

STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Edgar W. Dickerson, Circuit Court Judge

Case No. 2017-CP-18-1438

RECEIVED

JUL 05 2019

SC Court of Appeals

SCDC Respondent

v.

Jamin Mazyck Appellant

NOTICE OF APPEAL

Jamin Mazyck, # 238056 appeals the order of the Honorable Edgar W. Dickerson dated July 18, 2018. Appellant never received the written notice of entry of this order because the Respondents sent it E-filing. On July 20, 2018, Appellant filed a Motion for Relief from Order of Dismissal and Judgment of dismissal was entered on 5/29/19.

Date: 5/25/19

s/ Jamin Mazyck
Jamin Mazyck # 238056
610 Hwy 9 west
Bennettsville, SC 29512

TABLE OF CONTENTS

1. Motion for Appeal	Pg. 1-14
2. Lower Court Order of Dismissal	Pg. 15-17
3. Appellant Medical Summary	Pg. 18-24
4. Motion For Leave To File Amended Complaint/Amended Complaint	Pg. 25-34
5. Motion for Order Compelling Discovery	Pg. 35-37
6. Appellant Handwritten Medical Summary	Pg. 38-39
7. Appellant Discharge Instructions from Hospital on 2/13/19	Pg. 40-41
8. Seizure Overview (Common Knowledge)	Pg. 42-44
9. Affidavits of Inmates and Staff	Pg. 45-49
10. Motion for Relief from Order of Dismissal	Pg. 50-55
11. Motion for Relief from Order of Dismissal Denied	Pg. 56-57

STATE OF SOUTH CAROLINA

Jamin Mazzyck #238056

Appellant,

v.

South Carolina Department of Corrections
("SCDC")

Respondent

IN THE COURT OF APPEALS

Case No. 2017-CP-18-1438

RECEIVED

JUL 05 2019

SC Court of Appeals

STATEMENT OF CASE

On May 30, 2018, Appellant went before The Honorable Edgar Warren Dickson, Circuit Court Judge to hear his pro se complaint and other filed motions. At the hearing Appellant properly motion for leave to file his Amended Complaint with several documents for exhibits and it was accepted during the hearing. On July 18, 2018, The Honorable Edgar W. Dickson, dismissed Appellant Pro se complaint with^{out} first addressing Appellants Motion for Order Compelling Discovery. On July 26, 2018, Appellant filed a Motion for Relief from Order of Dismissal Pursuant to SCR Civ Proc Rule 60(b) with several exhibits. On May 28, 2019, Appellant Motion for Relief from Order of Dismissal was hereby Denied by The Honorable Brian M. Gibbons.

Issue On Appeal

- A. Appellant asserts the Lower Courts erred in dismissing his Pro se complaint on the grounds that he failed to present an expert witness affidavit in light of S.C. Code Ann. 15-36-100(c)(2) and his beliefs rests in mere speculation. (See pg.

The Appellant suit was a tort claim brought under the S.C. Tort Claim Act alleging gross negligence and medical malpractice and thus, Appellant invoked 15-36-100(c)(2) exemption and thus, should not have been required to file an expert witness affidavit with his complaint.

In 2014 the South Carolina Supreme Court, in Brouwer v. Sister of Charity Providence, 763 S.E.2d 200, made it clear: You can be exempt from filing an expert witness affidavit because section 15-36-100(c)(2) does not require an affidavit where the alleged negligent act "lies within the ambit of common knowledge and experience." The South Carolina Supreme Court recently held that section 15-79-125(A) incorporates section 15-36-100 in its entirety, including the common-knowledge exception codified in 15-36-100(c)(2).

Appellant assert that he did not file an expert witness affidavit with his complaint because he's in the sole custody of the Respondents who continues to wield their power over Appellant ability in being able to substantiate his allegations properly. (i.e. expert affidavit, medical records/documents, witness affidavits, institution transfers and retaliation) and due to several major incidents within the department of corrections that made national news (inmate escape for Lieber Correctional Institution which is a maximum security prison and Lee Correctional Institution ~~also a~~ seven (7) inmates being killed which is a maximum security prison) which placed the state on state-wide lock-down. However, the state-wide lock down is still currently in effect which last over a year since the two aforementioned major incidents as Appellant was during the May 30, 2018 hearing and at the time the lower court issued its dismissal order. Furthermore, it was Appellant good faith belief that the fact the administrations, employees and correctional staff at Lieber Correctional Institution was well aware and knowledgeable of his prescribed

medication for his epileptic seizure disorder and lower lumbar spinal conditions as well as the potential danger, pain, and injury that will be bestowed upon Appellant without them providing him his daily dosage anti-seizure prescribe medication for over seven (7) days was reasonable foreseeable and a matter of common knowledge and Pursuant to § 15-36-100(c)(2) which reads in relevant part:

"The contemporaneous filing requirement of subsection (B) is not required to support a pleaded specification of negligence involving subject matter that lies within the ambit of common knowledge and experience, so that no special learning is needed to evaluate the conduct of the defendant."

"Prescribe" - is define as 1. To order; direct 2. To order as a medicine or treatment, said as Physicians. (Webster's New Dictionary and Thesaurus 2002). When the defendants consciously failed to provide the appellant with his daily dosage prescribe anti-seizure medicine, the Respondents failed to comply with the doctor's order, which is a breach of duty. Furthermore, the Respondents knew that their conscious to provide Appellant his prescribe anti-seizure medicine which are the sole remedy how ~~the~~ Appellant epileptic seizures are controlled (stopped). Without his epileptic seizure medicine, Appellant is subjected to potential risks of injury, anxiety, stress or depression worse, and lasting damage to the brain, or even death.

Appellant clearly established a cause of action for a medical malpractice and a gross negligence claim within his Amended complaint which proved by a preponderance of the evidence, that Appellant and the Respondents had the presence of a doctor-patient relationship between the parties when Appellant was being treated by the Respondents for his epileptic seizure disorder. (see medical summary pg ~~17-23~~ 17-23).

and the Respondents accepted the standards, Practices, and Procedures which were exercised by Appellant Neurologist Dr. James Salph, whose a competent Physician at Palmetto Richland Medical Hospital (PRMH) and Nurse Practitioner Elizabeth Holcomb an employee at Lieber Correctional Institution; The Respondents clear negligence was cause by them deviating from generally accepted standards, Practices, and Procedures when they consciously failed to provide Appellant his prescribed daily dosage anti-seizure medication for over Eight (8) days which resulted in Appellant experiencing multiple epileptic seizures. Such deviation was the proximate cause of Appellant injuries and further exacerbated his lower lumbar spinal disorder.

Appellant's Motion For Leave To File Amended Complaint, filed May 30, 2018 (emphasis added) (Pg 29-34)

Appellant is not attempting to self-diagnose himself nor focusing on the malpractice of the Respondents but the gross negligence because as an incarcerated individual it'll be impossible without appointed counsel to obtain any form of an expert affidavit because the very power the Respondents can administer and hinder due to you're in their sole custody. However, this case does not need no expert affidavit when it's revolving around the Respondents not providing to the Appellant his prescribe anti-seizure medication. An expert affidavit shouldn't be needed to explain something that's as simple as knowing that a person without his anti-seizure medicine will experience seizures.

Respondent's careless actions are quite obvious that Appellant needed not present an expert affidavit to established the standard of care when the Respondent's knowingly deviated from the standard of care and knowing that Appellant epileptic seizures is solely controlled (stopped) only by being provided his anti-seizure medicine and Respondent's conscious

failure in providing Appellant his Prescribe anti-seizure medicine was a matter within the common knowledge or experience, so that no special learning was needed to evaluate Respondent's conduct at pre-litigation stage, and thus Appellant was entitled to invoke statutory common knowledge exception to expert opinion requirement in his pre-litigation filing and did not need to file expert witness affidavit with his complaint.
Code 1976, 15-36-100(c)(2), 15-79-125(A)

Furthermore, Good cause exists to set aside the lower court order of dismissal especially when the Honorable Edgar W. Dickson reasons are as stated, "Specially, Plaintiff speculates that on or about the days of June 28, 2017, to July 2017, SCDC employees failed their duty of care when his seizure medicine ran out. Further, he relies on his own belief that he needs surgery to fix a spinal condition which he believe is due to frequent seizures. The record clearly reflects each of Appellants dispositions stated within his complaint, Amended Complaint and what Appellant stated at his May 30, 2018 hearing, that while he was admitted at Palmetto Richland Medical Hospital (PRMH) for his seizures and lower lumbar spine, that the doctor at Palmetto Richland Medical Hospital stated, "a muscle biopsy was considered but the inmate's lower extremity strength improved and this deferred for now." Further stating, "Physical therapy (PT) is recommended and if strength does not improve, would schedule biopsy to look for myopathies / genetic disorder (D/D)." (see Exhibits Pg 21)

~~in addition, the Respondents not adhering to the SCRCivProc Discovery Phase for Appellant to substantiate his allegations also hinder Appellant ability to show the court~~

WHEREFORE, based upon the above authorities, Appellant Appeal should be granted and grant Appellant such other and further relief as may be just and proper.

b. Did the Lower Court erred in not requiring failing Party to comply with Appellant discovery request before dismissing Appellant complaint?

The Respondents intentionally not adhering to the South Carolina Rules of Civil Procedure Discovery phase deprived Appellant the opportunity to substantiate his allegations, also hinder his ability to show the court that he did not need an expert witness affidavit and that the Respondents owed him a standard and duty of care. On March 9, 2018, the Respondents served Appellant their First Interrogatories and Request for Production in this matter. On March 15, 2018, ~~the~~ Appellant was able to receive the Respondents First Interrogatories and Production of Documents by Ridgeland Correctional Institution Mailroom Personal. On April 11, 2018, Appellant adhered to SCRCiP Discovery by responding to the Respondents discovery motions within its allotted time frame. However, on March 12, 2018, Appellant by way of certified mail filed his First request for Production of Documents, Admissions, and Interrogatories to the Respondents and the Respondents failed to reply to any discovery requests served by Appellant. ~~and~~ Appellant brought this to the court's attention and the court failed to address Appellant's requested properly served motions during the May 30, 2018 hearing. (see pg. 35-37)

It is clear to admit that the Respondents neglected to abide by the SCRCiP. Rule 33, 34, and 36 was intentional to deceive the court in thinking that Appellant was speculating regarding his claims when they're in sole possession of all Appellant's requested medical documents which they're refusing to furnish Appellant because it would show that the Respondent is more concerned about monetary than Appellant's livelihood. Within Appellant's requested medical documents it will show that from June 28, 2017 to July 6, 2017, the Respondents failing to provide to (see pg 38-39)

Appellant his Prescribed anti-seizure medicine and this ~~is~~ is an ongoing reoccurrences which continues to threaten Appellant Quality of life.

" Many People with epilepsy enjoy a full and active life. But for some, epilepsy may affect their health and quality of life more than just the effect of having seizures: their epilepsy may come along side anxiety, stress, or depression" <https://www.epilepsy.org.uk/risks-epilepsy>

Appellant asserts that this is not mere speculations and the few enclosed exhibits will clearly show this court that the Respondents owed him a duty of care and will also support that on 3-26-13 Appellant first endured severed back spinal Pain and his seizures surface on 7-30-13 both simultaneously. (see Exhibits Pg 18-19) Further, the Respondents on February 13, 2019 for the third time fail to provide Appellant his prescribe anti-seizure medication having him to experience multiple seizures and transported to the hospital. (see exhibit Pg 40-41)

Furthermore, courts must require failing party to comply first with discovery requests before dismissing a complaint especially where the moving party can show common knowledge standard of care using the discoverable material. The Respondents violated Appellant's constitutional right to be able to utilize the discovery phase and material.

Accordingly, this court should vacate the order which dismissed this action.

C. If an expert affidavit / testimony is not required to established negligence, did the lower court err in dismissing Appellant complaint?

Appellant contends the Honorable Judge Edgar W. Dickson should not have dismissed his complaint especially when expert affidavit or testimony is not required to establish [ordinary] negligence in the exercise of routine care by any medical facility, and therefore, Appellant failure to designate

an expert was improper. When expert testimony is not required, the Appellant must offer evidence that rises above mere speculation or conjecture. (See: "Hickman v. Sexton Dental Clinic, PA, 295 SC 1104, 1108, 307 SE2d 453, 455")

The court failed to address the claim of [ordinary] negligence of the Respondents even though expert witness affidavit may have been unavailable to Appellant, he was not required to present a expert witness affidavit in order to establish negligence because it was not essential to his case.

"Because medical malpractice is a category of negligence, the distinction between medical malpractice and negligence claims is subtle; there is no rigid analytical line separating the two causes of action." Estate of French v. Stratford House, 333 SW3d 546, 555 (Tenn 2011). Rather, differentiating between the two types of claims* depends heavily on the facts of each individual case." In medical malpractice actions, expert testimony is required to establish both the duty owed to the patient and the breach of that duty, unless the subject matter of the claim falls within a layman's common knowledge or experience. Because medical knowledge is generally outside of a ~~juror's~~ ~~in~~ ~~matter~~ ~~or~~ ~~more~~ ~~relevant~~ Juror's common knowledge, the requisite expert testimony assists the jury in making a more accurate determination of fault regarding whether a physician's negligence in rendering medical care proximately caused the patient's injury. (See Pg 42-44)

Thus, this case does not involve Appellant ~~or~~ refusing his epileptic anti-seizure medication but Respondents at fault ~~for~~ failing to provide to Appellant his daily dosage of prescribe anti-seizure medication for over eight (8) days which proximately caused Appellant injuries and such acts by Respondents continue to be a recurrence subjecting Appellant to injuries and possible death. It has been a long standing that the Respondents permits improper cost considerations to interfere with treatment of serious medical conditions and fails to provide appropriate oversight, training, and supervision of medical care but mainly routine care at McDougal Correctional, Lieber Correctional and Evans Correctional

each institution failing to provide Appellant his Prescribed anti-seizure medication for several days and as a result subjected Appellant to being rush to the hospital to be treated because Respondents continue to deviate from the accepted standards, Practices, and Procedures which were exercised by Appellant Neurologist Dr. James Saleh, whose a competent physician at Palmetto Richland Medical Hospital (PRMH) and Nurse Practitioner Elizabeth Holcomb an employee of the Respondents.

Appellant does not make any conclusory statements and fantastic, fanciful, and delusional allegations to support his claim. Appellant have provided several declarations of witnesses in addition to the named Appellants demonstrating their personal knowledge of what they witnessed Appellant experienced, when not provided his daily dosage Prescribed anti-seizure medication, hospital reports, and medical summary from the Respondents have been consistently damaging and traumatic. further, Appellant understands that constitutionally, the state is not required to furnish prisoners the best of care, ONLY reasonable care. Vinnyedge v. Gibbs, 550 F.2d 926 (4th Cir 1977). Reasonable care will be furnishing prisoner their Prescribed medication. The Appellant is not seeking any special treatment of his choice but the treatment required to stop his epileptic seizures from occurring and that treatment is his Prescribed anti-seizure medicine. that the Respondents continues to drop the ball in failing to provide Appellant his "needed" anti-seizure medicine.

if a "Prisoner are dependent on the state for food, clothing, and necessary medical care. A Prison's failure to provide sustenance for inmates may actually produce physical torture or a lingering death" in violation of the Eight Amendment. Brown v. Plata, 563 U.S. ___, 131 Sct 1910, 1928, 179 L.Ed.2d 969 (2011) (quotations and citations omitted).
"Just as a prisoner may starve if not fed, he or she may suffer or die

if not provided adequate (reasonable) medical care." A Prisoner is entitled to reasonable medical care. Hirons v. Director, 351 F.2d 613 (4th Cir 1965); Blanks v. Cunningham, 409 F.2d 220 (4th Cir. 1969); Edwards v. Duncan, 355 F.2d 993 (4th Cir) and the Respondents is responsible for the Procurement of food, clothing and medicine for all Prisoners. (see Pgs. 45-49)

Equally important, the record indicates that Appellant had been prescribed anti-seizure medication for approx. six (6) years while in the Respondents custody and that the Respondents was familiar with the required standards, Practices, and Procedures which all fall under routine care and does not need to produce expert affidavit / testimony to establish his claim because the Jurors can easily understand and evaluate the relevant facts and law merely by exercising their common knowledge. see Bolle v. U.S., 948 F.Supp.2d 570. However, Appellant emphasize that at all times, the medical professional must "exercise ordinary and reasonable care to insure that no unnecessary harm [befalls] the Patient" [inmate]. Papa v. Brunswick Gen. Hosp., 517 N.Y.S.2d 762, 763-64 (App. Div. 1987) "The statutory definition of medical malpractice found in section 15-79-110(6) does not impact medical provider's ordinary obligation to reasonably care for patients with respect to nonmedical, administrative, ministerial, or routine care. Thus, medical providers are still subject to claims sounding in ordinary negligence." See Dawkins v. Union Hospital District No. 2012-211938.

The South Carolina Supreme Court has held a tubal ligation rendering an intrauterine device or any other birth control device useless constitutes a matter of common knowledge. Green v. Lilliwood, 272 S.C. 186, 192, 249 S.E2d 910, 913 (1978). If the subject matter of Green is within the common knowledge exception, a claim arising from the Respondent failing to provide Appellant his prescribed anti-seizure medication subjecting Appellant to continuous risks of injury, anxiety, stress and depression

worsen, being placed on Post Traumatic Stress Disorder (PTSD) medication due to Appellant worry about when he will experience his next seizure because the Respondents have shown a pattern of not providing Appellant his prescribed anti-seizure medications and if he'll be prepared would fall well within the common knowledge or experience of laymen, see Thomas v. Dootson, 377 SC 293, 659 SE2d 253 (recognizing expert testimony was not required for claim arising from a surgical drill that burned skin on contact because claim would fall within the common knowledge or experience of laymen); Kastler, 193 N.W. 2d at 101-02 (finding that claims brought by an epileptic patient who fell in the shower while unattended during a hospital stay involved routine care, not medical care, and thus sounded in ordinary negligence).

Additionally, I request Appointment of Counsel due to the unique circumstances of this case. The Respondents is intentional withholding exculpatory documents that will show their negligence acts and further expose there lies and deception. As you see from my enclosed exhibits Appellant was fortunately to retrieve some documents supporting his claim. There is still more documents being held by the Respondents which is needed in my defense and at this point only an attorney can submit the proper documents to get the Respondents to release his medical documents.

However, Appellant would reiterate that he never refused any of his prescribed anti-seizure medication since Appellant been diagnosed with a seizure disorder in 2013 and the Respondents been treating

Appellant ever since, but failed to provide Appellant his prescribed anti-seizure medication on three (3) different occasions which resulted in Appellant being sent to the hospital.

Finally, a (Respondent) is negligent when a reasonable man could have perceived that the proposed conduct would create an unreasonable risk of a certain type of harm to a specific person (duty) and the (Respondent) so conducted himself (breach of duty) causing (actual causation) injury of the type and to a person that was endangered (damaged).

WHEREFORE, Appellant asserts the circuit court improperly classified his claim as one sounding in medical malpractice, and its dismissal of his action for failing to comply with the medical malpractice pre-filing requirements found in section 15-79-125 was in error.

Respectfully submitted
Damen Mazick
Damen Mazick #238056
E.C.I/3A-254
610 Hwy 9 west
Bennettsville, SC 29512



State of South Carolina
The Circuit Court of the First Judicial Circuit

Edgar Warren Dickson
Judge

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June 21, 2018

Jamin Mazyck
SB-181 RCI # 238056
P.O. Box 2039
Ridgeland, SC 29936

RE: 2017CP1801438-Jamin Mazyck v. S.C. Department of Corrections

This letter/email is in reference to Defendant South Carolina Department of Corrections, et al. ("Defendants") Motion to Dismiss Plaintiff Jamin Mazyck's ("Plaintiff") claims and Plaintiff's Motion to Appoint Counsel. A hearing was held before this Court on May 30, 2018, in which both parties were present and heard. After due deliberation, review of the motions and supporting documents, and hearing arguments of the parties, Judge Dickson is denying Plaintiff's Motion to Appoint Counsel and granting Defendants' Motion to Dismiss.

I. Plaintiff's Motion to Appoint Counsel

Plaintiff is incarcerated with the South Carolina Department of Corrections ("SCDC"). His current suit alleges mental and physical anguish as a result of SCDC employees' gross negligence. Plaintiff has moved for appointment of counsel and says that he is unable to afford counsel due to his imprisonment and the complexity of the case. He admits that he has made efforts to obtain representation but has been unable to do so.

Our United States Constitution guarantees all accused in criminal prosecutions the right to have the assistance of counsel for his defense. U.S. Const. amend. VI. Although no corresponding constitutional right to counsel exists for a civil trial, Courts have inherent power to do all things reasonably necessary to insure that just results are reached to the fullest extent possible. Ex parte Dibble, 279 S.C. 592, 310 S.E.2d 440 (Ct. App. 1983) (holding inherent power of the Court must necessarily include the power to appoint lawyers to serve without compensation where it appears reasonably necessary for the court to do justice).

CERTIFIED COPY
JUN 21 PM 1:33
Jamin Mazyck
CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
ORANGEBURG, SOUTH CAROLINA

The Dibble Court stopped short of requiring appointment of lawyers without compensation in ordinary civil cases. Id. at 596. Instead, before a lawyer is appointed against his will and without compensation, the court should make explicit findings that the case is legally and factually extraordinary, and inquire as to whether the litigant could secure his own representation. Id. at 597. This will be a rare exception and not all jurisdictions agree. See e.g. Ex parte Foster, 350 S.C. 238, 242, 565 S.E.2d 290, 292 (2002) (circuit and family court judges should cautiously exercise their discretionary authority to appoint); State ex rel. Scott v. Roper, 688 S.W.2d 757, 768 (Mo. 1985) (refusing to recognize an inherent power to appoint or compel attorneys to serve in civil actions without compensation). In addition, the reviewing Court should inquire as to whether there is any public agency or funds available to represent the indigent civil litigant. Ex parte Dibble, 279 S.C. at 597.

This Court finds that there is nothing extraordinary about the legal or factual issues in this medical malpractice claim. In fact, during oral argument, Plaintiff explained that he was not seeking money when he filed the complaint. Instead, he did so because employees of the SCDC failed to give him his seizure medication (which had run out) and is asking for surgery to correct his pre-existing spinal condition. In his filed motion, Plaintiff admits that his "sole witness" is ~~Mr. John Woods who was formerly incarcerated with Plaintiff.~~ Further, ~~the fact Plaintiff has a~~ minimal understanding of rules and evidence procedure is not alone justification under Dibble. Likewise Plaintiff says that he has been unable to secure his own counsel, not that he cannot do so. Finally, this Court is unaware of any public source of funding for incarcerated inmates to receive appointed and free counsel in such a case. Therefore, this Court finds no justification, under Dibble or otherwise, to appoint Plaintiff counsel for his current claim.

II. Motion to Dismiss

As an initial matter, this Court finds that Defendants Dana Knowlin, Deborah Middleton, James Blackwell, Jonathan Floyd, Joseph McFadden, Karl Von Mutis, Katherine Dela Rosa, Luanne Mauney, Nurse Cooper, Nurse Lynch, Nurse Mungo, Ofc. Smith, Ofc. Wilson, Seth Beasley, Sheik Johnson, Timothy Clark, Tre'vawn President, Wellington Williams, and Wendy Knox are all improperly named pursuant to the South Carolina Tort Claims Act. SC Code Ann § 15-78-10. Each of these named Defendants are employees of SCDC and as such are provided immunity while acting within the scope of their official duties. S.C. Code Ann. § 15-78-70 (a), (b), and (c). This Court finds that each of the individual named Defendants were acting within the scope of their employment, and as such the proper party is SCDC as the governmental agency and all others individual parties should be dismissed.

In an action such as this where professional negligence is alleged, the plaintiff must file as part of the complaint an affidavit of an expert witness which must specify at least one negligent act or omission and the factual basis for each claim based on the available evidence at the time. S.C. Code Ann. § 15-36-100. When expert testimony is not relied upon to establish proximate cause, plaintiff in medical malpractice action must offer evidence that rises above mere speculation or conjecture. Carver v. Med. Soc. of S.C., 286 S.C. 347, 334 S.E.2d 125 (Ct. App. 1985).

~~Plaintiff in this case has failed to file the proper notice and affidavits required by law. Specifically, Plaintiff speculates that on or about the days of June 28, 2017, to July 6, 2017, SCDC employees failed their duty of care when his seizure medicine ran out. Further, he relies on his own belief that he needs surgery to fix a spinal condition which he believes is due to frequent seizures. This Court recognizes the importance of providing inmates with proper medication and as part of this Order stresses that Plaintiff should be given every access to his required medication and treatment. However, the complaint requires expert testimony beyond mere speculation. Because Plaintiff failed to comply with the filing and noticing requirements and his beliefs rests in mere speculation, this action must be dismissed.~~

Accordingly, and for the reasons stated above, IT IS THEREFORE ORDERED, that Plaintiff's Motion to Appoint Counsel is DENIED.

IT IS FURTHER ORDERED that Defendants' Motion to Dismiss is hereby GRANTED.

Mr. Tanner, Judge Dickson asks that you prepare the Order reflecting his decision. When the Order has been prepared, please send a copy to the Mr. Mazyck and either upload by e-filing a copy in Word format or email a copy to this office at edicksonlc@sccourts.org. A copy of this correspondence is also being sent via US mail to Mr. Mazyck.

Brian C. Kiel
Law Clerk, Hon. Edgar W. Dickson
First Judicial Circuit
P.O. Box 1949
Orangeburg, SC 29116

McLeod Health Cheraw

711 Chesterfield Hwy
Cheraw SC 29520

Soarian® Tracking Board Discharge Report - Discharge Instructions

Name:	JAMIN MAZYCK	MRN:	1841786
DOB:	[REDACTED]	Patient ID:	2001479928
Age/Sex:	[REDACTED]	MPI:	1841786
Arrival Date/Time:	02/13/2019 13:09		
Provider:			
Primary Care Physician:	No Family Physician		
PCP Phone Number:			

Visit Information

You were seen in the McLeod Health Cheraw Emergency Department.

Arrival Date/Time: 02/13/2019 at 1:09 pm

Your chief complaint was: SEIZURE

Your diagnosis is: Seizure disorder

Discharge Instructions

Patient Education

Seizure, Adult

A seizure is abnormal electrical activity in the brain. Seizures usually last from 30 seconds to 2 minutes. There are various types of seizures.

Before a seizure, you may have a warning sensation (*aura*) that a seizure is about to occur. An *aura* may include the following symptoms:

- Fear or anxiety.
- Nausea.
- Feeling like the room is spinning (*vertigo*).
- Vision changes, such as seeing flashing lights or spots.

Common symptoms during a seizure include:

- A change in attention or behavior (*altered mental status*).
- Convulsions with rhythmic jerking movements.
- Drooling.
- Rapid eye movements.
- Grunting.
- Loss of bladder and bowel control.

Matthew Bowser
CLERK OF COURT
DOHERTY COUNTY

7:19 APR 11 PM 1:23

CERTIFIED COPY

Name: JAMIN MAZYCK

MRN: 1841786

Patient ID: 2001479928

Discharge Instructions

- Bitter taste in the mouth.
- Tongue biting.

After a seizure, you may feel confused and sleepy. You may also have an injury resulting from convulsions during the seizure.

HOME CARE INSTRUCTIONS

- If you are given medicines, take them exactly as prescribed by your health care provider.
- Keep all follow-up appointments as directed by your health care provider.
- **Do not** swim or drive or engage in risky activity during which a seizure could cause further injury to you or others until your health care provider says it is OK.
- Get adequate rest.
- Teach friends and family what to do if you have a seizure. They should:
 - Lay you on the ground to prevent a fall.
 - Put a cushion under your head.
 - Loosen any tight clothing around your neck.
 - Turn you on your side. If vomiting occurs, this helps keep your airway clear.
 - Stay with you until you recover.
- Know whether or not you need emergency care.

SEEK IMMEDIATE MEDICAL CARE IF:

- The seizure lasts longer than 5 minutes.
- The seizure is severe or you do not wake up immediately after the seizure.
- You have an altered mental status after the seizure.
- You are having more frequent or worsening seizures.

Someone should drive you to the emergency department or **call local emergency services (911 in U.S.)**.

MAKE SURE YOU:

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

Document Released: 12/15/2001 Document Revised: 10/08/2014 Document Reviewed: 07/30/2014
ExitCare® Patient Information ©2015 ExitCare, LLC. This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Additional Instruction Your Dilantin level is slightly low at 7. Discussed this with your doctor at the penitentiary to possibly increase your oral dose. Please return if you have any worsening symptoms or if you have questions or concerns.

Discharge Plan

What You Need to Do Activity As Tolerated, Diet No Restriction, Seek medical attention immediately if you experience worsening symptoms or have any concerns Yes, Your blood pressure is elevated today (greater than 120/80). Please follow up with your Primary Care Physician for a blood pressure recheck. Yes.

Name: JAMIN MAZYCK

MRN: 1841786

Patient ID: 2001479928

Discharge Instructions Page 2 of 3

Printed By: Bowser, Matthew MD

Printed On: 13-Feb-19 15:37

South Carolina Department of Corrections
SCDC Health Services : Medical Summary

Exhibit E

7/6/17 Encounter 527

~~I/m was brought to medical after reportedly having "seizure" in his cell.~~ I/m arrived in W/C, NAD noted, sitting upright, alert and verbal. VS HR 71, RR 16 BB 120/65 99% O2 on RA. I/m able to answer questions appropriately IE, "what is your sister name" and if he hit his head which he denied. No signs of incontinence on his person. Perrla, D/W I/m signing consent to release medical info form and I/m did not respond. He was alert throughout the entire interaction. I/m escorted back to cell with instructions to rest no visible injuries noted. FWD to provided for review.

Signed off on 7/6/17 @ 8:55 by Katherine B Dela Rosa, Registered Nurse I

Again called to unit with inmate having a "seizure". Upon arrival, found I/m lying on mattress in dayroom and being monitored by two officers. CO's stated that the "seizures" that nurse was witnessing was same as what they had seen. I/m lying flat on back with no jerking movements. Movements are more in a rhythmic-like motion. Eyes are closed and not rolled toward back of head. Perrl, when spoke to I/m, responded by moving. I/m has no obvious sign of biting tongue or losing control of bladder. Able to stand with assistance and transferred to wheelchair. I/m was transported to front holding cell for observation per vo NP Hotcomb. I/m ambulated with stand by assist from door of holding cell to back bench.

7/6/17 Encounter 00528

Called to operations holding cell for I/m "having a seizure." I/m lying on the floor on his back moving entire body in jerking movements. No muscle stiffness or rigidity present. O2 SATS at 97% on RA HR 88, I/m placed on his side and his head was secured for safety. Activity lasted approx. 1.5 mins. I/m resting O2 at 98% on RA HR 72 BP 142/65. Jerking movements resume every 2-3 mins for approx 1.5 mins. O2 SAT remained b/w 89% to 98% on RA during movements and at rest. I/m was ~~able~~ alert but confused and did not answer any questions. He was able to

Follow directions when asked to lay on the mattress. Y/O received for Phenytoin in 200mg (4mL) x1 Dose now. Holcomb, NP RIBIV, Flm administered Phenytoin in as above in RT Deltoid. (LOT 125354 Exp. 12/2017). ~~Flm 400mg~~ ~~on the mattress~~. ~~Y/O received for Phenytoin in 200mg~~. Flm 100mg on the mattress quietly. FWD to Provider for review. signed off 7/6/17 @ 12:00 by Katherine B Dela Rosa, Registered Nurse
 Review signed off 7/8/17 @ 11:25 by Elizabeth A. Holcomb, Nurse Practitioner

7/6/17 Encounter 00529

At approx 11:20am this RN called Dr. Smith (on call) to report that nurse has witnessed what appeared to be 4 seizures with the span of approx 5 mins, additionally, this PT's Phenytoin 250mg PD-QD had not been available from the pharmacy for 5 days. Dr. Smith ordered Phenytoin 400mg Flm in 100mg Per injection in 4 separate Flm sites.

Additionally, a second nurse had independently call a second provider and recieved a verbal order which was administered before "this RN" could carry out Dr. Smith order. Please see Encounter # 00528

Signed off on 7/6/17 @ 19:23 by Toby William Markowitz Registered Nurse
 Signed off on 7/8/17 @ 11:25 by Elizabeth A. Holcomb, Nurse Practitioner-I

HEART HEALTH	MIND & MOOD	PAIN	STAYING HEALTHY	CANCER	DISEASES & CONDITIONS	MEN'S HEALTH	WOMEN'S HEALTH
------------------------------	---------------------------------	----------------------	---------------------------------	------------------------	-------------------------------------------	------------------------------	--------------------------------

Seizure Overview

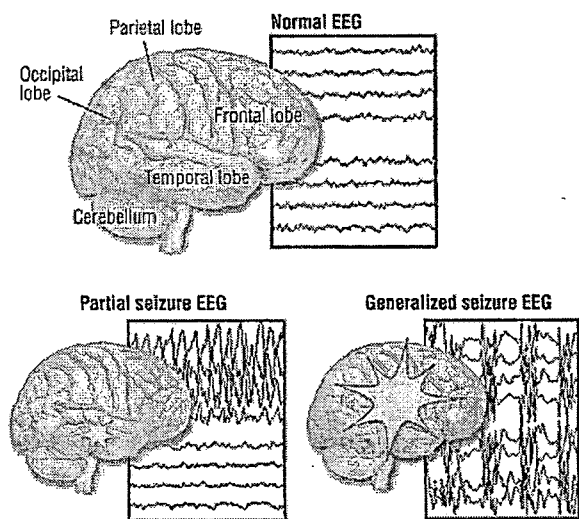
What Is It?

Published: September, 2014

A seizure is a sudden change in the brain's normal electrical activity. During a seizure, brain cells "fire" uncontrollably at up to four times their normal rate, temporarily affecting the way a person behaves, moves, thinks or feels. *

There are two major types of seizures:

- **Primary generalized seizures** – The seizure affects the entire cerebral cortex, the outer portion of the brain that contains the majority of brain cells. In this type of seizure, the abnormal firing of brain cells occurs on both sides of the brain at about the same time.
- **Partial (focal) seizure** – The abnormal firing of brain cells begins in one region of the brain and remains in that one region.



Many conditions can affect the brain and trigger a seizure, including:

- Brain injury, either before or after birth
- Infections, especially meningitis and encephalitis
- Eating or drinking toxic substances
- Metabolic problems
- High fever (in children)
- Genetic conditions, including tuberous sclerosis
- Structural abnormalities in the brain's blood vessels

Seizures are common. A person may have only one seizure without a recurrence. Epilepsy is a condition in which seizures continue to recur.

(42)

Symptoms

Primary Generalized Seizures

The different types of primary generalized seizures cause different symptoms:

- **Generalized tonic-clonic seizure** (also called grand mal seizure) – In this type of seizure, the person usually loses consciousness and falls to the ground. All body muscles can contract at once in a sustained contraction, or they can contract in a series of shorter rhythmic contractions, or both. Some patients also lose bowel or bladder control. The seizure episode typically lasts for less than a minute and is followed by period of lethargy (sluggishness) and temporary confusion. Often muscles are very sore after a generalized seizure.
- **Absence seizure** (also called petit mal seizure) – In this type of seizure, loss of consciousness is so brief that the person usually doesn't change position. For a few seconds, the person may have a blank stare or rapid blinking. This type of seizure usually begins in childhood or early adolescence.
- **Status epilepticus** – A state of a prolonged seizure (20 minutes or longer) or a series of seizures without fully regaining consciousness. This is a life-threatening medical emergency.

Partial (Focal) Seizures

The different types of partial seizures cause different symptoms:

- **Simple partial seizure** – In a simple partial seizure, the seizure-related electrical discharges remain localized so that the person experiences a feeling, sensation, movement or other symptom without losing consciousness. During a simple partial seizure, the person remains awake and aware. Symptoms vary depending on the specific brain area involved and may include:
 - Jerking movements in one part of the body
 - An experience of abnormal smells or a distorted environment
 - Unexplained fear or rage
- **Complex partial seizure** – This is the most common type of partial seizure. In this type of seizure, the person loses awareness of his or her surroundings and is unresponsive or only partially responsive. There may be a blank stare, chewing or lip-smacking, or repetitive movements of the hands. After the seizure, the person typically is confused and has no memory of the episode.



Either type of partial seizure may become a generalized seizure if the electrical activity spreads from the part of the brain where the seizure started to the rest of the cerebral cortex.

Seizures often are followed by a period of lethargy, drowsiness and confusion. This happens most often with generalized seizures. These symptoms are not part of the seizure itself but are connected to the brain recovering from the effects of the seizure. In addition, warning symptoms called an aura may occur immediately before complex partial and generalized seizures. The aura is actually a brief simple partial seizure that generally involves changes in visual perception, smell, taste or emotional state.

Diagnosis

It's unlikely that you will have seizure symptoms while you are in a doctor's office or emergency department. For this reason, it is important to ask anyone who witnessed your seizure to describe the event and to write it down for your doctor. This description can help your doctor determine the type of seizure you had.

The diagnosis is based primarily on your symptoms that are described. Usually, the physical exam and neurological examination are normal between spells. An adult who experiences a seizure for the first time will be evaluated with a head scan and blood tests to look for chemical imbalances. Your doctor will order either computed tomography (CT) or magnetic resonance imaging (MRI) of the brain. Most people with a new diagnosis of seizure undergo an electroencephalogram (EEG), which monitors and records brain waves from a series of electrodes placed on the scalp. Specific abnormalities in brain wave patterns can help your doctor to determine what kind of seizure you may have. The EEG is a brief outpatient procedure.



Based on your history and test results, your doctor will decide if he or she has enough information to determine the type of seizure and cause. If not, your doctor may refer you to a neurologist for further evaluation.

Expected Duration

About 5% to 10% of people will have at least one seizure during their lifetimes. For many of these people, the problem is a one-time occurrence that will not return. In about 1 of 10 cases, however, seizures continue to occur, and the person is diagnosed as having epilepsy.

Epilepsy can be a lifelong illness, but many people with a history of multiple seizures eventually will stop having seizures. People who are younger when seizures start and who have a normal neurological examination are more likely to become seizure-free at some point. For people with active epilepsy, the frequency and severity of seizures can be reduced with medication.

Prevention

Epilepsy can be caused by head injury or by any disease that affects the brain. The best way to prevent seizures is to avoid head injury. You can do the following:

- Avoid situations in which a head injury may occur.
- Wear seat belts while driving.
- Equip your car with air bags.
- Wear an approved helmet while skating, riding a motorcycle or bicycling.
- Use protective headgear for sports.

If you have an active seizure disorder, it is also important to take precautions to minimize the risk of injury if you have a seizure. For this reason, it is generally recommended that patients do not operate a motor vehicle or other dangerous machinery until seizures are well controlled. In general, this means waiting for at least six months after the most recent seizure.

Treatment

The primary goal of epilepsy therapy is to prevent seizures as much as possible and minimize side effects.

When seizures are related to an identifiable illness or condition – such as overuse of alcohol or a severe chemical imbalance in the blood – the seizures usually go away when the problem is corrected. When no medical cause for seizures can be found and seizures continue to occur, antiepileptic medications are prescribed. Treatment of epilepsy can be complex. If a single medication doesn't fully control seizures, the next step is usually referral to a neurologist.

Status epilepticus is a life-threatening medical emergency. If not adequately treated, this condition can cause both brain damage and failure of other vital organs. Treatment includes administering antiepileptic medications intravenously (into a vein) until the seizures are controlled.

Antiepileptic medications can cause a variety of side effects, and side effects are more likely to occur with higher doses. Side effects include gastrointestinal upset, elevation of liver enzymes, low white blood cell counts with higher risk of infection, weight gain, drowsiness, confusion and memory problems, dizziness and balance problems, tremor, and double vision.

When medication fails to control a person's seizures, surgery may be considered. The decision to do surgery depends on many factors, including the frequency and severity of seizures, the patient's risk of brain damage or injury from frequent seizures, the effect on quality of life, the patient's overall health, and the likelihood that surgery will control the seizures.

Whether people who have a single, isolated seizure should be treated is controversial. Generally, treatment is recommended for patients who have abnormalities that show up in a neurological examination, brain scan or EEG. These abnormalities increase the chance that the person will have more seizures. Even for people who do not have these abnormalities, there is some evidence that treatment can reduce the risk of more seizures. This possible benefit needs to be balanced against the risk of side effects from medication.

When To Call a Professional

Anyone who has a seizure for the first time needs to be evaluated by a medical professional. For people with epilepsy who have a brief, self-limited seizure, it's not necessary to call a doctor or go to an emergency room following an isolated seizure. However, you should seek emergency care under the after circumstances:

- If the patient does not completely return to his or her normal state after the seizure and post-seizure period, which generally lasts less than 30 to 60 minutes
- If the seizure itself lasts for more than a few minutes
- If the patient has multiple seizures
- If an injury was sustained during the seizure

If you are near a person having a tonic-clonic seizure (grand mal, convulsion), help the person lie down and turn him or her onto one side. Place something soft under the person's head, and loosen tight clothing. Do not restrain the person's arms or legs, and do not put anything into the person's mouth. Forcing something into the mouth may cause more harm than good. The seizure should last less than one to two minutes.

If you are near a person who is having a complex partial seizure, stay with the person, talk calmly, and protect him or her from self-injury. Do not restrain him or her. The person may be able to respond to simple commands, such as, "Sit down." If necessary after the seizure, explain where you are and what has happened.

Prognosis

Seizures that have an identifiable cause (such as a chemical imbalance or overuse of alcohol) usually stop when the medical condition is treated. Many people who have seizures without an identifiable cause eventually will stop having seizures, particularly if seizures begin during childhood. Seizures usually can be well controlled with medication.

Additional Info


Epilepsy Foundation
4351 Garden City Drive
Landover, MD 20785-7223
Toll-Free: 1-800-332-1000
<http://www.efa.org/>

American Academy of Neurology (AAN)
1080 Montreal Ave.
St. Paul, MN 55116

General Counsel, Karol Berry Health Services

Phone: 651-695-2717
Toll-Free: 1-800-879-1960
Fax: 651-695-2791
<http://www.thebrainmatters.org/>

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(44)

AFFIDAVIT OF Jonathan Edwards #294306

I Jonathan Edwards being duly sworn depose and attest the following as true. On the day of 1-6-17. From my cell, #34 of Edisto A I witnessed inmate Jamin Mackee exit his wheel chair & found safety under the computer on the wall. He looked as if he did not know where he was, who the staff members were, or fellow inmates. The inmate was out of it. I saw his roommate approach him to reassure him that he was striving to help get him up to medical for medical attention because he was out of it. Inmate had a seizure & was denied his medicine for at least eight days. This is what I witnessed from my cell #34.


Jonathan Edwards

AFFIDAVIT OF STEPHON PRINGLE Jr.

I, Stephon Pringle Jr., hereby being duly sworn, deposes and attest to the following:
On the date of Feb. 14, 2019 around 1-1:30pm inmate Jamir Mazlyck #238056 was found in his room having multiple seizures. The Correctional Officer (C.O.) then opened his door and Nurse Jenkins tried to help. When she couldn't get him to turn on his side. I came in beside her and helped her do so. Mazlyck then came awake but didn't recall who he was or where he was at. Nurse Jenkins then asked him several times did he know her but he couldn't tell her. After Nurse Jenkins and Nurse N. White talked to him for a few minutes then they tried to see if he can walk to medical. When he tried too, he started to have another seizure. Inmate Drink Kemp #281528 and I helped him. We lefted him thinking he would be alright but 15-20 mins later he was wheeled back into the dorm. Inmate Kemp and I tried to help him to his room upstairs but Jam Mazlyck then had another seizure. So he was rolled back to medical and on the way he came in and out of a dizzy sleep mode. As we sat in medical for 2-3 hours in which count was going on. I asked C.O. Jones if Mazlyck got his seizure meds the first time we was up there. He said he didn't know if he did or didn't. Another Nurse who I never saw before came out the medical record room and ask Jam Mazlyck if he can sign some papers. Jam Mazlyck after some time didn't even know what he signed. I then asked Nurse R. Williams if they gave Mazlyck his anti-seizure med. she said she didn't know but they brought the anti-seizure Pills this morning. She also said that Mazlyck wasn't taking his meds and thats why he is having these seizures. But as Jam Mazlyck came to and was in his right state of mind asked again, if they gave him his correct meds, but they still haven't at that time. A few minutes later they gave him two Pills. Because Mazlyck and Jam Kemp was talking about how they was not giving him his seizure clinic and the liquid anti-seizure meds. The Nurse C. White then asked them if he got any liquid meds at the hospital the day before (Feb. 13, 2019), but Jam Mazlyck doesn't recall even going to the hospital the day before. Then on the date of Feb. 15, 2019 Jam Mazlyck roommate was kicking on the door saying he was having another

seizure. C.D. Rogers said she wouldn't open the door until the nurse got there, Sgt. Brown came in 2 minutes later and let me in the room with another Flm to help so Mazvck wouldn't hit his head on the wall or bed. About 5-10 mins later the nurse came and gave him his liquid meds and after 30 or 40 mins Mazvck was awoken in his right state of mind.

st Stephen Pringle Jr.
Stephen Pringle Jr.

Date: _____

SWORN and Subscribe before me
this _____ day of _____ 2019.

Notary Public
commission expires

On February 28, 2019, Evans Corr. Inst. Postal Personal refused to notarize my Affidavit. The Postal Personal was Ms. Outlaw.

Affidavit of Orin Kemp

I, Orin Kemp, hereby being duly sworn, deposes and attest to the following:

I, Orin Kemp was present during several times when Jamin Mazyck #238056 had multiple seizures. I was one of the two people who carried Mazyck to medical on two different dates, The 14 and 15 of February 2019. I witnessed Mazyck having several seizures and for approx. two hours while waiting to see what the nurses were going to do. Mazyck didn't get any of his medicine until two or three hours after been taken to medical. I remembered nurse C. white and Nurse R. Williams telling me that Mazyck was the cause of him having seizures because he wasn't taken his meds. Also, on seprate days, he has had seizures in his room and officers ain't open his door nor did they call medical in ample time to fend to his medical need.

Date: 3-1-19

Respectfully submitted,
Orin Kemp
Orin Kemp

Sworn and subscribe before me
this _____ day of _____ 2019.

Notary Public

CERTIFIED COPY
2019 APR 11 PM 1:23
CLERK OF COURT
DOUGHERT COUNTY

I Orin Kemp did on 2-28-19, trip to get this notarized by the mailroom, but was denied by her saying "I don't notarize things like this."

811

17-00022 EA10

MI 2

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT

MH-5 RL 12.9

717 DM

Page 1 of 1

Institution/Center: Lieber Correctional Institution				Date of Report: 07/06/2017	
Reporting Official (Full Name): Lt. Karl Von Mutius				Time of Report: approx 4:36 pm	
Employee ID #: 022558				Date of Incident: 07/06/2017	
Location of Incident: Operations sallyport/Edisto A cell EA-10				Time of Incident: approx 8:25 am	
Inmate(s)/Resident:	SCDC #	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:
1. Inmate Jamin Mazyck	#238056		Male	Black	1. Ofc. Shiek Johnson
2. Inmate John Woods	#280812		Male	Black	2. Lt. Jonathan Floyd
3.					3.
4.					4.
5.					5.

On the above date and approximate time:

I was in the operations sally port, when the main control transfer a outside phone call. The caller stated that she was inmate Jamin Mazyck's mother, and she just talked to him on the cell phone. At the time of the call the institution was on locked down stats and no inmates were out of their cells. The caller stated that her son was having medical issues, and need his meds, which she stated he was out for 5 days. I informed the caller that I would have the officers check on youfson, and we will search his cell for the contraband cell phone he called you with, and the caller became very nasty and combative of the phone. I have Lt. Jonathan Floyd to go down to Edisto Unit to check on inmate Mazyck. A few minutes after me and Lt. Floyd was going to Edisto Unit, the staff in the unit called for 1st responders inmate was down. I asked who was the inmate, and they stated inmate Mazyck in cell 10 of the A-wing. Inmate Jamin Mazyck #238056 was escorted to the infirmary to be checked by medical staff. Ofc. Shiek Johnson placed inmate Mazyck roommate in restraints, Inmate John Woods #280812 Ofc. Johnson and myself conducted a cell search. During the search I found a clear bag on the cell floor by the door with the following items in it, (1) US twenty dollar bill serial number "MB21949103E", (7) small bags of tobacco a total weight of 20 grams, and set of financial numbers. Ofc. Johnson found a 9.1/2 inch homemade knife type weapon under the top bunk mattress, a black broken samsung flip cell phone, and a cell phone charger in a box by the bottom bunk. Inmate Mazyck returned to the cell. I questioned the inmates who claims ownership of the contraband both inmate stated it was not theirs. Inmate Woods stated you are crazy thats not my shit. I, Lt. Von Mutius charging is both inmates with 817 Possession of Contraband: The possession of any unauthorized, altered or excessive property, including tobacco products, gambling paraphernalia, unauthorized publications and unauthorized clothing.

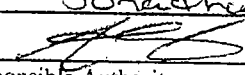
Signature:  Title: LT

Evidence: 20 grams of tobacco, a Twenty dollar bill, and set of financial numbers

Disposition of Evidence: Turn over to contraband

Supervisor's Comments: Forward to major to be charge accordingly

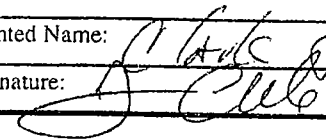
STG Related - Refer to STG Committee
 Yes No Unknown

Printed Name: Jonathan Floyd
 Signature:  Title: LT Date/Time: 7:37 am 07/07/17

This incident is DRUG related
 Yes No Unknown

Major/Responsible Authority: All charges forwarded to DHO, Both in's charge.

Responsible Authority #19
 Action Taken #20
 Informal Resolution #21
 Administrative Resolution #22
 Refer to Disciplinary Hearing

Printed Name: J. Clark Peachy 7-7-17
 Signature:  Title: Major Date/Time: 9:00 am 7/7/17

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF DORCHESTER
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE
CASE NUMBER 2017CP1801438

Jamin Mazyck		Department of Corrections South Carolina Wendy Knox Joseph McFadden Timothy Clark Lt Floyd	SCDC Pharmacy Services James Blackwell Karl Von Mutius
--------------	--	-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

PLAINTIFF(S) Submitted by:	DEFENDANT(S) Attorney for: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Self-Represented Litigant
-----------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

DISPOSITION TYPE (CHECK ONE)

- JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. See Page 2 for additional information.
- ACTION DISMISSED (CHECK REASON):** Rule 12(b), SCRPC; Rule 41(a), SCRPC (Vol. Nonsuit);
 Rule 43(k), SCRPC (Settled); Other: _____
- ACTION STRICKEN (CHECK REASON):** Rule 40(j) SCRPC; Bankruptcy;
 Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; Other: _____
- STAYED DUE TO BANKRUPTCY**
- DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
 Affirmed; Reversed; Remanded; Other:

CERTIFIED COPY
 2017 MAY 29 PM 9:23
 J. M. GIBBONS
 CLERK OF COURT
 DORCHESTER COUNTY

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: See attached order; (formal order to follow) Statement of Judgment by the Court: Motion for Relief from Order of Dismissal is hereby Denied.

ORDER INFORMATION

This order ends does not end the case.
Additional Information for the Clerk: _____

INFORMATION FOR THE JUDGMENT INDEX

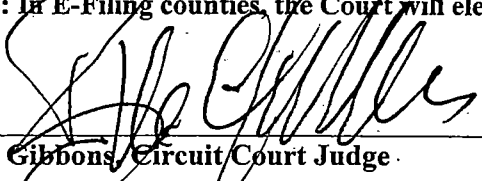
Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk.
Note: Title abstractors and researchers should refer to the official court order for judgment details.

E-Filing Note: In E-Filing counties, the Court will electronically sign this form using a separate electronic signature page.


Brian M. Gibbons, Circuit Court Judge

2168
Judge Code

5/28/19
Date

For Clerk of Court Office Use Only

This judgment was entered on 5/21/19, and a copy mailed first class or placed in the appropriate attorney's box on 5/21/19, to attorneys of record or to parties (when appearing pro se) as follows:

Jamin Mazyck Evans CI, #238056
610 Highway 9 West
Bennettsville, SC 29512

Michael C. Tanner
PO Box 1061
Bamberg, SC 29003

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Cheryl Graham

Cheryl Graham - Clerk of Court

Court Reporter: Bonnie Kelly

E-Filing Note: In E-Filing counties, the date of Entry of Judgment is the same date as reflected on the Electronic File Stamp and the clerk's entering of the date of judgment above is not required in those counties. The clerk will mail a copy of the judgement to parties who are not E-Filers or who are appearing pro se. See Rule 77(d), SCRPC.

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT AS REFERENCED ON PAGE 1.

This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

SCDC# 238056 MAZYCK, JAMIN -

PAGE 19

T THIS TIME. DORM OFFICER NOTIFIED TO DO Q1 HOUR CHECKS ON I/M. OTR GIVEN T O COME TO MEDICAL AFTER AM COUNT TODAY FOR SEIZURE FOLLOW UP.
SIGNED OFF ON 07/31/13 @ 1:17 BY RACHEL LADDAGA, REGISTERED NURSE I
SIGNED OFF ON 07/31/13 @ 9:11 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III

** ENCOUNTER: 240 EMERGENCY INHOUSE 07/30/13 20:00 LIEBER COMP
S> ARIAS, RN RECEIVED CALL FROM THE DORM OFFICER FOR A FIRST RESPONSE. UPON ENTERING THE DORM CELL, J. MURDICK, LPN FOUND I/M ON THE FLOOR LYING ON HIS LEFT SIDE. GENERALIZED TONIC CLONIC BODY MOVEMENTS NOTED FOR 45 SECONDS WHEN ATTEMPTED TO PLACE THE I/M ON THE STRETCHER. 4 EPISODES OBSERVED IN THE CELL LASTING 15-30 SECONDS. 6 MORE EPISODES OBSERVED WHILE TRANSPORTED FROM THE DORM TO MEDICAL. NO PREVIOUS HX. SEIZURES. HOLCOMB, NP NOTIFIED AND VALIUM 5MG IM ORDERED AND TO TRANSPORT TO TRMC WITH ORTHO CONSULT NOTE AND MRI REPORT. 2 EPISODES OF TONIC CLONIC GENERALIZED BODY MOVEMENTS NOTED LASTING APPROXIMATELY 5 SECONDS. I/M UNRESPONSIVE INITIALLY AND BECAME RESPONSIVE AND COHERENT POSTICTAL SEIZURE ACTIVITY. VALIUM 5MG GIVEN IM IN LEFT DELTOID. O2 APPLIED, INT PLACED BY ARIAS, RN. CAPT. KING AND SECURITY NOTIFIED AND I/M TRANSPORTED TO TRMC BY EMS.
O> TEMP=000.0 PULSE= 128 RESP= 20 BP= 130/74 WEIGHT= 0 O2 SAT= 98%
SIGNED OFF ON 07/30/13 @ 20:32 BY MARCHELLE KENNEDY BROWN, REGISTERED NURSE I
SIGNED OFF ON 07/31/13 @ 9:11 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III

** ENCOUNTER: 239 NARRATIVE 07/29/13 17:14 LIEBER COMP
I/M RETURN FROM ORTHO CLINIC CONSULT PLACE IN MEDICAL RECORD FOR NP TO REVIEW.
SIGNED OFF ON 07/29/13 @ 17:14 BY EVELYN GADSON, MEDICAL ASSISTANT TECH I
SIGNED OFF ON 07/30/13 @ 11:20 BY JONATHAN MURDICK, LICENSED PRACTICAL NURSE
I/M RETURNS FROM ORTHO WHO RECOMMENDS ASAP NEUROLOGY EVAL. I HAVE COMPLETED THIS CONSULT AND FAXED IT FOR APPROVAL, PLEASE SCHEDULE AS ASAP AND HAVE MRI FILMS SENT WITH HIM AS WELL.
I/M MENTIONED TO ORTHO THAT HE IS INCONTINENT (?) WHICH IS SOMETHING HE DENIED TO ME IN THE PAST...PLEASE CHECK ON THIS WITH HIM AS HE MAY NEED SUPPLIES FROM MEDICAL (?).
ULTRAM RENEWED.
SIGNED OFF ON 07/30/13 @ 12:12 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
SEVERAL ENCOUNTERS HAVE BEEN PERFORMED SINCE THIS ONE... (TRAMADOL DC'D) AND (2 TRIPS TO ER) WILL CLOSE ENCOUNTER AND REVIEW MORE CURRENT INFORMATION.
SIGNED OFF ON 07/31/13 @ 14:53 BY JONATHAN MURDICK, LICENSED PRACTICAL NURSE

** ENCOUNTER: 238 INSIDE APPOINTMENT 07/22/13 10:55 LIEBER COMP
I/M CAME TO DOOR IN MEDICAL REQUESTING RENEWAL OF TRAMADOL RX.
SIGNED OFF ON 07/22/13 @ 10:55 BY KIRSTEN L WATHEN, REGISTERED NURSE I
ULTRAM RX'D.
SIGNED OFF ON 07/22/13 @ 12:20 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
MEDICATION DIRECT TRANSMITTED TO KIRKLAND PHARMACY. MAR UPDATED.
SIGNED OFF ON 07/22/13 @ 17:07 BY JAMES M BRANDFASS, REGISTERED NURSE I

** ENCOUNTER: 237 INSIDE APPOINTMENT 07/19/13 14:50 LIEBER COMP
I/M SEEN TODAY AND STS HE HAS BEEN WALKING MORE BUT HIS LOWER BACK HAS BECOME SLIGHTLY EDEMATOUS ONCE AGAIN. STS PREDNISONE IS ALSO EFFECTIVE FOR

SCDC# 238056 MAZYCK, JAMIN -

PAGE 18

FERRED TO EMS. VITALS AS FOLLOWS: 130\84, P-132, R-20- O2% 97.
SIGNED OFF ON 07/31/13 @ 10:01 BY JONATHAN MURDICK, LICENSED PRACTICAL NURS
SIGNED OFF ON 07/31/13 @ 10:09 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III

** ~~ENCOUNTER:~~ 243 EMERGENCY INHOUSE 07/31/13 9:40 LIEBER COMP
MEDICAL FIRST RESPONSE CALLED TO THE GYM WHERE I/M WAS SITTING IN HIS W/C
WATCHING A GAME D/T SEIZURE ACTIVITY.
I/M BROUGHT TO MEDICAL ON THE STRETCHER ACTIVELY SEIZING. APPEARS TO BE
GRAND-MAL. HE WAS SEEN LAST PM FOR SEIZURES, GIVEN VALIUM AND SENT TO
TRIDENT ER WHERE HE WAS LOADED WITH DILANTIN IV AND SENT BACK, SEE PREVIOUS
ORDERS. WE HAVE NOT RECEIVED REPLACEMENT IM VALIUM YET SO WE HAVE NO
MEDICATIONS TO GIVE HIM (IM).
I/M HAVING SEIZURES LASTING APPROXIMATELY 45S WITH 3-5 MINUTES B/T.
WILL OPEN HIS EYES B/T BUT DOES NOT SPEAK, THEN CURLS UP/SNORES.
MOVING ALL EXTREMITIES.
EMS ACTIVATED, COPIES OF RECENT MRI'S SENT WITH HEALTH HISTORY, WILL ASK
EMS TO TRANSPORT TO MUSC AS HE NEEDS NEUROLOGY EVAL. I AM NOT SURE THIS IS
UNRELATED TO HIS OTHER SPINAL ISSUES (?).
ATTEMPTED TO ORIENT I/M B/T SEIZURES DURING HIS 'WAKING' PERIOD TO LET HIM
KNOW WHAT IS GOING ON, HE APPEARS VERY FRIGHTENED AND IS CRYING, DOES NOT
APPEAR ORIENTED AT ALL. WILL F/U UPON RETURN TO LIEBER.
ATTEMPTED TO GET VS. O2 SAT 96%, PULSE (136,) RESP 26.
SIGNED OFF ON 07/31/13 @ 9:47 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
SEE NEXT ENCOUNTER.
SIGNED OFF ON 07/31/13 @ 17:01 BY JONATHAN MURDICK, LICENSED PRACTICAL NURS

** ENCOUNTER: 242 OUTSIDE RECOMMENDATI 07/31/13 1:17 LIEBER COMP
I/M RETURNS TO MEDICAL FROM TRIDENT ER WITH SCRIPT FOR DILANTIN 100MG 3 CAP
S QHS. OTHER RECOMMENDATIONS AS FOLLOWS:
1. SEIZURE LIKE ACTIVITY-PSEUDOSEIZURES
2. STOP TRAMADOL-SUBSTITUTE MOTRIN
3. DILANTIN AS ORDERED
4. NEURO F/U
PAPERWORK PLACED ON HOLCOMB NP RACK FOR REVIEW.
SIGNED OFF ON 07/31/13 @ 1:22 BY RACHEL LADDAGA, REGISTERED NURSE I
D/C ULTRAM.
DILANTIN ORDERED, PLEASE START TODAY.
WILL SEE HIM TODAY TO DISCUSS PAIN MANAGEMENT OPTIONS WHILE WE ARE WAITING
ON NEUROLOGY APPOINTMENT.
PLEASE REQUEST FULL TRIDENT RECORD, NAMELY HEAD CT RESULTS.
SIGNED OFF ON 07/31/13 @ 9:15 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
I/M SENT TO MUSC AFTER THIS ENCOUNTER. OLD MAR D\C'D PER NURSE FRAZIER. NEW
MAR UPDATED BY THIS NURSE. RELEASE OF RECORDS FAXED TO 855-764-2382 AS STA
T REQUEST.
SIGNED OFF ON 07/31/13 @ 16:53 BY JONATHAN MURDICK, LICENSED PRACTICAL NURS

** ENCOUNTER: 241 INSIDE APPOINTMENT 07/31/13 1:15 LIEBER COMP
I/M RETURNS TO MEDICAL FROM TRIDENT ER. VS ON ARRIVAL-118/82, 97%RA, 93, 18
, 98.6. VOIDED X 1 WHILE IN MEDICAL. I/M C/O (HEADACHE) AND (LETHARGY). EXPLAIN
ED TO I/M THAT THIS IS NORMAL S/P SEIZURE ACTIVITY. I/M SENT BACK TO DORM A

SCDC# 238056

MAZYCK, JAMIN -

PAGE 17

- ** ENCOUNTER: 247 INSIDE APPOINTMENT 08/01/13 10:46 LIEBER COMP
I/M TO MEDICAL WITH SICK CALL PER OTR FROM ENC # 246 BUT NP HOLCOMB NOT HER
E TO ASSESS. ADVISED I/M UPON NP HOLCOMB RETURN TO LEIBER THAT WE WILL CAL
L FOR HIM TO RETURN TO MEDICAL FOR FOLLOW UP
SIGNED OFF ON 08/01/13 @ 10:47 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
NOTED.
BE SURE MUSC RECORDS ARE AVAILABLE PRIOR TO APPT
SIGNED OFF ON 08/01/13 @ 11:41 BY JOHN B MCREE, PHYSICIAN II
SIGNED OFF ON 08/01/13 @ 12:34 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
MUSC RECORDS RECEIVED ARE ONLY GENERIC PATIENT D/C PAPERWORK.
PLEASE REQUEST/OBTAIN FULL ER RECORD TO INCLUDE TESTS, LABS, AND DICTATED
NOTES.
SIGNED OFF ON 08/01/13 @ 13:05 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
SIGNED OFF ON 08/01/13 @ 15:15 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
STILL AWAITING RECORDS...MUSC AND TRIDENT. WOULD LIKE TO RECEIVE THEM SO WE
CAN SEND THEM TO PRMH WHERE I/M IS NOW INPATIENT.
SIGNED OFF ON 08/02/13 @ 7:22 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
NOTED
SIGNED OFF ON 08/02/13 @ 8:17 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
- ** ENCOUNTER: 246 INSIDE APPOINTMENT 07/31/13 17:34 LIEBER COMP
I/M RETURNED FROM MUSC VIA TRANSPORT IN W/C. A&O X4. C/O PAIN V.O. RECIEVED
M.D. ELKINS TORDOL 30 MG I.M X1 NOW. ZOPRAN KOP STARTER GIVEN . VSS B.P. 1
35/75 PULSE 72, RESP 22, SATS 97%, TEMP 98.0, ORDERS REVIEWED I/M TO RETURN
TO DORM MEALS ON WHEELS PASS RENEWED TIMES 3 DAYS. I/M VERBALIZED HE IS H
AVING SOME URINARY FREQUENCY INCONTINANCE ISSUES CHUCKS PADS SUPPLIED. NO
OTHER OUTSTANDING ORDERS.
SIGNED OFF ON 07/31/13 @ 17:41 BY KEITH A BUSTLE, REGISTERED NURSE I
PLEASE GIVE HIM A URINAL AS WELL.
REQUEST ALL MUSC RECORDS, F/U WITH ME TOMORROW.
SIGNED OFF ON 07/31/13 @ 20:00 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
SIGNED OFF ON 07/31/13 @ 20:00 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
OTR GIVEN TO MRS GASKINS FOR I/M TO COME TO MEDICAL THIS AM WITH SICK CALL
SIGNED OFF ON 08/01/13 @ 5:44 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
- ** ENCOUNTER: 245 OUTSIDE APPOINTMENT 07/31/13 10:02 LIEBER COMP
I\M TRANSFERRED TO MUSC/ER VIA EMS DUE TO SEIZURE LIKE ACTIVITY.
SIGNED OFF ON 07/31/13 @ 10:03 BY JONATHAN MURDICK, LICENSED PRACTICAL NURS
SIGNED OFF ON 07/31/13 @ 10:06 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
- ** ENCOUNTER: 244 EMERGENCY INHOUSE 07/31/13 9:58 LIEBER COMP
MEDICAL WAS NOTIFIED THAT I\M WAS IN THE GYM HAVING SEIZURE ACTIVITY. UPON
ARRIVAL I\M FOUND LYING ON THE GROUND IN R LATERAL POSITION HAVING FULL BOD
Y SHAKING\JERKING CONSISTENT WITH GRAND MAL ACTIVITY I\M PLACED ON STRETER
AND TAKEN TO MEDICAL. I\M PRESENTED WITH APPRX 6 OF THESE EPISODES LASTING
APPRX 30\45 SECONDS EACH. I\M BECAME LETHARGIC POST "SEIZURE" AND AFTER A
MINUTE WOULD BEGIN TO REGAIN CONSCIOUSNESS, I\M WAS CONFUSED, DISORIENTED,
AND SHOWED OBVIOUS SIGNS OF PAIN IN BACK AND LEGS. V.O. FROM NP HOLCOMB TO
TRANSFER I\M TO MUSC VIA EMS. EMERGENCY SYSTEM ACTIVATED AND I\M CARE TRANS

MDCI880D
OMINMDCASOUTH CAROLINA DEPARTMENT OF CORRECTIONS
SCDC HEALTH SERVICES: MEDICAL SUMMARY01/06/14
C045560

SCDC# 238056 MAZYCK, JAMIN -

PAGE 14

MY BEST AT THE PT AND GET MY STRENGTH BACK. I PROMISE I'M GOING TO WORK AS HARD AS I POSSIBLY CAN. I JUST WANT FULL USE OF MY LEGS BACK. I WANT TO BE ABLE TO PLAY BALL AGAIN. I MISS IT. STS HE HAD A SMALL EPISODE OF URINARY INCONTINENCE LAST NIGHT. REQUESTS ANOTHER URINAL AND RENEWAL OF MOW, WHICH I GAVE HIM X 6M. I/M REQUESTS RENEWAL OF HIS ULTRAM AS WELL. PT CONSULT FAXED PER PREVIOUS ENCOUNTER. I/M ENCOURAGED TO F/U WITH MEDICAL WHENEVER NEEDED/PENDING PT CONSULT.

TRAMADOL 50MG TAB (ULTRAM) (FORMULARY 7 DAYS OR LESS)

SIG:1-2 PO TID PRN X 7D #42

SIG:

START DATE: 08/06/13 TOTAL DAYS: 10

MD:HOLCOMB, ELIZABETH -

SIGNED OFF ON 08/06/13 @ 10:13 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III NOTED. MAR UPDATED. TRANSCRIBED ONTO SHORT TERM LIST IN PHARMACY.

SIGNED OFF ON 08/06/13 @ 19:14 BY VERONICA FRAZIER, LICENSED PRACTICAL NURS

* ENCOUNTER: 254 NARRATIVE 08/06/13 7:59 LIEBER COMP

I/M RETURNS FROM ~~PRMH~~ ADMISSION D/T DENERVATION OF PARASPINOUS MUSCLES WITH NEW ONSET SEIZURES. MEDICAL RECORDS RECEIVED AND ON FILE. HE HAD A SIGNIFICANT WORKUP THROUGH INTERNAL MED, NEUROLOGY, SURGERY, ETC.

D/C SUMMARY WITH DX OF PARASPINOUS MUSCLE ATROPHY AND CAMPTOCORMIA. STS A MUSCLE BIOPSY WAS CONSIDERED BUT THE I/M LOWER EXTREMITY STRENGTH IMPROVED AND THIS DEFERRED FOR NOW. STS/PT IS RECOMMENDED AND IF STRENGTH DOES NOT IMPROVE, WOULD SCHEDULE BIOPSY TO LOOK FOR MYOPATHIES/GENETIC D/O.

WILL SEE I/M TODAY FOR F/U. PT CONSULT COMPLETED AND FAXED FOR APPROVAL.

D/C MEDS INCLUDE ULTRAM (WILL ADDRESS I/M PAIN WHEN I SEE HIM TODAY), COLACE (ACTIVE RX), DILANTIN (SEE NEW ORDER), CELEXA/PRAZOSIN (SEE MH ENC- WILL LET THEM KNOW TO RESUME MEDICATIONS).

PLEASE DRAW DILANTIN LEVEL IN 1 WEEK.

DILANTIN (PHENYTOIN ER) 100MG

SIG:1 PO QHS #30/MO

SIG:

START DATE: 08/06/13 TOTAL DAYS: 180

MD:HOLCOMB, ELIZABETH -

SIGNED OFF ON 08/06/13 @ 8:04 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III MAR UPDATED, WILL FORWARD TO MENTAL HEALTH FOR REVIEW, LAB SLIP MADE

SIGNED OFF ON 08/08/13 @ 13:33 BY JASMINE N ARIAS, UNCLASSIFIED

SIGNED OFF ON 09/04/13 @ 9:38 BY SHERISSE D BIRCH, HUMAN SERVICES COORD I

** ENCOUNTER: 253 NARRATIVE 08/05/13 16:56 LIEBER COMP

I/M RETURNED FROM PRMH

VSS

BP 115/70

T 96.5

O2 100%

P 95

R 16

SIGNED OFF ON 08/05/13 @ 16:58 BY LARRY EDWARD PRICE II, REGISTERED NURSE I PLEASE OBTAIN ALL RECORDS FROM THIS HOSPITAL ADMISSION TO INCLUDE LABS, DIAGNOSTIC TESTS, PROGRESS NOTES. PLEASE ALSO OBTAIN HIS D/C SUMMARY AND

SCDC# 238056 MAZYCK, JAMIN -

PAGE 8

** ENCOUNTER: 284 INSIDE APPOINTMENT 09/20/13 8:09 LIEBER COMP
THE FOLLOWING MEDS HAVE EXPIRED ON 9/19/13:
TYLENOL#3 2 TABS TID FOR 7 DAYS, PLEASE CONSIDER FOR RENEWAL, WILL
FORWARD TO MD/NP FOR REVIEW/DISPOSITION.
SIGNED OFF ON 09/20/13 @ 8:11 BY VERONICA FRAZIER, LICENSED PRACTICAL NURS
RENEWED, FAXED, AND GIVEN TO LIEBER PHARMACY.
SIGNED OFF ON 09/20/13 @ 10:44 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
NOTED.
SIGNED OFF ON 09/20/13 @ 12:20 BY MARCHELLE KENNEDY BROWN, REGISTERED NURSE I

** ENCOUNTER: 283 MENTAL HEALTH CLINIC 09/19/13 14:49 LIEBER COMP
S- I/M STATES THAT CELEXA IS NOT WORKING FOR HIM. HE IS ALSO ON A VERY LOW
DOSE (10MG). SINCE LAST VISIT I/M DIAGNOSED WITH A SEIZURE DISORDER AND STA
RTED TX FOR THIS. HE IS UNDERGOING A W/U. GIVEN THIS NEW HX, SSRI NOT THE B
EST CHOICE.
I/M REPORTS MOST WORRISOME SX IS HIS MOOD LABILITY AND ANGER. HE HAS NOT BE
EN ON DEPAKOTE IN THE PAST BUT TEGRETOL. HE IS WILLING TO TRY.
I/M REPORTS PAST DX OF PTSD.
O- ALERT, COOPERATIVE; NO ABNL MOVEMENTS; SPEECH NL RATE/VOLUME; MOOD IS GO
OD AFFECT CONGRUENT; TP LINEAR; NO SI/HI/AVH
A- MOOD D/O NOS; WILL EXPLORE PTSD AND DEPRESSION MORE FULLY NEXT TIME
P- 1. DC CELEXA 2. START DEPAKOTE 3. PLEASE DRAW CBC, BMP, LFTS AND DEPAKOT
E LEVEL IN 10 DAYS. 4. RTC 6-8 WEEKS (DISCUSSED VPA WITH NP HOLCOMB WHO
TREATS HIS SZ AND SHE IS AGREEABLE TO THIS CHOICE)
P> DIVALPROEX SOD EXTEND RELEASE 500MG (DEPAKOTE ER-ONCE DAILY)
SIG:1 PO QPM FOR 5 DAYS; THEN 2 PO QPM
SIG:
START DATE: 09/19/13 TOTAL DAYS: 180
MD:GOMEZ, ANA -
SIGNED OFF ON 09/19/13 @ 14:54 BY ANA GOMEZ, PSYCHIATRIST
LAB SLIP COMPLETED. MAR UPDATED WITH NOTE TO GIVE AS ORDERED X 5 DAYS ONCE
MEDS ARRIVE.
SIGNED OFF ON 09/19/13 @ 17:53 BY MARCHELLE KENNEDY BROWN, REGISTERED NURSE I

** ENCOUNTER: 282 INSIDE APPOINTMENT 09/19/13 12:04 LIEBER COMP
I/M INTO MEDICAL FOR 45 MIN. BAND THERAPY. STATED HE IS NEEDING SOMETHING
TO HELP HIM HAVE A BM SINCE HE HAD NOT HAD A BM IN 3 DAYS. STATED HE HAS
BEEN OFFERED A LAXATIVE OR FIBER PILLS AND THAT HE WOULD LIKE TO TRY THE
FIBER. INFORMED RN TO NOTIFY MD/NP.
SIGNED OFF ON 09/19/13 @ 12:11 BY MARCHELLE KENNEDY BROWN, REGISTERED NURSE I
FIBER RX'D.
SIGNED OFF ON 09/19/13 @ 12:46 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
MAR UPDATED.
SIGNED OFF ON 09/19/13 @ 17:43 BY MARCHELLE KENNEDY BROWN, REGISTERED NURSE I

** ENCOUNTER: 281 DOCTOR'S CLINIC 09/17/13 8:33 LIEBER COMP
THIS IS A LATE ENTRY FROM 9/16/13 WHERE I/M WAS SEEN PER HIS REQUEST.
STS HE FEELS LIKE HIS BACK IS 'SWOLLEN' AGAIN AND WANTED TO DISCUSS HIS PT.
STS HE FEELS HE IS IMPROVING AND HE IS HAPPY WITH HIS PROGRESS.

SCDC# 238056 MAZYCK, JAMIN -

PAGE 7

TO GET HIMSELF BACK TO HIS IDEAL SELF AND ACHIEVING GOALS. HOWEVER, AS OF LATE (ESPEACIALLY- SEIZURES) HE SEEMS TO BE BETWEEN COMING TO TERMS WITH HIS MEDICAL ISSUES AND DENIAL OF INABILITY TO HAVE THE CONTROL OVER SELF AS IN THE (EVEN) RECENT PAST.

* I/M HAS A COMPLEX MEDICAL HX, SO WILL REFER I/M CONCERNS TO MD/NP.

-- THIS RN TOLD I/M THAT I WOULD ENTER CONCERNS INTO RECORD AND SEND TO MD/NP FOR THEIR REVIEW. I/M ACKNOWLEDGE AND APPEARED SATISFIED.

SIGNED OFF ON 09/27/13 @ 19:51 BY TOBY MARKOWITZ, REGISTERED NURSE I PLEASE CLARIFY WEIGHT FROM ABOVE ENCOUNTER.

LABS: CBC, BMP, LFT'S, TSH, PREALBUMIN.

PLEASE WEIGH I/M QWK X 4.

SIGNED OFF ON 09/28/13 @ 12:50 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III LAB SLIP COMPLETED AND OTR SENT TO I/M FOR WEIGHT CHECKS ON 10/2, 10/9, 10/16 AND 10/23/13.

SIGNED OFF ON 09/28/13 @ 13:43 BY KIRSTEN L WATHEN, REGISTERED NURSE I

** ENCOUNTER: 286 NARRATIVE 09/27/13 15:36 LIEBER COMP
T#3 2 PO TID X 7D RX COMPLETED/FAXED TO KIRKLAND PHARMACY AND GIVEN TO LIEBER PHARMACY.
SIGNED OFF ON 09/27/13 @ 15:36 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
MAR UPDATED
SIGNED OFF ON 09/28/13 @ 13:46 BY KIRSTEN L WATHEN, REGISTERED NURSE I

** ENCOUNTER: 285 OUTSIDE RECOMMENDATI (09/23/13) 11:01 LIEBER COMP
I/M RETURNS FROM NEUROLOGY LAST WEEK.

(RECOMMENDATIONS STATE TO CONTINUE CURRENT DOSE OF DILANTIN, AGREE WITH D/C OF ULTRAM, AND REQUEST RECORDS FROM MUSC, TRIDENT, PRMH.

ASKS THAT IF SEIZURES WERE WITNESSED BY STAFF, TO PROVIDE DETAILED DESCRIPTION. F/U IN 2-3 WKS.

1. I HAVE COMPLETED A CONSULT FOR F/U WITH NEUROLOGY.

****PLEASE ENSURE ALL RECORDS FROM TRIDENT, MUSC, AND PRMH ACCOMPANY HIM TO THIS APPOINTMENT. WE DO NOT YET HAVE ALL OF MUSC'S NOTES SO THESE WILL HAVE TO BE REQUESTED/RECEIVED.

2. ON THIS CONSULT I HAVE GIVEN THE NEUROLOGIST AS MUCH INFORMATION AS I COULD REGARDING HIS WITNESSED SEIZURES. PLEASE ALSO PRINT NOTES FROM HIS RECORD WHERE THESE EPISODES WERE WITNESSED/DOCUMENTED.

SIGNED OFF ON 09/23/13 @ 11:20 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III DICATATED NOTE RECEIVED FROM THIS VISIT.

DR. SELPH IS UNDER THE IMPRESSION THAT THE I/M HAD THE MUSCLE BX-DONE

PLEASE LET HIS OFFICE KNOW THIS PROCEDURE WAS NOT PERFORMED B/C THE INMATE IS IMPROVING. HE ALSO REQUESTS THYROID PANEL (WITH TSH PLEASE).

SIGNED OFF ON 09/24/13 @ 15:09 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III LAB SLIP SUBMITTED. PLACED IN LAB DOOR.

SIGNED OFF ON 09/25/13 @ 8:12 BY JAMES M BRANDFASS, REGISTERED NURSE I SENT REQUEST TO TRIDENT, PRMH, AND MUSC REQUESTING ALL RECORDS FROM ALL VIS ITS.

SIGNED OFF ON 10/03/13 @ 6:12 BY LARRY EDWARD PRICE II, REGISTERED NURSE I PER MEDICAL RECORDS ALL THE REQUEST WERE FAXED AND WAITING ON RESULTS TO BA FAXED BACK.

SIGNED OFF ON 10/03/13 @ 10:58 BY LARRY EDWARD PRICE II, REGISTERED NURSE I

SCDC# 238056 MAZYCK, JAMIN -

PAGE 3

- ** ENCOUNTER: 309 FOLLOW-UP SICK CALL 10/30/13 12:18 LIEBER COMP
I/M IN MEDICAL TODAY FOR BAND THERAPY, I/M PREFORMED EXERCISES FOR APPROX
20MINUTES WITHOUT ISSUE.
SIGNED OFF ON 10/30/13 @ 12:19 BY TOBY MARKOWITZ, REGISTERED NURSE I
- ** ENCOUNTER: 308 OUTSIDE RECOMMENDATI 10/30/13 7:47 LIEBER COMP
I/M RETURNS FROM NEUROLOGY. NOTE STS: ONE SZ SINCE LAST VISIT. STRANGELY,
DEPAKOTE ADDED TO DILANTIN, THIS ISN'T ADVISED FOR A LONG TERM STRATEGY.
BREAKTHROUGH SZ LIKELY D/T SUBTHERAPEUTIC DILANTIN, INDUCED BY VPA. I WOULD
D/C VPA AND CONTINUE DILANTIN MONOTHERAPY. RECORDS INDICATE HE WASN'T SEEN
BY MUSC NEURO OR HAD EEG. ADVISE EEG AT USC CLINIC.
***NOTE: DEPAKOTE RX'D BY MH- PLEASE FORWARD THIS NOTE TO THEM.
CONSULT COMPLETED/FAXED FOR EEG AND F/U WITH NEURO. I HAVE NOTED THE ABOVE
INFO ON THE F/U CONSULT SO NEURO WOULD BE AWARE.
SIGNED OFF ON 10/30/13 @ 7:49 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
NOTED. INFORMATION PROVIDED WITH CONSULT.
SIGNED OFF ON 10/30/13 @ 17:07 BY JAMES M BRANDFASS, REGISTERED NURSE I
- ** ENCOUNTER: 307 NARRATIVE 10/29/13 14:49 LIEBER COMP
* I/M RETURN FOR NEUROLOGY CLINIC CONSULT PLACE IN MEDICAL RECORD FOR NP TO R
EVIEW.
SIGNED OFF ON 10/29/13 @ 14:49 BY EVELYN GADSON, MEDICAL ASSISTANT TECH I
NOTED
SIGNED OFF ON 10/29/13 @ 16:32 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
- ** ENCOUNTER: 306 INSIDE APPOINTMENT 10/28/13 17:05 LIEBER COMP
I/M AT PILL LINE REQUESTING PAIN MEDS. STATED THE NIGHT NURSE TOLD HIM SHE
WOULD NOTIFY NP FOR RENEWAL. RN TO NOTIFY MD/NP OF CONCERN.
SIGNED OFF ON 10/28/13 @ 17:08 BY VICTORIA WILLIAMS, LICENSED PRACTICAL NUR
MAY RENEW T3, 2 PO TID X 7D. I WILL WRITE THE RX WHEN I GET BACK TO LIEBER
TOMORROW.
SIGNED OFF ON 10/29/13 @ 8:16 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
NOTED.
SIGNED OFF ON 10/29/13 @ 16:58 BY TIFFANIE M DAUDELIN, REGISTERED NURSE I
RX COMPLETED AND GIVEN TO NURSING.
SIGNED OFF ON 10/30/13 @ 7:46 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
NEW MAR UPDATED. OLD MAR NOT AVAILABLE AT THIS TIME.
SIGNED OFF ON 10/30/13 @ 17:08 BY JAMES M BRANDFASS, REGISTERED NURSE I
- ** ENCOUNTER: 305 INSIDE APPOINTMENT 10/28/13 12:00 LIEBER COMP
I/M TO MEDICAL FOR WEIGHT CHECK. I/M WEIGHED IN AT 174.80, I/M VOICED NO
CONCERNS AND SHOWED NO S/S OF ANY DISTRESS AT THIS TIME.
SIGNED OFF ON 10/28/13 @ 12:01 BY ELLA J GASKINS, MEDICAL ASST TECH II
NOTED
SIGNED OFF ON 10/28/13 @ 16:50 BY LARRY EDWARD PRICE II, REGISTERED NURSE I
SIGNED OFF ON 10/29/13 @ 8:11 BY ELIZABETH A HOLCOMB, NURSE PRACTITIONER III
- ** ENCOUNTER: 304 LAB CLINIC 10/21/13 11:02 LIEBER COMP
LAB RESULT REC'D FOR FREE T4 FROM 10/16/13

STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Edgar W. Dickerson, Circuit Court Judge

Case No.: 2017-CP-18-1438

SCDC Respondent

v.

Jamin Mazyck Appellant

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Michael C. Tanner by depositing a copy of it in the Evans Correctional Institution mailroom, postage prepaid on June 25, 2019.

Date: 6/25/19

RECEIVED

JUL 05 2019

SC Court of Appeals

sl Jamin Mazyck
Jamin Mazyck # 238056
610 Hwy 9 west
Bennettsville, SC 29512

TO: Court of Appeals
1015 Sumter St. Ste 5
Columbia, SC 29201

FROM: Jamin MAZYCK #238056
E.C.I/3A-254
610 Hwy 9 West
Bennettsville, SC 29512

RECEIVED

JUL 05 2019

SC Court of Appeals

DATE: 5/25/19

Re: 2017 CP 1801438 Jamin Mazyck v. S.C. Dept of Corrections

Dear Clerk:

Enclosed for filing, please find the original Motion for Appeal and exhibits for the above reference case. However, due to the Respondents doesn't allow photo copies on anything handwritten, I am asking that you please send me a stamp copy for my personal file and send the Respondent a copy.

Thank you for your attention to this matter.

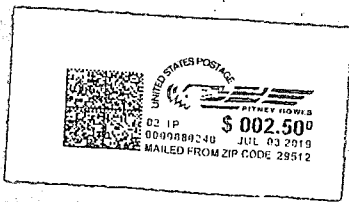
Best regards

Jamin Mazyck
JAMIN MAZYCK #238056

cc: my file

JAMIN maztek #238056
E.C.I. / 3A-254
610 Hwy 9 west
Bennettsville, SC 29512

wrote ✓



STATE OF SOUTH CAROLINA
COURT OF APPEALS
1015 Sumter St. Ste 5
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