

EXH. I.

SEALED DOCUMENT

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
OFFICE OF GENERAL COUNSEL
INMATE CORRESPONDENCE

INMATE: Arthur Moseley 199398
INSTITUTION: Lieber Correctional Institution
FROM: David Martinez, ADA Coordinator
SUBJECT: Inmate Request to Staff Members (RTSM)
DATE: June 20, 2016

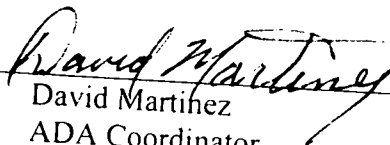
You continue to submit requests to "ADA Sect. 504" that do not contain an ADA issue. I received six in the past few days and none of them contain ADA issues. I am returning them to you so that you can send them to the appropriate staff areas. This time I went ahead and identified the areas to which you need to send your requests.

Once again, I will remind you that the basic purpose of ADA is to prohibit discrimination and ensure equal opportunities for individuals with disabilities. All future RTSMs addressed to me that do not contain ADA issue(s) will be returned to you unanswered in accordance to SCDC policy GA-06.04, Request to Staff Member.

- o *Section 2.6 - Inmate noncompliance with the requirements of this policy may result in the ARTSM/RTSM being returned unanswered to the inmate.*

Most, if not all, of your RTSMs you have been submitting can be resolved at your institution. If they cannot be resolved at the institution, the institutional staff will forward them to headquarters per policy, see paragraph 3.3 of GA-06.04.

I do not have the time, nor is it my responsibility, to route your correspondences to the appropriate staff.

S/ 
David Martinez
ADA Coordinator

cc: Electronic File

9/11

EMERGENCY

SCHEDULED MEETING 4/11

EXH. II

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REQUEST TO STAFF MEMBER

8/2/02

ADA-SECRETARY

| | | |
|--|------------------------------|-----------------|
| TO: NAME: General Counsel | TITLE: | DATE: 6/8/16 |
| INMATE'S NAME: Shahid Masud / Masuday - ADA-PROSE | SCDC #: 199 B98 | |
| INSTITUTION: L.C.I | LIVING QUARTERS: TBL A-12 | |

RECEIVED
JUN 13 2016
GENERAL COUNSEL

I AM DENIED MEDICATION (SODIUM VALPROATE) ADA-SECRETARY HERE AT L.C.I. BY ADMINISTRATION & MED. SUPERVISOR

@ I AM MENTALLY ILL PRISONER WHO RECEIVED SSI BENEFITS (DUE TO MENTAL ILLNESS AT JAN. 31-2014) SENTENCING! HOWEVER, I'VE BEEN TAKEN OFF PSY. MEETS & MENTAL HEALTH! NO COUNSELOR, NO PSY. DOC. IS ASSIGNED TO ME. I JUST SAW COUNSELOR TO DEPOSITION Y. DAY, PSY. NS. HEE / P. NS. HEE? SAW RTS & CONT. SOME, FRAPP / BIRCH, DID PRODUCE AT MICHIGAN STATE? I GRIEVED? NOW REQUEST TO SEE ME. I HAVE NIGHTMARES, HEADACHES ETC.

@ NO ADEQUATE MEDICAL CARE! MY R. ARM HAS BEEN SWOLLEN FOR SEVERAL MONTHS, SKIN TEARS (RASH & BURN ON BACK, ARMS, BUTTOCKS ETC. (WHOLE BODY) DUE TO PRICKS IN TUNNEL. I'M ON STEROID SHOT / B. PRODRONE PAINKILLER. NOLAN / KATHAN / MURPHY IN CONFINEMENT / DENIED CARE. I'M OUT OF CREMESCISO! I RARELY SEE SICKLEAF! I HAVE OTHER SERIOUS MEDICAL ISSUES (GASTRITIS / IRRITATED) ETC. I DEMAND MY ADA SECRET. SERV. I TRAVEL FROM WASTLE / UNSAFE ENV.

DISPOSITION BY STAFF MEMBER: _____

Mental Health
not ADA

DATE: _____

911 EXH. III

EMERGENCY

SEALED DOCUMENT 911

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

RECEIVED
JUN 16 2016
GENERAL COUNSEL

ADA-SECT. 504

| | | |
|---|-----------------------------|------------------|
| TO: NAME: George Ouse | TITLE: PROSEC | DATE: 6/12/16 |
| INMATE'S NAME: Shahid Mujib / A. Moseley | SCDC #: 199399 | |
| INSTITUTION: h.c. I | LIVING QUARTERS: DWA #A1 | |

[Why HASNT there been any cell cleaning since I been on max!?] Roaches, spiders crawl all over I have nothing to clean toilet sink floor etc. There's two (2) I/M's in this cell! Any further deterioration of my health mentally / physical etc is an admission of liability!
Please help! May God Bless

DISPOSITION BY STAFF MEN

Maintenance
not ADA

DATE:

911

EXM. IV

EMERGENCY

SECURED DOCUMENT

911

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REQUEST TO STAFF MEMBER

ADA-SCOT.504

RECEIVED JUN 16 2016

| | | |
|--|------------------------------|------------------|
| TO: NAME: General Counsel | TITLE: | DATE: 6/12/16 |
| INMATE'S NAME: Shahid Meayad / A. Moseley | SCDC #: 19938 | GENERAL COUNSEL |
| INSTITUTION: MCI | LIVING QUARTERS: DMU #121 | |

WHY HASNT THERE BEEN ANY BUG SPRAY SINCE I
 BEEN UP HERE!? RODENTS COVER CELL & CRAWL IN
 BED / SPIDERS / RACCOONS / RATS ! THIS IS A HEALTHY
 HAZARD! I BE CONSTANTLY JUMPEN PARANOID
 OF BEING BITTEN ETC. ANY FURTHER DETERIORATION
 OF HEALTH MENTALLY / PHYSICALLY ETC. IS AN
 ADMISSION OF LIABILITY! PLEASE HELP! MY GOD BLESS

DISPOSITION BY STAFF MEMBER

MAINTENANCE
NOT ADA!

DATE:

9/11

SCDC'S DOCUMENT

EMERGENCY EXT. V.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

9/11

RECEIVED

| | | |
|---|-----------------------------|------------------|
| TO: NAME: General Counsel | TITLE: | DATE: 6/12/16 |
| INMATE'S NAME: Shahid Mansoor / A.M. Seley | SCDC #: 199398 | JUN 16 2016 |
| INSTITUTION: MCF | LIVING QUARTERS: BWA #21 | GENERAL COUNSEL |

LAST week I now several days this week the power ^{is} out several hrs. a day! The cell is HOT! Fans stop etc. I have ASTHMA! Why are you are trying to kill us!? You know IT IS HOT & SUMMER TIME! IF TRIVIOUS EXCUSE IS MAINTENANCE THEN HIRE NEW MAINTENANCE! We get SOUR Bologna sandwiches to! LOOK AT today how someone stabbed Rec. field in Cooper!. This is a CONSPIRACY & SCDC IS TO SERVE & PROTECT NOT CONSPIRE to CAUSE violence! Any further Deterioration of Health (mentally / physically) is an admission of GUILT! Please Help! MAY GOD BLESS!

DISPOSITION BY STAFF

MAINTENANCE

NOT ADA!

DATE:

911 EXT. VI.

Emergency

911

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

SR102

ADA-80224

RECEIVED

JUN 16 2016

| | | |
|---|---------------------|---|
| TO: NAME: General Counsel | TITLE: ADA-80224 | DATE: 6/16/16 |
| INMATE'S NAME: Shahid Majid / Almosley | PROSE | SCDC #: 19938 |
| INSTITUTION: K.C.I. | | LIVING QUARTERS: GENERAL COUNSEL T/M/A #121 |

[Why HASNT THERE BEEN ANY LAUNDRY DONE SINCE I BEEN UP HERE!?!] My sheets etc. have blood & PUSS ON THEM FROM PSORIASIS INFLAMED! THERE'S NO LAUNDRY / LINEN CLEAN! I ITCH ALL TIME IN DIRTY LINEN & LAUNDRY & IT STINKS! ANY FURTHER DETERIORATION OF HEALTH MENTALLY, PHYSICALLY ETC. IS AN ADMISSION OF LIABILITY? PLEASE HELP!!
May GOD Bless!

DISPOSITION BY STAFF

Commissary
NOT ADA

DATE:

EXH. VII.

THE HONORABLE William P. Keeley
P.O. BOX 10 Edgefield, S.C 29824

2016 MAY -9 AM 10:41
CLERK OF COURT
SOUTH CAROLINA COUNTY, SC

MAY 3RD 2016

RE: Moseley VS. SGT. SHARON STEVENS ETAL CN: 2015-CP-3507;
Moseley VS. LFC. COREY MILLER ETAL CN: 2015-CP-3507
"AD-LITEM GUARDIAN/COUNSEL APPOINTMENT"

DEAR HONORABLE JUDGE KEELEY:

SIR, MAY THE LORD GOD OF ABRAHAM, BLESS YOU, FAMILY AND STAFF! I SEEK ON MAY 9-2016/ REOPEN MOTION/DAY A HEARING VIA S.C §63-3-810 (B.) FOR HONORABLE COURT TO APPOINT GUARDIAN AD-LITEM. WITHOUT APPOINTMENT COURT WILL NOT LIKELY BE FULLY INFORMED OF FACTS OF CASES SEE [§63-3-810 (A.VI)]. SEE EXHIBIT A-11 / [March 21-2016] stamped BY HONORABLE CLAY CHILES ATTESTING TAKEN OF MENTAL HEALTH CARE AND PSYCHIATRIC MEDS, OF MARCH 10TH 2016, LETTER. SEE SEALED EXHIBIT AD-I-VI. (VALIDATING DEFENDANTS NOT ACKNOWLEDGING ADA-SECT. 504; §12102 ETC. AND NEEDING WRITTEN JOURNALS TO SPEAK WITH A COUNSELOR ETC.; SEE ALSO SEALED EXHIBITS AD-7-8. (FORENSIC HOSPITAL AND ATTESTING HOSPITALIZATIONS) HALLUCINATIONS, PARANOID, BIPOLAR DISORDER ETC.; SEE ALSO SEALED EXHIBITS AD-A-E. (ATTESTING INADEQUATE, GROSS AND SADISTIC MEDICAL CARE AND FINALLY SEALED D.O.S./P. X.A. X.B. IN WHICH NEEDS TO BE CONTACTED ETC. IN DECISION MAKING. SEE S.C SUPREME COURT CITATIONS OF LANDMARK CASE(S) 276 S.C 509 S.C DEPT. OF SOCIAL SERVICES VS. ELA REE McDOWD CITING "I IN CASES WHERE COURT ADJUDICATES RIGHTS OF MENTALLY INCOMPETENT PERSONS WITHOUT APPR. GUARDIAN AD-L

II.

ANY JUDGMENT RENDERED BY COURT ADVERSE TO INCOMPETENT PERSON IS VOID FOR WANT OF JURISDICTION CODE 1976, §§15-5-310; §15-5-30]; [278 S.C TO S.C DEPT. OF SOCIAL SERVICES VS. ELIZA BETH POWELL ET AL [NO. 21718] JUNE 1982] SUPREME COURT HELD THAT WHERE ORDER OF TERMINATION OF PARENTAL RELATIONSHIP INCLUDED FINDING BY LOWER COURT THAT MOTHERS MENTAL CONDITION WAS SUCH THAT SHE COULD NEVER FUNCTION AS PARENT WITHOUT HELP BY COMPETENT ADULT, TRIAL COURT ERRED IN FAILING TO EITHER APPOINT GUARDIAN FOR MOTHER OR DETERMINE ONE WAS NEEDED.]
I RESPECTFULLY MOVE FOR HEARING ON, MAY 9 2016.

RESPECTFULLY SUBMITTED;

Arthur R. Mosely

CERTIFICATE OF SERVICE

I ATTEST ON BELOW DATE A COPY OF DOCUMENT FOR AD-LITEM APPOINTMENT AND EXHIBITS WERE MAILED TO ALL PARTYS AND I SEEK COPY BACK STAMPED BY HONORABLE CLERK CHIEF TO ME AT BELOW ADDRESS. ON THIS, 4TH, DAY OF, MAY 2016

Arthur R. Mosely

Arthur R. Mosely #19938
h.c. I - P.O. BOX 205 CA #S1
Troyville, S.C. 29172

RECEIVED

R

JUN 17 2016

MAILROOM
LIEBER CI

FINANCIAL CERTIFICATE FOR THE DISTRICT OF SOUTH CAROLINA

(for use in § 1983, Bivens, and non-habeas civil actions filed by prisoners)

JUN 30 2016

MAILROOM
LIEBER CI

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

AKA Name

Sherrod Moore ADD - PRISON
INMATE NAME (PRINTED)

#199325
INMATE (PRISONER) NUMBER

EA 50

Arthur Moseley
INMATE SIGNATURE

DORCHESTER COUNTY
PLACE OF CONFINEMENT

- ♦ (1) Average monthly deposits to the inmate's account.....\$ 4.52
- ♦ (2) Average monthly balance in the inmate's account calculated for the prior six months period.....\$ 9.59
- ♦ (3) Current Balance.....\$.52
- ♦ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 0

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

M. Boykin
Authorized Officer's Signature

6/28/16
Date

M. Boykin Financial Acct
Authorized Officer's Name and Title

SHERROD MOORE FINANCIAL ACCTG.
2866200003 PH 3:30
PH 2:29