

William Leon Burnett, SCD# 352145
Allendale Correctional Institution
Barnwell A54
1057 Revolutionary Trail
Post Office Box 4151
Fairfax, South Carolina 29827-7127

June 12, 2017

RECEIVED

JUN 14 2017

SC Court of Appeals

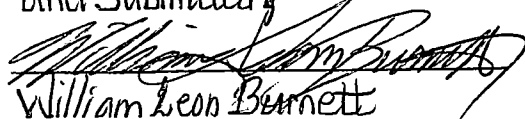
Ms. Jennifer Abbotts-Kitchens
Clerk of Court
South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211-1629

Re: William Leon Burnett v. State of South Carolina
C.A. No: 2017-001184

Ms. Jennifer Abbotts-Kitchens,

Be advised of the changes in regards to personification information according to the redaction/sealed documents protocols. Would you be so kind to file these documents and send me back a copy clocked and dated rapid response. Rede in kind.

Respectfully Requested
and Submitted,


William Leon Burnett

William Leon Burnett, SID# 352645
 Allendale Correctional Institution
 Barnwell A21
 1057 Revolutionary Trail
 Post Office Box 1151
 Fairfax, South Carolina 29827-7127

May 16, 2017

RECEIVED

MAY 18 2017

SC Court of Appeals

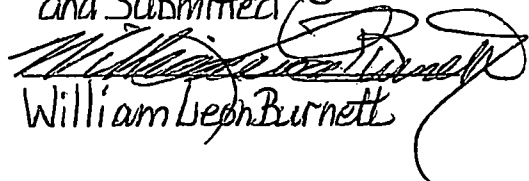
Ms. Jennifer Abbott Kitchens
 Clerk of Court
 South Carolina Court of Appeals
 Post Office Box 11629
 Columbia, South Carolina 29211-1629

Re: Drafted Motion to Appeal Final Judgment
 C.A. No: 2017BS4201465, 01466; State of South Carolina v. William Leon Burnett

Ms. Jennifer Abbott Kitchens,

"Please take" Judicial Notice" of my intent to
 appeal the Honorable Judge Mark Hayes, II's ruling on my South Carolina
 Code Ann. 17-28-10^(b) Access To Justice Post-Conviction DNA Testing Act.⁹⁹
 Enclosed is supporting documentation. I request Appellate Counsel
 from the South Carolina Commission on Indigent Defense. Please respond
 in kind.

Respectfully Requested
 and Submitted


 William Leon Burnett

S

South Carolina Court of Appeals

State of South Carolina,

V.

William Leon Burnett, ~~SEC#35245~~,

C.A. No. 2012GS4201465-01466

Notice To Appeal

RECEIVED

MAY 18 2017

SC Court of Appeals

The Appellant moves the Court of Appeals to consider his petition to appeal his denial of relief from the Access To Justice Post-Conviction DNA Testing Act - South Carolina Code Ann. 17-28-10 in accordance with South Carolina Code Ann. 17-28-90 (G) on the following grounds:

A: Appellant contends that the court failed to honor or deny his request for Extension of Time .a.k.a. Motion for Leave without due diligence;

B: Appellant asserts multiple punishments under indictment No. 2012GS4201466 without Circuit Court repealing lower courts ruling by Judge William J. Wiley, Jr.;

C: Denying without responding to appellant's Motion for Appointment of Counsel Filed with Clerk of Court;

D: Detective Joseph Bohon writing appellant's bogus confession statement that was taken under collusion and signed under Duress even after appellant informs him of the inability to give accurate and coherent information; thus is reflected on the record of October 4, 2012;

E: Under South Carolina Code Ann. 16-3-652, one of elements required for aggravating factors is positive identification of penetration and physically

being restrained and held against one's own will;

F: Finally, appellant's Nolle Prosequi indictment containing his conviction. Foregoing reasons, appellant ask for a remand and rehearing for oral testimony.

CERTIFICATE OF SERVICE

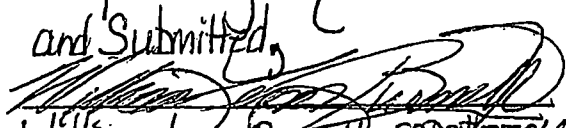
I, William Leon Burnett, SCDO# 352645, certify that I have deposited one (1) true copy of the Notice To Appeal in the institutional mail room system on May 16, 2017 to be forwarded to the United States Postal Service (U.S.P.S.) for delivery, as followed, postage prepaid first class:

Ms. Hope Blackley
Clerk of Court
7th Judicial Circuit Court
180 Magnolia Street
Post Office Box 3483
Spartanburg, South Carolina 2904-3483

Ms. Jennifer Abbotts Kitchens
Clerk of Court
South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211-1629

RECEIVED

MAY 18 2017
SC Court of Appeals

Respectfully Requested
and Submitted,

William Leon Burnett, SCDO# 352645
Allendale Correctional Institution
Barnwell A21
1057 Revolutionary Trail
Post Office Box 1151
Fairfax, South Carolina 29827-7127

SEVENTH JUDICIAL CIRCUIT PUBLIC DEFENDER

CLAY T. ALLEN
CIRCUIT PUBLIC DEFENDER

366 NORTH CHURCH STREET
SUITE 3000
SPARTANBURG, SC 29303



TELEPHONE (864) 596-2561
FAX (864) 596-2284
FAX (864) 562-4412

~~October 01, 2015~~

William Leon Burnett SCDC # 352645
Tyger River Correctional Institute
Upper Yard Unit 7 Rm. 128B
Enoree, SC 29335-2719

Re: Discovery request dtd 8-17-2015
Warrant/Ticket No(s):

Dear Mr. Burnett:

Enclosed please find copies of the discovery you recently requested. I am unable to copy the Childrens Advocacy Center reports. I have enclosed a copy of the court order signed by the Honorable J. Mark Hayes II when he was the Administrative Judge here in Spartanburg county that outlines how those records are to be kept. That order is still in effect. I would suggest that you try to obtain these reports from your post conviction relief counsel who should be able to comply with the requirements of the previously mentioned court order.

Finally, this office cannot continue to provide you with copies of the discovery which was provided to you prior to your guilty plea here in Spartanburg. We simply do not have the funds to repeatedly provide these copies.

Sincerely,

A handwritten signature in black ink, appearing to read "R. H. Welchel".

Richard H. Welchel
Assistant Public Defender

Enclosure

RECEIVED

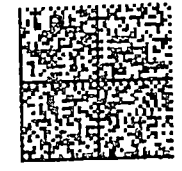
MAY 18 2017

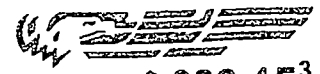
SC Court of Appeals

M. HOPE BLACKLEY
Clerk of Court, Spartanburg County
Post Office Box 3483
Spartanburg, South Carolina 29304-3483

**RETURN SERVICE
REQUESTED**

Presort
First Class Mail
ComBasPrice



U.S. POSTAGE >>> PITNEY BOWES

ZIP 29303 \$ 000.45³
02 1W
0001404194 MAY 05 2017

A 223

William Leon Burnett #352645
Allendale Corr. Inst.
1057 Revolutionary Trail
Fairfax, SC 29827

RECEIVED
MAY 08 2017
MAILROOM
AGI

AS

31 DR.DJNMP 29827 |||||



South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS, CLERK
POST OFFICE BOX 11629
COLUMBIA, SOUTH CAROLINA 29211

COLUMBIA
SC 290
23 MAY '17
PM 2 L

Hasler FIRST-CLASS MAIL

05/23/2017

US POSTAGE \$00.46⁰



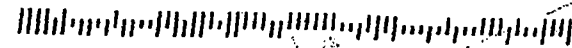
ZIP 29201
011D12602824

F2 A54

WILLIAM LEON BURNETT, 352645
ALLENDALE CORRECTIONAL INSTITUTION
P. O. BOX 1151, HWY 47
FAIRFAX SC 29827

RECORDED
MAY 25 2017
MAILROOM
ACI

29827-115151



STATE OF SOUTH CAROLINA)
)
 COUNTY OF SPARTANBURG)
)
 State of South Carolina)
)
 Plaintiff,)
)
 v.)
)
 WILLIAM LEON BURNETT)
)
 Defendant,)
)
 _____)

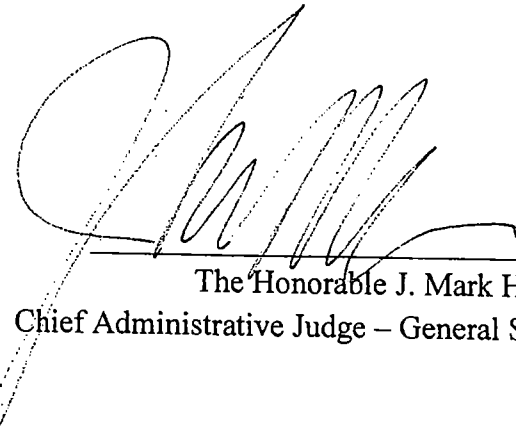
IN THE COURT OF GENERAL SESSIONS
 INDICTMENT NOS. 2012-GS-42-1465
 2012-GS-42-1466
 WARRANTS: M757033
 M757149

**ORDER DENYING APPLICATION FOR
 DNA TESTING**

FILED
 CLERK OF COURT
 SPARTANBURG COURT
 2017 MAY 4 PM 12:48
 HOPE BLACKLEY

This matter came before the court upon the application of SCDC inmate William Leon Burnett seeking Forensic DNA testing as allowed pursuant to SC Code § 17-28-10, et seq. After carefully considering the application and the State’s response, this court's decision is to deny the application. From the information presented to the court, the applicant entered a guilty plea to the charges of Neglect of a Child and Criminal Sexual Conduct in the 1st degree. The factual basis for the charges did not include conduct by him or the victim that involved evidence needing DNA analysis. Additionally, even if DNA analysis was performed today, such results would not have relevance to the applicant’s guilt or innocence. Therefore, as a matter of law, the application is denied.

IT IS SO ORDERED.

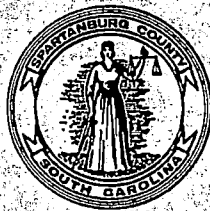


 The Honorable J. Mark Hayes, II
 Chief Administrative Judge – General Sessions

May 4, 2017
 Spartanburg, South Carolina

Spartanburg County

Spartanburg County Court House
180 Magnolia Street
P. O. Box 3483
Spartanburg, SC 29304-3483



Phone (864) 596-2591
Fax (864) 596-2259

M. Hope Blackley
Clerk of Court

Gail Moffitt
Assistant Clerk of Court

August 5, 2016

William Leon Burnett #352645
Colleton A13
1057 Revolutionary Trail
PO Box 1151
Fairfax, SC 29827-7127

RE: Motion for New Trial (2012GS4201465)

Dear Mr. Burnett,

We are in receipt of your Motion for a new trial. Please be advised that case ~~2012GS4201465~~ was dismissed on October 4, 2012. Enclosed you will find the case history report to support this information. If we can be of further assistance to you please let us know.

Sincerely,

Tanya Camp
Court Supervisor

STATEMENT OF: William Leon Burnett

AGE: 31

DATE: 12-15-11

ADDRESS:

PHONE #

DOB:

SSN:

I did not spank Emily Friday or Saturday, I did spank Emily with a belt on Monday and Tuesday night because she would not mind and study, Emily's mom Lisa Burnett does spank her with a switch. I did tell Emily if she told anyone about her Mom spanking her with the switch she would be taken away from us. A couple of nights ago Lisa did spank Emily with a switch, she also slapped at her with an open hand at the back of her head at the side of her face. I never told Emily I would take Christmas away if she told. I have spanked Emily with a switch before but it was years ago, it left a red mark so I didn't do it again. Emily Aunt Jennifer has also spanked her with a switch before. Emily has a habit of lying about things, I knew Emily had marks on her from the switch but I didn't do that. This statement is written by Det Bohan as told by William Leon Burnett and 12-15-11.

End of Statement

I have read this statement consisting of 1 pages(s), and I swear that the statement that I have just given is the truth, the whole truth, and nothing but the truth, so help me God. I also swear this statement was given freely and voluntarily and I have received a copy of my statement.

This statement was completed at 0400 A.M. on the 15th day of December 2011.

WITNESS:

Kenneth [Signature]

William Burnett [Signature]

Signature of person giving voluntary statement

SWORN to before me this

15th

day of

December, 2011.

[Signature]

(Seal)

CASE#	2011-12-0720 VOLUNTARY STATEMENT		PAGE	of	1
STATEMENT OF:	William Leon Burnett		AGE:	31	DATE: 12-21-11
ADDRESS:	110				
PHONE #	DOB:	SSN:	3		

- I have touched Emily Branaa inappropriately in the past during random incidents over the years. Emily always approached me, like she would just come up to me and start kissing me on the mouth, Emily would then put her hands down my pants, I would tell her to stop and Emily would say she wouldn't tell anyone. Emily has also grabbed my arm and made me touch her breast and between her legs, it has never went any further than that. This hasn't went on every month of every year, if it had it would caught up with me by now. It has happened about five times over the past three or four years. I knew what happened was wrong, but I felt sorry for her and tried to show affection to her. I feel I need help for what I have done, I need extensive help. I am very sorry for what happened.

I have read this statement consisting of 1 page(s), and I swear that the statement that I have just given is the truth, the whole truth, and nothing but the truth, so help me God. I also swear this statement was given freely and voluntarily and I have received a copy of my statement. EOS,
 This statement was completed at 7:50 P M. on the 21st day of December 20 11.

WITNESS: Philip Martin
 SWORN to before me this 21st day of December, 2011.
 Notary Public (Seal)
 My Commission expires 3-15-12

William Burnett
 Signature of person giving voluntary statement
 This statement is written by Det Bohon as told by William Leon Burnett. *William Burnett*
 SH104

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

State of South Carolina,
Plaintiff,

v.

William Leon Burnett, # 352645,
Applicant,

FILED
CLERK OF COURT
SPARTANBURG COUNTY
2017 MAR -8 PM 3:38
7th JUDICIAL CIRCUIT HOPE BLACKLEY

C.A. No. 2012-GS-42-01465

MOTION OF LEAVE

The Applicant, Your Honor, petitions the General Sessions Court of Spartanburg County in the captioned case "Access to Justice, Post-Conviction DNA Testing Act" for an ORDER of STAYED based in whole on the following grounds:

1: Applicant is currently under the jurisdiction of the Department of Corrections;

2: Due to institutional circumstances and control beyond his control in and of itself, short on staff, institutional backdowns, etc, respectfully request an time extension to complete his REPLY BRIEF, during the month of November 2017 where there was limited access to the law library to materialistically complete REPLY BRIEF; and

3: For the foregoing the above mentioned, adamantly ask to be granted an additional 20 days to have completed by January 10, 2017

CERTIFICATE OF SERVICE

FILED
CLERK OF COURT
SPARTANBURG COUNTY

2017 MAR -8 PM 3:38

I, William Leon Burnett, SDC# 352645, certify that I have deposited one (1) true copy of the MOTION FOR LEAVE in the institutional mail room to be forwarded to the United States Postal Service, (U.S.P.S.), for delivery, first class, postage prepaid to the following addresses:

Ms. Mi. Hope Blackley
Clerk of Court
180 Magnolia Street
Post Office Box 3483
Spartanburg, South Carolina 29304-3483

Ms. Hillary Claire Welburn
Assistant Solicitor
7th Judicial Circuit Solicitor's Office
180 Magnolia Street
2nd Floor, Suite 500
Spartanburg, South Carolina 29306

Respectfully Requested
and Submitted,



William Leon Burnett, SDC# 352645
Allendale Correctional Institution
Colleton A13

1057 Revolutionary Trail
Post Office Box 1151
Fairfax, South Carolina 29827-2127

cc: file

December 29, 2016
Fairfax, S.C.

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

IN THE COURT OF GENERAL SESSIONS
7th JUDICIAL CIRCUIT

State of South Carolina,
Plaintiff,

vs.

William Leon Burnett,
Defendant,

C.A. No: 2012-GS-42-01465

MOTION OF LEAVE

The Defendant petitions the Spartanburg County Court of General Sessions in the "Access to Justice Post-Conviction DNA Testing Act" for an order of stay based in whole on the following grounds:

A: Currently is incarcerated in the South Carolina Department of Corrections, and

B: Respectfully ask the Court for a time extension through January 10, 2017 to complete his REPLY BRIEF taken into consideration that in the months of November and December 2016 there has been limited access to the law library for the ready preparation of the Reply Brief due to numerous institutional lockdowns. He asks this to be granted for 20 days, plus vows to have it in by January 10, 2017.

FILED
CLERK OF COURT
SPARTANBURG CO. SC
2017 JAN -9 AM 11:
M. HOPE BLACKLE

JAM JAGU

CERTIFICATE OF SERVICE

I, William Leon Burnett, SCD# 352645, certify that I have deposited one (1) true copy of the MOTION OF HEAVE in the institutional mail room to be forwarded to the United States Postal Service, (U.S. P.S.), for delivery, first class, postage prepaid to the following address:

Ms. Hillary Claire Welburn
Assistant Solicitor
7th Judicial Circuit Solicitor's Office
180 Magnolia Street
2ND Floor, Suite 500
Spartanburg, South Carolina 29306

Respectfully Requested
and Submitted,



William Leon Burnett, SCD# 352645
Allendale Correctional Institution
Colleton A13
1057 Revolutionary Trail
Post Office Box 1151
Fairfax, South Carolina 29827-7127

cc: File
Ms. M. Hope Blackley
Clerk of Court

December 29, 2016
Fairfax, S.C.

2017 JAN -9 AM
M. HOPE BLACKLEY
CLERK OF COURT
FAIRFAX, S.C.

Spartanburg County

Spartanburg County Court House
180 Magnolia Street
P. O Box 3483
Spartanburg, SC 29304-3483



Phone (864) 596-2591
Fax (864) 596-2259

M. Hope Blackley
Clerk of Court

Gail Moffitt
Assistant Clerk of Court

NAME: William J. Burnett
DATE: 11/17/14

- I suggest you contact the Probation Office @ 180 Library Street, Spartanburg, SC 29306.
- I suggest you contact the Solicitor's Office @ 180 Magnolia Street, Spartanburg, SC 29306.
- I suggest you contact the Public Defender's Office @ 366 N. Church St., Spartanburg, SC 29306.
- I suggest you contact the Spartanburg County Jail @ 950 California Ave, Spartanburg, SC 29303.
- I suggest you contact the Sheriff's Department @ 8045 Howard St., Spartanburg, SC 29306
- A copy of your letter has been forwarded to the Public Defender's Office.
- A copy of your letter has been forwarded to the Solicitor's Office.
- I suggest you contact your attorney.
- Please provide us with the original document.
- The reference case is not a General Sessions case.
- Grand Jury proceedings are held in private.
- Please provide us with a warrant or indictment number.
- Due to the large volume of requests, this office no longer conducts criminal records research.
- Case History print-out enclosed.
- A court date has not been scheduled for your case(s).
- A Plea/Trial date has been scheduled for _____ (This date is subject to change)
- All copies are \$1.00 per page that must be paid in advance. Please submit a cashier's check or money order in the amount of \$ _____.
- Please refer to our website for further assistance www.spartanburgcounty.org select SERVICE - COURT SERVICES - PUBLIC INDEX.

Other: Filed copy to Motion Clerk, copy back to defendant.

If we can be of further assistance to you please let us know.

[Signature]
General Sessions Clerk

FILED
CLERK OF COURT
FAIRFAX COUNTY

William Leon Burnett, SCDC # 352645

Allendale Correctional Institution

Colleton A1

1057 Revolutionary Trail

Post Office Box 1151

Fairfax, South Carolina 29827-7127

2017 MAR -8 PM 3:38

M. HOPE BLACKLEY

January 31, 2017

Ms. A. Miller
Deputy Clerk of Court
7th Judicial Circuit
180 Magnolia Street
Post Office Box 3483
Fairfax, South Carolina 29304-3483

Re: letter dated January 23, 2017 / C.A. No. 2012-GS-42-01465
Post-Conviction DNA Forensic Testing Act, South Carolina Code
Ann. 17-28-30

Ms. Miller,

Please take "Judicial Notice" of the original
MOTION OF LEAVE that was filed and mailed on December
29, 2016 due to needed more time to finish my Reply Brief
to State's (Ms. Hillary Claire Welburn) Response's Answers.
Please re file and remit me a blocked and dated copy
transmitted back in return. The first copy was actually
sent and addressed to Ms. Tanya Camp. Please respond back.

Respectfully Requested,
and Submitted,



William Leon Burnett
Applicant.

William Leon Burnett, SCDC No: 358645
Allendale Correctional Institution
Colleton A13
1057 Revolutionary Trail
Post Office Box 1151
Fairfax, South Carolina 29827-7127

October 31, 2016

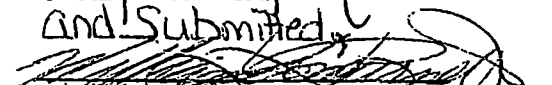
Ms. M. Hope Blackley
Spartanburg County Clerk of Court
7th Judicial Circuit Court
180 Magnolia Street
Post Office Box 3483
Spartanburg, South Carolina 29304-3483

FILED
CLERK OF COURT
SPARTANBURG, SC
2016 NOV - 7 AM 9:05
M. HOPE BLACKLEY

Re: Motion

Ms. Blackley,
Please find enclosed one (1) copy of my
MOTION FOR APPOINTMENT OF COUNSEL. I would
like a transmittal clocked and dated copy. Also, I've
asked for a copy clocked and dated copy of my ORIGINAL
APPLICATION FOR "ACCESS TO JUSTICE POST-CONVICTION
RELIEF DATED TESTING ACT" per South Carolina Code of
Laws Ann. ~~§ 7-28-600~~ § 30-4-30, "FREEDOM OF INFORMATION
ACT (FOIA)". Should I be refused the latter request
seeing it being my 2ND ATTEMPT, the next higher governing
body is being notified to remedy this. Please "REDE" in kind. U

Respectfully Requested
and Submitted


WILLIAM LEON BURNETT
DEFENDANT

Spartanburg Regional Medical Center Emergency Center
101 E. Wood St., Spartanburg, SC 29303
(864)560-5400

Prescriptions Received:
Discharge Instructions Received: Free Text Instruction (append note)
Drug Instructions Received:
Referral:

Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.
I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

We will discuss our findings with the police. We will be available at court when needed.

Date/Time: 12/14/2011 22:28
Patient Signature: *[Signature]* Treating MD: Sansbury, Andy
Account Number: 1194801816
Medical Record Number: 000828036

I have explained the instructions and have given a copy to the patient.
Nurse's Signature: *[Signature]* Date: 12/14/2011

D 2nd floor Med Records

Patient: Brannon, Emily
22:28



SPARTANBURG Regional Healthcare System

SRMC SHRC BJW

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: Emily Tean Brannon Date of Birth:
Patient Address: [Redacted] SS#: [Redacted]
Phone: [Redacted]

The undersigned hereby authorizes Spartanburg Regional Healthcare System to release information contained in my medical records to: Spartanburg County Sheriff's Office (address) 8045 Howard Street Spartanburg, SC 29303

Covering records for the period from 12-14-2011 to 12-15-2011

Specific information to be disclosed: Medical Records for 12-14-11 and 12-15-11

Purpose of Release: Police Investigation Child Abuse / Sexual Assault

This authorization places no restrictions on any information to be released, including any treatment for alcohol, drug abuse, HIV testing, or psychiatric. If any restrictions are to be placed on information released, please state: NONE

- a. The patient is voluntarily signing this authorization.
b. The patient reserves the right to refuse to sign this authorization.
c. The patient is entitled to review or receive a copy of the information for which the authorization is being sought.
d. The patient will receive a copy of the signed authorization.
e. The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
f. Information may be subject to re-disclosure by the recipient and no longer protected.

Signature of Patient Date

Lisa Burnett 12-21-11
Signature of Parent/Guardian Date

Signature of Personal Representative Date

Mother
Description of Right to Act for the Individual

Witness Joseph Bohon 12-21-11 Date

Expiration of this authorization is one (1) year from date of signature, unless otherwise specified.

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES DISCLOSURE.

SPARTANBURG COUNTY SHERIFF'S OFFICE
JOSEPH D. BOHON
WHOSE SIGNATURE AND PHOTOGRAPH APPEAR HEREON... AUTHORIZED TO ENFORCE THE LAWS OF THE STATE OF SOUTH CAROLINA AND SPARTANBURG COUNTY.
Sheriff, Spartanburg County

Patient is Alert, cooperative she is worried because

DATE: 12/14 TIME: 10:15 PM ROOM: 76 EMS Arrival
HISTORIAN: patient paraprofessional translator other
AGE: M
History limited by

PHYSICAL EXAM

Agree w/ vital signs Other
Pulse Ox time % RA O2 L/min
Interpretation: normal abnormal Dx
Exam limited by
CONSTITUTIONAL c-collar (PTA / in ED) / backboard
no acute distress mild / moderate / severe distress

HPI

chief complaint: Injury to:
duration / occurred: just prior to arrival today 12/14 4-5 yrs yesterday
where occurred: home school neighbor's city park work street
context: fists kicked choked
pushed / thrown down pushed / thrown against wall
struck with object(s): patient reports her grandfather (Leon) has spanked her with belts and switches on her buttocks since about age 7 or 8. sometimes he spanks her butt. He also has fondled her breasts and private parts.
location of pain / injuries: head face mouth shldr hip shldr hip neck chest abdomen arm thigh arm thigh breast R / L L buttocks elbow knee elbow knee f-arm leg f-arm leg wrist ankle wrist ankle hand foot hand foot
severity: mild moderate severe
pain level: current /10 max /10
associated symptoms: lost consciousness / dazed duration: remembers: Impact coming to hospital seizure

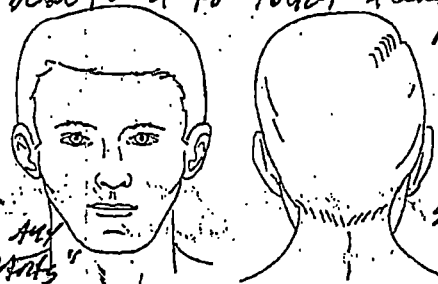
HEAD

normocephalic atraumatic see diagram
Battle's sign / Raccoon Eyes

NECK

non-tender see diagram
painless ROM vertebral point-tenderness
trachea midline muscle spasm / decreased ROM
pain on movement of neck

she has been forced to touch her private parts



most recent assault was Saturday Dec. 10

EYES

unequal pupils R mm L mm
PERL her eye post-surgical pupillary defect (R/L)
EOM normal EOM entrapment / palsy
no penetration of subconjunctival hemorrhage
her rectum or vagina pale conjunctivae

ENT

normal ENT external inspection
no dental injury
hemotympanum
TM obscured by cerumen (R/L)
clotted nasal blood
dental injury / malocclusion

RESP / CVS

chest non-tender see diagram
breath sounds normal decreased breath sounds
heart sounds normal wheezing / rales
splitting / paradoxical movements
tachycardia / bradycardia

GI / ABDOMEN

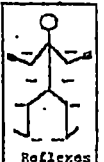
non-tender see diagram (on reverse)
no organomegaly tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL

perineal hematoma
normal genital exam blood at urethral meatus
normal vaginal exam decreased rectal tone
normal rectal exam
heme negative stool

NEURO

awake and alert lethargic
oriented x3 disoriented to person / place / time
CN's normal facial asymmetry / anisocoria
as tested
sensation & unsteady / ataxic gait
motor normal sensory / motor deficit
GCS



Agree w/ nurse's note for FFSH / ROS

ROS
ROS below otherwise negative
lost feeling / power arms / legs
neck pain
headache
double vision / hearing loss
trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HISTORY
recent ETOH smoker drug abuse
lives alone lives in nursing home lives at home
occupation child - student in school

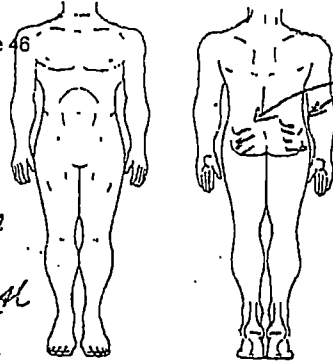
PAST HISTORY
Tetanus UTD
prior records reviewed:
other
Meds- none / see list - confirmed
Allergies- NKDA / see list - confirmed



PSYCH
 mood / affect nml
 SKIN
 intact
 warm, dry
 BACK
 no CVA
 tenderness
 no vertebral
 tenderness
 HIPS / PELVIS
 pelvis stable
 hips non-tender.
 MUSCULOSKELETAL / EXTREMITIES
 no evidence
 of trauma
 nml ROM
 no pedal edema

depressed affect
 anxious
 see diagram
 crepitus / diaphoresis
 see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM
 see diagram
 bony point-tenderness
 painful / unable to bear weight
 see diagram
 bony point-tenderness
 painful / unable to bear weight
 pulse deficit
 Joint Exam:
 limited ROM / ligaments laxity / joint effusion

08/20/12 Page 46
 Numerous lacerations
 all right on
 both buttocks
 GYN
 external genitalia
 by bruises of
 vaginal hymenal
 ring intact



many linear bruises

T=Tenderness
 PT=Point Tenderness
 S=Swelling
 E=Echymosis
 Lac=Laceration
 A=Abrasion B=Burn
 *without m=mild
 mod=moderate
 s=severe
 Tsv=Tenderness on
 palpation (severe)

PROCEDURES:

Wound Description / Repair
 length _____ cm location _____
 superficial _____ *subcut _____ muscle _____ linear _____ stellate _____ irregular _____
 clean _____ contaminated _____ moderately / _____ heavily _____
 distal NVT: _____ neuro & vascular status intact _____ no tendon injury
 anesthesia: _____ local _____ digital block _____ mL
 lidoc 1% 2% epi / bicarb _____ marcaine 0.25% 0.5% LET
 prep:
 Shur-Clens / Betadine _____ debrided _____
 irrigated / washed w/ saline _____ minimal / *mod. / *extensive _____
 minimal / mod. / *extensive _____ undetermined _____
 foreign material removed _____ minimal / mod. / *extensive _____
 partially completely _____ wound margins revised _____
 minimal / mod. / *extensive _____ wound explored _____
 repair: Wound closed with: wound adhesive / steri-strips _____
 SKIN- # _____ -0 nylon / prolene / staples _____
 *SUBCUT-# _____ -0 vicryl _____
 *may indicate intermediate repair may indicate complex repair

OTHER PROCEDURES

splint Velcro OCL / Ortho-glass / Plaster Aluminum-foam
 Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Collar
 applied by ED Physician / Orthopedist / Tech _____
 examined post splint application _____
 neurovasc intact _____ alignment good _____

XRAYS Discussed w radiologist Interpreted by radiologist
 Personally reviewed by me Interp contemp/oraneously by me

CXR PA/LAT AP port. # of views _____
 nml heart size _____ under-penetrated / over-penetrated / rotated _____
 nml lung markings _____ decr. lung markings c/w COPD _____
 nml great vessels _____ density c/w pleural effusion _____
 and mediastinum _____ cardiomegaly _____
 NAD _____ Incr. lung markings / infiltrate _____
 PRIOR XRAY- unchngd unavall. changed: _____

Xray of: C-spine T-spine LS-spine # of views: _____
 no fracture nml disc spaces nml alignment

Xray of: _____ # of views: _____
 no fracture no FB soft tissue nml

Xray of: _____ # of views: _____
 no fracture no FB soft tissue nml

CT SCAN Head Chest Abdomen
 nml
 reviewed by me interp. by me discussed with radiologist

ED COURSE:

Time _____ re-examined _____ unchanged _____ improved _____
 Physical exam of external genitalia
 is normal there is no bruising,
 Tenderness on swelling,
 intact hymenal ring. No signs
 of penetration.
 No discharge visible at introitus.

Crit Care- _____ min (excluding separately billable procedures)
 Discussed with Dr. Police Time _____
 patient will be seen in: office / ED / hospital
 Counselor patient / family regarding: _____ Rx given _____
 lab results diagnosis need for follow-up _____ Prior records ordered _____
 EMTALA EMC present EMTALA EMC absent
 Stable for discharge / out patient follow up

CLINICAL IMPRESSION: ALLEGED ASSAULT

<u>contusion</u> <u>Buttocks</u>	head _____ wrist R/L _____ face _____ hand R/L _____ chest _____ hip R/L _____ abdomen _____ thigh R/L _____ back _____ knee R/L _____ shoulder R/L leg R/L _____ arm R/L ankle R/L _____ elbow R/L foot R/L _____ forearm R/L <u>Alleged</u>	<u>sprain / strain</u> neck thoracic lumbar _____ <u>contusion</u> with LOC w/o LOC _____ <u>laceration</u>
----------------------------------	---	---

other: Physical and Sexual Abuse

Follow up with Dr. _____
 DISPOSITION- discharge admit _____ transfer _____
 Time _____
 placed in obs. (See obs template) Left AMA _____
 CONDITION- unchanged improved stable _____
 stable unless otherwise marked

ARNP / PA _____
 PHYSICIAN- Andy Lushington MD Time _____

PHYSICIAN- _____ Time _____
 T Complete T Sheet Add-On _____ Copy PMD Dictated



**EmSTAT Report of Home Medications,
Medications Given and Medications Prescribed**

Name: Brannon, Emily
 MR #: 000828036
 DOB: [REDACTED]
 Sex: F
 Account #: 1134801816
 Weight:
 Chief Complaint: forensic exam
 Prim Diagnosis: SA exam - victim or perpetrator
 ED Physician: Sansbury, Andy - Emergency Medicine
 PCP:

Spartanburg Regional Medical Center
 101 E. Wood St.
 Spartanburg, SC 29303
 Emergency Department (864)560-5400

Allergies:
 *No Known Allergies

This list of medications has been reviewed by your doctor and is complete and accurate to the best of our knowledge. However, as your care was provided in the Emergency Department, we may not have all of your information, or there may be errors that we could not discover during your emergency visit. Please confirm all medications and doses with your primary care physician.

Home Medications

Recorded by Rachael Gfeller, RN - 12/14/2011 20:31

<u>Medication/Dose/Route/Frequency</u>	<u>Last Dose</u>	<u>Disposition</u>	<u>PCP Contacted</u>
Vyvanse-- PO DAILY Comment: _____	_____	Continue/Stop	No
Trazodone HCL 50mg (x2 tabs) - PO HS Comment: _____	_____	Continue/Stop	No
Methylphenidate HCL - PO DAILY Comment: _____	_____	Continue/Stop	No

Medications Given in ED

No Medications Given

Medications Prescribed by ED Physician

No Medications Prescribed

Medications Reconciled by: Sansbury, Andy - Emergency Medicine

Spartanburg Regional
Medical Center
101 E. Wood St.

Emergency Center 03/26/12 Page 48
(864)560-5400
Assessment Sheet

MR # 000828036

Sex: Female

DOB: 10/01/1999

Name: Brannon, Emily

Phone: [REDACTED]

Address: [REDACTED]

Unit Code: 10108

Account # [REDACTED]

Age: 12

Triage/Initial Assessment

20:26 12/14/2011 - Initial Triage Info -- Rachael Gfeller, RN
Chief Complaint: forensic exam
Initial Triage Acuity: Class 2

Administrative

20:02 12/14/2011 - Referral/Transfer-In -- Cindy Thomas
ETA: 10
Call Taken By: cindy thomas
Note: per Med 10 with 12yof who has been sexually and physically abused with buttocks pain - bp 120/82 - p 90. Charge nurse contacted.

Disposition

22:29 12/14/2011 - Home Medications -- Andy Sansbury, MD
Med: Vyvanse - PO DAILY
Disposition: Continue
Med: 50mg (x2 tabs) Trazodone HCL - PO HS
Disposition: Continue
Med: Methylphenidate HCL -PO DAILY
Disposition: Continue

Assessment

20:01 12/14/2011 - Registration Information -- Kim Patton EMT
First Name: 10
Last Name: Medic
Arrival Time: 12/14/2011 19:59
Chief Complaint: Buttock pain - forensic exam
Date of Birth: 12/14/1911
Sex: F

20:08 12/14/2011 - Registration Information -- Cindy Thomas
First Name: Emily
Last Name: Brannon
Date of Birth: 10/01/1999

20:11 12/14/2011 - Registration Information -- REGS
Date of Birth: 19991001
Medical Record Number: 000828036
Account Number: 1134801816
Corporate ID: 00734036
Social Security Number: 777-77-7777
Financial Class: VIP
Insurance Class: --None
Ethnicity: White
Zip Code: **

20:11 12/14/2011 - Registration Information -- Dyah Posey
Date of Birth: 10/01/1999

20:14 12/14/2011 - Change Nurse -- Rachael Gfeller, RN
Primary Nurse: Gfeller, RN, Rachael L
Secondary Nurse:
Responsible Nurse: Gfeller, RN, Rachael L

20:14 12/14/2011 - Secondary Survey -- Rachael Gfeller, RN
Exposure: Clothing removed, Hospital gown provided, Warm blankets applied
Head to Toe Assessment: See Focused Survey

20:14 12/14/2011 - Primary Survey -- Rachael Gfeller, RN
Airway: INTACT, patent
Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline
Circulation: adequate, skin warm and dry
RUE Strength: normal
RLE Strength: normal
LUE Strength: normal
LE Strength: normal
Disabilities: alert, oriented X3

20:14 12/14/2011 - Fall Risk Assessment -- Rachael Gfeller, RN
Low fall risk because: Ambulatory, steady gait Independent and continent, No hx of falls, No orthostasis

20:14 12/14/2011 - Receive Patient -- Rachael Gfeller, RN,
Last Name: Brannon
First Name: Emily
Date of Birth: 10/01/1999
Location: WC76

Chief Complaint: Buttock pain - forensic exam
20:15 12/14/2011 - Pediatric GCS - Triage -- Rachael Gfeller, RN
Eyes Open: 4 Spontaneously
Best Verbal Response: 5 Appropriate words/phrases, smiles, coos
Best Motor Response: 6 Spontaneous movement
Total GCS: 15

20:26 12/14/2011 - Initial Triage Info -- Rachael Gfeller, RN
Initial Triage Acuity: Class 2

20:26 12/14/2011 - Pain Assessment -- Rachael Gfeller, RN
Severity Score: 2/10
Pain Scale Used: NIPS
Currently in Pain: Yes
Note: from bruises

20:30 12/14/2011 - Allergy Information -- Rachael Gfeller, RN
Allergy: *No Known Allergies

20:31 12/14/2011 - Registration Information -- REGS --
Date of Birth: 19991001

20:31 12/14/2011 - Reassessment -- Rachael Gfeller, RN
Note: Officer at bedside.

20:31 12/14/2011 - Home Medications -- Rachael Gfeller, RN
Med: Vyvanse - PO DAILY
Med: 50mg (x2 tabs) Trazodone HCL - PO HS.
Med: Methylphenidate HCL -PO DAILY

20:33 12/14/2011 - Past Medical History -- Rachael Gfeller, RN
Medical history: Attention Deficit Hyperactivity Disorder
Surgical history: - No Surgical History reported
Immunization History: Ped Immunization current
Date LMP: 11/28/2011

Note: per uncle at bedside

20:38 12/14/2011 - Pediatric Assessment -- Rachael Gfeller, RN
Airway/Breathing: NON-LABORED

Activity Level/Behavior: appropriate for age, interacting with caregiver
Tone: Normal

Note: Pt arrives to EC per EMS from home. Pt is accompanied by her uncle James Landrum, who reports that he and his wife have noticed "bruising on her buttocks and thighs" over the past 6 months. Pt reports that her stepfather has been "beating me with a belt or a switch because of my grades, and he said that if I loved my mom I couldn't tell anyone." Pt also reports that her stepfather has been touching her breasts and perineal area, as well as "kissing me all over and making me do the same to him." Pt reports this has been ongoing "since [she] was 6 or 7 years old."

20:40 12/14/2011 - Registration Information -- REGS
Financial Class: Self pay
Zip Code: 29316

20:40 12/14/2011 - Document call placed -- Whitney Blalock
Person making call: Blalock, Whitney E

20:43 12/14/2011 - Vital Signs -- Rachael Gfeller, RN
BP: 128/81
HR: 91
Resp: 18

20:43 12/14/2011 - Oximetry -- Rachael Gfeller, RN
Pulse Oximetry %: 98
Oxygen Therapy: Room Air

20:48 12/14/2011 - Vital Signs -- Rachael Gfeller, RN
Temp: 97 Oral

21:28 12/14/2011 - Reassessment -- Rachael Gfeller, RN
Note: Officers at bedside with this RN to photograph areas of bruising.

21:28 12/14/2011 - Reassessment -- Rachael Gfeller, RN
Note: Pt reports she is hungry. Given a packet of graham crackers and some juice.

21:52 12/14/2011 - Reassessment -- Rachael Gfeller, RN
Note: Pt now requesting a pillow. Pillow and extra blanket provided.

22:17 12/14/2011 - Reassessment -- Rachael Gfeller, RN
Note: Pt examined by Dr Sansbury, accompanied by this RN. No bruising or

Spartanburg Regional
Medical Center
101 E. Wood St.

Emergency Center 3/26/12 Page 50
(864)560-5400
Assessment Sheet

MR # 000828036

Sex: Female

DOB: 10/01/1999

Name: Brannon, Emily

Phone: [REDACTED]

Address: [REDACTED]

Unit Code: 10108

Account # [REDACTED]

Age: 17

swelling of the perineal/anal area noted.
22:22 12/14/2011 - Skin - Rachael Gfeller, RN
Note: Seven 4" long bruises in various stages of healing noted across the pt's buttocks and thighs. Redness also noted to the inner aspect of the pt's buttocks.
22:24 12/14/2011 - Discharge Diagnosis - Andy Sansbury, MD
Primary: SA exam - victim or perpetrator
Secondary: Contusion buttock
22:28 12/14/2011 - Discharge Note - Andy Sansbury, MD
Note: We will discuss our findings with the police. We will be available at court when needed.
22:28 12/14/2011 - Meds Rec Report Printed - Andy Sansbury, MD
Signed: Yes
Verified By: Sansbury, Andy
22:44 12/14/2011 - Reassessment - Rachael Gfeller, RN
Note: Officers directed to medical records for records of pt information.
22:44 12/14/2011 - Discharge Condition - Rachael Gfeller, RN
Acuity: Class 2
Condition: stable
Mobility at Discharge: Ambulatory
Patient Teaching: Follow-up plan of care reviewed w/pt, Pt voiced understanding of plan of care, Person attending voiced understanding-POC, Reviewed written DC Inst w person attend, F/U POC reviewed with person attending
Mode of Discharge: Private Vehicle
Note: Pt D/Ced with uncle and with officers.
22:47 12/14/2011 - Pain Assessment - Rachael Gfeller, RN
Severity Score: 1/10 - mild
Pain Scale Used: Numeric Scale
Currently in Pain: Yes
Note: to bruises
22:47 12/14/2011 - Vital Signs - Rachael Gfeller, RN
Resp: 18

Lab Result Summary



SPARTANBURG
Regional Health Care System

SRMC

Case # 2011-12-0720

MD ORDER TIME	#1	#2	#3	Reasons for Plain Films: (1) (2)	
CBC with Auto Diff man <input type="checkbox"/>	<input type="checkbox"/>	ETOH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SYMPTOM SPECIFIC PATHWAY USED <input type="checkbox"/> OTHER ORDERS 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/>	CXR: pa/lát port <input type="checkbox"/> Abd: 2 view KUB <input type="checkbox"/> C-spine: x-table lateral <input type="checkbox"/> portable 5-view <input type="checkbox"/> Neck for soft tissue <input type="checkbox"/> T-spine <input type="checkbox"/> L-spine: x-table lateral <input type="checkbox"/> portable 3 view <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Humerus L R <input type="checkbox"/> Elbow L R <input type="checkbox"/> Forearm L R <input type="checkbox"/> Wrist L R <input type="checkbox"/> Hand L R <input type="checkbox"/> Finger # L R <input type="checkbox"/> Pelvis portable <input type="checkbox"/> Hip L R <input type="checkbox"/> Femur L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Tib/Fib L R <input type="checkbox"/> Ankle L R <input type="checkbox"/> Foot L R <input type="checkbox"/> Toe L R <input type="checkbox"/>
BMP <input type="checkbox"/> CMP <input type="checkbox"/>	<input type="checkbox"/>	ASA <input type="checkbox"/>	<input type="checkbox"/>		
Total CPK <input type="checkbox"/>	<input type="checkbox"/>	Tylenol <input type="checkbox"/>	<input type="checkbox"/>		
Lipase / Amylase <input type="checkbox"/>	<input type="checkbox"/>	Cloxxin <input type="checkbox"/>	<input type="checkbox"/>		
PT / PTT <input type="checkbox"/>	<input type="checkbox"/>	Lithium <input type="checkbox"/>	<input type="checkbox"/>		
BHCG: quant <input type="checkbox"/>	<input type="checkbox"/>	Phenobarb <input type="checkbox"/>	<input type="checkbox"/>		
Group RH <input type="checkbox"/>	<input type="checkbox"/>	Dilantin <input type="checkbox"/>	<input type="checkbox"/>		
T & S <input type="checkbox"/>	<input type="checkbox"/>	Diazepam <input type="checkbox"/>	<input type="checkbox"/>		
T & C: 1 2 3 4 5 <input type="checkbox"/>	<input type="checkbox"/>	Tegretol <input type="checkbox"/>	<input type="checkbox"/>		
Culture: 1 2 <input type="checkbox"/>	<input type="checkbox"/>	GC/Chlamydia <input type="checkbox"/>	<input type="checkbox"/>		
LFTs <input type="checkbox"/>	<input type="checkbox"/>	Wet Prep <input type="checkbox"/>	<input type="checkbox"/>		
D-dimer <input type="checkbox"/>	<input type="checkbox"/>	EKG <input type="checkbox"/>	<input type="checkbox"/>		
CK / MB / Troponin 1 2 3 <input type="checkbox"/>	<input type="checkbox"/>	ABG <input type="checkbox"/>	<input type="checkbox"/>		
CHF- BNP <input type="checkbox"/>	<input type="checkbox"/>	Rapid Strep <input type="checkbox"/>	<input type="checkbox"/>		
CHEM 8 LYTES/CR/BUN <input type="checkbox"/>	<input type="checkbox"/>	H-H <input type="checkbox"/>	<input type="checkbox"/>		

DIAGNOSTICS	
CT Head	Doppler Vn art L R E <input type="checkbox"/>
CT Chest for PE	US Abdomen
CT Abd/Renal for Stones	US Pelvic (Order Quant HCG if pregnant)
CT Abd with/without contrast	US Gallbladder
CT Pelvis with/without contrast	Other:

Reason for above diagnostic exam:
NOTE: The above ordered diagnostics cannot be ordered without reason stated.

<input type="checkbox"/> Template	Assessment	<input checked="" type="checkbox"/> Dictated	Consultant	Physician
<i>Advised Sexual Molestation</i>			<i>Police</i>	
<i>Physical Assault with weapons</i>			<i>STAFF ALERT</i>	
<i>contagious to battles</i>			<i>Documentable</i>	
			<i>Done</i>	

Dx: _____ Admit MD: _____ Bed: _____
 ED Physician: *Andy Smiley MD* Resident / NP / PA: _____ Consultant / PMD: _____

ACCOUNT NO. S	ADMISSION DATE / TIME 12/14/11 20:11	PO VP	DATE OF BIRTH	AGE 12Y	SEX F	RACE	MS S	SERVICE EME	ARRIVAL	PAT TYPE ERO	BY DRP	UNIT NUMBER 000-828036
INSURANCE 1:		INSURANCE 2:		INSURANCE 3:		INSURANCE 4:						
ADMITTING DOCTOR PHYSICIANS, ED		ATTENDING DOCTOR PHYSICIANS, ED		ACCIDENT/WORK RELATED NO		ACCIDENT DATE/TIME		ADM TYPE/SOURCE 7		CORPORATE ID 00794036		
PATIENT INFORMATION BRANNON, EMILY		SOC. SEC. NO. 77-77-7777 TELEPHONE NO. (864)565-5555		PATIENT EMPLOYER		TELEPHONE NO.						



SPARTANBURG REGIONAL HEALTHCARE SYSTEM
OUTPATIENT

PATIENT

PATIENT NAME: **BRANNON, EMILY**

ACCOUNT NO	ADMISSION DATE/TIME	FINANCIAL CLASS	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	PAT. TYPE	MED REC NO.
S. [REDACTED]	12/14/11 2011	MP		[REDACTED]	F	T	S	EME	ERG	000-828036
										CORPORATE ID
										00734036

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	ACCIDENT / WORK RELATED	ACCIDENT DATE / TIME	ADM TYPE / SOURCE
PHYSICIANS, ED	PHYSICIANS, ED		NO		1 7

PATIENT INFORMATION	SOC. SEC. NO.	PATIENT EMPLOYER	TELEPHONE NO.
BRANNON, EMILY	77-77-7777		
	TELEPHONE NO.		

GUARANTOR

GUARANTOR NAME AND ADDRESS	SOC. SEC. NO.	GUARANTOR EMPLOYER	TELEPHONE NO.
BRANNON, EMILY	77-77-7777		
	TELEPHONE NO.		
	864)555-5555		
	RELATION		
	SELF		

RELATIVE 1

RELATIVE 1	TELEPHONE NO.	RELATIVE EMPLOYER	TELEPHONE NO.
	RELATION		

INSURANCE

INSURANCE 1		INSURANCE 2	
INSURANCE 3		INSURANCE 4	

MISCELLANEOUS

PRESENTING COMPLAINT	ARRIVAL MODE	PUB / VAL	INITIALS
		N	DRP
PREVIOUS ENCOUNTER NAME / DATE / TYPE	PAT. CLA	DENOM	

CRT ID: MJ2



PATIENT ACCOUNT NO: S 1134801818

William A. Hodge, Attorney at Law
PO Box 8753
Columbia, SC 29202

Hastler

FIRST-CLASS MAIL

USPS

\$02.24⁰⁰



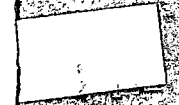
ZIP 29201
011D11637428

RECEIVED

JUN 05 2017

MAILROOM
ACI

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Allendale Correctional Institute
~~Box 151~~ Barnwell A54
1057 Revolutionary Trail
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Ms. Jennifer Abbott-Kitchinas
Clerk of Court
South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211-1629

LEGAL MAIL