

Coastal Empire CMHC

Administration
1050 Ribaut Road
Beaufort, SC 29902
(843) 524-8899
Fax: (843) 524-8179
Ramon D. Norris, MS.
Executive Director

Allendale County
P.O. Box 514
603 Barnwell Road
Allendale, SC 29810
Clinic: (803) 584-4636
CAF: (803) 584-5008
Fax: (803) 584-5065

Beaufort County
1050 Ribaut Road
Beaufort, SC 29902
Clinic: (843) 524-3378
CAF (843) 524-2610
PSR: (843) 846-2913
Fax: (843) 524-1879

P.O. Box 23079
151 Dillon Road
Hilton Head, SC 29925
Clinic: (843) 681-4865
Fax: (843) 689-6267

Colleton County
P.O. Box 578
507 Forest Circle
Walterboro, SC 29488
Clinic: (843) 549-1551
PSR: (843) 549-6536
Fax: (843) 549-5637

Hampton County
P.O. Box 1491
65 Forest Drive
Varnville, SC 29944
Clinic: (803) 943-2828
PSR: (803) 943-4381
Fax: (803) 943-4568

Jasper County
P.O. Box 1016
1510 Grays Highway
Ridgeland, SC 29936
Clinic: (843) 726-8030
Fax: (843) 726-8207

June 10, 2015

City of Walterboro Municipal Court
Attention: Judge /Clerk
242 Hampton Street
Walterboro, SC 29488

RE: Retha Martin (C.I.D. # 10211909)

Dear Ms. Bryan:

I am writing this letter on the behalf of the above, Ms. Retha Martin. Ms. Martin is an active consumer of the Colleton Mental Health Center. She has been very active in her treatment here at the Mental Health Center, she has been a consumer here since June 14, 2013. Her primary diagnosis is Depressive Disorder NOS and she is also prescribed a regimen of antidepressant medications. Overall she has made some progress in her treatment here at this MHC.

If I can be of any further assistance to you, please let me know.

Respectfully Yours,

Angie B. Salley, Regional Director
Colleton and Hampton Clinics
843-549-1551-Ph./ 843-549-6537-Fax

The attached or enclosed information has been disclosed to you from records whose privacy is protected from disclosure by federal and state law including, as applicable, 45 CFR Part 160 HIPAA; 42 CFR Part 2, (alcohol and drug treatment) and Section 44-22-100, Code of Laws of South Carolina. The applicable law or laws may prohibit you from making any further disclosure without the specific written authorization by the individual to whom it pertains or their authorized representative, or as otherwise permitted or required by law. A general authorization for release of information is not sufficient for this purpose unless it conforms to the specific requirements of the applicable law or laws. Further disclosure not in accordance with applicable federal and state law may result in civil and/or criminal penalties.

RECEIVED

FEB 03 2016

SC Court of Appeals

John Magill, State Director of Mental Health



STATE OF SOUTH CAROLINA)
CITY OF WALTERBORO)

43815 GZ
CASE NUMBER

IN THE CITY OF
WALTERBORO MUNICIPAL COURT

State of South Carolina/City of Walterboro)

Vs.
R. Martin

SCHEDULED TIME PAYMENT
AND
RULE TO SHOW CAUSE

NOTICE OF REQUIRED COMPLIANCE AND RULE TO SHOW CAUSE HEARING

NAME:

Retha Mae Martin

TICKET(S)/WARRANT(S):

43815 GZ

CHARGE:

DUI

AMOUNT DUE + 3% :

\$997.00

You have been ordered to pay your fine and/or restitution on or before 6.8.15

Be advised a Rule to Show Cause hearing is scheduled for

June 25, 2015 4:00 pm
~~June 23, 2015~~

at ~~5:00 PM~~ in the Walterboro Municipal Court
to review compliance with the Order and you have been and are ordered to attend.

Failure to attend the hearing will result in a Search Warrant or License Suspension
procedure being implemented. Payment of the fine and/or restitution will cancel the hearing and
attendance is not necessary.

Dated: 5.7.15

Retha Martin
Signature of Defendant

Brenda Bryan
Municipal Court Judge/Clerk

Attend Court at
Walterboro Municipal Court
242 Hampton St.
Walterboro, SC 29488

Pay Fines and/or Restitution at:
Clerk of Walterboro Municipal Court
248 Hampton St.
Walterboro, SC 29488

See back →

may 15, 2015

I, Retha Martin, want to appeal. ~~My~~ Because
I don't think I was giving a fair ~~the~~ decision and
didn't see none of my evidence.
My court date was may 7, 2015

Retha Martin
843-584-1482

RECEIVED

MAY 15 2015

Walterboro Municipal
Court

BB

43815GZ

CRIMINAL CHARGING DOCUMENT NO.

BAIL PROCEEDING FORM I

STATE OF SOUTH CAROLINA

IN THE Walterboro Municipal Court

COUNTY OF Colleton

STATE OF SOUTH CAROLINA

ORDER SPECIFYING METHODS AND CONDITIONS OF RELEASE

DEFENDANT'S COPY

Martin, Retha Mae
NAME OF DEFENDANT

Offense Charged: DUI / Driving under the Influence, less than .10, 1st Offense-[43815GZ]

IT IS HEREBY ORDERED

I

That the above named defendant be released from custody on his own recognizance without surety on the condition that he will personally appear before the designated court at the place, date, and time required to answer the charge made against him and do what shall be ordered by the court, and not depart the State without permission of the court and be of good behavior.

II

That the above named defendant be released from custody upon recognizance without surety executed by him.

Appearance Recognizance Without Surety

On the 22nd day of March 2015, personally appeared before the undersigned judge the defendant named above who acknowledged himself indebted to the State of South Carolina, in the sum of 997.00 dollars, to be levied on his real and personal property for the use of the State, if the defendant shall fail in performing the conditions of the Order.

III

That the defendant will notify the court promptly if he changes his address from the one contained in this Order and will comply with the following other conditions of release: Do Not Drive When Drinking Alcohol; Do Not Drive Until Suspension is Cleared; Must Appear in Court as Required

IV

That the defendant shall appear at (check one):

the term of COURT OF GENERAL SESSIONS beginning on at o' clock, at and remain there throughout that term of court. If no disposition is made during that term, the defendant shall appear and remain throughout each succeeding term of court until final disposition is made of his case, unless otherwise ordered by the court.

the session of MAGISTRATE COURT MUNICIPAL COURT beginning on May 07, 2015 at 6:00 o' clock, P.M. at Walterboro Municipal Court - 248 Hampton St./P. O. Box 709/Walterboro, SC 294880709 / (843) 549-6559

If no final disposition is made during that session, the defendant shall appear at such other times and places as ordered by the court.

ACKNOWLEDGEMENT BY DEFENDANT

I understand that if I violate any condition of this Order, a warrant for my arrest will be issued.

I understand and have been informed that I have a right and obligation to be present at trial and should I fail to attend the court, the trial will proceed in my absence.

It has been explained to me that if I fail to appear before the court as required, a warrant for my arrest will be issued.

ATTORNEY REPRESENTING ACCUSED (IF KNOWN)

SIGNATURE OF JUDGE
DATE 22 Nov 2015

Retha Martin

SIGNATURE OF DEFENDANT

52 Mount Olive Rd

ADDRESS

Green Pond, SC 29446-5418

CITY/STATE/ZIP

247-23-7403

SOCIAL SECURITY NUMBER

843-584-1482

TELEPHONE

009361132 (SC)

DRIVER'S LICENSE OR ID NUMBER

ORIGINAL AND ONE COPY OF THIS FORM ARE TO BE COMPLETED IN EVERY BAIL PROCEEDING IN WHICH IT IS USED

Original Copy For The Trial Court - Copy For The Defendant

STATE OF SOUTH CAROLINA)
COUNTY/CITY OF COLLETON)

CHECKLIST

Retha Mae Martin)
Name of Defendant)

- TRIAL COURT:
 GENERAL SESSIONS COURT
 MAGISTRATE COURT
 MUNICIPAL COURT

CASE NUMBER/CHARGE:

43815GZ DUI / Driving under the Influence, no alcohol levels tested, 1st Offense

DEFENDANT'S COPY

CHECKLIST FOR MAGISTRATE AND MUNICIPAL JUDGES

DIRECTIONS: Magistrate and Municipal Court Judges must use this checklist for ALL GENERAL SESSIONS and for ALL MAGISTRATE AND MUNICIPAL COURT CASES IN WHICH BOND HAS BEEN SET BY A JUDGE. Magistrates and municipal judges must also use the Checklist on those non-bailable GENERAL SESSIONS OFFENSES IN WHICH THEY ARE CONDUCTING FIRST APPEARANCES. The judge shall attach this checklist to the charging document (arrest warrant or uniform traffic ticket) when the defendant first appears before a judge for a bond hearing or first appearance, and complete the appropriate sections. Defendant must be provided a completed copy of this form.

BAIL PROCEEDING / FIRST APPEARANCE (NON-BAILABLE OFFENSES)

1. Form used at bail proceeding
 a. Bond Form I (personal recognizance)
 b. Bond Form II (surety, cash, percentage)
 c. None (Non-Bailable Offense) because:
 ___ charge carries a penalty of life or death; or
 ___ defendant charged with violent offense while bonded out on violent offense
2. For cases in which bond was set, defendant was informed:
 a. Warrant for arrest will be issued for violation of any condition of bail bond order.
 b. His right and obligation to be present at trial and that trial will proceed in his absence if he fails to attend.
 c. Failure to appear in court as required will result in institution of additional criminal charges. Failure to appear in connection with a felony, or while awaiting sentence after conviction, additional charge has penalty of not more than \$5,000 or imprisonment for not more than 5 years, or both. Failure to appear in connection with a charge for a misdemeanor for which the maximum possible sentence is at least one year, additional charge has penalty of not more than \$1,000 or imprisonment for not more than one year, or both. Failure to appear in court as required on any charge not specified above will result in the issuance of a warrant for defendant's arrest, as well as loss of any posted bond.
3. For cases to be tried in Court of General Sessions, defendant was informed of right to preliminary hearing if requested within ten (10) days:
 a. Orally
 b. In writing [NOTE: Defendant must be informed of right both orally and in writing]
4. Defendant was informed of the right to trial by jury.
5. In all general sessions cases, in all criminal domestic violence cases, and in all magistrate or municipal cases in which a prison sentence is likely to be imposed, defendant was informed of the following:
 a. Charges against defendant and nature of the charges.
 b. Right to counsel and right to court-appointed counsel if financially unable to employ counsel.
 c. Defendant was informed orally and provided a copy of this form advising him of his right to obtain court appointed counsel if indigent (must meet federal poverty guidelines) and instructions on how to obtain court appointed counsel. In order to apply for court appointed counsel, defendant is required to appear before _____ located at _____
_____ for indigency screening. Defendant is responsible for a statutory fee of \$ _____ for indigency screening.
6. In all criminal domestic violence cases and any case where defendant is subject to an Order of Protection or Restraining Order, defendant signed and was provided a document explaining that entering the grounds or property of a domestic violence shelter in which the person's household member resides constitutes an additional misdemeanor charge and, if in possession of a dangerous weapon, an additional felony charge.
7. If the charges that have been brought against you are discharged, dismissed, or nolle prossed or if you are found not guilty, you may have your record expunged.

2015-03-22

First Appearance or Bond Hearing Date



JUDGE'S SIGNATURE

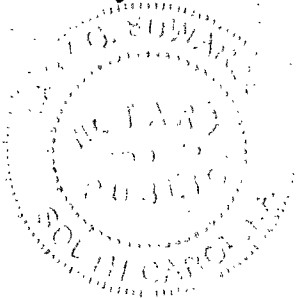
To The State Of SC For Colleton County

I Retha Martin the defendant is requesting for a second appeal based on I don't think I was given a fair decision and didn't see none of my evidence but everybody else did so I didn't have a chance to defend myself or tell my side of the story. My court date was May 7th 2015.

Yours Truly

Retha martin
52 Mt Olive Rd
Green pond S.C. 29446
843-584-1482

My Commission Expires March 28th 2022



Mary B Edwards

2-1-16

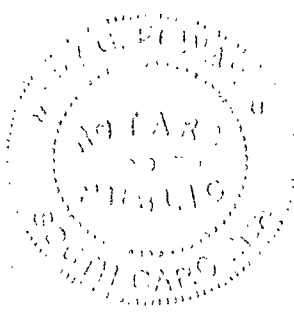
To The State Of SC For Colleton County

I Retha Martin the defendant is requesting for a second appeal based on I don't think I was given a fair decision and didn't see none of my evidence but everybody else did so I didn't have a chance to defend myself or tell my side of the story. I feel like ive been discriminated by my complaint again against me. My court date was May 7th 2015. I am requesting for my content of motions discovery and petitions.

Yours Truly

843-584-1482
Retha martin
52 Mt Olive Rd
Green pond S.C. 29446

My Commission Expires March 28th 2022



Mary G Edrington

2-1-16

YOUR PERSONAL PRESCRIPTION INFORMATION

BI-LO
#5707 HARMACY

If you have any questions, please contact your BI-LO pharmacist at (843) 549-1793

PATIENT MEDICATION DIRECTIONS:

TAKE 1/2 TABLET BY MOUTH EVERY NIGHT AT BEDTIME FOR 7 DAYS THEN 1 EVERY

MARTIN, RETHA
MIRTAZAPINE 30 MG TAB

GENERIC NAME: Mirtazapine Tablets (mir TAZ a peen)

WARNING: Children and teens who take this drug may be at a greater risk of having thoughts or actions of suicide. Adults may also be at risk. The risk may be greater in people who have had these thoughts or actions in the past. Watch people who take this drug closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchingness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. This drug is not approved for use in children. Talk with the doctor. **COMMON USES:** It is used to treat low mood (depression). It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to mirtazapine or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Diazepam, linezolid, or methylene blue. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or t ranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. Talk with your doctor. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take at bedtime if it causes sleepiness. Take with or without food. Take with food if it causes an upset stomach. Take as you have been told, even if you feel well. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Store in a dry place. Do not store in a bathroom. Protect from light. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Check with your pharmacist about how to throw out unused drugs. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: All products: Tell dentists, surgeons, and other doctors that you use this drug. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Avoid driving and doing other tasks or actions that call for you to be alert or have clear eyesight until you see how this drug affects you. Some people may have a higher chance of eye problems with this drug. Your doctor may want you to have an eye exam to see if you have a higher chance of these eye problems. Call your doctor right away if you have eye pain, change in eyesight, or swelling or redness in or around the eye. You may have more chance of getting an infection. Wash hands often. Stay away from people with infections, colds, or flu. Have your blood work checked. Talk with your doctor. Avoid drinking alcohol. Talk with your doctor before you use other drugs and natural products that slow your actions. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? **WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of infection like fever, chills, very bad sore throat, ear or sinus pain, cough, more sputum or change in color of sputum, pain with passing urine, mouth sores, or wound that will not heal. Signs of low sodium levels like headache, trouble focusing, memory problems, change in thinking clearly and with logic, weakness, seizures, or change in balance. Shortness of breath. Very bad dizziness or passing out. Joint pain. Feeling very tired or weak. A very bad and sometimes deadly health problem called serotonin syndrome may happen. The risk may be greater if you take this drug with certain other drugs. Call your doctor right away if you have dizziness, very bad headache, agitation, hallucinations, fever, fast heartbeat, a heartbeat that does not feel normal, flushing, seizures, shakiness, sweating a lot, change in balance, change in thinking clearly and with logic, very bad upset stomach and throwing up, or very bad loose stools. A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes. **WHAT ARE SOME OTHER SIDE EFFECTS?**

YOUR PERSONAL PRESCRIPTION INFORMATIONBI-LO
#5707 PHARMACYIf you have any questions, please contact your BI-LO pharmacist at
PHONE # (843) 549-1793**PATIENT MEDICATION DIRECTIONS:**
TAKE 1 TABLET BY MOUTH ONCE DAILY.

MARTIN, RETHA

SERTRALINE 100 MG TAB

GENERIC NAME: Sertraline Tablets (SER tra leen)

WARNING: Children and teens who take this drug may be at a greater risk of having thoughts or actions of suicide. Adults may also be at risk. The risk may be greater in people who have had these thoughts or actions in the past. Watch people who take this drug closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouching, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. This drug is not approved for use in all children. Talk with the doctor to be sure that this drug is right for your child. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. Talk with your doctor. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take as you have been told, even if you feel well. To gain the most benefit, do not miss doses. Take with or without food. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Check with your pharmacist about how to throw out unused drugs. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: Tell dentists, surgeons, and other doctors that you use this drug. Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Avoid drinking alcohol. Talk with your doctor before you use other drugs and natural products that slow your actions. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. This drug may raise the chance of a broken bone. Talk with the doctor. This drug may raise the chance of bleeding. Sometimes, bleeding can be life-threatening. Talk with the doctor. A very bad and sometimes deadly health problem called serotonin syndrome may happen. The risk may be greater if you take this drug with certain other drugs. Call your doctor right away if you have dizziness, very bad headache, agitation, hallucinations, fever, fast heartbeat, a heartbeat that does not feel normal, flushing, seizures, shakiness, sweating a lot, change in balance, change in thinking clearly and with logic, very bad upset stomach and throwing up, or very bad loose stools. Some people may have a higher chance of eye problems with this drug. Your doctor may want you to have an eye exam to see if you have a higher chance of these eye problems. Call your doctor right away if you have eye pain, change in eyesight, or swelling or redness in or around the eye. This drug may affect certain lab tests. Be sure your doctor and lab workers know you take this drug. Use with care in children. Talk with the doctor. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Taking this drug in the third trimester of pregnancy may lead to some health problems in the newborn. Talk with the doctor. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? **WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of low sodium levels like headache, trouble focusing, memory problems, changes in thinking, dizziness, or fainting.