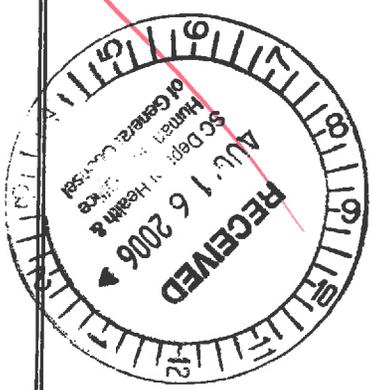


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



TO Singleton DATE 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>Shobe w/ MS. Hellebe</i>			
2. <i>Shobe w/ MS. Smith w/ MS. Hellebe</i>			
3. <i>Shobe w/ MS. Hellebe</i>			
4.			

*MS Smith expressed a concern regarding the hearing. It will be a hearing held by the Department. The hearing date is 8/16/06.*

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

MARK SANFORD  
Governor



SAMUEL B. GLOVER  
Director

**RECEIVED**

AUG 15 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

1221 GREGG ST.  
COLUMBIA, SOUTH CAROLINA 29210  
Telephone: (803) 734-6320  
Facsimile: (803) 734-0020  
[www.state.sc.us/ppp](http://www.state.sc.us/ppp)

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

*Doog -  
S. Glover  
Return*

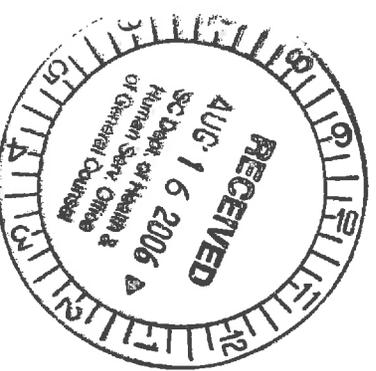
To whom it may concern:

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,

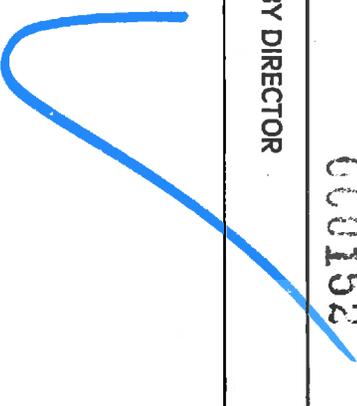
*Jackie Smith*  
Jackie Smith  
Victim Services Coordinator



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

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

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000152</i>	<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

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

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

MARK SANFORD  
Governor



SAMUEL B. GLOVER  
Director

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DOG -  
Burdaw  
a - Nov - Oct 2006

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

Sincerely,

Handwritten signature of Jackie Smith in cursive.  
Jackie Smith  
Victim Services Coordinator