

ARREST REPORT

Page 1 of 3

AGENCY	Agency Name Charleston Police Department		ORI SC0100100		Date/Time Arrested 06/18/2015 09:01 Thu		Case # See Charges		
	Taken		Arrest Tract		Residence Tract		Arrest Number		
ARRESTEE	Name (Last, First, Middle) ROOF, DYLANN STORM			D.O.B. 04/03/1994	Age 21	Race W	Sex M	Place of Birth SC	Citizenship US
	Current Address 10428 GARNERS FERRY ROAD, EASTOVER, SC 29044			Phone refused	Occupation refused		Residence Status S		
	Employer's Name unemployed			Address			Phone		
	Also Known As (Alias Names)			Hgt 5'09	Wgt 120	Hair Brn	Eyes Blue	Skin Tone Fair	
	Scars, Marks, Tattoos			Social Security # 251-73-6521		O/N and State 102180963-SC		Misc. # and Type	
	Nearest Relative Name refused			Address			Phone		
ARREST	If Armed, Type of Weapon UNARMED		Type of Arrest TAKEN INTO CUSTODY			Place of Arrest AL CANNON DETENTION CENTER, CHARLESTON			
	Charge #1 Murder/nonnegligent Manslaughter	Case #: 1510152	Type Fel	Counts 9	IBR Code 09A	Warrant/Summons # K-740365	Statute # 16-3-10	Warr. Date 06/18/2015	
	Charge #2 Poss Of Firearm / Knife During Comm. Of Violent Crime	Case #: 1510152	Type Fel	Counts 1	IBR Code 13A	Warrant/Summons # 2015A1010 202672	Statute # 16-23-490	Warr. Date 06/19/2015	
	Charge #3		Type	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date	
VEHICLE	VYR	Make	Model		Style				
	Color	Plate #/State/Plate Year		VIN					
	Vehicle								
CONFINED	Date/Time Confined 06/18/2015 17:30:00		Place Confined AL CANNON DETENTION			Committing Magistrate BOND COURT CHARLESTON CO			
	Type Bond	Bond Amount	Trial Date	Time	Court Of General Sessions	City CHARLESTON			
	Arresting Officer Name/ID #/Bureau BURCKHARDT, R. J. (CENT, VCU) (443) INSP								
Assisting Officer Name/ID #/Bureau				Released By (Name/Department/ID #)			Date/Time Released		
Status Codes	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost								
DRUGS	Code	Status	Quantity	Type Measure	Suspected Type				
Other Name	Name			Address			Phone		
	Name			Address			Phone		
NARRATIVE	First Murder Warrant Number: K-740365, DOW: 06/18/2015 Additional Murder/Weapon Offense Warrants:								
	OCA: 15-10152 #1518680								
STATUS	Arresting Officer Signature/ID #/Bureau BURCKHARDT, R. J. (CENT, VCU) (443) INSP								
	Case Status				Arrestee Signature				

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, COC2C90RN1 # parkerb

D03859

ARREST REPORT

Pg 2 of 3

ARREST INFO

ARREST INFO

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VEH INFO

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DRUGS ARREST

Other Name

NARRATIVE

STATUS

Agency Name Charleston Police Department	ORI SC0100100	Date/Time Arrested 06/18/2015 09:01 Thu	Case # See Charges
Taken	Arrest Tract	Residence Tract	Arrest Number

Name (Last, First, Middle) ROOF, DYLANN STORM	D.O.B. 04/03/1994	Age 21	Race W	Sex M	Place of Birth	Citizenship US
Current Address 10428 GARNERS FERRY ROAD, EASTOVER, SC 29044	Phone	Occupation	Residence Status S			
Employer's Name	Address		Phone			
Also Known As (Alias Names)	Hgt 5'09	Wgt 120	Hair Brn	Eyes Blue	Skin Tone Fair	
Scars, Marks, Tattoos	Social Security # 251-73-8521	OLN and State 102180963-SC	Misc. # and Type			
Nearest Relative Name	Address		Phone			

If Armed, Type of Weapon UNARMED	Type of Arrest TAKEN INTO CUSTODY	Place of Arrest AL CANNON DETENTION CENTER, CHARLESTON					
Charge #1 Murder/nonnegligent Manslaughter	Case #: 1510152	Type Fel	Counts 1	IBR Code 09A	Warrant/Summons # 2015A1010 202655	Statute # 16-3-10	Warr. Date 6-19-2015
Charge #2 Murder/nonnegligent Manslaughter	Case #: 1510152	Type Fel	Counts 1	IBR Code 09A	Warrant/Summons # 2015A1010 202664	Statute # 16-3-10	Warr. Date 6-19-2015
Charge #3 Murder/nonnegligent Manslaughter	Case #: 1510152	Type Fel	Counts 1	IBR Code 09A	Warrant/Summons # 2015A1010 202665	Statute # 16-3-10	Warr. Date 6-19-2015

VYR	Make	Model	Style
Color	Plate #/State/Plate Year	VIN	
Vehicle			

Date/Time Confined 06/18/2015 17:30:00	Place Confined AL CANNON DETENTION	Committing Magistrate BOND COURT CHARLESTON CO
Type Bond	Bond Amount	Trial Date
Arresting Officer Name/ID #/Bureau BURCKHARDT, R. J. (CENT, VCU) (443) INSP		Court Of General Sessions
Assisting Officer Name/ID #/Bureau		City CHARLESTON
Released By (Name/Department/ID #)		Date/Time Released

Status Codes: 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost

Code	Status	Quantity	Type Measure	Seizure/Find Type

Name	Address	Phone
Name	Address	Phone

OCA: 15-10152

Arresting Officer Signature/ID #/Bureau BURCKHARDT, R. J. (CENT, VCU) (443) INSP	Arrestee Signature
Case Status	

ARREST REPORT (Additional Charges)

Pg 3 of 3

Agency Name Charleston Police Department	ORI SC0100100	Date/Time Arrested 06/18/2015 09:01	Charge # See Charges
Arrestee Name ROOF, DYLANN STORM			Arrest Number

Charge	Fel/Misd	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date
4) Murder/nonnegligent Manslaughter	Fel	1	09A	2015A1010 Case #: 1510152 202666	16-3-10	6-19-2015
5) Murder/nonnegligent Manslaughter	Fel	1	09A	2015A1010 Case #: 1510152 202667	16-3-10	6-19-2015
6) Murder/nonnegligent Manslaughter	Fel	1	09A	2015A1010 Case #: 1510152 202668	16-3-10	6-19-2015
7) Murder/nonnegligent Manslaughter	Fel	1	09A	2015A1010 Case #: 1510152 202669	16-3-10	6-19-2015
8) Murder/nonnegligent Manslaughter	Fel	1	09A	2015A1010 Case #: 1510152 202670	16-3-10	6-19-2015

CHARLESTON COUNTY SHERIFF'S OFFICE

3505 PINEHAVEN DRIVE, CHARLESTON, S.C. 29405-7789 (843) 202-1700

ARREST AND SUPPLEMENTAL BOOKING REPORT

J. Al Cannon, Jr.
Sheriff

CHARGE	SC0100000		TIME	CURRENT DATE	DISPATCH NO.	ORIGINAL CASE NO.	TRACT #			
	DEFENDANT NAME (LAST, FIRST, MIDDLE)						RACE	SEX	DATE OF BIRTH	
	AGE	ETH.	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	WCIC I.D. NUMBER	
	ADDRESS (NUMBER AND STREET)				CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER	
	ALIAS		PLACE OF BIRTH			DRIVERS LICENSE NUMBER/ I.D. # & STATE				
	EMPLOYER OR OCCUPATION		NEXT OF KIN			ADDRESS (CITY AND STATE)			PHONE NUMBER	
	TRANSPORTING OFFICERS NAME		NUMBER	ARRESTING OFFICER		NUMBER	AGENCY			
	ARRESTEE ARMED		<input type="checkbox"/> YES <input type="checkbox"/> NO		WEAPON TYPE	<input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO		<input type="checkbox"/> ON VIEW ARREST	<input type="checkbox"/> SUMMONED	<input type="checkbox"/> CUSTODY
	JUVENILE DISPOSITION				EXAMINED BY HOSPITAL		VEHICLE TOWED		TOWED BY:	
	1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE, D, C									
	CHARGE I.D.	A			B			C		
	ADDITIONAL CASE NO.'S									
	CHARGE									
	STATUTE									
BOND AMOUNT										
WARRANT/TICKET #										
BOND/HEARING DATE										
DATE & TIME OF TRIAL/MAGISTRATE										
REMARKS	THE UNDERSIGNED HEREBY COMMITS TO YOUR CUSTODY THE ABOVE INDIVIDUAL AND SWears THAT THE INFORMATION CONTAINED IN THIS SUPPLEMENTAL ARREST & BOOKING REPORT IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.									
	DATE F.P.				TIME F.P.		I.D. TECHNICIAN		PHOTO ID #	DATE OF PHOTO
	DATE	TIME		SEARCHING OFFICER			SUPERVISOR REVIEW AND SIGN			
	10/19/15	12:21								
	CONDITION AT TIME OF ADMISSION			HOW LONG IN CHAS.			RELIGION		EDUCATION	
	EXPLAIN			MISCELLANEOUS						
	LOGICAL PRIOR ARREST		WANTED ON WARRANT		Added charge					
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO							
	ATTORNEY		PERSON TO CALL IN EMERGENCY		ADDRESS			PHONE NUMBER		
	SENTENCE TO DAYS		AND/OR		FINE AMOUNT		COURT		EXPIRATION OF SENTENCE	
	A.									
	B.									
	C.									
	HOW INMATE RELEASED:				<input type="checkbox"/> SURETY BOND / COMPANY		<input type="checkbox"/> EXPIRATION OF SENTENCE		DATE	TIME
	<input type="checkbox"/> BOND		<input type="checkbox"/> FINE AMOUNTS		RECEIPT NO.		<input type="checkbox"/> BY CLERK OF COURT		<input type="checkbox"/> REL. AT COURT	
TRANSFERRED OR RELEASED TO:				OFFICER:		DATE		TIME		
AGENCY:				OFFICER:		DATE		TIME		
RELEASING OFFICER						SUPERVISOR REVIEW AND SIGN				

ARREST WARRANT

2015A1010202670

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [REDACTED]

Phone: [REDACTED] SSN: [REDACTED]

Sex: M Race: Height: 5 9 Weight: 120

DL State: SC DL #: 102180963

DOB: 4/3/1994 Agency ORI #: SC0100100

Prosecuting Agency: Charleston City Police Department

Prosecuting Officer: Richard Burckhardt - 0065

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the

County/ Municipality of

The accused

is to be arrested and brought before me to be

dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to

defendant Dylann Storm Roof

on 6/19/2015

S.J. Salub
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Personally appeared before me the affiant Richard Burckhardt who

being duly sworn deposes and says that defendant Dylann Storm Roof

did within this county and state on or about 6/17/2015 violate the criminal laws of the

State of South Carolina (or ordinance of County/ Municipality of Charleston)

in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.

Charleston, SC 29403-

Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

it appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof

did violate the criminal laws of the State of South Carolina (or ordinance of

County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable
Sworn to and subscribed before me

on 6/19/2015

J. Gosnell Jr. (L.S.)
Signature of Issuing Judge

James Benjamin Gosnell Jr.

Judge Code: 5901

Judge's Address 3831 Leeds Avenue, Ste 100

North Charleston, SC 29405-

Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

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ARREST WARRANT

2015A1010202669

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [Redacted]

Phone: [Redacted] SSN: [Redacted]

Sex: M Race: Height: 5 9 Weight: 120

DL State: SC DL #: 102180963

DOB: 4/3/1994 Agency ORI #: SC0100100

Prosecuting Agency: Charleston City Police Department

Prosecuting Officer: Richard Burckhardt - 0065

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the
 County/ Municipality of

The accused
is to be arrested and brought before me to be
dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to
defendant Dylann Storm Roof
on 6/19/2015

Sgt. [Signature]
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

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State of South Carolina (or ordinance of County/ Municipality of Charleston)

in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

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Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.

Charleston, SC 29403-

Affiant's Telephone (843)577-7434

ARREST WARRANT

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her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as
soon thereafter as is practicable

Sworn to and subscribed before me

on 6/19/2015

[Signature] (L.S.)
Signature of Issuing Judge

James Benjamin Gosnell Jr.

Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100

North Charleston, SC 29405-

Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

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Form Approved by
S.C. Attorney General
April 21, 2008
SCCA 518

ORIGINAL

AFFIDAVIT

ARREST WARRANT

2015A1010202668

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [Redacted]

Phone: [Redacted] SSN: [Redacted]
Sex: M Race: [Redacted] Height: 5 9 Weight: 120
DL State: SC DL #: 102180963
DOB: 4/3/1994 Agency ORI #: SC0100100
Prosecuting Agency: Charleston City Police Department
Prosecuting Officer: Richard Burckhardt - 0065
Offense: Murder / Murder

Offense Code: 0116
Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the
 County/ Municipality of
The accused
is to be arrested and brought before me to be
dealt with according to the law.

(L.S.)

Signature of Judge

Date: _____

RETURN

A copy of this arrest warrant was delivered to
defendant Dylann Storm Roof
on 6/19/2015

Sgt. Salish Kim
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA)
 County/ Municipality of)
Charleston)

AFFIDAVIT

ORIGINAL

S.C. Attorney General
April 21, 2003
BCCA 519

Personally appeared before me the affiant Richard Burckhardt who
being duly sworn deposes and says that defendant Dylann Storm Roof
did within this county and state on or about 6/17/2015 violate the criminal laws of the
State of South Carolina (or ordinance of County/ Municipality of Charleston)
in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

Richard Burckhardt

STATE OF SOUTH CAROLINA)
 County/ Municipality of)
Charleston)

Affiant's Address: 180 Lockwood Blvd.
Charleston, SC 29403-
Affiant's Telephone: (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof
did violate the criminal laws of the State of South Carolina (or ordinance of
 County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

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soon thereafter as is practicable
Sworn to and subscribed before me
on 6/19/2015

A. B. Gosnell Jr. (L.S.)
Signature of Issuing Judge
James Benjamin Gosnell Jr.
Judge Code: 5904

Judge's Address: 383 Leeds Avenue, Ste 100
North Charleston, SC 29405-
Judge's Telephone: (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

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D03865

ARREST WARRANT

2015A1010202667

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [REDACTED]

Phone: [REDACTED] SSN: [REDACTED]

Sex: M Race: Height: 5 9 Weight: 120

DL State: SC DL #: 1C2180963

DOB: 4/3/1994 Agency ORI#: SC0100100

Prosecuting Agency: Charleston City Police Department

Prosecuting Officer: Richard Burckhardt - 0065

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the

County/ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date: _____

RETURN

A copy of this arrest warrant was delivered to defendant Dylann Storm Roof on 6/19/2015

Sgt. Gabriel Ben
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Personally appeared before me the affiant Richard Burckhardt who

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DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.

Charleston, SC 29403-

Affiant's Telephone (843)577-7434

ARREST WARRANT

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Sworn to and subscribed before me

on 6/19/2015

James Benjamin Gosnell Jr.
Signature of Issuing Judge
James Benjamin Gosnell Jr.
Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100

North Charleston, SC 29405-

Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

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AFFIDAVIT

Form Approved by
S.C. Attorney General
April 21, 2004
SCGA 518

ARREST WARRANT

2015A1010202666

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [Redacted]

Phone: [Redacted] SSN: [Redacted]
Sex: M Race: Height: 5 9 Weight: 120
DL State: SC DL #: 102180963
DOB: 4/3/1994 Agency ORI#: SC0100100
Prosecuting Agency: Charleston City Police Department
Prosecuting Officer: Richard Burkhardt - 0065
Offense: Murder / Murder

Offense Code: 0116
Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the
 County/ Municipality of
The accused
is to be arrested and brought before me to be
dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to
defendant Dylann Storm Roof
on 6/19/2015

S.A. Sabath
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA)
 County/ Municipality of)
Charleston)

AFFIDAVIT

ORIGINAL

Form Approved by
S.C. Attorney General
April 21, 2003
SCCA 918

Personally appeared before me the affiant Richard Burkhardt who
being duly sworn deposes and says that defendant Dylann Storm Roof
did within this county and state on or about 6/17/2015 violate the criminal laws of the
State of South Carolina (or ordinance of County/ Municipality of Charleston)
in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

[Signature]

STATE OF SOUTH CAROLINA)
 County/ Municipality of)
Charleston)

Affiant's Address 180 Lockwood Blvd.
Charleston, SC 29403-
Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

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soon thereafter as is practicable
Sworn to and subscribed before me

on 6/19/2015
[Signature]
Signature of Issuing Judge
James Benjamin Gosnell Jr.
Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100
North Charleston, SC 29405-
Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

ARREST WARRANT

2015A1010202665

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE

against

Dylann Storm Roof

Address: [Redacted]
Phone: [Redacted] SSN: [Redacted]
Sex: M Race: Height: 5 9 Weight: 120
DL State: SC DL #: 102180963
DOB: 4/3/1994 Agency ORI #: SC0100100
Prosecuting Agency: Charleston City Police Department
Prosecuting Officer: Richard Burckhardt - 0065
Offense: Murder / Murder

Offense Code: 0116
Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the
County/ Municipality of
The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant: Dylann Storm Roof on 6/19/2015

Signature of Constable Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

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See Attached Affidavit

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.
Charleston, SC 29403-
Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof did violate the criminal laws of the State of South Carolina (or ordinance of County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable. Sworn to and subscribed before me on 6/19/2015

Signature of Issuing Judge (L.S.)
James Benjamin Gosnell Jr.
Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100
North Charleston, SC 29405-
Judge's Telephone (843)745-2390
Issuing Court: Magistrate Municipal Circuit

ORIGINAL

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ORIGINAL

ORIGINAL

Form Approved by
S.C. Attorney General
April 21, 2003
SCCA 616

AFFIDAVIT

ARREST WARRANT

2015A1010202664

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [Redacted]
Phone: [Redacted] SSN: [Redacted]
Sex: M Race: [Redacted] Height: 5 9 Weight: 120
DL State: SC DL#: 102180963
DOB: 4/3/1994 Agency ORI#: SC0100100
Prosecuting Agency: Charleston City Police Department
Prosecuting Officer: Richard Burckhardt - 0065
Offense: Murder / Murder

Offense Code: 0116
Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the
 County/ Municipality of
The accused
is to be arrested and brought before me to be
dealt with according to the law.

(L.S.)

Signature of Judge

Date: _____

RETURN

A copy of this arrest warrant was delivered to
defendant Dylann Storm Roof
on 6/19/2015

Sgt. Robert Ben
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

AFFIDAVIT

ORIGINAL

Approved by
S.C. Attorney General
April 21, 2003
SCCA 518

Personally appeared before me the affiant Richard Burckhardt who
being duly sworn deposes and says that defendant Dylann Storm Roof
did within this county and state on or about 6/17/2015 violate the criminal laws of the
State of South Carolina (or ordinance of County/ Municipality of Charleston)
in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit
the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.
Charleston, SC 29403-
Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof
did violate the criminal laws of the State of South Carolina (or ordinance of
 County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or
her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as
soon thereafter as is practicable
Sworn to and subscribed before me
on 6/19/2015

Signature of Issuing Judge

James Benjamin Gosnell Jr.

Judge Code: 5904

(L.S.)

Judge's Address 3831 Leeds Avenue, Ste 100
North Charleston, SC 29405-
Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

ORIGINAL

ORIGINAL

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ORIGINAL

D03869

ARREST WARRANT

2015A1010202655

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [REDACTED]

Phone: [REDACTED] SSN: [REDACTED]

Sex: M Race: Height: 5 9 Weight: 120

DL State: SC DL#: 102180963

DOB: 4/3/1994 Agency ORI #: SC0100100

Prosecuting Agency: Charleston City Police Department

Prosecuting Officer: Richard Burckhardt - 0065

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010, 0020

This warrant is CERTIFIED FOR SERVICE in the

County/ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date: _____

RETURN

A copy of this arrest warrant was delivered to

defendant: Dylann Storm Roof

on: 6/19/2015

Sgt. Salim Ben
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:
General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Personally appeared before me the affiant Richard Burckhardt who

being duly sworn deposes and says that defendant Dylann Storm Roof

did within this county and state on or about 6/17/2015 violate the criminal laws of the

State of South Carolina (or ordinance of County/ Municipality of Charleston)

in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

Richard Burckhardt

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.

Charleston, SC 29403-

Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof

did violate the criminal laws of the State of South Carolina (or ordinance of

County/ Municipality of Charleston) as set forth below.

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable Sworn to and subscribed before me

on 6/19/2015

James Benjamin Gosnell Jr.
Signature of Issuing Judge (L.S.)

James Benjamin Gosnell Jr.

Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100

North Charleston, SC 29405-

Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

ORIGINAL

ORIGINAL

Form Approved by
U.S. Attorney General
April 21, 2003
SCCA 518

ORIGINAL

AFFIDAVIT

ARREST WARRANT

K-740365

STATE OF SOUTH CAROLINA

County/ Municipality of Charleston

THE STATE against

Dylann Storm Roof

Address: [Redacted]
Phone: [Redacted] SSN: [Redacted]
Sex: M Race: W Height: 5'9 Weight: 120
DL State: SC DL#: [Redacted]
DOB: 04-03-1994 Agency ORI#: SC0100100
Prosecuting Agency: Charleston Police Dept.
Prosecuting Officer: R. Burkhardt
Offense: Murder
Offense Code:
Code/Ordinance Sec: 16-3-10

This Warrant is CERTIFIED FOR SERVICE in the
County/ Municipality of
The accused is to be arrested and brought before me to be dealt with according to law.

Signature of Judge (L.S.)

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Dylann Storm Roof on 6/19/2015

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

STATE OF SOUTH CAROLINA
County/ Municipality of Charleston

AFFIDAVIT

Personally appeared before me the affiant Det. Richard Burkhardt who being duly sworn deposes and says that defendant Dylann Storm Roof did within this county and state on 17 June 2015 violate the criminal laws of the State of South Carolina (or ordinance of County/ Municipality of Charleston) in the following particulars:

DESCRIPTION OF OFFENSE: Murder 16-3-10

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

- See Attachment -
ORIGINAL
Charleston Police
JUN 18 2015
NCIC Operations

Signature of Affiant

STATE OF SOUTH CAROLINA
County/ Municipality of Charleston

Affiant's Address 180 Lockwood Blvd
Chas SC 29403
Affiant's Telephone 843 577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on 17 June 2015 defendant Dylann Storm Roof did violate the criminal laws of the State of South Carolina (or ordinance of

County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Murder 16-3-10

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable.

Sworn to and subscribed before me on 6/19/2015

Signature of Issuing Judge (L.S.)

Judge Code: 2117 Circuit

Judge's Address 100 Meeting Street
Charleston, SC 29401
Judge's Telephone 958-5000

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

ARREST WARRANT

2015A1010202672

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE
against

Dylann Storm Roof

Address: [Redacted]

Phone: [Redacted] SSN: [Redacted]

Sex: M Race: Height: 5 9 Weight: 120

DL State: SC DL#: 102180963

DOB: 4/3/1994 Agency ORI #: SC0100100

Prosecuting Agency: Charleston City Police Department

Prosecuting Officer: Richard Burckhardt - 0065

Offense: Weapons / Poss. weapon during violent crime, if not also sentenced to life without parole or death

Offense Code: 0549

Code/Ordinance Sec: 16-23-0490

This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Dylann Storm Roof on 6/19/2015

Sgt. [Signature]
Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions
Charleston County Judicial Center
100 Broad Street, Suite 106
Charleston, SC 29401

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Personally appeared before me the affiant Richard Burckhardt who

being duly sworn deposes and says that defendant Dylann Storm Roof did within this county and state on or about 6/17/2015 violate the criminal laws of the

State of South Carolina (or ordinance of County/ Municipality of Charleston) in the following particulars:

DESCRIPTION OF OFFENSE: Weapons / Poss. weapon during violent crime, if not also sentenced to life without parole or death.

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

See Attached Affidavit

Signature of Affiant

[Signature]

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 180 Lockwood Blvd.

Charleston, SC 29403-

Affiant's Telephone (843)577-7434

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 6/17/2015 defendant Dylann Storm Roof

did violate the criminal laws of the State of South Carolina (or ordinance of

County/ Municipality of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Weapons / Poss. weapon during violent crime, if not also sentenced to life without parole or death

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable Sworn to and subscribed before me

on 6/19/2015

[Signature] (L.S.)
Signature of Issuing Judge

James Benjamin Gosnell Jr.

Judge Code: 5904

Judge's Address 3831 Leeds Avenue, Ste 100

North Charleston, SC 29405-

Judge's Telephone (843)745-2390

Issuing Court: Magistrate Municipal Circuit

ORIGINAL

ORIGINAL

ORIGINAL

Form Approved by
U.S. Attorney General
April 27, 2003
SCLA 512


THE STATE OF SOUTH CAROLINA CHARLESTON COUNTY

COMMITMENT FORM

TO: JAILER, CHARLESTON COUNTY JAIL

DATE: June 19, 2015

You are requested to commit the below named person to jail under the following sentence and you are further required to receive the below named person into your custody and there safely keep as stated below, or until discharged, by the course of law.

NAME:	DYLANN STORM ROOF		
ADDRESS:			
CHARGED WITH THE OFFENSE OF:	POSS OF A FIREARM DURING THE COMMISSION OF A VIOLENT CRIME / MURDER X 9		
CRIMINAL CHARGING DOCUMENT NO.:	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$0.00 <input checked="" type="checkbox"/>
	0202655	0202664	0202665
	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$0.00 <input checked="" type="checkbox"/>
	0202666	0202667	0202668
	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$0.00 <input checked="" type="checkbox"/>	2015A101 \$1,000,000.00 <input checked="" type="checkbox"/>
	0202669	0202670	0202672
	K740365 \$0.00 <input checked="" type="checkbox"/>		
AMOUNT OF BOND:	\$1,000,000.00 AND NO BOND		
TYPE OF BOND:	<input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Surety <div style="float: right; margin-top: 10px;"></div>		
AMOUNT OF FINE AND/OR TIME SERVED:			
DATE OF RELEASE:	June 19, 2015	TIME OF RELEASE:	11:46 AM

1317

WSP0001 02/12/02

2015A1010202668, 2015A1010202669
2015A1010202672, 2015GS1004188
2015GS1004186, 2015GS1004187

K740365, 2015A1010202670, 2015A1010202655
2015A1010202664, 2015A1010202665,
2015A1010202666, 2015A1010202667

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
STATE OF SOUTH CAROLINA

Ticket or Warrant No.: _____
IN THE (X) COURT OF GENERAL SESSIONS
() MAGISTRATE'S COURT
() MUNICIPAL COURT OF _____

V. DYLANN STORM ROOF
Name of Defendant

ORDER SPECIFYING METHODS AND CONDITIONS OF RELEASE
(Bail Proceeding Form 2)

Offense Charged: MURDER (9 cts), APT MURDER (3 cts) POSS OF WPN VIOLENT CRIME
At a bail proceeding conducted by undersigned judge, for the defendant named above, it was determined by the court (check one or both):

- The release of the defendant on recognizance will not reasonably assure his appearance as required.
 - The release of the defendant on recognizance will result in an unreasonable danger to the community.
- This determination was based upon the following findings of fact:

Bond denied

2015 JUL 16 11:11
JULIE AR
CLERK OF COURT

(Considerations: Nature and circumstances of the offense charged, the accused's family ties, employment, financial resources, character and mental condition, the length of his residence in the community, his record of convictions, and any record of flight to avoid prosecution or failure to appear at other court proceedings.)

THEREFORE, IT IS HEREBY ORDERED:

1. That the above named defendant be released from custody on the condition that he will personally appear before the designated court at the place, date and time required to answer the charge made against him and do what shall be ordered by the court and not depart the State without the permission of the court and be of good behavior.
2. That the above named defendant be released from custody provided as follows (check one):

CASH IN LIEU OF BOND

- The defendant, acknowledging himself to be indebted to the State of South Carolina, deposits \$ _____ to secure his release from custody. Should the defendant fail to comply with all terms and conditions of this Order, this sum of money is subject to being forfeited to the State.

CASH PERCENTAGE IN LIEU OF BOND

- The defendant acknowledges himself to be indebted to the State of South Carolina in the sum of \$ _____, his release to be obtained by payment to the court of _____ (%) of this bond in cash, this amount being \$ _____. The defendant will be obligated to the State in the full amount of \$ _____, such sum to be levied on his real and personal property for the use of the State, should he fail to perform the conditions of this Order.

APPEARANCE RECOGNIZANCE WITH SURETY

- The defendant will provide good and sufficient surety approved in the court, in the form set forth on the reverse side, acknowledging an indebtedness to the State in the amount of \$ _____

3. That the defendant shall appear at (check one):

- the term of the court of general sessions beginning on [Date:] _____ at [Time:] _____ o'clock, _____ M., at [Place:] _____ and remain there throughout that term of court. If no disposition is made during that term, the defendant shall appear and remain throughout each succeeding term of court until final disposition is made of his case, unless otherwise ordered by the court.
- the session of magistrate/municipal (circle one) court beginning on [Date:] _____ at [Time:] _____ o'clock, _____ M., at [Place:] _____ if no final disposition is made during that session, the defendant shall appear at such other times and places as ordered by the court.

Initials of Defendant

4. That the defendant will notify the court promptly if he changes his address from the one contained in this order and he will comply with those conditions described on the reverse side which are marked.

[Signature]
Signature of Judge
7/15/15
Date

ACKNOWLEDGEMENT BY DEFENDANT

I understand that if I violate any condition of this Order, including any conditions included on the reverse side of this Order, a warrant for my arrest will be issued.

I understand and have been informed that I have a right and obligation to be present at trial and should I fail to attend the court, the trial will proceed in my absence.

It has been explained to me that if I fail to appear before the court as required, an additional criminal charge will be instituted against me. If the failure to appear is in connection with a felony charge, or while awaiting sentence, or pending appeal or certiorari after conviction, the penalty is a fine of not more than \$5,000 or imprisonment for not more than five years, or both; if I fail to appear in connection with a misdemeanor charge, the penalty is a fine of not more than \$1,000 or imprisonment for not more than one year, or both.

I acknowledge the receipt of a copy of this Order and understand the conditions of my release and the penalties applicable to me in the event I violate any condition of the Order or fail to appear as required.

Address
[Redacted]

Dylann Roof
Signature of Defendant

7/16/15
Date

Collin Pennington / Bill McGuire
Attorney Representing Accused (if known)

Social Security Number/Telephone No. _____
ORIGINAL AND ONE COPY OF THIS FORM ARE TO BE COMPLETED IN EVERY BAIL PROCEEDING IN WHICH IT IS USED.
Original copy for the Trial Court - Copy for the Defendant
FORM CONTINUES ON BACK

SPECIAL CONDITIONS OF RELEASE

a. Placement in custody. The defendant is placed in the custody of: _____
Name of person or organization

Address _____ City _____ State/Zip _____ Telephone _____
who agrees (1) to supervise the defendant in accordance with conditions set forth by the court, (2) to use every effort to assure the appearance of the defendant at all scheduled hearings before the court, and (3) to notify the court immediately in the event the defendant violates any conditions of his release or disappears.

Signature of Custodian (If Appointed) _____ Date _____

b. Restrictions on Travel, Association or Residence. The defendant will comply with each of the following conditions:

c. Part-time Release. The defendant will be released from custody from _____ o'clock, _____ M. to _____ o'clock, _____ M. on condition that he return to the custody of _____ at _____ as designated.

d. Other Conditions. The defendant will comply with the following other conditions of release:

APPEARANCE RECOGNIZANCE WITH SURETY

On the _____ day of _____, 19____, personally appeared before the undersigned judge the surety named below who acknowledged himself indebted to the State of South Carolina, in the sum of \$_____, such sum to be levied on his real and personal property for the use of the State, if the within named defendant shall fail in performing the conditions of this Order.

The surety, being duly sworn, says that he is a resident and free holder within the State and is worth the sum acknowledged and underwritten herein, over all his debts and liabilities, and exclusive of property exempt from execution.

Name of Surety (Printed or Typed) _____

Signature of Surety _____

Address of Surety _____

Signature of Judge _____

City/State/Zip _____

Date _____

Form Approved by
S.C. Attorney General
Section 17-15-40
March 7, 1990

SAW/0306060
WITNESSES

DOCKET NO. 2015-GS-10-04187

Charleston City Police Department

The State of South Carolina
County of Charleston

AGENCY CASE NUMBER

ARREST WARRANT NUMBER

2015-GS-10-04187

DATE OF ARREST

06/18/2015

COURT OF GENERAL SESSIONS

JULY TERM 2015

THE STATE

VS.

DYLANN STORM ROOF
W/M DOB: 04-03-1994

ACTION OF GRAND JURY

TRUE BILL

JUL 07 2015

Foreperson of Grand Jury

Date:

VERDICT

Indictment for
ATTEMPTED MURDER

SC Code: § 16-03-0029
CDR Code: 3410

Foreperson of Petit Jury

Date:

BY _____

JULIE J. ARMSTRONG
CLERK OF COURT

2015 JUL -7 AM 10:38

FILED

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON


INDICTMENT

At a Court of General Sessions, convened on July 6, 2015, the Grand Jurors of Charleston County present upon their oath:

ATTEMPTED MURDER

That in Charleston County, South Carolina, on or about June 17, 2015, the Defendant, Dylann Storm Roof, did, with intent to kill and malice aforethought, attempt to kill Jane Doe 2, a confidential victim born in 1944. This is in violation of Section 16-3-29 of the South Carolina Code of Laws (1976) as amended.

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



SCARLETT A. WILSON
SOLICITOR

SAW/0306060
WITNESSES

Charleston City Police Department

AGENCY CASE NUMBER

ARREST WARRANT NUMBER

2015-GS-10-04188

DATE OF ARREST

06/18/2015

ACTION OF GRAND JURY

TRUE BILL

For person of Grand Jury

JUL 07 2015

Date:

VERDICT

For person of Petit Jury

Date:

DOCKET NO. 2015-GS-10-04188

The State of South Carolina
County of Charleston

COURT OF GENERAL SESSIONS

JULY TERM 2015

THE STATE

VS.

DYLANN STORM ROOF
W/M DOB: 04-03-1994

Indictment for:

ATTEMPTED MURDER

SC Code: § 16-03-0029
CDR Code: 3410

BY

JULIE J. ARMSTRONG
CLERK OF COURT

2015 JUL -7 AM 10:37

FILED

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

INDICTMENT

At a Court of General Sessions, convened on July 6, 2015, the Grand Jurors of Charleston County present upon their oath:

ATTEMPTED MURDER

That in Charleston County, South Carolina, on or about June 17, 2015, the Defendant, Dylann Storm Roof, did, with intent to kill and malice aforethought, attempt to kill Jane Doe 3, a confidential victim born in 1957. This is in violation of Section 16-3-29 of the South Carolina Code of Laws (1976) as amended.

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



SCARLETT A. WILSON
SOLICITOR

SAW/0306060
WITNESSES

Charleston City Police Department

AGENCY CASE NUMBER

ARREST WARRANT NUMBER

2015-GS-10-04186

DATE OF ARREST

06/18/2015

ACTION OF GRAND JURY

TRUE BILL

JUL 07 2015
Date:

Foreperson of Grand Jury:

VERDICT

Foreperson of Petit Jury

Date:

DOCKET NO. 2015-GS-10-04186

The State of South Carolina
County of Charleston

COURT OF GENERAL SESSIONS
JULY TERM 2015

THE STATE

VS.

DYLANN STORM ROOF
W/M DOB: 04-03-1994

Indictment for

ATTEMPTED MURDER

SC Code: § 16-03-0029
CDR Code: 3410

FILED
2015 JUL -7 AM 10:37
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

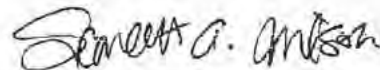
INDICTMENT

At a Court of General Sessions, convened on July 6, 2015, the Grand Jurors of Charleston County present upon their oath:

ATTEMPTED MURDER

That in Charleston County, South Carolina, on or about June 17, 2015, the Defendant, Dylann Storm Roof, did, with intent to kill and malice aforethought, attempt to kill Jane Doe 1 a confidential minor victim born in 2004. This is in violation of Section 16-3-29 of the South Carolina Code of Laws (1976) as amended.

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



SCARLETT A. WILSON
SOLICITOR

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

UNITED STATES OF AMERICA

v.

DYLANN STORM ROOF

) CR. NO.:

2:15cr472

)
)
) WRIT OF HABEAS CORPUS
) AD PROSEQUENDUM

It appears that criminal charges have been filed against the defendant in the above entitled case. It further appears that the defendant, DYLANN STORM ROOF is presently incarcerated at the Al Cannon Detention Center. It is therefore

ORDERED that the Warden, or their authorized representative, deliver DYLANN STORM ROOF to the United States Marshals Service or other federal law enforcement officer from time to time as the defendant may be needed until the within action is concluded in its entirety. It is further


ORDERED that the United States Marshals Service or other federal law enforcement officer shall produce the defendant at such time and place as may be designated by the Court for proceedings in this case and upon the conclusion of this case, the said Marshal or other federal law enforcement officer, shall return the defendant to his aforesaid place of confinement.

Shirley V. Hodges
UNITED STATES MAGISTRATE JUDGE

Columbia, South Carolina

July 22, 2015

WILLIAM N. NETTLES
UNITED STATES ATTORNEY

By: 
Julius N. Richardson (#9823)
Assistant United States Attorney
1441 Main Street, Suite 500
Columbia, South Carolina 29201
(803) 929-3000
Jay.N.Richardson@usdoj.gov

SA Joseph Hamski
FBI
843-323-5303 (C)
843-881-0194 (O)

#1518680

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

UNITED STATES OF AMERICA

) CR. NO.:

2:15cr472

v.

DYLANN STORM ROOF

)
)
) WRIT OF HABEAS CORPUS
) AD PROSEQUENDUM

It appears that criminal charges have been filed against the defendant in the above entitled case. It further appears that the defendant, DYLANN STORM ROOF is presently incarcerated at the Al Cannon Detention Center. It is therefore

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ORDERED that the United States Marshals Service or other federal law enforcement officer shall produce the defendant at such time and place as may be designated by the Court for proceedings in this case and upon the conclusion of this case, the said Marshal or other federal law enforcement officer shall return the defendant to his aforesaid place of confinement.


UNITED STATES MAGISTRATE JUDGE

Columbia, South Carolina

July 22, 2015

WILLIAM N. NETTLES
UNITED STATES ATTORNEY

By: 

Julius N. Richardson (#9823)
Assistant United States Attorney
1441 Main Street, Suite 500
Columbia, South Carolina 29201
(803) 929-3000
Jay.N.Richardson@usdoj.gov

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF GENERAL SESSIONS
NINTH JUDICIAL CIRCUIT

STATE OF SOUTH CAROLINA,

Plaintiff,

v.

DYLAN S. ROOF,

Defendant.

Docket Number: 2015-GS-10-4123 – Murder
2015-GS-10-4115 – Murder
2015-GS-10-4116 – Murder
2015-GS-10-4117 – Murder
2015-GS-10-4118 – Murder
2015-GS-10-4119 – Murder
2015-GS-10-4120 – Murder
2015-GS-10-4121 – Murder
2015-GS-10-4122 – Murder
2015-GS-10-4124 – Possession
of a Weapon During the Commission
of a Violent Crime
2015-GS-10-4186 – Attempted Murder
2015-GS-10-4187 – Attempted Murder
2015-GS-10-4188 – Attempted Murder

FILED

2015 JUL 10 PM 1:17

JULIE J. ANDERSON
CLERK OF COURT

BY 



SUA SPONTE ORDER IMPLEMENTING A TEMPORARY PROTECTION ORDER

THIS COURT FINDS THAT due to substantial pre-trial publicity, the Defendant's right to a fair and impartial trial could be in jeopardy. This Court must act to preserve the Defendant's ability to receive a fair trial and to that end:

IT IS THEREFORE ORDERED THAT until a hearing on the release of materials regarding this prosecution is held, all potential trial participants in these proceedings shall be prohibited from divulging any prejudicial matter or making any extrajudicial statement that has a substantial likelihood of materially prejudicing any adjudicative proceedings, including jury selection, in the above captioned matter. See Rule 3.6(a), S.C. Rules of Professional Conduct. Attorneys for the State and for the Defendant must exercise reasonable care to prevent persons assisting or associated with their litigation teams from making improper extrajudicial statements, even when such persons are not under their direct supervision. This Order shall apply to all solicitors, defense attorneys, court officials, all law enforcement officers involved in the

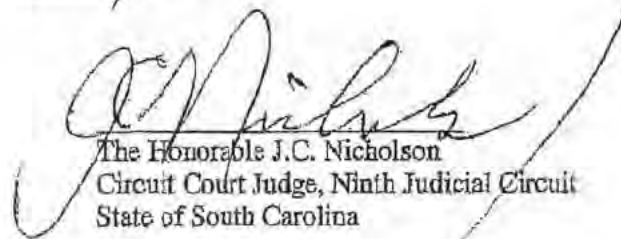
investigation as well as any other members of their respective law enforcement agencies, coroner and all members of her office, the medical examiner and any other persons involved in the investigation or potentially involved in the trial of this matter. This order exempts these matters from disclosure under SC Code 30-4-40.

IT IS FURTHER ORDERED THAT the information which shall not be disseminated shall specifically include but not be limited to any recordings of the 911 calls, the reports of the medical examiner, any reports of the coroner, reports of any forensic examinations, any pathology reports, the investigative reports from this case, statements of any witnesses and any information from the Defendant's medical and/or mental health records.

IT IS ALSO ORDERED THAT nothing in this Order shall be construed to limit any rights of the media or the public pursuant to the First Amendment or to limit public access to court proceedings as allowed by Court Order or statute, nor shall it limit (1) prosecutors from making statements that are necessary to inform the public of the nature and extent of the prosecutor's action and that serve a legitimate law enforcement purpose, or (2) prevent a lawyer from making make a statement that a reasonable lawyer would believe is required to protect a client from the substantial undue prejudicial effect of recent publicity not initiated by the lawyer or the lawyer's client, provided that such statement is limited to such information as is necessary to mitigate the recent adverse publicity. Rule 3.6(c), S.C. Rules of Professional Conduct.

IT IS ALSO ORDERED THAT the Court will address this issue further on Thursday, July 16, 2015 at 10:00 AM at the Charleston County Courthouse.

SO ORDERED this 10 day July 2015.


The Honorable J.C. Nicholson
Circuit Court Judge, Ninth Judicial Circuit
State of South Carolina

BY _____
JULIE J. ARMSTRONG
CLERK OF COURT

2015 JUL 10 PM 1:17

FILED

DEF COPY

File No. 15CR 052677		STATE OF NORTH CAROLINA		
WARRANT FOR ARREST FOR FUGITIVE		CLEVELAND County		
Crime(s) In Demanding State HOMICIDE		In The General Court Of Justice District Court Division		
Date Of Offense 06/18/2015		To any officer with authority and jurisdiction to execute a warrant for arrest:		
Name Of Demanding State And County Of Offense SOUTH CAROLINA CHARLESTON		I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the demanding state and county named above the crime named above was committed and the defendant named above is now in the State of North Carolina and		
THE STATE OF NORTH CAROLINA VS.		<input checked="" type="checkbox"/> has been charged with the commission of that crime and has fled from justice. <input type="checkbox"/> has been convicted of that crime and has escaped from confinement. <input type="checkbox"/> has broken the terms of his/her bail, probation and parole.		
Name And Address Of Defendant DYLANN STORM ROOF [REDACTED]		This Warrant is issued pursuant to Section 15A-733 of the North Carolina General Statutes upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge above.		
Race W	Sex M	Date Of Birth 04/03/1994	Age	
Social Security No. [REDACTED]		Drivers License No. & State 102180963 SC		
Name Of Defendant's Employer				
Offense Code(s) 9901		Arrest Under G.S. 15A-733		
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)				
Arresting Officer (Name, Department, Phone No.) C D TRUETT SHELBY POLICE DEPARTMENT				
Date issued 06/18/2015		Signature ASHLYN T. HARRIS	Location Of Court Cleveland County Courthouse; 0002	Court Date
		<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Superior Court Judge <input type="checkbox"/> District Court Judge	100 JUSTICE PLACE SHELBY, NC 28150	Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM

STATE OF NORTH CAROLINA

File No.

15CR 052677

CLEVELAND County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

Name Of Defendant

[REDACTED]
 [REDACTED]
 [REDACTED]

FUGITIVE AFFIDAVIT

G.S. 15A-733, 15A-734

Crime(s) In Demanding State
 HOMICIDE

Name, Address And Telephone No. Of Contact Person In Demanding State

S, LEWIS

Date Of Crime

06/18/2015

(843) 720-2422

Name Of Demanding State And County Of Crime

SOUTH CAROLINA CHARLESTON

Title

I, the undersigned, state that this Affidavit is based upon

- 1. criminal process issued by a judicial official of the demanding state, a copy of which is attached.
- 2. the affidavit of the contact person named above, a copy of which is attached.
- 3. a NCIC-DCI message from the contact person named above, a copy of which is attached.
- 4. a telephone message from the contact person named above.
- 5. Other:

On or about the date of offense shown and in the demanding state and county named above the crime named above was committed and the defendant named above is now in the State of North Carolina and has

- 1. been charged with the commission of that crime and has fled from justice.
- 2. been convicted of that crime and has escaped from confinement.
- 3. broken the terms of bail, probation or parole.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

06/18/2015

Signature Of Affiant

Signature

ASHLYN T. HARRIS

Name Of Affiant (Type Or Print)

C D TRUETT (SHELBY POLICE DEPARTMENT)

Magistrate District Court Judge Superior Court Judge

Title Of Person Signing

CTD

OTHER AGENCY COPY

STATE OF NORTH CAROLINA

CLEVELAND County

File No.

15CR 052677

In The General Court Of Justice

District Superior Court Division

STATE VERSUS

Name And Address Of Defendant
DYLANN STORM ROOF

CONDITIONS OF RELEASE
AND RELEASE ORDER

15RO710237

G.S. Chapter 15A, Art. 25, 26

Amount Of Bond

\$

Offenses And Additional File Numbers

15CR52677 FGTV WRNT; F-EXTRADITION/FUGITIVE OTH STATE

See Attachment

Location Of Court

Cleveland County Courthouse; 0002

District Superior

Date

06/18/2015

Time

09:00

AM PM

To The Defendant Named Above, you are ORDERED to appear before the Court as provided above and at all subsequent continued dates. If you fail to appear, you will be arrested and you may be charged with the crime of willful failure to appear. You also may be arrested without a warrant if you violate any condition of release in this Order or in any document incorporated by reference.

The defendant has been advised of charge(s) against him/her and his/her right to communicate with counsel and friends.

Your release is authorized upon execution of your: WRITTEN PROMISE to appear UNSECURED BOND in the amount shown above

CUSTODY RELEASE SECURED BOND in the amount shown above

HOUSE ARREST with ELECTRONIC MONITORING administered by (agency) _____ and the SECURED BOND above. You may leave your residence for the purpose(s) of employment counseling course of study vocational training

Your release is not authorized.

The defendant is required to provide (check all that apply) fingerprints under G.S. 15A-502(a1) or (a2). a DNA sample under G.S. 15A-266.3A. Prior to release, the defendant shall provide his/her (check all that apply) fingerprints. DNA sample.

The defendant has been (i) charged with a felony while on probation (complete AOC-CR-272, Side One). (ii) arrested for violation of probation with a pending felony charge or prior conviction requiring registration under G.S. 14, Article 27A (complete ACC-CR-272, Side Two).

This Order is entered upon defendant's warrantless arrest for violation of conditions of release entered previously for the above-captioned case in the Order dated _____.

The defendant was arrested or surrendered after failing to appear as required under a prior release order.

This was the defendant's second or subsequent failure to appear in this case.

Your release is subject to the conditions as shown on the attached. AOC-CR-270. Other.

Additional Information

Date

06/18/2015

Signature Of Judicial Official

ASHLYN T. HARRIS

Magistrate Deputy CSC Assistant CSC
 Clerk Of Superior Court District Court Judge Superior Court Judge

ORDER OF COMMITMENT

To The Custodian Of The Detention Facility Named Below, you are ORDERED to receive in your custody the defendant named above who may be released if authorized above. If the defendant is not sooner released, you are ORDERED to: produce him/her in Court as provided above.

hold him/her as provided on the attached AOC-CR-272. for the following purpose: FUGITIVE

(Check in all domestic violence and stalking cases covered by G.S. 15A-534.1(b)) produce him/her at the first session of District or Superior Court held in this county after the entry of this Order or, if no session is held before (enter date and time 48 hours after time of arrest) _____

AM PM produce him/her before a magistrate of this county at that time to determine conditions of pretrial release.

Name Of Detention Facility

CLEVELAND COUNTY JAIL

Date

06/18/2015

Signature Of Judicial Official

ASHLYN T. HARRIS

WRITTEN PROMISE TO APPEAR OR CUSTODY RELEASE

I, the undersigned, promise to appear at all hearings, trials or otherwise as the Court may require and to abide by any restrictions set out above. I understand and agree that this promise is effective until the entry of judgment in the District Court from which no appeal is taken or until the entry of judgment in Superior Court. If I am released to the custody of another person, I agree to be placed in that person's custody, and that person agrees by his/her signature to supervise me.

Date

Signature Of Defendant

Signature Of Person Agreeing To Supervise Defendant

Name Of Person Agreeing To Supervise Defendant (Type Or Print)

Address Of Person Agreeing To Supervise Defendant

DEFENDANT RELEASED ON BAIL

Date

Time

AM PM

Signature Of Jailor

AOC-CR-200, Rev. 12/12

© 2012 Administrative Office of the Courts

DEFENDANT COPY

D03890

2015A1010202668, 2015A1010202669
2015A1010202672, 2015GS1004188
2015GS1004186, 2015GS1004187

K740365, 2015A1010202670, 2015a1010202655
2015A1010202664, 2015A1010202665
2015A1010202666, 2015A1010202667

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
STATE OF SOUTH CAROLINA

Ticket or Warrant No.: _____
IN THE (X) COURT OF GENERAL SESSIONS
() MAGISTRATE'S COURT
() MUNICIPAL COURT OF _____

DYLANN STORM ROOF
Name of Defendant

ORDER SPECIFYING METHODS AND CONDITIONS OF RELEASE
(Bail Proceeding Form 2)

Offense Charged: MURDER (9 cts), ATT MURDER (3 cts) POSS OF WPN VIOLENT CRIME

At a bail proceeding conducted by undersigned judge, for the defendant named above, it was determined by the court (check one or both):

- The release of the defendant on recognizance will not reasonably assure his appearance as required.
 - The release of the defendant on recognizance will result in an unreasonable danger to the community.
- This determination was based upon the following findings of fact:

Bond denied

2015 JUL 16
JULIE A. ROOF
CLERK OF COURT

(Considerations: Nature and circumstances of the offense charged, the accused's family ties, employment, financial resources, character and mental condition, the length of his residence in the community, his record of convictions, and any record of flight to avoid prosecution or failure to appear at other court proceedings.)

THEFORE, IT IS HEREBY ORDERED:

1. That the above named defendant be released from custody on the condition that he will personally appear before the designated court at the place, date and time required to answer the charge made against him and do what shall be ordered by the court and not depart the State without the permission of the court and be of good behavior.
2. That the above named defendant be released from custody provided as follows (check one):

CASH IN LIEU OF BOND

The defendant, acknowledging himself to be indebted to the State of South Carolina, deposits \$ _____ to secure his release from custody. Should the defendant fail to comply with all terms and conditions of this Order, this sum of money is subject to being forfeited to the State.

CASH PERCENTAGE IN LIEU OF BOND

The defendant acknowledges himself to be indebted to the State of South Carolina in the sum of \$ _____, his release to be obtained by payment to the court of _____ (%) of this bond in cash, this amount being \$ _____. The defendant will be obligated to the State in the full amount of \$ _____, such sum to be levied on his real and personal property for the use of the State, should he fail to perform the conditions of this Order.

APPEARANCE RECOGNIZANCE WITH SURETY

The defendant will provide good and sufficient surety approved in the court, in the form set forth on the reverse side, acknowledging an indebtedness to the State in the amount of \$ _____

3. That the defendant shall appear at (check one):

- the term of the court of general sessions beginning on [Date:] _____ at [Time:] _____ o'clock, _____ M., at [Place:] _____ and remain there throughout that term of court. If no disposition is made during that term, the defendant shall appear and remain throughout each succeeding term of court until final disposition is made of his case, unless otherwise ordered by the court.
- the session of magistrate/municipal (circle one) court beginning on [Date:] _____ at [Time:] _____ o'clock, _____ M., at [Place:] _____ If no final disposition is made during that session, the defendant shall appear at such other times and places as ordered by the court.

Initials of Defendant

4. That the defendant will notify the court promptly if he changes his address from the one contained in this order and he will comply with those conditions described on the reverse side, which are marked.

[Signature]
Signature of Judge

7/15/15
Date

ACKNOWLEDGEMENT BY DEFENDANT

I understand that if I violate any condition of this Order, including any conditions included on the reverse side of this Order, a warrant for my arrest will be issued.

I understand, and have been informed that I have a right and obligation to be present at trial and should I fail to attend the court, the trial will proceed in my absence.

It has been explained to me that if I fail to appear before the court as required, an additional criminal charge will be instituted against me. If the failure to appear is in connection with a felony charge, or while awaiting sentence, or pending appeal or certiorari after conviction, the penalty is a fine of not more than \$5,000 or imprisonment for not more than five years, or both; if I fail to appear in connection with a misdemeanor charge, the penalty is a fine of not more than \$1,000 or imprisonment for not more than one year, or both.

I acknowledge the receipt of a copy of this Order and understand the conditions of my release and the penalties applicable to me in the event I violate any condition of the Order or fail to appear as required.

[Redacted Address]
City _____ Zip _____
Social Security Number/Telephone No. _____

DyLann Roof
Signature of Defendant

7/16/15
Date

Abby Pennington / Bill McGuire
Attorney Representing Accused (if known)

ORIGINAL AND ONE COPY OF THIS FORM ARE TO BE COMPLETED IN EVERY BAIL PROCEEDING IN WHICH IT IS USED.
Original copy for the Trial Court - Copy for the Defendant
FORM CONTINUES ON BACK

[Signature] 7/16/15
D03891

SPECIAL CONDITIONS OF RELEASE

a. Placement in custody. The defendant is placed in the custody of: _____
Name of person or organization

Address City State/Zip Telephone
who agrees (1) to supervise the defendant in accordance with conditions set forth by the court, (2) to use every effort to assure the appearance of the defendant at all scheduled hearings before the court, and (3) to notify the court immediately in the event the defendant violates any conditions of his release or disappears.

Signature of Custodian (If Appointed) Date

b. Restrictions on Travel, Association or Residence. The defendant will comply with each of the following conditions:

c. Part-time Release. The defendant will be released from custody from _____ o'clock, ____M. to _____ o'clock, ____M. on _____ on condition that he return to the custody of _____ at _____ as designated.

d. Other Conditions. The defendant will comply with the following other conditions of release:

APPEARANCE RECOGNIZANCE WITH SURETY

On the _____ day of _____, 19____, personally appeared before the undersigned judge the surety named below who acknowledged himself indebted to the State of South Carolina, in the sum of \$_____, such sum to be levied on his real and personal property for the use of the State, if the within named defendant shall fail in performing the conditions of this Order.

The surety, being duly sworn, says that he is a resident and free holder within the State and is worth the sum acknowledged and underwritten herein, over all his debts and liabilities, and exclusive of property exempt from execution.

Name of Surety (Printed or Typed) _____

Signature of Surety _____

Address of Surety _____

Signature of Judge _____

City/State/Zip _____

Date _____

Form Approved by
S.C. Attorney General
Section 17-15-40
March 7, 1990

Berkeley County
219 N. Hwy. 52, Suite E
P.O. Box 1687
Moncks Corner, SC 29461
(843) 899-2777
(843) 899-2701 Fax
Cody J. Groeber
Berkeley County Public Defender

Ninth Circuit Public Defender

Berkeley & Charleston Counties
D. Ashley Pennington, Circuit Defender
(843) 958-1870
(843) 958-5149 Fax
apennington@charlestoncounty.org

Charleston County
O.T. Wallace Building
101 Meeting Street, 5th Floor
Charleston, SC 29401-2214
(843) 958-1850
(843) 958-1860 Fax
Lorelle D. Proctor
Charleston County Public Defender

August 5, 2015

Emily Paavola, Esquire
Lindsey S. Vann, Esquire
SC Death Penalty Resource & Defense Center
900 Elmwood Avenue, Suite 200
Columbia, SC 29201

RE: Collection of Records of Dylann S. Roof

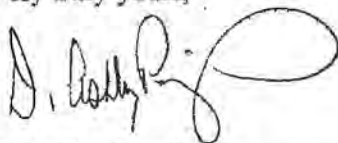
Dear Ms. Paavola & Ms. Vann:

I have obtained a written authorization to obtain records from my client Dylann S. Roof. As you know, I am his attorney appointed by the Court in South Carolina. I have forwarded this Release to you for your use in obtaining all relevant records regarding Mr. Roof on my behalf. You are authorized to act as my representative in obtaining and organizing these records.

Please contact me if you have any questions or concerns regarding this matter. I look forward to working with you.

With warm regards, I am

Very truly yours,



D. Ashley Pennington
Ninth Circuit Public Defender
Counsel for Dylann S. Roof

DAP/jd

File No.

STATE OF NORTH CAROLINA

In The General Court Of Justice
District/Superior Court Division

SEARCH WARRANT

Cleveland County

IN THE MATTER OF

DYLANN STORM ROOF (DOB: 04-03-1994)

Date Issued 10-18-15 ATW Time Issued 4:34 AM PM

Name Of Applicant
S.M. Treadway

Name Of Additional Affiant

Name Of Additional Affiant

RETURN OF SERVICE

I certify that this Search Warrant was received and executed as follows:

Date Received Time Received AM PM

Date Executed Time Executed AM PM

I made a search of _____

To any officer with authority and jurisdiction to conduct the search authorized by this Search Warrant:

I, the undersigned, find that there is probable cause to believe that the property and person described in the application on the reverse side and related to the commission of a crime is located as described in the application.

You are commanded to search the premises, vehicle, person and other place or item described in the application for the property and person in question. If the property and/or person are found, make the seizure and keep the property subject to Court Order and process the person according to law.

You are directed to execute this Search Warrant within forty-eight (48) hours from the time indicated on this Warrant and make due return to the Clerk of the Issuing Court.

This Search Warrant is issued upon information furnished under oath by the person(s) shown.

Date 10-18-15 Signature Ashburn J Harris Deputy CSC Assistant CSC CSC Magistrate District Ct. Judge Superior Ct. Judge

_____ as commanded.

I seized the items listed on the attached inventory.

I did not seize any items.

This Warrant WAS NOT executed within forty-eight (48) hours of the date of issuance and I hereby return it not executed.

Signature Of Officer Making Return

This Search Warrant was returned to me on the date and time shown below:

Department Or Agency Of Officer Incident Number Date Time AM PM Signature Deputy CSC Assistant CSC Clerk Of Superior Court

APPLICATION FOR SEARCH WARRANT

1. Detective Seth Treadway, Shelby Police Department

(Insert name and address; or if law enforcement officer, name, rank and agency)

being duly sworn, request that the Court issue a warrant to search the person, place, vehicle, and other items described in this application and to find and seize the property and person described in this application. There is probable cause to believe that *(Describe property to be seized; or if search warrant is to be used for searching a place to serve an arrest warrant or other process, name person to be arrested)*

items of evidentiary value surrounding the murders of the victims, such as but not limited to DNA, blood, trace evidence and/or gunshot residue

constitutes evidence of a crime and the identity of a person participating in a crime, *(Name crime)* Murder

and is located *(Check appropriate box(es) and fill-in specified information)*

in the following premises *(Give address and, if useful, describe premises)*

(and)

on the following person(s) *(Give name(s) and, if useful, describe person(s))*

DYLANN STORM ROOF (DOB: 04-03-1994)

(and)

in the following vehicle(s) *(Describe vehicle(s))*

(and)

(Name and/or describe other places or items to be searched, if applicable)

See Attachment A

The applicant swears to the following facts to establish probable cause for the issuance of a search warrant:

See Attachment A

SWORN AND SUBSCRIBED TO BEFORE ME

Date

4-18-15

Date

6-18-15

Signature

Ashlyn J. Hawk

Signature of Applicant



Magistrate

Dep. GSC

Asst. GSC

Clerk of Superior Court

Judge

In addition to the affidavit included above, this application is supported by additional affidavits, attached, made by

S.M. Treadway

In addition to the affidavit included above, this application is supported by sworn testimony, given by

This testimony has been *(check appropriate box)* reduced to writing

tape recorded and I have filed each with the clerk.

NOTE: *If more space is needed for any section, continue the statement on an attached sheet of paper with a notation saying "see attachment." Date the continuation and include on it the signatures of applicant and issuing official.*

Attachment to Search Warrant Application for the person of DYLANN STORM ROOF (DOB: 04-03-1994) by Detective Seth M. Treadway dated June 18, 2015.

The application for this Search Warrant is submitted based on the following evidence and credentials. As the applicant of this request, I affirm that I am a full-time sworn Law Enforcement Officer holding the position of Detective in the Criminal Investigation Division of the Shelby Police Department. Prior to serving in this position I served as a Community Police Officer in the Problem Solving Unit under the Community Oriented Policing Division of the Shelby Police Department in Shelby, North Carolina. In this position I was responsible for investigating repeat or ongoing problems in the City of Shelby and handling them accordingly. In addition to these responsibilities, I investigated gangs within the city and tracked their activities. Prior to working in the Community Policing Division I served in the K-9 Unit as a K-9 handler for 2 years and prior to that I was an officer in the Street Crimes Unit under the Vice/Narcotics Division. Before serving in the Street Crimes Division, I served as a Field Training officer in the Patrol Division. I currently have over 10 years of Law Enforcement experience. All of my time as a Law Enforcement Officer has been with the Shelby Police Department.

As a Lead Case Officer, I have successfully investigated and obtained convictions on persons for criminal activity, both misdemeanors and felonies to include, but not limited to, breaking and entering, both residential and commercial, larceny, traffic violations, armed robberies, weapons violations and narcotic violations. I have frequently assisted other Case Officers in the investigation of criminal activity where they have successfully obtained convictions. I have worked among and spoken at length with persons involved in criminal activity. Initially, I received over 400 hours of training to become an officer at the Shelby Police Department to include, but not limited to, Police Field Operations, Elements of Criminal Law, Crime Scene Investigation, Basic Narcotics Investigations and Juvenile Law. During my career, I have received over 1000 additional hours of training to include, but not limited to, Legal Updates, Police Law Institute, Interview and Interrogation, Drug Enforcement for Patrol Officers and Gang Investigations. Furthermore, I have attended several conferences pertaining to Gang and Gun Investigations.

The information in this application is based upon my training, experience, knowledge, and any information that I have ascertained during this investigation.

Unless otherwise stated, any reference made to persons, places, or things in this Search Warrant Application are considered to be located in the City of Shelby, which is in the County of Cleveland, and the State of North Carolina.

The person requesting to be searched is DYLANN STORM ROOF (DOB: 04-03-1994).

On the evening of June 17, 2015, nine people were murdered as the result of a shooting at a church located at 110 Calhoun Street, Charleston, South Carolina. During the investigation of these murders, Law Enforcement Officials ultimately obtained surveillance footage surrounding the incident and identified the shooter as a white male that was driving a dark in color car.

At approximately 6:00 a.m. on June 18, 2015, law enforcement officials published photographs from the video surveillance and began soliciting assistance from the general public via a tip line. A call into this tip line by a subject named Dalton Tyler indicated the shooter in the video that was released was named DYLANN STORM ROOF. Tyler knew ROOF's parents to live in Lexington, South Carolina. Tyler further stated that ROOF

Sworn and subscribed
Before Me On the 18 Day
Of June, 2015.

Ashburn J. Harris
Magistrate
[Signature]
Applicant
D03896

Attachment to Search Warrant Application for the person of DYLANN STORM ROOF (DOB: 04-03-1994) by Detective Seth M. Treadway dated June 18, 2015.

drove a car with a confederate tag that says "South will rise again", ROOF visited Charleston a lot and always talked about segregation and another Civil War.

Shortly after the call from Tyler, the tip line received another call from a female identifying herself as Amber Roof. Amber Roof indicated the subject she observed in the publicly released surveillance footage was her brother, DYLANN STORM ROOF. Amber Roof stated DYLANN STORM ROOF had been living in his black in color Hyundai or Honda. Amber Roof further stated that their parents live in Columbia and both of her parents had called her "in tears" when they saw the pictures on the news. The parent's names are Bennett Roof (father) and Amy Roof (mother). Amber Roof indicated that DYLANN STORM ROOF does own a gun as her mother has seen it.

After the call from Amber Roof, Dalton Tyler called back in to the tip line and indicated he had taken screen shots of the Facebook pages belonging to DYLANN STORM ROOF. These screen shots were supplied to Law Enforcement Officials by Tyler. The person and vehicle depicted in the images appearing in these screen shots were confirmed to be the same person that appears in the surveillance footage of these crimes and the same vehicle that the shooter utilized during the commission of these crimes.

Upon learning the aforementioned facts, investigators began ascertaining information regarding licensing and vehicle registrations of DYLANN STORM ROOF. As investigators were obtaining more information, contact was made with DYLANN STORM ROOF's father, Bennett Roof. Bennett Roof first told investigators over the phone that the images he had seen on the news regarding this incident were images of his son, DYLANN STORM ROOF. He subsequently confirmed the identity of the suspect upon viewing the photos in person, during an interview with investigators.

On June 18, 2015 at approximately 10:33 hours, The Shelby Police Department received a call from a motorist indicating the suspect from this incident was traveling west on US Highway 74 through Shelby. This motorist gave a description of the car and suspect. This car was ultimately stopped on US Highway 74. The driver of the car, DYLANN STORM ROOF (DOB: 04-03-1994), was taken into custody and interviewed by investigators at the Shelby Police Department. DYLANN STORM ROOF (DOB: 04-03-1994) is currently in the custody of the Shelby Police Department and will remain there pending the outcome of this search warrant application.

Based on the facts revealed in this affidavit, the totality of the circumstances would lead a reasonable person to believe items of evidentiary value surrounding the murders of the victims, such as but not limited to DNA, blood, trace evidence and/or gunshot residue, would be located on the person of DYLANN STORM ROOF (DOB: 04-03-1994). Affiant prays unto the court that a warrant be issued to search the person of DYLANN STORM ROOF (DOB: 04-03-1994) to obtain clothing, skin swabs and to obtain a DNA profile standard by means of buccal swab, blood sample or both and by a reasonable amount of force if necessary to obtain said standard.

Affiant further requests that the Court order that all papers in support of this application, including the affidavit and search warrant, be sealed until further order of the Court. These documents discuss an extremely sensitive ongoing criminal investigation that is neither public nor known to all targets of the investigation. Accordingly,

Sworn and subscribed
Before Me On the 18 Day
Of June, 2015.

Ashburn J. Harris
Magistrate
[Signature]
Applicant

ATTACHMENT A

Page 3 of 3

Attachment to Search Warrant Application for the person of DYLANN STORM ROOF (DOB: 04-03-1994) by Detective Seth M. Treadway dated June 18, 2015.

there is good cause to seal these documents because their premature disclosure may seriously jeopardize that investigation.

Further the AFFIANT sayeth not.

Sworn and subscribed
Before Me On the 18 Day
Of June, 2015.

Ashlyn J Harris
Magistrate
[Signature]
Applicant

D03898

DEATH PENALTY
RESOURCE & DEFENSE CENTER



August 17, 2015

Sheriff Al Cannon Detention Center
Inmate Records
3841 Leeds Avenue
North Charleston, SC 29405

Re: *Dylann Roof*

Dear Custodian of Records:

Please be advised that our office has been retained by D. Ashley Pennington, Ninth Circuit Public Defender to obtain records for Dylann Storm Roof (Inmate No. 1518680, DOB: 4/3/1994, SS#: [REDACTED]). To properly assist in Mr. Roof's defense, it is necessary that we obtain all of his inmate records, including his general records, mental health records, and medical records. I write to respectfully request a copy of any and all records you may have concerning Mr. Roof.

Enclosed, please find a letter from Mr. Pennington authorizing me to act as his representative in obtaining Mr. Roof's records and a written authorization from Mr. Roof for release of his records.

If you should have any questions, please do not hesitate to contact me. Thank you in advance for your assistance.

Sincerely,

Lindsey S. Vann
Staff Attorney
lindsey@deathpenaltyresource.org

Enclosures (2)

Master Problem List

Name: ROOF DYLANN SSN#: 000000000 DOB: 4/3/1994

Problem List (Most recent First)		Current Medication List	
Allergies		Alerts	
Results Loaded Since last Office Visit		Documents Loaded Since last Office Visit	
		1. REFUSALS (10/17/15 -- d. roof.tif SEG CK)	
Internal Messages			
Incoming Calls		Outgoing Calls	
Active Clinical Task		Past Clinical Task	
Initiate Clinical Task 1. Segregation Check- Daily 2. Segregation Checks- Weekly/Vitals		1. Initial Segregation Check 2. PPD 3. CIWA Evaluation 4. COWS Evaluation	
Insurance Carriers			
Pending Orders		Pending Referral	
1. IN THREE WEEKS 2. THYROID PROFILE WITH TSH (000620)		1. Leonard, Elizabeth - Mental Health - 6/18/2015	
Completed Orders			
1. CLEAN CATCH URINE MICRO CNS 2. LIPID PROFILE 3. STAT CBC, CMP, TSH, THYROID PANEL, HGBA1C 4. Diet - Hi Calorie/Hi Protein			
Patient Notes (Shared Notes):			
6/19/15 at 1402 Pt FSBS=100.DS			

Save
Print

Intake Start Time: 6/18/2015 7:44:05 PM

Booking Date: 6/18/2015

INTAKE SCREENING/HISTORY : PART 1

Completed on paper - please refer to Document Management

LAST NAME ROOF FIRST NAME DYLANN MI S

INMATE # IS 1518680 DOB 4/3/1994

DATE (MM/DD/YY) 6/18/2015 TIME 7:52 PM SEX MALE FEMALE SOCIAL SECURITY NUMBER 000000000

Interpreter Used? Yes No Name? Insurance: Review PR Form

No Known Allergies

COMMUNICABLE DISEASES No Reported Communicable Diseases

Has a doctor currently diagnosed you with... (Check all that apply)

Abscess Chicken Pox Lice MRSA Shingle

Reported Medications

No Reported medications

HISTORY

Major Surgical History (within 90 days)

Yes Date : No

Type:

Medical Hospitalizations (within 90 days)

Yes No

If yes, describe:

where?

Date :

Ever had transplant surgery

Yes No

When?

Type:

Immunization

Are your immunizations current?

Yes No Don't know If no, explain: pt reports tetanus UTD

Tobacco Use

Do you smoke? Yes No

Current Former

Amount? socially/packs/day

How long?
2 months

Alcohol Use

Do you drink alcohol?

Yes No

What?

etoh

Last Use?

How much?
socially

Ever had alcohol
withdrawals, tremors,
seizures, or DT's

Yes No

Substance/Drug Use

Do you use drugs? Yes No

Do you use injectable drugs? Yes No

Needlemarks? Yes No

Heroin How much? How often? Hx of withdrawal

Narcotics How much? How often? Hx of withdrawal

Benzodiazepines How much? ?mg How often? soc Hx of withdrawal no

Methamphetamine Yes No Last use?

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

D03901

	associated with stopping alcohol? If Yes, When?	Cocaine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last use? Marijuana <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last use? Other
--	--	---

INFECTIOUS DISEASES

Hepatitis Have you ever had Hepatitis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hep A? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hep B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated Hep C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated	STD's Have you ever had an STD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Syphilis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated Gonorrhea? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated Chlamydia? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated Other? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated	HIV/AIDS Do you have HIV infection or AIDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you currently receiving medication(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, where treated? When diagnosed?
--	--	--

TB Symptoms Do you have? Weight loss <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Night Sweats <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fever <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Persistent cough >2 weeks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Coughing Blood <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weak/Tired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TB Have you ever had a skin test for TB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know Date of last PPD? _____ Prior + PPD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know Have you ever been treated for a +PPD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Duration of treatment? _____ Where treated? _____
---	--

Have you ever had an active TB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Where diagnosed? _____ Where treated? _____ Date of onset? _____ Have you had a chest x-ray in the past year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of last x-ray? _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know	TB Skin Test PPD planted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location? <input checked="" type="checkbox"/> LFA <input type="checkbox"/> RFA Date planted 06/18/2015 Initials DP Date read _____ Reader's Initials _____ Lot Number _____ Exp Date _____
---	---

CHRONIC ILLNESS
 Has a Doctor Diagnosed You With...

Asthma (If no, next section) Do you have Asthma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of onset? Last episode? ER visit in last 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when?	Cardiovascular Disease (ask each question) Have you ever had any problems with your heart? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of onset? <input type="checkbox"/> Angina <input type="checkbox"/> Heart attack	<input type="checkbox"/> Heart valve replacement <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Pacemaker <input type="checkbox"/> Internal Defibrillator <input type="checkbox"/> Endocarditis	Cerebrovascular Disease Have you ever had a: CVA (stroke)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of onset TIA (Mini-Stroke)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Ever intubated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No -If yes, when?	<input type="checkbox"/> Bypass surgery <input type="checkbox"/> Stents <input type="checkbox"/> CHF Date of onset? Last episode?	<input type="checkbox"/> DVT/PE Comments	Date of onset Comments
Currently on steroids? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Peak Flow Result			

Diabetes (if no, next section) Have you ever had diabetes or a problems with high blood sugar? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No When dx? How often do you check your blood sugar? <input type="checkbox"/> QD <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> OID Are you currently receiving medication(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hospitalization last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, when? Fingerstick result:	Hypertension (if no, next section) Have you ever had high blood pressure or hypertension? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of onset? Are you currently receiving medication(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Epilepsy/Seizure (if no, next section) Have you ever had a seizure or convulsion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequency greater than one per month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Two or more anticonvulsants? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you currently receiving medication(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last seizure? Comments
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Gastrointestinal (if no, next section) Have you ever been treated for problems with your stomach or bowels? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you ever been told you have cirrhosis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you ever had a GI bleed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last bleed? Frequency? Comments Notes	Cancer (if no, next section) Do you currently have cancer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cancer type When diagnosed? Treatment <input type="checkbox"/> None <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Surgery <input type="checkbox"/> Other	Dialysis (if no, next section) Are you currently on dialysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Where are you receiving your dialysis treatments? Type? <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Number of times per week? Thrill <input type="checkbox"/> Yes <input type="checkbox"/> No Bruit <input type="checkbox"/> Yes <input type="checkbox"/> No Shunt <input type="checkbox"/> Yes <input type="checkbox"/> No Location: Last Dialyzed?
		COPD/Emphysema (if no, next section) Do you have COPD or emphysema? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No O2 dependant? <input type="checkbox"/> Yes <input type="checkbox"/> No CPAP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever been on a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No O2 Sat

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EXAMINATION			
<p>Visual Acuity (Snellen)</p> <p>Comment unable to examine at this time</p> <p>Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Deferred <input type="checkbox"/></p> <p>Without correction With correction</p> <p>R _____ R _____</p> <p>L _____ L _____</p> <p>Both _____ Both _____</p>	<p>HEENT</p> <p><input type="checkbox"/> Unremarkable <input type="checkbox"/> Sclera injected (red)</p> <p><input type="checkbox"/> Lacerations <input type="checkbox"/> Sclera Icteric (yellow)</p> <p><input type="checkbox"/> Scalp lesions <input type="checkbox"/> Pale conjunctiva</p> <p><input checked="" type="checkbox"/> Abnormal pupils <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Deferred</p> <p>Describe pupils slightly dilated. 5mm. responsive to light</p>		
<p>Visual Impairment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Blind <input type="checkbox"/> R.Eye <input type="checkbox"/> L.Eye <input type="checkbox"/> Bilateral</p> <p>Corrective Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Currently in I/M's possession? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deferred <input type="checkbox"/></p> <p>Comment pt reports no issues</p>	<p>Oral Cavity</p> <p><input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Missing Teeth</p> <p><input type="checkbox"/> Thrush <input type="checkbox"/> Edentulous</p> <p><input type="checkbox"/> Abscess <input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> Lesions <input type="checkbox"/> Other</p> <p>Describe pt reports no issues presently</p>		
<p>Hearing</p> <p><input type="checkbox"/> Appears adequate</p> <p><input checked="" type="checkbox"/> Hearing loss</p> <p><input type="checkbox"/> Deaf</p> <p><input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> Other</p>	<p>Describe pt reports minor hearing loss to both ears</p>	<p>Neck</p> <p><input type="checkbox"/> Unremarkable <input type="checkbox"/> Deferred</p> <p><input checked="" type="checkbox"/> Appears Symmetrical <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Obvious masses</p> <p>Describe</p>	
<p>Chest</p> <p><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rhonchi</p> <p><input type="checkbox"/> Wheezes <input type="checkbox"/> Surgical scar</p> <p><input type="checkbox"/> Rales <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Deferred</p>	<p>Describe no sob. resp even and unlabored. lungs CTA</p>	<p>Abdomen</p> <p><input checked="" type="checkbox"/> Unremarkable/Soft</p> <p><input type="checkbox"/> Surgical Scar</p> <p><input type="checkbox"/> Liver possibly enlarged</p> <p><input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> Other</p> <p>Describe pt reports no issues presently</p>	
<p>Heart</p> <p>Rate <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Brady <input type="checkbox"/> Tachy</p> <p>Rhythm <input checked="" type="checkbox"/> Reg. <input type="checkbox"/> Irreg.</p> <p>Possible murmur <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Deferred <input type="checkbox"/></p>	<p>Describe normal HR</p>	<p>Skin</p> <p><input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Tracks</p> <p><input type="checkbox"/> Open lesions/sores <input type="checkbox"/> Tattoos</p> <p><input type="checkbox"/> Lacerations <input type="checkbox"/> Jaundice</p> <p><input type="checkbox"/> Surgical scars <input type="checkbox"/> Pallor</p> <p><input type="checkbox"/> Rash <input type="checkbox"/> Deferred</p> <p>Describe pt reports no issues presently</p>	

<input type="checkbox"/> Other	
Extremities <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Deferred <input type="checkbox"/> Edema <input type="checkbox"/> Other <input type="checkbox"/> Cyanosis <input type="checkbox"/> Capillary Refill Delayed	Describe gait steady
Please note: If a patient's age, sexual history, medical history past or present indicate the need for a pelvic, rectal, genitalia, or prostate exam, schedule patient for physician/physician extender evaluation.	

MENTAL HEALTH

Past/current mental illness/complaint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you been diagnosed with the following: <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Bipolar <input type="checkbox"/> Major depression <input type="checkbox"/> Other	History of suicide attempts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last attempt?	
Do you feel hopeless or helpless? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have thoughts of suicide now? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family/friends history of suicide? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have thoughts of hurting yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have thoughts about hurting others? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of hearing things? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of seeing things? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		History of psych hospitalization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

History of special education placement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family history of mental illness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of: <input type="checkbox"/> Mental retardation <input type="checkbox"/> Learning disability
Neurological deficit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		

MENTAL HEALTH/RESPONSE TO INCARCERATION

Oriented To Person <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Psychomotor <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Agitation	Speech <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred <input type="checkbox"/> Mute	Mood <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable/Angry	Affect <input checked="" type="checkbox"/> Appropriate to mood <input type="checkbox"/> Inappropriate to mood <input type="checkbox"/> Labile <input type="checkbox"/> Flat	Thought Process <input checked="" type="checkbox"/> Logical <input type="checkbox"/> Illogical <input type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant
---	--	---	---	--	---

Have you ever been convicted of or a victim of a violent or sexual crime? Yes No Explain:

Work Clearance Yes No

Referral <input type="checkbox"/> Nursing Sick Call <input type="checkbox"/> Routine <input type="checkbox"/> Expedited <input type="checkbox"/> MD/NP/PA Sick Call <input type="checkbox"/> Routine <input type="checkbox"/> Expedited	<input checked="" type="checkbox"/> Mental Health Referral <input type="checkbox"/> Routine <input type="checkbox"/> Expedited <input type="checkbox"/> Chronic Care Clinic <input type="checkbox"/> Routine <input type="checkbox"/> Expedited <input type="checkbox"/> Dental Referral	Nursing Actions <input type="checkbox"/> CIWA <input type="checkbox"/> COWS <input type="checkbox"/> Pharm fxd or cntctd <input type="checkbox"/> CCLog <input type="checkbox"/> MD Communication Form
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My information is correct, the grievance process has been explained, and I have had the opportunity to ask questions.
 Yes No Explain:

Classification	<input type="checkbox"/> Medical	<input type="checkbox"/> A3N	<input checked="" type="checkbox"/> General Pop	<input checked="" type="checkbox"/> Suicide Watch
	<input type="checkbox"/> Veteran	<input type="checkbox"/> FED	<input type="checkbox"/> ICE	

COMMENTS

no work camp, pt currently on suicide watch, pt denies any chronic medical conditions, mental health history, or any acute issues presently at this time. pt did reports recreational use of Xanax occasionally. pt reported to nurse that his last usage was 1 week ago.

General Observation

General Appearance	<input checked="" type="checkbox"/> NAD	<input checked="" type="checkbox"/> Appears Hydrated	<input type="checkbox"/> Other
--------------------	---	--	--------------------------------

Mobility <input type="checkbox"/> Yes Restrictions <input checked="" type="checkbox"/> No <input type="checkbox"/> Deformity <input type="checkbox"/> Amputation <input type="checkbox"/> Paraplegia <input type="checkbox"/> Cast <input type="checkbox"/> Injury Other	Hearing Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Deaf <input type="checkbox"/> R.Ear <input type="checkbox"/> L.Ear <input type="checkbox"/> Bilateral Hearing impaired <input type="checkbox"/> R.Ear <input type="checkbox"/> L.Ear <input type="checkbox"/> Bilateral Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently in I/M's possession? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

VITAL SIGNS one or more vital signs refused

Height in Inches 69 <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Reported	Weight 120 lbs (Weight Patient)	Temperature (sp) 99	Pulse 96	Respirations 16	Systolic BP 138	Diastolic BP 70	Oxygen Sat 99
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HEALTH EDUCATION

<input type="checkbox"/> Oral Hygiene	<input type="checkbox"/> Nutrition	<input type="checkbox"/> STDs	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Exercise	<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> HIV Testing	<input type="checkbox"/> Other

Do you have any medical conditions not being addressed?

Normal Encounter

CONSENT

By signing this form, I am stating that...

I have answered these questions truthfully and the access to care and grievance policies have been explained to me. I also give CCOH and its medical personnel permission to treat me and perform routine labs to detect Hepatitis, HIV/AIDS or any other communicable disease. I understand that this would only be in the event that medical personnel or other jail staff members are exposed to my bodily fluids.

SIGNATURE

Interviewer's Name (Print/Stamp)	Interviewer's Signature	Date (MM/DD/YY)	Time -AM -PM
-------------------------------------	-------------------------	-----------------	-----------------

Inmate's Name (Print/Stamp)	Inmate's Signature	Date (MM/DD/YY)	Time	: -AM -PM
-----------------------------	--------------------	-----------------	------	--------------

Reason for not requiring Signature:

ADMITTED TO THE INFIRMARY ON 06/19/2015

Filled Date

6/18/2015 7:52:48 PM

Filled By

Livingston RN, Brandi

CheckedOut Date

6/24/2015

CheckedOut By

Fludd CMA, Shawn

Inmate: **ROOF, DYLANN** Inmate No: **1518680** DOB: **4/3/1994**

CONSENT

By signing this form, I am stating that...

I have answered these questions truthfully and the access to care and grievance policies have been explained to me. I also give CCOH and its medical personnel permission to treat me and perform routine labs to detect Hepatitis, HIV/AIDS or any other communicable disease. I understand that this would only be in the event that medical personnel or other jail staff members are exposed to my bodily fluids.

SIGNATURE

_____: -AM -PM

Interviewer's Name
(Print/Stamp)

Interviewer's Signature

Date (MM/DD/YY)

Time

[Handwritten signature]

6/18/15

9:27

-AM (PM)

Inmate's Name (Print/Stamp)

Inmate's Signature

Date (MM/DD/YY)

Time

X Dylann Roof

6/18/15

9:27

-AM (PM)

1518680

Roof, Dylann Storm

Patient Visit Report

Physician Last,First Name : **Leonard, Elizabeth,**

Patient Last,First Name

DOB

Visit Date

ROOF, DYLANN

4/3/1994

6/18/2015

Patient is a 21 year old Male.

The patient was referred as follows :

Leonard, Elizabeth - Mental Health -- Psychiatry and Behavioral Health

Leonard, Elizabeth,

Completed Date

6/18/2015 7:53:47 PM

Completed By

Livingston RN, Brandi

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994
Note generated by Doctorspartner EMR software(www.doctorspartner.com)



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit: A1B

Inmate Name: Roof Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other: CIWA/COWS

Reason/Potential Consequences

Reason for Refusal: doesn't want

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe):

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate
Date: 6/19/15 Time: 23:45 am/pm

Signature of Witness
[Signature]
Printed/Stamped
DC Nancy Hill
Date: 6/19/15 Time: 23:45 am/pm

Signature of Additional Witness (if required)
Printed/Stamped
Date: 6/19/15 Time: 23:45 am/pm

Provider/Nurse

Referral

Signature: [Signature]
Printed/Stamped: MASSULLO
Date: 6/19/15 Time: 23:45 am/pm

Referral for additional follow-up: Yes No
Describe:

✓ Remove AC
✓ 48 hr f/u AC

Suicide Management Protocol & Assessment Tool

Inmate Name: Roof, Dylann Inmate #: 1518080

Date Booked Into Jail: 01/18/15 Date Placed On Precautions: 01/18/15

Initiated By: CO (Chief Beatty) Nurse () MHC () Emerg. Rm

History of Suicidal Behavior:

No Prior Ideation No Prior Attempts 1-3 Attempts 4-7 Attempts 8+

Prior Means of Attempts: N/A

(a) Firearm (b) Hanging (c) Overdose (d) Cut wrist (e) Bridge jump
 (f) Toxin ingest. (g) Drowning (h) Passive Suicide (i) Other: _____

Date(s) of Past Attempts: (begin with most recent) Example: c) 6/24/04 OD -OTC

N/A.

Sad Persons Scale:

Sex: M F Race: W Age: 21 Depression: Y N Prior Attempts Y N Allergies: NKDA

ETOH/Drugs: Y N Rational Thought Loss: Y N Social Support: Y N

Organized Plan: Y N Spouse/Significant Other: Y N Sickness: Y N → Thyroid Disease

Inmates Report: I/m denies saying or doing anything to get him

- on slw. He denies SI/HT, AVH, & paranoia.
- I/m was oriented x3, Alert, & cooperative.
- He reports he has eaten 1 & 1/2 sandwiches but no fluids.
- I encouraged I/m to drink the juice or water.
- He denies drug use but admits to recent drug charge
- He admits to drinking ETOH once weekly

Outcome Of Evaluation: I/m denied Hx of mental illness + tx but admitted he met with a counselor @ age 13. He reports he did not follow through with tx.

Dx Imp: Hx of Anxiety/Depression + MS Dep.
Tx Plan: Remove from slw but remain on mental health obsv on constant obsv until cleared by the psychiatrist. Will file mon.

Mental Status Exam:

Affect: Blunted Mood: "worried" Orientation (person/place/time): x3
A/V H: denies Delusions: Y N Anxiety: Y N
Medication(s): Y N Meds Here: Y N Type of Med(s): N/A

Conducted by: Org Crat Title: M/N Date: 01/19/15

**48 Hour Follow-up for Inmates Removed
From Suicide Precautions**

Inmate Name: Roof, Dylann Inmate #: 1518080

Housing Unit: A1B DOB: 04/03/94

Today's Date: 01/22/15 Date Removed: 01/19/15

Current Status:

- I/m denies current thoughts, urges, or plans re: ~~st/lt~~
- He denies A/VH & paranoia.
- I/m reports he's been eating well & drinking fluids
- He denies having any problems sleeping.
- I/m presents oriented x3, Alert, & cooperative.
- He reports he's doing well in general
- Reports he hasn't had Rec or a shower yet.
- He continues to feel he doesn't need MH services.

Future Needs/Treatment Plan(s):

I/m continues to contract for safety. I encouraged I/m to refer himself should he need to meet again.

Dx Imp: Hx of Anxiety DIONOS + MJ Dep.

tx Plan: Remove I/m from Mental Health Observation.
will FLU PRN.

Conducted by: Oy Grant Title: MSW Date: 01/22/15

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health ● Observation

Inmate Name: Roof, Dylann Inmate #: 1518680 Room: 1141B

Reason for Placement on Observation: Suicidal

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6/15/15 Person Starting Watch: DC L Cory Pay #: 10333

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6-18-15	1930	ENTERED UNIT A1B	LML	6-19-15	0400	Lying on Bed	DBH
6-18-15	1945	Laying down	LML	6-19-15	0415	Lying on Bed	DBH
6-18-15	2000	ESCORPED BY SGT FOR VISIT	LML	6-19-15	0430	Lying on Bed	DBH
6-18-15	2005	RETURNED FROM VISIT	LML	6-19-15	0445	Lying on Bed	DBH
6-18-15	2055	RECEIVED BRAD DINNER	LML	6-19-15	0500	Lying on Bed	DBH
6-18-15	2105	THE SAME OF HIS DINNER	LML	6-19-15	0515	Lying on Bed	DBH
6-18-15	2115	Laying down	LML	6-19-15	0530	Lying on Bed	DBH
6-18-15	2130	Laying down	LML	6-19-15	0545	Lying on Bed	DBH
6-18-15	2145	Laying down	LML	6-19-15	0559	Lying on Bed	DBH
6-18-15	2157	SOLICITS TO GO OUT TO VISIT	LML	6-19-15	0604	Lying on bed	DBH
6-18-15	2207	BY THE WAY FROM VISIT	LML	6-19-15	0616	Lying on bed	DBH
6-18-15	2225	Laying down	LML	6-19-15	0629	Lying on bed	DBH
6-18-15	2240	Laying down	LML	6-19-15	0632	Lying on bed	DBH
6-18-15	2335	Laying down	LML	6-19-15	0639	Lying on bed	DBH
6-19-15	0010	Laying down	LML	6-19-15	0643	Lying on bed	DBH
6-19-15	0027	Laying down	LML	6-19-15	0655	Lying on bed	DBH
6-19-15	0047	Laying down	LML	6-19-15	0706	Eating on bed	DBH
6-19-15	0103	Laying down	LML	6-19-15	0718	Lying on bed	DBH
6-19-15	0118	Laying on bed	Lebo	6-19-15	0730	Lying on bed	DBH
6-19-15	0130	Laying on bed	Lebo	6-19-15	0745	Lying on bed	DBH
6-19-15	0144	Laying on bed	Lebo	6-19-15	0800	Lying on bed	DBH
6-19-15	0155	Laying on bed	Lebo	6-19-15	0815	Lying on bed	DBH
6-19-15	0205	Laying on bed	Lebo	6-19-15	0830	Lying on bed	DBH
6-19-15	0214	Laying on bed	Lebo	6-19-15	0840	Talking to Mental Health Amy	DBH
6-19-15	224	Laying on bed	Lebo	6-19-15	0954	Mental Health leaves - sitting	DBH
6-19-15	235	Laying on bed	Lebo	6-19-15	0900	Sitting on bed	DBH
6-19-15	243	Laying on bed	Lebo	6-19-15	0915	Sitting on bed - drinking juice	DBH
6-19-15	351	Laying on bed	Lebo	6-19-15	0930	Lying on bed	DBH
6-19-15	251	Sgt Caswell info provided	Lee	6-19-15	0945	Lying on bed	DBH
6-19-15	0300	Lying on bed	DBH	6-19-15	0950	Nurse Wiley checks vitals	DBH
6-19-15	0315	Lying on bed	DBH	6-19-15	0938	Amy clears outside watch	DBH
6-19-15	0330	Lying on bed	DBH	6-19-15	0955	Received Amy's message	DBH
6-19-15	0345	Lying on bed	DBH				

Authorizing Supervisor Signature for removal from E.R.C. _____

Clearance for removal from suicidal precautions: _____

(Must Be Signed By Mental Health)



Sheriff Al Cannon Detention Center
 Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Roof, Dylann

Inmate #: 1518680

Room: 1141B

Reason for Placement on Observation: _____

ERC Authorizing Supervisor Signature: _____

Pay #: _____

Date Starting Watch: 6-19-15

Person Starting Watch: Ofc. G. Stephenson

Pay #: 10724

Enter Time in staggered 15 Minute intervals (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6-19-15	0955	lying down on bed	AD	6-19	1455	sitting on bed	CB
6-19	1010	lying on bed	AD	6-19	1500	going to Post 36	CB
6-19	1025	lying on bed	AD	6-19	1555	SOB Returns I/M from 26	AD
6-19	1040	lying on bed	AD	6-19	1605	Sitting at desk	AD
6-19	1050	lying on bed	AD	6-19	1615	Washing at sink	AD
6-19	1100	lying on bed	AD	6-19	1630	Sitting on bunk	AD
6-19	1115	lying on bed	AD	6-19	1644	sitting on bunk	AD
6-19	1127	lying on bed	AD	6-19	1645	Sitting on bed reading	AD
6-19	1137	lying on bed	AD	6-19	1700	Sitting on bed	AD
6-19	1145	lying on bed eating	AD	6-19	1710	Reclining on bed	AD
6-19	1155	Changes into uniform/washes	AD	6-19	1725	sitting on bed	CB
6-19	1200	Washing in sink	AD	6-19	1740	laying on bed	CB
6-19	1215	Sitting on bed eating	AD	6-19	1755	laying on bed	AD
6-19	1224	Nurse Paige checks vitals	AD				
6-19	1233	CPD Sgt. Brown serves warrants	AD				
6-19	1245	Sitting on bed eating	AD				
6-19	1300	Remove tray + food / standing	AD				
6-19	1303	Psychiatrist comes to talk	AD				
6-19	1330	Psychiatrist leaves I/M	AD / initials				
6-19	1340	Washing @ sink	AD				
6-19	1345	DDG Sgt. Mauldin + Fickett, Fishburne take to Bond Hearing	CB				
6-19	1400	At Bond hearing	CB				
6-19	1415	At Bond Hearing	CB				
6-19	1430	At Bond Hearing	CB				
6-19	1440	Brought back from B/H placed in room	CB				

Authorizing Supervisor Signature for removal from E.R.C. _____

Clearance for removal from suicidal precautions: _____

(Must Be Signed By Mental Health)

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Noof, Dylan Inmate #: 1518680 Room: 1141 B

Reason for Placement on Observation: _____

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6-26-6 Person Starting Watch: Burch Pay #: 10661

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6-20	1841	laying on Bunk	JB		0525	Laying on bunk	sm
	1838	Sitting on Bunk	JB		0541	laying on bunk	JB
	1902	Sitting on Bunk	JB		0559	laying on bunk	JB
	1935	Sitting on Bunk	JB		0605	Sleeping	JS
	1958	Sitting on Bunk	JB		0615	Sleeping	P
	2010	Sitting on Bunk	JB		0630	sleeping	CB
	2047	Sitting on Bunk	JB		0645	talking to Chaplin Smith	CB
	2100	Sitting on Bunk	sm		0700	eating breakfast	CB
	2138	Sitting on Bunk	JB		0715	wing bathroom	CB
	2200	Sitting on Bunk	sm		0730	laying down	CB
	2224	Sitting on Bunk	JB		0744	sleeping	CB
	2250	Sitting on bed Reading	sm		0804	Sleeping	JS
	2314	Sitting on bunk	JB		0822	Sleeping	CB
	2353	laying on bunk	JB		0840	Sleeping	BT
6/21	0000	laying on bunk	JB		0855	Sleeping	P
	0030	laying on bunk	sm		0910	laying down	CB
	0040	laying on bunk	JB		0925	laying down	CB
	0100	laying on bunk	sm		0941	laying down	CB
	0115	laying on bunk	sm		0951	laying down	JB
	0120	laying on bunk	sm		1005	Sleeping	CB
	0145	laying on bunk	sm		1020	Sleeping	CB
	0200	laying on bunk	sm		1041	washing his face	JS
	0216	laying on bunk	JB		1100	reading a book	JS
	0232	laying on bunk	JB		1115	reading a book	JS
	0257	laying on bunk	JB		1122	gave tuberculin	JS
	0330	laying on bunk	JB		1132	Retrieved tray from room	CB
	0350	laying on bunk	JB		1152	Sitting on bed	CB
	0410	laying on bunk	sm		1205	laying down	JS
	0425	laying on bunk	sm		1225	laying down	JS
	0440	laying on Bunk	sm		1240	laying down	P
	0455	laying on bunk	sm		1300	laying down	CB
	0510	laying on bunk	sm		1315	laying down	CB
					1330	sleeping	CB

Authorizing Supervisor Signature for removal from E.R.C. _____

Clearance for removal from suicidal precautions: _____

(Must Be Signed By Mental Health)

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Roef, Dylan

Inmate #: 1518650

Room: 1141B

Reason for Placement on Observation: _____

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6-20-15 Person Starting Watch: Ofc. C. Barley Pay #: 10652

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6-20	6:11	sleeping	CB	6-20	13:25	using bathroom	JS
6-20	06:24	sleeping	CB	6-20	13:55	SOA letter to escort to	JS
6-20	06:35	sleeping	CB			Roofs/Fishburne (26)	
6-20	06:42	received breakfast tray	CB	6-20	14:45	SOA Roofs/Fishburne,	CR
6-20	06:57	finished breakfast	CB			Sgt. Roberts, Lt. Connor.	
6-20	07:12	sleeping	LB	6-20	17:00	sitting, reading	CR
6-20	07:25	sleeping	CB	6-20	17:15	sitting, reading	CR
6-20	07:40	sleeping	CB	6-20	17:30	reading	CR
6-20	07:55	sleeping	CB	6-20	17:45	reading	CR
6-20	08:10	sleeping	JS	6-20	17:55	reading	CR
6-20	08:25	sleeping	CR				
6-20	08:40	sleeping	CR				
6-20	08:50	sleeping	JS				
6-20	09:05	sleeping	CR				
6-20	09:20	sleeping	CR				
6-20	09:35	sleeping	CR				
6-20	09:50	sleeping	JS				
6-20	10:05	sleeping	JS				
6-20	10:20	sleeping	CR				
6-20	10:40	sleeping	JS				
6-20	10:55	sleeping	CR				
6-20	11:05	sleeping	JS				
6-20	11:20	sleeping	CR				
6-20	11:40	eating	JS				
6-20	11:55	eating	CR				
6-20	12:05	sitting on bunk	CR				
6-20	12:17	sitting on bunk	CR				
6-20	12:20	removed tray from cell	CR				
6-20	12:35	sleeping	CR				
6-20	12:44	sleeping	CR				
6-20	12:54	reading	CR				
6-20	13:08	reading	CR				
6-20	13:21	washing face	CR				

Authorizing Supervisor Signature for removal from E.R.C. _____

Clearance for removal from suicidal precautions: _____

(Must Be Signed By Mental Health)

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Roof, Dylan Inmate #: 1518680 Room: 1141 B

Reason for Placement on Observation: Per Amy mental Health

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6/21/15 Person Starting Watch: C. Rivu Pay #: 10624

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
	1000	sleeping	CR				
	1015	sleeping	CR				
	1030	sleeping	CR				
	1045	sleeping	CR				
	1104	sleeping	JS				
	1109	sleeping	CR				
	1128	gave hand tray + juice	CR				
	1145	sitting on bunk	CR				
	1200	sitting on bunk	CR				
	1215	washing hands	CR				
	1235	gave clean towels fm. comm	CR				
	1255	reading	CR				
	1314	laying down	JS				
	1328	laying down reader	JS				
	1332	met with mt Amy	AR				

Authorizing Supervisor Signature for removal from E.R.C. _____

Clearance for removal from ~~suicidal~~ mental health precautions: CR/CR - now 6/22/15
(Must Be Signed By Mental Health)

* Remove from mental health observation AR

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate
 Emergency Restraint Chair
 Mental Health Observation

Inmate Name: Roof, Dylan Inmate #: 15181080 Room#: 1141B

Reason for Placement on Observation: Per Army Mental Health

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6/21/15 Person Starting Watch: C. Rivas 10621 Pay #: 10621

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6/21	1345	Sleeping	CU	6/21	2357	Reading on Bunk	JB
	1357	Sleeping	CU	6/21	0018	Getting with BS check	JB
	1406	Sleeping	JB		0105	laying on Bunk	JB
	1421	Sleeping	CU	6/22	0119	laying on Bunk	JB
	1446	Sleeping	CU		0142	laying on bunk	MT
	1500	Sleeping	CU		0216	laying on bunk	JB
	1515	Sleeping	CU		0230	laying on bunk	JB
	1530	Sleeping	CU		0255	laying on bunk	JD
	1550	Sleeping	CU		0311	laying on bunk	JB
	1608	Sleeping	CU		0343	laying on bunk	MT
	1623	Sleeping	CU		0400	laying on bunk	JB
	1640	Sleeping	CU		0420	laying on bunk	JB
	1700	sitting on bed	CU		0441	laying on bunk	JB
	1718	Reading/Sitting on bed	CU		0507	laying on Bunk	JB
	1734	Reading/Sitting on bed	CU		0521	laying on Bunk	JB
	1741	Reading/laying in bed	CU		0546	laying on Bunk	JB
	1802	Reading	JB		0603	Sleeping	JB
	1839	laying on Bunk	JB		0621	Sleeping	JB
	1855	eating	JB		0638	handed over BK tray to him + milk	CU
	1915	Sitting on bunk	MT		0643	laying down	JB
	1932	Sitting on bunk	MT		0658	retrieved tray + milk carton, juice	CU
	1950	Sitting on bunk	JB		0715	Sleeping	JB
	2019	Sitting on bunk	JB		0730	Sleeping	JB
	2043	Sitting on bunk	MT		0750	Sleeping	CU
	2104	laying on bunk	JB		0807	Sleeping	JB
	2120	laying on bunk	MT		0820	< sleeping	CU
	2156	laying on bunk	MT		0839	Sleeping	CU
	2215	laying on bunk	JB		0855	Sleeping	JB
	2231	laying on bunk	JB		0910	Sleeping	JB
	2245	Standing at Sink	MT		0925	Sleeping	JB
	2258	Sitting on Bunk	JB		0942	Sleeping	JB
	2310	Sitting on Bunk	JB				
	2330	Reading on bunk	MT				

Authorizing Supervisor Signature for removal from E.R.C. _____

MT OBSV.

Clearance for removal from suicidal precautions: _____

C. Rivas + MBL 6/22/15
 (Must Be Signed By Mental Health)

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate
 Emergency Restraint Chair
 Mental Health Observation

Inmate Name: Roof, Dylan Inmate #: 1518080 Room: 1141B

Reason for Placement on Observation: Per Army Mental Health

ERC Authorizing Supervisor Signature: _____ Pay # _____

Date Starting Watch: 6/21/15 Person Starting Watch: C. Rivas 10621 Pay # 10621

Enter Time in: 15 Minute or 30 Minute] intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
6/21/15	1345	Sleeping	CK	6/21/15	2357	Reading on Bunk	JB
	1357	Sleeping	CK	6/21/15	0018	Getting vitals checked	JB
	1426	Sleeping	CK		0105	laying on Bunk	JB
	1421	Sleeping	CK	6/22/15	0119	laying on Bunk	JB
	1446	Sleeping	CK		0142	laying on bunk	JB
	1500	Sleeping	CK		0216	laying on bunk	JB
	1515	Sleeping	CK		0230	laying on bunk	JB
	1534	Sleeping	CK		0255	laying on bunk	JB
	1550	Sleeping	CK		0311	laying on bunk	JB
	1628	Sleeping	CK		0343	laying on bunk	JB
	1623	Sleeping	CK		0400	laying on bunk	JB
	1640	Sleeping	CK		0420	laying on bunk	JB
	1700	Sitting on bed	CK		0441	laying on bunk	JB
	1718	Reading/Sitting on bed	CK		0507	laying on Bunk	JB
	1734	Reading/Sitting on bed	CK		0521	laying on Bunk	JB
	1747	Reading/laying in bed	CK		0546	laying on Bunk	JB
	1807	Reading	JB		0603	Sleeping	JB
	1839	laying on Bunk	JB		0621	Sleeping	JB
	1854	catching	JB		0638	handed over Blk tray to him + milk	CK
	1915	Sitting on bunk	JB		0643	laying down	JB
	1932	Sitting on bunk	JB		0658	retrieved tray + milk carton, juice	CK
	1950	Sitting on bunk	JB		0715	Sleeping	JB
	2019	Sitting on bunk	JB		0720	Sleeping	JB
	2043	Sitting on bunk	JB		0730	Sleeping	CK
	2045	laying on bunk	JB		0807	Sleeping	JB
	2120	laying on bunk	JB		0820	Sleeping	CK
	2154	laying on bunk	JB		0839	Sleeping	CK
	2215	laying on bunk	JB		0855	Sleeping	JB
	2231	laying on bunk	JB		0910	Sleeping	JB
	2243	standing at sink	JB		0925	Sleeping	JB
	2259	Sitting on Bunk	JB		0942	Sleeping	JB
	2310	Sitting on Bunk	JB				
	2330	Reading on bunk	JB				

Authorizing Supervisor Signature for removal from E.R.C. _____

MH OBSV.

Clearance for removal from suicidal precautions: _____

C. Rivas 6/22/15
(Must Be Signed By Mental Health)

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate
 Emergency Restraint Chair
 Mental Health Observation

Inmate Name: Roof, Dylan Inmate #: 1518680 Room: 1141 B

Reason for Placement on Observation: Per Amy mental Health

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 6/21/15 Person Starting Watch: C. Rivra Pay #: 10624

Enter Time in: 15 Minute or 30 Minute intervals. (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
	1000	Sleeping	CR				
	1015	Sleeping	CR				
	1030	Sleeping	CR				
	1045	Sleeping	CR				
	1104	Sleeping	JS				
	1109	Sleeping	CR				
	1129	gave hand tray + juice	CR				
	1145	sitting on bunk	CR				
	1200	sitting on bunk	CR				
	1215	washing hands	CR				
	1235	gave clean towels	CR				
		from corner					
	1255	reading	CR				
	1314	laying down	JS				
	1328	laying down reader	JS				
	1332	met with M.H. Amy (A)	(A)				

Authorizing Supervisor Signature for removal from E.R.C. _____
 Clearance for removal from ~~suicidal~~ ^{mental health} precautions: (M) Grant - now 6/22/15
 (Must Be Signed By Mental Health)

* Remove from mental health observation (A)

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Roof, Dylann
LAST FIRST MI

DATE OF BIRTH 4/3/94 INMATE 1518680

Housing Recommendations:

- General Population A4B
- Medical Observation Unit
- Lower level/ Lower Bunk
- Suicide Precautions * Remove from S/W but
- Special Watch (15 Minute Checks)
- Isolation
- Initiate Universal Precautions

remain on
mental health
observation in
unit A4B
until cleared by
the psychiatrist.
Also he will remain
on continuous
observation
until cleared
by the
psychiatrist.

Individual found to be:

- Frail/ Elderly
- Physically Handicapped
- Developmentally Disabled
- Drug/ Alcohol Withdrawal
- Special Mental Health Needs X
- Expressed Suicidal Ideation
- History Seizures
- Other

Specify

MH Nurse Aj Grant MSW

Date 4/19/15

Patient Visit ReportPhysician Last,First Name : **Jacobs Theodolph MD**Patient Last,First Name
ROOF, DYLANNDOB
4/3/1994Visit Date
6/19/2015**Chief Complaint & HPI**Patient is a 21 year old Male who presents with the following Chief Complaint of
1.late entry conducted at 1000 non sick call encounter- questionable withdrawl..**Immunizations****In Office Lab :****Current Medications:****Drug/Food Allergies:****ROS:**

- GENERAL : Denies Change in appetite, Denies Change in weight, Denies Chills fever, sweats
- HEAD : Denies Frequent Headaches, Denies Recent Trauma
- EYES : Denies Reading glasses, Denies Change in vision, Denies Double vision
- EARS/NOSE/THROAT/ MOUTH : Denies Loss of hearing, Denies Ringing in ears, Denies Gum problems, Denies Bleeding, Denies Nose Bleeding, Denies Hoarseness, Denies Difficulty swallowing, Denies Morning cough, Denies Toothache, Denies Vertigo
- RESPIRATORY : Denies Difficulty breathing, Denies Cough, Denies Shortness of breath, Denies Coughing up blood, Denies Wheezing/Asthma
- HEART : Denies Chest pain, Denies Heart beating fast, Denies Difficult breathing on activity, Denies Elevated Cholesterol
- DIGESTIVE SYSTEM : Denies Abdominal pain, Denies Nausea, Denies Vomiting, Denies Bloating, Denies Diarrhea, Denies Constipation, Denies Blood in stool, Denies Frequent belching, Denies Acid reflux
- URINARY SYSTEM - MALE : Denies Penile discharge, Denies Difficulty urinating, Denies Blood in urine, Denies Get up every night to urinate, Denies Prostate trouble, Denies Burning with urination
- MUSCLES/BONES : Denies Pain, Denies Weakness, Denies Joint Swelling, Denies Backache, Denies Degenerative Disease

- NERVOUS SYSTEM : Denies Dizziness, Denies Loss of consciousness, Denies Seizures, Denies Blackouts, Denies Nervous Exhaustion, Denies Numbness/tingling, Denies Strokes
- SKIN : Denies Skin cancer, Denies Rash, Denies Non healing lesion
- EMOTIONAL STATUS : Denies Nervousness, Denies Mood changes, Denies Schizophrenia, Denies Depression, Denies Insomnia
- ENDOCRINE/GLANDS : Denies Thyroid, Denies Heat intolerance, Denies Cold intolerance, Denies Diabetes, Denies Excessive thirst, Denies Excessive hunger, Denies Frequent urination
- BLOOD/LYMPH SYSTEM : Denies Anemia, Denies Easy bruising, Denies Easy bleeding, Denies AIDS/HIV, Denies Swollen glands
- ALLERGIES : Denies None/Normal, Denies Hayfever Environmental allergies

Vitals:

Vital Signs:

Blood Pressure 150/102, BMI of 0, Pulse Rate of 119, Respiration Rate of 16, and Temperature of 98.6, o2 99%..

Chart Catg.

Chart Type [View growth Chart](#)

Objective Exam:

Place Of Service : Office

Type Of Service : Medical Care

Patient Instruction:

IMPRESSION/PLAN :**Assessment Notes :**

medical was called by officer stating that the inmate was refusing to drink. Patient was seen in unit, upon arrival inmate was lying on bunk. Patient presented alert and oriented x 3. Pupils were dilated at the time of the exam. Patient was tachycardic and bp was elevated. patient denies use of etoh or opiates in last week. Patient states that he is eating and drinking and took two sips of the juice next to his bed.

Plan & Treatment Notes :

MD was notified of symptoms a second assessment was conducted.

Medications Prescribed are:

<http://www.pdr.net>

[Medication Review](#)

[Sample Medications](#)

The following Labs/Tests were also ordered on this visit for the patient:

NCCHC Standards

The patient was referred to community partner

The following procedures/actions were performed in this visit:

Jacobs Theodolph MD

Filed Date

6/19/2015 2:34:13 PM

Filed By

Wiley RN, Ashley

CheckedOut Date

6/24/2015

CheckedOut By

Fludd CMA, Shawn

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

Patient Visit Report

Physician Last,First Name : **Jacobs Theodolph MD**

Patient Last,First Name
ROOF, DYLANN

DOB
4/3/1994

Visit Date
6/19/2015

Chief Complaint & HPI

Patient is a 21 year old Male who presents with the following Chief Complaint of
1.Late entry for 6.19.15 1224 pm---Non-sick call encounter- Dr. Jacob's directed a follow-up evaluation of patient's physical status since his evaluation this morning..

Immunizations

In Office Lab :

Current Medications:

Drug/Food Allergies:

ROS:

- GENERAL : Denies Change in appetite
- HEAD : Denies Recent Trauma
- EARS/NOSE/THROAT/ MOUTH : Denies Vertigo
- RESPIRATORY : Denies Difficulty breathing
- HEART : Denies Chest pain, Denies Heart beating fast, Denies Difficult breathing on activity
- DIGESTIVE SYSTEM : Denies Abdominal pain, Denies Nausea
- MUSCLES/BONES : Denies Pain
- NERVOUS SYSTEM : Denies Dizziness

Vitals:

Vital Signs:

Blood Pressure 120/98, Pulse Rate of 87, Respiration Rate of 14, and Temperature of 98.4, SP02 98%

Chart Catg.

Chart Type

[View growth Chart](#)

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

D03925

Objective Exam:**Place Of Service :** Office**Type Of Service :** Medical Care

General : Appearance Normal
 Head/ENT : Appearance Normal
 Eyes : Pupils/Irises Normal PERRLA
 Lungs : Resp. Effort Normal Respiratory rate:14 regular, even, and unlabored.
 Musculoskeletal : Digits & Nails Normal
 Psychological : Mood/Affect Normal Calm and cooperative during evaluation.
 Skin : Inspection Normal No abnormalities noted on observed, exposed areas.

Patient Instruction:**IMPRESSION/PLAN :****Assessment Notes :**

Patient denies Drug or ETOH use within the last 7 days. Patient reports eating some of his breakfast today. Lunch tray present and patient reports he plans to eat some of his lunch.

Plan & Treatment Notes :

Patient will remain in the Administrative Segregation unit per Dr. Jacobs; under close Officer observation at this time due to no medical indication present to require Medical Infirmary admission.

Medications Prescribed are:<http://www.pdr.net>[Medication Review](#)[Sample Medications](#)**The following Labs/Tests were also ordered on this visit for the patient:****NCCHC Standards****The patient was referred to community partner**

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

D03926

The following procedures/actions were performed in this visit:

Jacobs Theodolph MD

Filed Date
6/19/2015 5:38:25 PM

Filed By
Page LPN, Michelle

CheckedOut Date
6/24/2015

CheckedOut By
Fludd CMA, Shawn

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

Infirmary Progress Note

Inmate Name: ROOF, DYLANN

Inmate No: 1518680

Progress Note:

Entered By: TBARRON Entered Date: 6/19/2015 5:18:49 PM

Pt Never admitted into the infirmary per ADON/DR. Jacobs

Entered By: TBARRON Entered Date: 6/19/2015 12:21:54 PM

Admitted to the infirmary for Possible W/D from ETOH/OPIATES

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

ADD PROTOCOL ELEMENT

Patient Name : ROOF,DYLANN

Patient InmateNo : 1518680

Protocol Name :Initial Segregation Check

Frequency :Repeat Every 1 Days

Start Date

End Date

Element Name	Range/Description	Value	Score
Temp	Notify MD if above 100.4	<input type="text"/>	<input type="text"/>
Pulse	Notify MD if abnormal	<input type="text"/>	<input type="text"/>
Respirations	Notify MD if abnormal	<input type="text"/>	<input type="text"/>
Blood Pressure	Notify MD if	<input type="text"/>	<input type="text"/>
Weight	Results	<input type="text"/>	<input type="text"/>
Medical Record Review	Reviewed for segregation contradictions	<input type="text"/>	<input type="text"/>
Medication Review	Reviewed for segregation contradictions	<input type="text"/>	<input type="text"/>

Description:

Date	6/18/2015
Temp(Range Notify MD if above 100.4)	98.9
Pulse(Range Notify MD if abnormal)	96
Respirations(Range Notify MD if abnormal)	16
Blood Pressure(Range Notify MD if	138/70
Weight(Range Results)	120
Medical Record Review(Range Reviewed for segregation contradictions)	new record
Medication Review(Range Reviewed for segregation contradictions)	new record
Score	0
Description	pt brought in the facility, placed on s/w. intake completed. ht and wt are reported.

D03929

	6/18/2015
Entered Date	7:47:21 PM
Entered By	DPHILLIPS

Notes :

Notify Md if BP is equal to or greater than 180/110

Protocol Created Date : 6/18/2015 7:00:28 PM

Protocol Created By : DPHILLIPS

Protocol End Date : 6/18/2015 7:47:28 PM

Protocol End By : DPHILLIPS

ADD PROTOCOL ELEMENT

Patient Name : ROOF,DYLANN

Patient InmateNo : 1518680

Protocol Name :PPD

Frequency :Repeat Every 3 Days

Start Date

End Date

Element Name	Range/Description	Value	Score
Reading	Pos/Neg	<input type="text"/>	<input type="text"/>
<p>Description:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>			

Date	6/21/2015
Reading(Range Pos/Neg)	neg
Score	0
Description	0mm induration
Entered Date	6/21/2015 4:33:22 AM
Entered By	RMASSULLO

Notes :

Check reading in 3 days. Contact provider if symptomatic and 10mm or greater. Complete DHEC chest x-ray referral.

Protocol Created Date : 6/18/2015 7:00:28 PM

Protocol Created By : DPHILLIPS

Protocol End Date : 6/21/2015 4:33:25 AM

Protocol End By : RMASSULLO

ADD PROTOCOL ELEMENT

Patient Name : ROOF,DYLANN

Patient InmateNo : 1518680

Protocol Name : CIWA Evaluation

Frequency : Repeat Every 8 Hours

Start Date

End Date

Element Name	Range/Description	Value	Score
Nausea/Vomiting	Assess and Score	<input type="text"/>	<input type="text"/>
Tremors	Assess and Score	<input type="text"/>	<input type="text"/>
Anxiety	Assess and Score	<input type="text"/>	<input type="text"/>
Agitation	Assess and Score	<input type="text"/>	<input type="text"/>
Paraoysmal Sweats	Assess and Score	<input type="text"/>	<input type="text"/>
Orientation	Assess and Score	<input type="text"/>	<input type="text"/>
Tactile Disturbances	Assess and Score	<input type="text"/>	<input type="text"/>
Auditory Disturbances	Assess and Score	<input type="text"/>	<input type="text"/>
Visual Disturbances	Assess and Score	<input type="text"/>	<input type="text"/>
Headache	Assess and Score	<input type="text"/>	<input type="text"/>
Pulse	Assess and Score	<input type="text"/>	<input type="text"/>
RR	Assess and Score	<input type="text"/>	<input type="text"/>
O2 Sat.	Assess and Score	<input type="text"/>	<input type="text"/>
BP	Assess and Score	<input type="text"/>	<input type="text"/>

Description:

Date	6/19/2015	6/20/2015	6/20/2015	6/21/2015	6/21/2015
Nausea/Vomiting(Range Assess and Score)	*	*	0	0	0
Tremors(Range Assess and Score)			0	0	0
Anxiety(Range Assess and Score)			0	0	0
Agitation(Range Assess and Score)			0	0	0
Paraoysmal Sweats(Range Assess and Score)			0	0	0
Orientation(Range Assess and Score)			0	0	0

D03932

Tactile Disturbances(Range Assess and Score)			0	0	0
Auditory Disturbances(Range Assess and Score)			0	0	0
Visual Disturbances(Range Assess and Score)			0	0	0
Headache(Range Assess and Score)			0	0	0
Pulse(Range Assess and Score)			121	0	113
RR(Range Assess and Score)			16	16	14
O2 Sat.(Range Assess and Score)			98	99	98
BP(Range Assess and Score)			130/100	138/99	128/93
Score	0	0	0	0	0
Description	Started per Dr. Jacobs	refused	Pt standing during vitals	Denies any symptoms of withdrawal	
Entered Date	6/19/2015 5:17:55 PM	6/20/2015 12:28:45 AM	6/20/2015 11:58:28 AM	6/21/2015 4:32:19 AM	6/21/2015 2:14:34 PM
Entered By	TBARRON	RMASSULLO	JMADONNA	RMASSULLO	JMADONNA

Date	6/22/2015	6/22/2015	6/23/2015	6/23/2015
Nausea/Vomiting(Range Assess and Score)	0	0	0	0
Tremors(Range Assess and Score)	0	0	0	0
Anxiety(Range Assess and Score)	0	0	0	0
Agitation(Range Assess and Score)	0	0	0	0
Paraosmal Sweats(Range Assess and Score)	0	0	0	0
Orientation(Range Assess and Score)	0	0	0	0
Tactile Disturbances(Range Assess and Score)	0	0	0	0
Auditory Disturbances(Range Assess and Score)	0	0	0	0
Visual Disturbances(Range Assess and Score)	0	0	0	0
Headache(Range Assess and Score)	0	0	0	0

Pulse(Range Assess and Score)	78	103	88	71
RR(Range Assess and Score)	16	17	16	17
O2 Sat.(Range Assess and Score)	98	99	99	99
BP(Range Assess and Score)	148/98	136/96	136/82	107/72
Score	0	0	0	0
Description	patient denies any symptoms of withdraw	score = 0. pt denies any issues at this time		
Entered Date	6/22/2015 4:21:24 AM	6/22/2015 3:04:27 PM	6/23/2015 3:19:25 AM	6/23/2015 11:51:02 AM
Entered By	RMASULLO	CMCADAMS	PGEIGER	CMCADAMS

Notes :

Nausea/Vomiting (0-7)

- 0 none
- 1 mild nausea, no vomiting
- 4 intermittent nausea
- 7 constand nausea, frequent heaves & vomiting

Tremors (0-7)

- 0 no tremor
- 1 not visible but can be felt
- 4 moderate w/arms extended
- 7 severe, even w/arms not extended

Anxiety (0-7)

- 0 none, at ease
- 1 mildly anxious
- 4 moderately anxious or guarded
- 7 equivalent to acute panic state

Agitation (0-7)

- 0 normal activity
- 1 somewhat normal activity
- 4 moderately fidgety/restless
- 7 paces or constantly thrashes about

Paroxysmal Sweats (0-7)

- 0 no sweats
- 1 barely perceptile sweatin, pal,s moist
- 4 beads of sweat obvious on forehead
- 7 drenching sweat

Orientation (0-4)

- 0 oriented
- 1 uncertain about date
- 2 disoriented to date by no more than 2 days
- 3 disoriented to date by > 2 days
- 4 disoriented to place and/or person

Tactile Disturbances (0-7)

- 0 none
- 1 very mild itch, P&N, numbness
- 2 mild itch, P&N, burning, numbness
- 3 moderate itch, P&N, burning, numbness
- 4 moderate hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

Audioty Disturbances (0-7)

- 0 not present
- 1 very mild harshness/ability to startle
- 2 mild harshness, ability to startle
- 3 moderate harshness, ability to startle
- 4 moderate hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

Visual Disturbances (0-7)

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderate hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

Headache (0-7)

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

Scale for Scoring:

- 0-8 = absent or minimal withdrawl
- 9-15 = mild to moderate withdrawl
- more than 15 = severe withdrawl

Protocol Created Date : 6/19/2015 8:00:06 AM

Protocol Created By : TBARRON

Protocol End Date : 6/23/2015 12:35:35 PM

Protocol End By : CMCADAMS

ADD PROTOCOL ELEMENT

Patient Name : ROOF,DYLANN

Patient InmateNo : 1518680

Protocol Name : COWS Evaluation

Frequency : Repeat Every 8 Hours

Start Date

End Date

Element Name	Range/Description	Value	Score
Resting Pulse Rate	Assess and Score	<input type="text"/>	<input type="text"/>
Sweating	Assess and Score	<input type="text"/>	<input type="text"/>
Restlessness	Assess and Score	<input type="text"/>	<input type="text"/>
Pupil Size	Assess and Score	<input type="text"/>	<input type="text"/>
Bone or Joint Aches	Assess and Score	<input type="text"/>	<input type="text"/>
Runny Nose or Tearing	Assess and Score	<input type="text"/>	<input type="text"/>
GI Upset	Assess and Score	<input type="text"/>	<input type="text"/>
Tremors	Assess and Score	<input type="text"/>	<input type="text"/>
Yawning	Assess and Score	<input type="text"/>	<input type="text"/>
Anxiety or Irritability	Assess and Score	<input type="text"/>	<input type="text"/>
Gooseflesh Skin	Assess and Score	<input type="text"/>	<input type="text"/>
Total Score	Add Total Score	<input type="text"/>	<input type="text"/>

Description:

Date	6/19/2015	6/20/2015	6/20/2015	6/21/2015	6/21/2015
Resting Pulse Rate(Range Assess and Score)	*	*	3	76	2
Sweating(Range Assess and Score)			0	0	0
Restlessness(Range Assess and Score)			0	0	0
Pupil Size(Range Assess and Score)			0	0	0
Bone or Joint Aches(Range Assess and Score)			0	0	0
Runny Nose or Tearing(Range Assess and Score)			0	0	0
GI Upset(Range Assess and Score)			0	0	0

D03936

Tremors(Range Assess and Score)			0	0	0
Yawning(Range Assess and Score)			0	0	0
Anxiety or Irritability(Range Assess and Score)			0	0	0
Gooseflesh Skin(Range Assess and Score)			0	0	0
Total Score(Range Add Total Score)			3	0	2
Score	0	0	0	0	0
Description	Started per Dr. Jacobs	refused		Patient denies any symptoms of withdrawal	
Entered Date	6/19/2015 5:18:16 PM	6/20/2015 12:29:09 AM	6/20/2015 11:59:07 AM	6/21/2015 4:33:00 AM	6/21/2015 2:15:16 PM
Entered By	TBARRON	RMASSULLO	JMADONNA	RMASSULLO	JMADONNA

Date	6/22/2015	6/22/2015	6/23/2015	6/23/2015
Resting Pulse Rate(Range Assess and Score)	78	103	88	71
Sweating(Range Assess and Score)	0	0	0	0
Restlessness(Range Assess and Score)	0	0	0	0
Pupil Size(Range Assess and Score)	0	0	0	0
Bone or Joint Aches(Range Assess and Score)	0	0	0	0
Runny Nose or Tearing(Range Assess and Score)	0	0	0	0
GI Upset(Range Assess and Score)	0	0	0	0
Tremors(Range Assess and Score)	0	0	0	0
Yawning(Range Assess and Score)	0	0	0	0
Anxiety or Irritability(Range Assess and Score)	0	0	0	0
Gooseflesh Skin(Range Assess and Score)	0	0	0	0
Total Score(Range Add Total Score)	0	2	1	0
Score	0	2	0	0

Description	Patient denies symptoms of withdraw	score = 2. pt denies any issues at this time		Pt. has no complaints at this time.
Entered Date	6/22/2015 4:22:17 AM	6/22/2015 3:05:27 PM	6/23/2015 3:20:43 AM	6/23/2015 11:54:00 AM
Entered By	RMASSULLO	CMCADAMS	PGEIGER	CMCADAMS

Notes :

Resting Pulse Rate: (record beats per minute)
 Measured after patient is sitting or lying for one minute
 0 pulse rate 80 or below
 1 pulse rate 81-100
 2 pulse rate 101-120
 3 pulse rate greater than 120

Sweating: over the past 1/2 hour not accounted for by room temperature or patient activity.
 0 no report of chills or flushing
 1 subjective report of chills or flushing
 2 flushed or observable moistness on face
 3 beads of sweat on brow of face
 4 sweat streaming off face

Restlessness: Observation during assessment
 0 able to sit still
 1 reports difficult staying still but is able to do so
 3 frequent shifting or extraneous movements of arms/legs
 5 unable to sit still for more than a few seconds

Pupil Size:
 0 pupils pinned or normal size for light in room
 1 pupils possibly larger than normal for light in room
 2 pupils moderately dilated
 5 pupils so dilated that only the rim of the iris is visible

Bone or Joint Aches: if patient was having pain previously, only the additional component attributed to opiate withdraw is scored.
 0 not present
 1 mild diffuse discomfort
 2 patient reports severe diffuse aching of joints/muscle
 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

Runny Nose or Tearing: Not accountable for by cold symptoms or allergies
 0 not present
 1 nasal stuffiness or unusually moist eyes
 2 nose running or tearing
 4 nose constantly running or tears streaming down cheeks

GI Upset: over last 1/2 hour
 0 no GI symptoms
 1 stomach cramps
 2 nausea or loose stool
 3 vomiting or diarrhea
 5 multiple episodes of diarrhea or vomiting

Tremor: observation of outstretched hands
 0 no trauma
 1 tremor can be felt but not observed
 2 slight tremor observable
 4 gross tremor of muscle twitching

Yawning: Observation during assessment
 0 no yawning
 1 yawning once or twice during assessment
 2 yawning three or more times during assessment
 4 yawning several times/minute

Anxiety or Irritability:
 0 none
 1 patient reports increasing irritability or anxiousness
 2 patient obviously irritable or anxious
 4 patient so irritable or anxious that participation in the assessment is difficult

Gooseflesh skin:
0 skin is smooth
3 piloerection of skin can be felt of hairs standing up on arms
5 prominent piloerection

Score:
5-12 = mild
13-24 = moderate
25-36 = moderately severe
more than 36 = severe withdrawal

Protocol Created Date : 6/19/2015 8:00:06 AM

Protocol Created By : TBARRON

Protocol End Date : 6/23/2015 12:34:47 PM

Protocol End By : CMCADAMS

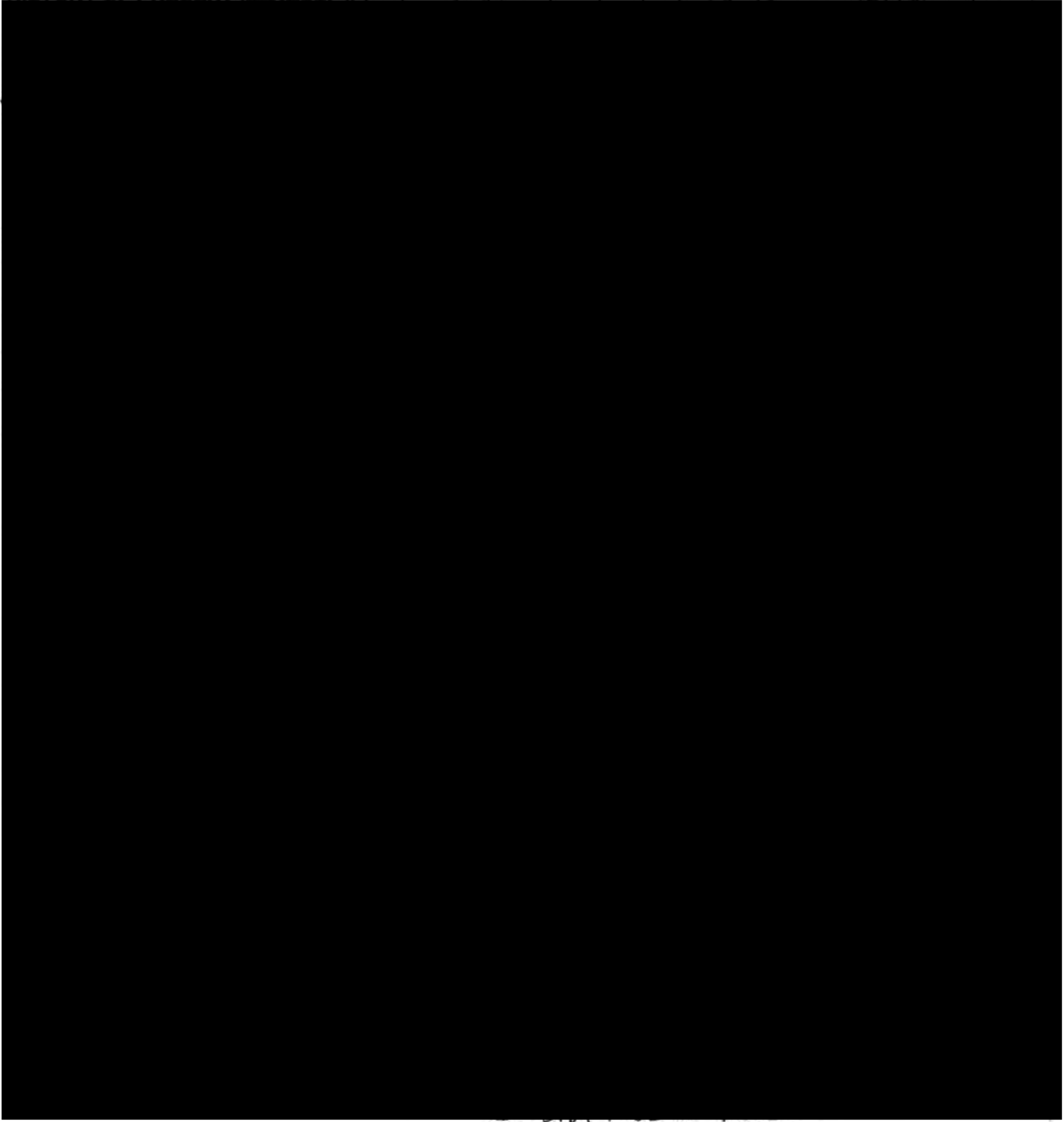
Psychiatrist Note: NAME: Roof, ⁸⁷~~86~~ Dylann

DATE: 6-19-15

I/M # 1518680

DOB: 4-03-94

HISTORY OF PRESENT ILLNESS:



IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Roof, Dylann
LAST FIRST MI

DATE OF BIRTH 4/3/94 INMATE # 1518680

Housing Recommendations:

General Population A1B
Medical Observation Unit ___
Lower level/ Lower Bunk ___
Suicide Precautions ___
Special Watch (15 Minute Checks) ___
Isolation ___
Initiate Universal Precautions ___

* Remove
from
Mental
Health
Observation
(AC)

Individual found to be:

Frail/ Elderly ___
Physically Handicapped ___
Developmentally Disabled ___
Drug/ Alcohol Withdrawal ___
Special Mental Health Needs ___
Expressed Suicidal Ideation ___
History Seizures ___
Other ___

Specify _____

MH Nurse Amy Crad MSW

Date 6/25/15



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit: A1B

Inmate Name: ROOF Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

<input checked="" type="checkbox"/> Refused Medication (List)	<input type="checkbox"/> Refused Chronic Care Clinic
<input type="checkbox"/> Refused laboratory services	<input type="checkbox"/> Refused outside medical appointment
<input type="checkbox"/> Refused x-ray services	<input checked="" type="checkbox"/> Other: <u>Seg Vitals</u>
<input type="checkbox"/> Refused other diagnostic tests	
<input type="checkbox"/> Refused physical examination	
<input type="checkbox"/> Refused dental care	

Reason/Potential Consequences

Reason for Refusal: _____

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): _____

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate: _____ Signature of Witness: _____

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate: _____ Date: _____ Time: _____ am/pm

Signature of Witness: McCauley 10/23/15
Signature of Witness: _____
Printed/Stamped: 6/27/15 Date: _____ Time: _____ am/pm

Signature of Inmate: _____ Date: _____ Time: _____ am/pm

Signature of Additional Witness (if required): _____
Printed/Stamped: _____ Date: _____ Time: _____ am/pm

Provider/Nurse

Signature: P. Geiger
Printed/Stamped: P. Geiger LPN
Date: 6/27/15 Time: 03:30 am/pm

Referral

Referral for additional follow-up: Yes No

Describe: _____



COUNSELOR NOTE

DATE: 7/10/15	I/M NAME: ROOF, DYLANN	# 1518680	DOB: 04/03/1994
------------------	---------------------------	--------------	--------------------

I/M IS A 21 YOWM CHARGED WITH MURDER (X9) & POSS OF KNIFE/FIREARM. I/M HAS A HIGH PROFILE CASE WHICH REACHED GLOBAL ATTENTION. I MET WITH HIM TODAY TO ASSESS HIS MENTAL STATUS. I/M PRESENTED WITH NEUTRAL AFFECT. HE ACKNOWLEDGED HE REMEMBERED MEETING WITH ME AFTER HE WAS FIRST BROUGHT TO SACDC. I/M DENIED HAVING ANY CONCERNING ISSUES. HE REPORTS HE IS EATING WELL, DRINKING FLUIDS, & GETTING ENOUGH SLEEP. HE WAS ORIENTED X3, ALERT, & COOPERATIVE. I/M EXPLAINED HE HAS BEEN ALLOWED OUT FOR REC & UTILIZES THAT TIME TO TAKE A SHOWER & USE THE KIOSK. I/M DENIES ANY NEED FOR MENTAL HEALTH SERVICES. HE REPORTS HIS MOOD AS "GOOD." I/M'S HYGEINE APPEARED TO BE GOOD & HIS CELL CLEAN. HE EXPLAINED HE OFTEN LISTENS TO HIS RADIO & HAS HAD SOME VISITS WHICH HELP HIM PASS THE TIME. I/M DENIED SI/HI, A/VH, & PARANOIA. I REMINDED HIM OF HOW TO REQUEST MENTAL HEALTH SERVICES SHOULD HE FEEL HE NEED THEM. I ALSO INFORMED HIM I WOULD CHECK IN ON HIM PERIODICALLY.

DX IMP: HX OF ANXIETY D/O NOS & MJ DEP.

TX PLAN: WILL FOLLOW UP PRN.

Amy Craddock MSW

AMY CRADOCK MSW 7/10/15



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A-18

inmate Name Roof, Dylan Inmate # 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other Segregation checks with w. talk

Reason/Potential Consequences

Reason for Refusal: Does not want

Understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): Not able to detect elevated BP levels

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

McCain 10631

Signature of Witness

Printed/Stamped

Date 1/1 Time am/pm

Signature of Additional Witness (if required)

Printed/Stamped

Date 1/1 Time am/pm

Provider/Nurse

Referral

Signature [Signature]

Printed/Stamped

Date 1/15 Time 11:00 am/pm

Referral for additional follow-up: Yes No

Describe:



Refusal of Clinical Services

Sheriff Al Cannon Detention Center

Unit: A1B

Inmate Name: ROOF, DYLANN Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List) _____
- Refused laboratory services _____
- Refused x-ray services _____
- Refused other diagnostic tests WEEKLY SEC-V BP ✓
- Refused physical examination _____
- Refused dental care _____
- Refused Chronic Care Clinic _____
- Refused outside medical appointment _____
- Other: _____

Reason/Potential Consequences

Reason for Refusal: DECLINED

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): _____

Acknowledgment Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.


Signature of Witness

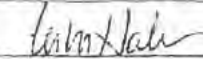
Printed/Stamped
Date: / / Time: : am/pm

Signature of Additional Witness (if required)

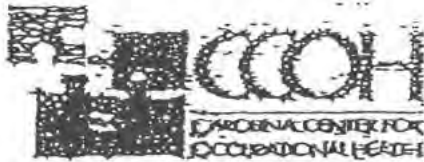
Printed/Stamped
Date: / / Time: : am/pm

Provider/Nurse

Referral


Signature
HARBISON
Printed/Stamped
Date: 7/18/15 Time: 23:55 am/pm

Referral for additional follow-up: Yes No
Describe: _____



Refusal of Clinical Services
Specialty Cancer Detention Center

Unit A1B

inmate Name Roof, Dylan

Inmate # 1518680

Clinical Service Refusing

risks and benefits have been explained to me.

Refused Medication (List)

Refused laboratory services

Refused xray services

Refused other diagnostic tests

Refused physical examination

Refused dental care

Refused Chronic Care Clinic

Refused outside medical appointment

Other: See checks with wife

Reason/Referral Consequences

Reason for Refusal: Does not want

understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services

potential Risk Explained to Patient (Describe): Elevated blood pressure could not be detected

Acknowledgment Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby agree and agree to hold harmless the City/County/State, statutory, authority, all directional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal. I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

understand the information on this form and have had the opportunity to ask questions.

J.C. Berry
Signature of Witness

J.C. BERRY
Printed Name

7/24/15
Date Time am/pm

Signature of Additional Witness (if required)

[Signature]
Signature of Additional Witness
Date Time am/pm

Provider/Nurse

Referral

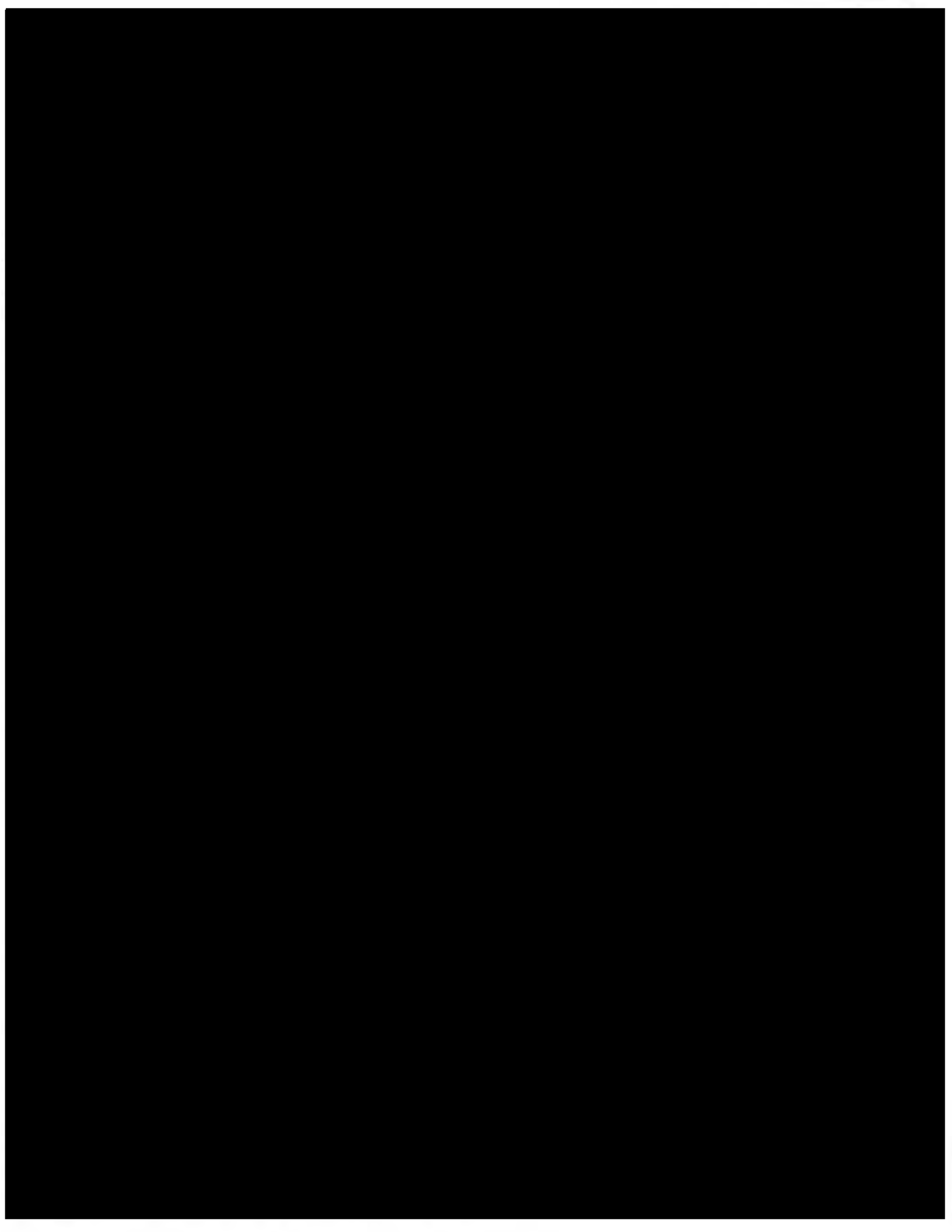
[Signature]
Signature

[Signature]
Printed Name

7/24/15
Date Time am/pm

Referral for additional follow-up Yes No

Describe:



IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Roof, Dylann S
LAST FIRST MI

DATE OF BIRTH 4, 3, 1994 INMATE 1578680

Housing Recommendations:

- General Population A13
- Medical Observation Unit _____
- Lower level/ Lower Bunk _____
- Suicide Precautions IM removed from s/w @ 8/3/15
- Special Watch (15 Minute Checks) _____
- Isolation _____
- Initiate Universal Precautions _____

Individual found to be:

- Frail/ Elderly _____
- Physically Handicapped _____
- Developmentally Disabled _____
- Drug/ Alcohol Withdrawal _____
- Special Mental Health Needs _____
- Expressed Suicidal Ideation _____
- History Seizures _____
- Other _____

Specify _____

MHR Wendy Fisher, MA Date 8, 3, 15
Nurse

Clean of suicide watch
E. Leonard, MD 8/03/15

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Root, Dylan Inmate #: 1518680 Room: 1141B

Reason for Placement on Observation: Per Chief

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 8/3/15 Person Starting Watch: Ofc. Wolff Pay #: 10615

Enter Time in staggered 15 Minute intervals (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
8/3/15	11:15	Sitting on bed	ZW				
8/3/15	11:30	Sitting on bed	ZW				
8/3/15	11:45	Laying on bed	ZW				
8/3/15	12:00	standing @ door	JRP				
8/3/15	12:15	sitting on bed	ZW				
8/3/15	12:30	sitting on bed eating food	ZW				
8/3/15	12:45	Sitting on bed	ZW				
8/3/15	13:00	Sitting on bed	ZW				
8/3/15	13:15	Talking at door to mental health	ZW				
8/3/15	13:30	Laying on bed	JRP				
8/3/15	13:45	Laying on bed	JRP				
8/3/15	14:00	Laying on bed	JRP				
8/3/15	14:15	Laying on bed	JRP				
8/3/15	14:30	Laying on bed	JRP				
8/3/15	14:45	Laying on bed	ZW				
8/3/15	15:00	Laying on bed	ZW				
8/3/15	15:15	Laying on bed	ZW				
8/3/15	15:30	Laying on bed	ZW				
8/3/15	15:45	Laying on bed	ZW				
8/3/15	16:00	Laying on bed	ZW				
8/3/15	16:15	Laying on bed	ZW				
8/3/15	16:30	Laying on bed	ZW				

Authorizing Supervisor Signature for removal from E.R.C. _____
 Clearance for removal from suicidal precautions: Worner, [Signature] 8/3/15

(Must Be Signed By Mental Health)

Remove from
Suicide
Watch: E. Leonard, MD
8/3/15 (SACDC-339-04/03/14)



CAROLINA CENTER FOR OCCUPATIONAL HEALTH

Refusal of Clinical Services

Sheriff Al Cannon Detention Center

Unit: A1B

Inmate Name: Roof, Dylann Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other: Say checks with vital

Reason/Potential Consequences

Reason for Refusal: Does not want

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): Elevated BP levels can't be detected

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate

Date: 1/1 Time: _____ am/pm

YDW #10607

Signature of Witness

Printed/Stamped

Date: 1/1 Time: _____ am/pm

Signature of Additional Witness (If Required)

Printed/Stamped

Date: 1/1 Time: _____ am/pm

Provider/Nurse

Referral

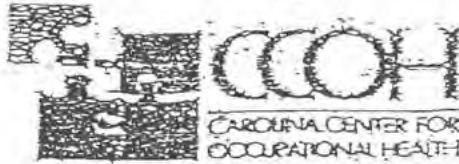
Signature

Printed/Stamped

Date: 8/15/15 Time: _____ am/pm

Referral for additional follow-up: Yes No

Describe:



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A13

Inmate Name Roof, Dylann Inmate # 1512680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other Seg checks w/vitals

Reason/Potential Consequences

Reason for Refusal: _____

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): _____

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate

Date: ____/____/____ Time: ____:____ am/pm

Signature of Witness B.W. Kuenj

Printed/Stamped Date: ____/____/____ Time: ____:____ am/pm

Signature of Additional Witness (if Required)

Printed/Stamped Date: ____/____/____ Time: ____:____ am/pm

Signature of Provider/Nurse

[Signature]

Printed/Stamped Date: 8/23/15 Time: 23:00 am/pm

Referral

Referral for additional follow-up: Yes No

Describe: _____



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A13

Inmate Name Reef, Dylann Inmate # 1518680

Clinical Service Refusing	
<p>The risks and benefits have been explained to me.</p> <p><input type="checkbox"/> Refused Medication (List)</p> <p><input type="checkbox"/> Refused laboratory services</p> <p><input type="checkbox"/> Refused x-ray services</p> <p><input type="checkbox"/> Refused other diagnostic tests</p> <p><input type="checkbox"/> Refused physical examination</p> <p><input type="checkbox"/> Refused dental care</p> <p><input type="checkbox"/> Refused Chronic Care Clinic</p> <p><input type="checkbox"/> Refused outside medical appointment</p> <p><input checked="" type="checkbox"/> Other: <u>Seg. checks w/vitals</u></p>	
Reason/Potential Consequences	
<p>Reason for Refusal: _____</p> <p>I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.</p> <p>Potential Risks Explained to Patient (Describe): _____</p>	
Acknowledgement Clause	
<p>I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.</p> <p>I understand that I will continue to have access to health care and may resubmit a request for this service.</p>	
Signature of Inmate	Signature of Witness
<p>I understand the information on this form and have had the opportunity to ask questions.</p> <p>Signature of Inmate: _____</p> <p>Date: ____/____/____ Time: ____ am/pm</p>	<p>Signature of Witness: <u>BW Kuenj</u></p> <p>Printed/Stamped: _____</p> <p>Date: ____/____/____ Time: ____ am/pm</p> <p>Signature of Additional Witness (if Required): _____</p> <p>Printed/Stamped: _____</p> <p>Date: ____/____/____ Time: ____ am/pm</p>
Provider/Nurse	Referral
<p>Signature: <u>[Signature]</u></p> <p>Printed/Stamped: _____</p> <p>Date: <u>8/23/15</u> Time: <u>23:00</u> am/pm</p>	<p>Referral for additional follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p> <p>_____</p>



Refusal of Clinical Services
 Sheriff Al Cannon Detention Center

Unit: A1B

Inmate Name: Roof, Dylann Inmate #: 1518680

Clinical Service Refusing	
<p>The risks and benefits have been explained to me.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Refused Medication (List) _____ <input type="checkbox"/> Refused laboratory services _____ <input type="checkbox"/> Refused x-ray services _____ <input type="checkbox"/> Refused other diagnostic tests _____ <input type="checkbox"/> Refused physical examination _____ <input type="checkbox"/> Refused dental care _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Refused Chronic Care Clinic _____ <input type="checkbox"/> Refused outside medical appointment _____ <input checked="" type="checkbox"/> Other: <u>Weekly Sig. Check Vital</u> </div> </div>	
Reason/Potential Consequences	
Reason for Refusal: <u>Declined</u>	
I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.	
Potential Risks Explained to Patient (Describe): _____	
Acknowledgement Clause	
I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal. I understand that I will continue to have access to health care and may resubmit a request for this service.	
Signature of Inmate	Signature of Witness
<p>I understand the information on this form and have had the opportunity to ask questions.</p> <p>Signature of Inmate _____</p> <p>Date: <u>1/1</u> Time: _____ am/pm</p>	<p><u>[Signature]</u> Signature of Witness</p> <p>Printed/Stamped _____ Date: <u>1/1</u> Time: _____ am/pm</p> <p>Signature of Additional Witness (if Required) _____</p> <p>Printed/Stamped _____ Date: <u>1/1</u> Time: _____ am/pm</p>
Provider/Nurse	Referral
<p><u>C. Bowman LPN</u> Signature <u>Bowman LPN</u> Printed/Stamped _____ Date: <u>1.29.15</u> Time: <u>2:50</u> am/pm</p>	<p>Referral for additional follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p>



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A1B

Inmate Name: Roof, Dylan Inmate #: 1518680

Clinical Service Refusing	
The risks and benefits have been explained to me. <input type="checkbox"/> Refused Medication (List) _____ <input type="checkbox"/> Refused laboratory services _____ <input type="checkbox"/> Refused x-ray services _____ <input type="checkbox"/> Refused other diagnostic tests _____ <input type="checkbox"/> Refused physical examination _____ <input type="checkbox"/> Refused dental care _____ <input type="checkbox"/> Refused Chronic Care Clinic _____ <input type="checkbox"/> Refused outside medical appointment _____ <input checked="" type="checkbox"/> Other: <u>Seg. check with vitals</u>	
Reason/Potential Consequences	
Reason for Refusal: <u>Does not want</u> I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services. Potential Risks Explained to Patient (Describe): <u>Not able to detect BP levels</u>	
Acknowledgement Clause	
I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal. I understand that I will continue to have access to health care and may resubmit a request for this service.	
Signature of Inmate	Signature of Witness
I understand the information on this form and have had the opportunity to ask questions. Signature of Inmate _____ Date: ____/____/____ Time: ____:____ am/pm	<u>Family, RW</u> Signature of Witness _____ <u>Family, RW</u> Printed/Stamped _____ Date: <u>9/6/15</u> Time: <u>03:30</u> am/pm Signature of Additional Witness (if required) _____ Printed/Stamped _____ Date: ____/____/____ Time: ____:____ am/pm
Provider/Nurse	Referral
<u>Heal offered RT</u> <u>Nicole Jefferson RT</u> Printed/Stamped _____ Date: <u>09/06/2015</u> Time: <u>03:30</u> am/pm	Referral for additional follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____ _____



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A1B/A1B1

Inmate Name: Roof Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other: Weekly Seg check Vitals

Reason/Potential Consequences

Reason for Refusal: decent want

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services:

Potential Risks Explained to Patient (Describe):

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal. I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Chang Bui
Signature of Witness

Signature of Inmate

SEP 17 2015
Date

2:15 am/pm
Time

SEP 17 2015
Date

Time

Signature of Additional Witness (If Required)

Printed/Stamped

Date

Time

Provider/Nurse

Referral

[Signature]

Referral for additional follow-up: Yes No

Signature: MARUCCO

Describe:

Printed/Stamped

SEP 17 2015
Date

Time

Specimen ID: 260-022-0615-7
Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: --
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346



Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: 1518680

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/18/2015
Date reported: 09/18/2015 1455 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

Verbal Order

See below:

Comment:

The United States Code of Federal Regulations requires a written and signed request be forwarded to a laboratory following a verbal order of a laboratory test. Please assist us to meet this requirement and to complete our records.

Date: 9/21/15
ICD-9/Diagnosis Code(s): Urine micro 1/3 C/S
Physician or Authorized Designee: Debbie Phillips RN
Please Print

Physician or Authorized Designee Signature:

Debbie Phillips RN

Your Signature Confirms Your Order Of The Test(s) Listed

Please provide requested information and fax to 855-305-9339.

Additional Test(s) Requested

Comment:

Test(s) added per Debbie Phillips at account 09-18-2015
Logged by Tiffany Fitzgerald
Test# 008847 Urine Culture, Routine

9/21/15
D

Specimen ID: 260-114-1513-0
Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: —
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346

Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: 1518680

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/17/2015
Date reported: 09/21/2015 1437 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

General Comments & Additional Information

FX / CONFIRMED RECD BY RN RAND @ 1637 9.17.15. SB

Clinical Info: STAT

Alternate Control Number: B0028533903
Total Volume: Not Provided

Alternate Patient ID: 1518680
Fasting: No

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Request Problem

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	7.3		x10E3/uL	3.4 - 10.8	01
RBC	5.12		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.9		g/dL	12.6 - 17.7	01
Hematocrit	45.1		%	37.5 - 51.0	01
MCV	88		fL	79 - 97	01
MCH	29.1		pg	26.6 - 33.0	01
MCHC	33.0		g/dL	31.5 - 35.7	01
RDW	12.4		%	12.3 - 15.4	01
Platelets	285		x10E3/uL	150 - 379	01
Neutrophils	48		%		01
Lymphs	43		%		01
Monocytes	7		%		01
Eos	2		%		01
Basos	0		%		01
Neutrophils (Absolute)	3.6		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	3.1		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	12		mg/dL	6 - 20	01
Creatinine, Serum	0.90		mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	122		mL/min/1.73	>59	01
eGFR If African Am	141		mL/min/1.73	>59	01
BUN/Creatinine Ratio	13			8 - 19	01
Sodium, Serum	138		mmol/L	134 - 144	01
Potassium, Serum	3.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	98		mmol/L	97 - 108	01

*9/22/15
JH
seen
9/17*

Patient: **ROOF, DYLANN**
DOB: 04/03/1994

Control ID: B0028533903

Specimen ID: 260-114-1513-0
Date collected: 09/17/2015 1232 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	10.4	High	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.4		g/dL	6.0 - 8.5	01
Albumin, Serum	5.0		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	2.1			1.1 - 2.5	
Bilirubin, Total	1.6	High	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	72		IU/L	39 - 117	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	24		IU/L	0 - 44	01

01

Serum was received in contact with cells. This may cause erroneous increases in AST, ALT, LD, GGT, potassium and phosphorus and a decrease in glucose. Clinical correlation indicated.

Request Problem

No urine specimen received.
Test# 003772 Urinalysis, Complete

02

01	CR	LabCorp Charleston 3825 Faber Place Drive, N Charleston, SC 29405-8533	Anne Flynn, MD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	William F Hancock, MD

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 843-308-0558

*9/22/15
seen 7/17*

Specimen ID: 260-022-0615-0
Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346



Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: 1518680

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/17/2015
Date reported: 09/18/2015 1455 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: B0028533903
Total Volume: Not Provided

Alternate Patient ID: 1518680
Fasting: No

Ordered Items

Lipid Panel; Thyroid Panel With TSH; Hemoglobin A1c

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lipid Panel					
Cholesterol, Total	160		mg/dL	100 - 189	01
Triglycerides	208	High	mg/dL	0 - 114	01
HDL Cholesterol	61		mg/dL	>39	01
Comment	According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
LDL Cholesterol Cal	42	High	mg/dL	5 - 40	
LDL Cholesterol Calc	57		mg/dL	0 - 119	
Thyroid Panel With TSH					
TSH	6.910	High	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	5.7		ug/dL	4.5 - 12.0	01
T3 Uptake	32		%	24 - 39	01
Free Thyroxine Index	1.8			1.2 - 4.9	
Hemoglobin A1c					
	5.1		%	4.8 - 5.6	01
	Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0				

01 BN LabCorp Burlington William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

9/21/15
28
seen
9/17

Specimen ID: 260-022-0615-1
Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346

Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: 1518680

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/18/2015
Date reported: 09/21/2015 0606 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: B0028533903
Total Volume: Not Provided

Alternate Patient ID: 1518680
Fasting: No

Ordered Items

Urine Culture, Routine; Written Authorization

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urine Culture, Routine					
Urine Culture, Routine	Final Report				01
Result 1					
No growth					01

Written Authorization

Written Authorization Received.
Authorization received from Nurse Moran 09-18-2015
Logged by Judy Watson

01

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	William F Hancock, MD
----	----	--	-----------------------

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

9/21/15
my
seen
9/17

ID:1518680

Name:roof

Medication:

Sep-17-2015 11:09 AM

Male

Birth Date:Apr- 3-1994

21 Years

inch

lb

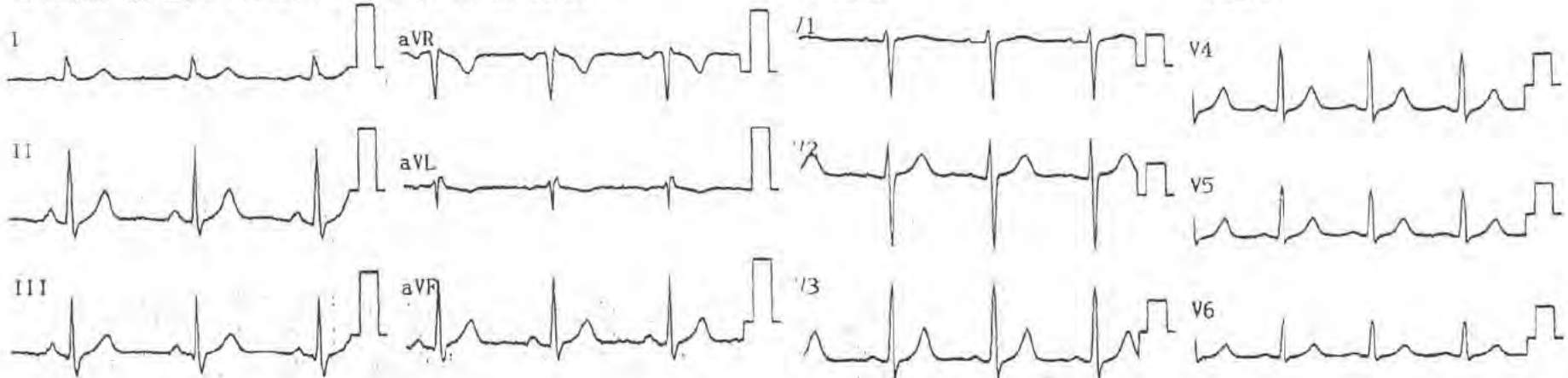
mmHg

96 bpm

10 mm/mV 25 mm/s Filter: H60 d 75 Hz 10 mm/mV

5 mm/mV

5 mm/mV



Rhythm[III] 10 mm/mV



1250A 03-01 02-52 Dept.:

Exam:Nihon Kohden

ID:1518680

Sep-17-2015 11:09 AM

Name:roof

Sex:Male

Birth Date:Apr- 3-1994

21 Years

inch

lb

mmHg

Medication:

Vent rate	87	bpm
PR int	148	ms
QRS dur	90	ms
QT/QTc int	354/ 398	ms
P/QRS/T axis	77/ 67/ 68	°
RV5/SV1 amp	1.720/ 1.850	mV
RV5+SV1 amp	3.570	mV

1100 Sinus rhythm
 1102 Sinus arrhythmia (RR int. change over 20%)
 9110 ** normal ECG **

Handwritten signature and date: 9/17/15

Unconfirmed Report
Reviewed by:

D03961

Patient Visit Report

Physician Last,First Name : **Jacobs Theodolph MD**

Patient Last,First Name
ROOF, DYLANN

DOB
4/3/1994

Visit Date
9/17/2015

Chief Complaint & HPI

Patient is a 21 year old Male who presents with the following Chief Complaint of
1.HASHIMOTO AUTOIMMUNE DISEASE.

Immunizations

In Office Lab :

Current Medications:

Drug/Food Allergies:

ROS:

Vitals:

Vital Signs:

Blood Pressure 120/89, Pulse Rate of 107, Respiration Rate of 16, and Temperature of 98.9.

Chart Catg.

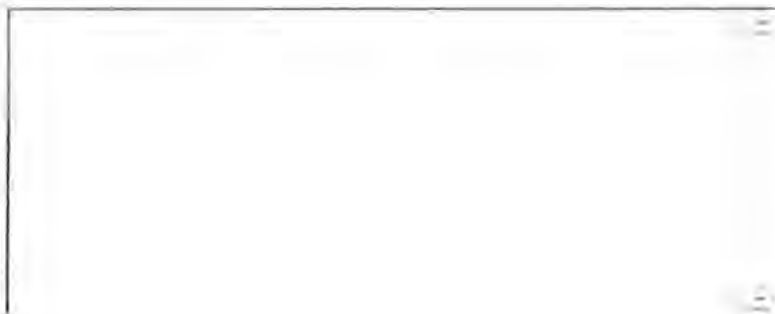
Chart Type [View growth Chart](#)

Objective Exam:

Place Of Service : Office

Type Of Service : Medical Care

Patient Instruction:



IMPRESSION/PLAN :

Assessment Notes :

PT IS REQUESTING HIS THYROID LEVELS TO BE CHECKED. PT REPORTS BEING DIAGNOSED WITH HASHIMOTO DISEASE APPROXIMATELY ONE YEAR AGO BY LAUROL ENDOCRINE OFFICE IN COLUMBIA, SC. PT STATES HIS HAIR HAS BEEN FALLING OUT MORE THAN USUAL WHEN HE WASHES IT X 1 MONTH. PT STATES IT MAY BE STRESS. PT DENIES ANY OTHER SYMPTOMS AT THIS TIME. PT APPEARS FATIGUED AND PALER THAN NORMAL. PT HAS NO APPARENT SWELLING IN NECK AREA AND NO OBVIOUS BALD SPOTS/ HAIR LOSS. PT HR IS ELEVATED.

Plan & Treatment Notes :

MD ADVISED. SEE NEW ORDERS. PT TO BE SEEN IN CLINIC BY MD TODAY.

Medications Prescribed are:

<http://www.pdr.net> [Medication Review](#) [Sample Medications](#)

The following Labs/Tests were also ordered on this visit for the patient:

Lab Tests	Diagnosis	Notes
LIPID PROFILE	Nil	
STAT CBC, CMP, TSH, THYROID PANEL, HGBA1C	Nil	
CLEAN CATCH URINE MICRO CNS	Nil	

NCCHC Standards

The patient was referred to community partner

The following procedures/actions were performed in this visit:

Jacobs Theodolph MD

Filled Date
9/17/2015 10:52:33 AM

Filled By
Moran RN, Billie

CheckedOut Date
9/18/2015

CheckedOut By
Ancrum CMA, Anntinette

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

Patient Visit Report

Physician Last,First Name : **Jacobs Theodolph, MD**

Patient Last,First Name

DOB

Visit Date

ROOF, DYLANN

4/3/1994

9/17/2015

Chief Complaint & HPI

Patient is a 21 year old Male who presents with the following Chief Complaint

1. 21 yo co hair falling out. Notes he was diagnosed with Hashimotos Dz about a year ago when Thyroid tests and antibodies showed abnormal results. Saw that Endocrinologist about 2 or 3 times. Was never started on meds. has not other significant complaints.

ROS :

GENERAL : Denies Change in appetite, Denies Change in weight, Denies Chills fever, sweats
 HEAD : Denies Frequent Headaches, Denies Recent Trauma
 EYES : Denies Change in vision
 EARS/NOSE/THROAT/ MOUTH : Denies Bleeding, Denies Difficulty swallowing, Denies Morning cough
 RESPIRATORY : Denies Difficulty breathing, Denies Cough, Denies Shortness of breath
 HEART : Denies Chest pain, Denies Heart beating fast, Denies Difficult breathing on activity
 DIGESTIVE SYSTEM : Denies Abdominal pain, Denies Nausea, Denies Vomiting
 MUSCLES/BONES : Denies Pain, Denies Weakness
 NERVOUS SYSTEM : Denies Loss of consciousness
 SKIN : Denies Rash
 EMOTIONAL STATUS : **Nervousness pt notes has always been a bit nervous**
 ENDOCRINE/GLANDS : **Thyroid**, Denies Heat intolerance, Denies Cold intolerance, Denies Diabetes
 BLOOD/LYMPH SYSTEM : Denies Swollen glands

Physical Exam :

Vital Signs :

Blood Pressure 131/89, BMI of 19.75, Pulse Rate of 88, Respiration Rate of 16, height of 67.5 inches, weight of 128 lbs, and Temperature of 98.2, spo2 99.

Objective Exam:

General : Appearance Normal **Notes** - WDNW WM NAD
Lymph Nodes : Neck, Axilla, Groin & Other Normal **Notes** - no head/neck adenopathy
Head/ENT : Appearance Normal, Oropharynx Normal, Hearing Normal
Eyes : Conjunctiva/Lids Normal, Pupils/Irises Normal
Neck : Appearance Normal, Thyroid Normal **Notes** - thyroid feels normal- possibly minimally enlarged diffusely
Lungs : Resp. Effort Normal, Auscultation Normal
Chest/Breast : Inspection Normal, Palpations Normal
Cardiac/Heart : Auscultation Normal, Edema/Varicosities Not Present
GI/Abdomen : Masses/Tenderness Not Present, Liver/Spleen Normal, Hernia Not Present
Musculoskeletal : Gait & Station Normal, Digits & Nails Normal, Inspection/Palpations/Motion Stability/Strength(specify joint) Normal
Neurological : Cranial/Nerves Normal, DTR's Other Notes Normal **Notes** - cr 2-12 grossly intact
Psychological : Insight/Judgement Normal, Mood/Affect Normal
Skin : Inspection Normal, Palpations Not Present **Notes** - generally unremarkable

Patient Instruction:

Assessment Notes : THYROID DISORDER- pt hx suggests Hashimotos Thyroiditis. Apparently he was never treated despite + antibody screen due to lack of symptoms. Now pt. believes hair is falling out too rapidly. Otherwise is asymptomatic. Exam and ecg are unremarkable.

Plan & Treatment Notes : Screening labs: cbc, cmp, tsh, lipids, HgA1, u/a micro and C&S with ecg (all done) F/U 2 week recheck symptoms and weight Or sooner prn per patient's symptoms.

Patient was asked to follow up in 2 Weeks.

Jacobs Theodolph, MD

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994

Note generated by Doctorspartner EMR software(www.doctorspartner.com)



CAROLINA CENTER FOR OCCUPATIONAL HEALTH

Refusal of Clinical Services

Sheriff Al Cannon Detention Center

Unit: A1B/A1B1

Inmate Name: Roof Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List)
- Refused laboratory services
- Refused x-ray services
- Refused other diagnostic tests
- Refused physical examination
- Refused dental care
- Refused Chronic Care Clinic
- Refused outside medical appointment
- Other: Weekly seg ✓ vitals

Reason/Potential Consequences

Reason for Refusal: doesn't want

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe):

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate

Date: 9/27/15 Time: 00:15 am/pm

Signature of Witness

Printed/Stamped Date: 9/27/15 Time: 00:15 am/pm

Signature of Additional Witness (If Required)

Printed/Stamped Date: 9/27/15 Time: 00:15 am/pm

Provider/Nurse

Referral

Signature: MASSLUO

Printed/Stamped

Date: 9/27/15 Time: 00:15 am/pm

Referral for additional follow-up: Yes No

Describe:



Refusal of Clinical Services
Sheriff Al Cannon Detention Center

Unit A13

Inmate Name: ROOF Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- | | |
|---|---|
| <input type="checkbox"/> Refused Medication (List) | <input type="checkbox"/> Refused Chronic Care Clinic |
| <input type="checkbox"/> Refused laboratory services | <input type="checkbox"/> Refused outside medical appointment |
| <input type="checkbox"/> Refused x-ray services | <input checked="" type="checkbox"/> Other: <u>Seg v weekly vitals</u> |
| <input type="checkbox"/> Refused other diagnostic tests | |
| <input type="checkbox"/> Refused physical examination | |
| <input type="checkbox"/> Refused dental care | |

Reason/Potential Consequences

Reason for Refusal: No Reason Given / Said NO

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): unable to know v/s status

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate

Date: 10/4/15 Time: 01:30 am/pm

Y. H. V #10601
Signature of Witness

Printed/Stamped

Date: 10/4/15 Time: 01:30 am/pm

Signature of Additional Witness (if required)

Printed/Stamped

Date: 10/4/15 Time: 01:30 am/pm

Provider/Nurse

Referral

Signature: P. Geiger LPN

Printed/Stamped

Date: 10/4/15 Time: 01:30 am/pm

Referral for additional follow-up: Yes No
Describe:

Patient Visit Report

Physician Last,First Name : **Jacobs Theodolph, MD**

Patient Last,First Name

DOB

Visit Date

ROOF, DYLANN

4/3/1994

10/6/2015

Chief Complaint & HPI

Patient is a 21 year old Male who presents with the following Chief Complaint

1. Pt. in for FU possible HYPOTHYROIDISM- Notes hair still falling out. Has had viral type illness over past 3-4 days with cough and lack of appetite. No vomiting or diarrhea. Feeling better today.

ROS :

GENERAL : **Change in appetite, Change in weight recent weight loss due to not feeling liuke eating past 3 days- ate well today**
 HEAD : Denies Frequent Headaches, Denies Recent Trauma
 EARS/NOSE/THROAT/ MOUTH : Denies Hoarseness, Denies Difficulty swallowing, Denies Morning cough
 RESPIRATORY : Denies Difficulty breathing, **Cough**, Denies Shortness of breath, Denies Coughing up blood, Denies Wheezing/Asthma **recent chest cold and cough**
 HEART : Denies Chest pain, Denies Heart beating fast, Denies Difficult breathing on activity
 DIGESTIVE SYSTEM : Denies Abdominal pain, Denies Nausea, Denies Vomiting, Denies Diarrhea
 URINARY SYSTEM - MALE : Denies Difficulty urinating
 MUSCLES/BONES : Denies Pain, **Weakness feels mildly weak**
 ENDOCRINE/GLANDS : Denies Thyroid, Denies Diabetes

Physical Exam :

Vital Signs :

Blood Pressure 113/75, BMI of 18.13, Pulse Rate of 120, Respiration Rate of 16, height of 68.5 inches, weight of 121 lbs, and Temperature of 97.4.

Objective Exam:

General : Appearance Normal **Notes** - Thin WM NAD
Head/ENT : Appearance Normal, **Lips/Teeth/Gums Abnormal**, Hearing Normal **Notes** - mildly dry mucus membranes
Eyes : Conjunctiva/Lids Normal, Pupils/Irises Normal
Neck : Appearance Normal, Thyroid Normal
Lungs : Resp. Effort Normal, Auscultation Normal
Cardiac/Heart : Auscultation Normal, Edema/Varicosities Not Present
GI/Abdomen : Masses/Tenderness Not Present, Liver/Spleen Normal, Hernia Not Present
Musculoskeletal : Gait & Station Normal, Inspection/Palpations/Motion Stability/Strength(specify joint) Normal
Neurological : Cranial/Nerves Normal
Psychological : Insight/Judgement Normal, Mood/Affect Normal **Notes** - grossly normal mentation
Skin : Inspection Normal, Palpations Not Present

Patient Instruction:

Assessment Notes : HYPOTHYROIDISM-- pt notes hair still falling out. has lost weight and pulse is elevated today due to recent viral illness with mild dehydration. Is clainically Euthyroid. Don't feel meds indicated at this time, but will continue to monitor.

Plan & Treatment Notes : Advised weight gain Hi Protein Hi Calorie diet Recheck TFT's and TSH 9in 1 month

The following Labs/Tests were also ordered on this visit for the patient :

Lab Tests	Diagnosis	Notes
THYROID PROFILE WITH TSH (000620)	Nil	
IN THREE WEEKS	Nil	
Other Tests/Orders	Diagnosis	Notes
Diet - Hi Calorie/Hi Protein	Nil	

Patient was asked to follow up in 1 Months.

Jacobs Theodolph, MD

Inmate: ROOF, DYLANN Inmate No: 1518680 DOB: 4/3/1994
Note generated by Doctorspartner EMR software(www.doctorspartner.com)



Refusal of Clinical Services

Sheriff Al Cannon Detention Center

Unit A1B

Inmate Name: Proor Inmate #: 1518680

Clinical Service Refusing

The risks and benefits have been explained to me.

- Refused Medication (List) _____
- Refused laboratory services _____
- Refused x-ray services _____
- Refused other diagnostic tests _____
- Refused physical examination _____
- Refused dental care _____
- Refused Chronic Care Clinic _____
- Refused outside medical appointment _____
- Other: seg vitals

Reason/Potential Consequences

Reason for Refusal: "I dont want it"

I understand there are the following possible risks, complications, and/or side effects involved in refusing clinical services.

Potential Risks Explained to Patient (Describe): unable to evaluate v/s Status

Acknowledgement Clause

I acknowledge that I have been fully informed of and understand the above recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory, authority, all correctional personnel, my health care provider, and all medical personnel from responsibility and any ill effects which may result from this action/refusal, and I personally assume all responsibility for my refusal.

I understand that I will continue to have access to health care and may resubmit a request for this service.

Signature of Inmate

Signature of Witness

I understand the information on this form and have had the opportunity to ask questions.

Signature of Inmate

Date: 1/1 Time: _____ am/pm

[Signature]
Signature of Witness

Printed/Stamped: 10/18/15 00:00 am/pm
Date: _____ Time: _____

Signature of Additional Witness (if Required)

Printed/Stamped: 1/1 _____ am/pm
Date: _____ Time: _____

Provider/Nurse

Referral

P. Deigeln
Signature
P. Geiger LNW

Printed/Stamped: 10/18/15 00:00 am/pm
Date: _____ Time: _____

Referral for additional follow-up: Yes No
Describe: _____