

The South Carolina Court of Appeals

David Washington
3204 Badger Road
Mullins, SC 29574

June 24, 2019

Re: David Washington vs. Mullins Municipal Court
Appeals case No.: 2019-000531

V. Claire Allen, Deputy Clerk
Post Office Box 11829
Columbia, SC 29201

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JUL 12 2019
SC Court of Appeals

Dear Deputy Clerk Allen:

This is my response to your letter of June 21, 2019.

The Plaintiff, David Washington filled a motion in this case on June 27, 2019 under Rule 207 (A) Appeal from a Lower Court also under Rule (1), and Rule 207-(5) & (B) on the same motion. I asked for under Rule 203 for Judgement, all of this was in the same motion.

Enclosed please find where I have requested the video from the officer's body camera numerous times, always being denied. The court did send the audio, but this is not what was requested.

With kindest regards,



DAVID WASHINGTON

CC:
South Carolina Office of Court Administration
Robert Corley, Esquire

The South Carolina Court of Appeals

David Washington
3204 Badger Road
Mullins, S.C. 29574

7-03-2019

Re: David Washington vs Mullins Municipal Court
Appeals Case No: 2019000531

V. Claire Allen Deputy Clerk
Post Office Box 11829
Columbia, S.C. 29301

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JUL 12 2019

SC Court of Appeals

ATTN: Deputy Clerk Allen

This is my response to your letter of June 21-2019.
Documents are attached to this letter.

P.S.
Please send me
5 subpoenas.

Thank you for your consideration,
David Washington

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Chow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to: S.C. Office of Court Administration 1220 Senate Street, Suite 201 Columbia, S.C. 29201</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 5017 9063 3893 15</p> <p>0700 0000 2919 7569</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPL		DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to: Robert H. Corley, Attorney 209 N.E. Front St. Mullins, S.C. 29574</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>MULLINS, SC JUN 28 2019</p>	
<p>9590 9402 5017 9063 3893 22</p> <p>7018 2290 0000 1176 2334</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

God Bless
America

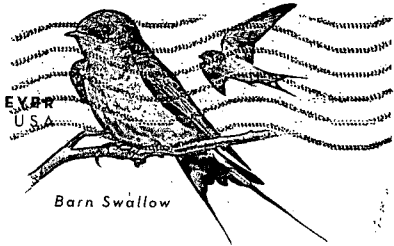


David J. Washington
3204 Badger Rd
Mullins, SC 29574

COLUMBIA, SC 290

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FOREVER
USA



Barn Swallow

South Carolina Court of Appeals
V. Claire Allen, Deputy Clerk
P.O. Box 11629
Columbia, South Carolina

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29211 SC Court of Appeals

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