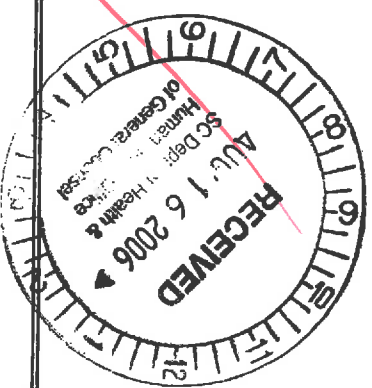


OFFICE OF DIRECTOR

ACTION REFERRAL



TO	DATE
Singleton	8-16-06

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	600152	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	_____	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input checked="" type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Spoke w/ H.S. Sweet in letter to D.H. in 10/1 production of 11/10/10</i>			
2. <i>Letter to D.H. in 10/1 production of 11/10/10</i>			
3. <i>Letter to D.H. in 10/1 production of 11/10/10</i>			
4. <i>Letter to D.H. in 10/1 production of 11/10/10</i>			

State of South Carolina
Department of Probation, Parole and Pardon Services

MARK SANFORD
Governor



SAMUEL B. GLOVER
Director

RECEIVED

1221 GREGG ST.
COLUMBIA, SOUTH CAROLINA 29210
Telephone: (803) 734-6320

AUG 15 2006

Facsimile: (803) 734-0020
www.state.sc.us/ppp

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 10, 2006

S.C. Department of Health Service
1801 Main Street
Columbia, SC 29201

Re: Jack J. Kilgore #01630030
Offense: Presenting False Statement By Medical Provider
Indictment #06-GS-40-01340
Date of Sentence: April 28, 2006

To whom it may concern:

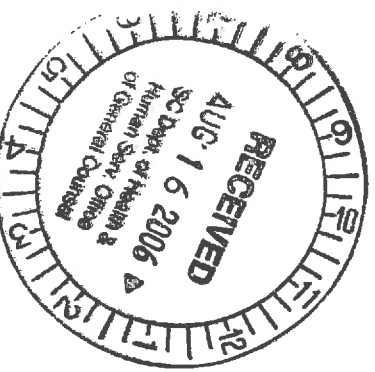
The purpose of this letter is to inform you that the above named case was staffed through a paperwork review addressing violations. The supervising agent is recommending that the case be continued on supervision, restructure restitution monthly obligation to \$500, convert remaining balance at the time of expiration to a civil judgement one month before expiration, exempt Supervision Fee Arrearage.

If you have any questions in regards to this you may contact me at (803)734-2792.

Sincerely,

Jackie Smith
Jackie Smith
Victim Services Coordinator

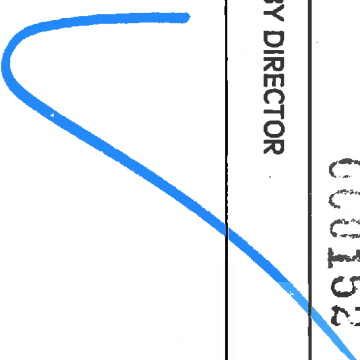
*Doag -
Brenda
W. Lee - Action*



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-16-06</i>
------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000152</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

State of South Carolina
Department of Probation, Parole and Pardon Services

MARK SANFORD
Governor



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COLUMBIA, SOUTH CAROLINA 29210
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August 10, 2006

SAMUEL B. GLOVER
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Jackie Smith
Victim Services Coordinator

*2008 -
Borden
Wheeler - Action*