holloway Correctional Center
If Applicable PED: Fac 1 MPRD Fac 1 GTRD 3/8/2004

Personal Conduct	Not to exceed 10 points (10)
Infractions	Not to exceed 20 points (10) 9/24/02 (201) 6/4/02 (201)
Education	Not to exceed 30 points (6)
Treatment Programs	Not to exceed 20 points (0)
Work / Vocation	Not to exceed 20 points (10)
Total Score	(36)

<u>Earnings under GCA</u>	<u>Class Level Point Range</u>	<u>Earnings under ESC</u>
30/30	I = 85 to 100 points	4.5/30
20/30	II = 65 to 84 points	3/30
10/30	III = 45 to 64 points	1.5/30
0/30	IV = 0 to 44 points	0/30

Prior Class Level: III (3) New Class Level: IV (4) Effective Date: 12-4-02
Recommended Override (circle one) (No) Yes (specify # _____)

Comments:

Signature of ICC Members 1) _____ 2) _____

Signature of ICC Chairman: E.W. Allen Date: Dec. 4 2002

Warden/Superintendent Review: Approved: ✓ Disapproved: _____

If action is disapproved, reason for disapproval:

Signature: [Signature] Date: 12/15/84

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
UNIFORM COMMITMENT REPORT

12:M01445

**** LEGAL UPDATE ****

PAGE 1

CURRENT DATE: 01/23/2003

STATUS: ACTIVE

CLERK ID: JCE

VERIFICATION CLERK ID: JCE

INMATE NUMBER: Redacted

NAME: MAHDI

MIKAL

DEEN

CURRENT LOCATION: NOTTOWAY CORRECTIONAL CENTER

DATE RECEIVED: 11OCT2001

JAIL CREDIT DAYS: 00177

SEN START DATE: 17APR2001

CLASS LEVEL: 4 TOTAL SENTENCE: 003 YEARS 03 MONTHS 000 DAYS

NOT ELIGIBLE FOR DISCRETIONARY PAROLE

ANTICIPATED GOOD TIME RELEASE DATE WITH 30 ADJ-DISCHG DAYS:

12MAY2004

THE ABOVE ANTICIPATED DATES ARE BASED ON THE ASSUMPTION THAT YOU WILL CONTINUE TO EARN GOOD TIME AT YOUR PRESENT EARNING LEVEL AND THAT YOU WILL NOT HAVE EARNED GOOD TIME TAKEN FROM YOU BY AN ADJUSTMENT COMMITTEE ACTION AS A RESULT OF MISBEHAVIOR. LOSS OF EARNED GOOD TIME OR A CHANGE IN YOUR GOOD TIME EARNING LEVEL MAY CAUSE YOUR ANTICIPATED DATES TO CHANGE.

EVENTS LISTED BELOW IN DATE ORDER REFLECT TRANSACTIONS AFFECTING ANTICIPATED DATES OF ELIGIBILITY AND RELEASE SINCE THE LAST UPDATE ON DECEMBER 13, 2002.

****NOTICE: INMATES RELEASED ON GOODTIME RELEASE MUST RECEIVE AN AUTHORIZATION OF RELEASE FORM FROM COMMUNITY RELEASE. GOODTIME DATE ON LEGAL UPDATE MUST AGREE WITH RELEASE DATE ON AUTHORIZATION OF RELEASE FORM.*****

04DEC2002 I.C.C. ASSIGNED CLASS 4

A005377

DEPARTMENT OF CORRECTIONS
INMATE PROFILE

PAGE: 01

TIME: 12:52:12
DATE: 01/23/2003*****
NOTE TO USER: SECURITY, MEDICAL, AND WORK CLASSIFICATION STATUS CHANGES WILL
NOT BE REFLECTED UNTIL A NEW PROFILE IS ISSUED.
*****INMATE NO: Redacted INMATE NAME: MAHDI MIKAL DEEN
CURRENT LOCATION: NOTTOWAY CORRECTIONAL CENTER
STATUS: ACTIVE DATE RECEIVED: 11OCT 2001ANTICIPATED:
DISCRETIONARY PAROLE ELIGIBILITY DATE: INELIGBL
MANDATORY PAROLE RELEASE DATE INCLUDES 30 ADJUSTED DISCHARGE DAYS: INELIGBLDATE JUR. OFFENSE CNT SENTENCE(YMD) STATUS
16JUL2001 RICHMOND CITY MALICIOUS WOUND 01 003 03 000 PARTIALLY SUSP

TOTAL SENTENCE: 003 YRS 003 MOS 000 DAYS FIRST TERM FELON

JAIL CREDIT DAYS: 177 SEN START DATE: 17APR 2001
GCA LEVEL: 4 EFFECTIVE DATE: 04DEC 2002CURRENT SECURITY DATE NIC SCORE 00 MENTAL
MEDICAL: WRK CLASS:ADJUSTMENT COMMITTEE ACTIONS (LAST 18 MONTHS):
DATE OFFENSE PENALTY
TOTAL CONVICTIONS: 3

RELEASE/ESCAPE EVENTS: LOCATION

FILING INSTRUCTIONS: INSERT NEW PROFILE IN SECTION ONE OF THE INMATE RECORD
OVER THE FACE SHEET AND BENEATH ANY ALERT CARDS AND ENEMY LISTS. REMOVE AND
DESTROY THE OLD PROFILE.

ATTACHMENT F
 DOC 18
 (01 92)
 (02 94)
 (07 96)

Virginia Department of Corrections
 Mental Health Services

MENTAL HEALTH CODING CLASSIFICATION REVIEW/UPDATE FORM

Inmate Name: Mahdl, Mikal
 Date of Review: _____

Inmate Number: Redacted

I. Purpose of Review:

☐ Change in Mental Health Status/Services Needs
☐ Annual Progress Review
☒ Other Transfer, Transfer

II. The inmate's current assigned Mental Health Classification Code is (check one):

☐ MH-4 Severe Impairment
☐ MH-3 Moderate Impairment
☐ MH-2 Mild Impairment
☐ MH-1 Minimal Impairment
☒ MH-0 No documented/reported history of mental health services needs/treatment within the last five years

as documented on:

☒ Psychological Evaluation dated _____
☒ Mental Health Screening Form (MH-14) dated 10-24-01
☐ Mental Health Screening Form (MH-17) dated _____
☒ Mental Health Coding Form (MH-18) dated 1-23-02
☐ Other _____

III. DISPOSITION (to be completed by a Qualified Mental Health Professional)

The inmate's current assigned Mental Health Classification Code is: 0

☒ Still appropriate
☐ Requires revision and is updated to MH _____

Ronald B. Evans, MSW, CSW
 Signature

Donald B. Evans
 Name (Print)

Psychologist
 Position

11/24/03
 Date

cc: Central Criminal Record
 Institution Criminal Record
 Health Record (Section 4)

M01448

Inmate Name: M. MahdiNumber: RedactedHousing Unit: A301Date/Time: 1/28/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.
 You will be scheduled to appear before the Institutional Classification Authority on _____ for:

- ☐ Administrative Referral ☐ Segregation Hearing Referral ☐ Adjustment Hearing Referral ☐ Other _____
☒ Adm. Gen. Detention * ☐ Segregation Medical Hold ☐ GCA/ESC, GCT Review
☐ Pre-Hearing Detention * ☐ Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Recreation Pending ICA (Explain reason below)

Comments: New intake from Nottoway.

Authorizing Signature: _____

NAME PRINTED: ST. MEYER

You will be permitted to be present at the hearing-Remain silent-Know the reason for any decision rendered by the ICA-Have your counselor or an employee present to assist you-Receive a copy of the written recommendations of the ICA **Hear the reporting officer's testimony**Cross examine adverse witnesses**Call and cross examine witnesses (**Items not afforded to inmates during hearing based solely on documented Adjustment Hearing Referrals).

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☒ NO ☐

INMATE SIGNATURE: _____

DATE: 1/28/03

WITNESS SIGNATURE: _____

DATE/TIME: 1-28-03 7:58pm

*ADMINISTRATIVE DUTY OFFICER REVIEW:

Date: 1-29-03Time: 10:20am☒ Approval ☐ Disapproval

Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE: _____

NAME PRINTED: Randolph PhillipsDATE: 1-29-03**PART II: DISPOSITION** (To be completed by the ICA for all Formal and Informal Hearings)Hearing Date: 1/29/03

Inmate Statement/Reporting Officer: _____

The ICA recommends: G.P.Rationale: Det. Kinned on a charge to W.K.S.P.

ICA SIGNATURE: _____

DATE: 1-29-03

I received a copy of the ICA's recommendation:

INMATE SIGNATURE: _____

DATE: 1/29/03

ADMINISTRATIVE REVIEW:

☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action☐ Date removed from PHD/AGD _____

WARDEN/DESIGNEE SIGNATURE: _____

DATE: 1-30-03

** The Warden/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of ICA's recommendation.

Original: SHU Counselor -> Records

cc: Warden; AW, CLIC Sr.; IHO; SHU PSYCHOLOGIST; RECORDS, W/C; INMATE

A005380

M01449

ICA HEARINGS REPORT

NUMBER: Redacted	INSTITUTION: Wallens Ridge State Prison
NAME: M. Mandi	HEARING DATE: 1/29/02

HEARING INFORMATION

HEARING AT REQUEST OF: (check only one)		HEARING TYPE: (attach all due process forms)	
☐	INMATE	☐	TRANSFER SECURITY LEVEL
X	INSTITUTION ADMINISTRATION	X	PHD/SEGREGATION ACTION
	CENTRAL CLASSIFICATION SERVICES		WORK RELEASE
			OTHER

ADMISSION DATA

DRC/RFP DATE:	MEDICAL ACTIVITY CODE:
DATE OF ARRIVAL - PRESENT LOCATION:	MEDICAL LOCATION CODE:
SL:	MENTAL HEALTH CODE:
GCA/ESC:	

SUMMARY STATEMENT OF INMATE

(Where applicable, include summary statement of witnesses and reporting officer.)

Statement: Ok

ICA RECOMMENDATION AND RATIONALE

ICA Recommendation: GP

Rationale: Not viewed as a threat to WRSP

ICA Chairperson

Member

Member

ADMINISTRATION: ☒ APPROVE ☐ DISAPPROVE BY: *[Signature]*

DATE: 1-30-02

CENTRAL CLASSIFICATION SERVICES ACTION

DATE: *[Signature]* ☐ APPROVE ☒ DISAPPROVED ☐ NO CHANGE
 TRANSFER TO: *[Signature]* TRANSFER CODE: *[Signature]* KCCS RECEIVED: *[Signature]*
 Copy to Transportation: *[Signature]*

Caseworker

Supervisor

Manager

DISTRIBUTION: CCR - WHITE RECEIVING INSTITUTION - CANARY ICR - GREEN INMATE - PINK

DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU

M01450

Name: M. Mahdi

Number: _____ Redacted Status: GDT

- ☒ Release to General Population
☐ Remain in Special Housing

Escape History: (Date and Brief Description: None)

[Signature]
 Signature

1-29-03
 Date

Reason for confinement to Special Housing: GDT

Arrival Date at WRSP: 12/2/01

Received from: Albany

Date of last SHU assignment: 12/2/01 Institution: WRSP

102 and 105 Infractions in the Last 5 Years: None

- | | |
|--------------------------------------|--|
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☒ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |

Approvals - Warden

- ☒ Approved
☐ Disapproved - Comments: _____
☐ Refer Back to ICA for: _____
☐ Refer to Regional Director (Assault on Staff with Weapon) _____

[Signature] 1-30-03
 Warden Date

Approval - Regional Director

- ☐ Approved
☐ Disapproved - Comments: _____
☐ Refer back to ICA for: _____

Records Manager

- ☐ Release Action Action Completed _____ Assignment: _____
☐ No Action Required

Records Manager

Date

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: D 210
Offense Code: 201 Offense Title: Disobeying an Order
Offense Date: 2/27/03 Approximate Time: 4:30 ☐ a.m. ☒ p.m. Location: C 1 pod floor
Investigation: ☐ yes ☒ no Date Completed: N/A

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how; and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above and approximate time inmate Mahdi exited his cell to his evening meal. The inmate dropped his lid and was instructed by the floor officer to pick it up. The inmate picked up the lid and threw it across the floor and yelled how do you like that mother fucker. you tell Head to come and get me.

Charged per DOP 861

☐ Description continued on attached page.

Witnesses: _____ Reporting Officer's Signature: C/O D. Williams

Print Name: C/O D. Williams

Date: 2/27/03 Time: 5:00pm

Pre-Hearing Detention: ☒ Yes ☐ No If yes, attach authorization form.

Officer-in-Charge investigating this report:

Signature: [Signature]

Date: 2/27/03 Time: 5:30pm

Print Name: Li. A. Gallihar

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☒ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☒ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☐ DO NOT ☒ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the disciplinary hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☒ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature]

Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 2-27-03

Time: 8:27 am

Date Set for Hearing: 3-6-03

Revised Date: _____

Revised Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 03-06-03 Time: 9:15 AM a.m./p.m.

Tape No(s): WRSP /2-029

Plea: ☐ Guilty ☐ Not Guilty ☒ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: INMATE M. MAHDI REFUSED TO APPEAR AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: BASED ON THE REPORTING OFFICER STATEMENT THAT INMATE MAHDI REFUSED TO PICK UP HIS TRAY LID. INMATE MAHDI DID REFUSE TO APPEAR AT THE HEARING WHICH IS DEEMED ADMISSION OF GUILT.

Penalty: 8 DAYS ISOLATION . CREDIT GIVEN FOR DETENTION TIME SERVED

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: Robert J. Burton Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: Date In: 2-27-03 Date Out: 3-6-03

Admitted to Isolation:

☐ Yes
☐ No

Date In: _____ Weight In: _____
Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-Included Offense

Comments: _____

Signature: B. J. Davis Date: 3/6/03

Print Name: BETTY DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copies of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Title: _____ Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

D-312

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 2/27/03 Reporting Officer: D. WILLIAMS

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24 hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 3/6/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- ☐ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ☐ The unavailability of the accused inmate due to medical condition, hospitalization, or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ☐ Awaiting the results of blood tests or other laboratory tests.
- ☐ Unavailability of staff due to escape, disturbance, or natural disaster.
- ☐ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training, or military leave.
- ☐ In the case of the escape of the accused inmate.
- ☐ Awaiting the outcome of criminal charges as a result of this offense.
- ☐ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ☐ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature]

Date: 3-5-03

Noticed Served By: [Signature]

Date: 3-5-03

Time: 10:10 a.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline: DOP 861
November 1, 2002

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

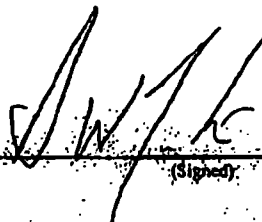
Redacted

Inmate Name: M. Mahd: Number _____
Building: D Bed/ Cell: D-3-312
Offense Code: 201 Offense Title: Disobeying an order
Offense Date: 2/27/03 Hearing Date: 3-6-03

On 3/6/03 at 8:55 am/p.m. the above named
inmate was asked by D.W. Zook if he/she wished to attend the
(Print Name and Title)

hearing; however, he/she refused to report to the hearing.

As witnessed by



(Signed)

Note: The completion of this form is not required when the inmate waived his right to appear at the disciplinary hearing during the service of the charge.

D-312

WALLENS RIDGE STATE PRISON

I, M. Makhdi, # Redacted CERTIFY & Appeal
Form

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 201

REPORTING OFFICER: D. Williams
DATE OF CHARGE: 2-27-03
DATE OF HEARING: 3-6-03
INMATE'S SIGNATURE: [Signature]
DATE SERVED: 3-14-03
SERVED BY: C/O J. Hobbs
WITNESSED BY: _____

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Revised 11/97

Page M01456

MANDI

Inmate Name: M. Madi

Number: Redacted

Housing Unit: D-210Date/Time: 2/26/03

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on Within 72 hr excluding weekend/holiday for:

- ☐ Administrative Referral ☐ Segregation Hearing Referral ☐ Adjustment Hearing Referral ☐ Other App
☐ Adm. Gen. Detention ☐ Segregation Medical Hold ☐ GCA/ESC, GCT Review
☒ Pre-Hearing Detention ☐ Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Recreation/Pending ICA (Explain reason below)

Comments: Inmate visited cell and threw a food tray across the POC floor

Administrative Signature

NAME PRINTED DATE/TIME

You will be permitted to: Be present at the hearing-Remain silent-know the reasons for any decision rendered by the ICA-Have your counselor or an employee present to assist you-Receive a copy of the written recommendations of the ICA-Hear the reporting officer's testimony-Cross examine adverse witnesses-Call and cross examine witnesses (**Items not afforded to inmates during hearing based solely on documented Adjustment Hearing Referrals).

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☐ NO ☐

INMATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE/TIME

*ADMINISTRATIVE DUTY OFFICER REVIEW:

Date 2-26-03Time: 5:00pm
☒ Approval ☐ Disapproval

Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE

NAME PRINTED

DATE

PART II: DISPOSITION (To be completed by the ICA for all Formal and Informal Hearings)

Hearing Date: 2/26/03

Inmate Statement/Reporting Officer:

After a hard a problem with C/O in Control Booth

The ICA recommends: 5-25

Rationale: Received a 20.1 charge

ICA SIGNATURE

DATE

I received a copy of this ICA's recommendations:

INMATE SIGNATURE

DATE

ADMINISTRATIVE REVIEW:

☐ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from PHD/AGD

WARDEN/DESIGNEE SIGNATURE

DATE

** The Warden/Supt/Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of ICA's recommendations and approved.

Original: SHU Counselor -> Records

cc: Warden: AW, CTRC Sr: INM: SHU PSYCH/NURSE: OFFENSES WIP: INMATE

ICA HEARINGS REPORT

NUMBER	INSTITUTION: Wallens Ridge State Prison
NAME: Mahdi, M	HEARING DATE: 2/28/03

HEARING INFORMATION	
HEARING AT REQUEST OF: (check only one)	HEARING TYPE: (attach all due process forms)
☐ INMATE	☐ TRANSFER ☐ SECURITY LEVEL
☒ INSTITUTION ADMINISTRATION	☐ RHD/SEGREGATION ACTION
☐ CENTRAL CLASSIFICATION SERVICES	☐ WORK/RELEASE
	☐ OTHER ☐ Appropriate Housing
ADMISSION DATA	MEDICAL DATA
DRC/RFP DATE:	MEDICAL ACTIVITY CODE:
DATE OF ARRIVAL - PRESENT LOCATION:	MEDICAL LOCATION CODE:
SL:	MENTAL HEALTH CODE:
GCA/ESC:	

SUMMARY STATEMENT OF INMATE

(Where applicable, include summary statement of witnesses and reporting officer.)

That whole charge was made up after I had a problem with C/O in control booth.

ICA RECOMMENDATION AND RATIONALE

ICA Recommendation: SEC

ICA Rationale: Received 201.

L. H. [Signature]
ICA Chairperson

[Signature]
Member

[Signature]
Member

ADMINISTRATION: ☒ APPROVE

☐ DISAPPROVE

BY:

DATE:

3-3-03

CENTRAL CLASSIFICATION SERVICES ACTION

DATE:

☐ APPROVE

☐ DISAPPROVE

☐ NO CHANGE

TRANSFER TO:

TRANSFER CODE

CCS RECEIVED

Copy to Transportation

INI

Caseworker

Supervisor

Manager

DISTRIBUTION:

CCR - WHITE RECEIVING INSTITUTION - CANARY ICR - GREEN INMATE - PINK

M01458

Redacted

HEARINGS REPORT

NUMBER:	INSTITUTION: Wallens Ridge State Prison
NAME: Manuel, JVL	HEARING DATE: 3/25/03

HEARING INFORMATION

HEARING AT REQUEST OF: (check only one)		HEARING TYPE: (attach all due process forms)	
☐	INMATE	☐	TRANSFER SECURITY LEVEL
X	INSTITUTION ADMINISTRATION	☐	PHD/SEGREGATION ACTION
☐	CENTRAL CLASSIFICATION SERVICES	☐	WORK/RELEASE
☐		☐	OTHER: Appropriate Housing

ADMISSION DATA

MEDICAL DATA

DRC/RFP DATE:	MEDICAL ACTIVITY CODE:
DATE OF ARRIVAL - PRESENT LOCATION:	MEDICAL LOCATION CODE:
SL:	MENTAL HEALTH CODE:
GCA/ESC:	

SUMMARY STATEMENT OF INMATE

(Where applicable, include summary statement of witnesses and reporting officer.)

OK

ICA RECOMMENDATION AND RATIONALE

ICA Recommendation: GP (Transition)

ICA Rationale: 201 charge over 30 days. Stable adjustment.

ICA Chairperson

Member

Member

ADMINISTRATION: ☒ APPROVE ☐ DISAPPROVE BY: 8/10/03

DATE: 3-25-03

CENTRAL CLASSIFICATION SERVICES ACTION

DATE: 3-25-03 ☐ APPROVE ☐ DISAPPROVE ☐ NO CHANGE
TRANSFER TO: Int. TRANSFER CODE: CCS RECEIVED
Copy to Transportation Int.

Caseworker

Supervisor

Manager

DISTRIBUTION: CCR - WHITE RECEIVING INSTITUTION - CANARY ICA - GREEN INMATE - PINK

DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU

M01459

Name: Mabdi, M.

Number: Redacted

Status: SEG

- ☒ Release to General Population
☐ Remain in Special Housing

Escape History: (Date and Brief Description: NONE)

M. Mabdi
 Signature

3/29/03
 Date

Reason for confinement to Special Housing: 201

Arrival Date at WRSP: 1/28/03

Received from: NORTHMAN

Date of last SHU assignment: WRSP

102 and 105 infractions in the Last 5 Years NONE

- | | |
|--------------------------------------|---------------------------------------|
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |

Approvals - Warden

- ☒ Approved
☐ Disapproved - Comments: _____
☐ Refer Back to ICA for: _____
☐ Refer to Regional Director (Assault on Staff with Weapon): _____

8/1/03
 Warden

3-25-03
 Date

Approval - Regional Director

- ☐ Approved
☐ Disapproved - Comments: _____
☐ Refer back to ICA for: _____

Records Manager:

- ☐ Release Action Action Completed: _____ Assignment: _____
☐ No Action Required

 Records Manager

 Date

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING

Revised 2/13/03

Inmate Name: Mahdi M. Number: Redacted Housing Unit: D-312 Date/Time: 3/25/03 M01460

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on Within 72 hr (excluding weekend/holiday) for:

- ☒ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☒ *Pre-Hearing Detention** ☐ Segregation Medical Hold ☐ Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending (CA (Explain reason below))

Comments: _____

Authorizing Signature: _____

Name Printed: _____

Date and Time: _____

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing. 2) Remain silent. 3) Know the reason for any decision rendered by the ICA. 4) Have your counselor or an employee present to assist you. 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing, the following is not afforded to you: 1) Hearing the Reporting Officer's testimony. 2) Cross-examining adverse witnesses. 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☐ No ☐

Inmate Signature: Mahdi M. Date: 3/25/03 Witness Signature: [Signature] Date/Time: 3/25/03

**ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours: Date: _____ Time: _____

☐ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE: _____ NAME PRINTED: _____ DATE: _____

PART II to be completed by ICA for all Formal and Informal Hearings. Hearing Date: _____

Inmate Statement/Reporting Officer: OK

ICAPAR recommends: G.D. (Transition)

Rationale: 201 change over 30 days stable daily

ICA Signature: [Signature] Date: 3/25/03 I received a copy of the ICA's recommendation: [Signature] Inmate Signature: [Signature] Date: _____

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from: PHD/AGD _____ Days Credit: _____

WARDEN/DEPUTY SIGNATURE: [Signature] Name Printed: SIC Y- Date: 3-25-03

Regional Director/Central Classification Services Review: _____ Action: _____

Authorizing Signature: _____ Name Printed: _____ Date: _____

Original Central Classification Services CC: Institutional Distribution (including ICR) Inmate Copy

Inmate Discipline: DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-1
Offense Code: 201 Offense Title: Disobeying a direct order.
Offense Date: 4-28-03 Approximate Time: 12:15 ☐ a.m. ☒ p.m. Location: C-1 POD
Investigation: ☐ yes ☐ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: What, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force)

On the above date and approximate time, all inmates in C-1 Pod were given a direct order to be in compliance with DOP 861 and the dress code before leaving their cell to their lunch meal. Inmate Mahdi was not in compliance with the dress code when he exited his cell. Charged in accordance with DOP 861

☐ Description continued on attached page.

Witnesses: C/O P. Flanary Reporting Officer's Signature: [Signature]

Print Name: C/O D. Davis

Date: 4-28-03 Time: 2:00pm

Pre-Hearing Detention: ☐ Yes ☒ No If yes, attach authorization form.

Officer-in-Charge investigating this report: Signature: [Signature] Date: 4-28-03 Time: 2:30pm

Print Name: I. J. A. Gallihar

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution. Staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☐ Request the services of an Advisor.
☐ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence: ☐ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing.
Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 4-28-03 Time: 4:55 a.m. to p.m.

Date Set for Hearing: 5-7-03 Revised Date: _____ Revised Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form
Disciplinary Offense REPORT
(continued)

Attachment 1
Page 2 of 2

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 05-07-03 Time: 1:02 PM a.m./p.m.

Tape No(s): WRSP 2-050

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: MAHDI, M. Redacted

Reason for Absence/Exclusion of the Accused Inmate: M. MAHDI REFUSED TO APPEAR AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: INMATE MAHDI WAS CHARGED WITH DISOBEYING AN ORDER TO BE IN

COMPLIANCE WITH 864 AND THE DRESS CODE PRIOR TO LEAVING HIS CELL FOR THE LUNCH

MEAL. INMATE MAHDI DID REFUSE TO APPEAR AT THE HEARING. REFUSING TO APPEAR IS

ADMISSION OF GUILT. INMATE MAHDI WAS ASKED BY COUNSELOR HUFF AND WITNESSED BY
C/O SMITH.

Penalty: \$2.00 FINE

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature] Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____

Date In: _____

Date Out: _____

Admitted to Isolation: _____

☐ Yes
☐ No

Date In: _____

Weight In: _____

Date Out: _____

Weight Out: _____

INSTITUTIONAL REVIEW: _____

☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-included Offense

Comments: _____

Signature: BQ Davis

Date: 5/8/03

Print Name: BETTY DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copies of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____

Date: _____

Witnessed by: _____

Print Name: _____

Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-132

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 4/28/03 Reporting Officer: D. DAVIS

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24 hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 5/7/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- ☐ The Reporting Officer, voluntary staff advisor, or witnesses are off-duty or away from the institution on the date of the hearing.
- ☐ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ☐ Awaiting the results of blood tests or other laboratory tests.
- ☐ Unavailability of staff due to escape, disturbance, or natural disaster.
- ☐ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ☐ In the case of the escape of the accused inmate.
- ☐ Awaiting the outcome of criminal charges as a result of this offense.
- ☐ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ☐ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 5/7/03

Noticed Served By: [Signature] Date: 4/28/03 Time: 1:15 p.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline: DOP 361
November 1, 2002

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Inmate Name: Mr. MAHDI Number: Redacted
Building: C-BLD Bed/Cell: 205
Offense Code: 201 Offense Title: Detention 16 2002
Offense Date: 4-21-07 Hearing Date: 5-7-07

On 5-7-07 at 9:55 a.m./p.m. the above named
inmate was asked by CRAIG if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by CRAIG
(Signed)

Note: The completion of this form is not required when the inmate waived his right to appear at the disciplinary hearing during the service of the charge.

C-205

WALLENS RIDGE STATE PRISON

I, M. M. M. M., # Redacted CERTIFY

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 2c1.

REPORTING OFFICER: D. DavisDATE OF CHARGE: 4-28-83DATE OF HEARING: 5-7-83INMATE'S SIGNATURE: [Signature]DATE SERVED: 5-20-83SERVED BY: [Signature]WITNESSED BY:

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

Inmate Discipline: DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-132b
Offense Code: 201 Offense Title: Disobeying an direct order
Offense Date: 4-29-03 Approximate Time: 6:20 ☒ a.m. ☐ p.m. Location: C-1
Investigation: ☐ yes ☒ no Date Completed: N/A

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and time the above named inmate was given 5 min. till chow and was told to be properly dressed, inmate came out

of cell steel getting dressed charged per DOP 861

☐ Description continued on attached page.

Witnesses: _____

Reporting Officer's Signature: [Signature]

Print Name: Officer Phipps

Date: 4-29-03 Time: 7:00am

Pre-Hearing Detention: ☒ Yes ☒ No

If yes, attach authorization form.

Officer-in-Charge Investigating this report:

Signature: [Signature]

Date: 4-29-03 Time: 9:00am

Print Name: L. A. Galligan

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☒ Request the services of an Advisor.
☐ Inmate received Witness-Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☐ DO NOT ☒ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing.
Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate received Penalty Offer Form.
☒ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature]

Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 4-29-03

Time: 1:41

Date Set for Hearing: 5-6-03

Revised Date: _____

Revised Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-132 C-205

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: MAHDI M Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 4/29/03 Reporting Officer: D.PHIPPS

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24 hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 5/8/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

____ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.

____ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.

____ Awaiting the results of blood tests or other laboratory tests.

____ Unavailability of staff due to escape, disturbance, or natural disaster.

____ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.

____ In the case of the escape of the accused inmate.

____ Awaiting the outcome of criminal charges as a result of this offense.

____ To obtain an appropriate interpreter/translator/advisor to assist the inmate.

____ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 5/1/03

Noticed Served By: [Signature] Date: 5-1-03 Time: 12:07 PM

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 05-08-03 Time: 11:36 AM a.m./p.m.

Tape No(s): WRSP 2-051

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: M. MAHDI REFUSED TO APPEAR AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

NONE SUBMITTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: BASED ON THE REPORTING OFFICERS STATEMENT THAT INMATE MAHDI WAS GIVEN 5 MINUTES TILL CHOW AND WAS TOLD TO BE PROPERLY DRESSED. INMATE CAME OUT OF CELL STILL GETTING DRESSED. INMATE MAHDI REFUSED TO APPEAR AT THE HEARING WHICH IS DEEMED ADMISSION OF GUILT.

Penalty: \$2.00 FINE

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature] Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation:

☐ Yes
☐ No

Date In: _____ Weight In: _____
Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-included Offense

Comments: _____

Signature: B. J. Davis Date: 5/15/03

Print Name: BETTY DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copies of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

Inmate Discipline: DOP 861
November 1, 2002

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Inmate Name: Mr. MANDI Number: Redacted
Building: C-BLD Bed/ Cell: C-205
Offense Code: 201 Offense Title: Disobeying Order
Offense Date: 4-29-03 Hearing Date: 5-8-03

On 5-8-03 at 11:28 a.m. the above named
inmate was asked by Det. P. R. R. / Det. S. J. R. if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by: Det. P. R. R. / Det. S. J. R.
(Signed)

Note: The completion of this form is not required when the inmate waived his right to appear at the disciplinary hearing during the service of the charge.

C-205

WALLENS RIDGE STATE PRISON

I, M. Mahdi, # Redacted CERTIFY + Appeal Form

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 2c1.

REPORTING OFFICER: D. Phlips

DATE OF CHARGE: 4-29-63

DATE OF HEARING: 5-8-63

INMATE'S SIGNATURE: M. Mahdi

DATE SERVED: 5-15-63

SERVED BY: C. Pope

WITNESSED BY: ///

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

Inmate Name: A. Mahdi Number: Redacted Housing Unit: C-235 Date/Time: 5/1/03 M01471.4

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on Within 72 hr excluding weekend/holiday for:

- ☐ *General Detention* ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☒ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA (Explain reason below)

Comments: During trap pick up in C-1 pool inmate A. Mahdi exited his cell and threw his traps on to the pool floor
S-1-03 4:11 AM 12:20 PM

Authorizing Signature: _____ Name Printed: _____
 *Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reason for any decision rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☐ NO ☐ I wish to attend. Yes ☐ No ☐

Inmate Signature: [Signature] DATE: 5/1/03 Witness Signature: [Signature] DATE/TIME: 5-1-03 2

ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours: Date 5-1-03 Time: 2:15 PM

☒ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE: [Signature] NAME PRINTED: L.A. Bullock DATE: 5-1-03

PART II to be completed by ICA for all Formal and Informal Hearings. Hearing Date _____

Inmate Statement/Reporting Officer: Refused to participate

ICA/PAR recommends: Seg

Rationale: Threw trays off second floor

ICA SIGNATURE: [Signature] DATE: 5/5/03 I received a copy of the ICA's recommendation: Refused to participate DATE: 5/5/03

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

☐ Modified/No Action

☐ Date removed from PHD/AGD _____ Days Credit _____

WARDEN SIGNATURE: [Signature] NAME PRINTED: S. K. Young DATE: 5-5-03

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature: _____ Name Printed: _____ Date: _____

Original Central Classification Services CC: Institutional Distribution (including ICA) Inmate Copy

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-132
Offense Code: 237A Offense Title: Intentionally throwing food or other substances
Offense Date: 5-1-03 Approximate Time: 8:10 ☒ a.m. ☐ p.m. Location: C-132
Investigation: ☐ yes ☐ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and approx. time, inmate M. Mahdi came out of his cell and threw his tray from his cell C-132 to the bottom tier. Charged per DOP 861.

☐ Description continued on attached page

Witnesses: _____ Reporting Officer's Signature: X C. L. Sheppard
Print Name: Officer Sheppard
Date: 5-1-03 Time: 11:00am
If yes, attach authorization form.

Pre-Hearing Detention: ☒ Yes ☐ No

Officer-in-Charge investigating this report: Signature: [Signature] Date: 5-1-03 Time: 11:05am
Print Name: L. L. Hall

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☐ Request the services of an Advisor.
☐ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☒ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☒ REFUSED TO RESPOND
- I DO ☐ DO NOT ☒ wish to appear at the Disciplinary Hearing.
Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☐ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☐ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]
I certify that this charge was served and the inmate refused to sign in the space above.
Inmate provided copy of report: Date: 5-1-03 Time: 3:40
Date Set for Hearing: 5-12-03 Revised Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT (continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 05-12-03 Time: _____ a.m./p.m.

Tape No(s): WRSP

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: M. MAHDI ENTERED INTO PENALTY OFFER

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: BASED ON THE STATEMENT OF THE REPORTING OFFICER THAT INMATE MAHDI THREW HIS TRAY FROM HIS CELL, C-132 TO THE BOTTOM TIER. INMATE MAHDI ENTERED INTO A PENALTY OFFER DURING THE SERVICE OF THE CHARGE BUT DID NOT HAVE A PEN. ALL PENALTY OFFERS MUST BE SIGNED IN THE PRESENCE OF A STAFF MEMBER. I ALLOWED INMATE MAHDI TO ACCEPT THIS PENALTY OFFER ON THE DAY OF THE HEARING.

Penalty: 10 DAYS ISOLATION

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature] Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____ Date In: 5-1-03 Date Out: 5-10-03

Admitted to Isolation:

☐ Yes
☐ No

Date In: _____ Weight In: _____
Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-included Offense

Comments: _____

Signature: B. J. Davis Date: 5/15/03

Print Name: BETTY DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-205

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 237/A Offense Title: DISCARDING TRASH/FOOD /BODY WASTE /OR OTHER
SUBSTANCES INTO AN UNAPPROVED RECEPTACLE

Offense Date: 5/1/03 Reporting Officer: SHEPHERD

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 5/12/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- ☐ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ☐ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ☐ Awaiting the results of blood tests or other laboratory tests.
- ☐ Unavailability of staff due to escape, disturbance, or natural disaster.
- ☐ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ☐ In the case of the escape of the accused inmate.
- ☐ Awaiting the outcome of criminal charges as a result of this offense.
- ☐ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ☐ Per written authorization of the Deputy Director.

Inmate's Signature: *M. Mahdi* Date: 5/6/03

Noticed Served By: 6 5445 Date: 5-6-03 Time: 2:55 pm

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline: DOP 86!
November 1, 2002

Do Not Alter This Form

Attachment #2
Page 1 of 1

Penalty Offer Form
Redacted

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WSP Dorm: C-132
Offense Code: 237 Offense Title: Intentionally throwing food or other substances
Offense Date: 5-1-03 Approximate Time: 8:10 a.p.m. Location: C-132

PART I

I have reviewed the facts and circumstances of this offense and your institutional record.

- ☒ I offer the following penalty: 10 days of isolation
☒ for the above listed offense, or
☐ for an equal or lesser offense of: _____

Offense Title: _____

Staff Signature: [Signature] Date: 5-1-03
Print Name: LT. V. Hall Title: Warden Commander

The third copy of this form is to be forwarded to the Inmate Hearings Officer after the Officer-in-Charge completes Part I of this form. The first and second copy is to be delivered to the inmate during the service of the charge.

PART II

By signing below, I indicate that I have been advised of my rights to enter into or refuse this penalty offer. I understand that if I accept the penalty offer indicated above:

1. I will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence in my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me; and
2. I will plead guilty to the offense specified in the offer and accept the penalty indicated; and
3. Any appeal of this offense will be limited to a determination of whether there was a guilty plea, whether there was an acceptance of a penalty offer and whether there was any serious procedural error. No other reasons for an appeal will be considered;
4. I have 24-hours from the date the charge is served to accept this offer and I will be provided the opportunity to consult with an advisor, upon request;
5. If I do not accept the penalty offer, this offense will be referred for a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing and this penalty offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing;
6. If I fail to respond to this offer within the time limit specified, the offer will be terminated and the offense will be referred for a Disciplinary Hearing as indicated in #5 above.

Inmate Signature: [Signature] Print Name: _____ Date: _____
Signature of Serving Officer: [Signature] Print Name: PO [Signature] Date: 5-1-03

The inmate has refused to sign in the space above. I certify that this penalty offer was served, and that the inmate has been advised of the conditions of acceptance.

PART III

Choose only one (1) option and sign below. Refusal to choose an option and sign constitutes refusal of the offer.

1. ☒ I accept the penalty offer as indicated in Part I. I understand and accept the conditions as indicated in #6 above and my acceptance of this offer is totally voluntary. NOTE: Your signature accepting this offer must be in the presence of a staff member.
2. ☐ I do not accept the penalty offer and understand that I will be afforded a Disciplinary Hearing.
3. ☐ The inmate has failed to respond to this penalty offer within the specified time limit.

Inmate Signature: [Signature] Print Name: [Signature] Date: 5-1-03

I certify that I have received this form and that the above inmate has signed in my presence.

Staff Witness: [Signature] Print Name: [Signature] Date: 5-1-03

After the inmate accepts/declines the offer, the original is forwarded to Inmate Hearings Officer by the witness staff member. The inmate is given a copy of this form.

C-205

WALLENS RIDGE STATE PRISON

I, M. Mirdi, # RedactedCERTIFY & Appeal
Form

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 237.19

REPORTING OFFICER:

Shepherd

DATE OF CHARGE:

5-1-63

DATE OF HEARING:

5-12-63Test Plan

INMATE'S SIGNATURE:

M. Mirdi

DATE SERVED:

5-20-63

SERVED BY:

16.88

WITNESSED BY:

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Redacted

Inmate Name M. M. Q. Number 104 Institution UCC

PART I: REFERRAL

*Parts I and III to be completed for Formal Due Process Hearings

You will be scheduled to appear before the Institutional Classification Authority on 30 June 2003 for:

- ☐ Pre-hearing Detention ☐ GCA/ESC, GCT Review ☒ Segregation Hearing Referral
☐ Adm. Gen. Det. ☐ Adjustment Hearing Referral ☐ Administrative Referral
☐ Transfer/Security Review ☐ Other Hop/Gie

AUTHORIZING OFFICIAL _____ Date _____

You will be permitted to: Be present at the hearing - Remain silent - Know the reasons for any decisions rendered by the ICA - Have your counselor or an employee present to assist you - Receive a copy of the written findings and recommendations of the ICA - Hear the reporting officer's testimony - Cross-examine adverse witnesses - Call and cross-examine witnesses. (If items not afforded to inmates during hearings based solely on documented Adjustment Hearing Referrals)

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested 1) _____ 2) _____ 3) _____

Inmate Signature [Signature]

Date 4 Nov 2002

Witness Signature [Signature]

Date 4 Nov 2002

Waives rights to 48-hour notice Yes ☐ No ☒

PART II: Disposition

*Part II to be completed for all Formal and Informal Hearings

Hearing Date 3 Jun 2003

Inmate Statement/Reporting Officer Why am I in level 5.

The ICA/PAC recommends continue on Segregation

Rationale: General Population to UCC

General Population to UCC

ICA/PAC Signature [Signature] Date 3 Jun 2003

I received a copy of the ICA's recommendation [Signature]

Initials [Signature] Date 3 Jun 2003

Administrative Review: ☐ Disapprove - Comments/Reason _____

☐ Modified/ No Action _____

☐ Date removed from PHD/AGD _____

Warden/Supt./Designee Signature _____ Date _____

**The Warden/Supt./Designee signature is only required if recommendation is modified or disapproved. Inmate will receive copy of CL 20 if recommendations are approved.

M. Mahadi

NCC

M01478

PART III: CHECKLIST

If a NO check block is marked, please provide the reason below the item.

If this ICA hearing is based on a pending disciplinary charge; disciplinary convictions or criminal convictions, it is not necessary to answer the below listed (3) questions.

1. Did the inmate request voluntary witnesses to testify on his/her behalf?

Yes ☐ No ☐

2. If witnesses were requested, did the inmate have voluntary witnesses testify in his/her behalf?

Yes ☐ No ☐

Reason: _____

3. Staff member referring matter to the ICA appearing at the hearing to relate his/her reasons for requesting reclassification.

Yes ☐ No ☐

Reason: _____

Was the inmate present at hearing?

Yes ☒ No ☐

Reason: _____

Did the inmate request a staff member to assist him/her?

Yes ☐ No ☒

If staff assistance was requested, did the inmate have a staff member present at his/her hearing to assist him/her?

Yes ☒ No ☐

Reason: _____

Did inmate receive written notice of referral to the ICA at least 24 hours in advance?

Yes ☐ No ☐

Reason: _____

Did written notice specify the reasons for referral to the ICA?

Yes ☐ No ☐

Reason: _____

At the close of the hearing, the inmate was verbally informed of the recommendations of the ICA and told he/she would receive a copy of the form within five (5) working days?

Yes ☐ No ☐

Reason: _____

COMPLETED BY: _____

Date: _____

WALLENS RIDGE STATE PRISON
DOCUMENTATION/AUTHORIZATION FOR RELEASE FROM SHU

M01479

Name: Mahdi, M.

Number: Redacted

Status: SEG

- ☒ Release to General Population GP
☐ Remain in Special Housing

Escape History: (Date and Brief Description: NONE)

Mahdi
Signature

6/24/03
Date

Reason for confinement to Special Housing: _____

Arrival Date at WRSP: 1/28/03

Received from: Norway

Date of last SHU assignment: 5/1/03 Institution: WRSP

102 and 105 Infractions in the Last 5 Years NONE

- | | |
|--------------------------------------|---------------------------------------|
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |
| ☐ Staff _____ | ☐ Inmate _____ |

.....
Approvals - Warden

- ☒ Approved
☐ Disapproved - Comments: _____
☐ Refer Back to ICA for: _____
☐ Refer to Regional Director (Assault on Staff with Weapon)

8/6/03
Warden

6-24-03
Date

.....
Approval - Regional Director

- ☐ Approved
☐ Disapproved - Comments: _____
☐ Refer back to ICA for: _____

Records Manager: _____

- ☐ Release Action Action Completed: _____ Assignment: _____
☐ No Action Required

Records Manager

Date

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Revised 2/13/03

Inmate Name: Mahdi, M. Number: Redacted Housing Unit: C-205 Date/Time: 6/23/03 **M01480**

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on 6/23/03 for:

- ☐ *General Detention** ☒ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend/Exercise Pending ICA (Explain reason below)

Comments: _____

Authorizing Signature: RB Phillips Name Printed: RB Phillips Date/Time: 6/23/03

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reason for any decision rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Records the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining or impeach witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) _____ 2) _____ 3) _____

Waives rights to 48 hour notice: YES ☒ NO ☐ I wish to attend: Yes ☒ No ☐

Inmate Signature: [Signature] Date: 6/23/03 Witness Signature: [Signature] Date/Time: 6/23/03

**ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours: Date _____ Time: _____

☐ Approval ☐ Disapproval Comments: _____

ADMINISTRATIVE DUTY OFFICER SIGNATURE _____ NAME PRINTED _____ DATE _____

PART II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 6/23/03

Inmate Statement/Reporting Officer: DK

ICA/PAR recommends: G-P

Rationale: SOURCE 1A2 Juvenile 227

ICA SIGNATURE: [Signature] DATE: 6/23/03 I received a copy of the ICA's recommendation: [Signature] INMATE SIGNATURE: [Signature] DATE: 6/23/03

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason: _____

- ☐ Modified/No Action
☐ Date removed from PHD/AGD _____ Days Credit _____

WARDEN/DEPUTY SIGNATURE: [Signature] Name Printed: [Signature] Date: 6/24/03

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original Central Classification Services CC: Institutional Distribution (including ICA) Inmate Copy

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

EIS PJS 10/22/03

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: A-6
Offense Code: 201 Offense Title: disobeying a direct order
Offense Date: 8-5-03 Approximate Time: 1030 ☒ a.m. ☐ p.m. Location: A-619
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date & time, I, C/O J. Robinson gave inmate Mahdi a direct order to shave and get in compliance with DOP 864. Inmate

Mahdi refused to shave. He stated "Fuck it I ain't shaving". Charged per DOP 861

☐ Description continued on attached page.

Witnesses: [Signature] Reporting Officer's Signature: [Signature]

Print Name: C/O J. Robinson

Date: 8-5-03 Time: 1103am

Pre-Hearing Detention: ☐ Yes ☒ No

If yes, attach authorization form:

Officer-in-Charge investigating this report:

Signature: [Signature] Date: 8/5/03 Time: 4:57P
Print Name: A.R. Snider

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☒ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☒ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☐ NOT ☒ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☐ NOT ☒ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☒ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser included offense code in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature] Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 8-5-03 Time: 7:12am ☒ Inmate

Date Set for Hearing: 8-13-03 Revised Date: _____ Revised Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

115 JTS 10/24/03
Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: A-6
Offense Code: 201 Offense Title: disobeying a direct order
Offense Date: 8-5-03 Approximate Time: 1015 ☒ a.m. ☐ p.m. Location: A-617
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force)

On the above date & time, I, C/O J. Robinson observed inmate Mahdi 299449 holding his cell door open because he was not ready to take a shower. Inmate Mahdi had been given ample time to get ready to shower. Inmate Mahdi prevented the cell door from closing and then stepped out of the cell. I gave inmate Mahdi several orders to return to his cell. He refused these orders.

☐ Description continued on attached page.

Witnesses: C/O T. Collins Reporting Officer's Signature: [Signature]
Re: J. Thompson Print Name: C/O J. Robinson
Date: 8-5-03 Time: 1105am
Pre-Hearing Detention: ☐ Yes ☒ No If yes, attach authorization form.
Officer-in-Charge investigating this report: Signature: [Signature] Date: 8/5/03 Time: 409p.
Print Name: _____

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☒ Request the services of an Advisor.
☐ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☒ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☐ DO NOT ☒ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☒ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: C/O [Signature] Inmate's Signature: [Signature]
I certify that this charge was served and he/she refused to sign in the space above: _____
Inmate provided copy of report: Date: 8-5-03 Time: 1:00 ☒ in (pm)
Date Set for Hearing: 8-13-03 Revised Date: _____ Revised Date: _____

Inmate Discipline: DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 8/13/03 Time: 10:25 AM a.m./p.m.

Tape No(s): WRSP I-605 SIDE B

Plea: ☐ Guilty ☐ Not Guilty ☒ No Plea Inmate's Signature: REFUSED TO APPEAR
M.MAHD

Reason for Absence/Exclusion of the Accused Inmate: PER THE MAJOR OFFENSE REPORT INMATE M.
MAHDI Redact DID NOT WISH TO APPEAR AT THE HEARING.

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: NONE REQUESTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: INMATE M.MAHD Redact REFUSED TO APPEAR AT THE HEARING WHICH
IS DEEMED AS AN ADMISSION OF GUILT. OFFICER J.ROBINSON STATED THAT HE INSTRUCTED
INMATE M.MAHD Redact TO SHAVE SO THAT HE WOULD BE IN COMPLIANCE WITH DOP.864.
INMATE MAHDI REFUSED AND STATED, FUCK IT I AIN'T SHAVING."

Penalty: 30 DAYS LOSS OF COMMISSARY

Name of Interpreter/Translator (if applicable): N/A

Inmate Hearings Officer's Signature: [Signature] Print Name: W R HENSLEY IHO

Admitted to Pre-Hearing Detention: Date In: Date Out:

Admitted to Isolation:

☐ Yes
☐ No

Date In: Date Out:

Weight In: Weight Out:

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-included Offense

Comments:

Signature: BG Davis

Date: 8/14/03

Print Name: BETTY DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: Date:

Witnessed by: Print Name: Date:

C-301

WALLENS RIDGE STATE PRISON

I, M. Mubdi

Redacted

CERTIFY

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 102

REPORTING OFFICER:

T. ELLIS

DATE OF CHARGE:

10-23-03

DATE OF HEARING:

11-5-03

INMATE'S SIGNATURE:

[Signature]

DATE SERVED:

11-5-03

SERVED BY:

[Signature]

WITNESSED BY:

[Signature]

NOTE

TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

A-619

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 8/5/03 Reporting Officer: J. ROBINSON

.....
PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 8/13/03 Time: a.m./p.m.

.....
PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

.....
PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- The unavailability of the accused inmate due to medical condition, hospitalization, or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- Awaiting the results of blood tests or other laboratory tests.
- Unavailability of staff due to escape, disturbance, or natural disaster.
- Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training, or military leave.
- In the case of the escape of the accused inmate.
- Awaiting the outcome of criminal charges as a result of this offense.
- To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 8-7-03
Noticed Served By: [Signature] Date: 8-7-03 Time: 9:28 a.m./p.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

A-619

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 8/5/03 Reporting Officer: J. ROBINSON (10:15 AM)

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 8/13/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

- ___ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ___ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ___ Awaiting the results of blood tests or other laboratory tests.
- ___ Unavailability of staff due to escape, disturbance, or natural disaster.
- ___ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ___ In the case of the escape of the accused inmate.
- ___ Awaiting the outcome of criminal charges as a result of this offense.
- ___ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ___ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 8-7-03

Noticed Served By: [Signature] Date: 8-7-03 Time: 2:58 a.m. (61)

Original to Inmate Hearings Officer - Copy to Inmate

A-619

WALLENS RIDGE STATE PRISON

I, M. Makheli, # RedactedCERTIFY *4. Appeal Form*

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 2c1

REPORTING OFFICER:

J. Robinson

DATE OF CHARGE:

8-5-03

DATE OF HEARING:

8-13-03

INMATE'S SIGNATURE:

M. Makheli

DATE SERVED:

8-18-03

SERVED BY:

Yo L. [Signature]

WITNESSED BY:

[Signature]

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

A-619

WALLENS RIDGE STATE PRISON

I, M. Mehdi, # Redacted CERTIFY

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 2c1.

REPORTING OFFICER:

J. Robinson

DATE OF CHARGE:

8-5-03

DATE OF HEARING:

8-13-03

INMATE'S SIGNATURE:

Mehdi Mehdi

DATE SERVED:

8-17-03

SERVED BY:

1/0 J. Robinson

WITNESSED BY:

Mehdi Mehdi

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

DOC 11H
Revised 2/11 M01489

Inmate Name: M. Mahdi Number: Redacted Housing Unit: C-301 Date/Time: 10/03/03 4:30

PART I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on 10/03/03 within 72 hours excluding weekend/holiday for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other
☒ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA (Explain reason below)

Comments: INMATE Mahdi threw food tray out tray slot in

C. J. [Signature] 10-03-03 10/03/03 4:30
Name Printed Date and Time

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reason for any decision rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Reports the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice, and it was explained to me. I am requesting witnesses to appear on my behalf.

Witnesses Requested: 1) 2) 3)

Waives rights to 48 hour notice: YES ☐ NO ☐ I wish to attend: Yes ☐ No ☐

[Signature] 10-5-03 [Signature] 10-03/555
INMATE SIGNATURE DATE WITNESS SIGNATURE DATE/TIME

**ADMINISTRATIVE DUTY OFFICER REVIEW within 72 hours: Date 10-6-03 Time: 6:00 am

☒ Approval ☐ Disapproval Comments:

[Signature] L.B. Phillips 10-6-03
ADMINISTRATIVE DUTY OFFICER SIGNATURE NAME PRINTED DATE

PART II to be completed by ICA for all Formal and Informal Hearings. Hearing Date: 10/7/03

Inmate Statement/Reporting Officer: Aught

ICA/PAR recommends: 5ag

Rationale: Parole 237A

[Signature] 10-7-03 I received a copy of the ICA's recommendation: [Signature] 10-7-03
ICA SIGNATURE DATE INMATE SIGNATURE DATE

ADMINISTRATIVE REVIEW: ☒ Approved ☐ Disapprove

Comments/Reason:

☐ Modified/No Action

☐ Date removed from PHD/AGD Days Credit

[Signature] [Signature] 10-7-03
WARDEN/DEPUTY SIGNATURE NAME PRINTED DATE

Regional Director/Central Classification Services Review: Action:

Authorizing Signature Name Printed Date

INSTITUTIONAL CLASSIFICATION AUTHORITY ANNUAL REVIEW FORM

Inmate Name Mahdi, Mikal Number Redacted Institution USP
Security Level: 5 Class Level: 4
Counselor Bredinger Period Covered 10-02 to 10-03

A. Program participation in past 12 months: None

B. Number of Disciplinary Infractions within past 12 months: 100 Series 8 200 Series

C. Educational Review: Program participation in past 12 months: None

D. Work Assignments in past 12 months: None

E. Housing Status:

1) Current Assignment Status: Segregation

Comments:

2) Detention History: 10-4-02 (RBP) 10-24-02 (PHD) 2-3-03 (RBP) 2-26-03 (Seg) 3-25-03 (RBP)
2-03 (Seg)

F. General Comments: 10-24-02 (201) 4-29-03 (201)

11-12-02 (201) 8-5-03 (201)
11-25-02 (212) 8-5-03 (201)

G. IPR Update Entered: ☒ Yes ☐ No Date: 10-24-03 Counselor's Initials: B

Security Level: ☒ No Change ☐ Recommend Change (complete Form 11B, 11D)

Class Level: ☐ No Change ☐ Recommend Change (complete Class Level Evaluation form)

Treatment Plan for Next Evaluation Period:

1) Primary Objective: obtain maintain employment

2) Secondary Objective/s: Complete program of choice
establish interaction free behavior

Inmate Signature: [Signature] Name Printed: M. MAHDI Redacted: 10/21/03
Date: 11-30-03

ICA Signature: [Signature] Name Printed: M. Henry Date: 11-30-03

Administrative Review: ☒ Approval ☐ Disapproval

Administrative Signature: [Signature] Name Printed: SL Date: 11-30-03

Original - Central Classification Services
Cc: Institutional Distribution (including ICR)
Inmate Copy

C-301

WALLENS RIDGE STATE PRISON

I, M. Morheli, # Redacted

_ CERTIFY & Appeal

Form

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 224.

REPORTING OFFICER: EleanorDATE OF CHARGE: 10-22-03DATE OF HEARING: 10-29-03INMATE'S SIGNATURE: M. MorheliDATE SERVED: 11-7-03SERVED BY: 962WITNESSED BY: "

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

Inmate Discipline DOP 861
November 1, 2802

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 224 Offense Title: POSSESSION OF CONTRABAND

Offense Date: 10/22/03 Reporting Officer: FLEENOR

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 10/29/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

- ___ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ___ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ___ Awaiting the results of blood tests or other laboratory tests.
- ___ Unavailability of staff due to escape, disturbance, or natural disaster.
- ___ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ___ In the case of the escape of the accused inmate.
- ___ Awaiting the outcome of criminal charges as a result of this offense.
- ___ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ___ Per written authorization of the Deputy Director.

Inmate's Signature: Refused To Sign Date: 10-24-03

Noticed Served By: Sgt. J. Smith Date: 10-24-03 Time: 12:45 a.m./p.m.

Original to Inmate, Hearings Officer - Copy to Inmate

Inmate Discipline - DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-301
Offense Code: 224 Offense Title: possession of contraband
Offense Date: 10/22/03 Approximate Time: 730pm ☐ a.m. ☒ p.m. Location: C-301
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and time while doing shakedown in C-3 and 1 Officer Fleener removed 1 altered adapter and 1 altered Sony radio from inmate Mahdi's cell. Charged per DOP 861.

☐ Description continued on attached page.

Witnesses: Sgt. T. Fields

Reporting Officer's Signature: [Signature]

Print Name: C/O Fleener

Date: 10-22-03 Time: 9:00pm

Pre-Hearing Detention: ☐ Yes ☒ No

If yes, attach authorization form.

Officer-in-Charge investigating this report:

Signature: [Signature] Date: 10-22-03 Time: 9:10pm

Print Name: Lt. Gallinar

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: Did not want Advisor
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☒ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☒ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature]

Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above: [Signature]

Inmate provided copy of report: Date: 10/23/03 Time: 7:05 a.m./p.m.

Date Set for Hearing: 10-29-03

Revised Date: _____

Revised Date: _____

Inmate Discipline : DOP 861
 November 1, 2002

Do Not Alter This Form

Attachment 1
 Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-301
 Offense Code: 102 Offense Title: Possession of a sharpened instrument
 Offense Date: 10-23-03 Approximate Time: 3:40 ☐ a.m. ☒ p.m. Location: C-301
 Investigation: ☐ yes ☒ no Date Completed: N/A

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and approximate time, I Officer J. Ellis Jr., walked by cell C-301, the cell door was open because inmate Mahdi was in the pod office being interviewed by Sgt. Younce. I observed a bare razor from a security razor lying on inmate Mahdi's mattress, the mattress had a 3x3 square cut out of the foam. Charged in accordance with DOP 861.

☐ Description continued on attached page.

Witnesses: _____ Reporting Officer's Signature: J. Ellis
 Print Name: Officer J. Ellis Jr.

Date: 10-23-03 Time: 4:30pm
 If yes, attach authorization form:

Officer-in-Charge investigating this report: Signature: L. Kendrick Date: 10-23-03 Time: 4:48pm
 Print Name: Li. Kendrick Watch Commander

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
 NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☒ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☒ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I ☐ DO ☒ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I ☐ DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☐ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: LS Refused to Sign Inmate's Signature: Refused to Sign

I certify that this charge was served and he/she refused to sign in the space above: C/L L. SEARF

Inmate provided copy of report: Date: 10/23/03 Time: 8:45
 Date Set for Hearing: 10-31-03 Revised Date: 11-5-03 Revised Date: _____

Inmate Discipline: DOP 861
November 1, 2002

Do Not Alter This Form

Attachment I
Page 1 of 2

DISCIPLINARY OFFENSE REPORT
Redacted

Inmate Name: M. Mahdi Inmate Number: _____ Institution: WRSP Dorm: C-301
Offense Code: 206 Offense Title: Lying or giving false information to an employee
Offense Date: 10-23-03 Approximate Time: 12:00 ☐ a.m. ☒ p.m. Location: C-301
Investigation: ☐ yes ☒ no Date Completed: N/A

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and approximate time, inmate M. Mahdi wrote an emergency grievance alleging that Sgt. T. Fields assaulted and threatened him on 10-22-03 @ 8:00 p.m. Sgt. Younce interviewed the inmate and the inmate willingly admitted that he had lied about being assaulted and threatened as a means of retaliation for Sgt. Fields confiscating an altered walkman adapter during the cell search. See attachments.
Charged in accordance with DOP 861.

☐ Description continued on attached page.

Witnesses: _____ Reporting Officer's Signature: [Signature]
Print Name: Sgt. R. Younce
Date: 10-23-03 Time: 4:30 pm
Pre-Hearing Detention: ☐ Yes ☒ No If yes, attach authorization form.
Officer-in-Charge investigating this report: Signature: [Signature] Date: 10-23-03 Time: 4:48 pm
Print Name: Li. Galliard

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☒ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☒ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☒ NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: C/O L. SCALF Inmate's Signature: Refused To Sign
I certify that this charge was served and he/she refused to sign in the space above: C/O L. SCALF
Inmate provided copy of report: Date: 10/23/03 Time: 8:55
Date Set for Hearing: 10-30-03 Revised Date: _____ Revised Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 102 Offense Title: POSSESSION OF A WEAPON OR SHARPENED INSTRUMENT

Offense Date: 10/23/03 Reporting Officer: J. ELIAS

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 10/31/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

- ___ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ___ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ___ Awaiting the results of blood tests or other laboratory tests.
- ___ Unavailability of staff due to escape, disturbance, or natural disaster.
- ___ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training, or military leave.
- ___ In the case of the escape of the accused inmate.
- ___ Awaiting the outcome of criminal charges as a result of this offense.
- ___ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ___ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 10-27-03

Noticed Served By: [Signature] Date: 10-27-03 Time: 4:50 a.m./p.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 102 Offense Title: POSSESSION OF A WEAPON OR SHARPENED INSTRUMENT

Offense Date: 10/23/03 Reporting Officer: J. ELLIS JR.

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 10/31/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: 11/5/03 Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

- ___ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ___ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ___ Awaiting the results of blood tests or other laboratory tests.
- ___ Unavailability of staff due to escape, disturbance, or natural disaster.
- ___ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ___ In the case of the escape of the accused inmate.
- ___ Awaiting the outcome of criminal charges as a result of this offense.
- ___ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ___ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 11/3/03

Noticed Served By: [Signature] Date: 11/3/03 Time: 2:10 PM

Original to Inmate Hearing Officer - Copy to Inmate

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 8/13/03 Time: 10:54 AM a.m./p.m.

Tape No(s): WRSP I-605 SIDE B

Plea: ☐ Guilty ☒ Not Guilty ☐ No Plea Inmate's Signature: RESTRAINED M. MAHDI

Reason for Absence/Exclusion of the Accused Inmate: INMATE M. MAHDI Redacted WAS PRESENT AT THE HEARING.

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: NONE REQUESTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: OFFICER J. ROBINSON STATED THAT HE OBSERVED INMATE MAHDI HOLDING

HIS CELL DOOR OPEN SO THAT HE COULD GET OUT TO TAKE A SHOWER. AFTER HE GOT OUT OFFICER ROBINSON INSTRUCTED HIM SEVERAL TIMES TO RETURN TO HIS CELL AND HE

REFUSED TO COMPLY. INMATE MAHDI Redacted STATED THAT HE WAS LATE COMING OUT AND

HE HELD THE DOOR OPEN TO GET OUT. HE ALSO STATED THAT ONCE HE WAS OUT OFFICER

ROBINSON TOLD HIM THREE TIMES TO RETURN TO HIS CELL AND HE COMPLIED ON THE THIRD ORDER. INMATES ARE REQUIRED TO OBEY ORDERS WHEN THEY ARE GIVEN AND NOT WHEN THEY CHOOSE TO.

Penalty: \$5.00 FINE

Name of Interpreter/Translator (if applicable): N/A

Inmate Hearings Officer's Signature: [Signature] Print Name: W.R. HENSLEY, II

Admitted to Pre-Hearing Detention:

Date In:

Date Out:

Admitted to Isolation:

☐ Yes
☐ No

Date In:

Weight In:

Date Out:

Weight Out:

INSTITUTIONAL REVIEW:

☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser Included Offense

Comments:

Signature: BQ Davis

Date: 8/14/03

Print Name: BETTY DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature:

Date:

Witnessed by:

Print Name:

Date:

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 206 Offense Title: LYING OR GIVING FALSE INFORMATION TO AN EMPLOYEE

Offense Date: 10/23/03 Reporting Officer: SGT. YOUNCE

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 10/30/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

 The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.

 The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.

 Awaiting the results of blood tests or other laboratory tests.

 Unavailability of staff due to escape, disturbance, or natural disaster.

 Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.

 In the case of the escape of the accused inmate.

 Awaiting the outcome of criminal charges as a result of this offense.

 To obtain an appropriate interpreter/translator/advisor to assist the inmate.

 Per written authorization of the Deputy Director

Inmate's Signature: [Signature]

Date: 10-27-03

Noticed Served By: [Signature]

Date: 10-27-03

Time: 4:00 a.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline: DOP 851
November 1, 2002

Attachment 10
Page 1 of 1

REFUSAL TO APPEAR

Redacted

Inmate Name: Mr. MAHDI Number: _____

Building: C-315 Bed/Cell: 321

Offense Code: 206 Offense Title: LYING/BEING FALSE Etc.

Offense Date: 10-29-03 Hearing Date: 10-30-03

On 10-30-03 at 12:01 a.m./p.m. the above named

inmate was asked by C/O Short/BLVD30E if he/she wished to attend the
(Print Name and Title)

hearing; however, he/she refused to report to the hearing.

As witnessed by C/O Short
(Signed)

Note: The completion of this form is not required when the inmate waived his right to appear at the disciplinary hearing during the service of the charge.

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 10-29-03 Time: 11:50 AM a.m./p.m.

Tape No(s): WRSP 2-130

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: INMATE MAHDI WAS RESTRAINED, PRESENT AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

NONE SUBMITTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: INMATE JONES WAS CHARGED WITH POSSESSION OF CONTRABAND WHEN HIS CELL WAS SHAKENDOWN AND ONE ALTERED ADAPTER AND ONE SONY RADIO WERE FOUND. INMATE MAHDI DID PLEA GUILTY TO THE ALTERED ADAPTER BUT STATED THE RADIO WAS NOT ALTERED. I INFORMED INMATE MAHDI THAT AS HEARINGS OFFICER I HAVE NO CONTROL OVER WHAT PROPERTY HE WILL GET BACK. THE PERSONAL PROPERTY OFFICER WOULD MAKE THE DECISION OF RETURNING THE RADIO.

Penalty: 15 DAYS LOSS OF COMMISSARY

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature] Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation: _____

☐ Yes
☐ No

Date In: _____ Weight In: _____
Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to lesser-included Offense

Comments: _____

Signature: BQ Davis Date: 10/31/03

Print Name: BETTY DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

C-304

WALLENS RIDGE STATE PRISON

I, M. Mahdi, # RedactedCERTIFY Appeal
Fear

THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT WITH THE INSTITUTIONAL REVIEW
SECTION COMPLETED FOR MY CHARGE OF 2cb

REPORTING OFFICER: Sgt. YoungDATE OF CHARGE: 10-23-03DATE OF HEARING: 10-30-03INMATE'S SIGNATURE: M. MahdiDATE SERVED: 10-2-03SERVED BY: John [Signature]WITNESSED BY: ///

NOTE: TWO SIGNATURES REQUIRED IF INMATE REFUSES
TO SIGN. PLEASE RETURN THIS COMPLETED
RECEIPT TO THE HEARINGS OFFICER.

Inmate Discipline : DOP 601
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 10-30-03 Time: 12:02 PM a.m./p.m.

Tape No(s): WRSP 2-132

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: INMATE MAHDI REFUSED TO BE PRESENT

AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

REPORTING OFFICER RESPONSE FORM. WITNESS STATEMENTS WERE NOT SUBMITTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: INMATE MAHDI WAS CHARGED FOR LYING OR GIVING FALSE

INFORMATION TO AN EMPLOYEE. INMATE MAHDI CLAIMED THAT SGT. FIELDS HAD ASSAULTED

HIM ON 10-22-03 AND AFTER AN INTERVIEW BY SGT. YOUNCE HE DENIED THAT HE WAS ASSAULTED AND SUBMITTED A REQUEST AND COMPLAINT FORM TO VERIFY THE SAME.

INMATE MAHDI HAS REFUSED TO APPEAR AT THE HEARING.

Penalty: \$5.00 FINE

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature] Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to isolation: _____

☐ Yes
☐ No

Date In: _____ Weight In: _____
Date Out: _____ Weight Out: _____

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-included Offense

Comments: _____

Signature: BG Davis Date: 10/31/03

Print Name: BETTY DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category III Offenses only).

Inmate's Signature: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 11/5/03 Time: 12:20PM a.m./p.m.

Tape No(s): WRSP 1-631 SIDE B/WRSP 1-632 SIDE A

Plea: ☐ Guilty ☒ Not Guilty ☐ No Plea Inmate's Signature: RESTRAINED M. MAHDI

Reason for Absence/Exclusion of the Accused Inmate: INMATE M. MAHDI Redacted WAS PRESENT AT THE HEARING.

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: INMATE K. PERNELL'S

STATEMENT WAS READ INTO THE RECORD PER POLICY.

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: OFFICER ELLIS STATED THAT HE AND OFFICER PHIPPS TOOK INMATE

M. MAHDI INTO THE POD OFFICE TO SEE SGT YOUNCE AND DURING THAT TIME THEY WERE

SEARCHING HIS CELL. DURING THE SEARCH OFFICER ELLIS FOUND A RAZOR THAT HAD BEEN
REMOVED FROM THE PLASTIC CASING, LYING ON INMATE MAHDI'S BUNK THERE WAS ALSO A

PIECE OF THE MATTRESS FOAM MISSING. INMATE MAHDI STATED THAT SGT YOUNCE TOLD HIM

THAT IF HE DID NOT SIGN A STATEMENT THAT SGT FIELDS DID NOT ASSAULT HIM THAT HE
WOULD WRITE HIM A WEAPON CHARGE. HE ALSO STATED THAT HE DID WRITE A STATEMENT
AND WAS WRITTEN A CHARGE ANYWAY. OFFICER ELLIS STATED THAT THE ITEM WAS FOUND IN
HIS CELL AND THE ITEM IS A WEAPON AND THUS FIND HIM GUILTY.

Penalty: 30 DAYS ISOLATION

Name of Interpreter/Translator (if applicable): N/A

Inmate Hearings Officer's Signature: [Signature] Print Name: W. R. HENSLEY, IHO

Admitted to Pre-Hearing Detention:

Date In:

Date Out:

Admitted to Isolation:

☒ Yes
☐ No

Date In: 11-20-03

Weight In: 182

Date Out: 12-18-03

Weight Out: 181

INSTITUTIONAL REVIEW:

☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Religar
☐ Reduced to Lesser Included Offense

Comments:

Signature: B. Davis

Date: 11/12/03

Print Name: B. DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received copies of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature:

Date:

DEPARTMENT OF CORRECTIONS
DIVISION OF OPERATIONS
** SENTENCE SUMMARY **

M01505

PAGE: 01
DATE: 11/17/2003

INMATE NO: Redacted INMATE NAME: MAHDI MIKAL DEEN

CURRENT LOCATION: WALLENS RIDGE STATE PRISON 00510

DOJ: 16JUL2001 OFFENSE: CNTS-01 1320-MALICIOUS WOUNDING FTI-X
COURT: RICHMOND CITY (CIRCUIT) TYPE: ESX-FTX DISP: PARTIALLY SUSP
ORIGINAL SENTENCE UNCALCULATED SENTENCE NET SENTENCE
015 YRS 00 MOS 000 DAYS 011 YRS 09 MOS 000 DAYS 003 YRS 03 MOS 000 DAYS

OFFENSE DATE: 17APR2001 MEMO: 01-900-F/180M/141M SUSPENDED

DOJ: 16JUL2001 OFFENSE: CNTS-01 2208-BREAKING AND ENTERING FTI-X
COURT: RICHMOND CITY (CIRCUIT) TYPE: ESX-FTX DISP: NOLLE PROSSE
ORIGINAL SENTENCE UNCALCULATED SENTENCE NET SENTENCE
000 YRS 00 MOS 000 DAYS 000 YRS 00 MOS 000 DAYS 000 YRS 00 MOS 000 DAYS

OFFENSE DATE: 17APR2001 MEMO: 01-901-F

TOTAL SENTENCE: 003 YRS 03 MOS 000 DAYS

ATTACHMENT F
 DOC 100 18
 (0192)
 (0194)
 (0196)

Virginia Department of Corrections Mental Health Services

MENTAL HEALTH CODING CLASSIFICATION REVIEW/UPDATE FORM

Inmate Name: Perry, Angelo
 Date of Review: 11-17-03

Inmate Number: Redacted

I. Purpose of Review:

☐ Change in Mental Health Status/Services Needs
☐ Annual Progress Review
☒ Other Inmate transfer

II. The inmate's current assigned Mental Health Classification Code is (check one):

☐ MH-1 Severe Impairment
☐ MH-3 Moderate Impairment
☐ MH-2 Mild Impairment
☒ MH-1 Minimal Impairment
☐ MH-0 No documented/reported history of mental health services needs/treatment within the last five years

as documented on:

☒ Psychological Evaluation dated 11-19-02
☒ Mental Health Screening Form (MH-14) dated 11-19-02
☒ Mental Health Screening Form (MH-17) dated 11-19-02
☒ Mental Health Coding Form (MH-18) dated 11-19-02
☐ Other _____

III. DISPOSITION (to be completed by a Qualified Mental Health Professional)

The inmate's current assigned Mental Health Classification Code is: 1

☒ Still appropriate
☐ Requires revision and is updated to MH _____

Donald B. Evans, MSW,
 Signature

Psychologist
 Position

Donald B. Evans
 Name (Print)

11/17/03
 Date

cc: Central Criminal Record
 Institution Criminal Record
 Health Record (Section 4)

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-301
Offense Code: 201 Offense Title: Disobeying a direct order
Offense Date: 11-22-03 Approximate Time: 1:54 ☒ a.m. ☐ p.m. Location: C-301
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and approximate time: I Officer S. Franklin was conducting a security check in C-3 pod. I Officer Franklin gave

inmate M. Mahdi Redacted direct order remove several items out of his window, he refused.

(Charged per DOP 861.)

☐ Description continued on attached page.

Witnesses: _____

Reporting Officer's Signature: [Signature]

Print Name: Officer S. Franklin

Date: 11-22-03 Time: 2:15am

Pre-Hearing Detention: ☐ Yes ☒ No

If yes, attach authorization form.

Officer-in-Charge investigating this report:

Signature: [Signature]

Date: 11-22-03 Time: 2:30am

Print Name: Lt. Combs

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☒ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☐ REFUSED TO RESPOND
- ☐ Yes ☒ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) during the service of the charge. ☐ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☐ REFUSED TO RESPOND
- I DO ☐ DO NOT ☒ wish to waive my right to 24-hour preparation time prior to the hearing. ☐ REFUSED TO RESPOND
- I DO ☒ DO NOT ☐ wish to appear at the Disciplinary Hearing.
Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☐ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category 31 Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24-hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent, or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: 40 Cason

Inmate's Signature: [Signature]

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 11-23-02

Time: 4:30

a.m./p.m.

Date Set for Hearing: 12-4-3

Revised Date: _____

Revised Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 201 Offense Title: DISOBEYING AN ORDER

Offense Date: 11/22/03 Reporting Officer: S. FRANKLIN

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 12/1/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- ☐ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ☐ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ☐ Awaiting the results of blood tests or other laboratory tests.
- ☐ Unavailability of staff due to escape, disturbance, or natural disaster.
- ☐ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ☐ In the case of the escape of the accused inmate.
- ☐ Awaiting the outcome of criminal charges as a result of this offense.
- ☐ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ☐ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature] Date: 12-3-03

Noticed Served By: [Signature] Date: 12-3-03 Time: 8:56 a.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-301
Offense Code: 239A Offense Title: Simple assault upon a non-inmate
Offense Date: 11-26-03 Approximate Time: 8:30 ☐ a.m. ☒ p.m. Location: C-301
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

(On the above date and approximate time, I Officer S. Shepard was having Inmate M. Mahdi Redacted to sign a isolation inventory sheet

and he reached and grabbed my left arm.

(Charged per DOP 861.

☐ Description continued on attached page.

Witnesses: _____ Reporting Officer's Signature: S/Sgt. Shepard
Print Name: Officer S. Shepard
Date: 11-26-03 Time: 9:00pm
Pre-Hearing Detention: ☐ Yes ☒ No If yes, attach authorization form.
Officer-in-Charge investigating this report: Signature: Li. Combs Date: 11-26-03 Time: 9:15pm
Print Name: Li. Combs

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☐ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☒ REFUSED TO RESPOND
- ☐ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness Request Form(s) (including the service of the charge). ☒ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☒ REFUSED TO RESPOND
- I DO ☐ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☒ REFUSED TO RESPOND
- I DO ☐ DO NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☒ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 861.29.

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: Li. Combs

Inmate's Signature: Redacted

I certify that this charge was served and he/she refused to sign in the space above.

Inmate provided copy of report: Date: 11-27-03 Time: 6:40 a.m. (p.m.)
Date Set for Hearing: 12-8-03 Revised Date: _____ Revised Date: _____

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-341

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 111 Offense Title: INTENTIONALLY DESTROYING OR ALTERING STATE PROPERTY

Offense Date: 11/26/03 Reporting Officer: S. SHEPERD

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 12/10/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- ☐ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- ☐ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- ☐ Awaiting the results of blood tests or other laboratory tests.
- ☐ Unavailability of staff due to escape, disturbance, or natural disaster.
- ☐ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- ☐ In the case of the escape of the accused inmate.
- ☐ Awaiting the outcome of criminal charges as a result of this offense.
- ☐ To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- ☐ Per written authorization of the Deputy Director.

Inmate's Signature: [Signature]

Date: 12-2-03

Noticed Served By: [Signature]

Date: 12/02/03

Time: 5:00 a.m.

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 111 Offense Title: INTENTIONALLY DESTROYING OR ALTERING STATE PROPERTY

Offense Date: 11/26/03 Reporting Officer: S. SHEPHERD

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 12/10/03 Time: a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: Time: a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: Time: a.m./p.m.

- The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.
- The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.
- Awaiting the results of blood tests or other laboratory tests.
- Unavailability of staff due to escape, disturbance, or natural disaster.
- Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.
- In the case of the escape of the accused inmate.
- Awaiting the outcome of criminal charges as a result of this offense.
- To obtain an appropriate interpreter/translator/advisor to assist the inmate.
- Per written authorization of the Deputy Director.

Inmate's Signature: [Signature]

Date: 12-2-03

Noticed Served By: [Signature]

Date: 12/02/03

Time: 5:30 PM

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING:

Institution where heard: WRSP Date: 12/4/03 Time: 9:39 AM a.m./p.m.

Tape No(s): WRSP 1-640 SIDE A

Plea: ☐ Guilty ☒ Not Guilty ☐ No Plea Inmate's Signature: RESTRAINED M. MAHDI

Reason for Absence/Exclusion of the Accused Inmate: INMATE M. MAHDI, Redacted WAS PRESENT AT THE HEARING.

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: NONE REQUESTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: OFFICER FRANKLIN STATED THAT HE INSTRUCTED INMATE M. MAHDI

Redacted TO REMOVE SEVERAL ITEMS FROM HIS CELL WINDOW. INMATE MAHDI REFUSED TO

COMPLY WITH THE ORDER. INMATE MAHDI CLAIMED THAT HE WAS ASLEEP DURING THE TIME

THAT OFFICER FRANKLIN CLAIMED THAT HE TOLD HIM TO REMOVE THE ITEMS FROM HIS CELL

WINDOW. HE ALSO STATED THAT THE ONLY ITEM THAT WAS IN THE WINDOW WAS A SHIRT AND
OFFICER FRANKLIN HAD SEVEN HOURS TO TELL HIM TO REMOVE THE SHIRT. THE ORIENTATION
PACKAGE STATES THAT NOTHING IS TO BE IN THE CELL WINDOWS AND OFFICER FRANKLIN
STATED THAT HE INSTRUCTED THE INMATE TO REMOVE THE ITEMS AND HE REFUSED AND THUS
HE IS THUS GUILTY OF DISOBEYING AN ORDER.

Penalty: \$2.00 FINE

Name of Interpreter/Translator (if applicable): N/A

Inmate Hearings Officer's Signature: W.R. Hensley Print Name: W.R. HENSLEY-IHO

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation:

☐ Yes
☐ No

Date In: _____

Weight In: _____

Date Out: _____

Weight Out: _____

INSTITUTIONAL REVIEW:

☒ Approved

☐ Dismissed

☐ Suspended Penalty

☐ Reduced Penalty

☐ Rehear

☐ Reduced to Lesser-included Offense

Comments: _____

Signature: B.J. Davis

Date: 12/8/03

Print Name: B. DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____

Date: _____

WALLENS RIDGE STATE PRISON

C-301

I, M. Makhali, # Redacted CERTIFY
THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT AND APPEAL FORMS WITH
INSTITUTIONAL REVIEW SECTION COMPLETED FOR
MY CHARGE OF 201

REPORTING OFFICER: S. Felt-KlineDATE OF CHARGE: 11-22-03DATE OF HEARING: 12-4-03INMATE SIGNATURE: [Signature]DATE SERVED: 12-17-03SERVED BY: C/O [Signature]

WITNESSED BY: _____

NOTE: TWO SIGNATURES REQUIRED IF
INMATE REFUSES TO SIGN. RETURN THIS FORM TO
THE HEARINGS OFFICER AFTER SERVED ON INMATE
WITH ALL SIGNATURES AND DATE SERVED.

Inmate Discipline DOP 861
November 1, 2002

DO NOT ALTER THIS FORM

Attachment #5
Page 1 of 1

C-301

NOTICE OF HEARING DATE/POSTPONEMENT/CONTINUANCE

Inmate Name: M. MAHDI Number: Redacted

Offense Code: 239/A Offense Title: SIMPLE ASSAULT UPON A NON-INMATE

Offense Date: 11/26/03 Reporting Officer: S. SHEPERD

PART I - NOTICE OF HEARING DATE

This notice should be served at least 24-hours prior to the hearing date.

This is to inform you that your Disciplinary Hearing for the above listed offense has been scheduled for:

Date: 12/8/03 Time: _____ a.m./p.m.

PART II - NOTICE OF POSTPONEMENT: (revised hearing date)

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for: (The hearing is still within the authorized timeframe.)

Date: _____ Time: _____ a.m./p.m.

PART III - NOTICE OF AUTHORIZED CONTINUANCE:

This is to inform you that your Disciplinary Hearing for the above listed offense has been rescheduled for:

Date: _____ Time: _____ a.m./p.m.

____ The Reporting Officer, voluntary staff advisor, or witnesses are off duty or away from the institution on the date of the hearing.

____ The unavailability of the accused inmate due to medical condition, hospitalization or temporary transfer to another location for medical purposes, court appearances, or other reasons.

____ Awaiting the results of blood tests or other laboratory tests.

____ Unavailability of staff due to escape, disturbance, or natural disaster.

____ Prolonged absence of Reporting Officer due to illness, temporary leave of absence, mandatory training or military leave.

____ In the case of the escape of the accused inmate.

____ Awaiting the outcome of criminal charges as a result of this offense.

____ To obtain an appropriate interpreter/translator/advisor to assist the inmate.

____ Per written authorization of the Deputy Director.

Inmate's Signature: _____

Date: 12-1-03

Noticed Served By: _____

Date: 12/02/03

Time: 5:30 PM

Original to Inmate Hearings Officer - Copy to Inmate

Inmate Discipline : DOP 86
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 12/8/03 Time: 9:06 AM a.m./p.m.

Tape No(s): WRSP I-642 SIDE A

Plea: ☐ Guilty ☒ Not Guilty ☐ No Plea Inmate's Signature: RESTRAINED M. MAHDI

Reason for Absence/Exclusion of the Accused Inmate: INMATE M. MAHDI Redact WAS PRESENT AT THE HEARING.

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: NONE REQUESTED

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: OFFICER SHEPERD STATED THAT HE WAS ATTEMPTING TO HAVE INMATE M. MAHDI Redact SIGN A ISOLATION INVENTORY SHEET WHEN HE REACHED OUT THROUGH THE TRAY SLOT AND GRABBED HIM BY THE LEFT ARM. INMATE MAHDI STATED THAT OFFICER SHEPERD WAS EATING HIS COMMISSARY FOOD AND HE GOT MAD WHEN HE WOULD NOT SIGN

THE FORM. HE THEN SPRAYED HIM WITH PEPPER SPRAY. HE STATED THAT HE WAS SITTING ON HIS BED AND OFFICER SHEPERD SPRAYED HIM WITH PEPPER SPRAY. INMATE MAHDI'S STATEMENTS MADE NO SENSE, HOWEVER IT DOES MAKE SENSE TO SPRAY SOMEONE IF THEY GRAB YOU BY THE ARM. BASED ON THIS EVIDENCE AND OFFICER SHEPERD'S TESTIMONY THAT HE WAS GRABBED BY INMATE MAHDI, I FIND HIM GUILTY OF SIMPLE ASSAULT.

Penalty: 15 DAYS ISOLATION

Name of Interpreter/Translator (if applicable): N/A

Inmate Hearings Officer's Signature: W.R. Hensley Print Name: W. R. HENSLEY HQ

Admitted to Pre-Hearing Detention: _____ Date In: _____ Date Out: _____

Admitted to Isolation:

☒ Yes
☐ No

Date In: 1-5-04
Date Out: 1-19-04

Weight In: 153
Weight Out: 145

INSTITUTIONAL REVIEW: ☒ Approved ☐ Dismissed ☐ Suspended Penalty

☐ Reduced Penalty ☐ Retear

☐ Reduced to Lesser-included Offense

Comments: _____

Signature: B. J. Davis Date: 12/15/03

Print Name: B. DAVIS Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☐ Inmate intends to appeal. ☐ Inmate does not intend to appeal

This is to certify that I have received a copy of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category I Offenses only).

Inmate's Signature: _____ Date: _____

WALLENS RIDGE STATE PRISON

C-32.1

I, M. Micheli, # Redacted CERTIFY
THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT AND APPEAL FORMS WITH
INSTITUTIONAL REVIEW SECTION COMPLETED FOR
MY CHARGE OF 111

REPORTING OFFICER: S. ShepardDATE OF CHARGE: 11-26-03DATE OF HEARING: 12-10-03INMATE SIGNATURE: (Signature)DATE SERVED: 12-23-03SERVED BY: (Signature)

WITNESSED BY: _____

NOTE: TWO SIGNATURES REQUIRED IF
INMATE REFUSES TO SIGN. RETURN THIS FORM TO
THE HEARINGS OFFICER AFTER SERVED ON INMATE
WITH ALL SIGNATURES AND DATE SERVED.

Inmate Discipline: DOP 861
November 1, 2002

Attachment 10
Page 6 of 1

REFUSAL TO APPEAR

Inmate Name: TH. THANDI Number: Redacted
Building: C-2LD Bed/Cell: 301
Offense Code: 111 Offense Title: DESTRUCTION OF STATE PROPERTY
Offense Date: 11-26-03 Hearing Date: 12-10-03

.....

On 12-18-03 at 7:22 a.m./p.m. the above named
inmate was asked by SGT. CIVILIS/CPA House if he/she wished to attend the
(Print Name and Title)
hearing; however, he/she refused to report to the hearing.

As witnessed by [Signature]
(Signed)

Note: The completion of this form is not required when the inmate waived his right to appear at the disciplinary hearing during the service of the charge.

WALLENS RIDGE STATE PRISON

C-361

Redacted

I, M. Mitheli, # 4 CERTIFY
THAT I HAVE RECEIVED TWO COPIES OF THE MAJOR
OFFENSE REPORT AND APPEAL FORMS WITH
INSTITUTIONAL REVIEW SECTION COMPLETED FOR
MY CHARGE OF 235A

REPORTING OFFICER: S. Shepard

DATE OF CHARGE: 11-26-83

DATE OF HEARING: 12-8-83

INMATE SIGNATURE: [Signature]

DATE SERVED: 12-22-83

SERVED BY: [Signature]

WITNESSED BY: _____

NOTE: TWO SIGNATURES REQUIRED IF
INMATE REFUSES TO SIGN. RETURN THIS FORM TO
THE HEARINGS OFFICER AFTER SERVED ON INMATE
WITH ALL SIGNATURES AND DATE SERVED.

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 1 of 2

DISCIPLINARY OFFENSE REPORT

Inmate Name: M. Mahdi Inmate Number: Redacted Institution: WRSP Dorm: C-301
Offense Code: 111 Offense Title: Destroying state property
Offense Date: 11-26-03 Approximate Time: 7:00 ☐ a.m. ☒ p.m. Location: C-301
Investigation: ☐ yes ☒ no Date Completed: _____

Description of Offense (provide a summary of how the inmate violated this offense by using the Formula: Who, what, when, where, and how, and any unusual behavior, any physical evidence and its disposition, and any immediate action taken, including use of force):

On the above date and approximate time: I (Officer S. Shepard) was serving a notice of hearing on inmate M. Mahdi Reda when I told

it on the upper tray slot Mahdi took it and ripped up in front of me and stated "there I signed it"

(Charged per DOP 861.)

☐ Description continued on attached page.

Witnesses: _____

Reporting Officer's Signature: [Signature]

Print Name: Officer S. Shepard

Date: 11-26-03 Time: 9:00pm

Pre-Hearing Detention: ☐ Yes ☒ No

If yes, attach authorization form.

Officer-in-Charge investigating this report:

Signature: [Signature]

Date: 11-26-03 Time: 9:15pm

Print Name: L.I. Combs

ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond or indicate a preference does not constitute a waiver of any right.

- ☐ Yes ☐ No Request Inmate or Staff Advisor. Name: _____
NOTE: Inmate advisors are appointed by the institution, staff advisors are voluntary. However, should an inmate advisor not be available, a staff advisor will be provided. ☒ REFUSED TO RESPOND
- ☐ Yes ☐ No Request Witnesses. ☐ Request the services of an Advisor.
☒ Inmate received Witness/Request Form(s) during the service of the charge. ☒ REFUSED TO RESPOND
- Right to present documentary evidence. ☐ Request the services of an Advisor. ☒ REFUSED TO RESPOND
- I DO ☐ DO NOT ☐ wish to waive my right to 24-hour preparation time prior to the hearing. ☒ REFUSED TO RESPOND
- I DO ☐ DO NOT ☐ wish to appear at the Disciplinary Hearing. Refusal to appear is an admission of guilt and a waiver of witnesses and your right to a disciplinary hearing. ☒ REFUSED TO RESPOND
- Reporting Officer will be present at the Hearing for Category I Offenses.
☒ Inmate received Reporting Officer Response Form during service of the charge for Category II Offenses.
- I have the right to enter into a penalty offer. ☒ Inmate Received Penalty Offer Form.
☐ Request the services of an Advisor. I understand that I have 24 hours to consider this offer.
- I may remain silent.
- The charge may be vacated and re-served as a different offense, which can be a higher, equivalent or lesser offense code.
- I may be found guilty of the lesser-included offense code, in accordance with Section 86(1)(2).

I have been informed of the charges against me, and advised of my rights at the Disciplinary Hearing.

Served and Witnessed by: [Signature]

Inmate's Signature: [Signature]

I certify that this charge was served and the inmate refused to sign in the space above.

Inmate provided copy of report: Date: 11-27-03

Time: 12:30pm

Date Set for Hearing: 12-10-03

Revised Date: _____

Revised Date: _____

Inmate Discipline : DOP 861
November 1, 2002

Do Not Alter This Form

Attachment 1
Page 2 of 2

Disciplinary Offense REPORT
(continued)

DISCIPLINARY HEARING

Institution where heard: WRSP Date: 12-10-03 Time: 7:22 PM a.m./p.m.

Tape No(s): WRSP 2-154

Plea: ☒ Guilty ☐ Not Guilty ☐ No Plea Inmate's Signature: M. MAHDI Redacted

Reason for Absence/Exclusion of the Accused Inmate: M. MAHDI REFUSED TO BE PRESENT

AT THE HEARING

Reason for Absence of Requested Witnesses and/or Denial of Documentary Evidence: _____

REPORTING OFFICER WAS PRESENT

Decision of Inmate Hearings Officer: ☒ Guilty ☐ Not Guilty ☐ Dismissed

Reason for Decision: INMATE MAHDI WAS CHARGED FOR DESTRUCTION OF STATE PROPERTY

WHEN HE WAS SERVED A NOTICE OF HEARING AND TORE IT UP. INMATE MAHDI REFUSED TO

APPEAR AT HIS HEARING.

Penalty: 5 DAYS ISOLATION

Name of Interpreter/Translator (if applicable): _____

Inmate Hearings Officer's Signature: [Signature]

Print Name: ROBERT J. BURTON

Admitted to Pre-Hearing Detention: _____

Date In: _____

Date Out: _____

Admitted to Isolation:

☒ Yes
☐ No

Date In: 1-20-04

Weight In: 185

Date Out: 1-24-04

Weight Out: 185

INSTITUTIONAL REVIEW:

☒ Approved ☐ Dismissed ☐ Suspended Penalty
☐ Reduced Penalty ☐ Rehear
☐ Reduced to Lesser-Included Offense

Comments: _____

Signature: BQ Davis

Date: 12/16/03

Print Name: BETTY DAVIS

Title: OPERATIONS OFFICER

RECEIPT OF APPEAL COPIES: ☒ Inmate intends to appeal. ☐ Inmate does not intend to appeal.

This is to certify that I have received a copies of this report and have been advised of my right to appeal the decision to the Warden/Superintendent (Category I and II Offenses) and to the Regional Director (Category II Offenses only).

Inmate's Signature: _____

Date: _____

Witnessed by: _____

Print Name: _____

Date: _____

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name Mahdi, MNumber RedactedInstitution WRSP-C-301

M01521

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status. You will be scheduled to appear before the Institutional Classification Authority on or after _____ for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other _____
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review (Specify)
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA (Explain)

Comments: _____

M. Hensley M. Hensley 4/7/04 ☐ Yes ☐ No
 Authorizing Signature Name Printed Date Time Medical Notified - Time

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witnesses to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____

Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend Yes ☐ No ☐

M. Mahdi 4/7/04 [Signature] 4/7/04
 Inmate Signature Date Witness Signature Date

**Administrative Duty Officer Review within 72 hours Date _____ Time _____

☐ Approval ☐ Disapproval Comments: _____

[Signature] [Name] [Date]
 Administrative Duty Officer Signature Name Printed Date

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 4/8/04

Inmate Statement/Reporting Officer: _____

The ICA/AR recommends: Remain in Seg.

Rationale: 102, 239a (attempting to grab staff members hand) and 212. 7 charges since placement in Seg. Inmate will be released in May 2004.
No charges since 11/26/03.

M. Hensley 4/8/04 I received a copy of ICA's recommendation. [Signature] 4/8/04
 ICA Signature Date Inmate Signature Date

Administrative Review: ☒ Approved ☐ Disapproved
Comments/Reason: _____

☐ Modified/No Action

☐ Date Removed from PHD/AGD _____ Days Credit _____

[Signature] S. Young 4/8/04
 Warden/Superintendent/Inmate Signature Name Printed Date

Regional Director/Central Classification Services Review: _____ Action: _____

[Signature] _____ _____
 Authorizing Signature Name Printed Date

Original - Central Classification Services
 Cc: Institutional Distribution (including ICR)
 Inmate Copy

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name MAHDI M. Number Redacted Institution WRSP/D-301

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.

You will be scheduled to appear before the Institutional Classification Authority on or after _____ for:

- | | | | |
|---|---|---|--|
| ☐ *General Detention** | ☐ Segregation Review/Release | ☐ Hearing Officer Referral | ☐ Other _____ (Specify) |
| ☐ *Pre-Hearing Detention** | ☐ *Segregation Medical Hold | ☐ *Class Level Review | ☐ Suspend Exercise |
| ☐ *Segregation Assignment | ☐ *Segregation Mental Health | ☐ Transfer/Security Review | ☐ Pending ICA (Explain) |

Comments: _____

Authorizing Signature _____ Name Printed _____ Date and Time _____ Medical Notified: ☐ Yes ☐ No

*Inmate Due Process. You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counsel or an employee present to assist you 5) Receive a copy of this written findings and recommendations of the ICA. During hearings based solely on documented Administrative Hearing Records the following is not afforded to you: 1) Having the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____

Waives rights to 48-hour notice: Yes ☐ No ☐ I wish to attend: Yes ☐ No ☐

Inmate Signature _____ Date _____ Witness Signature _____ Date _____

**Administrative Duty Officer Review within 72 hours: Date _____ Time _____

☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____ Name Printed _____ Date _____

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 4/15/04

Inmate Statement/Reporting Officer: _____

The JBA/PAW recommends: Assign to Block 4

Rationale: _____

Mr. M. HENDERSON received a copy of ICA's recommendation. mailed to inmate 4/16/04

ICA Signature _____ Date _____ Inmate Signature _____ Date _____

Administrative Review: ☐ Approved ☐ Disapproved Comments/Reason: _____

☐ Modified/No Action

☐ Date Removed from PHD/AGD _____ Days Credit _____

Warden/Superintendent/Designer Signature _____ Name Printed _____ Date _____

Regional Director/Central Classification Services Review: Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original - Central Classification Services
CC: Institutional Distribution (including ICA)
Inmate Copy

AT 05/06/04 02:53:22 PM

Commonwealth of Virginia
Department of Corrections

**Notification of Release
Post/Probation Supervision**

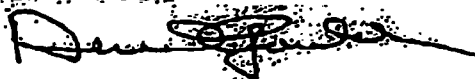
for
MIKAL DEEN MAHDI Redacted
NEW UPDATE

In accordance with the order of the Circuit Court for the City(ies)/ County(ies) of
RICHMOND CITY, your release from the Department of Corrections is
directed on May 12, 2004.

Your release plan is: Redacted
Redacted **LAWRENCEVILLE, VIRGINIA 23968** Redacted

You will report within 3 days from your release as follows:
Joseph Langley, Probation & Parole District 38, 420 A S Main
Street, Emporia, Virginia, Telephone Number Redacted

By direction of the Virginia Department of Corrections



Dennis L. Gauden
Community Release Manager
Division of Operations

Offenders lose certain civil rights when convicted of a felony and may petition for
restoration of civil rights upon completion of their sentence. You may contact the
Secretary of the Commonwealth for information.
CC WALLENS RIDGE STATE PRISON

I have read (had read and explained to me) the above and by my signature or mark
below, acknowledge and understand the requirements upon me.

Inmate: *Mikal Deen Mahdi* Date: 5/12/04

Witness: *Boot* Date: 5.12.04

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. MadhiNumber Redact Institution WRSP - POD/Cell C-301

M01524

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.

You will be scheduled to appear before the Institutional Classification Authority on or after 5/13/04 for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☐ Other PAR
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review (Specify)
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA
 (Explain)

Comments: _____

Authorizing Signature _____ Name Printed _____ Date _____ Time _____ Medical Notified - Time _____
☐ Yes ☐ No

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____

Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend. Yes ☐ No ☐

Inmate Signature _____ Date _____ Witness Signature _____ Date _____

**Administrative Duty Officer Review within 72 hours Date _____ Time _____

☐ Approval ☐ Disapproval Comments: _____

Administrative Duty Officer Signature _____ Name Printed _____ Date _____

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 5/13/2004

Inmate Statement/Reporting Officer: _____

The ICA/PAR recommends: Job Termination: BarberRationale: Request of Foreman.

T. Munk 5/13/04 I received a copy of ICA's recommendation: Parole out 5-13-04

ICA Signature _____ Date _____ Inmate Signature _____ Date _____

Administrative Review: ☐ Approved ☐ Disapproved

Comments/Reason: _____

☐ Modified/No Action☐ Date Removed from PHD/AGD _____ Days Credit _____

Warden/Superintendent/Designee Signature _____ Name Printed _____ Date _____

Regional Director/Central Classification Services Review: _____ Action: _____

Authorizing Signature _____ Name Printed _____ Date _____

Original - Central Classification Services
Cc: Institutional Distribution (including ICR)
Inmate Copy

INSTITUTIONAL CLASSIFICATION AUTHORITY HEARING FORM

Inmate Name M. Mahdi Number Redacted Institution WRSP - POD/Cell C-3

M01525

PART I: DETENTION NOTICE - ICA REFERRAL

Part I: To be completed by the Watch Commander and Administrative Duty Officer when placing an inmate in a detention status.

You will be scheduled to appear before the Institutional Classification Authority on or after 5/25/04 for:

- ☐ *General Detention** ☐ Segregation Review/Release ☐ Hearings Officer Referral ☒ Other PAR
☐ *Pre-Hearing Detention** ☐ *Segregation Medical Hold ☐ *Class Level Review (Specify)
☐ *Segregation Assignment ☐ *Segregation Mental Health ☐ Transfer/Security Review ☐ Suspend Exercise Pending ICA (Explain)

Comments: _____

_____ ☐ Yes ☐ No
 Authorizing Signature Name Printed Date Time Medical Notified Time

*Inmate Due Process: You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Adjustment Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request 1) _____ 2) _____ 3) _____

Waives rights to 48-hour notice Yes ☐ No ☐ I wish to attend. Yes ☐ No ☐

_____ _____ _____ _____
 Inmate Signature Date Witness Signature Date

**Administrative Duty Officer Review within 72 hours Date _____ Time _____

☐ Approval ☐ Disapproval Comments: _____

_____ _____ _____
 Administrative Duty Officer Signature Name Printed Date

PART II: DISPOSITION

Part II to be completed by ICA for all Formal and Informal Hearings. Hearing Date 5/25/2004

Inmate Statement/Reporting Officer: _____

The ICA/PAR recommends: Job Termination: BarberRationale: Request of foreman.

M. Hensley 5/25/04 I received a copy of ICA's recommendation: Transfer to C-3
 ICA Signature Date Inmate Signature Date

Administrative Review: ☐ Approved ☐ Disapproved
 Comments/Reason: _____

☐ Modified/No Action
☐ Date Removed from PHD/AGID Days Credit

_____ _____ _____
 Warden/Superintendent/Designee Signature Name Printed Date

Regional Director/Central Classification Services Review: Action: _____

_____ _____ _____
 Authorizing Signature Name Printed Date

Original - Central Classification Services
 Cc: Institutional Distribution (including ICR)
 Inmate Copy