

**RECEIVED**

**JAN 24 2022**

**S.C. SUPREME COURT**

APPENDIX 'A'

# The South Carolina Court of Appeals

Kevin Herriott, #313862, Appellant,

v.

South Carolina Department of Corrections, Respondent.

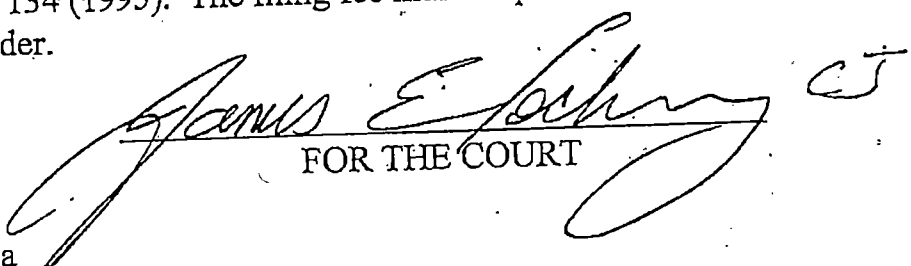
Appellate Case No. 2021-000979

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## ORDER

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The motion to proceed *in forma pauperis* is denied pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995). The filing fee must be paid within fifteen days of the date of this order.

  
FOR THE COURT

Columbia, South Carolina

cc:

Kevin Herriott, 313862

Imani Diane Byas, Esquire

**FILED**

**Oct 18 2021**

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# The South Carolina Court of Appeals

Kevin Herriott, Appellant,

v.

South Carolina Department of Corrections, Respondent.

Appellate Case No. 2021-000979

The Honorable Ralph King Anderson, III  
Trial Court Case No. 2021ALJ040094IJ

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## ORDER

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Appellant has failed to submit the notice of appeal filing fee, as required by Rule 203 of the South Carolina Appellate Court Rules and the Court's Order dated October 18, 2021. Accordingly, this matter is dismissed. The remittitur will be sent as provided by Rule 221(b), SCACR.

FOR THE COURT

BY           *V. Claire Allen*            
CLERK

Columbia, South Carolina

cc:  
Kevin Herriott, #T97826  
Imani Diane Byas, Esquire

**FILED**  
**Nov 12 2021**

# The South Carolina Court of Appeals

Kevin Herriott, Appellant,

v.

South Carolina Department of Corrections, Respondent.

Appellate Case No. 2021-000979

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## ORDER

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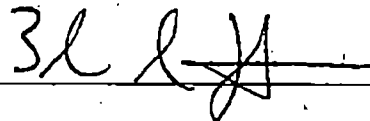
After careful consideration of the petition for rehearing, the Court is unable to discover that any material fact or principle of law has been either overlooked or disregarded, and hence, there is no basis for granting a rehearing. Accordingly, the petition for rehearing is denied.



J.



J.



J.

Columbia, South Carolina

cc:

Kevin Herriott, 313862

Imani Diane Byas, Esquire

**FILED**  
**Dec 29 2021**

APPENDIX 'B'



WARDEN'S DECISION AND REASON:

\_\_\_\_\_  
Warden Signature

\_\_\_\_\_  
Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

\_\_\_\_\_  
Grievant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IGC Signature

\_\_\_\_\_  
Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staff Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answered RTSM must be attached to the grievance when the grievance is filed.
2. Complete each section in its entirety writing only in the space provided for inmate use. No additional pages will be permitted.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form by placing it in the Grievance Box at your institution within eight (8) working days of the date on the RTSM response; policy grievances can be filed at any time. Disciplinary and Classification Review appeals must be submitted within five (5) working days of the hearing/review. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.





**WARDEN'S DECISION AND REASON:**

BRCI-0593-18

You have exceeded all time frames for filing a grievance on this issue. Per Policy GA-01.12 Inmate Grievance System, you had (8) days from date of incident to file grievance. In your grievance you stated that the incident occur in the month of May, 2018. You didn't file a grievance until 07/28/18. Therefore, this grievance is returned unprocessed. *8/9/18 PXL*

\_\_\_\_\_  
Warden Signature

\_\_\_\_\_  
Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

*[Handwritten Signature]*

\_\_\_\_\_  
Grievant Signature

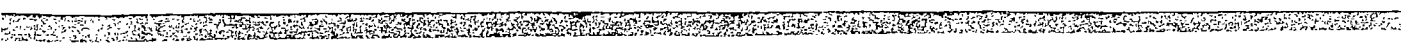
\_\_\_\_\_  
Date

\_\_\_\_\_  
IGC Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staff Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answered RTSM must be attached to the grievance when the grievance is filed.
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5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.



Copy

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

<b>TO: NAME:</b> <i>Ms. Carter</i>	<b>TITLE:</b> <i>Captain</i>	<b>DATE:</b> <i>October 2, 2018</i>
<b>INMATE'S NAME:</b> <i>Kevin E. Herriott</i>		<b>SCDC #:</b> <i>313862</i>
<b>INSTITUTION:</b> <i>Broad River Corr. Inst.</i>		<b>LIVING QUARTERS:</b> <i>R14U</i> <i>Saluda 101</i>

I had talked with you yesterday about my legal and personal property. However, I was told that you could not locate my property and personal effects. I request to receive the names of those officers who had conducted my intake process as a new arrival dated July 27, 2018.

Also, I have left my net bag of legal and personal mailing correspondences, legal court documents, and clothing in front of the holding cell at the ADMIN Building. Would you please return my property.

**DISPOSITION BY STAFF MEMBER:**

**DATE:**

**SIGNATURE:**

Kevin Herritt

#313862 / SALUDA 102

Broad River Correctional Institution

4460 Broad River Road

Columbia, SC 29210

RECEIVED

OCT 30 2018

BRCI  
MAILROOM

October 31, 2018

Clerk of Court

In The Court of General Sessions

Third (3<sup>rd</sup>) Circuit

P.O. Box 387

Bishopville, SC 29010

RE: Kevin Herritt vs. The State

Dear Clerk:

Enclosed please find the original letter in the above-captioned case. Thanks in advance and Have (a) Jesus filled day walking in your blessings!

LEGAL MAIL

Kevin Herritt  
#313862 / SALUDA 102  
Broad River Correctional Institution  
4460 Broad River Road  
Columbia, SC 29210

October 31, 2018

Clerk of Court  
In The Court of General Sessions  
Third (3rd) Judicial Circuit  
P.O. Box 387  
Bishopville, SC 29010

RE: Kevin Herritt vs. The State

Dear Clerk:

This letter is forwarded for the following purpose to receive my case number, indictment(s) numbers, arrest warrant(s) numbers, and to take notice that my property was misplaced while I am inside a(n) secure detention at the above-mentioned facility. I do not have my attorney, E. Thompson Kinney, Esquire contact information nor the discovery that was given unto me (2) Two months prior. I would like a copy of those materials: Rule (5) Pursuant to Brady vs. Maryland. Also, I would like a(n) copy of my preliminary hearing that was conducted in August, 2018. Thank you again for your convenience and apologize not to be a(n) inconvenience to you.

Yours Truly,

*K. Herritt*

Kevin E. Herritt  
#313862 / SALUDA 102  
Broad River Corr Inst  
4460 Broad River Rd  
Columbia, SC 29210

Jennifer Washington  
10-30-18

expires: March 8, 2019

LEGAL MAIL

### Inmate Request - General

Today's Date: 3/18/19 12:59

Name: HERRIOTT, KEVIN  
Booking #: 313862  
Permanent #: 313862

CYP 8-7

Reference #: 18-01109844  
Date Requested: 12/18/18 12:09  
Request Type: Personal Property  
Requested By: Paper Form

Request Details: Requesting property been at Kershaw ci for approx. four weeks I had 2 duffle bags clothes and hygiene and the other legal materials items I paid for debited out my eh cooper account.

Disposition: Complete  
Officer: Cristy Knight  
Disposition Date: 03/11/19 11:08

#### Request Responses

Date	Author	Note
03/11/19. 11:09	c031012	you need to contact your unit counselor in lock-up for this matter



**WARDEN'S DECISION AND REASON:**

07/15 01 9377

\_\_\_\_\_  
Warden Signature

\_\_\_\_\_  
Date

I accept the Warden's decision and consider the matter closed.

I do not accept the Warden's decision and wish to appeal.

\_\_\_\_\_  
Grievant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IGC Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

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2. Complete each section in its entirety writing only in the space provided for inmate use. No additional pages will be permitted.
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5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.

Copy

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

TO: NAME: <i>AW Jones</i>	TITLE: <i>Assoc Warden</i>	DATE: <i>1/7/2020</i>
INMATE'S NAME: <i>Kevin Herriot</i>	SCDC #: <i>313862</i>	LIVING QUARTERS: <i>RHU</i>
INSTITUTION: <i>KCI</i>	(D) Doem cell 60	

I had received my legal documents from Property Control and I am questioning the policy that addresses Prison Officials conduct removing evidence from my legal box and duflle bags without my consent nor authorization of due process of law; unreasonable seizing legal documents from me without my presence being available to explain the material when no incident report was done of contraband if any was found. For the property control personnel Ms/Ms. Hudson violated policy and procedures without any justifiable governmental penological interests.

DISPOSITION BY:

1101

Broad River Correctional Institution  
Crisis Stabilization Unit  
Client Property Inventory

Last Name	First Name	SCDC #	Date Arrived	Date Released
<i>Herriot</i>	<i>Kevin</i>	<i>313862</i>	<i>11-18-19</i>	
Uniform	Pants <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Shirt <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	T-Shirt <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Underwear <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no
Footwear	Boots <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Sneakers <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Crocs <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Socks <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no
Other(s)	ID Card <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Glasses <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Jacket <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	
Client came in Smock	<input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	Jumpsuit <input checked="" type="checkbox"/> yes / <input type="checkbox"/> no	White / <input checked="" type="checkbox"/> Yellow	

Circle yes or no for each item placed in Property bag

Client's Signature: *K. Herriot* Date: *12/4/2019*

DATE:

Copy

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

TO: NAME: Mrs./Ms. James	TITLE: WARDEN	DATE: 1/13/2020
INMATE'S NAME: Kevin Herrhoff	SCDC #: 313862	
INSTITUTION: Kershaw Corr. Inst.	LIVING QUARTERS: RHEE Kirkland C.I. (D) DORM cell 57	

I am asking if Religious material were placed in my property when I was held on RHEE on the following dates.

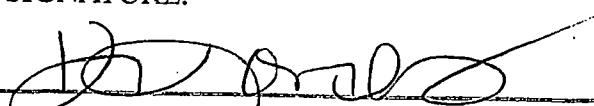
- 2-13-19,
- 3-27-19,
- 5-28-19,
- 5-30-19,
- 7-8-19, &
- 7-9-19.

I would appreciate Mrs./Ms. James if you can respond in a timely fashion. I have a pending dead-line 02-05-2020.  
I Thank-you and Have A Jesus Filled Day.

I am at Kirkland Correctional Institution (D) DORM cell 57

DISPOSITION BY STAFF MEMBER:

Forward to Sgt. Hudson in property  
Sgt. Hudson Please look into this  
matter.

DATE: 1/21/2020	SIGNATURE: 
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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

TO: NAME: Mrs./Ms. Hudson	TITLE: Property Control	DATE: 2/3/2020
INMATE'S NAME: Kevin E. Herriott	SCDC #: 313862	
INSTITUTION: KCI	LIVING QUARTERS: Rtu (D) DORM cell 57	

I am asking to get some assistance Mrs./Ms. Hudson. I was recently given property that consisted of legal material only, but there were also other items that was legal related and evidence such as my 2019 date book calendar, those food menus, internet documents on black mold, sun-light exposure, and Vitamin D were exhibits for my pending case. I would appreciate having those items returned. Thanks!

DISPOSITION BY STAFF MEMBER:

Mr. Herriott,  
You have a copy of your inventory sheet.  
You got all your legal material. The only items that were confiscated were 2 Expire meds, 1 Broad River and Kershaw Library Book, and 1 Blanket.

Thank-you  
A. Hudson

DATE:	SIGNATURE:
-------	------------

BTS  
D-57

date received  
2-21-2020

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 1

RECEIVED

INMATE NAME: <u>Kevin E. Herriott</u>	OFFICE USE ONLY
SCDC NUMBER: <u>#313862</u>	Grievance No. <u>SCC-0196-2020</u>
KIRKLAND REC. INSTITUTION: <u>Kirkland Corr. Inst.</u>	Code: General <u>W.I.S.</u>
HOUSING UNIT: <u>(D) Room cell 57</u>	Policy _____
WORK ASSIGNMENT: <u>Not Applicable</u>	Disc. Hear. _____
	Class. _____
	PREA _____
	Date Received <u>FEB 26 2020</u>
	IGC Initials <u>(KH)</u>

STATEMENT OF GRIEVANCE (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.) On January 07, 2020,

Grievant, above named, informally wrote A/W Jones about the conduct of Ofc. A. Hudson, property control personnel, due to searching my property removing several items from my legal correspondences violating SCDC Policy OP-22.03 in the absence of my presence to at least explain the property and/or effects. On or before, January 30, 2020, I talked with IGC Ms. Hickson by request to resolve the matter informally; also, I talked with Warden Wallace that informed me she will get to the bottom of the complaints. I have two (2) court afixed dead-lines that requiring me to produce the items that were seized unreasonable. I then wrote Ms/Hudson a staff request which responded on 2-21-2020. (see attach) (RTSM). The grievant is pursuing step 1 according to Ms. Hudson response. For Ofc. Hudson confiscated more items than is alleged only giving me Court documents and legal correspondences when several items were not identify as legal material during the search; yet it was seized when in fact they were legal documents for exhibits.

K. E. Herriott 2/24/2020  
Grievant Signature Date

ACTION REQUESTED: To have items returned or write the Courts to explain the adverse conduct of Ofc. Hudson who violated policy and procedure. For it is an illegal practice to seized these items without my presence when I was available.

ACTION TAKEN BY IGC:  PROCESSED  UNPROCESSED  OTHER

See Warden's Decision

J. Hickson 2/26/2020  
IGC Signature Date

(CONTINUE ON REVERSE SIDE)

**WARDEN'S DECISION AND REASON:**

**Inmate Kevin Herriott #313862**

**Grievance No. KCI-0196-20**

I have reviewed your concern. In your grievance you stated that on January 7, 2020 you informed A.W Jones about the conduct of Sgt. Hudson. You stated that your rights were violated according to SCDC Policy OP-22.03 and that you were absent during the search of your property. You stated that you have two court deadlines that require you to have these items that were seized. You stated that Sgt Hudson confiscated more items than she alleged. You stated that Sgt Hudson only gave you court documents and legal correspondences, but several items were not identified as legal material during the search. Furthermore, you stated that your documents were seized when they were legal documents. You requested that your legal items be returned. After reviewing your concerns, the appropriate officials were contacted regarding your concerns. On February 27, 2020 you were escorted to the property control room to receive your missing legal documents.

Therefore, your grievance is resolved.

If you disagree with this Warden's Decision (Decision), you may file an appeal by completing SCDC Inmate Grievance Form 10-5A, provided to you while serving you this Decision, and placing it in the Grievance Box at your local correctional institution within five (5) days of your receipt of this Decision.

Derrie Wallace 3/2/2020  
Warden Signature Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

K. E. Herriott 3/2/2020  
Grievant Signature Date

J. Hudson 3/2/2020  
IGC Signature Date

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

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5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM

DUE: 3/8/2020

STEP 2

INMATE NAME: Kevin E. Herritt  
SCDC NUMBER: 313862  
INSTITUTION: KCI  
HOUSING UNIT: (D) Dorm cell 57  
WORK ASSIGNMENT: N/A

RECEIVED

MAR 06 2020

INMATE GRIEVANCE

Office Use Only  
Grievance No. KCI-0196-20  
Code: General PB/IS  
Policy \_\_\_\_\_  
Disc. Hear. \_\_\_\_\_  
Class. \_\_\_\_\_  
Date Received MAR 05 2020  
IGC Initials (H)

INMATE'S REASON FOR APPEAL (state specific dissatisfaction):

The grievant is dissatisfied with the decision from the Warden when procedures have been violated according to OP-22.03. This Appeal is sought that these practices are prohibited and should be dealt with case by case individually per se. The reason is to ensure that inmates constitutional rights are protected against unreasonable seizures. I do appreciate that I was escorted to property control and was treated with respect. For its not okay to violate policy then attempt to provide a remedy after such custom to which is created to prevent contraband, but policy ensures that there are steps to those means.

Kevin E. Herritt March 3<sup>rd</sup> 2020  
Grievant Signature 3/3/2020 Date

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your concern. In your grievance you alleged that your rights were violated according to SCDC Policy OP-22.03 because you were absent during the search of your property. You alleged you have two court deadlines that require you to have items that were seized. You also stated Sergeant Hudson confiscated more items than she alleged, and she only gave you court documents and legal correspondence, but several items were not identified as legal material during the search. You are requesting your legal items be returned to you. The Warden responded to your concern on March 2, 2020. Every effort is made to ensure an inmate receive his/her authorized property in accordance with OP-22.03, Authorized Inmate Property and Disposition. As indicated in your Step 2, Inmate Grievance Form, you did receive the items you indicated were missing from your property.

Therefore, your grievance is resolved.

You may appeal this decision under the South Carolina Administrative Procedures Act to the South Carolina Administrative Law Court. In order to appeal, you must complete the attached Notice of Appeal Form (Form) and submit it as instructed on the Form within thirty (30) days of receipt.

Debbie Row 3-27-20  
Signature Date

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

\_\_\_\_\_  
Grievant Signature Date  
J. Fisher 4/15/20  
IGC Signature Date

(SEE REVERSE SIDE FOR INSTRUCTIONS)

## INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review.
3. Submit this completed form with your original Step 1 attached, to the Institutional Grievance Coordinator within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

<b>TO: NAME:</b> Ms. Leaves	<b>TITLE:</b> Cpt.	<b>DATE:</b> 7/6/2020
<b>INMATE'S NAME:</b> Mr. Kevin Herrick	<b>SCDC #:</b> 313862	
<b>INSTITUTION:</b> K.C.I.	<b>LIVING QUARTERS:</b> D-Doen CELL # 57	

I am requesting for (2) Towels, (2) socks,  
(2) wash cloths, and (2) med boxes. Thanks!

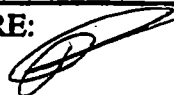
**DISPOSITION BY STAFF MEMBER:**

Write the commissary

**DATE:**

7/6/2020

**SIGNATURE:**



**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

TO: NAME:	TITLE: <i>Commissary</i>	DATE: <i>7/6/2020</i>
INMATE'S NAME: <i>Mr. Kevin Herrdott</i>	SCDC #: <i>313862</i>	
INSTITUTION: <i>K.C.I.</i>	LIVING QUARTERS: <i>D-Dorm</i> <i>CELL #57</i>	


I am requesting for (2) Towels, (2) socks,  
(2) Wash cloths, and (2) medium boxers.

Thanks!

*Exchanged  
on  
7/23/2020*

**DISPOSITION BY STAFF MEMBER:**

Those items will need to be exchanged on  
*7/13/2020.*

DATE: <i>7/8/2020</i>	SIGNATURE: 
--------------------------	--

Trial Date February 18, 2020 -  
Found guilty 20<sup>th</sup> 2020

Appeal : March 23<sup>rd</sup> 2020  
property loss

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE COPY

AUG 06 2020

INMATE GRIEVANCE FORM

STEP 1

KIRKLAND R&E CENTER

INMATE NAME: Kevin E. Herriott  
 SCDC NUMBER: 313862  
 INSTITUTION: K.C.I.  
 HOUSING UNIT: D-57  
 WORK ASSIGNMENT: Not Applicable

OFFICE USE ONLY  
 Grievance No: Sci-0150-20  
 Code: General PRITS  
 Policy \_\_\_\_\_  
 Disc. Hear. \_\_\_\_\_  
 Class. \_\_\_\_\_  
 PREA \_\_\_\_\_  
 Date Received: 8/13/20  
 IGC Initials: [Signature]

STATEMENT OF GRIEVANCE (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.)

I am challenging SCDC Policy OP-22.38 "Restrictive Housing Unit". On 7/28/2020, Sgt. A. Hudson has decided and determine to give above-named grievant all his paper-work, yet not allowing him to be provided with a lock-up bag to which consist of personal property grievant Herriott is entitled to. Such as his radio w/ ear-buds, personal hygiene (1) soap, (1) soap dish, toothpaste, deodorant all of which I am entitled to. I am a mental-health inmate who can have a radio on lock-up for I am not even a lock-up inmate. Also, his personal letters and books he authored. Since arrival at Kirkland Corrections, I never received an opportunity to obtain a lock-up bag and ask for permission.

[Signature] 7/29/2020  
 Grievant Signature Date

ACTION REQUESTED: To receive my personal property as well as my legal property.

ACTION TAKEN BY IGC:  PROCESSED  UNPROCESSED  OTHER

See Warden's Decision

[Signature] 8/13/2020  
 IGC Signature Date

(CONTINUE ON REVERSE SIDE)

**WARDEN'S DECISION AND REASON:**

**Inmate Kevin Herriott #313862**

**Grievance No. KCI-0950-20**

I have reviewed your concern. In your grievance you stated that Sergeant Hudson has decided to give you all your paperwork. You stated that you were not provided with an inmate lock up bag which consist of personal property you are entitled to. You further stated that you are a mental health inmate who can have a radio on lock up. Furthermore, you stated since arriving at Kirkland C.I, you never received an opportunity to obtain a lock up bag. You requested to receive your personal property as well as your legal property. After reviewing your concerns, I found that you were given a lock up bag and all legal material on January 7, 2020. If you have any other property request, please confer with Sergeant Hudson in the property room.

Therefore, your grievance is denied.

If you are not satisfied with my decision, you may file a Step 2 Grievance Appeal by completing SCDC Inmate grievance Form 10-5a, which is provided to you while serving you this Decision, and placing it in the grievance box within five (5) days of your receipt of this decision.

*Terrie Wallace 8-31-2020*

**Warden Signature**

**Date**

I accept the Warden's decision and consider the matter closed.

I do not accept the Warden's decision and wish to appeal.

*K-E Abbott 11/10/2020*

**Grievant Signature**

**Date**

*J. Hickson 9/3/2020*

**IGC Signature**

**Date**

Served by: *[Signature]* 11/10/2020

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staff Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answered RTSM must be attached to the grievance when the grievance is filed.
2. Complete each section in its entirety writing only in the space provided for inmate use. No additional pages will be permitted.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form by placing it in the Grievance Box at your institution within eight (8) working days of the date on the RTSM response; policy grievances can be filed at any time. Disciplinary and Classification Review appeals must be submitted within five (5) working days of the hearing/review. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DUE: 11/16/20

INMATE GRIEVANCE FORM  
STEP 2

Warden's Area

Office Use Only

NOV 13 2020

INMATE GRIEVANCE

INMATE NAME: Keith E. Herriott *2/8/20* NOV 13 2020

SCDC NUMBER: 313862

INSTITUTION: McCormick Corr. Inst

HOUSING UNIT: F5A #33

WORK ASSIGNMENT: Not Applicable

RECEIVED

Grievance No. HCT-0950-20

Code: General PHIS

Policy \_\_\_\_\_

Disc. Hear. \_\_\_\_\_

Class \_\_\_\_\_

PREA \_\_\_\_\_

Date Received: \_\_\_\_\_

IGC Initials: \_\_\_\_\_

Date Received: NOV 13 2020

IGA Initials: [Signature]

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): The grievant Herriott dissatisfaction of the Warden's decision is based on the fact that Mr. Herriott did not get personal property from his property because the documented items were not in Mr. Herriott's duffle bag. On July 6, 2020, Mr. Herriott, did not get (2) towels, (2) socks, (2) wash cloths, and (2) medium boxer unbl 7/23/2020. Since approximately on December 04, 2019, through July 23 2020, Mr. Herriott was without personal property and hygiene. For Warden Walker spoke to Mr. Herriott informing him that he will receive everything from the commissary for which will provide the basic necessities. However, the property that were supposed to be in Mr. Herriott's duffle bag were not there.

Grievant Signature [Signature] Date 11/10/2020

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your concern. In your grievance you state that you received all your paperwork from Sergeant Hudson, but you did not receive a lock up bag containing the personal property you are entitled to. You state as a mental health inmate you are entitled to a radio while on lock up. You are requesting your personal property as well as your legal property. The Warden responded to your concern on August 31, 2020. Agency records does not support your assertion. Documentation provided reveal you are in receipt of both your legal box and locker bag.

Therefore, your grievance is resolved.

You may appeal this decision under the South Carolina Administrative Procedures Act to the South Carolina Administrative Law Court. In order to appeal, you must complete the attached Notice of Appeal Form (Form) and submit it as instructed on the Form within thirty (30) days of receipt.

Responsible Official Signature [Signature] Date 2-26-21

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

IGC Signature [Signature] Date 31 5/21

(SEE REVERSE SIDE FOR INSTRUCTIONS)

## INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review. No additional pages will be permitted.
3. Submit this completed form with your copy of the Step 1 form by placing in the Grievance Box within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DEC 07 2020

INMATE GRIEVANCE FORM

Copy

RECEIVED

FEB 01 2021

STEP 1

INMATE NAME: <u>Kevin A. Herriot</u>	OFFICE USE ONLY
SCDC NUMBER: <u>313862</u>	Grievance No. <u>MCC-001-20</u> KCI-0073-2
INSTITUTION: <u>McCormick Corr Inst</u>	Code: General <u>PR</u> <u>IS</u>
HOUSING UNIT: <u>F5A #054</u>	Policy _____
WORK ASSIGNMENT: <u>None</u>	Disc. Hear. _____
	Class. _____
	PREA _____
	Date Received <u>DEC 07 2020</u>
	IGC Initials <u>[Signature]</u>

STATEMENT OF GRIEVANCE (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.)

The above-named grievant grieves over personal property that was not located upon departure at Kirkland C.I. Once arrival at McCormick at State Wide Protective Custody Major Terri, Cpt. Hefner, and Lieutenant Coates conducted inventory of my personal property on September 1, 2020 upon transferring to McCormick C.I. the only property the grievant had was that inventoried as a(n) new arrival at McCormick on August 28, 2020 dated September 01, 2020. The seal to duffle bag 48551 never was recovered nor duffle bag located at Kirkland prior to transfer. Anyways, that seal differs from 49277 see date 9-18-19. This seal 49277 was the duffle bag the grievant transferred with to Lieber C.I. and never retrieved duffle bag seal number 48551 dated March 4, 2020, to which was the original duffle bag that got packed on May 11, 2018. This duffle Kevin Herriot 12/1/2020  
 bag was never given to me, but the Kevin Herriot 12/1/2020  
 property sheet was mixed up for the one he departed with to McCormick.

ACTION REQUESTED: To get my property or just compensation.

ACTION TAKEN BY IGC:  PROCESSED  UNPROCESSED  OTHER

This grievance has been processed and is being returned as a duplicate to issues raised in KCI 0071-21. Per SCDC Policy GA-01.12 Inmate Grievance System "...Inmates will only be allowed to submit one grievance per incident or circumstance."

[Signature] 2/3/21  
 IGC Signature Date

(CONTINUE ON REVERSE SIDE)

**RECEIVED**

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**

**INMATE GRIEVANCE FORM**

*Copy*

FEB 01 2021

**STEP 1**

ASSOCIATE WARDEN OF PROGRAM: <u>Kevin E. Herriott</u>		OFFICE USE ONLY KC1-00744-5 Grievance No. <u>MC-0150-20</u>
SCDC NUMBER: <u>313862</u>	Warden's Area	
INSTITUTION: <u>McCormick C.I.</u>	NOV 09 2020	Code: General <u>IS</u> / <u>PR</u>
HOUSING UNIT: <u>F5A</u>	<b>RECEIVED</b>	Policy _____
WORK ASSIGNMENT: <u>Not Applicable</u>		Disc. Hear. _____
		Class. _____
		PREA _____
		Date Received <u>NOV 10 2020</u>
		IGC Initials <u>AWH</u>

**STATEMENT OF GRIEVANCE** (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.)  
 see Kiosk reference No.'s: 20-01678949, 20-01744950, 20-01746615

On September 2, 2020, I above-named grievant filed formally requesting for my property, (20-01678949) (Kiosk reference), but there was no reply. On November 01, 2020, I above-named grievant wrote McCormick's personal property (20-01744950) and on November 2, 2020, received response that were inquiring about "do I know where my property is." On November 04, 2020, I was instructed to write a staff request to Kirkland's. (20-01746615) (Kiosk reference).

However, in accordance to SCDC Policy OP-22.03, section 8.4.2. "An inmate's property that is not authorized in any SMU/RHU or MSU will be placed in a duffel bag in the Property Control Room or another secure location... and will be returned to the inmate once s/he has been released from SMU/RHU or MSU."

I, grievant was released from Kirkland's Transitional Unit at Kirkland D-Dormitory an RHU and transferred to McCormick without my property that was sent from Lee Correctional Institution arriving at Kirkland on March 4, 2020. I was then transferred on August 28, 2020, without receiving none of my personal property from duffel bag seal number 0048551. Arriving at McCormick C.I., Kirkland did not forwarded my property and I want my property or just compensation.

Kevin E. Herriott 11/5/2020  
Grievant Signature Date

**ACTION REQUESTED:** To return my property or just compensation. (see OP-22.03, section 7. and grievance procedure GA-01.12).

**ACTION TAKEN BY IGC:**  PROCESSED  UNPROCESSED  OTHER

See Warden's Decision

J. Nelson 2/3/21  
IGC Signature Date

**WARDEN'S DECISION AND REASON:**

**Inmate Kevin Herriott #313862**

**Grievance No. KCI-0071-21**

I have reviewed your concern. In your grievance you stated that you were released from Kirkland's Transitional Unit (RHU) and transferred to McCormick C.I without your property that was sent from Lee C.I on March 4, 2020. You stated that you were transferred on August 28, 2020 without receiving any of your personal property from duffle bag seal number 0048551. You further stated that Kirkland C.I did not forward your property to McCormick C.I. You requested your property or compensation. After a review of your concerns, Kirkland Correctional Institution's property room was contacted. Your property was found at Kirkland C.I and shipped to McCormick C.I on February 4, 2021. If you have any further concerns, please confer with McCormick C.I property staff members.

Therefore, your grievance is upheld.

If you are not satisfied with my decision, you may file a Step 2 Grievance Appeal by completing SCDC Inmate grievance Form 10-5a, which is provided to you while serving you this Decision, and placing it in the grievance box within five (5) days of your receipt of this decision.

Terrie Wallace 2/3/2021

Warden Signature

Date

I accept the Warden's decision and consider the matter closed.

I do not accept the Warden's decision and wish to appeal.

K.E. Herriott 2/18/2021

Grievant Signature

Date

J. Jackson 2/3/2021

IGC Signature

Date

Served By S/MC 2/18/21

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staff Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answered RTSM must be attached to the grievance when the grievance is filed.
2. Complete each section in its entirety writing only in the space provided for inmate use. No additional pages will be permitted.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form by placing it in the Grievance Box at your institution within eight (8) working days of the date on the RTSM response; policy grievances can be filed at any time. Disciplinary and Classification Review appeals must be submitted within five (5) working days of the hearing/review. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.

RECEIVED

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM

FEB 24 2021

STEP 2

Office Use Only

INMATE GRIEVANCE  
INMATE NAME: Kevin E. Herriott

Grievance No. WCT-0071-21

Code: General PRITS

SCDC NUMBER: 313862

Warden's Area

Policy \_\_\_\_\_

Disc. Hear. \_\_\_\_\_

Class \_\_\_\_\_

PREA \_\_\_\_\_

Date Received: \_\_\_\_\_

IGC Initials: \_\_\_\_\_

Date Received: 2/18/21

IGA Initials: 2/24/21

INSTITUTION: McCormick Corr. Inst.

FEB 19 2021

HOUSING UNIT: F5A

RECEIVED

WORK ASSIGNMENT: Not Applicable

INMATE'S REASON FOR APPEAL (state specific dissatisfaction):

On February 17, 2021, I was informed that my property from Mirland C.I., duffle bag seal number 0048551 was forward to McCormick C.I., on February 4, 2021. I am appealing the decision of the Warden because (1) I do not have my property, yet, (2) I haven't done a full inventory inspection of my property to determine items not logged that should have been or what has been recovered, and (3) this matter is not closed. I have been deprived of my property since July 27, 2018.

Grievant Signature K.E. Herriott Date 2/18/2021

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your concern. In your grievance you state you were released from Kirkland's Transitional Unit (RHU) and transferred to McCormick CI without your property that was sent from Lee CI on March 4, 2020. You were transferred on August 28, 2020 without receiving any of your personal property from your duffle bag seal number 0048551. Kirkland did not forward your property to McCormick CI. You request your property or compensation. The Warden responded to your concern on February 3, 2021. Documentation provided reveals a portion of your property was discovered at Kirkland on February 4, 2021. It was shipped to McCormick accordingly. If you are not in receipt of your property you must contact Property Control at McCormick to determine if your current housing assignment allows for the same. You have not shown SCDC Staff have performed their duties inappropriately.

Therefore, your grievance is resolved.

You may appeal this decision under the South Carolina Administrative Procedures Act to the South Carolina Administrative Law Court. In order to appeal, you must complete the attached Notice of Appeal Form (Form) and submit it as instructed on the Form within thirty (30) days of receipt.

Responsible Official Signature Debbie Dean Date 3-4-21

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Grievant Signature K.E. Herriott Date 3/17/2021

IGC Signature [Signature] Date \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review. No additional pages will be permitted.
3. Submit this completed form with your copy of the Step 1 form by placing in the Grievance Box within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

MAR 15 2021

INMATE GRIEVANCE FORM

STEP 1

Office Use Only  
 Grievance No. McCI-2021-21  
 Code: General PR/OP/IS  
 Policy \_\_\_\_\_  
 Disc. Hear. \_\_\_\_\_  
 Class. \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 IGC Initials SW MAR 15 2021

**RECEIVED**  
 INMATE NAME: Kevin E. Herrick  
 SCDC NUMBER: 313862  
 INSTITUTION: FSA #54 / McCormick Corr Inst.  
 HOUSING UNIT: McCormick / #5  
 WORK ASSIGNMENT: None

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy) 21-01895591

Kiosk Reference is dissatisfied with Property Control Officer Mrs. Atkinson at Lee Corrections response. For I was not given my property back from Lee Corrections who were responsible for returning all of my personal equipment ordered from property control. I was removed from FSA 1110 cell to Lee RHH cell 36 North without my property. I was then transferred to Broad River RHH on July 27, 2018, and it was not given to me. Nor was it included inside my property duffle bag once newly arrived at McCI.

ACTION REQUESTED: To receive my personal property or just compensation. see GA-1012, and SCDC Policy OP-22.03. To return my hat, pot, tennis shoes size 11, Andis Trimmers and replacement heads, 5 star boots, alarm clock, and brown casual shoes size 11.

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

On March 09, 2021, I was given instruction from Property Control Officer, Ms. Norman to grieve the incident, due to Property Control Officer, Atkinson at Lee Corrections response.

K. E. Herrick 3/11/2021  
 Grievant Signature Date

ACTION TAKEN BY IGC:

Closed at McCormick C. I.; Forward to Lee County C. I. for processing 03/15/21.

smccu 3/15/21  
 IGC Signature Date

- I accept the action taken by the IGC and consider the matter closed.
- I do not accept the action taken and wish to appeal.

\_\_\_\_\_  
 Grievant Signature Date

---

**WARDEN'S DECISION AND REASON:**

\_\_\_\_\_  
Warden Signature                      Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

\_\_\_\_\_  
Grievant Signature                      Date

\_\_\_\_\_  
IGC Signature                              Date

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**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

Warden's Area

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

MAR 15 2021

INMATE GRIEVANCE FORM

STEP 1

LeeCI 0164-2

**RECEIVED**  
 INMATE NAME: Erwin E. Herrick  
 SCDC NUMBER: 313862  
 INSTITUTION: FSA #54 / McCormick Corr Inst  
 HOUSING UNIT: McCormick / F5 MAR 19 2021  
 WORK ASSIGNMENT: None

Office Use Only  
 Grievance No. MCCT-0064-21  
 Code: General PR / SP IS  
 Policy \_\_\_\_\_  
 Disc. Hear. \_\_\_\_\_  
 Class. \_\_\_\_\_  
 Date Received MAR 15 2021  
 IGC Initials SM

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy) 21-01895591

Kiosk Reference is dissatisfied with Property Control officer Mrs. Atkinson at Lee Corrections response. For I was not given my property back from Lee Corrections who were responsible for returning all of my personal equipment ordered from property control. I was removed from FSA 1110 cell to Lee RHH cell 36 North without my property. I was then transferred to Broad River RHH on July 27, 2018, and it was not given to me. Nor was it included inside my property duffle bag once I newly arrived at MCCT.

ACTION REQUESTED: To receive my personal property or just compensation. see GA-1012, and SCDC Policy OP-22.03. To return my hot pot, tennis shoes size 11, Andis Trimmers and replacement heads, 5 star boots, alarm clock, and brown casual shoes size 11.

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

On March 09, 2021, I was given instruction from Property Control Officer, Ms. Norman to grieve the incident, due to Property Control Officer, Atkinson at Lee Corrections response.

J. E. Herrick 3/11/2021  
 Grievant Signature Date

ACTION TAKEN BY IGC:

Closed at McCormick C. I.; Forward to Lee County C. I. for processing 03/15/21.

See Warden's response on reverse side.

Smca 3/15/21  
 IGC Signature Date

- I accept the action taken by the IGC and consider the matter closed.
- I do not accept the action taken and wish to appeal.

\_\_\_\_\_  
 Grievant Signature Date



Step 2 due: 4/20/21

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM  
STEP 2

Office Use Only

INMATE NAME: Kevin E. Herrick  
SCDC NUMBER: 313862  
INSTITUTION: McCormick Corr. Inst.  
HOUSING UNIT: FSA#96  
WORK ASSIGNMENT: None

Grievance No: Lee CI-0104-21  
Code: General PR/IS  
Policy \_\_\_\_\_  
Disc. Hear. \_\_\_\_\_  
Class \_\_\_\_\_  
PREA \_\_\_\_\_  
Date Received: APR 16 2021  
IGC Initials: SH  
Date Received: 4/19/21  
IGA Initials: BW

RECEIVED  
APR 19 2021  
INMATE GRIEVANCE

INMATE'S REASON FOR APPEAL (state specific dissatisfaction):

I am dissatisfied with the Warden's decision based on the following facts: I had ordered personal equipment and property from Lieber Corrections Canteen and McCormick Corrections Canteen. I was then transferred to Lee Corrections. On May 10, 2018, I was deprived of my personal property. Lee Correctional staff were responsible for packing all of my belongings inside a duffel bag due to the fact I was escorted to Lee CI. That did not happen. Lee staff failed to pack my hot pot, bronzer, shoes, radio, wear buds, Andis trimmers, boots, alarm clock & etc.

Grievant Signature J. E. Herrick Date 4/14/2021

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your concern. In your grievance you stated that your property was not transferred to you from Lee Correctional Institution (LeeCI) on July 27, 2018. You state that LeeCI was responsible for returning your personal equipment and when you checked your property duffel bag none of the missing property was there. You have requested that your personal property be returned to you or that you be compensated for the missing items. Be advised that you have exceeded the established timeframe for filing a grievance on this issue of missing property. Furthermore, informal resolution should have been attempted within 8 days of discovery of the missing property. Pursuant to SCDC Policy OP-22.03 Authorized Inmate Property and Disposition of Unauthorized Property, "The Inmate Grievance System (see SCDC Policy/Procedure GA-01.12, "Inmate Grievance System") may be used for the resolution of all property claims. If deemed appropriate, items will be replaced with like state items or an inmate's account will be credited with the amount necessary to purchase the item in the canteen." You have not shown that SCDC staff contributed to the loss of your personal property. You are advised to follow SCDC rules, policies, and procedures so that you will not be separated from your personal property by being placed in restrictive living quarters.

Therefore, your grievance is denied.

You may appeal this decision under the South Carolina Administrative Procedures Act to the South Carolina Administrative Law Court. In order to appeal, you must complete the attached Notice of Appeal Form (Form) and submit it as instructed on the Form within thirty (30) days of receipt.

Responsible Official Signature Randall J. Webb Date 4/27/21

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Grievant Signature J. E. Herrick Date 5/6/21

IGC Signature [Signature] Date 5/6/21

## INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review. No additional pages will be permitted.
3. Submit this completed form with your copy of the Step 1 form by placing in the Grievance Box within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.

APPENDIX 'C'

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number 0203304

6-8-18

LEE

Date 6/11/18 Institution/Center Lee K

SCDC Number 313802 Name (Last) Hemphill (First) \_\_\_\_\_ (Middle I.) \_\_\_\_\_

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  
 Property taken prior to institutional transfer  
 Other (explain) \_\_\_\_\_
- Prior to being placed in lockup  
 Directed by the Warden/Designee

**Other Property**

- Drivers License# and State N/A  
 Social Security Card N/A  
 Medical Card(s) (list) N/A
- Credit Card(s) \_\_\_\_\_  
 Others (list) \_\_\_\_\_

**CONFISCATED CONTRABAND ITEMS (List each)**

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
Typewriter (1)					
Fan (1)					
Ice Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |  |  |   |
|--|--|---|
| <u>1</u> Bathrobe* (1)                               | <u>8</u> Maternity** (4)                       | <u>0</u> Shorts (athletic) (1)          |
| <u>3</u> Spork (3)                                   | <u>8</u> Mesh bag (1)                          | <u>1</u> Skirts** (1)                   |
| <u>1</u> Books/Magazines/Bible/Koran (10)            | <u>1</u> Necklace (1 religious)                | <u>1</u> Socks (white only) (7)         |
| <u>6</u> Bras** (7)                                  | <u>6</u> Nightshirts** (2)                     | <u>1</u> Sunglasses (1)                 |
| <u>8</u> Brush (plastic or rubber) (1)               | <u>1</u> Pants (state issue and personal) (4)  | <u>0</u> Thermal underwear (3)          |
| <u>1</u> Cap (1)                                     | <u>8</u> Pantyhose**/knee-hi's** (up to 7)     | <u>1</u> Toboggan Hat (1)               |
| <u>1</u> Comb (plastic) (1)                          | <u>4</u> Personal Hygiene Items                | <u>2</u> Towels (3)                     |
| <u>7</u> Cosmetics**                                 | <u>1</u> Pictures (10)                         | <u>0</u> Tumbler (plastic) (1)          |
| <u>1</u> Cup (plastic) (1)                           | <u>6</u> Pillowcases (1)                       | <u>6</u> Undershirts (7)                |
| <u>1</u> Doo-rag (1)                                 | <u>1</u> Playing cards deck (1)                | <u>1</u> Boxer (7) or Panties** (7)     |
| <u>1</u> Footwear (work boots/shoes, tennis, shower) | <u>8</u> Rainwear (orange, clear) 1 each       | <u>2</u> Washcloths (3)                 |
| <u>1</u> Gloves (work and other) (1 each)            | <u>1</u> Ring (1 wedding band)                 | <u>8</u> Watch                          |
| <u>1</u> Half-slip** (1)                             | <u>2</u> Sheets (2)                            | <u>6</u> White handkerchiefs (6)        |
| <u>1</u> Headset (1)                                 | <u>1</u> Shirts (state issue and personal) (4) | <u>3</u> Writing/legal material (1 box) |
| <u>1</u> Jacket (1)                                  |  |   |

\*Females and special needs/geriatric only  
 \*\*Female Only

Other Blanket, 3 pairs of shoes, 5 book pads, 3 deodorant, 3 ink pens

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.  
 DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.  
 DATE 6/18/18 INVENTORY OFFICER'S SIGNATURE Jc Boone

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.  
 DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.  
 DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number 1049277

9-18-19 Date HEARST Institution/Center LEVIN  
00317202 SCDC Number Name (Last) (First) (Middle I.)

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  Prior to being placed in lockup  
 Property taken prior to institutional transfer  Directed by the Warden/Designee  
 Other (explain) \_\_\_\_\_

**Other Property**

- Drivers License# and State \_\_\_\_\_  Credit Card(s) \_\_\_\_\_  
 Social Security Card \_\_\_\_\_  Others (list) \_\_\_\_\_  
 Medical Card(s) (list) NA

CONFISCATED CONTRABAND ITEMS (List each) \_\_\_\_\_

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
Typewriter (1)					
Fan (1)					
Ice Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |  |  |  |
|--|--|--|
| <u>1</u> Bathrobe* (1)                               | <u>2</u> Maternity** (4)                       | <u>1</u> Shorts (athletic) (1)           |
| <u>3</u> Spork (3)                                   | <u>1</u> Mesh bag (1)                          | <u>1</u> Skirts** (1)                    |
| <u>10</u> Books/Magazines/Bible/Koran (10)           | <u>1</u> Necklace (1 religious)                | <u>7</u> Socks (white only) (7)          |
| <u>7</u> Bras** (7)                                  | <u>2</u> Nightshirts** (2)                     | <u>1</u> Sunglasses (1)                  |
| <u>1</u> Brush (plastic or rubber) (1)               | <u>4</u> Pants (state issue and personal) (4)  | <u>1</u> Thermal underwear (3)           |
| <u>1</u> Cap (1)                                     | <u>1</u> Pantyhose**/knee-hi's** (up to 7)     | <u>1</u> Toboggan Hat (1)                |
| <u>1</u> Comb (plastic) (1)                          | <u>20</u> Personal Hygiene Items               | <u>3</u> Towels (3)                      |
| <u>1</u> Cosmetics**                                 | <u>10</u> Pictures (10)                        | <u>1</u> Tumbler (plastic) (1)           |
| <u>1</u> Cup (plastic) (1)                           | <u>1</u> Pillowcases (1)                       | <u>7</u> Undershirts (7)                 |
| <u>1</u> Doo-rag (1)                                 | <u>1</u> Playing cards deck (1)                | <u>7</u> Boxer (7) or Panties** (7)      |
| <u>1</u> Footwear (work boots/shoes, tennis, shower) | <u>1</u> Rainwear (orange, clear) 1 each       | <u>3</u> Washcloths (3)                  |
| <u>1</u> Gloves (work and other) (1 each)            | <u>1</u> Ring (1 wedding band)                 | <u>1</u> Watch                           |
| <u>1</u> Half-slip** (1)                             | <u>2</u> Sheets (2)                            | <u>6</u> White handkerchiefs (6)         |
| <u>1</u> Headset (1)                                 | <u>4</u> Shirts (state issue and personal) (4) | <u>12</u> Writing/legal material (1 box) |
| <u>1</u> Jacket (1)                                  |  |  |

\*Females and special needs/geriatric only  
 \*\*Female Only

Other \_\_\_\_\_

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE 9-18-19 INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**White:** Institution Property Control Officer      **Yellow:** Receiving Institution's Property Control Officer (inmate transfer)      **Pink:** Inmate

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
LIEBER CORRECTIONAL INSTITUTION  
RESTRICTED HOUSING UNIT PROPERTY INVENTORY**

**INMATES NAME:** Herriott, Kevin **SCDC #** 313862

AUTHORIZED ITEMS	AUTHORIZED AMOUNT	ACTUAL	OFC'S INITIALS
LAUNDRY BAG	1	0	TJ
BLANKET	1	1	TJ
SHEETS	2	0	TJ
PILLOW	1	0	TJ
PILLOW CASE	1	0	TJ
WHITE TOWEL	1	0	TJ
WHITE WASH CLOTH	1	0	TJ
UNDERWEAR BOXERS	2 INCLUDING WHAT I/M HAS ON	0	TJ
SOCKS	2 INCLUDING WHAT I/M HAS ON	0	TJ
CROCKS (ONLY FOOTWEAR NEEDED)	1	0	TJ
TENNIS SHOES (IF NO CROCKS)	1	0	TJ
SHOWER SHOES (IF NO CROCKS)	1	0	TJ
PLASTIC CUP	1	0	TJ
PLASTIC SPOON	1	1	TJ
PERSONAL LETTERS	10	0	TJ
PICTURES	3 (I/Ms PICK IF AVAILABLE)	0	TJ
RELIGIOUS MATERIAL (BIBLE OR QURAN, PRAYER RUG)	1 EACH	0	TJ
HYGIENE (TOOTHBRUSH, TOOTHPASTE, TOILETPAPER, DEODORANT, COMB, SOAP)	1 EACH	5	TJ
MEDICATIONS	TURN INTO MEDICAL	0	TJ
AGENCY ID	TURN INTO MAIN CONTROL	0	TJ
<b>ALL LEGAL MATERIAL BOX</b> (15"X12"X10") ENSURE ALL LEGAL PAPERS GO	1	0	TJ
PHD FORM (19-67) ISSUED	1	0	TJ
COPY OF THIS INVENTORY	1	0	TJ
COPY OF MAIN INVENTORY (PINK)	1	0	TJ

NOTE: INMATES ON CRISIS INTERVENTION ARE ONLY AUTHORIZED PROPERTY IN ACCORDANCE TO POLICY HS 19.01  
 \*\*LEGAL BOX WILL ONLY CONTAIN LEGAL MATERIAL \*\* ALL LEGAL MATERIAL GOES WITH INMATE  
 T-SHIRT AND JACKET ARE NOT AUTHORIZED ON RHU

INMATES SIGNATURE AND PRINTED NAME	DATE	
<u>Kevin Herriott</u>	<u>9/18/19</u>	
INVENTORY OFFICER'S SIGNATURE AND PRINTED NAME	OFFICER'S EMPLOYEE #	DATE
<u>A. Matthews</u>	<u>L 059005</u>	<u>9-18-19</u>
INVENTORY OFFICER'S SIGNATURE AND PRINTED NAME	OFFICER'S EMPLOYEE #	DATE
<u>A. Matthews</u>	<u>L 054414</u>	<u>9-18-19</u>

\*\* 2ND OFFICER IF INMATE IS NOT PRESENT

\*\* COMPLETED FORM MUST BE TURNED INTO PROPERTY CONTROL OFFICER \*\*

ORIGINAL - PROPERTY CONTROL

COPY - INMATE

REVISED OCTOBER 2015

4732

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY

Seal Number \_\_\_\_\_

9-18-19

Lichter (Overell)

313562

Date

HICINOTT

Institution/Center

KC112

SCDC Number

Name (Last)

(First)

(Middle I.)

Purpose of Inventory (Check One)

- Arrival at R&E Center
- Property taken prior to institutional transfer
- Other (explain) Initial arrival from cell
- Prior to being placed in lockup
- Directed by the Warden/Designee

Other Property

- Drivers License# and State \_\_\_\_\_
- Social Security Card \_\_\_\_\_
- Medical Card(s) (list) \_\_\_\_\_
- Credit Card(s) \_\_\_\_\_
- Others (list) \_\_\_\_\_

CONFISCATED CONTRABAND ITEMS (List each) \_\_\_\_\_

PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)	/	/	/	/	/
Radio (1)	/	/	/	/	/
Typewriter (1)	/	/	/	/	/
Fan (1)	/	/	/	/	/
Ice Chest (1)	/	/	/	/	/
Lamp (1)	/	/	/	/	/
Curling Iron (1)	/	/	/	/	/
Clock (1)	/	/	/	/	/
Electric Shaver (1)	/	/	/	/	/
Coffee Pot (1)	/	/	/	/	/
Hair Dryer (1)	/	/	/	/	/
Single Outlet Dropcord (1)	/	/	/	/	/

OTHER PROPERTY (LIST QUANTITY OF EACH)

- |  |  |   |
|--|--|---|
| <u>1</u> Bathrobe* (1)                                       | <u>4</u> Maternity** (4)                       | <u>1</u> Shorts (athletic) (1)                      |
| <u>3</u> Spork (3)   | <u>1</u> Mesh bag (1)                          | <u>1</u> Skirts** (1)                               |
| <u>10</u> Books/Magazines/Bible/Koran (10)                   | <u>1</u> Necklace (1 religious)                | <u>7</u> Socks (white only) (7)                     |
| <u>7</u> Bras** (7)  | <u>2</u> Nightshirts** (2)                     | <u>1</u> Sunglasses (1)                             |
| <u>1</u> Brush (plastic or rubber) (1)                       | <u>4</u> Pants (state issue and personal) (4)  | <u>3</u> Thermal underwear (3)                      |
| <u>1</u> Cap (1)   | <u>7</u> Pantyhose**/knee-hi's** (up to 7)     | <u>1</u> Toboggan Hat (1)                           |
| <u>1</u> Comb (plastic) (1)                                  | <u>16</u> Personal Hygiene Items               | <u>3</u> Towels (3)                                 |
| <u>1</u> Cosmetics**   | <u>10</u> Pictures (10)                        | <u>1</u> Tumbler (plastic) (1)                      |
| <u>1</u> Cup (plastic) (1)                                   | <u>1</u> Pillowcases (1)                       | <u>7</u> Undershirts (7)                            |
| <u>1</u> Doo-rag (1)   | <u>1</u> Playing cards deck (1)                | <u>7</u> Boxer (7) or Panties** (7)                 |
| <u>1</u> Footwear (work boots/shoes, tennis, <u>shower</u> ) | <u>1</u> Rainwear (orange, clear) 1 each       | <u>3</u> Washcloths (3)                             |
| <u>1</u> Gloves (work and other) (1 each)                    | <u>1</u> Ring (1 wedding band)                 | <u>1</u> Watch                                      |
| <u>1</u> Half-slip** (1)                                     | <u>2</u> Sheets (2)                            | <u>6</u> White handkerchiefs (6)                    |
| <u>1</u> Headset (1)   | <u>4</u> Shirts (state issue and personal) (4) | <u>2</u> Writing/legal material (1 box) <u>2019</u> |
| <u>1</u> Jacket (1)  |  |   |

\*Females and special needs/geriatric only  
\*\*Female Only

Other \_\_\_\_\_

INMATE - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE 9/18/19 INMATE'S SIGNATURE \_\_\_\_\_

INVENTORY OFFICER - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE 9/18/19 INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

RECEIPT - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

WITNESS - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

White: Institution Property Control Officer

Yellow: Receiving Institution's Property Control Officer (inmate transfer)

Pink: Inmate

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number \_\_\_\_\_

July 28, 2020

Kirkland R.E

Date  
313862

Institution/Center  
Hernott

Kevin

SCDC Number

Name (Last)

(First)

(Middle I.)

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  Prior to being placed in lockup  
 Property taken prior to institutional transfer  Directed by the Warden/Designee  
 Other (explain) Seal Broken per Offender Kirkland request

**Other Property**

- Drivers License# and State \_\_\_\_\_  Credit Card(s) \_\_\_\_\_  
 Social Security Card \_\_\_\_\_  Others (list) \_\_\_\_\_  
 Medical Card(s) (list) \_\_\_\_\_

CONFISCATED CONTRABAND ITEMS (List each) \_\_\_\_\_

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
Typewriter (1)					
Fan (1)					
Ice Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Bathrobe* (1)                               | <input checked="" type="checkbox"/> Maternity** (4)                       | <input checked="" type="checkbox"/> Shorts (athletic) (1)          |
| <input checked="" type="checkbox"/> Spork (3)                                   | <input checked="" type="checkbox"/> Mesh bag (1)                          | <input checked="" type="checkbox"/> Skirts** (1)                   |
| <input checked="" type="checkbox"/> Books/Magazines/Bible/Koran (10)            | <input checked="" type="checkbox"/> Necklace (1 religious)                | <input checked="" type="checkbox"/> Socks (white only) (7)         |
| <input checked="" type="checkbox"/> Bras** (7)                                  | <input checked="" type="checkbox"/> Nightshirts** (2)                     | <input checked="" type="checkbox"/> Sunglasses (1)                 |
| <input checked="" type="checkbox"/> Brush (plastic or rubber) (1)               | <input checked="" type="checkbox"/> Pants (state issue and personal) (4)  | <input checked="" type="checkbox"/> Thermal underwear (3)          |
| <input checked="" type="checkbox"/> Cap (1)                                     | <input checked="" type="checkbox"/> Pantyhose**/knee-hi's** (up to 7)     | <input checked="" type="checkbox"/> Toboggan Hat (1)               |
| <input checked="" type="checkbox"/> Comb (plastic) (1)                          | <input checked="" type="checkbox"/> Personal Hygiene Items                | <input checked="" type="checkbox"/> Towels (3)                     |
| <input checked="" type="checkbox"/> Cosmetics**                                 | <input checked="" type="checkbox"/> Pictures (10)                         | <input checked="" type="checkbox"/> Tumbler (plastic) (1)          |
| <input checked="" type="checkbox"/> Cup (plastic) (1)                           | <input checked="" type="checkbox"/> Pillowcases (1)                       | <input checked="" type="checkbox"/> Undershirts (7)                |
| <input checked="" type="checkbox"/> Doo-rag (1)                                 | <input checked="" type="checkbox"/> Playing cards deck (1)                | <input checked="" type="checkbox"/> Boxer (7) or Panties** (7)     |
| <input checked="" type="checkbox"/> Footwear (work boots/shoes, tennis, shower) | <input checked="" type="checkbox"/> Rainwear (orange, clear) 1 each       | <input checked="" type="checkbox"/> Washcloths (3)                 |
| <input checked="" type="checkbox"/> Gloves (work and other) (1 each)            | <input checked="" type="checkbox"/> Ring (1 wedding band)                 | <input checked="" type="checkbox"/> Watch                          |
| <input checked="" type="checkbox"/> Half-slip** (1)                             | <input checked="" type="checkbox"/> Sheets (2)                            | <input checked="" type="checkbox"/> White handkerchiefs (6)        |
| <input checked="" type="checkbox"/> Headset (1)                                 | <input checked="" type="checkbox"/> Shirts (state issue and personal) (4) | <input checked="" type="checkbox"/> Writing/legal material (1 box) |
| <input checked="" type="checkbox"/> Jacket (1)                                  |   |  |

\*Females and special needs/geriatric only  
\*\*Female Only

Other \_\_\_\_\_

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE July 28, 2020 INMATE'S SIGNATURE [Signature]

WITNESSING OFFICER'S SIGNATURE [Signature]

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE July 28, 2020 INVENTORY OFFICER'S SIGNATURE [Signature]

WITNESSING OFFICER'S SIGNATURE [Signature]

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number 0048551

March 4, 2020

Kim Lee R L

Date  
3/3/20

Institution/Center  
Hermit

SCDC Number

Name (Last)

(First)

(Middle I.)

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  
 Property taken prior to institutional transfer  
 Other (explain) Property from Lee  
 Prior to being placed in lockup  
 Directed by the Warden/Designee

**Other Property**

- Drivers License# and State \_\_\_\_\_  
 Social Security Card \_\_\_\_\_  
 Medical Card(s) (list) \_\_\_\_\_  
 Credit Card(s) \_\_\_\_\_  
 Others (list) \_\_\_\_\_

CONFISCATED CONTRABAND ITEMS (List each) Imesh

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
Typewriter (1)					
Fan (1)					
Ice Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |  |  |   |
|--|--|---|
| <u>0</u> Bathrobe* (1)                               | <u>0</u> Maternity** (4)                       | <u>10</u> Shorts (athletic) (1)           |
| <u>0</u> Spork (3)                                   | <u>0</u> Mesh bag (1)                          | <u>10</u> Skirts** (1)                    |
| <u>9</u> Books/Magazines/Bible/Koran (10)            | <u>0</u> Necklace (1 religious)                | <u>7</u> Socks (white only) (7)           |
| <u>0</u> Bras** (7)                                  | <u>0</u> Nightshirts** (2)                     | <u>6</u> Sunglasses (1)                   |
| <u>0</u> Brush (plastic or rubber) (1)               | <u>0</u> Pants (state issue and personal) (4)  | <u>140P</u> Thermal underwear (3)         |
| <u>0</u> Cap (1)                                     | <u>0</u> Pantyhose**/knee-hi's** (up to 7)     | <u>0</u> Toboggan Hat (1)                 |
| <u>0</u> Comb (plastic) (1)                          | <u>0</u> Personal Hygiene Items                | <u>3</u> Towels (3)                       |
| <u>0</u> Cosmetics**                                 | <u>100</u> Pictures (10)                       | <u>0</u> Tumbler (plastic) (1)            |
| <u>0</u> Cup (plastic) (1)                           | <u>1</u> Pillowcases (1)                       | <u>1</u> Undershirts (7)                  |
| <u>1</u> Doo-rag (1)                                 | <u>1</u> Playing cards deck (1)                | <u>5</u> Boxer (7) or Panties** (7)       |
| <u>0</u> Footwear (work boots/shoes, tennis, shower) | <u>0</u> Rainwear (orange, clear) 1 each       | <u>3</u> Washcloths (3)                   |
| <u>0</u> Gloves (work and other) (1 each)            | <u>0</u> Ring (1 wedding band)                 | <u>0</u> Watch                            |
| <u>0</u> Half-slip** (1)                             | <u>0</u> Sheets (2)                            | <u>0</u> White handkerchiefs (6)          |
| <u>0</u> Headset (1)                                 | <u>0</u> Shirts (state issue and personal) (4) | <u>100</u> Writing/legal material (1 box) |
| <u>0</u> Jacket (1)                                  |  |   |

\*Females and special needs/geriatric only  
 \*\*Female Only

Other 2 Prisoner Bags, 2 Prisoner Mats

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE 3/25/2020 INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE A. Hudson

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE March 4, 2020 INVENTORY OFFICER'S SIGNATURE A. Hudson

WITNESSING OFFICER'S SIGNATURE T. Walker

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number \_\_\_\_\_

07-01-20  
Date \_\_\_\_\_ Institution/Center \_\_\_\_\_  
3175 SCDL Number \_\_\_\_\_ Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle I.) \_\_\_\_\_

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  
 Property taken prior to institutional transfer  
 Other (explain) WPT (NOW)  
 Prior to being placed in lockup  
 Directed by the Warden/Designee

**Other Property**

- Drivers License# and State \_\_\_\_\_  
 Social Security Card \_\_\_\_\_  
 Medical Card(s) (list) \_\_\_\_\_  
 Credit Card(s) \_\_\_\_\_  
 Others (list) \_\_\_\_\_

CONFISCATED CONTRABAND ITEMS (List each) \_\_\_\_\_

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)	/	/	/	/	/
Radio (1)	/	/	/	/	/
Typewriter (1)	/	/	/	/	/
Fan (1)	/	/	/	/	/
Ice Chest (1)	/	/	/	/	/
Lamp (1)	/	/	/	/	/
Curling Iron (1)	/	/	/	/	/
Clock (1)	/	/	/	/	/
Electric Shaver (1)	/	/	/	/	/
Coffee Pot (1)	/	/	/	/	/
Hair Dryer (1)	/	/	/	/	/
Single Outlet Dropcord (1)	/	/	/	/	/

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |  |  |   |
|--|--|---|
| <u>0</u> Bathrobe* (1)                               | <u>0</u> Maternity** (4)                       | <u>1</u> Shorts (athletic) (1)          |
| <u>1</u> Spork (3)                                   | <u>0</u> Mesh bag (1)                          | <u>0</u> Skirts** (1)                   |
| <u>11</u> Books/Magazines/Bible/Koran (10)           | <u>0</u> Necklace (1 religious)                | <u>1</u> Socks (white only) (7)         |
| <u>0</u> Bras** (7)                                  | <u>0</u> Nightshirts** (2)                     | <u>0</u> Sunglasses (1)                 |
| <u>0</u> Brush (plastic or rubber) (1)               | <u>3</u> Pants (state issue and personal) (4)  | <u>0</u> Thermal underwear (3)          |
| <u>0</u> Cap (1)                                     | <u>0</u> Pantyhose**/knee-hi's** (up to 7)     | <u>0</u> Toboggan Hat (1)               |
| <u>0</u> Comb (plastic) (1)                          | <u>34</u> Personal Hygiene Items               | <u>3</u> Towels (3)                     |
| <u>0</u> Cosmetics**                                 | <u>0</u> Pictures (10)                         | <u>0</u> Tumbler (plastic) (1)          |
| <u>1</u> Cup (plastic) (1)                           | <u>1</u> Pillowcases (1)                       | <u>1</u> Undershirts (7)                |
| <u>1</u> Doo-rag (1)                                 | <u>0</u> Playing cards deck (1)                | <u>1</u> Boxer (7) or Panties** (7)     |
| <u>0</u> Footwear (work boots/shoes, tennis, shower) | <u>0</u> Rainwear (orange, clear) 1 each       | <u>3</u> Washcloths (3)                 |
| <u>0</u> Gloves (work and other) (1 each)            | <u>0</u> Ring (1 wedding band)                 | <u>0</u> Watch                          |
| <u>0</u> Half-slip** (1)                             | <u>2</u> Sheets (2)                            | <u>0</u> White handkerchiefs (6)        |
| <u>1</u> Headset (1)                                 | <u>3</u> Shirts (state issue and personal) (4) | <u>1</u> Writing/legal material (1 box) |
| <u>1</u> Jacket (1)                                  |  |   |

\*Females and special needs/geriatric only  
 \*\*Female Only

Other loose items

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE 7/01/2020 INMATE'S SIGNATURE \_\_\_\_\_

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE 07-01-20 INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE PROPERTY INVENTORY**

Seal Number \_\_\_\_\_

2-22-2021  
Date  
3138102  
SCDC Number

McCormick  
Institution/Center  
Herriott Kevin  
Name (Last) (First) (Middle I.)

**Purpose of Inventory (Check One)**

- Arrival at R&E Center  
 Property taken prior to institutional transfer  
 Other (explain) New Arrival  
 Prior to being placed in lockup  
 Directed by the Warden/Designee

**Other Property**

- Drivers License# and State \_\_\_\_\_  
 Social Security Card \_\_\_\_\_  
 Medical Card(s)-(list) \_\_\_\_\_  
 Credit Card(s) \_\_\_\_\_  
 Others (list) Property owned in state

CONFISCATED CONTRABAND ITEMS (List each) \_\_\_\_\_

**PERSONAL/CANTEEN ITEMS (LIST ALL AVAILABLE INFORMATION)**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Television (1)					
Radio (1)					
Typewriter (1)					
Fan (1)					
Ice Chest (1)					
Lamp (1)					
Curling Iron (1)					
Clock (1)					
Electric Shaver (1)					
Coffee Pot (1)					
Hair Dryer (1)					
Single Outlet Dropcord (1)					

**OTHER PROPERTY (LIST QUANTITY OF EACH)**

- |  |  |   |
|--|--|---|
| <u>0</u> Bathrobe* (1)                               | <u>0</u> Maternity** (4)                       | <u>0</u> Shorts (athletic) (1)          |
| <u>0</u> Spork (3)                                   | <u>0</u> Mesh bag (1)                          | <u>0</u> Skirts** (1)                   |
| <u>7</u> Books/Magazines/Bible/Koran (10)            | <u>0</u> Necklace (1 religious)                | <u>7</u> Socks (white only) (7)         |
| <u>0</u> Bras** (7)                                  | <u>0</u> Nightshirts** (2)                     | <u>0</u> Sunglasses (1)                 |
| <u>0</u> Brush (plastic or rubber) (1)               | <u>0</u> Pants (state issue and personal) (4)  | <u>1</u> Thermal underwear (3)          |
| <u>0</u> Cap (1)                                     | <u>0</u> Pantyhose**/knee-hi's** (up to 7)     | <u>0</u> Toboggan Hat (1)               |
| <u>0</u> Comb (plastic) (1)                          | <u>0</u> Personal Hygiene Items                | <u>3</u> Towels (3)                     |
| <u>0</u> Cosmetics**                                 | <u>10</u> Pictures (10)                        | <u>0</u> Tumbler (plastic) (1)          |
| <u>0</u> Cup (plastic) (1)                           | <u>1</u> Pillowcases (1)                       | <u>1</u> Undershirts (7)                |
| <u>1</u> Doo-rag (1)                                 | <u>0</u> Playing cards deck (1)                | <u>5</u> Boxer (7) or Panties** (7)     |
| <u>0</u> Footwear (work boots/shoes, tennis, shower) | <u>0</u> Rainwear (orange, clear) 1 each       | <u>3</u> Washcloths (3)                 |
| <u>0</u> Gloves (work and other) (1 each)            | <u>0</u> Ring (1 wedding band)                 | <u>0</u> Watch                          |
| <u>0</u> Half-slip** (1)                             | <u>0</u> Sheets (2)                            | <u>0</u> White handkerchiefs (6)        |
| <u>0</u> Headset (1)                                 | <u>0</u> Shirts (state issue and personal) (4) | <u>1</u> Writing/legal material (1 box) |
| <u>0</u> Jacket (1)                                  |  |   |

\*Females and special needs/geriatric only  
 \*\*Female Only

Other (1) blue bag (2) boots

**INMATE** - I agree that this inventory form reflects all items of personal property and/or miscellaneous property belonging or issued to me, and that I have been furnished with a copy.

DATE 2/22/2021 INMATE'S SIGNATURE [Signature]

**INVENTORY OFFICER** - I have inventoried all of the above named inmate's personal property and I certify that the inventory is correct. I further certify that all items have been turned over to the individual whose signature appears above.

DATE 2/24/2021 INVENTORY OFFICER'S SIGNATURE [Signature]

**RECEIPT** - I certify that I have received all of the items recorded on this inventory form, and that all items were returned to me in good order.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

**WITNESS** - In the event that an inmate refuses to sign this inventory form another officer along with the inventory officer will sign below to certify that this inventory is correct and that all items were returned in good order.

DATE \_\_\_\_\_ INVENTORY OFFICER'S SIGNATURE \_\_\_\_\_

WITNESSING OFFICER'S SIGNATURE \_\_\_\_\_

APPENDIX 'D'

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
MCCORMICK CANTEEN #01  
LOCATION: 0181      CANTEEN # 01

RECEIPT #      718980

SCDC ID:      00313862  
WEEKLY SPENDING LIMIT:      47.57  
LIVING AREA:      RESTRICTED

-----  
BASKETBALL SZ 11 LEA      1 @ 56.86 =      56.86

-----  
TOTAL:      56.86

07/17/17

14:52:47

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Personal Equipment Order Form

1-2-2017

SECTION-A

REQUEST TO PURCHASE PERSONAL EQUIPMENT

TO: PROPERTY CONTROL OFFICER

DATE: 7-8-17

I, Heavist, Kevin Inmate No. 323462 Institution/Dorm/Ward MCC  
(Print Inmate Name)

Request approval to purchase the following merchandise from SCDC Canteen:

LEGACY #	SCEIS #	DESCRIPTION	SIZE	SERIAL #	PRICE
71226	108060	Basketball Shoes	11		56.50

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER B. J. [Signature]

REASON DISAPPROVED: \_\_\_\_\_

SECTION-B

AUTHORIZATION

I have verified that E.H. COOPER FUNDS are available to purchase the item requested in SECTION-A.

DATE 7-8-17

INMATE'S SIGNATURE [Signature]

SECTION-C

RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN

RECEIPT—I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE 7/17/17

INMATE'S SIGNATURE [Signature]

RECEIPT # 718980

PROPERTY CONTROL OFFICER'S SIGNATURE [Signature]

- White (Duplicate Receipt): Canteen Manager
- Green: Property Control Officer/Inmate File
- Yellow: Canteen Manager
- Pink (Original Receipt): Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
LIEBER MAIN CANTEEN #01  
LOCATION: 0421      CANTEEN # 01

RECEIPT #      770582

SCDC ID:      00313862  
WEEKLY SPENDING LIMIT:      0.54  
LIVING AREA:      WD0276A

---

ORDNW CASUAL (SZ 10.      1 @ 36.45 =      36.45

---

TOTAL:      36.45

05/11/16

11:09:06

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Personal Equipment Order Form**

**SECTION — A** **REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER DATE: \_\_\_\_\_

I, \_\_\_\_\_ Inmate No. \_\_\_\_\_ Institution/Ctr \_\_\_\_\_  
(Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:  
(Fill in item # and description only. Property Control Officer will fill in all other columns.)

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B** **MONEY WITHDRAWAL**

TO: E. H. COOPER TRUST FUND DATE: \_\_\_\_\_

I request that \$ \_\_\_\_\_ be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)  <div style="text-align: center;"> </div>	Inmate's Signature: _____  Approved By (Signature): _____
--	---

Check # \_\_\_\_\_

**SECTION — C**

**RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_  
  
PROPERTY CONTROL OFFICER'S SIGNATURE \_\_\_\_\_

- White:** Financial Accounting
- Green:** Canteen Manager
- Canary:** Canteen Manager
- Pink:** Institutional Mail Room
- Goldenrod:** Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
LIEBER MAIN CANTEEN #01  
LOCATION: 0421      CANTEEN # 01

RECEIPT #      895835

SCDC ID:      00313862  
WEEKLY SPENDING LIMIT:      125.00  
LIVING AREA:      AB0047B

---

SONY RADIO SRF-M35 C      1 @ 49.35 =      49.35

---

TOTAL:      49.35

04/16/13

09:30:28

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Personal Equipment Order Form

**SECTION — A**

**REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER

DATE: 03-12-13

I, Kevin H. Bennett Inmate No. 313862 Institution/Ctr 1-161R  
(Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:  
**(Fill in item # and description only. Property Control Officer will fill in all other columns.)**

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE
<u>7102</u>	<u>Sony Radio</u>			<u>Black</u>	<u>1595201</u>	<u>150.00</u>

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B**

**MONEY WITHDRAWAL**

TO: E. H. COOPER TRUST FUND

DATE: 03-12-13

I request that \$ 150.00 be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)

Inmate's Signature:

Kevin H. Bennett

Approved By (Signature):

Check # \_\_\_\_\_

**SECTION — C**

**RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

PROPERTY CONTROL OFFICER'S SIGNATURE \_\_\_\_\_

- White:** Financial Accounting
- Green:** Canteen Manager
- Canary:** Canteen Manager
- Pink:** Institutional Mail Room
- Goldenrod:** Inmate

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**  
**Personal Equipment Order Form**

**SECTION — A** **REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER DATE: \_\_\_\_\_

I, \_\_\_\_\_ Inmate No. \_\_\_\_\_ Institution/Ctr \_\_\_\_\_  
 (Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:  
**(Fill in item # and description only. Property Control Officer will fill in all other columns.)**

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
 REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B** **MONEY WITHDRAWAL**

TO: E. H. COOPER TRUST FUND DATE: \_\_\_\_\_

I request that \$ \_\_\_\_\_ be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)	Inmate's Signature: _____
	Approved By (Signature): _____

Check # \_\_\_\_\_

**SECTION — C** **RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE \_\_\_\_\_ INMATE'S SIGNATURE \_\_\_\_\_

PROPERTY CONTROL OFFICER'S SIGNATURE \_\_\_\_\_

- White:** Financial Accounting
- Green:** Canteen Manager
- Canary:** Canteen Manager
- Pink:** Institutional Mail Room
- Goldenrod:** Inmate

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**  
**Personal Equipment Order Form**

**SECTION — A**

**REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER

DATE: \_\_\_\_\_

I, \_\_\_\_\_ Inmate No. \_\_\_\_\_ Institution/Ctr \_\_\_\_\_  
 (Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:

**(Fill in item # and description only. Property Control Officer will fill in all other columns.)**

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
 REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B**

**MONEY WITHDRAWAL**

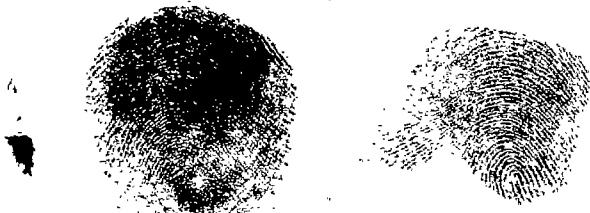
TO: E. H. COOPER TRUST FUND

DATE: \_\_\_\_\_

I request that \$ \_\_\_\_\_ be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)

Inmate's Signature: \_\_\_\_\_



Approved By (Signature): \_\_\_\_\_

Check # \_\_\_\_\_

**SECTION — C**

**RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE \_\_\_\_\_

INMATE'S SIGNATURE \_\_\_\_\_

PROPERTY CONTROL OFFICER'S SIGNATURE \_\_\_\_\_

- White:** Financial Accounting
- Green:** Canteen Manager
- Canary:** Canteen Manager
- Pink:** Institutional Mail Room
- Goldenrod:** Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

LIEBER MAIN CANTEEN #01

LOCATION: 0421      CANTEEN # 01

RECEIPT #      744523

SCDC ID:      00313862

WEEKLY SPENDING LIMIT:      59.06

LIVING AREA:      WD0184A

---

HEAD FOR 71031      1 @ 26.08 = 26.08

---

TOTAL:      26.08

04/22/15

16:32:44

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Personal Equipment Order Form**

**SECTION — A** **REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER DATE: 04-13-2015  
 I, \_\_\_\_\_ Inmate No. \_\_\_\_\_ Institution/Ctr \_\_\_\_\_  
 (Print Inmate Name)

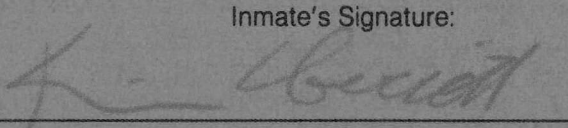
request approval to purchase the following merchandise from the SCDC Canteen:  
**(Fill in item # and description only. Property Control Officer will fill in all other columns.)**

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE
<u>71034</u>	<u>Replacement Head</u>					<u>126.09</u>

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
 REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B** **MONEY WITHDRAWAL**

TO: E. H. COOPER TRUST FUND DATE: 04-13-2015  
 I request that \$ 20.09 be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)    	Inmate's Signature:  <hr/> Approved By (Signature):
--	--

Check # \_\_\_\_\_

**SECTION — C**

**RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

04-13-2015 E. H. Cooper  
 DATE INMATE'S SIGNATURE

\_\_\_\_\_  
 PROPERTY CONTROL OFFICER'S SIGNATURE

- White:** Financial Accounting
- Green:** Canteen Manager
- Canary:** Canteen Manager
- Pink:** Institutional Mail Room
- Goldenrod:** Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

LIEBER MAIN CANTEEN #01

LOCATION: 0421 CANTEEN # 01

RECEIPT # 702474

SCDC ID: 00313862

WEEKLY SPENDING LIMIT: 84.04

LIVING AREA: WA0214B

-----  
ELEC. SHAVER & TRIM 1 @ 53.27 = 53.27

TOTAL: 53.27

07/22/13

15:17:24

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Personal Equipment Order Form

SECTION - A

REQUEST TO PURCHASE PERSONAL EQUIPMENT

TO: PROPERTY CONTROL OFFICER

DATE: 07-08-2013

I, [Signature] Inmate No. 315262 Institution/Ctr Lewis  
(Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:  
(Fill in item # and description only. Property Control Officer will fill in all other columns.)

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE
<u>70510</u>	<u>[Faded]</u>			<u>Clear</u>		<u>53.27</u>

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER [Signature]  
REASON DISAPPROVED: \_\_\_\_\_

SECTION - B

MONEY WITHDRAWAL

TO: E. H. COOPER TRUST FUND

DATE: 07-08-2013

I request that \$ 53.27 be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)

Inmate's Signature:  
[Signature]

Approved By (Signature):  
\_\_\_\_\_

Check # \_\_\_\_\_

SECTION - C

RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN

RECEIPT — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

7-25-13  
DATE

[Signature]  
INMATE'S SIGNATURE

[Signature]  
PROPERTY CONTROL OFFICER'S SIGNATURE

- White: Financial Accounting
- Green: Canteen Manager
- Canary: Canteen Manager
- Pink: Institutional Mail Room
- Goldenrod: Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

LIEBER MAIN CANTEEN #01

LOCATION: 0421      CANTEEN # 01

RECEIPT #      738997

SCDC ID:      00313862

WEEKLY SPENDING LIMIT:      3.23

LIVING AREA:      580063B

---

ALARM CLOCK, WESTCLO      1 @ 7.43 =      7.43

TOTAL:      7.43

02/05/15

14:24:59

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Personal Equipment Order Form**

**SECTION — A**

**REQUEST TO PURCHASE PERSONAL EQUIPMENT**

TO: PROPERTY CONTROL OFFICER

DATE: \_\_\_\_\_

I, \_\_\_\_\_ Inmate No. \_\_\_\_\_ Institution/Ctr \_\_\_\_\_  
(Print Inmate Name)

request approval to purchase the following merchandise from the SCDC Canteen:

**(Fill in item # and description only. Property Control Officer will fill in all other columns.)**

ITEM #	DESCRIPTION	MAKE	MODEL	COLOR	SERIAL #	PRICE

APPROVED/DISAPPROVED \_\_\_\_\_ PROPERTY CONTROL OFFICER \_\_\_\_\_  
REASON DISAPPROVED: \_\_\_\_\_

**SECTION — B**

**MONEY WITHDRAWAL**

TO: E. H. COOPER TRUST FUND

DATE: \_\_\_\_\_

I request that \$ \_\_\_\_\_ be withdrawn from my account and issued to **SCDC CANTEEN** for the purchase of personal equipment.

Identification (Thumb & Index Fingerprints must be affixed.)

Inmate's Signature:

Approved By (Signature):

Check # \_\_\_\_\_

**SECTION — C**

**RECEIPT OF PERSONAL EQUIPMENT FROM THE CANTEEN**

**RECEIPT** — I certify that I have received the item listed on this order form and that it was tested in my presence and was operational and in good condition.

DATE \_\_\_\_\_

INMATE'S SIGNATURE \_\_\_\_\_

PROPERTY CONTROL OFFICER'S SIGNATURE \_\_\_\_\_

**White:** Financial Accounting  
**Green:** Canteen Manager  
**Canary:** Canteen Manager  
**Pink:** Institutional Mail Room  
**Goldenrod:** Inmate

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 OFFICE OF GENERAL COUNSEL  
 NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

Cyp 87

INMATE NAME: <u>Kevin Herriatt</u>	SCDC # <u>313862</u>	DATE: <u>2-13-19</u>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from Kenneth Cepelard Ministries. This correspondence contained publications not allowed in RITC SNV from 2019 which is unauthorized per SCDC Policy PS-10.08.

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP-22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other Contraband

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

C. Amerson  
Postal Director/Staff Designee

Keva  
Institution

White-Inmate  
 Canary-Mailroom  
 Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 OFFICE OF GENERAL COUNSEL  
 NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

CYP 87

INMATE NAME: <i>Kevin Herriott</i>	SCDC # <i>313802</i>	DATE: <i>3-27-19</i>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from *Kenneth Cepelard Ministries*. This correspondence contained *Publications not allowed w/ RSH* which is unauthorized per SCDC Policy PS-10.08. *Believe's Voice of Victory April 2019*

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

*C. Amason*  
\_\_\_\_\_  
Postal Director/Staff Designee

*Kershaw*  
\_\_\_\_\_  
Institution

*Ft. Worth TX*  
*76192*

White-Inmate  
 Canary-Mailroom  
 Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 OFFICE OF GENERAL COUNSEL  
 NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE Oyp 87

INMATE NAME: <i>Kevin Herriatt</i>	SCDC # <i>313862</i>	DATE: <i>3-27-19</i>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from *Kenneth Capeland*. This correspondence contained *Book - not allowed w Rhet* which is unauthorized per SCDC Policy PS-10.08.

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

*C. Cameron*  
\_\_\_\_\_  
Postal Director/Staff Designee

*Kerstow*  
\_\_\_\_\_  
Institution

*FTWarr TX*  
*76192*

White-Inmate  
 Canary-Mailroom  
 Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
OFFICE OF GENERAL COUNSEL  
NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

*Cy 087*

INMATE NAME: <i>Kevin Herrick</i>	SCDC # <i>313802</i>	DATE: <i>5-28-19</i>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from *Kennia Cupland Ma.* This correspondence contained *publication Believe's Voice Victory June 2019* which is unauthorized per SCDC Policy PS-10.08. *not allowed*

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

*C. Amos*  
\_\_\_\_\_  
Postal Director/Staff Designee

*KCCI*  
\_\_\_\_\_  
Institution

White-Inmate  
Canary-Mailroom  
Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 OFFICE OF GENERAL COUNSEL  
 NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

Cyp 87

INMATE NAME: <i>Kevin Herriott</i>	SCDC # <i>313802</i>	DATE: <i>5-30-19</i>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from *Kenneth Copeland Pub*. This correspondence contained *publications not allowed in the* which is unauthorized per SCDC Policy PS-10.08.

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

*C. Orsini*  
Postal Director/Staff Designee  
*Keeshaw*  
Institution

White-Inmate  
 Canary-Mailroom  
 Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
OFFICE OF GENERAL COUNSEL  
NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

RNU 87

INMATE NAME: <u>Kewon Herriott</u>	SCDC # <u>313822</u>	DATE: <u>7-8-19</u>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from Believe Voice of Victory. This correspondence contained Publications not allowed w/ RNU which is unauthorized per SCDC Policy PS-10.08.

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_

\_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP-22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

C. Amos  
\_\_\_\_\_  
Postal Director/Staff Designee

Kershaw  
\_\_\_\_\_  
Institution

White-Inmate  
Canary-Mailroom  
Pink-Sender/Property Control

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 OFFICE OF GENERAL COUNSEL  
 NOTICE OF REJECTED INCOMING/OUTGOING CORRESPONDENCE

Cyp 87

INMATE NAME: <i>Kevin Hemmott</i>	SCDC # <i>313862</i>	DATE: <i>7-9-19</i>
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This notice is to advise you that:

Correspondence was received at the institutional mailroom addressed to you from *Bellevue's Voice of Victory*. This correspondence contained *Publications not allowed in RMR* which is unauthorized per SCDC Policy PS-10.08.

\_\_\_\_\_ The Correspondence is being returned to sender at your expense by using Form 10-14, "Agreement to Debit E.H. Cooper Account."

\_\_\_\_\_ There are insufficient funds in your E.H. Cooper Trust Account to cover the cost of returning this correspondence. You have 45 days to advise the Mailroom of available funds or provide a pre-paid envelope. If not provided, the correspondence will be disposed of pursuant to SCDC Policy OP-22.03.

\_\_\_\_\_ By my signature below I choose to have this correspondence disposed of pursuant to SCDC Policy 22.03. (This form must be returned to the Mailroom within 10 days of receipt.)

Correspondence was received at the institutional mailroom addressed to you from \_\_\_\_\_ . This correspondence contained \_\_\_\_\_ which is unauthorized/contraband as per SCDC Policy PS-10.08, and will be processed pursuant to SCDC Policy OP-22.03, and OP-22.35.

Correspondence you attempted to send out contained unauthorized property/contraband as per SCDC Policy PS-10.08, and will, therefore, be processed pursuant to SCDC Policy OP22.03, and OP-22.35. You may be disciplined for violating these procedures in accordance with SCDC Policy OP-22.14.

Other \_\_\_\_\_

\_\_\_\_\_  
Inmate Signature

*C. Amador*  
Postal Director/Staff Designee

\_\_\_\_\_  
Date

*Kershaw*  
Institution

White-Inmate  
 Canary-Mailroom  
 Pink-Sender/Property Control

APPENDIX <sup>6</sup> E<sup>9</sup>

STATE OF SOUTH CAROLINA  
- ADMINISTRATIVE LAW COURT

Docket No:

Kevin Herriott vs. SCDC

AFFIDAVIT OF JAMES ARTISON

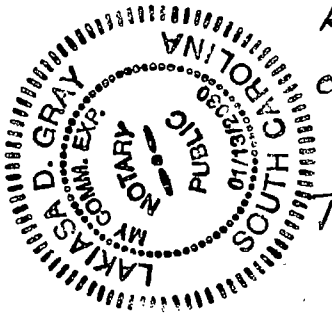
I, James Artison, depose and state that the following  
FACTS are True and Correct under penalty of perjury TO WIT:

- 1) I, James M. Artison, state that I am above the age of 18 and competent to testify to matters herein and below;
- 2) I, James M. Artison, state that on or about August 28, 2020, I was told by officer Rogers to pack my belongings in my cell at Kirkland Correctional Institution while housed at D-Dormitory because I was being transferred.
- 3) I, James M. Artison, state that I was then escorted to the visitation along with inmate Kevin Herriott awaiting to be transferred to McCormick Correctional Institution.
- 4) I, James M. Artison, state that while in the visitation room I observe that Officer Hudson, property control officer did not inventory our property but provided me and inmate Herriott

an empty duffle bag each to pack the belongings from our cell in the duffle bag provided by Officer Hudson.

5) I, ~~James Artison~~, state that I further observe that due to Inmate Herritt having a lot of legal papers and to be frank stacks of paper work I had helped him load the papers into his duffle bag provided by Officer Hudson. Next, Officer Hudson took Inmate Herritt to another room inside the visitation room to look for his other property due to Inmate Herritt was transferred from another Institution rather than being a newly arrival like me. Once me and Inmate Herritt got on the van to be transported to McCormick Correctional Institution all he was talking about for two (2) and a half hrs. about the duffle bag that was supposed to be with his other property Officer Hudson and Inmate Herritt could not locate; the other property he was supposed to have.

THE AFFIANT FURTHER SAYETH Ngt.



SWORN AND SUBSCRIBED BEFORE ME  
on this 8th day of January, 2021.  
Lakiasa D. Gray (L.S.)  
NOTARY PUBLIC  
My Commission Expires: 08/31/20

13) James Artison  
James Artison, #374905  
F5A#34  
McCormick Corr. Inst.  
386 Redemption Way  
McCormick, SC 29899

Date