

STATE OF SOUTH CAROLINA
In the Supreme Court

RECEIVED

May 06 2020

S.C. SUPREME COURT

On Writ of Certiorari to Greenwood County
Brian M. Gibbons, Post-Conviction Relief Judge
D. Garrison Hill, Trial Court Judge

Appellate Case No. 2019-001090

JAMES CARRIER,

Respondent,

v.

THE STATE OF SOUTH CAROLINA,

Petitioner.

SUPPLEMENTAL APPENDIX

ALAN WILSON
Attorney General

SUSAN B. HACKETT
Attorney for Respondent

BRIANNA L. SCHILL
Assistant Attorney General
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Columbia, SC 29211
(803) 734-3737

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PO Box 11589
Columbia, SC
29211-1589
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ATTORNEY FOR PETITIONER

ATTORNEY FOR RESPONDENT

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RECEIPT FOR EXHIBITS

Case # 14 GS/CP/DR-24-1526

Judge Gibbons

State/
Plaintiff James Lloyd Carrier

P's atty Wilkes

Defendant State

D's atty Brigony

Received from Linda D. Moffitt, Circuit Court Reporter, the following exhibits:

A1 Personnel action

A2 Timeline

Received by Karen Altkey, Clerk of Court

2-26, 2019

RECEIPT FOR EXHIBITS

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Judge Gibbons

State/
Plaintiff James Lloyd Carrier

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2-26, 2019

GREENWOOD COUNTY PERSONNEL ACTION

Name Christopher M. Liden Effective Date September 11, 2009
September 25, 2009
 Address 410 Fells Road Dr. Gresham, SC 29666
 CHECK HERE FOR: (Specify)
 Change of Name
 Change of Address
 Emp. No. 100126
 Department Sheriff's Office Division _____ Department No. 540.01
 Position Title Deputy II
 Yearly Hours 2000 2104 2360 3340
 Grade/Step _____ Pay Rate _____
 Class Code _____ Position No. _____

APPOINTMENT
 New Position Replacement
 (NAME) _____ (POSITION NO.) _____
 If Reappointment, Department & Dates Employed
 (DEPARTMENT) _____ (DATES) _____

ADJUSTMENTS
 Promotion
 Transfer
 Reassignment
 Demotion
 Merit Change
 Other (Specify) _____
 Position Title To _____
 Department To _____
 Class Code To _____
 Grade/Step or Pay Rate To _____
 Position No. To _____
 Anniversary Date To _____
 Explanation _____
 RELEASED DEPARTMENT HEAD'S SIGNATURE
 (TRANSFER ONLY)
 Forward to Receiving Department
 for approval before (Transfer only)

LEAVES OF ABSENCE OR SUSPENSION
 Kind _____ Date Expected To Return _____
 Reason _____

OVERTIME REQUEST
 Permission Payment Dates _____
 Reason _____

TERMINATION
 Reason Resignation
 Service was: Satisfactory Unsatisfactory
 Would you rehire? Yes No If no, explain _____
 Was notice given? Yes No Resignation letter attached? Yes No
 Credentials, Keys, & Equipment Surrendered? Yes NO
 Appointment for Exit Interview
 (No final check issued until Exit Interview is complete)

Please pull I-9 and make file. Terminate

Remarks:

Lillie H. Baker
PERSONNEL DIRECTOR

I REQUEST THE ACTION INDICATED ABOVE FOR "APPOINTMENT" OF ADJUSTMENT ACTIONS. I HEREBY CERTIFY THAT SALARY FUNDS ARE INCLUDED IN MY DEPARTMENTAL BUDGET FOR THE CURRENT YEAR AS APPROVED BY GREENWOOD COUNTY COUNCIL AND THAT SUFFICIENT UNENCUMBERED SALARY FUNDS REMAIN IN MY BUDGET TO PAY FOR SAME.

Joy Davis
SIGNATURE OF DEPARTMENT HEAD

September 10, 2009

Please accept this as my two weeks notice of my intent to resign with the Greenwood County Sheriff's Office. I have enjoyed working for the department and hope that my contributions have supported the initiatives of the department as much as the Sheriff's Office has assisted me in my growth and development as a deputy and an investigator.

My last date of employment will be on September 24, 2009.

Thank you,

Chris Haden



Cc: John Murray
Ray Watson
Sheriff Tony Davis

TERMS OF EMPLOYMENT FOR NEW HIRE ORIENTATION

1. Personnel Action Form includes name, address, social security number, date of employment, job title, employment status (full-time, part-time, seasonal) hours of work and pay rate.
2. Work week begins at 12:01 am Saturday morning and ends at midnight Friday night. Payday is bi-weekly; payment is deposited directly into a preferred banking institute on Friday before 9:00 am; for 36 to 48 hours or more as needed according to business demands. This does not constitute a guarantee of hours to be worked. Part-time employees are scheduled as needed. Attached are schedules of pay period ending dates and pay dates.
3. All 6-month probationary employees are evaluation at intervals of one, three and six months.
4. Bi-Weekly payroll deductions from wages such as but not limited to, insurance deductions, documented debts/offsets, etc. (Excluding income taxes and FICA) are as follows:

EFFECTIVE DATE: 1-17-06 DATE OF BIRTH: 11-12-75 W-4: [M] 1 [S]

SC RETIREMENT: _____ S. C. POLICE OFFICER RETIREMENT: 6.5-90

EFFECTIVE DATE OF FOLLOWING: 2-21-06 [Bi-weekly Rates]

| HLT. INS. | SHP SAVING | STAND. | HMO | DENTAL | DENTAL PLUS |
|--------------------------|------------|----------|--------|---------|-------------|
| Annual Dedbt. \$3,000.00 | \$3,000.00 | \$350.00 | 250.00 | \$25.00 | 00.00 |
| Family Dedbt. \$6,000.00 | \$6,000.00 | \$700.00 | 500.00 | | |

| | | | | | | |
|-------------|---------|----------------|----------|--------|---------|--|
| EMPLOYEE | \$ 4.28 | <u>\$ 9.11</u> | \$ 17.78 | \$0.00 | \$ 8.55 | |
| SPOUSE | \$33.49 | \$47.09 | \$ 72.13 | \$3.53 | \$16.18 | |
| CHILDREN | \$ 9.36 | \$26.19 | \$ 62.80 | \$6.34 | \$17.66 | |
| FULL FAMILY | \$50.10 | \$67.91 | \$174.44 | \$9.85 | \$25.29 | |

EMPLOYEE OPTIONAL LIFE INS. - CAOP: YES ; 20 Ks. at: \$ 2.20 NO _____
 SLTD PLANS: 90 DAY \$ X 180 DAY \$ X LONG TERM CARE \$ X
 Perm. MoneyPlus: Yes .06 No _____

STATE'S DEPENDENT LIFE PREMIUMS - BY-WEEKLY

[Spouse: \$10,000 \$ _____; \$20,000 \$ _____] Children Premium: \$10,000 .57
 [max: on spouse \$100,000 - with medical evidence]

NON-STATE OPTIONS

AMERICAN UNITED LIFE: FULLTIME EMPLOYEE - 1 X ANNUAL SALARY
 VOLUNTARY: YES _____ AMT. \$ _____ NO _____; FAMILY: YES _____ AMT. _____ NO _____

DEFERRED COMP: 401K/457: _____ YMCA: _____ CREDIT UNION: _____
 UNIFORMS: _____ Direct Deposit: Yes _____ No _____

5. VACATION POLICY. Full-time employees accrue annual leave as follows:

- 0 - 5 years continuous service 1 day a month**
- 5 - 10 years continuous service 1 1/4 days a month**
- 10 - 20 years continuous service 1 1/2 days a month**
- 20 years or more of continuous service 1 3/4 days a month**

Annual leave may not be used until satisfactory completion of six (6) months probationary period. Request for annual leave shall be submitted to your supervisor and may be taken only after approval by the department head.

6. SICK LEAVE POLICY:

Full-time employees accrue sick leave at the rate of one (1) day per month which shall reach a maximum accrual of ninety (90) days. Sick leave is a benefit and should not be abused.

7. FMLA LEAVE:

Unpaid leave also may be available under the Family and Medical Leave Act. Additional information concerning FMLA leave is available in the Personnel Office.

PAID HOLIDAYS:

**New Year's Day, Martin Luther King's Day, President's Day
Good Friday, Memorial Day, Independence Day, Labor Day,
Thanksgiving Day, Day after Thanksgiving, Christmas Day,
Day after Christmas & Employee's Birthday (Must be taken
Within pay period)**

8. BULLETIN BOARD:

Notices concerning policies, programs, schedules, job openings, etc., are posted on the bulletin boards. You are urged to check frequently. Employees are not allowed to post items on bulletin boards without prior consent of the County Manager.


USE OF COUNTY PROPERTIES:

- 9. Employees should use any and all County owned properties with discretion.**

THE COUNTY RESERVE THE RIGHT WITHOUT NOTICE TO INSPECT ANY AND ALL COUNTY OWNED PROPERTIES INCLUDING BUT NOT LIMITED TO DESK, COMPUTERS, ETC.

- 10. Any changes in the above terms shall be made in writing and at least seven (7) days before they become effective.**

My signature acknowledges that each of the above listed subjects has been fully explained to me.



Signature

1-20-06
Date

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$180,000 (\$75,250 if married filing separately). See Worksheet 3 in Pub. 919 for details.) 1 \$ _____
- 2 Enter: { \$10,300 if married filing jointly or qualifying widow(er)
\$ 7,500 if head of household
\$ 5,150 if single or married filing separately } 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,300 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the Personal Allowances Worksheet, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

| Married Filing Jointly | | | | All Others | | | |
|---------------------------------------|--|-----------------------|---------------------------------------|--|-----------------------|--------------------------------------|-----------------------|
| If wages from HIGHEST paying job are— | AND, wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | AND, wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above |
| \$0 - \$42,000 | \$0 - \$4,500 | 0 | \$42,001 and over | \$2,001 - \$6,000 | 6 | \$0 - \$6,000 | 0 |
| | 4,501 - 9,000 | 1 | | \$6,001 - \$8,000 | 7 | 6,001 - 12,000 | 1 |
| | 9,001 - 15,000 | 2 | | 8,001 - \$8,000 | 8 | 12,001 - 18,000 | 2 |
| | 15,001 and over | 3 | | \$8,001 - \$8,000 | 9 | 18,001 - 24,000 | 3 |
| \$42,001 and over | \$0 - \$4,500 | 0 | | \$8,001 - \$8,000 | 10 | 24,001 - 30,000 | 4 |
| | 4,501 - 9,000 | 1 | | \$8,001 - 75,000 | 11 | 30,001 - 36,000 | 5 |
| | 9,001 - 15,000 | 2 | | 75,001 - 85,000 | 12 | 36,001 - 42,000 | 6 |
| | 15,001 - 22,000 | 3 | | 85,001 - 105,000 | 13 | 42,001 - 48,000 | 7 |
| | 22,001 - 28,000 | 4 | | 105,001 - 120,000 | 14 | 48,001 - 54,000 | 8 |
| | 28,001 - 32,000 | 5 | | 120,001 and over | 15 | 54,001 - 60,000 | 9 |
| | | | | | | 60,001 - 120,000 | 10 |
| | | | | | | 120,001 and over | 10 |

Table 2: Two-Earner/Two-Job Worksheet

| Married Filing Jointly | | All Others | |
|---------------------------------------|-----------------------|---------------------------------------|-----------------------|
| If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$90,000 | \$600 | \$0 - \$90,000 | \$600 |
| 90,001 - 115,000 | \$30 | 90,001 - 75,000 | \$30 |
| 115,001 - 165,000 | \$20 | 75,001 - 145,000 | \$20 |
| 165,001 - 290,000 | 1,080 | 145,001 - 290,000 | 1,080 |
| 290,001 and over | 1,180 | 290,001 and over | 1,180 |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 6402(g)(4) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowance; providing fraudulent information may also subject you to penalties. Providing false information includes giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the Cabinet of Colombia for use in establishing their tax laws, and using it in the National Security of New Korea. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal income tax laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax return and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

You are not required to provide the information requested on a form that is subject to

FROM: PERSONNEL DEPARTMENT

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 15, 2007. See Pub. 805, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$800 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 8 below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Norwage income. If you have a large amount of norwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earner/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8833 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$180,000 (Single) or \$190,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1218 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,600 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 803, Child and Dependent Care Expenses, for details.) F _____

G Child Tax Credit (including additional child tax credit):
 • If your total income will be less than \$85,000 (\$82,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$85,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. G _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$85,000 (\$85,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. **2006**

1 Type or print your first name and middle initial. Last name **Christopher M Haden** 2 Your social security number

Home address (number and street or rural route) **203 Old Woodlawn Rd** 3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code **Greenwood SC 29044** 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1218 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck **\$ 10.00**

7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.
 Employee's signature (Form is not valid unless you sign it.) ▶ **[Signature]** Date ▶ **1-18-2006**

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **County of Greenwood, 600 Monument St., Box P-103 Greenwood, South Carolina 29646 PH: 864-842-8503** 9 Office code (optional) 10 Employer identification number (EIN) **57 6000358**

8 EMPLOYEE'S HIRE DATE: **1-17-06** **EMPLOYEE'S BIRTHDAY:** **11-10-1975**

TIMELINE

JAMES CARRIER V. STATE OF SOUTH CAROLINA

2014-CP-24-1526

1/1/2003 – Original date of alleged incident.

5/11/2009 – Inv. Haden obtained arrest warrant for Lewd Act against James Carrier (Warrant # M-075385)

9/24/2009 – Investigator Christopher Haden left employment of the Greenwood County Sheriff's Office, per Greenville County Human Resources documents.

10/2/2009 – Greenwood County Grand Jury indicted James Carrier for Lewd Act (Warrant # M-075385; 2009-GS-24-1146). Chris Haden listed as the State's witness on the indictment but no longer employed there.

6/8/2012 - Greenwood County Grand Jury direct-indicted James Carrier for Lewd Act (2012-GS-24-1166). Chris Haden listed as the State's witness on the indictment but no longer employed there.

7/18/2012 – James Carrier found guilty at trial and sentenced to 15 years with GPS monitoring.

WITNESSES

Chris Haden
Greenwood County Sheriff

THE STATE OF SOUTH CAROLINA

COUNTY OF GREENWOOD

COURT OF GENERAL SESSIONS

October Term, 2009

Indictment # 09GS24-1146

WARRANT NUMBER

M075385

THE STATE

vs.

James Lloyd Carrier

Dean Powell

Foreman of the Grand Jury

Date: *Oct 2, 2009*

NP. [Signature] 7-18-12

INDICTMENT FOR

LEWD ACT
16-15-0140

VERDICT

True Bill

Foreman

CNWB

09 GS04-1146

STATE OF SOUTH CAROLINA

COUNTY OF GREENWOOD

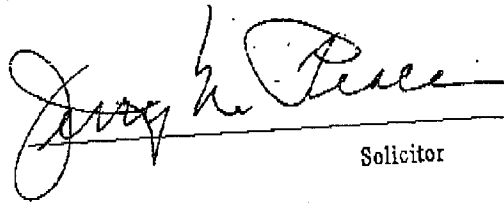
INDICTMENT FOR

LEWD ACT
16-15-0140

At a Court of General Sessions, convened on the 2nd day of October, 2009 the Grand Jurors of Greenwood County present upon their oath:

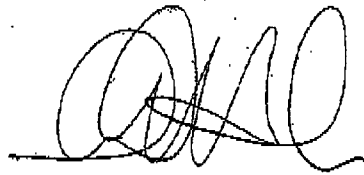
That James Lloyd Carrier, did in Greenwood County, state aforesaid, on or about the 1st day of January, 2003-being over the age of fourteen (14) years, the said defendant did unlawfully, willfully and wldly commit or attempt to commit a lewd or lascivious act upon or with the body, or its parts, of a child under the age of sixteen years, to wit: **VICTIM** date of birth: **VICTIM** **VIC** with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of the said defendant, or of the said child, Lindsay Kaye Ferqueron, in violation of Section 16-15-140 of the South Carolina Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such cases made and provided.


Solicitor

096524-1146

Noelle prasegni - defendant
convicted of lewd Act
at 12-6524-1166

A handwritten signature in black ink, consisting of several overlapping loops and a horizontal line at the bottom.

WITNESSES

Chris Haden
Greenwood County Sheriff

THE STATE OF SOUTH CAROLINA

COUNTY OF GREENWOOD

COURT OF GENERAL SESSIONS

June Term, 2012
Indictment # 12GS24-1166

WARRANT NUMBER

2012GS2401166
DIRECT INDICTMENT

THE STATE

vs.

James Lloyd Carrier

True Bill

[Signature]

Foreman of the Grand Jury

Date: *4/8/12*

INDICTMENT FOR

LEWD ACT
16-15-0140

VERDICT

Guilty

[Signature]

Foreman

126524-1166

THE STATE OF SOUTH CAROLINA

COUNTY OF GREENWOOD

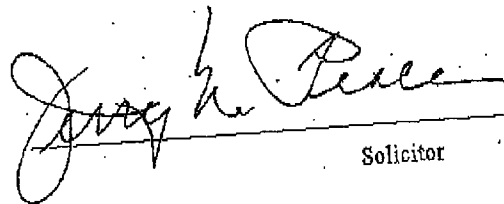
INDICTMENT FOR

LEWD ACT
16-15-0140

At a Court of General Sessions, convened on the 8th day of June, 2012 the Grand Jurors of Greenwood County present upon their oath:

That James Lloyd Carrier, did in Greenwood County, state aforesaid, between the 1st day of January, 1999, and the 31st day of December, 2003, being over the age of fourteen (14) years, the said defendant did unlawfully, willfully and lewdly commit or attempt to commit a lewd or lascivious act upon or with the body, or its parts, of a child under the age of sixteen years, to wit: [REDACTED] n, date of birth: February 11, 1993, with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of the said defendant, or of the said child, [REDACTED], in violation of Section 16-15-140 of the South Carolina Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such cases made and provided.


Solicitor

IN THE COURT OF GENERAL SESSIONS

F SOUTH CAROLINA
 OF Greenwood
 VS.
James Lloyd Carrier
 DAU Sex: M Age: 38
VICTIM SS#: **VICTIM**
 201 Maryland Avenue
 Zip: Honea Path, SC
 007393080 SID#:

INDICTMENT/CASE#: 12GS24-1166
 A/W#: 2012GS2401166
 Date of Offense: 1/1/1999 - 12/31/2003
 S.C. Code § : 16-15-0140
 CDR Code #: 2468

SENTENCE SHEET

is No CMV Yes No Hazmat Yes No CONVICTED OF or PLEADS
 tion of the said indictment comes now the Defendant who was MANDATORY GPS(CSC §17-25-45
 / Lewd Act, committing or attempting lewd act upon child under 16 (June 4, 1
 ion of § 16-15-0140 of the S.C. Code of Laws, bearing CDR Code # 2468
 N-VIOLENT VIOLENT SERIOUS MOST SERIOUS Mandatory GPS(CSC w/minor 1st or Lewd Act)

ge is: As Indicted, Lesser Included Offense, Defendant Waives Presentment to Grand Jury, (defendant's initials)
 is: Without Negotiations or Recommendation, Negotiated Sentence, Recommendation by the State.
 T: Matthew [Signature] 78750 Defendant Attorney for Defendant SC Bar#

BEFORE, the Defendant is committed to the State Department of Corrections, County Detention Center,
 terminate term of 15 days/months/years or under the Youthful Offender Act not to exceed _____ years
 to pay a fine of \$ _____; provided that upon the service of _____ days/months/years and/or payment
 _____; plus costs and assessments as applicable*; the balance is suspended with probation for _____

years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of
 ion, which are incorporated by reference.
 ONCURRENT or CONSECUTIVE to sentence on: _____ § 24-13-40 to be calculated and applied
 he Defendant is to be given credit for time served pursuant to S.C. Code _____
 State Department of Corrections.
 he Defendant is to be placed on the Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

uant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal
 stic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

STITUTION: Deferred Def. Waives Hearing Ordered PTUP _____ days/hours Public Service Employment
 : \$ _____ plus 20% fee: \$ _____
 ent Terms: _____
 get by SCDPPPS _____

ient: _____
 e: _____

| | | |
|---------------------------------------|---------|----|
| -1-206 (Assessments 107.5 %) | \$ | |
| -1-211(A)(1) (Conv. Surcharge) | \$100 | \$ |
| -1-211(A)(2) (DUI Surcharge) | \$100 | \$ |
| 16-5-2995 (DUI Assessment) | \$12 | \$ |
| 16-1-286 (DUI Breath Test) | \$25 | \$ |
| viso 47.9 (Public Def/Prob) | \$500 | \$ |
| 14-1-212 (Law Enforce. Funding) | \$25 | \$ |
| 14-1-213 (Drug Court Surcharge) | \$150 | \$ |
| 50-21-114(BUI Breath Test Fee) | \$50 | \$ |
| 16-5-2942(J) (Vehicle Assessment) | \$40/ea | \$ |
| viso 90.5 (SCCJA Surcharge) | \$5 | \$ |
| 6 to County (if paid in installments) | \$ | \$ |
| TOTAL | \$ | \$ |

Obtain GED
 Attend Voc. Rehab. or Job Corp. _____
 May serve W/E beginning _____
 Substance Abuse Counseling
 Random Drug/Alcohol testing
 Fine may be pd. in equal, consecutive weekly/monthly
 pmts. of \$ _____ beginning _____
 \$ _____ paid to Public Defender Fund
 Other: GPS monitoring
per S.C. Code § 23-3-540.

Appointed PD or appointed other counsel,
 47.12 requires \$500 be paid to Clerk
 during probation.

clerk of Court/ Deputy Clerk [Signature]
 Court Reporter: [Signature]
 CCA/217 (03/2011)

Presiding Judge [Signature]
 Judge Code: 2138
 Sentence Date: 7-18-12