

STATE OF SOUTH CAROLINA
COUNTY OF Aiken

Case # 2014 CP 06 00224

EXHIBITS

Plaintiff(s) Matthew Stephen Atkinson

vs.
 Defendant(s) State of SC

PLAINTIFF'S EXHIBITS	DEFENDANT'S EXHIBITS	COURT'S EXHIBITS
1 <u>Medical Records of treatment</u>	1	1
2 <u>photo- Black + white</u>	2	2
3 <u>Rap Sheet</u>	3	3
4 <u>Pub. Def. PC documents</u>	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15

FILED FOR RECORD
 2015 MAY 22 PM 2:06
 RHONDA D. McELVEEN
 CLERK OF COURT
 BARNWELL COUNTY, S.C.

Court Reporter Cheri Young

Clerk of Court Anita Knoepfle

Date 5/20/2015

A.J.Z. Law Firm LLC

Aimee J. Zmroczek
P.O. Box 11961
Columbia, South Carolina 29211
(803) 400-1918



Name: Matthew Atkinson ✓ Date of Birth: _____
Social Security Number: _____ ✓

I authorize the use or disclosure of the above named individual's health information as described below.

The following individual or organization is authorized to make the disclosure:

Name of physician/hospital; Barnwell County Hospital

The information may be disclosed to the following: A.J.Z. Law Firm, LLC
P.O. Box 11961
Columbia, SC 29211

PURPOSE OF DISCLOSURE: Legal Purposes

The type and amount of information to be used or disclosed is as follows:

- Entire record
- Narrative treatment records
- Admission/Discharge summary; history and physical records
- Doctor's Notes/Consultation notes
- Diagnostic test reports (including x-ray and imaging reports, laboratory reports)
- Medication list/pharmacy records/immunization record/list of allergies
- Other: this request is for the months of December 2011 & ✓
January 2012

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health service, and treatment for alcohol or drug abuse.

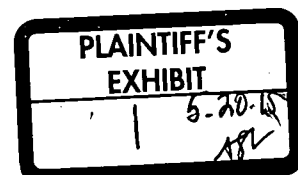
I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

I understand that I have the right to revoke this authorization at any time by notifying A.J.Z. Law Firm, LLC in writing of my desire to revoke it. I understand the revocation will not apply to information that has already been released in response to this authorization.

Unless otherwise revoked, this authorization will expire **one year (1 year) from the date of**

Signature. Matthew Atkinson

X _____
Initials



04/30/2013
11:10:26 am

Demand Bill From History

Page: 1

**BARNWELL COUNTY HOSPITAL
811 REYNOLDS ROAD
BARNWELL, SC 298121573
803-259-1000**

MR# / Adm #: 409324 / 614260	ATKINSON, MATTHEW S	Admission Date: 12/31/2011
Guarantor #: 409324	ATKINSON, MATTHEW S	Discharge Date: 12/31/2011
Doctor #: 633	ANTONATOS, MIGUEL	Patient Age: 42
Ins Codes: 90	Bed#:	DRG #:
	Patient Type: 25	LOS: 0

Charge Date	Date Ent	Date Pst	Charge #	Description	Rev	Cpt	Qty	Unit Price	Charge Amt
12/31/11	12/31/11	01/04/12	3300023	INJCT THER DX SUBCU	450	96372	1	96.00	96.00
12/31/11	12/31/11	01/04/12	3300044	ER VISIT LEVEL 2	450	99282	1	226.00	226.00
EMERGENCY ROOM				Dept Total			2		322.00
12/31/11	12/31/11	01/04/12	3310022	ER VST E&M MOD SEVER	981	99283	1	168.00	168.00
ER PHYSICIAN				Dept Total			1		168.00
12/31/11	12/31/11	01/04/12	4253619	KETOROLAC INJ [60 MG	636	J1885	1	19.00	19.00
PHARMACY				Dept Total			1		19.00
Patient Total									509.00
Payments Received									0.00
Balance Due									509.00

BARNWELL COUNTY HOSPITAL
Vitals Detail Report

Patient: ATKINSON, MATTHEW
Visit #: 614260 Admit Date: 12/31/2011
Age: 42 Y Birth Date:
Height: 5R 9in Sex: M
Weight: 150lbs 0oz Pat Type: ER

Med Rec #: 409324
Room/Bed:
Admitting MD: ANTONATOS, MIGUEL
Attending MD: ANTONATOS, MIGUEL
Family MD: MISC, DOCTOR

Entry Date:	12/31/2011	Notes:	Operator:
Entry Time:	0719		Larry Davenport, RN
TEMP-ORAL	97.7 F		Larry Davenport, RN
PULSE-RADIAL	94 BPM		Larry Davenport, RN
RESPIRATIONS	18 PER MIN.		Larry Davenport, RN
SYSTOLIC B/P	110 mmHg		Larry Davenport, RN
DIASTOLIC B/P	77 mmHg		Larry Davenport, RN
PAIN SCALE	8-0-10		Larry Davenport, RN
SPO2	99 %		Larry Davenport, RN
HEIGHT	5.9 ft/in		Larry Davenport, RN
WEIGHT	150.0 lbs/oz		Larry Davenport, RN

Reason For Edit:

© 1996 - 2008 T-System, Inc. Circle or check affirmatives, backlash (\) negatives.

06 Barnwell County Hospital
 Medical Screening Record
EMERGENCY PHYSICIAN RECORD
 Upper Extremity Injury

ATKINSON, MATTHEW S 12/31/11
 V 614260 M 42Y M 409324
 ER ER
 ATN: ANTONATOS, MIGUEL
 PCP: MISC, DOCTOR

TIME SEEN: 7:58 on arrival ROOM: _____ EMS Arrival
 HISTORIAN: patient spouse paramedics
 AGE 42 (M) F RACE W
 HX / EXAM LIMITED BY: _____

HPI

chief complaint: injury to: R/D hand wrist forearm
 elbow arm shoulder collar bone area
↳ Forearm

onset / duration: just prior to arrival **where:** home school neighbor's
today / yesterday park work street
 _____ min / hrs / days ago

severity of pain: mild moderate severe
 (1/10) **modifiers:** persistent since
 pain intermittent / lasting _____

context: fall blow incision crush burn
patient in motor pool is by wrist
noticed hand with red slight erythema
no tenderness, also with U plastered pain

associated symptoms: tingling / numbness distally _____
 loss feeling / power arms _____
modifying factors: _____ none
 pain on movement _____

Nursing Assessment Reviewed Vitals Reviewed _____
PHYSICAL EXAM

General Appearance no acute distress alert
 c-collar / backboard (PTA / in ED) _____
 mild / moderate / severe distress _____
 anxious _____

EXTREMITIES HAND

see diagram
 tenderness soft-tissue / bony _____
 swelling / ecchymosis _____
 deformity _____

WRIST

see diagram
 tenderness soft-tissue / bony _____
 tenderness in anatomical snuff box _____
 wrist pain on axial thumb load _____
 swelling / ecchymosis _____
 limited ROM _____
 deformity _____

FOREARM / ELBOW

see diagram
 tenderness soft-tissue / bony _____
 swelling / ecchymosis _____
 limited ROM _____
 deformity _____

ARM / SHOULDER

see diagram
 tenderness soft-tissue / bony _____
 swelling / ecchymosis _____
 limited ROM _____
 deformity _____

ROS

neck / back pain _____ nausea / vomiting _____
 recent illness _____ problems urinating _____
 fever / chills _____ headache _____
 chest pain _____ rash _____
 shortness of breath _____ leg / ankle swelling _____
 cough productive _____ anxiety / depression _____
 LNMP _____ preg post-menop all systems neg except as marked

* NEURO / MS components also addressed in HPI

PAST HX R / L HANDED

cardiac disease AMI A-Fib _____ hepatitis / HIV _____
 diabetes Type 1 Type 2 _____ prior injury _____
 diet / oral / insulin _____
 old records ordered / summary: _____
None

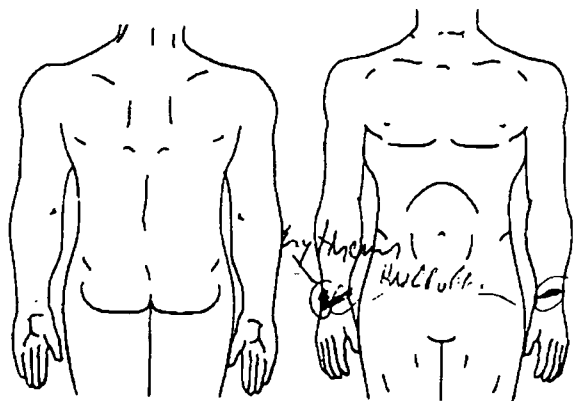
Tetanus immun. UTD / given in ED _____
 Meds- none / see nurses note _____
 Allergies- NKDA / see nurses note _____

SOCIAL HX

smoker _____ drugs _____
 alcohol (recent / heavy / occasional) _____ occupation _____

FAMILY HX

cardiac disease _____



T=Tenderness PtT=Point Tenderness S=Swelling E=Ecchymosis B=Burn
 C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
 (0=without n=mild mod=moderate s=severe)

NEURO / VASC / TENDON

sensation nml _____ sensory / motor deficit _____
motor nml _____ pallor / cool skin / abnml cap refill _____
no vascular _____ pulse deficit radial ulnar _____
compromise _____ deficit in tendon function _____
tendon function nml _____

ExitCare® Patient Information - Matthew Atkinson - ID# 614260 - MR# 409324

Barnwell County Hospital
 811 Reynolds Road
 Barnwell, SC 29812
 803-259-1000

PATIENT CARE INSTRUCTIONS Powered by EXITCARE®

Patient Information:

Patient ID: 614260	Patient Medical Record Number: 409324
Patient Name: Matthew Atkinson	Patient Address:
Responsible Adult:	Patient Email:
Patient Weight: 150lbs 0oz	Patient Height: 5ft 9in
Patient DOB:	Patient Gender: M
Patient Phone Number:	

Visit Information:

Visit Start Date: 12/31/2011	Department: ED
Discharge Date/Time: 12/31/2011 8:12:31 AM	
Primary Caregiver: Antonatos, Miguel	Diag: Contusion (Contusion) Sprain (Sprain)

Primary Follow-up Info: :

User Information:

Login ID:	User Name:	Dept: ED
-----------	------------	----------

>>>> Contusions, Easy-to-Read - English - {46A5572F-EC68-4B9D-8BDD-AE070EBB3013}

Additional Notes:

TAKE PRESCRIBED MEDICATION AS DIRECTED.

ULTRACET 37.5/325 MG BY MOUTH 2 TABLETS EVERY 6 HOURS FOR PAIN AS NEEDED.

KEFLEX 500 MG 1 TABLET BY MOUTH EVERY 6 HOURS FOR 5 DAYS.

REST, ICE, COMPRESS, AND ELEVATE FOR 3 DAYS.

IF CONDITION WORSENS, RETURN TO THE ER.

>>>> Wrist Pain (Strain-Sprain), Easy-to-Read - English - {33C7F5BF-42D6-4038-8527-3E0035DBAD35}

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

Patient or Guardian Signature	Time /Date	Witnessed & Instructed by
<i>pt Refused to Sign</i>		<i>[Signature]</i>
		Time/Date
		<i>0820 12/31/11</i>

BARNWELL COUNTY HOSPITAL

811 Reynolds Road
 Barnwell, South Carolina 29812
 803-259-1000

NAME: Atkins, Matthew

ADDRESS: _____

DATE: 12/31/11

Medication	Strength	QTY	Directions	Refill
<u>Vitamin</u>	<u>21.5/225</u>	<u>10</u>	<u>take 2 tablets qday (as PA)</u>	<u>0234</u>
<u>Keflex</u>	<u>500mg</u>	<u>20</u>	<u>take 1 tablet qday x 5 days</u>	<u>01234</u>
				<u>01234</u>
				<u>01234</u>
				<u>01234</u>

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

BCH 101

DEA#: _____

End of File

Please discard this page

A. J. Z. Law Firm, LLC

Mailing Address
P.O. Box 11961
Columbia, SC 29211

Physical Address
1330 Lady Street, Suite 400
Columbia, South Carolina 29201

Phone: (803) 400-1918
Fax: (803) 403-8005

Aimee J. Zmroczek, Attorney
ajzlawfirm@gmail.com

Christina Metze, paralegal
christina.ajzlawfirm@gmail.com

M. Wade Dowtin, Attorney
wade.ajzlawfirm@gmail.com

April 24, 2013

 COPY

Barnwell County Detention Center
ATTN: Records Department
57 Wall Street
Barnwell, SC 29812

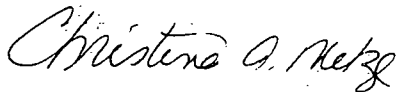
RE: Matthew Atkinson
SSN:

Dear Sir or Madam:

This office represents Matthew Atkinson. We would like to request a complete copy of your records regarding Matthew Atkinson. Enclosed please find a signed Authorization allowing same.

If you have any questions or need any further information please do not hesitate to call or email.

Sincerely,



Christina A. Metze
Paralegal

VCM

A.J.Z. Law Firm LLC

Aimee J. Zmroczek

P.O. Box 11961

Columbia, South Carolina 29211

(803) 400-1918



Name: Matthew Atkinson Date of Birth: _____

Social Security Number: _____

I authorize the use or disclosure of the above named individual's health information as described below.

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Name of physician/hospital; Barnwell County Detention Center

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P.O. Box 11961

Columbia, SC 29211

PURPOSE OF DISCLOSURE: Legal Purposes

The type and amount of information to be used or disclosed is as follows:

- Entire record medical + any other inmate records re: Matthew Atkinson
- Narrative treatment records
- Admission/Discharge summary; history and physical records
- Doctor's Notes/Consultation notes
- Diagnostic test reports (including x-ray and imaging reports, laboratory reports)
- Medication list/pharmacy records/immunization record/list of allergies
- Other: _____

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health service, and treatment for alcohol or drug abuse.

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

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Unless otherwise revoked, this authorization will expire **one year (1 year) from the date of**

Signature: Matthew Atkinson

MA
Initials

5-14-13

A.J.Z. Law Firm LLC

Aimee J. Zmroczek
P.O. Box 11961
Columbia, South Carolina 29211
(803) 400-1918

HIPPA DISCLOSURE: I have been fully advised of my rights under the health insurance portability and accountability act of 1996 ("HIPPA") and I intend for this atomization to satisfy the requirements of HIPPA and the rules and regulations relating to that act. In that regard, I certify that I consent to the release of my records to my attorney, that the purpose of this request is for my attorney to assist me in my legal claim, and that the release of my entire record is the minimum disclosure necessary to satisfy this request.

Matthew Steyer, M.D.
Patient

4/24/13
Date

Other responsible party

Relationship

Witness

BARNWELL COUNTY HOSPITAL

811 Reynolds Road
 Barnwell, South Carolina 29812
 803-259-1000

11/m Stated he doesn't want RX - 12-31-11 ^{RCO}

NAME: Atkinson, Matthew

ADDRESS: _____

DATE: 12/31/11

Medication	Strength	#	Sig	Refills
<u>Vitracet</u>	<u>500/25</u>	<u>16</u>	<u>take 2 tablets qd for 16 days</u>	<u>0 2 3 4</u>
<u>Keflex</u>	<u>500mg</u>	<u>20</u>	<u>take 1 tablet qd for 20 days</u>	<u>0 1 2 3 4</u>
				<u>0 1 2 3 4</u>
				<u>0 1 2 3 4</u>
				<u>0 1 2 3 4</u>

M.D. Miguel Antonatos, MD Internal Medicine M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

BARNWELL COUNTY HOSPITAL


811 Reynolds Road
Barnwell, South Carolina 29812
803-259-1000

NAME: Atkinson Matthews

ADDRESS: _____

DATE: 5/11/2010

Medication	Strength	#	Sig.	Refills
<u>Ultracet</u>		<u>30</u>	<u>2 tabs po tid prn</u>	0 1 2 3 4
			<u>pan</u>	0 1 2 3 4
<u>Ultracet</u>		<u>30</u>	<u>2 tabs po tid prn pan</u>	0 1 2 3 4
				0 1 2 3 4



M.D.

M.D.

BCH 101

DISPENSE AS WRITTEN

DEA# _____

SUBSTITUTION PERMITTED

BARNWELL OFFSET PRINTING CO. • 803-259-2357

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 12/31/11

INMATES NAME Atkinson, Matthew RACE W SEX M D.O.B. _____

OFFICER'S VISUAL OPINION

1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO *has been cleared by the ER @*
2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
4. Is the skin in good condition and free of vermin? *Scars* YES NO
5. Does the inmate appear to be under the influence of alcohol? YES NO
6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
8. Does the inmate behavior suggest the risk of suicide? YES NO
9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIR

11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY. YES NO
12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
13. Do you have a history of venereal disease or abnormal discharge? YES NO
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor or any illness? *Medical + Cleared before arriving to jail.* YES NO
15. Are you allergic to any medication? *penicillin* YES NO
16. Have you fainted recently or had a recent head injury? YES NO
17. Do you have epilepsy? YES NO
18. Have you ever been treated for tuberculosis? YES NO
19. Do you have diabetes? YES NO
20. Do you have hepatitis? YES NO
21. Do you have a painful dental condition? *Tooth ache* YES NO
22. Have you ever attempted suicide? YES NO
23. Are you currently having thoughts of suicide? YES NO
24. Would you inform a staff member immediately should you have thoughts of harming yourself or others? YES NO
25. Do you have any other medical problems that we should know about? YES NO

FEMALES

26. Are you pregnant? YES NO
27. Are you currently on birth control? YES NO
28. Have you recently delivered? YES NO

REMARKS

INMATE'S SIGNATURE *Matthew Atkinson*

BARNWELL COUNTY DETENTION CENTER
MEDICAL TRANSPORT SHEET

Inmate Last Name Atkinson Inmate First Name Mathew

Inmate Social Security Number _____ Date of Birth 1/1

List below the Prescription Medication that the Inmate receives while incarcerated at BCDC

If the Inmate is allergic to any medication or has any allergies please list below

N/A

Date Transported 3/6/12 Time Transported 1030 Transporting C/O Rudd Bennett

Transport Destination Barnwell Family Medicine

Reason for transport KNECK pain headache

Physician administering treatment 1500150

Was medication administered to Inmate? NO if yes list the name(s) of medication and dosage

If a prescription was written, list the names of Medication, dosage, and how to administer below

Zarflac 150 BID
Ibu pain Q8H

Comments or follow-ups list below

with Dr. G. L. PRN



Barnwell County Hospital
811 Reynolds Road
Barnwell, SC 29812
Modern Medicine. Hometown Touch.

Main Reception
(803) 259-1000

PATIENT CARE INSTRUCTIONS Powered by EXITCARE®

Patient Name: Matthew Atkinson

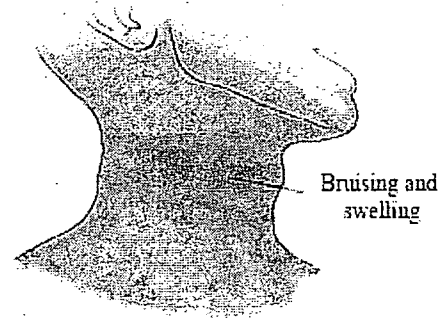
Emergency Physician: Antonatos, Miguel

Contusions

A *contusion* is a deep bruise. Bruises happen when an injury causes bleeding under the skin. Signs of bruising include pain and swelling. The bruise may turn blue, purple, or yellow.

HOME CARE

- Rest the injured area until the pain and swelling are better.
- Apply ice packs for _____ minutes, every 2-3 hours for the first couple of days.
- Keep the injured area raised if sitting or lying down. This will reduce swelling.
- Compression bandages can lessen swelling and motion.
- Try to limit your use of the injured area as much as possible. Do as your doctor suggests.
- Only use medicine as told by your doctor.
- Eat healthy. Eat more protein (fish, meat, cheese, milk and eggs).
- Follow your doctor's directions for follow-up appointments. If you do not follow the directions, it could delay healing.



© JEP & ASSOCIATES, INC., 2006

A pool of blood (*hematoma*) may collect in the injured area. Hematomas do not often cause problems. Sometimes, they need to be drained.

GET HELP RIGHT AWAY IF:

- There is more redness, swelling, or pain. These are signs of infection.
- The pain is not controlled with medication.
- You have a fever of _____ or higher.
- Your contusion is not getting better.
- You have pus coming from the wound, a headache, muscle ache, or you feel dizzy and ill. These could be signs of infection.
- The injured area becomes numb or cold.
- You have new problems.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

ADDITIONAL NOTES AND INSTRUCTIONS

TAKE PRESCRIBED MEDICATION AS DIRECTED.

ULTRACET 37.5/325 MG BY MOUTH 2 TABLETS EVERY 6 HOURS FOR PAIN AS NEEDED.

KEFLEX 500 MG 1 TABLET BY MOUTH EVERY 6 HOURS FOR 5 DAYS.

REST, ICE, COMPRESS, AND ELEVATE FOR 3 DAYS.

IF CONDITION WORSENS, RETURN TO THE ER.

Document Released: 6/5/2009 Document Revised: 10/15/2010 Document Reviewed: 3/26/2009

Wrist Pain (Sprain-Strain)

A sprain is when ligaments are stretched or torn. Ligaments hold bones together. A strain is when muscles or tendons are stretched or pulled. Tendons connect muscles to bones. A wrist will often be tender to touch after a sprain or strain injury.

HOME CARE

- Keep the hurt area raised. This may lessen the swelling.
- Apply ice packs to the injured area for _____ minutes, _____ times a day.
 - Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- Rest the injured area.
- Wear splint, cast, or elastic bandage as advised by your doctor.
- Only take medicine as advised by your doctor.
- It is important to be examined again by your doctor. This is to make sure you are healing properly. Your doctor can help you to know what you can and cannot do as you heal. He/she will also know if you need tests or x-rays.

GET HELP IF:

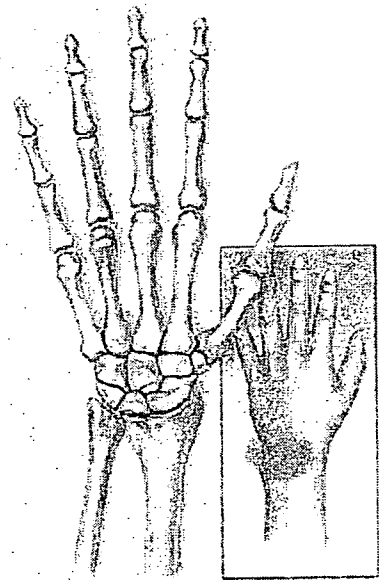
- Bruising, puffiness (*swelling*) or pain increases.
- Your fingers are colder than those on your good wrist.

GET HELP RIGHT AWAY IF:

- Your fingers are swollen, very red, white, cold or blue.
- Your fingers are numb or tingling.
- You have pain that is getting worse.
- You have a hard time moving your fingers.

MAKE SURE YOU:

- Understand these instructions.



© SEIP & ASSOCIATES, INC., 2008

- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 6/5/2009 Document Revised: 11/30/2009 Document Reviewed: 5/20/2009

www.bchospital.org



Barnwell County Hospital
811 Reynolds Road
Barnwell, SC 29812
Modern Medicine. Hometown Touch.

Main Reception
(803) 259-1000

**PATIENT CARE INSTRUCTIONS Powered by EXITCARE®
DISCHARGE INSTRUCTION SUMMARY**

Patient/Visit Information:

Attending Caregiver: Antonatos, Miguel	Discharge Date/Time: 12/31/2011 8:12:31 AM
Patient ID: 614260	Patient Medical Record Number: 409324
Patient Name: Matthew Atkinson	Patient Gender: M
Patient Weight: 150lbs 0oz	Patient Height: 5ft 9in
Patient DOB	Department: ED
Patient Phone Number:	Patient Address:
Responsible Adult:	Patient Email:
Visit Start Date: 12/31/2011	Diag: Contusion (Contusion) Sprain (Sprain)
Other Providers:	

Discharge Instruction Sheets Provided:

Contusions, Easy-to-Read
Wrist Pain (Strain-Sprain), Easy-to-Read

Patient Instructions:

Additional Notes for Contusions, Easy-to-Read
TAKE PRESCRIBED MEDICATION AS DIRECTED.

ULTRACET 37.5/325 MG BY MOUTH 2 TABLETS EVERY 6 HOURS FOR PAIN AS NEEDED.

KEFLEX 500 MG 1 TABLET BY MOUTH EVERY 6 HOURS FOR 5 DAYS.

REST, ICE, COMPRESS, AND ELEVATE FOR 3 DAYS.

IF CONDITION WORSENS, RETURN TO THE ER.

Followup Appointments/Instructions:

Primary Follow-up Information
: - (000)000-0000

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 2-11-11

INMATE'S NAME Atkinson ^{Matthew} RACE W SEX M D.O.B.

OFFICER'S VISUAL OPINION

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency care? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
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- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
- 8. Does the inmate behavior suggest the risk of suicide? YES NO
- 9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIRE

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY) YES NO
- 12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
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- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor of any illness? YES NO
- 15. Are you allergic to any medication? YES NO
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- 23. Are you currently having thoughts of suicide? YES NO
- 24. Would you inform a staff member immediately should you have thoughts of harming yourself or others? YES NO
- 25. Do you have any other medical problems that we should know about? Pain in right arm and shoulder YES NO

FEMALES

- 26. Are you pregnant? YES NO
- 27. Are you currently on birth control? YES NO
- 28. Have you recently delivered? YES NO

REMARKS

INMATE'S SIGNATURE Matthew S. Atkinson

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 8-30-10

INMATES NAME Atkinson, Matthew RACE W SEX M D.O.B.

OFFICER'S VISUAL OPINION

1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
4. Is the skin in good condition and free of vermin? YES NO
5. Does the inmate appear to be under the influence of alcohol? YES NO
6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
8. Does the inmate behavior suggest the risk of suicide? YES NO
9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIR

11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY. YES NO
12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
13. Do you have a history of venereal disease or abnormal discharge? YES NO
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor or any illness? 8-30-10 Ran over Scott YES NO
15. Are you allergic to any medication? YES NO
16. Have you fainted recently or had a recent head injury? Hit by Truck YES NO
17. Do you have epilepsy? YES NO
18. Have you ever been treated for tuberculosis? YES NO
19. Do you have diabetes? YES NO
20. Do you have hepatitis? YES NO
21. Do you have a painful dental condition? YES NO
22. Have you ever attempted suicide? YES NO
23. Are you currently having thoughts of suicide? YES NO
24. Would you inform a staff member immediately should you have thoughts of harming yourself or others? YES NO
25. Do you have any other medical problems that we should know about? YES NO

FEMALES

26. Are you pregnant? YES NO
27. Are you currently on birth control? YES NO
28. Have you recently delivered? YES NO

REMARKS

INMATE'S SIGNATURE Matthew S. Atkinson

Barnwell County Hospital
811 Reynolds Road
Barnwell, South Carolina 29812

Patient: MATHEW ATKINSON

5/11/2010

1:38:20 AM

Page: 1

Care Provider: DR. CHILAKA

GENERAL INSTRUCTIONS:

Thank you for choosing Barnwell County Hospital for your emergency needs. Your satisfaction is important to us. Please call if there is any problem.

Please realize that any condition can change. Some illnesses worsen despite proper treatment. Some problems begin with unusual or vague symptoms, and may require passage of time for symptoms and findings to develop before a definitive diagnosis can be made. If your condition changes significantly, you should call your doctor or return for re-examination.

correct diagnosis can be made. If your condition changes significantly, you should call or return for re-examination.

All X-rays are reviewed by the Emergency Department Physician, but are interpreted by a radiologist. This is usually done within 24 hours. If there is any important difference between the radiologist's and your physician's reading of the X-rays, you'll be notified by your family physician. Please make sure that you provide the correct phone number so that we can contact you if needed for follow up concerns.

CONTUSION TO RIGHT WRIST/HAND:

Your injury has resulted in a contusion -- an injury to the deep tissues. No injury to important structures was detected during the physician's exam. Contusions vary in the amount of pain they cause, and in the length of time required for healing. Typically, the area will become bruised, and will remain painful to touch for two or three weeks. However, most patients are back to working and playing within a few days.

After the initial period of rest and cold-packs, your symptoms (together with the doctor's recommendations) will determine how rapidly you can get back to full activity. Usually this means "do what feels okay, but don't do things that hurt."

If re-examination was recommended, it's important to follow up as instructed. Call the doctor or return any time if pain increases, if swelling becomes severe, if you develop numbness or weakness in an injured extremity, or if any other alarming symptoms occur.

SPRAINED RIGHT WRIST:

A sprained wrist usually results from an over-bending of the joint. This is an injury to the ligaments around the wrist, rather than the wrist bones. Many sprains can be disabling -- requiring splinting, or even casting, while the wrist heals.

The usual treatment of a sprained wrist is ice, elevation, and a

splint for protection. Once motion is painfree, use of the wrist is gradually increased. Usually, healing is complete in three or four weeks.

Your physician has assessed the seriousness of the injury to your wrist, and has discussed the initial treatment plan with you. This treatment may change, depending on how your wrist progresses.

Call the doctor or return any time if pain becomes severe, if there is major swelling or discoloration in the hand or wrist, or if the hand becomes numb.

TORADOL INJECTION:

You have been given an injection of ketorolac tromethamine (Toradol). This is an excellent, safe drug for pain control. It also has potent antiinflammatory action. You should have significant pain relief within about one hour.

Toradol is not addicting and is non-sedating. It does not interfere with driving or work.

Call or return if you develop itching, hives, shortness of breath, or rash.

ULTRACET

Ultracet is a very effective combination type pain reliever. It is not a narcotic, but works in a similiar way.

It contains acetaminophen and tramadol and is given for moderate to severe pain. You should not drink alcohol, take other narcotics or sleeping pills while taking this medication. If you have seizures, consult your doctor before taking. Do not take any tylenol or acetaminophen products while taking Utracet.

Exercise caution before driving or performing any hazardous activities, since this drug may make you sleepy. Always follow the directions on your prescription bottle.

ICE & ELEVATION:

Apply ice packs frequently against the painful area. Many different schedules are recommended, such as "20 minutes on, 20 minutes off" or "one hour ice, two hours rest." If you need to work, you may need to go longer between ice treatments. You should plan to have the area ice packed AT LEAST one-fourth of the time.

The ice should be applied over the wrap, tape, or splint, or over a layer of cloth -- not directly against the skin. Some ice bags have a built-in cloth and can be put directly on the skin.

Your injured part should be elevated as much as possible over the next 48 hours. Try to keep the injury above the level of the heart. Avoid use of the injured area. Elevation and rest will decrease the swelling.

FOLLOW-UP CARE: SEE YOUR FAMILY DOCTOR IN 2-7 DAYS FOR FOLLOW UP

You should contact your private physician for follow-up care. If you are unable to get a timely appointment, or if you are worsening, call us.

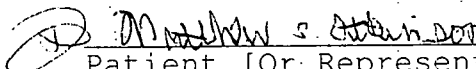
RETURN TO ED IF WORSE

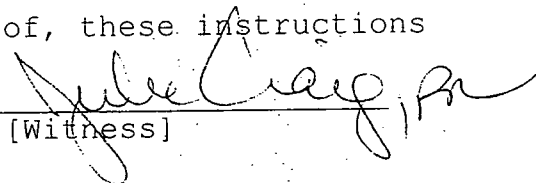
TETANUS IMMUNIZATION GIVEN:

You have been given an immunization against tetanus. Please record this in your records. In general, a booster is needed only once every 10 years. The tetanus shot protects against tetanus or "lockjaw," which is a complication of certain wound infections (the tetanus shot cannot protect against the actual infection).

The immunization site may become warm and red due to local reaction. If this occurs, apply warm compresses and take aspirin or ibuprofen to reduce inflammation and discomfort. Return for evaluation if the reaction becomes severe.

I understand, and have received a copy of, these instructions


Patient [Or Representative]


Nurse [Witness]

ATKINSON, MATTHEW S
V00001099948 M
ER DOB: 1000409324
ADM/SER: 05/11/10 REG ER
PCP: CHILAKA, COLLINS



ARRESTEE MEDICAL CLEARANCE FORM

NAME OF ARRESTEE: Atkinson, Matthew S.

PERSON TRANSPORTING ARRESTEE: _____

DATE: 5-11-10 TIME: 2340

The Barnwell County Detention center has refused to accept the above named arrestee into the jail, pending medical clearance, for the following reasons:

_____/_____/_____
Supervisor on duty Date Time

Name of Examining Physician: Dr Chilaka

DISPOSITION (Check appropriate space)

- I have examined the arrestee and find him/her acceptable for admission into jail. I have no specific suggestions regarding care of this person for the condition for which I examined him/her.
- I have examined the arrestee and find him/her acceptable for admission into jail. I suggest treatment for the arrestee's condition as described below.
- I have examined the arrestee and find him/her acceptable for admission into jail providing the following listed conditions are met.
- I have examined the arrestee and find him/her medically unacceptable for admission into jail.

Physician's Remarks: prescription for ultracet for pain given to patient. Ice and Cold Compress to be applied to affect hand and wrist as necessary.

[Signature] 5/11/2010 01:30am 8035414373
Signature of Physician Date Time Telephone #

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 05-11-10

INMATES NAME Atkinson, Matthew RACE W SEX M D.O.B _____

OFFICER'S VISUAL OPINION

1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
4. Is the skin in good condition and free of vermin? YES NO
5. Does the inmate appear to be under the influence of alcohol? YES NO
6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
8. Does the inmate behavior suggest the risk of suicide? YES NO
9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIRE

11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY) YES NO
12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
13. Do you have a history of venereal disease or abnormal discharge? YES NO
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor or any illness? YES NO
15. Are you allergic to any medication? YES NO
16. Have you fainted recently or had a recent head injury? YES NO
17. Do you have epilepsy? YES NO
18. Have you ever been treated for tuberculosis? YES NO
19. Do you have diabetes? YES NO
20. Do you have hepatitis? YES NO
21. Do you have a painful dental condition? YES NO
22. Have you ever attempted suicide? YES NO
23. Are you currently having thoughts of suicide? YES NO
24. Would you inform a staff member immediately should you have thoughts of harming yourself or others? YES NO
25. Do you have any other medical problems that we should know about? YES NO

FEMALES

26. Are you pregnant? YES NO
27. Are you currently on birth control? YES NO
28. Have you recently delivered? YES NO

REMARKS

Hurt hand was at Ek. Need hand Iced
Can take Ibuprofen as needed

INMATE'S SIGNATURE Matthew Atkinson

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 10-12-06

INMATES NAME Atkinson, Mark RACE W SEX M D.O.B.

OFFICER'S VISUAL OPINION

1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
4. Is the skin in good condition and free of vermin? YES NO
5. Does the inmate appear to be under the influence of alcohol? YES NO
6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
8. Does the inmate behavior suggest the risk of suicide? YES NO
9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIR

11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY) YES NO
12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
13. Do you have a history of venereal disease or abnormal discharge? YES NO
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor or any illness? YES NO
15. Are you allergic to any medication? Codine YES NO
16. Have you fainted recently or had a recent head injury? YES NO
17. Do you have epilepsy? YES NO
18. Have you ever been treated for tuberculosis? YES NO
19. Do you have diabetes? YES NO
20. Do you have hepatitis? YES NO
21. Do you have a painful dental condition? YES NO
22. Have you ever attempted suicide? YES NO
23. Are you currently having thoughts of suicide? YES NO
24. Would you inform a staff member immediately should you have thoughts of harming yourself or others? YES NO
25. Do you have any other medical problems that we should know about? YES NO

FEMALES

26. Are you pregnant? YES NO
27. Are you currently on birth control? YES NO
28. Have you recently delivered? YES NO

REMARKS

Shoulder hurt

INMATE'S SIGNATURE Mark Atkinson

MEDICAL RECEIVING SCREENING FORM (FORM C-1)

DATE 3/16/06

INMATES NAME Atkinson, Matthew RACE W SEX M D.O.B

OFFICER'S VISUAL OPINION

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Services? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
- 8. Does the inmate behavior suggest the risk of suicide? YES NO
- 9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER/INMATE QUESTIONNAIRE

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S) IF ANY. YES NO
- 12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
- 13. Do you have a history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor or any illness? YES NO
- 15. Are you allergic to any medication? Penicillin, codain YES NO
- 16. Have you fainted recently or had a recent head injury? Amtr YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problems that we should know about? YES NO

FEMALES

- 23. Are you pregnant? YES NO
- 24. Are you currently on birth control? YES NO
- 25. Have you recently delivered? YES NO

REMARKS

INMATE'S SIGNATURE X Matthew Atkinson

MEDICAL RECEIVING SCREENING FORM (FORM C1)

DATE 7-21-04

INMATE NAME Atkinson Mathew RACE W SEX M D.O.B. _____

OFFICER'S VISUAL OPINION

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's car? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol or Drug withdrawal symptoms? YES NO
- 8. Does the inmate behavior suggest the risk of suicide? YES NO
- 9. Does the inmate behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

OFFICER-INMATE QUESTIONNAIR

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? (CIRCLE CONDITION(S)) IF ANY YES NO
- 12. Do you have a special diet prescribed by a physician? TYPE _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? Penicillin YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problems we should know about? YES NO
- 23. (If female) Are you pregnant? YES NO
- 24. Are you currently on birth control? YES NO
- 25. Have you recently delivered? YES NO

REMARKS

INMATE SIGNATURE Mathew J. Atkinson

Medical

Receiving Screening Form

DATE 8-16-01

NAME Atkinson Matthew RACE W SEX M D.O.B. _____

OFFICER Butcher TIME 2035

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? toothaches YES NO
- 22. Do you have any other medical problem we should know about? J. W. B. YES YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. Matthew S. Atkinson
- 2. _____
- 3. _____
- 4. _____

Medical

Receiving Screening Form

DATE 04/20/01

NAME Atkinson, Matthew RACE W SEX M D.O.B. _____

OFFICER Milledge TIME 0150

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
Type _____
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you *recently* been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

1. ~~Was in fight~~ Was in fight bruised +

2. sore allergic to Penicillin + Codeine

3. _____

4. _____

Medical

Receiving Screening Form

DATE 1-8-01

NAME Atkinson Matthew Stephen RACE W SEX M U.O.B. _____

OFFICER Woods TIME 07:45

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin, or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. Matthew Atkinson
- 2. asthma, Allergies
- 3. medication paink attack
- 4. _____

Medical

Receiving Screening Form

DATE 08-15/00

NAME A. Kinson, Stephen RACE W SEX M U.O.B. _____

OFFICER B. Johnson, Brendan, Freeman TIME 1400

Officer's Visual Opinion

- | | | | | |
|---|-----|----------------------------------|----|----------------------------------|
| 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 4. Is the skin in good condition and free of vermin? | YES | <input checked="" type="radio"/> | NO | <input type="radio"/> |
| 5. Does the inmate appear to be under the influence of alcohol? | YES | <input checked="" type="radio"/> | NO | <input type="radio"/> |
| 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 8. Does the inmate's behavior suggest the risk of suicide? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |

Officer-Inmate Questionnaire

- | | | | | |
|---|-----|----------------------------------|----|----------------------------------|
| 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 12. Do you have a special diet prescribed by a physician?
Type _____ | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 13. Do you have history of venereal disease or abnormal discharge? | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 14. Have you <i>recently</i> been hospitalized or recently seen a medical or psychiatric doctor for any illness? | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 15. Are you allergic to any medication? <u>penicillin</u> | YES | <input checked="" type="radio"/> | NO | <input type="radio"/> |
| 16. Have you fainted recently or had a recent head injury? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 17. Do you have epilepsy? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 18. Have you ever been treated for tuberculosis? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 19. Do you have diabetes? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 20. Do you have hepatitis? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 21. Do you have a painful dental condition? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 22. Do you have any other medical problem we should know about? | YES | <input type="radio"/> | NO | <input checked="" type="radio"/> |
| 23. If female, are you pregnant? | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 24. Are you currently on birth control pills? | YES | <input type="radio"/> | NO | <input type="radio"/> |
| 25. Have you recently delivered? | YES | <input type="radio"/> | NO | <input type="radio"/> |

REMARKS:

1. [Signature]

- 2. _____
- 3. _____
- 4. _____

Medical

Receiving Screening Form

DATE 2/17/99

NAME Atkinson, Matthew RACE W SEX M U.O.B.
OFFICER Platts TIME 0135

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you *recently* been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. Matthew J. Atkinson
- 2. _____
- 3. _____
- 4. _____

Medical

Receiving Screening Form

DATE 2/18/95

NAME Atkinson, Matthew RACE W SEX M D.O.B. _____

OFFICER Abney TIME 0745

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS: When arrived at Jail, I/m had cuts and bruises on Both arm and legs.

1. Matthew Atkinson

2. _____

3. _____

4. _____

Medical

Receiving Screening Form

DATE 07/10/91
~~03/28/91~~

NAME Atkinson Matthew S. RACE W SEX M D.O.B. _____
OFFICER Gutte TIME 1637

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of Alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
Type _____
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(A copy of this form is included in the inmate's medical record)

Medical

Receiving Screening Form

01402

DATE 02-14-91

NAME Olson, Matthew Stephen RACE V SEX M D.O.B. _____

OFFICER P.A. Owens TIME 12 10 PM

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
Type _____
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Medical
Receiving Screening Form

DATE 12-2-71

NAME Arthur J. [redacted] RACE W SEX M DOB [redacted]

OFFICER Myra [redacted] TIME 1:14

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's Care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, redness or other evidence of infection which might spread through the jail? YES NO
- 4. Is there pain in groin, constipation, flat or vomit? YES NO
- 5. Does the inmate appear to be under the influence of Alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of recent drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault on staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS

1. _____

2. _____

3. _____

4. _____

Medical

Receiving Screening Form

DATE 12/22/90

NAME Atkinson, Matthew Stephen RACE W SEX M D.O.B. _____

OFFICER Shultz TIME 0158

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(A copy of this form is included in the inmate's medical record)

Medical

Receiving Screening Form

DATE 7/18/90

NAME Alkinson Matthew S RACE W SEX M D.O.B. _____

OFFICER Kiskland 01402 TIME 0245

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Medical
Receiving Screening Form

DATE 4/24/90

NAME Atkinson Matthew RACE B SEX M D.O.B. _____
OFFICER Likland 01402 TIME 1451

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
Type _____
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(A copy of this form is included in the inmate's medical record)

Medical

Receiving Screening Form

DATE 1/28/89

NAME Atkinson Matthew RACE W SEX M D.O.B. _____
OFFICER Dh Goff TIME 0138

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? 2 Beer YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? Type _____ YES NO
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you *recently* been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Medical

Receiving Screening Form

DATE 1/7, 89

NAME Atkinson Matthew S. RACE W SEX M D.O.B. _____
OFFICER Sutland 01402 TIME 10:03 P.M.

Officer's Visual Opinion

- 1. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? YES NO
- 2. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? YES NO
- 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? YES NO
- 4. Is the skin in good condition and free of vermin? YES NO
- 5. Does the inmate appear to be under the influence of alcohol? YES NO
- 6. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? YES NO
- 7. Are there any visible signs of Alcohol/Drug withdrawal symptoms? YES NO
- 8. Does the inmate's behavior suggest the risk of suicide? YES NO
- 9. Does the inmate's behavior suggest the risk of assault to staff or other inmates? YES NO
- 10. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? YES NO

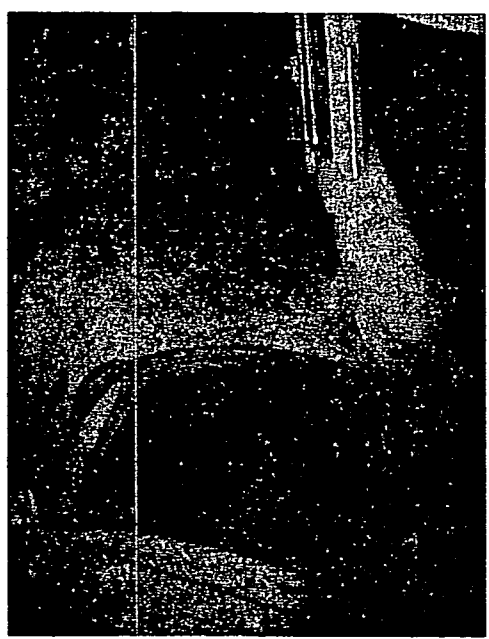
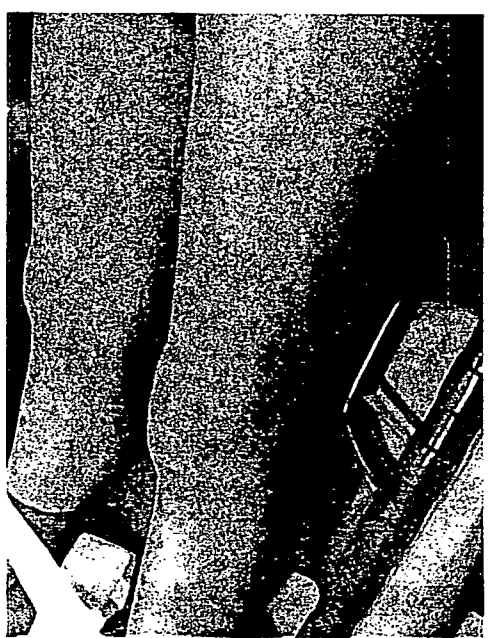
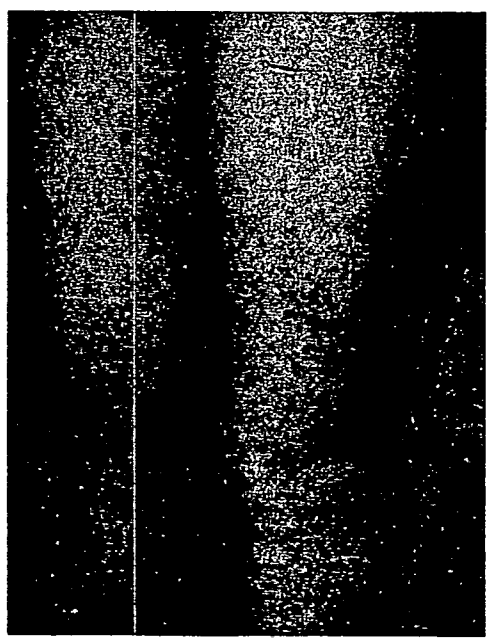
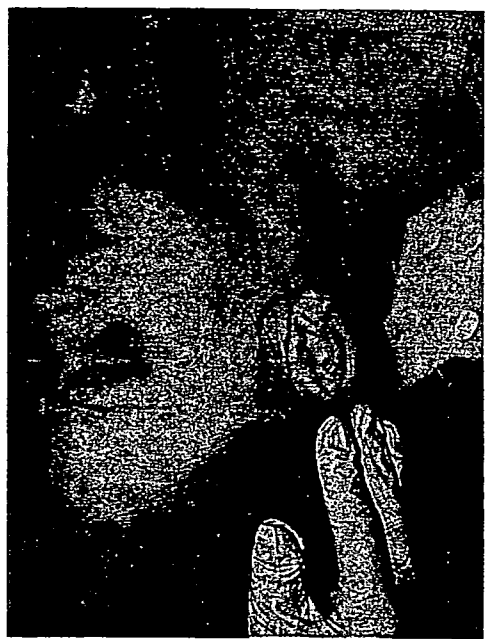
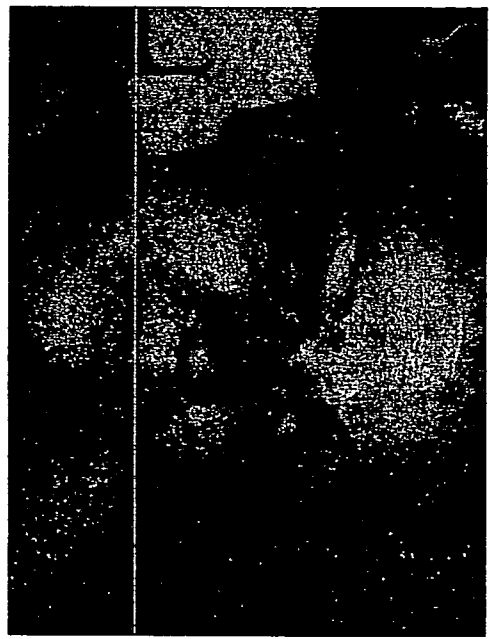
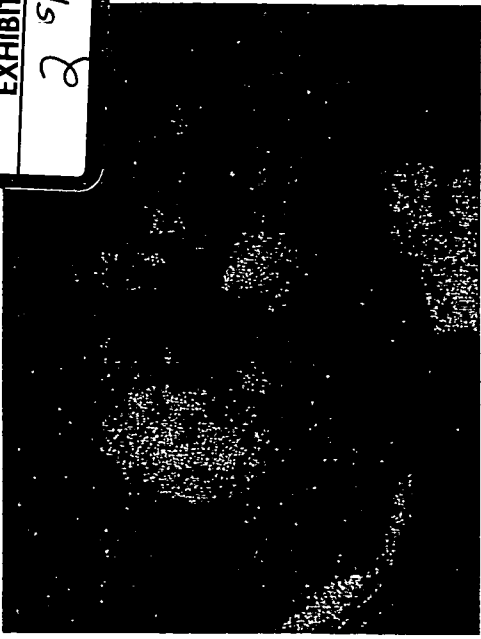
Officer-Inmate Questionnaire

- 11. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. YES NO
- 12. Do you have a special diet prescribed by a physician? YES NO
Type _____
- 13. Do you have history of venereal disease or abnormal discharge? YES NO
- 14. Have you *recently* been hospitalized or recently seen a medical or psychiatric doctor for any illness? YES NO
- 15. Are you allergic to any medication? YES NO
- 16. Have you fainted recently or had a recent head injury? YES NO
- 17. Do you have epilepsy? YES NO
- 18. Have you ever been treated for tuberculosis? YES NO
- 19. Do you have diabetes? YES NO
- 20. Do you have hepatitis? YES NO
- 21. Do you have a painful dental condition? YES NO
- 22. Do you have any other medical problem we should know about? YES NO
- 23. If female, are you pregnant? YES NO
- 24. Are you currently on birth control pills? YES NO
- 25. Have you recently delivered? YES NO

REMARKS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PLAINTIFF'S
EXHIBIT
2 5/20/12



Reference: UNKNOWN
Msg Key : QWA
Date/Time: 20111231024222
Source : NC2K

UNKNOWN.NC2K.QWA.20111231024222.
TO: BARSO003-00272603 20111231 02:42:22 0006CE9B36
FROM: NC2K 20111231 02:42:22
1L01144701B1EA2QWA
SC0060000

***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

MKE/WANTED PERSON
CMC/05 - VIOLENT TENDENCIES
EXL/B - LIMITED EXTRADITION SEE MIS FIELD
ORI/SC0060000 NAM/ATKINSON, MATTHEW STEPHEN SEX/M RAC/W POB/SC
DOB, HGT/510 WGT/155 EYE/BLU HAI/BLN FBI/978661LA9
SKN/LGT
FPC/151416P0CM151318CI15 SOC/250456164
OLN/008951921 OLS/SC OLY/2011
OFF/FAILURE TO APPEAR - SEE MIS
OOC/FAMILY OFFENSE
DOW/20111110 OCA/6173
WNO/BW2011016
NOA/N
MIS/ORIGINAL CHARGE FAILURE TO PAY CHILD SUPPORT SSC EXTRADITION ONLY
DNA/N
ORI IS BARNWELL CO SO BARNWELL 803 541-1078
AKA/ATKINS, MATTHEW STEPHEN
AKA/ATKINSON, MATT
AKA/ATKINSON, MATTHEW S
AKA/ATKINSON, STEPHEN MATTHEW
AKA/ATKINSON, STEVEN M
AKA/ATKINSON, STEVEN MATTHEW
AKA/ATKINSON, STEVIE
AKA/OTKINSON, MATTHEW STEPHEN
SOC/215456463
SOC/250450164
NIC/W613984271 DTE/20111201 0003 EST DLU/20111201 0009 EST



Reference: UNKNOWN
Msg Key : CR
Date/Time: 20111231024224
Source : NLETS

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FROM: NLETS 20111231 02:42:23
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12/31/2011 60452 SC0060000
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TXT
HDR/2L01144701B1EB2QR
ATN/JOHNSON, BRIAN

***** CRIMINAL HISTORY RECORD *****
***** Introduction *****

This rap sheet was produced in response to the following request:

FBI Number 978661LA9
State Id Number GA3428940T ()
Purpose Code C
Attention JOHNSON, BRIAN

The information in this rap sheet is subject to the following caveats:

*THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2011-12-31
(GA; 2007-08-11)
Important! Criminal history record information is obtained one of two ways: 1) by conducting an inquiry using personal identifiers such as name and date of birth (name search), or 2) by submitting fingerprint cards to the Georgia Crime Information Center (GCIC). When conducting a name search for criminal history record information, there is a possibility that the information returned belongs to a different person with the same, or similar, identifiers. In this case, a positive match of the person whose criminal history record is sought requires submission of fingerprint cards to GCIC. When conducting a fingerprint search for criminal history record information, the information returned does, in fact, belong to the individual. In this case, conducting a name search using the individual's personal identifiers would be the same information. (GA; 2007-08-11)
When the information contained in a criminal history report causes an adverse employment or licensing decision the individual, business or agency making the decision must inform the applicant of all information pertinent to the decision. The disclosure must include information that a criminal history record check was conducted, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor offense under Georgia law. Additionally, any unauthorized dissemination of this record or information herein also violates Georgia law. The plea of nolo contendere may be considered a conviction for some purposes; however, except as otherwise provided by law, it shall not be used against the defendant in any other court as a conviction or admission of guilt or for the purpose of effecting any civil disqualification of the defendant to hold public office, to vote, to serve upon any jury, or any other civil disqualification imposed upon a person convicted of any offense under the laws of this state. (GA; 2007-08-11)
In the event that identifiers are not clearly associated to a specific cycle, the information is most likely non-fingerprint based information received from the Department of Corrections at the time of release from incarceration. (GA; 2007-08-11)

***** IDENTIFICATION *****

Subject Name(s)
ATKINSON, MATTHEW STEPHEN

Subject Description
FBI Number 978661LA9 State Id Number GA3428940T
Social Security Number

Sex Male Race White
 Height 5'10" Weight 155 Date of Birth
 Hair Color Brown Eye Color Blue
 Place of Birth SOUTH CAROLINA

***** CRIMINAL HISTORY *****

===== Cycle 1 =====
 Tracking Number 00133333874
 Earliest Event Date 2006-07-29 Incident Date 2006-07-29

 Arrest Date 2006-07-29
 Arrest Case Number 200630557
 Arresting Agency GA0360000 COLUMBIA COUNTY SHERIFF OFFICE
 Subject's Name ATKINSON, MATTHEW STEPHEN
 Arrest Type Adult
 Charge 1
 Charge Number 00133333874001
 Charge Tracking Number 00133333874
 Charge Literal DUI - DRIVING UNDER THE INFLUENCE OF ALCOHOL
 Charge Description RECKLESS DRIVING R/F
 DUEMPTYFIELDIEMPTIYFIELDALCOHOL
 Statute (40-6-391(A)(1); GA)
 State Offense Code 5404
 Severity Misdemeanor
 Charge 2
 Charge Number 00133333874002
 Charge Tracking Number 00133333874
 Charge Literal DRIVING WHILE LICENSE SUSPENDED OR REVOKED (MISDEMEANOR)
 Statute (40-5-121(A); GA)
 State Offense Code 5412
 Severity Misdemeanor

 Court Disposition (Cycle 1)
 Court Case Number 06R0779
 Court Agency GA036015J COLUMBIA COUNTY SUPERIOR COURT
 Subject's Name ATKINSON, MATTHEW STEPHEN
 Charge 1
 Charge Number 00133333874001
 Charge Tracking Number 00133333874
 Charge Literal DUI - DRIVING UNDER THE INFLUENCE OF ALCOHOL
 Statute (40-6-391(A)(1); GA)
 State Offense Code 5404
 Severity Misdemeanor
 Disposition (2007-09-27; AMENDED TO A NON-FINGERPRINTABLE CHARGE)
 Charge 2
 Charge Number 00133333874002
 Charge Tracking Number 00133333874
 Charge Literal DRIVING WHILE LICENSE SUSPENDED OR REVOKED (MISDEMEANOR)
 Statute (40-5-121(A); GA)
 State Offense Code 5412
 Severity Misdemeanor
 Disposition (2007-09-27; GUILTY (CONVICTED / ADJUDICATED))
 Charge 3
 Charge Number 00133333874003
 Charge Tracking Number 00133333874
 Charge Literal NON-FINGERPRINTABLE OFFENSE - FOR USE WITH
 NON-FINGERPRINTABLE OFFENSES ONLY
 Statute (NOT FOUND; GA)
 State Offense Code 9G00
 Severity Misdemeanor
 Disposition (2007-09-27; GUILTY (CONVICTED / ADJUDICATED))

 Sentencing (Cycle 1)
 Sentence Date 2007-09-27
 Charge 2
 Charge Number 00133333874002

Reference: 03DQ00002S
Msg Key : QWA
Date/Time: 20111231061848
Source : NC2K

03DQ00002S.NC2K.QWA.20111231061848.
TO: BARS0002-00483403 20111231 06:18:48 0006CEA33D
FROM: NC2K 20111231 06:18:48
1L011446020B0D2QWA
SC0060000

***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
*****WARNING - THE FOLLOWING IS AN NCIC PROTECTION ORDER RECORD. DO NOT
SEARCH, DETAIN, OR ARREST BASED SOLELY ON THIS RECORD. CONTACT ENTERING
AGENCY TO CONFIRM STATUS AND TERMS OF PROTECTION ORDER*****

****THE SUBJECT OF THIS RECORD IS PROHIBITED FROM RECEIVING OR POSSESSING
A FIREARM UNDER FEDERAL LAW (TITLE 18, U.S.C., SECTION 922)****

MKE/PROTECTION ORDER - CAUTION

CMC/01 - OTHER

ORI/00000000 NAM/JACKSON, DARYLE LYNN SEX/M RAC/W POB/TN

DOB/ HGT/510 WGT/205 EYE/BLU HAI/BLN FBI/647935HD6 CTZ/US

SKN/MED SMT/TAT R ARM

MNU/OA-TN00749341 SOC/

OLN/072382919 OLS/TN OLY/2012

PNO/18210CV BRD/Y ISD/20110314 EXP/20120322 CTI/TN026023J

PPN/JACKSON, CRYSTAL GAIL PSX/F PPR/W PPB/19771002 PSN/413573575

PCO/01 - THE SUBJECT IS RESTRAINED FROM ASSAULTING, THREATENING, ABUSING,
PCO/HARASSING, FOLLOWING, INTERFERING, OR STALKING THE PROTECTED PERSON AND/OR
PCO/CHILD OF THE PROTECTED PERSON.

OCA/18210CV

VLD/20110711

MIS/CAU FOR HISTORY OF ASSAULT FINAL ORDER ISSUED

DNA/N

ORI IS FRANKLIN CO SO WINCHESTER 931 967-2331

PCO/04 - THE SUBJECT IS REQUIRED TO STAY AWAY FROM THE RESIDENCE, PROPERTY,
PCO/SCHOOL, OR PLACE OF EMPLOYMENT OF THE PROTECTED PERSON OR OTHER FAMILY OR
PCO/HOUSEHOLD MEMBER.

PCO/05 - THE SUBJECT IS RESTRAINED FROM MAKING ANY COMMUNICATION WITH THE
PCO/PROTECTED PERSON INCLUDING BUT NOT LIMITED TO, PERSONAL, WRITTEN, OR
PCO/TELEPHONE CONTACT, OR THEIR EMPLOYERS, EMPLOYEES OR FELLOW WORKERS, OR
PCO/OTHERS WITH WHOM THE COMMUNICATION WOULD BE LIKELY TO CAUSE ANNOYANCE OR
PCO/ALARM THE VICTIM.

PCO/07 - THE SUEJECT IS PROHIBITED FROM POSSESSING AND/OR PURCHASING A FIREARM
PCO/OR OTHER WEAPON.

IMN/I216754129 IMT/I

NIC/H186450961 DTE/20110314 1047 EDT DLU/20110711 0941 EDT

Charge Tracking Number 00133333874
Charge Literal
Severity
Sentence CONFINEMENT
Sentence --TIME TO BE SERVED CONSECUTIVE
Sentence PROBATION 12 MONTHS
Sentence FINE \$1000

Sentencing (Cycle 1)
Sentence Date 2007-09-27
Charge 3
Charge Number 00133333874003
Charge Tracking Number 00133333874
Charge Literal
Severity
Sentence CONFINEMENT
Sentence --TIME TO BE SERVED CONSECUTIVE
Sentence PROBATION 12 MONTHS
Sentence FINE \$1000
***** INDEX OF AGENCIES *****

Agency COLUMBIA COUNTY SHERIFF OFFICE; GA0360000;
Agency Telephone (706) 541-2800
Address
PO BOX 310
APPLING, GA 308020310

Agency COLUMBIA COUNTY SUPERIOR COURT; GA036015J;
Agency Telephone (706) 312-7139
Address
PO BOX 2930
EVANS, GA 308090000

Agency COLUMBIA COUNTY SHERIFF OFFICE; GA0360000;

Agency COLUMBIA COUNTY SUPERIOR COURT; GA036015J;

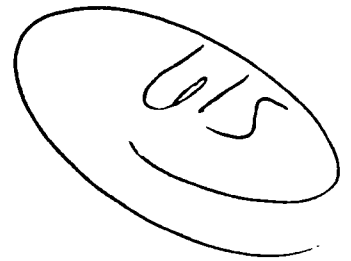
Agency COLUMBIA COUNTY SUPERIOR COURT; GA036015J;

Agency COLUMBIA COUNTY SUPERIOR COURT; GA036015J;

* * * END OF RECORD * * *

C11-12-10214

617



Reference: 03DQ00002A
Msg Key : RR
Date/Time: 20111231034531
Source : NLETS

03DQ00002A.NLETS.RR.20111231034531.
TO: BARSO002-00483394 20111231 03:45:31 000801A76E
FROM: NLETS 20111231 03:45:31
RR.TN0000000
01:45 12/31/2011 78706
01:45 12/31/2011 00198 SC0060000
*1446020B09

TXT
LIC/486ZNJ VIN/2G4WS52M8X1577015 MAKE/BUIC YR/1999 EXP/20120531
TITLE/83312660 MODEL/CEN BODY/4D VCO/ GRN
OWNER/JACKSON CRYSTAL CO-OF-REG/FRANKLIN

ADDR/ SHERWOOD TN 37376 CLSCD/1000 ISSYR/2006. WT/ 000000000

Reference: 03DQ000031
Msg Key : DR
Date/Time: 20111231062129
Source : NLETS

03DQ000031.NLETS.DR.20111231062129.
TO: BARSO002-00483409 20111231 06:21:29 000801A93A
FROM: NLETS 20111231 06:21:29
DR.TN0000000
04:21 12/31/2011 79159
04:21 12/31/2011 00863 SC0060000
*1446020B0F
TXT

DR .TN0000000.SC0060000.*1446020B0F.
TXTF
NAME: JACKSON CRYSTAL G
ADDRESS:

SHERWOOD TN 373762011
DR LIC NO: BIRTH DATE: LIC CLASS: D*** ENDRSE: ****
STICKER NO: 2002017 PREVIOUS CLASS: HO**
ISSUE DATE: 20100427 EXPIRATION DATE: 20121002 ORGAN DONOR: NO
EYES: BR HAIR: BR SEX: F RACE: W HEIGHT: 5FT 00IN WEIGHT: 125
NON-CDL STATUS: VALID LICENSE
NON-CDL ELIGIBILITY DATE: 00000000 GUN PERMIT STATUS: NONE
CDL STATUS: NONE
CDL ELIGIBILITY DATE: 00000000

SOC: 413-57-3575 TOTAL NON-CDL RECS: 000 TOTAL CDL RECS: 000
RESTRICTIONS: CORRECTIVE LENS.

C11-12-10214

Reference: 03DQ00003L
Msg Key : ICHR
Date/Time: 20111231063134
Source : SCCH

03DQ00003L.SCCH.ICHR.20111231063134.
TO: BARSO003-00272626 20111231 06:31:34 003FB86AE5
FROM: SCCH 20111231 06:31:34

ICHR REQUEST FOR RAP SHEET
ORI-SC0060000 FBI-978661LA9 PUR-C
ATN-BOOTS, D

AUTHORIZED CRIMINAL JUSTICE AGENCY USE ONLY. CONTACT CONTRIBUTING
AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS.
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-12/31/2011 TIME-06:30:14
REQ ORI-SC0060000 BARNWELL CNTY SO
SID-SC00673917 FBI-978661LA9
NAME-ATKINSON, MATTHEW STEPHEN SEX-M RACE-W
HEIGHT-508 WEIGHT-150 EYES-BLU HAIR-BLN SKIN-LGT BORN-SC
FPC-151416POCM151318CI15 HENRY-15 M 9 U 000
M 6 U OOI 15

PHOTOGRAPH AVAILABLE
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--02/16/1989 DATE OF LAST UPDATE--10/07/2011

ADDITIONAL IDENTIFIERS	BIRTH DATES	MARKS	SOC SEC	MISC NUM
ATKINSON, MATT				
ATKINSON, STEVEN MATTHEW				
ATKINSON, MATTHEW S				
ATKINSON, STEVEN M				
ATKINSON, STEPHEN MATTHEW				
OTKINSON, MATTHEW STEPHEN				
ATKINS, MATTHEW STEPHEN				
ATKINSON, MATTHEW STEHEN				
ATKINSON, STEVIE				

CONTRIBUTOR/SUBJECT DOA/RCVD CHARGE/DISPOSITION/ETC

ATKINSON, MATTHEW STEPHEN
SC0060000 BARNWELL CNTY SO
WARR-07402MZ

01/07/1989

ARREST CHARGE 01-PUBLIC DRUNK
OFFENSE DATE-01/07/1989
COURT CHARGE 01-PUBLIC DRUNK
COURT DISP-CONVICTED;\$118
FINE

WARR-07402MZ

ATKINSON, MATTHEW STEPHEN
SC0060100 BARNWELL PD
CASE-9007231
WARR-C220804

07/18/1990

ARREST CHARGE 01-ASSAULT AND
BATTERY
OFFENSE DATE-07/15/1990
COURT CHARGE 01-ASSAULT AND
BATTERY
COURT DISP-CONVICTED;SUSPENDE
D SENTENCE FOR 6M
COURT DATE-08/07/1990

WARR-C220804

ATKINS, MATTHEW STEPHEN
SC0060000 BARNWELL CNTY SO
CASE-C91020167
WARR-07217MZ

02/07/1991

ARREST CHARGE 01-OPEN CONTAIN
ER
OFFENSE DATE-02/07/1991
PHOTOGRAPH AVAILABLE

WARR-07220MZ

ARREST CHARGE 02-UNLAWFUL
TRANSFER OF BEER TO UNDER
AGE PERSON

WARR-07217MZ

COURT CHARGE 01-OPEN CONTAINERS

COURT DISP-CONVICTED;\$137 FINE

COURT DATE-02/20/1991

WARR-07220MZ

COURT CHARGE 02-UNLAWFUL TRANSFER OF BEER TO UNDER AGE PERSON

COURT DISP-CONVICTED;\$237 FINE

COURT DATE-02/20/1991

ATKINSON, MATTHEW STEHEN
SC0060000 BARNWELL CNTY SO
CASE-C91020207
WARR-06554R6

02/14/1991

ARREST CHARGE 01-TRANSFER BEER TO PERSON UNDER 21
OFFENSE DATE-02/13/1991
PHOTOGRAPH AVAILABLE

WARR-06555R6

ARREST CHARGE 02-TRANSFER BEER TO PERSON UNDER 21

WARR-06556RG

ARREST CHARGE 03-TRANSFER OF BEER TO PERSON UNDER 21

WARR-06554R6

COURT CHARGE 01-TRANSFER BEER TO PERSON UNDER 21
COURT DISP-MULTIPLE CHARGE ONE DISPOSITION; \$237 FINE

WARR-06555R6

COURT CHARGE 02-TRANSFER OF BEER TO PERSON UNDER 21
COURT DISP-MULTIPLE CHARGE ONE DISPOSITION

WARR-06556RG

COURT CHARGE 03-TRANSFER OF BEER TO PERSON UNDER 21
COURT DISP-MULTIPLE CHARGE ONE DISPOSITION

ATKINSON, MATTHEW STEPHEN
SC0060000 BARNWELL CNTY SO
CASE-C95020291
WARR-05651XM

02/18/1995

ARREST CHARGE 01-CRIMINAL DOMESTIC VIOLENCE
OFFENSE DATE-02/18/1995
PHOTOGRAPH AVAILABLE

ATKINSON, MATTHEW STEPHEN
SC0060000 BARNWELL CNTY SO
CASE-G95020304
WARR-D807069

02/21/1995

ARREST CHARGE 01-FRAUDULENT CHECK
PHOTOGRAPH AVAILABLE
COURT CHARGE 01-FRAUDULENT CHECK
COURT DISP-CONVICTED; FINED \$120

ATKINSON, MATTHEW STEPHEN
SC0060000 BARNWELL CNTY SO
CASE-C98020470
WARR-F157224

02/27/1998

ARREST CHARGE 01-PETTY LARCENY
OFFENSE DATE-02/27/1998
PHOTOGRAPH AVAILABLE

WARR-F157223

ARREST CHARGE 02-PETTY LARCENY
OFFENSE DATE-02/27/1998

CIT-16-13-30(A) MISDEMEANOR
DOC-R84 WARR-F157224

COURT CHARGE 01-PETTY LARCENY
COURT DISP-CONVICTED; TIME SERVED 1D

CIT-16-13-30(A) MISDEMEANOR
DOC-R84 WARR-F157223

COURT CHARGE 02-PETTY LARCENY
COURT DISP-CONVICTED; TIME

Transmission Report

Date/Time
Local ID 1

04-25-2013
8035417046

10:49:26 a.m.

Transmit Header Text
Local Name 1

Barnwell Public Defender

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

PUBLIC DEFENDER for the SECOND JUDICIAL CIRCUIT

Barnwell County Courthouse Room 103
Post Office Box 267
141 Main Street
Barnwell, South Carolina 29812

803-541-1129

803-541-7046 (fax)

April 25, 2013

Mr. Michael Carlton
Miracle Hill Overcomers Center
1916 N. Pleasantburg Drive
Greenville, SC 29609

Re: Matthew Atkinson

Dear Mr. Carlton,

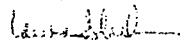
This is to confirm our phone conversation from this morning about the above referenced client. His original application was faxed on September 18, 2012. We have patiently been waiting for a response.

In regards to his legal background, he was incarcerated April 3, 2012 for Resisting Arrest and Assault and Battery of a High and Aggravated Nature (ABHAN). He received a twelve (12) year sentence and is currently housed at Leiber Correctional Institution. He has an extensive history of addiction but has been drug free since this incident on 12/28/11. There is a motion to reconsider his sentence still pending with the Court to commute his sentence from an active 12 years to a suspended incarceration and then be placed on probation. The Court will only consider this option if I can present an acceptance to a long term treatment program.

I am refaxing his original application in hopes that you will consider him an excellent candidate for your program. He has family support, a great attitude and wants not only to be drug free but live a Christian life. Your program would be perfect for him.

If I can be of any further assistance, please do not hesitate to contact me. I remain,

Sincerely Yours,


Laura A. McCann
Assistant Public Defender

**PLAINTIFF'S
EXHIBIT**

4/25/13
LM

Total Pages Scanned : 14

Total Pages Confirmed : 14

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	252	8646310095	10:45:51 a.m. 04-25-2013	00:02:43	14/14	1	EC	HS	CP28800

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fall
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

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Laura A McCann
Assistant Public Defender

Transmission Report

Date/Time
Local ID 1
Local ID 2

01-08-2013
803 541 7046

10:48:20 p.m.

Transmit Header Text
Local Name 1
Local Name 2

Barnwell Public Defender

This document : Confirmed
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Document size : 8.5"x11"

THE OFFICE OF THE PUBLIC DEFENDER
BARNWELL AND BAMBERG COUNTIES
SECOND JUDICIAL CIRCUIT

De GRANT GIBBONS, CHIEF PUBLIC DEFENDER
Laura A. McCann, Assistant Public Defender
M.B. McMillian, Assistant Public Defender
Sandra M. Dobson, Paralegal/AA

Barnwell Office
Post Office Box 267
Barnwell, South Carolina 29812
(803) 541-1129
(803) 541-7046 (FAX)

FACSIMILE TRANSMITTAL SHEET

TO: Michael @ Overcomers

FROM: Sandra@ Public Defenders Office

FAX NUMBER: 864-631-0095

DATE: January 8, 2013

PAGES (INCLUDING COVER SHEET): 9

NOTES/COMMENTS: Please forward this information to Michael ASAP. Your help is greatly appreciated. (Matthew Atkinson, Barnwell, SC)

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this fax is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this fax is strictly prohibited. If you have received this information in error, please call us at the office number listed above and send the original transmission back to us at the above listed address via U.S. Mail. You may request reimbursement for any postage expended.

Total Pages Scanned : 9

Total Pages Confirmed : 9

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
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Abbreviations:

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THE OFFICE OF THE PUBLIC DEFENDER
BARNWELL AND BAMBERG COUNTIES
SECOND JUDICIAL CIRCUIT

De GRANT GIBBONS, CHIEF PUBLIC DEFENDER
Laura A. McCann, Assistant Public Defender
M.B. McMillian, Assistant Public Defender
Sandra M. Dobson, Paralegal/AA

Barnwell Office
Post Office Box 267
Barnwell, South Carolina 29812
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(803) 541-7046 (FAX)

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PUBLIC DEFENDER for the SECOND JUDICIAL CIRCUIT
Barnwell County Courthouse Room 103
Post Office Box 267
141 Main Street
Barnwell, South Carolina 29812

803-541-1129

803-541-7046 (fax)

September 18, 2012

Mr. Ryan Duerk
Miracle Hills Overcomers Center
1916 N. Pleasantburg Drive
Greenville, SC 29609

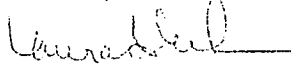
Delivered via FAX

Dear Mr.Duerk,

Thank you for your time and information today in regards to the application process for my client, Matthew Stephen Atkinson. He is currently incarcerated at Leiber Correctional in Ridgeville, SC. He pled to CDVHAN and received a 12 year sentence. He has a long history of addiction but has been drug free since this incident which occurred on 12/28/11. He is truly ready to life a drug free life and hopes to get help through a Christian based program.

I look forward to hearing from you. If I can be of any further assistance, please do not hesitate to contact me. I remain,

Sincerely Yours,



Laura A McCann
Assistant Public Defender



OVERCOMER PROGRAM

ADMISSION APPLICATION FOR MEN

Miracle Hill Overcomers Center • 1916 N. Pleasantburg Drive • Greenville, SC 29609
Office: 864.631.0088 • Fax: 864.631.0095 • www.MiracleHill.org

Date: 9-17-12

The following information is considered confidential and will be dealt with as such. Your complete and honest answers will assist us in determining your eligibility and prevent delays in entering the program. Intentionally falsifying any answers could result in being disqualified from the Overcomers Program.

Applicant's Name: Matthew Stephen Atkinson Date of Birth: _____

Address: Williston SC 29853

Telephone: _____ E-mail: N/A
Dad's cell #

Why should you be selected for the Overcomer's Program? To help me find myself and my purpose in life and possibly save my life. And maybe I can help someone else in there life.

PROBLEM AREAS

Are there any legal, medical, financial or relationship issues that could prevent you from completing the program? Yes No

Are you the one seeking help and are you willing to accept counsel? Yes No

Please list any substances or activities to which you are currently or have been addicted to in the past. Please list these in the order of frequency of use.

Drug Used	How Often Used	Date Last Used
<u>Marijuana</u>	<u>2x day - 10 years</u>	<u>12/28/11</u>
<u>Cocaine</u>	<u>1x week - 5 years</u>	<u>12/28/11</u>
<u>percocet</u>	<u>3 days a week - 2 years</u>	<u>12/28/11</u>
<u>Meth</u>	<u>1x every 2-3 months - 1 year</u>	<u>12/28/11</u>

Alcohol	How Often Used	Date Last Used
<u>beer</u>	<u>every day - 12-18 → 25 years</u>	<u>12/28/11</u>

Have you ever been to Detox? Yes No If yes, where? _____

List prior treatment facilities you have entered when Dad went to Aurora Pavilion Aiken about 10 years ago.

Date of your last drug or alcohol use: 12/28/11

What did you use? see cell above How long have you been using? 25 years & less see above.

Finish this statement: With God's help, and as a result of this program, I would like to change my life in the following five areas:

1. save my soul.
2. Show me a better way of life
3. teach me how to spread the word of God.
4. be a real Christian.
5. be a father & a son.

Check the five most prevalent thoughts and attitudes that are ongoing or dominant in your life:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Excessive suspiciousness | <input type="checkbox"/> Selfishness | <input type="checkbox"/> Anger (displayed) | <input type="checkbox"/> Hostility |
| <input type="checkbox"/> Immoral thoughts | <input checked="" type="checkbox"/> Impulsiveness | <input checked="" type="checkbox"/> Regrets | <input checked="" type="checkbox"/> Self-pity |
| <input type="checkbox"/> Resentment | <input type="checkbox"/> Bitterness | <input checked="" type="checkbox"/> Worry | <input checked="" type="checkbox"/> Daydreaming |
| <input type="checkbox"/> Constant Pessimism | <input type="checkbox"/> Envy | | |

Check five to seven words that best describe you:

- | | | | | | |
|---|--|--|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> self-conscious | <input checked="" type="checkbox"/> sensitive | <input type="checkbox"/> active | <input type="checkbox"/> nervous | <input type="checkbox"/> persistent | <input type="checkbox"/> self-confident |
| <input checked="" type="checkbox"/> hardworking | <input type="checkbox"/> impatient | <input type="checkbox"/> moody | <input type="checkbox"/> excitable | <input type="checkbox"/> serious | <input type="checkbox"/> calm |
| <input checked="" type="checkbox"/> easy-going | <input checked="" type="checkbox"/> good-natured | <input type="checkbox"/> outgoing | <input type="checkbox"/> likeable | <input type="checkbox"/> leader | <input type="checkbox"/> quiet |
| <input type="checkbox"/> submissive | <input checked="" type="checkbox"/> shy | <input checked="" type="checkbox"/> lonely | <input type="checkbox"/> ambitious | | |

RELATIONSHIPS

- Are you currently married separated or divorced?
- Do you have a girlfriend or common law wife? Yes No (I understand this person will not be allowed to communicate with me in any manner during the course of this program. Initials: MSA)
- Can you accept instructions? Yes No
- Do you count the days or can you commit to remain in the program until staff recommends completion? Yes No
- Do you want to join Overcomers or do you feel forced to join? Yes, I want to join I feel forced to join
- Are there any areas of your life that you choose not to face? Yes No
- When you are confronted on issues, how do you normally react? HONESTLY

LEGAL HISTORY

- Have you ever been arrested? Yes No
- If yes, please give the date of the arrest (month/year), reason for the arrest and the outcome: 8/23/2006 DUIS, SPEEDING,
- LETTERING, DRUGS, LEAVING SIDE OF ROAD - CONVICTED; CRIMINAL 10/11 DISMISSED; 4/3/12 RA, CDVHAD - SCDC 12/40
- GA RECORD: 9/2/12/07 DUIS/DVS - PROBATION SC cont: 2/198 PLY 2 - fine, 4/2000 A&B - convicted, 6/95 A&B - fine
- Name and phone # of your attorney: LAURA McLean, 803-541-1129

- Are you a listed sex offender? Yes No Do you have any outstanding warrants? Yes No
- Are you on probation/parole? Yes No
- If yes, please explain: currently incarcerated with a pending motion for reconsideration - if granted then on probation.
- Name and phone # of your probation/parole officer: Tyson Millhouse 803-541-1091
- Are you involved with social services? Yes No Are you or should you be paying child support? Yes No
- Name and phone # of your case worker: clerk of Court, Barnwell Cty Child Support.

HEALTH HISTORY

FALSIFYING MEDICAL INFORMATION IS GROUNDS FOR DISMISSAL FROM THE OVERCOMERS PROGRAM

Height 5' 10" Weight 160 Hair Color BLONDE Eye Color BLUE

Would you say your health is Very Good Good Average Declining or Poor?

Please explain. MULTIPLE ACCIDENTS RESULTING IN PAINS & ACNES BUT WILL NOT

HINDER PARTICIPATION OR HARDWORK.

Vision Good Fair Poor

Mobility Good Fair Poor

Overall Health Good Fair Poor

Hearing Good Fair Poor

Do you have problems in any of the following areas?

Dental Back Neck Orthopedic (bone) Heart

High blood pressure Diabetes Asthma Allergies

SEASONAL

Other: COUPLE BAD TEETH (CAVITIES)

If yes, describe your medical condition and how it impairs your life: NO IMPAIRMENT.

Are you currently taking any prescribed medications for these conditions? Yes No

If yes, what medications? _____

Have you been prescribed medications for these conditions which you are not taking? Yes No

If yes, what medications? _____

Do you have any physical limitations that would prevent you from participating fully in the Overcomers Program?

Yes No If yes, please explain: _____

Can you sleep in a top bunk bed? Yes No

Name and phone number of your doctor: CURRENTLY INCARCERATED

Do you smoke? Yes No If yes, how many years? SINCE 12/11 Packs per day? USED TO SMOKE 2 PACKETS A DAY FOR ABOUT 30 YEARS.

Would you willing to quit smoking? Yes No

Have you overdosed? Yes No If yes, when? ABOUT 10 YRS AGO

Do you have allergies? Yes No If yes, to what? SEASONAL - POLLEN ETC.

Were you abused as a child? Yes No If yes, what type: Physical Sexual Verbal Briefly explain: _____

Do you have a history of mental illness in your family? Yes No

Are you currently a mental health client? Yes No

If yes, please list your therapist(s) name and location: LEIBER PSYCH SERVICES

List all mental health medications you have been prescribed and are currently taking:

medication free for 1-1.5 months - previously on zoloft for depression.

List any mental health medications prescribed that you are not currently taking and why you stopped taking them:

see above - quit because didn't ~~do~~ need it.

FAMILY HISTORY

Give a brief description of your childhood home environment: Dad physically abusive with mom, Aunt & brother

Mom verbally abusive. Home very stressful, strict. Needs were met.

Dad alcoholic. Both parents employed outside of home. Brother killed at 21-22 years old

Father's Step Father's Name: Johnny Atkinson Age: 65

Occupation: roofer, self employed Describe your relationship with him:

good now. Stressful when I was young. I love my dad.

Mother's Step Mother's Name: Carol Atkinson Age: 63

Occupation: safety & health protection - SRP - retired Describe your relationship with her:

Good. She has always been there for me and still is. I thank God for Mom!

How many siblings do you have? 1 What place are you in the birth order? 2nd.

Describe your relationship with your siblings as you were growing up: great my brother, took care of me and protected me until he got killed. I miss him!

Give a brief description of what it was like growing up in your family: (praise, criticism, punishment, trauma, accomplishment)

My Dad drank and beat my mom & us (me & my brother). Praised for good grades. Encouraged with gymnastics we I excell. Also took karate.

Were you ever placed in foster care? Yes No If yes, explain? _____

Did your family move a lot? Yes No Are you currently living with your birth family? Yes No

If there are children or step children in your home, describe your relationship with them: _____

FINANCIAL ASSESMENT

A program entry fee of \$85 is required to enter the program. There are a limited number of scholarships available for those with extreme hardship situations. Additionally, those with an income are expected to contribute toward the cost of the program. The fees are based on a sliding scale and no one will be denied access to the program due to a lack of funds. Financial arrangements will be discussed during the phone interview.

What is your preferred occupation? roofing When were you last employed? 12/2011

Do you currently have an income? Yes No What is the source of your income? Unemployment Disability

Insurance Family Trust Fund SSI Social Security Other: _____

is very supportive of treatment & will provide reasonable financial support.

List all of your financial obligations and amounts: (child support, car payment, restitution, parole/probation fees, etc)

should pay 9225 monthly child support - until 10/2012

How will these obligations be met while you are in the program? family help with arrearage since incarcerated

Is there anyone who would be willing to help with your expenses while you are in the program? Yes No

If yes, who and to what extent? both parents as much as possibly can.

If you leave the program prior to graduation, you will need to return to your community of origin. A friend or family member will need to pick you up or someone will need to provide a bus ticket for you. You may also bring a bus ticket with you when you arrive. Who will be responsible for this? Court order will provide this information upon acceptance.

Name: _____ Day Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

I will bring a bus ticket with me when I arrive.

SPIRITUAL ASSESMENT

Have you been, or are you now affiliated with any organized religion? Yes No If yes, what is the name & type: used to belong to 1st Baptist Barnwell but now incarcerated.

Do you currently attend services? Yes No

If yes, where? Leiber correctional on Monday & Weds Leader's Name changes

Are you satisfied with your spiritual health? Yes No Is spiritual growth important to you? Yes No

On a separate piece of paper, state in your own words why you need to join Overcomers and describe your commitment to changing your life.

WAIVERS (initial each of the following)

I understand that the Overcomers program is not a detoxification facility. MSA

I understand that the Overcomers program is not a medical program. MSA

I understand that the Overcomers program does not pay for any medications. MSA

I understand that as part of the Overcomers program I will be assigned a task assignment and I waive my right to legal action against Miracle Hill Ministries and its representatives if I am hurt during that task. MSA

I understand that Miracle Hill provides limited transportation to me while participating in the Overcomers program and I waive my right to legal action against Miracle Hill and its representatives if injured while being transported by any of the ministries vehicles. MSA

I understand that the Overcomers' staff may direct me to transitional housing for a period of time between 6 and 12 months. I also understand that refusal to accept that recommendation may be grounds for separation from the Overcomers program. MSA

I understand that the Overcomers program is not a licensed treatment center and I waive my right to legal action against Miracle Hill, its staff or volunteers based on any counsel I receive. MSA

Applicant's Signature: Matthew Stephen Atkinson

Date: 9.17.12

ready to change my life. Tired of living like this with drugs & alcohol. Am ready to ~~live~~ live the other life and be able to walk down the street and hold my head up. Drugs and alcohol are the underlying problem with all my legal issues. Drugs and alcohol also interfered with my spiritual growth. Slowly over time I quit attending church because I became paranoid of the police & every one else. The lifestyle also effected my health because I would drink all the time instead of eating right. It would take a toll on your body. It also effected my jobworks because I would be hung over & not go. I would just spend the day in bed. It effected all my relationships because I didn't want to be tied down. I wanted to do what I wanted to do. I didn't care about anyone else.

I have not used since 12/2011 and now realize how many people ~~you~~ I hurt, including myself. I feel better being drug/alcohol free. As stated in application, I want to hold head up high & be proud to be me instead of hiding in the corner. Clearly realize I can't do it alone & need help. I have worked too hard since 12/2011 and don't want to go back. I realize one beer will lead my back. I was hardheaded & started young stealing from my Daddy.

Please give me a chance & help to do it.

Matthew Stephen Altman

Transmission Report

Date/Time
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Local ID 2

09-19-2012
803 541 7046

08:30:44 p.m.

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Barnwell Public Defender

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THE OFFICE OF THE PUBLIC DEFENDER
BARNWELL AND BAMBERG COUNTIES
SECOND JUDICIAL CIRCUIT

De GRANT GIBBONS, CHIEF PUBLIC DEFENDER
Laura A. McCann, Assistant Public Defender
M.B. McMillian, Assistant Public Defender
Sandra M. Dobson, Paralegal/AA

Barnwell Office
Post Office Box 267
Barnwell, South Carolina 29812
(803) 541-1129
(803) 541-7046 (FAX)

FACSIMILE TRANSMITTAL SHEET

TO: Overcomers Center

FROM: Sandra@ Public Defenders Office

FAX NUMBER: 864-631-0095

DATE: September 19, 2012

PAGES (INCLUDING COVER SHEET): 8

NOTES/COMMENTS: Matthew Atkinson

*Faxed
First Time
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001	646	8646310095	08:28:18 p.m. 09-19-2012	00:01:32	8/8	1	EC	HS	CP26400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fall

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

THE OFFICE OF THE PUBLIC DEFENDER
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De GRANT GIBBONS, CHIEF PUBLIC DEFENDER
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Please give me a chance & help to do it.

Matthew Stephen Altman

Transmission Report

Date/Time
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09-18-2012
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07:55:51 p.m.

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PUBLIC DEFENDER for the SECOND JUDICIAL CIRCUIT
Barnwell County Courthouse Room 103
Post Office Box 267
141 Main Street
Barnwell, South Carolina 29812

803-541-1129

803-541-7046 (fax)

September 18, 2012

Mr. Ryan Duerk
Miracle Hills Overcomers Center
1916 N. Pleasantburg Drive
Greenville, SC 29609


Delivered via FAX

Dear Mr. Duerk,

Thank you for your time and information today in regards to the application process for my client, Matthew Stephen Atkinson. He is currently incarcerated at Leiber Correctional in Ridgeville, SC. He pled to CDVHAN and received a 12 year sentence. He has a long history of addiction but has been drug free since this incident which occurred on 12/28/11. He is truly ready to live a drug free life and hopes to get help through a Christian based program.

I look forward to hearing from you. If I can be of any further assistance, please do not hesitate to contact me. I remain,

Sincerely Yours,



Laura A McCann
Assistant Public Defender

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001	635	8646310095	07:53:31 p.m. 09-18-2012	00:01:28	7/7	1	EC	HS	CP24000

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