

YORK COUNTY DETENTION CENTER

PROPERTY RELEASE AND EXCHANGE FORM

DOB 04/23/1992

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| INMATE'S NAME (PRINTED) <u>Henson, Davontay Darrell</u> | JACKET # <u>1312255A</u> | HOUSING UNIT / CELL # <u>B15</u> |
|--|-----------------------------|-------------------------------------|

I, THE UNDERSIGNED DO HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING ITEM(S) FROM MY PERSONAL PROPERTY AND HOLD THE DETENTION CENTER AND IT'S STAFF BLAMELESS FROM ANY CONTROL, CARE AND RESPONSIBILITY OF SUCH ITEM(S) AFTER IT IS RELEASED.

- ALL CLOTHING IN EXCHANGE FOR TRIAL OR TRANSFER CLOTHING.
- ALL ITEMS CONSIDERED BULK OR EXCESS PROPERTY.
- OTHER (SPECIFY CLEARLY) \$3.40 To The South Carolina Judicial Department
P.O. Box 11330 Columbia, South Carolina 29211

REASON FOR RELEASE: Request copys of my Indictments from the Supreme Court of South Carolina

RECEIVED

THE PROPERTY IS TO BE RELEASED TO: FCR 09 2015

| | | | | |
|-------------------------------------|-----------------------------------|-------|--------------------|--------------|
| NAME (PRINTED) <u>Sgt Fields</u> | <u>S.C. SUPREME COURT LIBRARY</u> | SEX | RACE | RELATIONSHIP |
| ADDRESS: NUMBER STREET | CITY | STATE | TELEPHONE # () | |

ALL PERSONAL PROPERTY RELEASE/EXCHANGE FORMS MUST BE WITNESSED BY A DETENTION OFFICER AND APPROVED BY THE WATCH COMMANDER/SHIFT SUPERVISOR ON DUTY. AT THE TIME THE REQUEST IS SUBMITTED. UPON NOTIFICATION OF AN APPROVED RELEASE/EXCHANGE OF PROPERTY THE INMATE MUST NOTIFY THE PERSON TO WHOM THE PROPERTY IS TO BE RELEASED.

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| INMATE'S SIGNATURE <u>X Davontay D. Henson</u> | DATE <u>X 2-4-15</u> |
| WITNESSING OFFICER'S SIGNATURE <u>[Signature]</u> H3346 | 24 HR. CLOCK <u>1635</u> DATE <u>2-4-15</u> |

INMATE - DO NOT WRITE BELOW THIS SPACE

- APPROVED - IF APPROVED, NOTIFY THE INMATE VIA HOUSING AUTHORITY
- DISAPPROVED - IF DISAPPROVED, SEND YELLOW COPY TO INMATE IMMEDIATELY.

REASON FOR DISAPPROVAL: _____

| | | |
|---|-----------------------------|-------------------------|
| WATCH COMMANDER/SHIFT SUPERVISOR SIGNATURE <u>Sgt. A.C. Fields</u> | 24 HR. CLOCK <u>1135</u> | DATE <u>02/05/15</u> |
|---|-----------------------------|-------------------------|

TO BE COMPLETED BY RELEASING OFFICER

NOTE: THE RECEIVING PERSON MUST PRODUCE A PICTURED IDENTIFICATION BEFORE RECEIVING/EXCHANGING PROPERTY. I, _____ DO HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CARE, POSSESSION AND CONTROL OF THE PROPERTY RELEASED TO ME.

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|--|-------------------------|
| RECEIVING PERSON'S SIGNATURE <u>MAILED TO S.C. JUDICIAL DEPT.</u> | DATE <u>02/05/15</u> |
| RELEASING OFFICER'S SIGNATURE | 24 HR. CLOCK DATE |

York County Detention Center
1675-3A York Highway
York, SC 29745

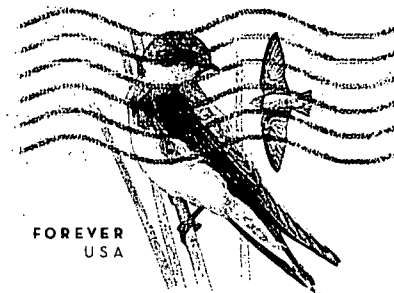
RECEIVED

FEB 09 2015

S.C. SUPREME COURT
LIBRARY

CHARLOTTE NC 282

06 FEB 2015 PM 2 L



Bank Swallow

S.C. Judicial Department
P.O. Box 11330
Columbia, SC 29211

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