

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

Appeal from South Carolina Department of Corrections
Bryan P. Stirling, Director
Case No. : 62

Perry Gilmore, #344879, Appellant,

v.

South Carolina Department of Corrections Respondent.

MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

I move to proceed in forma pauperis because I am unable to pay the filing fee. I am over the age of 18 & am of sound mind.

I, Perry Drake Gilmore Jr., swear under the penalty of perjury the above is true & correct to the best of my knowledge & belief.

Sworn before me this 18 day
of October, 2018

J Dew (seal)
Notary Public for South Carolina
My Commission Expires: 2/17/24

RECEIVED

OCT 24 2018

SC Court of Appeals

October 18, 2018
Bennetsville, SC

SCDC Office of
General Counsel
P.O. Box 21787
Columbia, SC 29221
(COUNSEL FOR RESPONDENT)

1s/ P. Gilmore
Perry Gilmore 344879
610 Hwy 9 West
Bennetsville, SC 29512
(APPELLANT) (PRO SE)

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

Appeal from South Carolina Department of Corrections
Bryan P. Stirling, Director
Case No.: 62

Perry Gilmore, #344879,

Appellant,

v.

South Carolina Department Corrections

Respondent.

PROOF OF SERVICE

I certify I this day served copies of: (1) Notice of Appeal; and (2) Motion and Affidavit to Proceed In Forma Pauperis on all parties of this case at their last known address.

RECEIVED
OCT 24 2018
SC Court of Appeals

October 17, 2018
Bennetsville, SC

SCDC Office of General Counsel
P.O. Box 21787
Columbia, SC 29221
(COUNSEL FOR RESPONDENT)

151 P → Kilmer
Perry Gilmore 344879
610 Hwy 9 West
Bennetsville, SC 29512
(APPELLANT) (PRO SE)

Memorandum

TO: Appellant
From: Clerk's Office, Administrative Law Court
Re: Filing Fee

If you file more than 3 administrative appeals during a calendar year, you are required to pay a \$25 filing fee pursuant to S.C. Code Ann. §1-23-670, which states in part:

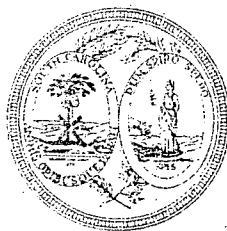
"No filing fee is required in administrative appeals by inmates from final decisions of the Department of Corrections or the Department of Probation, Parole and Pardon Services. However, if an inmate files three administrative appeals during a calendar year, then each subsequent filing during that year must be accompanied by a twenty-five dollar filing fee."

Our records indicate you have filed 3 appeals in this calendar year and therefore the appeal attached is being returned and will not be processed unless it is accompanied by the appropriate fee.

STATE OF SOUTH CAROLINA
Administrative Law Court

RALPH K. "TRIPP" ANDERSON, III
Chief Judge

JANA E. SHEALY
Clerk



(803) 734-0550
FAX: (803) 734-6400
WEB: WWW.SCALC.NET

Memorandum

To: Appellant
From: Clerk's Office, Administrative Law Court
Date: 9/29/18
Re: Compliance with ALC Special Appeals Rule

The Administrative Law Court received your information on 9/29/18
According to ALC Rule 59:

Any notice of appeal which is incomplete or not in compliance with this rule or Rule 71 will not be assigned to an administrative law judge until all required information is received and any applicable filing fee is processed.

Accordingly, your case will not be assigned until the following information is received:

- You must use the attached Notice of Appeal form to submit your appeal (See ALC Rule 57 and 59).
- A copy of the final decision which is the subject of the appeal (i.e., Step 2 Grievance Form from the DOC or the final decision from PPS) pursuant to ALC Rule 59(C).
- A brief factual basis for each expressly and specifically asserted constitutional violation in accordance with ALC Rule 59(B).
- The Notice of Appeal form you submitted must be signed and dated.
- Filing Fee of \$25 in accordance with ALC Rule 71 for your 4th and subsequent appeal this calendar year.
- Other: There are no waiver forms for DOC Appeals to the ALC. (Special Appeals Rules attached)

Please return the appropriate information within 10 days of the date of this Memorandum or your case will be returned to you unprocessed.

EDGAR A. BROWN BUILDING • 1205 PENDLETON STREET, SUITE 224 • COLUMBIA, SOUTH CAROLINA 29201-3755

**INMATE TRUST FUND ACCOUNT REPORT
for SOUTH CAROLINA COURT FILING FEES**

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): Perry Gilmore

SCDC# 344879

INMATE SIGNATURE: Perry Gilmore

I plan to file this action in the SC County of Richland

The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (1) Total deposits to inmate's account for preceding six months' period* \$ 26.43
- (2) Twenty percent (20%) of line 1 \$ 5.24
- (3) Account balance - current date \$ 0
- (4) PAYMENT AMOUNT **
(lesser of line 2 or line 3)
Enclosed check # \$ 0

****NOTE to COURT:** If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections
Financial Accounting - Room 234
PO Box 21787
Columbia, SC 29221-1787

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SC Court of Appeals

* Admission date is noted here if inmate incarcerated less than six months 1/1

Perry Crawford

Prepared by Financial Accounting Branch - SCDC

10/17/18

Date

ed:Accounting/By request 7/97

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
OFFICE OF GENERAL COUNSEL—INMATE GRIEVANCE BRANCH
INMATE CORRESPONDENCE**

INMATE: Perry Gilmore | 344879
INSTITUTION: Evans Correctional Institution | 3A0253A
FROM: Atty. Sherman L. Anderson, Chief
Inmate Grievance Branch | Office of General Counsel
COPY: Argie Graves, Inmate Grievance Coordinator
Evans Correctional Institution
Mr. Donnie Stonebreaker, Warden
Evans Correctional Institution
SUBJECT: Grievance Limitations
DATE: July 12, 2018

Please be advised that you are hereby placed on "Grievance Limitations" as of July 12, 2018. This means that you will not be able to file grievances until you are notified in writing by me. Any attempts to do so will cause the same to be properly noted in my files and no correspondence will be forthcoming to you. Consequently, the grievances that you have filed will be administratively closed. If you have a matter that needs to be addressed that is related to a medical condition you are advised to seek sick call.

You recently filed grievances in excess of the maximum number authorized to be filed per month. Specifically, you filed fourteen (14) grievances in June 2018. You have filed grievances that do not have an answered Request To Staff Member (RTSM) form attached, nor referenced a KIOSK number for ARSTM. Your attempts to abuse/misuse the Inmate Grievance System will not be tolerated. You will be notified when the "Grievance Limitations" has been removed.

In the meantime, you are advised to follow SCDC rules, policies, and procedures.

Thank you.

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
OFFICE OF GENERAL COUNSEL—INMATE GRIEVANCE BRANCH
INMATE CORRESPONDENCE**

INMATE: Perry Gilmore | 344879 _____
INSTITUTION: Evans Correctional Institution | 3A0253A
FROM: Atty. Sherman L. Anderson, Chief
Inmate Grievance Branch | Office of General Counsel
COPY: Argie Graves, Inmate Grievance Coordinator
Evans Correctional Institution
Mr. Donnie Stonebreaker, Warden
Evans Correctional Institution
SUBJECT: Grievance Limitations
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In the meantime, you are advised to follow SCDC rules, policies, and procedures.

Thank you.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD

Case#: 10/3/18 Inmate Name: Perry, Gilmore SCDC#: _____
Living Area: 3A Job: _____ Custody: _____

Offense Date: ____/____/____ Offense Time: ____ AM/PM Institution: _____

Offense Description: _____
Charging Officer/Employee: N. [unclear] Title: SC Court of Appeals

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SC Court of Appeals

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

I DO NOT WANT TO BE PRESENT AT MY HEARING

I DO WANT MY ACCUSER PRESENT AT THE HEARING

I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING

I WAIVE MY RIGHT TO A HEARING

SMU/SEGREGATION ONLY

I WANT A COUNSEL SUBSTITUTE

I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: 10/21/18 4:11 AM/PM By (Print): _____

Inmate Signature: _____ SCDC#: _____ Date: ____/____/____

HEARING INFORMATION:

Hearing Date: <u>10/21/18</u>	Hearing Time: <u>3:40</u> am/pm	Tape: _____	Side: _____	Start: _____	End: _____
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

1. Accused not present - no counsel present a copy of 19.69 not given address was 45 hrs with approved extension

Accused failed to report for his hearing

OFFENSE CODES	<u>5A</u>			
INMATE PLEA (G, NG, None)	<u>NG</u>			
FINDINGS (G, NG, DS)	<u>G</u>			

IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: 4 (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____ Reprimand: _____ Loss of Good Time (days): 60

* Property (Days) _____ Extra Duty: _____ Restitution: \$ _____**

* Canteen (Days) 20/10/105 Visit Suspension Thru 20/10/105

* Other 20/10/105 (Days) 20/10/105 Cell Restriction (Days): _____

* Disciplinary Detention (Days): 45

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: 2nd SSA conviction

CREDIT FOR PHD TIME SERVED? YES/NO _____ IF YES, DAYS _____

DATE INMATE PLACED IN PHD ____/____/____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: [Signature] DATE: 10/21/18

HEARING OFFICER (PRINT NAME) [Signature]

APPROVED/REVERSE/MODIFY _____ REASON _____

Warden

This is to inform you that a Disciplinary Hearing was held. Your copy of the Disciplinary Report and Hearing Record is attached. If you were found guilty you have the right to appeal the decision of the Hearing Officer with respect to the determination of guilt or penalty imposed. You may appeal the decision by filing an Inmate Grievance using SCDC Form 10-5, "Step I Grievance Form." If you are dissatisfied with the response you receive to your grievance, you may then file an appeal to the next level (see SCDC Procedure GA 01.12, "Inmate Grievance System," for information on filing appeals).

Your Inmate Grievance Coordinator may assist you in the appeal process by sending him/her SCDC Form 19-11 "Request to Staff Member."

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REVISION 92

FOR INFO

SC Court of Appeals

Perry Gilmore 344879
610 Hwy 9 West
Bennettsville, SC 29512

Clerk of Court
S.C. Court of Appeals
P.O. Box 11629
Columbia, SC 29211

OCT 19 2018

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SC Court of Appeals

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