

No. _____

In the United States of America Supreme Court

Glynndeavin von Fox,

Petitioner,

Vs.

South Carolina,

Respondents.

RECEIVED
NOV 19 2018
SC Court of Appeals

**On application regarding Political Faction under 25 CFR Part 83 regarding the Charleston
City Police & the College of Charleston as a Santee (Santé)—Edistowe Indian that is
already recognized by the State of South Carolina and Department of Defense
(Montgomery G.I. Bill)**

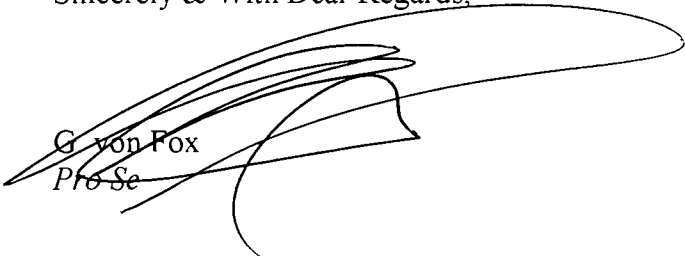
Application to Individual Justice of the Honorable Ruth Bader Ginsberg under Rule 22

G. von Fox
8983 University Blvd.
Ste. 104-174
N. Charleston, SC 29406

Question of Application to Individual Justice of the Honorable Ruth Bader Ginsberg

The issues with the case of *South Carolina vs. Glynndeavin von Fox* under Writ of Certiorari from the Ladson Post Office, under proper filing as a Prisoner Packet from Kirkland R&E in South Carolina, under Probation Order while under State Government Custody, as a Native American of the State of South Carolina SCCMA process, and the Department of Defense (DOD) by the United States of America Air Force (USAF) shows a need for the Santee (Santé)—Edistowe Indian known as Glynndeavin von Fox to gain access to Political Faction recognition by the United States of America government? The reasons are clearly due to the ancestral living areas of the known Santee (Santé)—Edistowe Indian within the Ol' Charleston District, and the nature of the area being solely ancestral living areas without trade only status of others near (*Catawba vs. South Carolina*). In Appendix A of this application to an individual justice regarding a Jurisprudence Theory of access during Pro Se representation within Rule 22, the issue is clearly from the 1990's towards the current date and time, and the majority of the people associated with the issue on the judgment bench are military affiliated to the Citadel University or the USAF...this includes fired attorney's on the Santee (Santé)—Edistowe Indians representation near an active USAF AFB (Within 25 miles of Charleston, SC).

Sincerely & With Dear Regards,


G. von Fox
Pro Se

Appendix A

10:54

Netflix

LTE

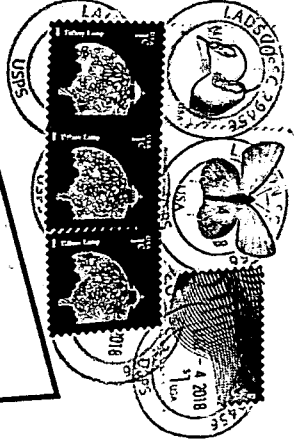
04 May 2018

01:28 PM

ReadyPost
Document Mailer

From: S. Veil, Esq.
8983 Lakewood Blvd
Ste 109-129
North Charleston, SC 29454

To: U.S. Supreme Court (Sec 2)
1 First St NE
Washington, DC 20543



Wells M 62 MSS

From: Hawthorne Thomas S GS-12 AFPC/DPPAT [Thomas.Hawthorne@afpc.randolph.af.mil]
Sent: Thursday, March 11, 1999 1:05 PM
To: 'Wells M 62 MSS'
Subject: RE: MGIB for American Indian

Talked with a gentleman at the Bureau of Indian Affairs. There are grants available to Indians, similar to Pell, but no fully-paid federal program that would cause Fox not to take advantage of the GI Bill. See the web site at <http://www.doi.gov/bureau-indian-affairs.html>. Don't forget to tell him about making sure his ethnic group is accurate.

-----Original Message-----

From: Wells M 62 MSS [mailto:M.Wells@mcchord.af.mil]
Sent: Thursday, February 25, 1999 1:08 PM
To: 'Tom.Hawthorne@afpc.randolph.af.mil'
Subject: FW: MGIB for American Indian

> -----Original Message-----

> From: Wells M 62 MSS
> Sent: Tuesday, February 23, 1999 3:11 PM
> To: 'VA-Tom Hawthorne'
> Subject: FW: MGIB for American Indian

>
>
>

> -----Original Message-----

> From: Wells M 62 MSS
> Sent: Tuesday, February 23, 1999 11:00 AM
> To: 'VA-Tom Hawthorne'
> Subject: MGIB for American Indian

>
>

> Tom

>

> Spoke with you earlier today regarding the following individual:

>

> Glynndeavin V Fox
> SSN: 248-37-7222

>

> He is full blood Cherokee Indian. He was told that he was not eligible
> for MGIB because he was American Indian. He is currently coded as a
> "6-declined enrollment" on the MGIB screen. He said he declined because
> he was told that the was not eligible.

>

> Appreciate your help on this one. He would like to have it if he is
> eligible!!

>

> Mica

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>

> Mica

POSTED
File 7
MFB

PERSONAL DATA - PRIVACY ACT OF 1974

SRA FOX GLYNNDEAVIN V , 248-37-7222 RCD RVW RIP
5 AIR SUPT OPNS SQ MH1CFSBX
FT LEWIS AIN WA 98433-5000

*****INDIVIDUAL DATA*****

OFF-SYM: 1BDETACP COMM-DY-PH: 2369675500 HM-PHONE: 2535848899

REL-MBR: 10-BAPTIST CHURCHES, OTHER

SEX-MBR: M-MALE

DEPN-TOTAL-NR:

RACE-MBR: X-OTH

DEPN-IN-HSHLD:

ETHNIC-GP: 2-AMERICAN INDIAN

DEPN-ADULT-HSHLD:

DT-OF-BIRTH: 77OCT13

DEPN-CHILDREN-HSHLD

MARITAL-STAT: S-SINGLE

1ST-CHILD:

MIL-STAT-SPOUSE: -N/A

2ND-CHILD:

JT-ASGN-INT: N/A

3RD-CHILD:

SSAN-SPOUSE:

4TH-CHILD:

LOCAL-ADDRESS (MAILING)

5TH-CHILD:

STREET: 1151 7TH ST STOP 740

6TH-CHILD:

CITY: MCCHORD AFB

ADDL-CHILDREN-HSHLD:

STATE: WA ZIP: 98438-5000

SGLI AMOUNT: \$200,000

LOCAL-ADDRESS (NON-MAILING)

STREET: BLDG 1151 RM 133 FLR 1

CITY: MCCHORD AFB STATE: WA PLACE-OF-BIRTH: SC

CIT-STAT: BY BIRTH IN UNITED STATES

***** PERFORMANCE REPORT DATA*****

EPR-EVAL-LAST: 5B

SUPVSN-BEGINS: 99APR06

EPR-DATE-LAST: 99APR05

EPR-DATE-PROJ: 00APR05

EPR-RESN-PROJ: A-ANNUAL

SUPVR-SSN: 421213713

SUPVR-GRD/NAME:

*****GRADE DATA*****

GR-CURR: SRA GR-CURR-DOR: 98NOV21 GR-CURR-EFF-DT: 98NOV21

GR-HIGHEST-HLD-AD: RES/REG-OFF/WO-GR:

PROM-ELIG-STAT: I-ELIG - PARTICIPATING IN WEIGHT MGT PRGM

PROM-ELIG-STAT-EFF-DATE: 99APR

GR-STAT-RSN: YY-N/A

GR-STAT-RSN-E4: -N/A

*****PROJECTED DATA*****

PCS/PCA: AAN: SAFSC: GAIN-UNIT:

DPT-DT: RNLTD: PROJ-DTY-LOC:

DTY-ASG: EFF-DT: DAFSC: PROJ-UNIT:

POS-NR: CMD-LEVEL: -NONE

DUTY-TITLE:

PROJ-DOS: REASON (PTI): EFF-DATE:

PROJ-PROM: GRADE: LINE-NBR:

(PART 1)

FWD TO: RTILLMA3 W/C: G TEL: FOR:
PAGE 1 REVAA

SRA FOX GLYNNDEAVIN V , 248377222

*****DUTY ASSIGNMENT DATA*****

DT-ARR-STA: 96JUN21 DT-DPT-LAST-DTY-STA: 96APR28
DTY-EFF-DT: 98AUG04 DUTY-POSITION-GRADE: SRA
DTY-POS-NR: 0110111 SVC-ADSN: 4036
DUTY-AFSC: 1C451 ORG-STRUCT-ID: OSJB
DTY-CMD-LVL: WB-WING/BASE

DUTY-TITLE: TAC AIR CMD AND CNTRL APPR
FUNCT-ACCT: 311900 PROGRAM-ELEMENT: 27418D
DUTY-LOC: HGUH-FT LEWIS AIN WA#
FUNCTIONAL-CATEGORY: A-PERMANENT PARTY
SPCL-SVC-INELIG-IND: 0-NOT APPL/NO RESTRICTION

ASSIGNMENT-LIMITATIONS EXPIRATION-DATE
(1) -N/A
(2) -N/A
(3) -N/A

ASSIGNMENT-AVAILABILITY EXPIRATION-DATE
(1) -NO DEFERMENT
(2) -NO DEFERMENT
(3) -NO DEFERMENT
(4) -NO DEFERMENT

PRP-STAT: -N/A PRP-DATE:
DUTY-STATUS: 00-PRESENT FOR DUTY
DTY-STAT-EFF-DT: DTY-STAT-EXP:
PROJ-DTY-ST: 00-PRESENT FOR DUTY
PROJ-DTY-STAT-EFF-DT: PROJ-DTY-STAT-EXP:

DEPLOYMENT-AVAILABILITY-STATUS EXP-DATE
ADMIN: -
PHYS: -
LEGAL: -
TIME: -

*****AIRCREW DATA*****

CURR-AVN-SVC-CD: -NOT APPLICABLE
CURR-AVN-SVC-CD-EFF-DT: FRC-INSTL-LOC-INDCTR:

(PART 2)

DATE-RCDS-REVIEWED: BY:
PAGE 2

SRA FOX GLYNNDEAVIN V

248377222

*****QUALIFICATION DATA*****

PAFSC	CAFSC	2AFSC	3AFSC	4AFSC
1C451	1C451			
SEI-PAFSC		SEI-2AFSC		SEI-3AFSC
-NONE		-NONE		-NONE
-NONE		-NONE		-NONE
-NONE		-NONE		-NONE
-NONE		-NONE		-NONE
-NONE		-NONE		-NONE
SEI-CAFSC		SEI-GENERAL		SEI-4AFSC
-NONE		-NONE		-NONE
				-NONE
				-NONE
SEI-RQMT-DT:				
TNG-STAT-ID: R-COMP	TNG/AFSC	AWD		CAFSC-EFF-DT: 99FEB
TNG-STAT-DT: 99FEB04				DT-ENT-RETNG: N/A

NGIB-ELIG-STAT: MEMBER ENROLLED AND ON ACTIVE DUTY FOR 3 YEARS OR MORE

AMN-APT-TEST-ID: BM- ASVAB XXI
ADM- 68 ELECT- 65 GEN- 57 MECH- 60

PROFESSIONAL-MILITARY-CRSE	DT-COMPL	METHOD-STUDY
-		-
-		-
-		-

EDUCATION-LVL-HIGH: F-<2YR 30-59 SH OR 45-89QH	COMPL: 96FEB
SPECLTY: 0IYY-INFORMATION SYSTEMS MGT	METH: J-CCAF
EDUCATION-LVL-2ND: -NONE	COMPL:
SPECLTY: -N/A	METH: -N/A
EDUCATION-LVL-3RD: -NONE	COMPL:
SPECLTY: -N/A	METH: -N/A

FLSA:

LANG-SELF-ASSESSED-ID: N/A
LANG-SELF-ASSESSED-LVL: N/A
LANG-SELF-ASSESSED-DT:
LANG-ID-1ST: -N/A
READ: -NEVER TESTED
LSTN: -NEVER TESTED
SPEAK: -NEVER TESTED
LANG-ID-2ND: -N/A
READ: -NEVER TESTED
LSTN: -NEVER TESTED
SPEAK: -NEVER TESTED

EDP-APT-SCORE: 0

SECURITY-CLEARANCE: 4-SECRET

SCTY-INV-COM-DT: 95AUG02

TYPE-INVESTIGATION: 1-ENTNAC

SDA-PAY-DATE: 98OCT09

SDA-PAY-RSN: H-PERF DTY IN AWARDED SDAP AFSC - P1

SDA-PAY-STAT: 4-SD-4 \$220

(PART 3)

SRA FOX GLYNNDEAVIN V , 248377222
 RECORD-CONDITION: AA110

*****SERVICE DATA*****

PAY-DATE: 95NOV21 DOS: 99NOV20 SVC-COMPONENT: R-REGULAR
 EAD-DATE: 95NOV21 ETS: 99NOV20 CATEGORY-ENL: 1-RFTE-1
 TAFMSD: 95NOV21 TEMSD: TERM-OF-ENL: 4-4 YEARS
 ADSCD: DT-ENL: 95NOV21 MIL-SVC-OBLGN: 8-8 YEARS
 ADSC-RSN: -NOT APPLICABLE
 LOST-DAYS: UIF-ID: 0

*****ASSIGNMENT PREFERENCE DATA*****

OS-CONUS-VOL-STAT:
 NON-VOL

ASG-PREF-OS-1ST-ASGNMT:	ASG-PREF-OS-TOUR-GP-1ST-ASGNMT:
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
-	-NOT A VOLUNTEER
ASG-PREF-OS-2ND-ASGNMT:	ASG-PREF-OS-TOUR-GP-2ND-ASGNMT:

** NOTE: YOUR OVERSEAS PREFERENCES WERE SPACED OUT ON YOUR LAST PCS MOVE IF YOU WERE A COT VOLUNTEER RETURNING TO THE CONUS OR YOU WERE REASSIGNED AS A TEC SCHOOL GRAD OR AS A DIRECTED DUTY ASSIGNMENT (DDA). A NEW AF FORM 392 IS REQUIRED.

ASG-PREFERENCE-CONUS:
 45-SOUTH CAROLINA
 13-GEORGIA
 12-FLORIDA
 L3-CAROLINAS/SEE AFDD CO-615
 RV-SHAW AFB SC
 RS-CHARLESTON AFB SC
 X1-SOUTH EAST
 37-NORTH CAROLINA
 ASG-PREFERENCE-CONUS-2ND-ASGNMT:

SPCL-DTY-APPL: -NONE	
SPCL-DTY-APPL-CNTY-STATE:	SPCL-DTY-APPL-DATE:
1ST: -	
2ND: -	
3RD: -	

(PART 4)

SRA FOX GLYNNDEAVIN V , 248377222

*****OVERSEAS DATA*****

CURR-CNTRY-STATE: 53-WA STRD: 95NOV21 TOURS-SHORT: 0
MAJCOM-ASGN-AREA: 1-US ODSO: 95NOV21 DEROS:
TOUR-LENGTH-CURR: DT-DEP-CONUS: TOUR-START:
OS-ACCOMP-STAT-CURR: -NOT APPL RSN-UNACCOMP: -NOT APPL
NON-CONUS-RES-CNTRY-ST: YY-NONE

OVERSEAS-DUTY-HISTORY

OS-AREA	TOUR-LENGTH	START-DATE	STOP-DATE
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

***** FITNESS DATA *****

STATUS CODE: -- STATUS SCORE:
STATUS DATE: EXEMPT EXP DATE:
EXEMPT CODE: --

(PART 5)

SRA FOX GLYNNDEAVIN V , 248377222

*****HONORS DATA*****

MILITARY-DECORATIONS		NON-MIL-DECOR
DATE-LAST NR-AWD DECORATION		1ST 2ND
-		-N/A -N/A
-		
-		FOREIGN-DECOR
-		
-		AFGCM: BASIC AWARD
-		CLOSE-DT-LAST: 981120
MIL-DECOR-ADDL: 00		BEGIN-DT-NEXT: 981121

CAMPAIGNS-SERVICE-AWDS	DEVICES		
AE-ADF EXP MDL	NO DEVICES		
ND-NTL DEF SVC MDL	NO DEVICES		
TR-AF TRAINING RBN	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
-N/A	NO DEVICES		
UNIT CITATIONS	DEVICES	FOREIGN AWARDS	DEVICES
OU-AFOUA		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	

*****HEALTH DATA *****

IMMUN-AREA-ID: -N/A

(PART 6)

 TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS COMPLETE AND
 CORRECT AS NOTED:
 PAGE 6•

State of South Carolina
Department of Probation, Parole and Pardon Services

HENRY MCMASTER
Governor



JERRY B. ADGER
Director

4050 Bridge View Dr. Suite 100
North Charleston, South Carolina 29405
Telephone: (843) 740-1553 Ext 141
Facsimile: (843) 740-1567

2018 SEP -4 PM 1:58

FILED

RECEIVED
DEPARTMENT OF PROBATION
& PARDON SERVICES

August 31, 2018

General Session Court Judge
State of South Carolina
Charleston County
100 Broad Street
Charleston, SC 29401

Your Honor:

Mr. Glynndeavin Fox SID: 02085649 has been under supervision by the Charleston County Department of Probation, Parole and Pardon Services. He is requesting permission to travel outside the United States on a vacation to Seoul Korea on November 27-29th 2018.

Mr. Fox was sentenced by Judge Couch on 11/01/17 for Assault, beat, or wound police officer serving process or while resisting arrest and Throwing of bodily fluids by prisoner on corrections employee in the Charleston County General Sessions Court on Indictment # 13-GS-10-01946 and 13-GS-10-01945. The original sentence is 3yrs ss upon svc of 6 months with 3years probation with the special conditions of successfully completing Anger management. Mr. Fox is current on his supervision fees and report has instructed.

Mr. Fox behaviors and appearance have been somewhat erratic, wearing cow bells around his waist and referring to himself as a Dr. He has been to Korea previously and was arrested while there. Travel Permit is not recommended.

Thank you for your time and consideration in this matter.

Sincerely,

Teefa Fleming
Supervisor
Charleston County Probation

Approved

Disapproved

Judge Signature

9/4/18

Date

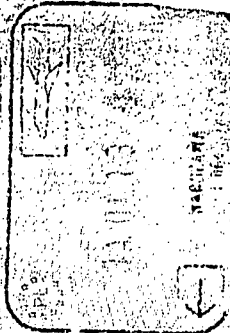
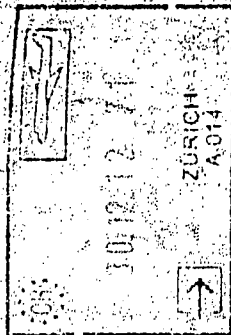
ATTEST: A TRUE COPY
JULIE J. ARMSTRONG (SEAL)
CLERK, C.P., G.S. & FC
By:
DEPUTY CLERK

This is a new nation

Director of Immigration

Visas

Visas



JAPAN IMMIGRATION INSPECTOR

LANDING PERMISSION

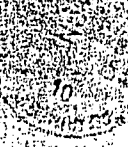
12 FEB 2013
Date of permit

13 MAY 2013
Date of expiry

Status: Temporary Visitor

90 days
Duration

1103313212
HHKT1809010



平成26年01月10日

診療情報提供書(ご報告)

紹介元 医療機関名 **アメリカ大使館**

総合病院 旭中央病院
〒289-2511 千葉県旭市イの1326番地 TEL: 0479-63-8111(代)

担当職員 **先生 御机下**
フリガナ **フォックス キリンディアビン ヴオン**

神経精神科 **宮澤 博宏 拝**
医療連携福祉相談室



患者氏名 **フォックス キリンディアビン 男性**
生年月日 **昭和52年10月13日**
患者ID **0005623952**

FAX: 0479-62-8383
E-Mail: renkei@hospital.asahi.chiba.jp

紹介目的	PROGNOSIS	診断名	① ② ③
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検査結果、治療経過、現在の処方について

Mr. Fox began to be withdrawn and to be away from his family and friends since around a year of 2011, based on information from his mother, Ms. Teresa Fore (Ms. Fore gave us this information through an American embassy). Therefore, it is assumed that the onset of his mental illness, schizophrenia, was around that time of his life.

He came to Japan, February 2013, and he was arrested for his violence at the hotel he stayed at. He claimed it for "self-defense", however, it is assumed that his illness influenced his behavior at the hotel to some extent.

While he was under arrest, he repetitively stated paranoid-like-comments. For example, he automatically lost a U.S. citizenship because he was arrested in a country of communism, Japan. And, he also stated that he was made to become a communist because an American citizen, who was arrested in a country of communism for more than 3 months, was made to be a communist. And, he also continued odd behavior and he repetitively sent letters to governments and embassies of Switzerland, Russia, German, UAE, Ireland. He strongly refused to return to the U.S. for the above-mentioned paranoia.

A psychiatrist saw him on October 17th 2013, since he was assumed to have a mental illness. He was diagnosed with Schizophrenia. At that time, he did not think that he had Schizophrenia and he did not accept to receive treatment for it. It was judged that he needed a full treatment with a hospitalization. Then, several psychiatrists saw him again on November 21st, 2013, and concluded that he had Schizophrenia, paranoid type, and needed a compulsory hospitalization. Treatment with medication started in our hospital, Asahi General Hospital, and abnormally psychological confusion seemed to become better. Right now, he does not have any significant problems in his private room of a closed psychiatric unit.

アレルギー: 無し 有り ()

返却資料 X-P: 枚 心電図: 枚 検査結果 枚
その他:

医療連携福祉相談室使用欄

TRAVEL PERMIT

Date: 07/19/2018

- * Provisional
- * Temporary
- ** Sex Offender
- *** GPS Monitoring/Tracking
- Probation
- Parole
- YOA Conditional Release
- Community Supervision

Full Name: GLYNNDEAVIN VON FOX SID #: 02085649
 Address: 9371 KOESTER ROAD City/State/Zip: LADSON, SC 29456
 Height: 060 Weight: 245 Race: Indian Sex: Male DL#: _____
 Name of Person(s) Visiting: Hospital
 Destination Address: (street, city, state & zip) 3800 Reservoir Road, WASHINGTON, DC 20007

Destination Telephone #: _____
 Purpose of Trip: Hospital Visit
 Departure Date: 07/26/2018 Return Date: 07/26/2018 7/27/18 CA, 408 Approved extra day



Name(s) of any travel companions _____
 Method of Travel: * Auto Plane Bus Other
 * If "Auto" is the method of travel then please provide:
 Auto Owner's Name: _____
 State & License Plate #: _____

Comments/Instructions: _____
 This sex offender will be travelling in your state for more than 24 hours.
 This sex offender will be temporarily in your state for no more than 30 days.
 Contact your Probation/Parole agent upon return or as instructed.
 Report any contact with law enforcement to your Probation/Parole agent immediately.

Approved By
 Agent: Christian Aulbach County: CHARLESTON
 Supervisor: Teela Fleming Address: 4050 BRIDGE VIEW DRIVE, SUITE 100, NORTH CHARLESTON, SC 29405-746
 Regional Director if GPS: NA Phone #: (843) 740 - 1553 x163

* Rules, Section 4-106
Provisional Travel Permit: In emergency situations a provisional travel permit may be used by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.
Temporary Travel Permit: A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.
****This form is to be faxed to SC Interstate Compact if a Sex Offender under supervision will be in a visiting state for over seven (7) days.**

Waiver of Extradition
 I have been given permission to travel outside the state of SC with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any state during the period of the trip granted me, I will waive extradition and not contest being returned to South Carolina.

Offender:  Witness: 

**** Special Conditions for Sex Offenders:**
 No contact with minor children (under 18)
 Must report to visiting state's Sheriff's Office
**** Special Conditions for GPS:**
 Must charge GPS device as instructed.
 Must return to SC if instructed by SCDPPPS.

TRAVEL PERMIT

Date: 01/18/2018

- * Provisional
- ** Sex Offender
- Probation
- YOA Conditional Release
- * Temporary
- *** GPS Monitoring/Tracking
- Parole
- Community Supervision

Full Name: GLYNNDEAVIN VON FOX SID #: 02085649
 Address: 9371 KOESTER ROAD City/State/Zip: NORTH CHARLESTON, SC null
 Height: 060 Weight: 245 Race: Indian Sex: Male DL#: _____
 Name of Person(s) Visiting: Court
 Destination Address: (street, city, state & zip) 1 1st Street NE, WASHINGTON, DC 20543
 Destination Telephone #: (843) 224 - 4483
 Purpose of Trip: Court
 Departure Date: 01/19/2018 Return Date: 01/25/2018

Method of Travel: * Auto Plane Bus Other

* If "Auto" is the method of travel then please provide:

Auto Owner's Name: _____

State & License Plate #: _____

Name(s) of any travel companions

Comments/Instructions: Delta

- This sex offender will be travelling in your state for more than 24 hours.
- This sex offender will be temporarily in your state for no more than 30 days.
- Contact your Probation/Parole agent upon return or as instructed.
- Report any contact with law enforcement to your Probation/Parole agent immediately.

Approved By

County: CHARLESTON

Agent: Teela Fleming

Address: 4050 BRIDGE VIEW DRIVE, SUITE 100, NORTH CHARLESTON, SC 29405-746

Supervisor: Teela Fleming

Phone #: (843) 740 - 1553 x165

Regional Director if GPS: N/A

* Rules, Section 4-106

Provisional Travel Permit: In emergency situations a provisional travel permit may be used by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.

Temporary Travel Permit: A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.

****This form is to be faxed to SC Interstate Compact if a Sex Offender under supervision will be in a visiting state for over seven (7) days.**

Waiver of Extradition

I have been given permission to travel outside the state of SC with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any state during the period of the trip granted me, I will waive extradition and not contest being returned to South Carolina.

Offender: 

Witness: 

** Special Conditions for Sex Offenders:

** Special Conditions for GPS:

- No contact with minor children (under 18)
- Must report to visiting state's Sheriff's Office

- Must charge GPS device as instructed.
- Must return to SC if instructed by SCDPPPS.

TRAVEL PERMIT

Date: 08/02/2018

- * Provisional
- * Temporary
- ** Sex Offender
- *** GPS Monitoring/Tracking
- Probation
- Parole
- YOA Conditional Release
- Community Supervision

Full Name: GLYNNDEAVIN VON FOX SID #: 02085649
 Address: 9371 KOESTER ROAD City/State/Zip: NORTH CHARLESTON, SC null
 Height: 060 Weight: 245 Race: Indian Sex: Male DL#: _____

Name of Person(s) Visiting: Hospital Visit

Destination Address: (street, city, state & zip) 3800 Reservoir Road, WASHINGTON, DC 20007

Destination Telephone #: (202) 444 - 4922

Purpose of Trip: Medical

Departure Date: 08/23/2018 Return Date: 08/24/2018

Method of Travel: * Auto Plane Bus Other
 * If "Auto" is the method of travel then please provide:

Name(s) of any travel companions

Auto Owner's Name: _____
 State & License Plate #: _____

Comments/Instructions: _____

- This sex offender will be travelling in your state for more than 24 hours.
- This sex offender will be temporarily in your state for no more than 30 days.
- Contact your Probation/Parole agent upon return or as instructed.
- Report any contact with law enforcement to your Probation/Parole agent immediately.

Approved By

Agent: Christian Aulbach
 Supervisor: Teela Fleming
 Regional Director if GPS: NA

County: CHARLESTON
 Address: 4050 BRIDGE VIEW DRIVE, SUITE 100, NORTH CHARLESTON, SC 29405-746
 Phone #: (843) 740 - 1553

* Rules, Section 4-106

Provisional Travel Permit: In emergency situations a provisional travel permit may be used by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.

Temporary Travel Permit: A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.

****This form is to be faxed to SC Interstate Compact if a Sex Offender under supervision will be in a visiting state for over seven (7) days.**

Waiver of Extradition

I have been given permission to travel outside the state of SC with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any state during the period of the trip granted me, I will waive extradition and not contest being returned to South Carolina.

Offender: 

Witness: 

** Special Conditions for Sex Offenders:

** Special Conditions for GPS:

- No contact with minor children (under 18)
- Must report to visiting state's Sheriff's Office

- Must charge GPS device as instructed.
- Must return to SC if instructed by SCDPPPS.

TRAVEL PERMIT

Date: 07/12/2018

* Provisional
 * Temporary

** Sex Offender
 *** GPS Monitoring/Tracking

Probation
 Parole

YOA Conditional Release
 Community Supervision

Full Name: GLYNNDEAVIN VON FOX SID #: 02085649
Address: 9371 KOESTER ROAD City/State/Zip: NORTH CHARLESTON, SC null
Height: 060 Weight: 245 Race: Indian Sex: Male DL#: _____
Name of Person(s) Visiting: US District Court
Destination Address: (street, city, state & zip) 1 Courthouse Way, BOSTON, MA 02210
Destination Telephone #: _____
Purpose of Trip: Legal
Departure Date: 07/20/2018 Return Date: 07/21/2018

Name(s) of any travel companions _____
Method of Travel: * Auto Plane Bus Other
* If "Auto" is the method of travel then please provide:
Auto Owner's Name: _____
State & License Plate #: _____

Comments/Instructions: _____
 This sex offender will be travelling in your state for more than 24 hours.
 This sex offender will be temporarily in your state for no more than 30 days.
 Contact your Probation/Parole agent upon return or as instructed.
 Report any contact with law enforcement to your Probation/Parole agent immediately.

Approved By

Agent: Christian Aulbach County: CHARLESTON
Supervisor: Teela Fleming Address: 4050 BRIDGE VIEW DRIVE, SUITE 100, NORTH CHARLESTON, SC 29405-746
Regional Director if GPS: NA Phone #: (843) 740 - 1553 x163

* Rules, Section 4-106

Provisional Travel Permit: In emergency situations a provisional travel permit may be used by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.


Temporary Travel Permit: A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.

****This form is to be faxed to SC Interstate Compact if a Sex Offender under supervision will be in a visiting state for over seven (7) days.**

Waiver of Extradition

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Offender: 

Witness: 

** Special Conditions for Sex Offenders:
 No contact with minor children (under 18)
 Must report to visiting state's Sheriff's Office

** Special Conditions for GPS:
 Must charge GPS device as instructed.
 Must return to SC if instructed by SCDPPPS.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) FOX GLYNNDEAVIN VON		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE -- REG AF		3. SOCIAL SECURITY NO 248 37 7222	
4.a. GRADE, RATE OR RANK SRA	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 771013		6. RESERVE OBLIG. TERM. DATE Year 2003 Month Jul Day 24	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY FORT JACKSON SC		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) LADSON SC			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 5 AIR SUPT OPNS SQ (AMC)		8.b. STATION WHERE SEPARATED MCCHORD AFB WA			
9. COMMAND TO WHICH TRANSFERRED USAFR				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 10,000	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 1C451 - Tactical Air Command & Control Journeyman, 4 years.		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	1995	Nov	21
		b. Separation Date This Period	1999	Nov	20
		c. Net Active Service This Period	04	00	00
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	03	26
		f. Foreign Service	00	00	00
		g. Sea Service	00	00	00
		h. Effective Date of Pay Grade	1998	Nov	21
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon, National Defense Service Medal, Small Arms Expert Marksmanship Ribbon with device, Armed Forces Expeditionary Medal, Air Force Outstanding Unit Award, Air Force Good Conduct Medal					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Military Training, Dec 95; Joint Firepower Control Crs, May 98; Airborne (2E-S15P/SQ17/011-S), Dec 96; Survival Training Crs, May 96; Tactical Air Command & Control, Apr 96.					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
				No	
16. DAYS ACCRUED LEAVE PAID -0.5-				17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	
				Yes	X No
18. REMARKS Member has completed first full term of service. Member has completed first full term of service. Copy 5 - Louisiana Claims Control Center, UCX/UCFE, PO BOX 94246, Capital Stations, Baton Rouge LA 70804-9246. Copy 3 - Department of Veterans Affairs, Data Processing Center (214), 1615 E. Woodward St., Austin TX 78772. -----NOTHING FOLLOWS----- Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits.					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 9377 KOESTER RD LADSON SC 29456			19.b. NEAREST RELATIVE (Name and address - include Zip Code) VONCILLE TODD (GRANDMOTHER) 605 E RICHARDSON AVE SUMMERSVILLE SC 29485		
20. MEMBER REQUESTS COPY 6 BE SENT TO SCI DIR. OF VET AFFAIRS		X	Yes	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) PATRICK D. LAVENDER, MSGT, USAF NCOIC/RELOCATIONS	
21. SIGNATURE OF MEMBER BEING SEPARATED					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY AFI 36-3208		26. SEPARATION CODE MBK		27. REENTRY CODE 4J	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4	

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) FOX GLYNNDEAVIN VON		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - REG AF		3. SOCIAL SECURITY NO. 248 37 7222						
4.a. GRADE, RATE OR RANK SRA	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 771013	6. RESERVE OBLIG. TERM. DATE Year 2003 Month Jul Day 24							
7.a. PLACE OF ENTRY INTO ACTIVE DUTY FORT JACKSON SC		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) LADSON SC								
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 5 AIR SUPT OPNS SQ (AMC)		8.b. STATION WHERE SEPARATED MCCHORD AFB WA								
9. COMMAND TO WHICH TRANSFERRED USAFR			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 10,000							
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 1C451 - Tactical Air Command & Control Journeyman, 4 years.		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)				
		a. Date Entered AD This Period		1995	Nov	21				
		b. Separation Date This Period		1999	Nov	20				
		c. Net Active Service This Period		04	00	00				
		d. Total Prior Active Service		00	00	00				
		e. Total Prior Inactive Service		00	03	26				
		f. Foreign Service		00	00	00				
		g. Sea Service		00	00	00				
		h. Effective Date of Pay Grade		1998	Nov	21				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon, National Defense Service Medal, Small Arms Expert Marksmanship Ribbon with device, Armed Forces Expeditionary Medal, Air Force Outstanding Unit Award, Air Force Good Conduct Medal										
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Military Training, Dec 95; Joint Firepower Control Crs, May 98; Airborne (2E-S15P/SQ17/011-S), Dec 96; Survival Training Crs, May 96; Tactical Air Command & Control, Apr 96.										
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID		
			X			X		-0.5-		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION								Yes	X	No
18. REMARKS Member has completed first full term of service. Member has completed first full term of service. Copy 5 - Louisiana Claims Control Center, UCX/UCFE, PO BOX 94246, Capital Stations, Baton Rouge LA 70804-9246. Copy 3 - Department of Veterans Affairs, Data Processing Center (214), 1615 E. Woodward St., Austin TX 78772. -----NOTHING FOLLOWS----- <i>Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits.</i>										
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 9377 KOESTER RD LADSON SC 29456 <i>GIF</i>					19.b. NEAREST RELATIVE (Name and address - include Zip Code) VONCILLE TODD (GRANDMOTHER) 605 E RICHARDSON AVE SUMMERVILLE SC 29485					
20. MEMBER REQUESTS COPY 6 BE SENT TO SC DIR. OF VET AFFAIRS					X	Yes		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>PATRICK D. LAVENDER, MSGT, USAF</i> NCOIC, RELOCATIONS		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>										

DD Form 214-AUTOMATED, NOV 88

Previous editions are obsolete.

MEMBER-1

*Shelene Gore, Notary Public
Commission expire August 2, 2006*

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.
PRINCIPAL PURPOSE: To establish eligibility to participate in the Montgomery GI Bill Act of 1984.
ROUTINE USES: Information will be used as a source document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.
DISCLOSURE: Voluntary; however, failure to provide Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.

1. SERVICE MEMBER (Print)

a. NAME (LAST, First, Middle Initial) *Forster, Thomas J.* b. SOCIAL SECURITY NUMBER (SSN) *213 277 022*

2. STATEMENT OF UNDERSTANDING

a. ACADEMY / ROTC SCHOLARSHIP GRADUATES
 I am **NOT** eligible for the MGIB because I am a Service Academy graduate / Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE	(2) RANK / GRADE	(3) DATE SIGNED (YYMMDD)

b. PRIOR SERVICE MEMBER
 I am **NOT** eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE	(2) RANK / GRADE	(3) DATE SIGNED (YYMMDD)

c. ALL OTHER SERVICE MEMBERS

- (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.
- (2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services.
- (3) I understand that **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for **EACH** of the first 12 full months of active duty and this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**.
- (4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months.
- (5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months.
- (6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service
- (7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994.
- (8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).
- (9) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB.
- (10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.
- (11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).
- (12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.
- (13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE	(b) RANK/GRADE	(c) DATE SIGNED (YYMMDD)
<i>[Signature]</i>	<i>[Rank]</i>	<i>[Date]</i>

3. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

Montgomery GI Bill Act of 1984, which is part of the MGIB, does not apply to members who are currently on active duty and have not been discharged or released from active duty.

4. STATEMENT OF DISENROLLMENT

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED (YYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE

5. WITNESSING OFFICIAL

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED (YYMMDD)
<i>[Name]</i>	<i>[Rank]</i>	<i>[Signature]</i>	<i>[Date]</i>



DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

1 May 97

MEMORANDUM FOR A1C FOX, GLYNNDEAVIN V., FR248-37-7222

FROM: 5ASOS/CC

SUBJECT: Letter of Reprimand for Insubordination

1. Your recent duty performance at National Training Center has been reviewed. I am concerned about an argument between yourself and your supervisor on or about 21 Mar 97. Such an incident diverts attention from supporting our Army customers to having to resolve petty squabbles in the field, something we cannot afford to do. I expect that when I send a TACP on a mission under the supervision of an NCO that the TACP will get the job done first and restrain complaints grounded in personality conflicts until after the action is over.
2. You are hereby reprimanded. This letter will be placed in your unfavorable information folder, and your name will be formally placed on my control roster for six months. During that time, your conduct will be carefully monitored.
3. AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain any comments or documents you desire to submit (on a voluntary basis) for consideration concerning this action.
ROUTINE USES: Provides you an opportunity to submit comments or documents for consideration. If provided, the comments become a part of the action. DISCLOSURE: Your written acknowledgement of receipt and signature is mandatory. Any other comments or documents you provide is voluntary.
4. You will acknowledge receipt and understanding by indorsing this memorandum.



DALE W. FRY, Lt Col, USAF
Commander, 5th ASOS

Exhibit C

Dear. Mr. FOX, GLYNNDEAVIN

Good morning.

If you would like to our hired car or taxi, we are glad to arrange it for you.

The car types and fare is on the list. Please contact to the Bell Desk for your arrangement.


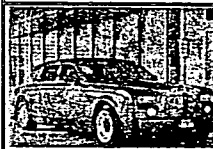




You will have a wonderful day.

Thank you very much.

Toshikazu Ozaki

Guest Service.

The Ritz-Carlton, Tokyo
Limousine Service

	Hotel Limousine		Other Vehicles		
	Rolls Royce Phantom	BMW 7 Series	Middle Sedan	Van	Taxi
					
narita airport	70,000 jpy	63,000 jpy	49,000 jpy	60,000 jpy	24,000 jpy
haneda airport	39,000 jpy	29,000 jpy	23,000 jpy	27,000 jpy	12,000 jpy
tokyo station	14,000 jpy	10,000 jpy	7,000 jpy	9,000 jpy	3,800 jpy
tokyo city use	14,000 jpy/hour	10,000 jpy/hour	7,000 jpy/ hour	9,000 jpy/hour	5,500 jpy/hour
number of passanger	maximum 3	maximum 3	maximum 3	maximum 5	maximum 3
number of luggage	3 suit cases	2 suit cases	2 suit cases	4 suit cases	3 suit cases

notes to guest : ◇ at least 24 hours advance notice with confirmed flight details is required for airport pick-up.
 ◇ for Tokyo City use, hourly use for limousine from/to garage(outside the Hotel) and hotel will be added.
 ◇ different car specification is also available. Please contact with Concierge or Bell captain for more details.
 ◇ above rate is subject to change without notice.





Paris, le 15 juin 2018

M. Glynndeavin Von Fox
Sante (Santee) Indian Tribe of South
Carolina - Cusabo Group - Siouan
Confederacy
8983 University Blvd. PMB Ste. 104-174
North Charleston, South Carolina 29406

USA

Objet : requête petits litiges européens
Glynndeavin Von Fox / Embassy of France

Monsieur,

Vous avez adressé devant la juridiction du président du tribunal de commerce de Paris une requête selon la procédure des petits litiges européens (European small claims procedure).

Je vous informe que votre requête est irrecevable.

En effet, la requête en objet ne peut être envisagée que dans le cadre de litiges opposant des personnes résidant dans un Etat de la communauté européenne.

Par ailleurs, vous sollicitez la condamnation de l'ambassade de France. Une telle demande ne peut en aucun cas relever de la compétence de la juridiction commerciale.

Dans ces conditions, dans l'hypothèse où vous souhaiteriez mener votre action à son terme, nous vous engageons à mieux vous pourvoir.

Veillez agréer, Monsieur, l'expression de mes sentiments distingués.

Laurent LEMAIRE
Juge délégué aux procédures européennes
de règlement des petits litiges



Bundesverfassungsgericht

- Allgemeines Register -

Bundesverfassungsgericht • Postfach 1771 • 76006 Karlsruhe

Herrn
Glynndeavin von Fox
8983 University Blvd.
Ste. 104-174
29406 NORTH CHARLESTON
USA

Aktenzeichen
AR 3460/18
(bei Antwort bitte angeben)

Bearbeiterin
Frau Rittler

☎ (0721)
9101-413

Datum
24.05.2018

Ihr am 11. Mai 2018 eingegangenes Schreiben

Sehr geehrter Herr von Fox,

Sie legen ein Klageformblatt des Europäischen Parlaments und des Rates vor, mit welchem Sie 50.000 € gerichtlich geltend machen wollen. Klageziele, etwa die Erhebung von zivilgerichtlichen Klagen, können im Wege der Verfassungsbeschwerde zum Bundesverfassungsgericht nicht erstinstanzlich gerichtlich verfolgt werden.

Außerhalb eines zulässigen Verfassungsbeschwerdeverfahrens hat das Bundesverfassungsgericht keine Möglichkeit, auf Anträge Einzelner hin oder von Amts wegen tätig zu werden. Ohnehin müssen Verfassungsbeschwerden oder Eingaben an das Bundesverfassungsgericht in deutscher Sprache abgefasst sein, da die Gerichtssprache deutsch ist (vgl. § 184 GVG). Über die Zulässigkeitsvoraussetzungen einer Verfassungsbeschwerde informiert Sie das „Merkblatt über die Verfassungsbeschwerde zum Bundesverfassungsgericht“, abrufbar unter www.bverfg.de - Bürgerinnen und Bürger -, auch in englischer Sprache.

Bei der gegebenen Sach- und Rechtslage kann das Bundesverfassungsgericht nicht in dem von Ihnen erwarteten Sinne tätig werden (vgl. § 63 Abs. 1 GOBVerfG).

Mit freundlichen Grüßen

Ingendaay-Herrmann
AR-Referentin

Beglaubigt

Regierungsangestellte



ROYAL DANISH CONSULATE GENERAL

New York
One Dag Hammarskjöld Plaza

Glynndeavin von Fox
St. Phillips Parish
164 Market Street
Suite 117
Charleston, SC 29401

885 Second Avenue, 18th Floor
New York, NY 10017
Phone: +1 (212)223-4545
Fax: +1 (212)754-1904
E-mail: nycgkl@um.dk
<http://www.usa.um.dk>



Enclosure

File
2015 -18141

Date
January 9th, 2017

Dear Glynndeavin von Fox,

Reference is made to your letter requesting asylum in Denmark. Please be advised that according to Danish law, Danish consular and diplomatic representations abroad cannot receive applications for asylum. Applications for asylum in Denmark can only be accepted from individuals who are already physically present in Denmark.

Unfortunately, we will not be able to provide further assistance in your case.

Yours Sincerely

Sajeev Shankar
Consular Officer

State of South Carolina,)

Plaintiff,)

)

vs.)

)

Glynndeavin von Fox,)

Defendants.)

_____)

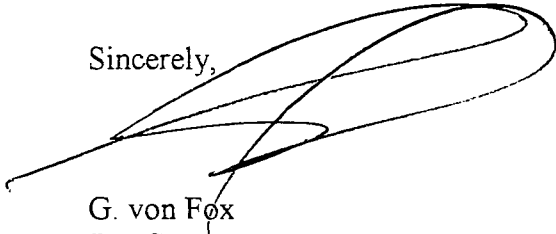
**Protection from Court Dates
for Business Trip to Hard Rock Casino
& Hotel Las Vegas**

Case: 2017 A1010 20085-56

Protection from Court Dates for Business Trip to Hard Rock Casino & Hotel Las Vegas

The Defendant requests *Protection from Court Dates* during the dates of July 30th to the 2nd of August of 2017 for a business trip to the MGM Grand Hotel & Casino Las Vegas. The defendant will be staying at the Ritz-Carlton in Las Vegas, and flying on Delta Airlines out of Charleston International Airport (CHS).

Sincerely,



G. von Fox
Pro Se
St. James-Goose Creek Parish
8983 University Blvd.
Suite 104-174
N. Charleston, S.C. 29406

FILED
2017 JUN 12 AM 8:39
CLERK OF COURT

State of South Carolina,)
)
 Plaintiff,)
)
 vs.)
)
 Glynndeavin von Fox,)
)
 Defendants.)
 _____)

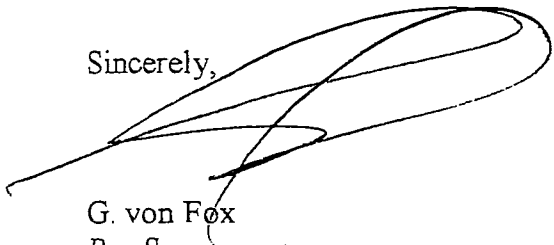
Protection from Court Dates
 for Business Trip to Hard Rock Casino
 & Hotel Las Vegas

Case: 2017 A1010 20085-96

Protection from Court Dates for Business Trip to Hard Rock Casino & Hotel Las Vegas

The Defendant requests *Protection from Court Dates* during the dates of July 30th to the 2nd of August of 2017 for a business trip to the MGM Grand Hotel & Casino Las Vegas. The defendant will be staying at the Ritz-Carlton in Las Vegas, and flying on Delta Airlines out of Charleston International Airport (CHS).

Sincerely,



G. von Fox
 Pro Se
 St. James-Goose Creek Parish
 8983 University Blvd.
 Suite 104-174
 N. Charleston, S.C. 29406

FILED
 2017 JUN 12 AM 8:39
 CLERK OF COURT
 8983 UNIVERSITY BLVD
 N. CHARLESTON, SC 29406

10 APR 2013

DEAR COUNCIL,

DO NOT SEND ME A DOCUMENT THAT SHOULD HAVE
BEEN SIGNED ON THE 5TH OF APRIL. MY ATTORNEY IN
NEW YORK WILL BE CONTACTING YOU THROUGH WASHINGTON D.C.,
AS YOU ARE WELL AWARE OF YOUR LEGAL IDENTITY WITH
THE UNITED STATES OF AMERICA. DO NOT HARASS ME
WHILE I AM APPROVING MY LOISER; IN JAPAN.

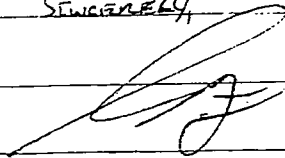
AMERICAN EMBASSY

APR 12 2013

TOKYO, JAPAN

H2

SINCERELY,



Alexander Novak



A 12 / 45



Embassy of the United States of America
1-10-5 Akasaka, Minato-ku
Tokyo 107-8420 JAPAN
Fax 81-3-3224-5856

April 7, 2014

Mr. Glynndeavin Von Fox
3556 Galaxy Road
Ladson, SC 29456

Dear Mr. Fox,

Enclosed are four International Postal Money orders in U.S. dollars purchased with the 230,000 yen that we received from the Tokyo Immigration Detention Center. The following fees were deducted:

Fee for purchasing money order	2,000 yen
Postage for Express Mail Service (EMS)	1,200 yen

We are also enclosing your driver's license.

Sincerely,


Hugues Ogier
Consul



DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

File
37

10 MAR 99
Date

MEMORANDUM FOR AIC Gynndevin V. Fox

FROM: CCQ

SUBJECT: Order to Provide a Urine Specimen for Drug Testing

1. You have been randomly selected and are hereby ordered to provide an Inspection urine specimen for drug inspection testing purposes. Compliance with this order requires that you:

a. Report to the following location _____ at 1200 hours with this letter.

[X] Bldg 100 Room 2068

[X] Member must report within two hours of notification.

b. Surrender your DD Form 2AF (Military ID Card) upon arrival at the testing location and remain at the testing location until you have provided your urine specimen, your DD Form 2AF has been returned to you, and you have been given permission to leave.

c. Be observed urinating directly into the bottle or other receptacle provided to you for collecting the urine specimen.

d. Avoid contaminating the specimen. Fill the bottle or other receptacle provided to you with a minimum of 60 milliliters of your urine.

Failure to obey this order in any way may result in disciplinary action against you under the Uniform Code of Military Justice. You will acknowledge that you have read this order and understand it by signing below. Return this letter to the Orderly Room upon your completion.

Charles R. Heald
CHARLES R. HEALD, Col, USAF
Commander

1st Ind; _____

62 MEDICAL GROUP/SGOFMHA
160 G Street
McChord AFB WA 98438-1130

TO: 1 ASOG/CCF

I have read and understand this order. I further understand that failure to comply with this order in any way may result in disciplinary action under the UCMJ.

[Handwritten Signature]

Member's Signature

248-37-7222

Member's Social Security Number



17

File 7
HJG

DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

6 January 1999

MEMORANDUM FOR 62 AW/SLD

FROM: CCQ

SUBJECT: No-show for Random Drug Urinalysis Testing

1. The following individual will be unable to attend the random drug urinalysis testing on 6 Jan 99 for the reason(s) indicated:

a. A1C Gynndeavin V. Fox, 248-37-7222, is TDY till March 99.

2. If you have any questions, please call 967-4733.


GUSTAVO NAVARRETE, TSgt, USAF
NCOIC, Orderly Room



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 62d AIRLIFT WING (AMC)

17 June 99

MEMORANDUM FOR 5 ASOS/CCF

FROM: 62 MSS/DPMPE

SUBJECT: Finalization of approved CJR

1. The following members assigned to your unit are currently pending finalization of the CJR application process and need to sign for their approved CJR and project for reenlistment. This must be accomplished NLT four months prior to DOS or their CJR will automatically be cancelled. Please have them contact us to schedule this briefing.

Sra Glynndeavin V. Fox — member is Phase I Umbat.

2. POC is myself or SrA Hopkins at 984-2676.

Robert D Kagarse

ROBERT D. KAGARISE, SSGT, USAF
NCOIC, REENLISTMENTS/SPECIAL ACTIONS

*members Notified
6-18-99 AHG.*

W-Z0137 - SECURITY - YOU MAY NOT UPDATE ON THIS SCREEN
109 Student Schedule FY NA NA NDEG FOX, GLYNNDEAVIN V

Screen: SID: 248377222 Course: MAT 101002 Term: 992 Printer Code:

S		SPRING 2000		011		
T	Course	Cred	GT	Title	Days	Times Bldg Room
	TRIDENT COLLEGE			Full Session	01-10-00 to 05-01-00	
E	MAT -101-009	3.00		BEGINNING ALGEBRA	MWF	0150-0245PM 510 133
		3.00	Total Registered Hours			

DEPARTMENT OF THE AIR FORCE
62d AIRLIFT WING (AMC)

file copy

29 Dec 98

MEMORANDUM FOR 62 MSS/DPMPA

FROM: 62 MSS/DPE

SUBJECT: Request Code 05 be dropped for A1C Flynndeavin Von Fox (SSN: 248-37-7222)

1. Request 05 availability code be dropped for above member. He is not applying for a commissioning program at this time.
2. Your assistance in this matter is greatly appreciated. I can be contacted at 984-5026 if you have questions regarding this matter.

DR MICA WELLS, GS-09, DAFC
Guidance Counselor

DEPARTMENT OF THE AIR FORCE
62d AIRLIFT WING (AMC)

29 Dec 98

file copy

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MEMORANDUM FOR A1C GLYNNDEAVIN VON FOX

1: Education Services Flight
62 MSS/DPE
851 Lincoln Blvd Suite 301
McChord AFB WA 98438-1317

7222
BIRTH

17

SUBJECT: AF ACADEMY PREP-SCHOOL APPLICATION

I spoke with the AF Academy processing office. They have reviewed your file and determined that your SAT scores for math are too low for consideration at this time. You need a Verbal 480 and Math 520. You are above in the Verbal with 490. However, your math score is 410. Recommend you concentrate on improving this area by taking some math courses to raise your score.

will be discharged

The person that I spoke with said that they had sent you information regarding your application, but I could not tell if they had told you specifically why you were not being considered.

CHILD, OR

You can be contacted at DSN 984-5026 or by e-mail at M.Wells@mcchord.af.mil if you have questions regarding this matter. I look forward to working with you in the future regarding your educational and commissioning goals.

CHILD,
MYSELF.

STERS OF
AGE

DR MICA WELLS, GS-09, DAFC
Guidance Counselor

HS

0

COMPETING

D AND AM
LECTED.

ONS:

t at the

Jan '98

Jan 98

21 98

Wells M 62 MSS

From: Wells M 62 MSS
Sent: Monday, July 20, 1998 12:30 PM
To: 'AF Academy'
Subject: Prep-School Application-Not LEAD

I have an active duty AF member who has whose Commander has signed an AF Form 1786, and written a letter of endorsement. He has the following:

Class Rank: 375 out of 449 **84th Percentile**
GPA 2.13
ACT SCORES: English 18
Math 16
Reading 27
Science 22
Composite 21

He does not meet the criteria for LEAD. I will encourage him to retake the exam and/or take SAT. However, **can he apply directly for the AFA Prep-School without being under the LEAD program?**

Appreciate your assistance in this matter.

Dr Wells - DSN 984-5026

Rec. app be sent + member request.

mailed 24 July 98

APPLICATION FOR APPOINTMENT TO THE UNITED STATES AIR FORCE ACADEMY UNDER QUOTA ALLOTTED TO ENLISTED MEMBERS OF THE REGULAR AND RESERVE COMPONENTS OF THE AIR FORCE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974--See Reverse)

I hereby make application for appointment to the USAF Academy under quota allotted to enlisted members of the regular and reserve components of the Air Force.

(Mark "X" in appropriate box.)

<input checked="" type="checkbox"/> REGULAR AIR FORCE	<input type="checkbox"/> AIR NATIONAL GUARD	<input type="checkbox"/> AIR FORCE RESERVE
1. LAST NAME - FIRST NAME MIDDLE NAME (Print or type) FOX, GLYNNDEAVIN VON		2. GRADE E-3
4. COMPLETE SERVICE ADDRESS (Include Major Command, Box No. and Zip Code) 5 ASOS BLDG 3646 LT. WOODFILL DR. FT. LEWIS AIN WA 98433-9500 (12 AF/ACC)		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7. COMPLETE HOME ADDRESS (No. and Street or R.F.D. No., City or Town, State and ZIP Code) 1151 7th St. STOP 740 McChord AFB, WA 98438-1321		5. TELEPHONE NO. (Area Code) 253-967-3176
10. PLACE OF BIRTH (City or Town, Country and State) CHARLESTON, SC		6. SSAN 248-37-7222
12. MARITAL/SUPPORT STATUS (Must be unmarried and have no legal obligations to support any other person. Any cadet who marries will be discharged from the Academy.) (Mark "X" in appropriate box below.)		8. TELEPHONE NO. (Area Code) 253-584-8599
MARITAL STATUS		9. DATE OF BIRTH 10-13-77
<input type="checkbox"/> PRESENTLY MARRIED (Includes separated)	<input type="checkbox"/> I HAVE A LEGAL OBLIGATION TO SUPPORT A CHILD, OR SOME PERSON(S) OTHER THAN MYSELF.	11. U.S. CITIZENSHIP
<input checked="" type="checkbox"/> NOT PRESENTLY MARRIED (Single, or previous marriage was dissolved through annulment or divorce.)	<input checked="" type="checkbox"/> I HAVE NO LEGAL OBLIGATION TO SUPPORT A CHILD, CHILDREN OR ANY PERSON(S) OTHER THAN MYSELF.	<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION

13. EDUCATION		
HIGH SCHOOL GRADUATE ¹	ATTENDED PREPARATORY SCHOOL ¹	ATTENDED COLLEGE ¹
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		COMPLETED
		YEARS OF HIGH SCHOOL
		12
		QUARTERS OF COLLEGE
		SEMESTERS OF COLLEGE

14. MILITARY SERVICE	
A. AS OF THIS DATE, MY TOTAL LENGTH OF AF ENLISTED SERVICE (Months), IS AS SHOWN. (Include service with AF regular component, Air Force Reserve and Air National Guard.)	MONTHS
B. <input checked="" type="checkbox"/> I AM NOW ON ACTIVE DUTY WITH REGULAR AIR FORCE	30
C. <input type="checkbox"/> I AM NOW ACTIVELY PARTICIPATING IN THE	<input type="checkbox"/> AF RESERVE <input type="checkbox"/> AIR NATIONAL GUARD
D. <input type="checkbox"/> I AM NOW ON ACTIVE DUTY IN TRAINING STATUS WITH	<input type="checkbox"/> AF RESERVE <input type="checkbox"/> AIR NATIONAL GUARD
E. MY CURRENT ENLISTMENT (Day, Month, Year)	
BEGAN 21 Nov 95	SCHEDULED TO TERMINATE 21 Nov 99

15. CONSIDERATION FOR THE UNITED STATES AIR FORCE ACADEMY PREPARATORY SCHOOL (Mark "X" in appropriate box.)	
A. <input checked="" type="checkbox"/> I DESIRE TO BE CONSIDERED FOR THE UNITED STATES AIR FORCE ACADEMY PREPARATORY SCHOOL PRIOR TO COMPETING FOR THE UNITED STATES AIR FORCE ACADEMY.	
B. <input type="checkbox"/> I DESIRE TO MAKE DIRECT APPLICATION FOR THE UNITED STATES AIR FORCE ACADEMY. IF I AM NOT APPOINTED AND AM QUALIFIED, I WISH TO BE CONSIDERED FOR THE ACADEMY PREPARATORY SCHOOL WHEN ITS NEXT CLASS IS SELECTED.	
C. <input checked="" type="checkbox"/> I DESIRE TO ATTEND THE USAFA PREPARATORY SCHOOL AND THE USAF ACADEMY FOR THE FOLLOWING REASONS: (Use Reverse, if Necessary)	
See Reverse Side	

CERTIFICATION (ALL APPLICANTS)	
I certify that the foregoing statements are true to the best of my knowledge and belief. I desire a military career and to become a cadet at the United States Air Force Academy.	
SIGNATURE OF APPLICANT	DATE
	29 Jun 98
CERTIFICATION OF COMMANDER AND CBPO	
SIGNATURE OF COMMANDER	<input checked="" type="checkbox"/> IMMEDIATE COMMANDER'S INDORSEMENT ATTACHED
	DATE
SIGNATURE OF CBPO	<input type="checkbox"/> AIRMAN ASSIGNMENT AVAILABILITY CODE ENTERED ACCORDING TO AFR 53-10 AND/OR AFR 53-14
	DATE
	29 Jun 98

¹ Transcripts must be submitted for all High School, Preparatory School, and College.

APPLICATION FOR APPOINTMENT TO THE UNITED STATES AIR FORCE ACADEMY UNDER QUOTA ALLOTTED TO ENLISTED MEMBERS OF THE REGULAR AND RESERVE COMPONENTS OF THE AIR FORCE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974--See Reverse)

I hereby make application for appointment to the USAF Academy under quota allotted to enlisted members of the regular and reserve components of the Air Force.

(Mark "X" in appropriate box.)

<input checked="" type="checkbox"/> REGULAR AIR FORCE	<input type="checkbox"/> AIR NATIONAL GUARD	<input type="checkbox"/> AIR FORCE RESERVE
1. LAST NAME - FIRST NAME - MIDDLE NAME <i>(Print or type)</i> FOX, GLYNNDEAVIN VON		2. GRADE E-3
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. COMPLETE SERVICE ADDRESS <i>(Include Major Command, Box No. and Zip Code)</i> 5 ASOS BLDG 3646 LT. WOODFILL DR. FT. LEWIS AIN WA 98433-9500 (12 AF/ACC)		5. TELEPHONE NO. <i>(Area Code)</i> 253-967-3176
		6. SSAN 248-37-7222
7. COMPLETE HOME ADDRESS <i>(No. and Street or R.F.D. No., City or Town, State and ZIP Code)</i> 1151 7th St. STOP 740 McChord AFB, WA 98438-1321		8. TELEPHONE NO. <i>(Area Code)</i> 253-584-8599
		9. DATE OF BIRTH 10-13-77
10. PLACE OF BIRTH <i>(City or Town, Country and State)</i> CHARLESTON, SC		11. U.S. CITIZENSHIP <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION
12. MARITAL/SUPPORT STATUS <i>(Must be unmarried and have no legal obligations to support any other person. Any cadet who marries will be discharged from the Academy.) (Mark "X" in appropriate box below.)</i>		

MARITAL STATUS	SUPPORT STATUS
<input type="checkbox"/> PRESENTLY MARRIED <i>(Includes separated)</i>	<input type="checkbox"/> I HAVE A LEGAL OBLIGATION TO SUPPORT A CHILD, OR SOME PERSON(S) OTHER THAN MYSELF.
<input checked="" type="checkbox"/> NOT PRESENTLY MARRIED <i>(Single, or previous marriage was dissolved through annulment or divorce.)</i>	<input checked="" type="checkbox"/> I HAVE NO LEGAL OBLIGATION TO SUPPORT A CHILD, CHILDREN OR ANY PERSON(S) OTHER THAN MYSELF.

13. EDUCATION					
HIGH SCHOOL GRADUATE ¹	ATTENDED PREPARATORY SCHOOL ¹	ATTENDED COLLEGE ¹	COMPLETED		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF HIGH SCHOOL	QUARTERS OF COLLEGE	SEMESTERS OF COLLEGE
			12		

14. MILITARY SERVICE	
A. AS OF THIS DATE, MY TOTAL LENGTH OF AF ENLISTED SERVICE <i>(Months)</i> , IS AS SHOWN. <i>(Include service with AF regular component, Air Force Reserve and Air National Guard.)</i>	MONTHS 30
B. <input checked="" type="checkbox"/> I AM NOW ON ACTIVE DUTY WITH REGULAR AIR FORCE	
C. <input type="checkbox"/> I AM NOW ACTIVELY PARTICIPATING IN THE <input type="checkbox"/> AF RESERVE <input type="checkbox"/> AIR NATIONAL GUARD	
D. <input type="checkbox"/> I AM NOW ON ACTIVE DUTY IN TRAINING STATUS WITH <input type="checkbox"/> AF RESERVE <input type="checkbox"/> AIR NATIONAL GUARD	
E. MY CURRENT ENLISTMENT <i>(Day, Month, Year)</i>	
BEGAN 21 Nov 95	SCHEDULED TO TERMINATE 21 Nov 99

15. CONSIDERATION FOR THE UNITED STATES AIR FORCE ACADEMY PREPARATORY SCHOOL <i>(Mark "X" in appropriate box.)</i>	
A. <input checked="" type="checkbox"/> I DESIRE TO BE CONSIDERED FOR THE UNITED STATES AIR FORCE ACADEMY PREPARATORY SCHOOL PRIOR TO COMPETING FOR THE UNITED STATES AIR FORCE ACADEMY.	
B. <input type="checkbox"/> I DESIRE TO MAKE DIRECT APPLICATION FOR THE UNITED STATES AIR FORCE ACADEMY. IF I AM NOT APPOINTED AND AM QUALIFIED, I WISH TO BE CONSIDERED FOR THE ACADEMY PREPARATORY SCHOOL WHEN ITS NEXT CLASS IS SELECTED.	
C. <input checked="" type="checkbox"/> I DESIRE TO ATTEND THE USAFA PREPARATORY SCHOOL AND THE USAF ACADEMY FOR THE FOLLOWING REASONS: <i>(Use Reverse, if Necessary)</i> See Reverse Side	

CERTIFICATION (ALL APPLICANTS)

I certify that the foregoing statements are true to the best of my knowledge and belief. I desire a military career and to become a cadet at the United States Air Force Academy.

SIGNATURE OF APPLICANT 	DATE 29 Jun 98
----------------------------	-------------------

CERTIFICATION OF COMMANDER AND CBPO		
SIGNATURE OF COMMANDER 	<input checked="" type="checkbox"/> IMMEDIATE COMMANDER'S INDORSEMENT ATTACHED	DATE 29 Jun 98
SIGNATURE OF CBPO	<input type="checkbox"/> AIRMAN ASSIGNMENT AVAILABILITY CODE ENTERED ACCORDING TO AFR 53-10 AND/OR AFR 53-14	DATE

¹ Transcripts must be submitted for all High School, Preparatory School, and College attended.

1 03:36:32 PDT 19

file 7 MB

PERSONAL DATA - PRIVACY ACT OF 1974

UNIT: 5 AIR SUPT OPNS SQ

DATE: 31AUG98

ALLOWING AIRMAN IS ELIGIBLE FOR SELECTIVE REENLISTMENT CONSIDERATION.

IC FOX GLYNNDEAVIN V , 248377222

PAS: MH1CFSBX

***** DATA PROFILE *****

EPRS:

TAFMSD: 21NOV95

1ST: 4B 23APR98

DOE: 21NOV95

2ND: 4B 20JUL97

TOE: 4 YEARS

3RD:

ETS: 20NOV99

UIF: NO

DOS: 20NOV99

LOST-TIME: NO

DEROS:

PROMOTION-ELIG: ELIG - ELIGIBLE FOR SELECTION/PROMOTION

REENL-ELIG: 3C

1ST TERM AIRMAN NOT YET CONSIDERED UNDER SRP

EDUCATION-LEVEL: HSDP HS DIPL

SUPERVISOR: SSG CLARK DAVID R JR , 421-21-3713 DY PH: 2069675500
5 AIR SUPT OPNS SQ /1BDETACP

AS THE MEMBER'S SUPERVISOR, I UNDERSTAND MY RESPONSIBILITY TO EVALUATE HIS PERFORMANCE; THAT I AM EXPECTED TO REVIEW THE PERSONNEL RECORD AND UNFAVORABLE INFORMATION FILE (UIF), IF APPLICABLE. BASED UPON THIS INFORMATION (INITIAL OR CHECK ONE OF THE FOLLOWING):

- I RECOMMEND SELECTION UNDER THE SELECTIVE REENLISTMENT PROGRAM.
- I RECOMMEND NON-SELECTION FOR REENLISTMENT UNDER THE SELECTIVE REENLISTMENT PROGRAM. I UNDERSTAND MY RECOMMENDATION FOR NON-SELECTION WILL REQUIRE COMPLETION OF AF FORM 418 AND COMMENTS THAT EXPLAIN MY REASONS MUST BE INCLUDED IN SECTION III OF THE AF FORM 418.

[Signature]
SUPERVISOR'S SIGNATURE

421-21-3713
SUPERVISOR'S SSAN

18 Sept 98
DATE

** RETURN TO UNIT ORDERLY ROOM FOR FORWARDING TO UNIT COMMANDER **

RPSR4[]

~~WASON~~ 8 Sep 98

file 7 MB

PERSONAL DATA - PRIVACY ACT OF 1974

UNIT: 5 AIR SUPT OPNS SQ

DATE: 31JUL98

THE FOLLOWING AIRMAN IS ELIGIBLE FOR SELECTIVE REENLISTMENT CONSIDERATION.

A1C FOX GLYNNDEAVIN V , 248377222 PAS: MH1CFSBX

***** DATA PROFILE *****

EPRS:		TAFMSD:	21NOV95
1ST:	4B 23APR98	DOE:	21NOV95
2ND:	4B 20JUL97	TOE:	4 YEARS
3RD:		ETS:	20NOV99
UIF:	NO	DOS:	20NOV99
LOST-TIME:	NO	DEROS:	

PROMOTION-ELIG: ELIG - ELIGIBLE FOR SELECTION/PROMOTION

REENL-ELIG: 3C
1ST TERM AIRMAN NOT YET CONSIDERED UNDER SRP

EDUCATION-LEVEL: HSDP HS DIPL

SUPERVISOR: SSG CLARK DAVID R JR , 421-21-3713 DY PH: 2069675500
5 AIR SUPT OPNS SQ /1BDETACP

AS THE MEMBER'S SUPERVISOR, I UNDERSTAND MY RESPONSIBILITY TO EVALUATE HIS PERFORMANCE; THAT I AM EXPECTED TO REVIEW THE PERSONNEL RECORD AND UNFAVORABLE INFORMATION FILE (UIF), IF APPLICABLE. BASED UPON THIS INFORMATION (INITIAL OR CHECK ONE OF THE FOLLOWING):

X I RECOMMEND SELECTION UNDER THE SELECTIVE REENLISTMENT PROGRAM.
 _____ I RECOMMEND NON-SELECTION FOR REENLISTMENT UNDER THE SELECTIVE REENLISTMENT PROGRAM. I UNDERSTAND MY RECOMMENDATION FOR NON-SELECTION WILL REQUIRE COMPLETION OF AF FORM 418 AND COMMENTS THAT EXPLAIN MY REASONS MUST BE INCLUDED IN SECTION III OF THE AF FORM 418.

David R Clark
SUPERVISOR'S SIGNATURE

421-21-3713
SUPERVISOR'S SSAN

9 Sep 98
DATE

** RETURN TO UNIT ORDERLY ROOM FOR FORWARDING TO UNIT COMMANDER **

PERSONAL DATA -- PRIVACY ACT OF 1974

CHANGE OF PROJECTED ASSIGNMENT DATA (CONT)
248377222

AE FOX GLYNDEAVIN, V
0560NB4031

ASS-ACT-NR:
GAINING MPF:

62 MSB
100 MAIN STREET
MCCHORD AFB WA 98433-1129
MHICFBX - 5 AIR SUPT GRN2

GAINING UNIT:

LOSING UNIT:

EE0JF24N - FT LEWIS AIN WA E2
22JUN98 (CHANGED FROM 14MAY96) HURLBURT FIELD AAF FL SQ DET 2021
10431 335 TRAINING 32544-5000

*REPORT NLT DATE:
PROJECTED CAPSCO:
POSITION NUMBER:
AREA OF ASSIGNMENT:
ASS COUNTRY/STATE:
TOUR LENGTH:
PROJ DUTY LOCATION:
PROJ DEPARTURE DATE:
ICG-ID:

1 - US
E2 - WP
Y - N/A
MSUM

ASSIGNMENT REMARKS:
ASSIGNMENT ACTION RSN:
SEC EXP ID REQUIRED:
REQUIRED GRADE:
REQUIRED SEC CLAN:

19APR96
A - ACCESSION-FOS MOVE 1ST CONUS STATION
1ST:
SS - STUDENT SWAP 2ND:

FUNCTIONAL CAT:
INING INDICATOR:
INING MUG:
REFERENCE MATCH ID:
NOTIF DELAY RSN:
SELECTION DATE:

BIC
0 - NO ACCESS
A - PERMANENT PARTY
N - TNS ENROUTE NOT REQUIRED
F.
00 - NO PREFERENCE OR UNKNOWN
Y - N/A
19JAN96

LOSING REMARKS ACCOMPANIED THE TRANSACTION:

NLTD CHG BY HAF AS A RESULT OF PROJ-SPEC-DRG UPDATE



DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

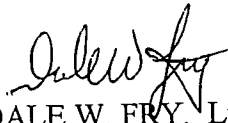
1 May 1997

MEMORANDUM FOR 62 MSS/DPMPE
/DPMPS

FROM: 5 ASOS/CC

SUBJECT: Denial of Air Force Good Conduct Medal (AFGCM)

1. This document contains privileged information as defined by AFI 37-132, Privacy Act Program, and must be afforded adequate protection from unauthorized disclosure.
2. A1C Glynndeavin Fox, SSAN 248-37-7222 has been denied the Air Force Good Conduct Medal (AFGCM) for the period 21 Nov 95 - 21 Mar 97. The new AFGCM start date IAW AFI 36-2803 Chapter 5, para 5.2.8.1 is 22 Mar 97.

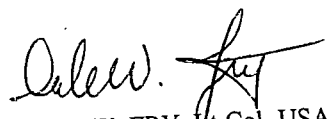

DALE W. FRY, Lt Col, USAF
Commander

MEMORANDUM FOR AMN FOX
28 AUG 96

FROM: 5 ASOS/CC

SUBJECT: Force 21 TDY Performance

1. I am disappointed in your recent performance at Ft Hood. You knowingly violated the law by consuming alcohol, being under age. Worse in my book is your drunk and disorderly conduct while at the Cactus Canyon which resulted in the police being called, and you arrested. You have admitted to being so intoxicated that you cannot remember the details of arrest, resisting the arrest, emergency treatment for injuries received, or transport to jail.
2. I consider you an embarrassment to the squadron. As such, I am filing this letter of admonishment in an Unfavorable Information File (UIF). This file does not prevent you from training, going TDY, being promoted, etc. But it reminds me to review your performance carefully at frequent intervals.
3. There is a light at the end of the tunnel you have entered. If I observe and your supervisors report positive performance over the next year or so, I will close your UIF, and no one will ever know what occurred. You can accelerate the UIF closure by specific voluntary actions that your brigade NCOIC and OPSUP can suggest. I personally hope that you get back on track because I think you have potential to contribute positively to the Air Force.


DALE W. FRY, Lt Col, USAF
Commander

I acknowledge receipt of this letter of admonishment, its filing in my UIF, and understand that I may respond to this letter orally or in writing.


AMN FOX

P.F. 8 M/D

PERSONNEL DATA - PRIVACY ACT OF 1974

AIR FORCE GOOD CONDUCT MEDAL LISTING

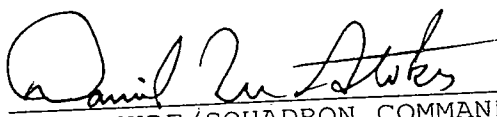
MH1CFSBX

1. THIS ROSTER CONTAINS THE NAMES OF PERSONNEL ASSIGNED TO YOUR UNIT WHO HAVE COMPLETED THE APPROPRIATE LENGTH OF SERVICE REQUIRED FOR CONSIDERATION FOR AWARD OF THE AFGCM. THE BASIC AWARD IS TO BE FORMALLY PRESENTED AT COMMANDER'S CALL OR OTHER APPROPRIATE CEREMONY. SUBSEQUENT AWARDS MAY BE INFORMALLY PRESENTED AT YOUR DISCRETION. HOWEVER, FROM A MORALE STANDPOINT, THE AWARD'S VALUE AND IMPORTANCE IS GREATLY ENHANCED BY THE PROMPTNESS OF PRESENTATION. THOSE WITH AN * ASTERISKS PRECEDING THEIR NAME ARE RECEIVING THE INITIAL AFGCM.

2. IF AFTER REVIEWING THIS SELECTION LISTING, YOU BELIEVE AN INDIVIDUAL IS NOT DESERVING OF THE AFGCM, YOU MUST SEND A LETTER OF DENIAL TO 62 MSS / DPMPE YOU MUST ALSO UPDATE THE PC-III SYSTEM TO REFLECT THE DENIAL AND MAINTAIN A COPY OF THE DENIAL IN YOUR TRANSITORY FILE FOR 90 DAYS. IF YOU HAVE ANY QUESTIONS REGARDING THIS LISTING, ETC., PLEASE CONTACT THE CAREER ENHANCEMENT ELEMENT AT THE MPF.

	EAD-DATE TAFMSD DT-LAST-AWD	WT-MGT-CODE LOST-DAYS UIF	AWARD UPDATED EFFECTIVE DATE START DATE
*FOX GLYNNDEAVIN V	21NOV95		#1
A1C	21NOV95		21NOV98
1BDETACP	20NOV98	BASIC	981121
MH1CFSBX			

5
20NOV98 TO 20NOV98


SIGNATURE/SQUADRON COMMANDER

DEPARTMENT OF THE AIR FORCE
 HEADQUARTERS 62D SUPPORT GROUP (AMC)
 MCCORD AIR FORCE BASE, WASHINGTON 98438-1129

25 Nov 98

SPECIAL ORDER
 P-012

FOLLOWING NAMED AIRMEN, PERMANENT GRADE, ORGANIZATION AND STATION INDICATED,
 ARE PROMOTED TO PERM GRADE DOR/EFF DT INDICATED. PROMOTION OF AMN NOT UNDER
 JURISDICTION OF THIS HQ ON EFF DATE OF PROM IS W/O EFFECT. AUTH: AFI 36-2502
 AND COMMANDERS' APPROVAL. *IDENTIFIES INDIVIDUALS WHO WERE SELECTED FOR E-4
 BELOW THE ZONE PROMOTION

GRD NAME	SSAN	PRJ GRD	DOR/ EFF DT	UNIT	CMD P-A
[REDACTED]	8440	AMN	98NOV26	MH1LFR5C	AMC R5C
[REDACTED]	3141	AMN	98NOV27	MH1LFCQZ	AMC CQZ
[REDACTED]	4761	AMN	98NOV27	MH1LF73Z	AMC 73Z
[REDACTED]	0350	A1C	98NOV23	MH1LFFKG	AMC FKG
[REDACTED]	2417	A1C	98NOV30	MH1LFCRX	AMC CRX
[REDACTED]	8856	A1C	98NOV23	MH1LFCRX	AMC CRX
[REDACTED]	6121	A1C	98NOV30	MH1LFCQZ	AMC CQZ
[REDACTED]	4818	A1C	98NOV30	MH1LFCQZ	AMC CQZ
[REDACTED]	0907	A1C	98NOV30	MH1LFCRX	AMC CRX
[REDACTED]	3529	A1C	98NOV30	MH1LFCPC	AMC CPC
[REDACTED]	9220	A1C	98NOV30	MH1LFR4V	AMC R4V
[REDACTED]	4180	A1C	98NOV30	MH1LFCRX	AMC CRX
[REDACTED]	4200	A1C	98NOV30	MH1LFCPC	AMC CPC
[REDACTED]	1547	A1C	98NOV24	MH1LFR42	AMC R42
[REDACTED]	5936	A1C	98NOV23	MH1LFCRX	AMC CRX
[REDACTED]	2230	A1C	98NOV23	MH1LFCQZ	AMC CQZ
[REDACTED]	3364	A1C	98NOV29	MH1LFCPC	AMC CPC
[REDACTED]	0242	A1C	98NOV30	MH1LFHT4	AMC HT4
[REDACTED]	4638	A1C	98NOV30	MH1LFR43	AMC R43
[REDACTED]	8643	A1C	98NOV29	MH1LFCVS	AMC CVS
[REDACTED]	5824	A1C	98NOV23	MH1LFCQZ	AMC CQZ
[REDACTED]	7383	SRA	98NOV28	MH1LFCRX	AMC CRX
[REDACTED]	3711	SRA	98NOV21	MH1LFCRX	AMC CRX
[REDACTED]	0102	SRA	98NOV21	MH1CFSBX	ACC SBX
[REDACTED]	7222	SRA	98NOV21	MH1LFCRX	AMC CRX
[REDACTED]	7248	SRA	98NOV21	MH1LFCPC	AMC CPC
[REDACTED]	2918	SRA	98NOV22	MH1LF73Z	AMC 73Z
[REDACTED]	3916	SRA	98NOV30	MH1LFR4V	AMC R4V
[REDACTED]	1865	SRA	98NOV22	MH1LFR4V	AMC R4V
[REDACTED]	9745	SRA	98NOV21	MH1LFCPC	AMC CPC
[REDACTED]	2018	SRA	98NOV30	MH1LFNMP	AMC R4W
[REDACTED]	5707	SRA	98NOV29		
A1C FOX GLYNNDEAVIN V					

FOR THE COMMANDER

Laurie A. Grahek
 LAURIE A. GRAHEK, MSGT, USAF
 Chief, Promotions and Testing

DISTRIBUTION
 "C"
 P-012



DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

10 November 1998

MEMORANDUM FOR 62 AW/SLD

FROM: CCQ

SUBJECT: No-show for Random Drug Urinalysis Testing

1. The following individual will be unable to attend the random drug urinalysis testing on 10 Nov 98 for the reason(s) indicated:

- a. A1C Glynndeavin V. Fox is unavailable due to member being TDY till 15 Dec 98.
- b. [REDACTED] is unavailable due to member being TDY till 30 Nov 98.
- c. [REDACTED] is unavailable due to member being TDY till 30 Nov 98.

2. If you have any questions, please call 967-4733.


GUSTAVO NAVARRETE, TSgt, USAF
NCOIC, Orderly Room



DEPARTMENT OF THE AIR FORCE
1ST AIR SUPPORT OPERATIONS GROUP (ACC)
FORT LEWIS, WASHINGTON

2 November 1998

MEMORANDUM FOR 62 AW/SLD

FROM: CCQ

SUBJECT: No-show for Random Drug Urinalysis Testing

1. The following individual will be unable to attend the random drug urinalysis testing on 19 Oct 98 for the reason(s) indicated:

a. A1C Glynndeavin V. Fox is unavailable due to member being TDY till 1 Dec 98..

b. [REDACTED] is unavailable due to member being TDY till 9 Nov 98

2. If you have any questions, please call 967-4733.


GUSTAVO NAVARRETE, TSgt, USAF
NCOIC, Orderly Room