

Clerk stamps date here when form is filed.

Request

This form is used to ask the court to make an order before or after the trial in a small claims case. The court will notify all plaintiffs and defendants in this case about its decision by mail, at the trial, or at a hearing (depending on when the request is filed).

If you are the person asking the court to make an order, ask the Small Claims Advisor if this is the right form for the kind of order you want. If so, follow these steps:

- Fill out page 1 of this form and file it at the clerk's office.
• If you are making this request before your trial, you must mail (or deliver in person) a copy of this form to all other plaintiffs and defendants in your case.
• If you are making this request after the judge has decided your case, the clerk will mail a copy of this form to all other plaintiffs and defendants in your case.

If you receive this form, read below, then fill out 7-10 on page 2.

Fill in court name and street address.

Superior Court of California, County of Amador
Small Claims Division
500 Argonaut Lane
Jackson, CA., 95642

Fill in your case number and case name below.

Case Number: 14-SC-03253
Case Name: Devon (E43780); J. Cantu

1 The person asking the court to make an order is:

Name: ALAN DEVON
Address: 4001 Hwy Ave 3B01-212
Check one: [ ] A defendant in this case [X] A plaintiff in this case
[X] Other (explain).

2 Notice to: (List names and addresses of all other defendants and plaintiffs in your case.)

- a. Name: JENNIS J. BURZLEY Address: 500 ARGONAUT LANE JYN CA. 95642
b. Name: FRANN GIOVACCHINI Address: 4001 Hwy 104, Lone, CA 95640
c. Name: Captain J. Cantu Address: 4001 Highway 104, Lone CA 95640

[X] Check here if you need more space Use Form MC-031 or a plain sheet of paper Write "SC-105, Item 2" on top.

If your request is made before the trial and after the claim was served, fill out below:

[X] mailed [ ] delivered in person a copy of this form to everyone listed in 2 on (date):

3 Ask the court to make the following order:

FOR FEELING HURT BY THE COST OF 2,500 TO SEE A HEARING DATE AND BE HURT BY THE VISITATOR MAKE GOOD ON MY DEMAND PAY ME ALSO PAY COURT COST

[ ] Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 3" on top.

4 I ask for this order because (explain and give facts of your case here):

AND I WAS HEARING AIDS SAFE ACCESS TO OPER SERVICES, FEELING AND ACTIVITY AND THE LITIGATOR COULD DENY ME SO ONLY THE COURT CAN RESOLVE FOR GOVERNMENT CLAIM CASE FILED.

[ ] Check here if you need more space. Use Form MC-031 or a plain sheet of paper Write "SC-105, Item 4" on top.

5 In making its order, I ask the court to consider the information on this form, any records on file, and, if the court holds a hearing, the evidence presented at that hearing.

6 I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct.

Date: 10/12/15
Name: ALAN DEVON
Type or print your name

Signature of Alan Devon

Clerk stamps date here when form is filed.

Answer

The person listed in (1) on page 1 of this form has asked the court to make an order in your small claims case.

Follow these steps to tell the court what you want to do about this request:

- Read page 1 to see what the person in (1) is asking for.
• Fill out (7)-(10) below.
• Mail your completed form to the court right away.
• Mail a copy of this form to each plaintiff and defendant listed in (1) and (2) on page 1 of this form.

The court will mail its decision to all plaintiffs and defendants in this case or will make a decision at a court hearing or trial.

If you do nothing, the court may make the order without hearing from you.

(7) The person filing this answer is:

Name: ALAN DEVON E43780
Address: 4001 KING AVE 9501-245 Folsom

Check one: [ ] A defendant in this case [X] A plaintiff in this case

(8) Tell the court what you want to do about this request.

(Check all that apply):

- a. [ ] I agree to the order requested in (3).
b. [X] I do not agree to the order requested in (3). (Explain below:)

I EXHAUSTED ALL ADMINISTRATIVE REMEDIES FOR AIA DEVICES AND COST FOR NEW APPLIANCES TTY-TEXT SINGLE CELL AND GROUNDWATER NAVY PACK. THE DEFAMATION CLAIM \$25000 REQUESTED.

[ ] Check here if you need more space. Use Form MC-031 or a plain sheet of paper. Write "SC-105, Item 8" on top.

- c. [X] I ask the court to have a hearing to decide this matter.

(9) I mailed a copy of this form to everyone listed in (1) and (2) of this form on (date): 6/12/15

(10) I declare under penalty of perjury under California state law that the information above and on all attachments is true and correct.

Date: 6/12/15

Type or print your name

Signature of Alan Devon

Sign your name



Need help?

For free help, contact your county's Small Claims Advisor:

Or, go to "County-Specific Court Information" at www.courtinfo.ca.gov/selfhelp/smallclaims

If the request on page 1 was made after the hearing, the clerk fills out below.

— Clerk's Certificate of Mailing —

I certify that I am not involved in this case and (check one):

- [ ] A Certificate of Mailing is attached.
[ ] The Request for Court Order and Answer was mailed first class, postage paid, to all parties at the addresses listed in (2).

On (date):

From (city): , California

Clerk, by , Deputy

PLAINTIFF/PETITIONER: Devon (E43780)	CASE NUMBER:
DEFENDANT/RESPONDENT: J. Cantu	14-SC-03253

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

SC-105 "Item 2"

- S. Buckner
- M. Elorza
- H. Liu
- J. Hernandez
- R. Davis
- K. OConnor
- R. Roy
- J. Lizarraga
- M Priest
- A. Lai
- L. Soltanian
- E. Horowitz
- T. Pfeiffer
- D. Tillery
- R. Giovacchini
- M. Lundgren
- L. Kaiser
- K. Prescott
- J. Keenan
- D. Lacher
- A. Pogue
- V. Plascencia
- K. Lienfelter
- A. Jenkins
- S. Dill

All owe \$1250.00 for Defamation and  
 ADA - property denial of safe access  
 to all services, activities / programs  
 E.O.P. / ADA.

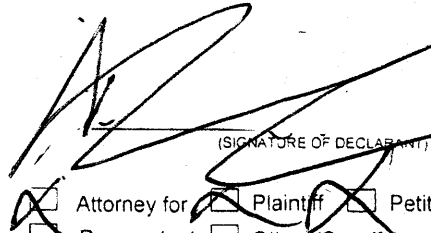
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

6/12/15

Devon

(TYPE OR PRINT NAME)

  
 (SIGNATURE OF DECLARANT)

Attorney for  Plaintiff  Petitioner  Defendant  
 Respondent  Other (Specify):

218

**INMATE APPEAL ASSIGNMENT NOTICE**

Date: May 6, 2015

To: INMATE DEVON, E43780  
Current Housing: 03B001 2218001L *CO R*

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: MCSP-C-15-00460

ASSIGNED STAFF REVIEWER: LITIGATION COORDINATOR

APPEAL ISSUE: PROPERTY

DUE DATE: 06/17/2015

RIANN GIOVACCHINI, Litigation Coordinator

Inmate DEVON, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 30 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals  
Department of Corrections  
P. O. Box 942883  
Sacramento, CA 94283-0001

- C. White, AGPA
  - M. Elorza, CCII
  - T. Meza, AGPA
- Appeals Coordinator  
MCSP

**OFFICE OF APPEALS**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



May 28, 2015

MAILED  
JUN 01 2015

DEVON, ALAN, E43780  
California State Prison, Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8800

RE: TLR# 1411340 MCSP-14-02496 STAFF COMPLAINTS

The Office of Appeals, California Department of Corrections and Rehabilitation (CDCR) acts as the third level of review as established in California Code of Regulations (CCR) Title 15, Article 8. The Office of Appeals examines and responds to inmate and parolee appeals, after the institution or parole region has responded at the Second Level of Appeal.

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(7). Your appeal is missing necessary supporting documents as established in CCR 3084.3. All documents must be legible (If necessary, you may obtain copy(ies) of requested documents by sending a request with a signed trust withdrawal form to your assigned counselor). Your appeal is missing:

- CDCR Form 1858, Rights and Responsibilities Statement signed

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(13). The appeal is incomplete. Your appeal is being returned for the following reason(s):

- Completion of Section F on the CDCR 602 appeal form.
- Signature and original date submitted is required on form requesting a Third Level Review

Remove Code of Silence page (highlighted).

MEMO of ZERO TOLERANCE w/ MISCONDUCT

A handwritten signature in black ink, appearing to read "M. Voong", enclosed in a hand-drawn oval.

M. VOONG, Chief (A)  
Office of Appeals

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

3B01-218L

218

# Memorandum

Rec'd 2/25/15  
by (S.T.G.) officer M. [unclear]

Date : January 22, 2015

To : DEVON, # E-43780  
~~Mule Creek State Prison/C12-144L~~  
COR, IV

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # A-14-02496 SECOND LEVEL RESPONSE**

**APPEAL ISSUE:** You allege that on November 20, 2014 Correctional Officers, D. Sung, L. Cantu, S. Dill and Sergeant M. Priest failed to provide you meals and adequate medical attention.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

**DETERMINATION OF ISSUE:** A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is being processed as an Appeal Inquiry.

You were interviewed on January 13, 2015 by Lt. S. Buckner and you reiterated your appeal issues and stated, "Yes, it happened but what is the appeal number. I have a lot of them." When asked if there was a manner in which this appeal could be resolved you stated, "I am suing all of you for medical indifference".

The following witnesses were questioned: Licensed Psychiatric Technician, K. Chamberlin and inmate T. CHILDS (D-46552, A5-238L).

Staff: *did*  *did not*  violate CDCR policy with respect to one or more of the issues appealed.

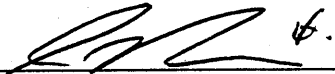
**YOUR APPEAL IS PARTIALLY GRANTED IN THAT:** An inquiry regarding your appeal has been completed and all issues have been adequately addressed.

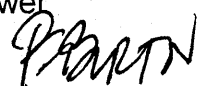
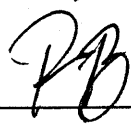
ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.

- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: S. Buckner Sign:  Date: 1/22/15  
Interviewer

Print:  Sign:  Date: 2/9/15  
Reviewing Authority

304.9(a)(4)

EMERGENCY

1411340



E43780

IAB USE ONLY

Institution/Parole Region: Log #:

MCSP-A 14-02496

Category:

76

FOR STAFF USE ONLY

You may appeal a Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect on your rights. You must use the prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <b>Devon Alan I</b>	CDC Number: <b>EA3780</b>	Unit/Cell Number: <b>MCSP FAPS-PO</b>	Assignment: <b>EOP</b>
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

**STAFF COMPLAINT**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): **ON 10/20/2014, GO SANTO, SUNG, DILL AND SUPV. EST. WREST ALLOWED ME TO CRAWL FROM MY CELL TO THE YARD TRACK BEFORE ANY MEDICAL EMERGENCY WAS ACTIVATED, MY NEED TO CRAWL**

B. Action requested (If you need more space, use Section B of the CDCR 602-A): **I WANT TO SUE THESE STAFF FOR A DELIBERATE SERIOUS MEDICAL INTERFERENCE FOR NOT FEEDING ME NOR ACCEPTING MEDICAL, REVOKING CCR 3004.02. RIGHTS/RESPECTS. I WANT INTERNAL AFFAIRS**

STAFF USE ONLY  
DNMC CCR 30549650  
MCOJ  
NOV 22 AM 11 27

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

**CRCP 1058  
Memo of Misconduct**

No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: Date Submitted: **10/22/14**

By placing my initials in this box, I waive my right to receive an interview.

**C. First Level - Staff Use Only**

Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.

Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Cancelled (See attached letter) Date: \_\_\_\_\_

Accepted at the First Level of Review.

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

RECEIVED  
SIGNATURE  
REMOVE  
CARE OF  
SILENCE PG



STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL FORM ATTACHMENT  
CDCR 602-A (08/09)

Side 1

IAB USE ONLY

Institution/Parole Region: Log #:

Category:

MCSP-A 14-02496

1b

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

Dalven, Alan

~~14560~~

FABES-103

EOP/ADA

A. Continuation of CDCR 602, Section A only (Explain your issue):

WAS FROM A DIRECT RESULT OF % A JENKINS (Supv. SGT) I Beckham/MAN AND THE (TIA) NURSE HARRIS/MILLER. I HAD CHEST PAINS WHILE POSITIVELY LOCKED INSIDE A CELL STRIPPED NAKED FOR NOT PROVIDING MY HEARING AIDE (THE CELL WAS SMALLER THAN A COFFIN) WHEN EXTRACTED AFTER AN HOUR TO AN HALF I WAS DRAGGED NUDE ON THE OGD PROGRAM FACILITY OFFICE FLOOR TAKEN TO THE GIVEN TWO HANDS AND THEN WHEEL CHAIRS AND DUMP ON CELL FLOOR, ONCE SUPV. PRIST SAW FINMATES COMING TO LIFT ME HE THEN DECIDED TO CONTACT A EMERGENCY NURSE WYATT ALICE NG WITH A CHAIR SGT'S SEPEVADA AND BROWLEY MOVED AND AMBULANCE THEIR CROW STATING "YOU CRAWLED W/OUT DIRTING YOUR PANTS" AND "DON'T WORRY HEART. NO ONE WOULD EXCEPT ME TO MEDICAL % SKY REFERRED TO HELP STATING "HE DID THIS YESTERDAY" MAKE HIM WALK... FINALLY GO CROSSETT GOT ME TO THE TIA DR. R. JUDAS AND HIS NURSE MS. GANTLY WHO ROLL MY MRI IMAGES SAW NO SURGERY WOULD HELP MY CONDITION OF ARTHRITIS, HERNIATION L2-L3 AND A BILLOID ON DISC W/NEAR L4-L5, A 10-DAY LAY IN. MEAS/NEAS WITH NARCOIS OF DRUG W/ FOLLOW-UP

2019 OCT 22 AM 7 07

STAFF USE ONLY

Inmate/Parolee Signature:

Date Submitted:

Alan Dalven

B. Continuation of CDCR 602, Section B only (Action requested):

INVOLVED FOR NEGLIGENCE OBVIOUSLY SHOWN BY STAFF WHO'S DAILY SECURITY / SAFETY POSITIONS ARE TO PROVIDE SAFE ACCESS TO PROGRAMS SERVICES AND ACTIVITIES FOR MENTAL HEALTH (EOP) INMATES/ADA. INMATES IN THESE CHARGE. I WANT THESE POSITIONS SUSPENDED OR REASSIGNED AND CDCR 1123 COUNSELING REPORTS ON CONDUCT TO ALL OF THOSE WHO ALLOWED THESE EVENTS TO DOMINO. I WANT NO PAPERWORK AND OR RETALIATORY ACTIONS AS IS A COMMON PRACTICE BY THE STAFF HAVING VENUE FOR FILING I/M - GRIEVANCES.

Alan Dalven

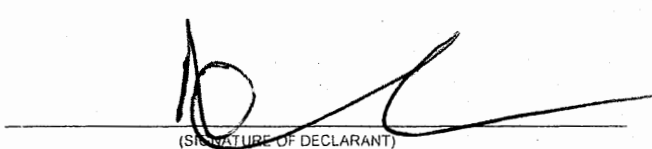
10/21/19

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Alan Devan Pro Per (E43780)</b> <b>4001 KING AVE P.O.#3100 9301-218</b> <b>CORCORAN, CA, 93212</b> TELEPHONE NO.: _____ FAX NO. (Optional): _____		FOR COURT USE ONLY
E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>Alan Devan</b>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>AMADOR</b> STREET ADDRESS: <b>500 ARGONAUT LANE</b> MAILING ADDRESS: _____ CITY AND ZIP CODE: <b>JUN, CA, 93212</b> BRANCH NAME: <b>SMALL CLAIM COURT</b>		CASE NUMBER: <b>HAEC-3253</b>
PLAINTIFF/PETITIONER: <b>Devan, A</b> DEFENDANT/RESPONDENT: <b>CANTU, J. ET, AL</b>		
DECLARATION		

FOR COURT direction Plaintiff SUMMARIZES/CLARIFIES the 26 defendants **ONE \$2,500.00** each over defamation of CHARACTER HEARING DEVICES (AIDS/AMPLIFIERS) AND GreenDot Money Pack Numbers CONFISCATED ERRONEOUSLY, My Medical devices APPROVED WERE TAKEN ON 9/17/14 APPEAL LOG # HAEC 12 APPEAL # 140690 MCSP. A. 02159 ON 10/07/14 BROKEN LOG # HAEC 12 APPEAL # 140781 MCSP. A. 02310 ON HEALTHCARE DIRECTOR W/ decisions MCSP # 140782 MCSP. A. 02412 STAFF CHARGES ME FOR REPRESENTATION APPLICANCES HC # 1404965 / 1405963 AND HC APPEALS FOR DISABILITY (MENTAL IMPAIRMENT) 14048327 I WAS REFUSED GreenDot Money Pack, The Code of Silence fostered by these defendants HEADED BY FRANK GIOVACCHINI ARE EVIDENT, THE FALSIFY REPORTS, COMMIT PERJURY, AND VIOLATE DUE PROCESS THE PROOF OF SERVICES SHOWS ADMINISTRATIVE REMEDIES WERE EXHAUSTED, AS WELL AS A REQUEST FOR SETTLEMENT PER CCP § 3084.9 (E) TO NO AVAIL.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **6/9/15**  
**Alan Devan**  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

- Attorney for  Plaintiff  Petitioner  Defendant  
 Respondent  Other (Specify): \_\_\_\_\_

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	Devon, A CANTU, J. ET, AL	CASE NUMBER: ACC3253
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

All of these 3d AL- EXHAUSTIONS ARE CONTAINED IN MY COURT files AS I EXPRESSED ON pg. # 3. on the 5/10 I EXHAUSTED TO THE DIRECTOR'S level how these 26- defendants ALL ORCHESTRATED TO IMPEDe SAFE ACCESS WITH BOTH HEARING IMPAIRMENT/MENTAL BY NOT PROVIDING PROGRAMS, SERVICES AND ACTIVITIES WITH MY HEARING DEVICES, I WAS CHARGED THOUSANDS FOR EQUIPMENT THE SAME INDIVIDUALS DEMED THEY WERE LIABLE FOR. TO HAVE ANY- form of EFFECTIVE COMMUNICATION, I ALLOWED THE CHARGE TO BE INCURRED TO HEAR TV, ALARMS/calls AND PASSOS. IN EFFORT, UPON CONTACTING OUTSIDE AGENCIES, ATTORNEYS & OR OFFICIALS AT THE STATE AUDITORS OF CALIFORNIA (SUMMER) DEFENDANTS USED THE DIVISION OF ADULT INSTITUTIONS POLICIES TO INJURE ME MY PERSON/PROPERTY. THESE EXHAUSTIONS ARE INSIDE THE RECORD PLEASE ORDER IN FAVOR FOR PAYMENT \$2,500.00 EACH/INDIVIDUALLY INCAPACITY.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

6/9/15

Alan Devon

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other (Specify):

ATTORNEY (Name and Address): <b>Alan De'von - CDCR #E43780</b> <b>4001 King Avenue, 3B01-218L</b> <b>Corcoran, CA 93212</b>  E-MAIL: ATTORNEY FOR: <b>in propria persona</b>	SBN: <b>No Phone</b>  FOR COURT USE ONLY
NAME OF COURT, JUDICIAL DISTRICT or BRANCH COURT, IF ANY:  <b>Amador Superior Court</b> <b>500 Argonaut Lane</b> <b>Jackson, CA 95642</b>	
PLAINTIFF: <b>De'von</b> DEFENDANT: <b>Cantu</b>	COURT CASE NO.:  <b>14SC3253</b>
<b>Proof of Service</b>	LEVYING OFFICER FILE NO.:  <b>2015000377</b>

1. At the time of the service I was at least 18 years of age and not a party to this action.
2. I served copies of the:
  - f. other (specify documents): **Attachments, Copy of SC-105A, Cover Sheet, Declaration/Reply, Order on Court Fee Waiver**

3. a. Party served: **Riann Giovacchini, Litigation Coordinator**

4. Address where party was served: **Mule Creek State Prison, 4001 Hwy 104  
lone, CA 95640**

5. I served the party:

b. by substituted service. On: 05/28/2015 at: 11:20 AM I left documents listed in item 2 with or in the presence of D. Azevado, Office Tech, Person authorized to accept for employee:

(1) (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.

(4) I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., 415.20). I mailed the documents on: 5/28/2015 from: Jackson, CA.

(5) I attach a "Declaration of Diligence", incorporated herein by reference, stating actions taken first to attempt personal service.

7. Person who served papers:

a. Name: **Matthew Girton, Deputy Sheriff**

b. Address: **Amador Sheriff - Civil Division 700 Court Street Jackson, CA 95642**

c. Telephone Number: **(209) 223-6544**

d. The fee for service was: **\$0.00 (Waived)**

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Thursday, May 28, 2015

Hearing: **<No Information>**

Remarks

*K. Marchione*  
 \_\_\_\_\_  
 Sheriff's Authorized Agent  
 Martin A. Ryan, Sheriff-Coroner

ATTORNEY (Name and Address): <b>Alan De'von - CDCR #E43780</b> <b>4001 King Avenue, 3B01-218L</b> <b>Corcoran, CA 93212</b>  SBN: <b>No Phone</b>  E-MAIL: ATTORNEY FOR: <b>in propria persona</b>	FOR COURT USE ONLY
NAME OF COURT, JUDICIAL DISTRICT or BRANCH COURT, IF ANY:  <b>Amador Superior Court</b> <b>500 Argonaut Lane</b> <b>Jackson, CA 95642</b>	
PLAINTIFF: <b>De'von</b> DEFENDANT: <b>Cantu</b>	COURT CASE NO.:  <b>14SC3253</b>
<p style="text-align: center;"><b>Declaration of Diligence</b></p>	LEVYING OFFICER FILE NO.:  <b>2015000377</b>

Declaration of attempts to personally serve: **Riann Giovacchini, Litigation Coordinator**

1st: 05/28/2015 11:20 AM      Address: Mule Creek State Prison 4001 Hwy 104, Ione, CA 95640  
 Deputy: Matthew Girton,      Remark:  
 Deputy Sheriff

2nd: 05/28/2015 11:20 AM      Address: Mule Creek State Prison 4001 Hwy 104, Ione, CA 95640  
 Deputy: Matthew Girton,      Remark:  
 Deputy Sheriff

PLAINTIFF/PETITIONER: <u>Devan, A.</u>	CASE NUMBER: <u>15C3253</u>
DEFENDANT/RESPONDENT: <u>CANTO, J. ET AL</u>	

= clerk copy

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

Honorable DENNIS BUCKLEY, Visiting Judge for J. S. HEFNERSON  
 6/9/15 Plaintiff Alan Devan appeared by COURT CALL (I'm HEARING IMPAIRED)  
 Defendant FRANK GIOVACCHINI, CCB SPECIALIST (LIGATION FOR CCB) AND  
 SP/CR II person in Nexus M. Kambroll denied effective communication  
 his the ITV TEXT TO READ THE COURT ORDER OF WHAT IT INSTRUCTS THE  
 BY JUDGE BUCKLEY THE CCB SPECIALIST REFUSE ME SAYING THE COURT  
 WAS NOT CONFIDENTIAL, NONE THE LESS I SENT A ORDER FCC WAIVER FOR THE  
 TO (SUBPOENA DUCATURUM) TO DANAIL, SEE ENCLOSED REQUEST TO COURT.  
 I DO PROVIDED DEFENDANT FRANK GIOVACCHINI PROOF OF ADMINISTRATIVE  
 COSTS EXHAUSTED, IN FACT, THE LOT OF THESE INCORPORATED WITH THE  
 JUSTICE OF DAMAGED PROPERTY (HEARING AIDE/AMPLIFIERS) THE ACTS OF  
 FRAUD AND CONSPIRACY OF ADSEPLACEMENT/DESTRUCTION OF PERSONAL EFFECTS  
 REPUTATION OF CHARACTER ALLEGING I HAVE NO GROUND TO MISCONDUCT  
 DOCUMENTED TRACKING APPAR ARE FUTURE AS THEY EL STATE STAFF HELD  
 TELEPHONE INTERVIEW BUT DO NOT REALISE I READ REP OR ITV. THEY BIAS  
 ADMINISTRATIVE REVIEWS WITH ALSO ASSIGNING STAFF TO REVIEW ISSUE AND  
 A VIOLATION IN SUPPORT, MONETARY AWARD IS LAST CASE EFFORT  
 JUSTICE.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 6/4/15

Alan Devan

(TYPE OR PRINT NAME)

[Signature]

(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other (Specify):

# EXHIBIT COVER PAGE

\_\_\_\_\_ EXHIBIT

Description of this Exhibit:

Number of pages in this Exhibit: \_\_\_\_\_ pages.

JURISDICTION: (Check only one)

\_\_\_\_\_ Municipal Court

Superior Court

\_\_\_\_\_ Appellate Court

\_\_\_\_\_ State Supreme Court

\_\_\_\_\_ United States District Court

\_\_\_\_\_ State Circuit Court

\_\_\_\_\_ United States Supreme Court

\_\_\_\_\_ Grand Jury



# Memorandum

Date : February 17, 2004

To : All California Department of Corrections Employees

Subject: ZERO TOLERANCE REGARDING THE "CODE OF SILENCE"

The California Department of Corrections (CDC) is only as strong as the values held by each of its employees, sworn and non-sworn. How we conduct ourselves inside our institutions and in the Central Office is a reflection of those values.

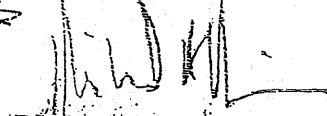
The "Code of Silence" operates to conceal wrongdoing. One employee, operating alone, can foster a Code of Silence. The Code of Silence also arises because of a conspiracy among staff to fail to report violations of policy, or to retaliate against those employees who report wrongdoing. Fostering the Code of Silence includes the failure to act when there is an ethical and professional obligation to do so.

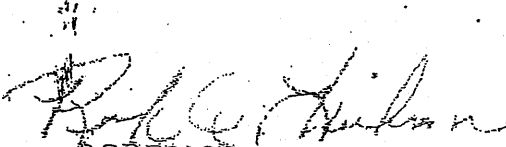
Every time a correctional employee decides not to report wrongdoing, he or she harms our Department and each one of us by violating the public's trust. As members of law enforcement, all Correctional Officers must remain beyond reproach. The public's trust in this Department is also violated by retaliating against, ostracizing, or in anyway undermining those employees who report wrongdoing and/or cooperate during investigations. There is no excuse for fostering a Code of Silence.

Your hard fought efforts to protect the public deserve recognition. Recently, however, the public's trust has been undermined by the operation of a Code of Silence within the CDC. To correct this problem, we are taking steps to ensure the Department exemplifies integrity and instills pride. Part of this effort is the immediate implementation of a zero tolerance policy concerning the Code of Silence. We will not tolerate any form of silence as it pertains to misconduct, unethical, or illegal behavior. We also will not tolerate any form of reprisal against employees who report misconduct or unethical behavior, including their stigmatization or isolation.

Each employee is responsible for reporting conduct that violates Department policy. Each supervisor and manager is responsible for creating an environment conducive to these goals. Supervisors are responsible for acquiring information and immediately conveying it to managers. Managers are responsible for taking all appropriate steps upon receipt of such information, including initiating investigations and promptly disciplining all employees who violate departmental policy.

Any employee, regardless of rank, sworn or non-sworn, who fails to report violations of policy or who acts in a manner that fosters the Code of Silence, shall be subject to discipline up to and including termination.

  
RICHARD RIMMER  
Director (A)  
California Department of Corrections

  
RODERICK O. HICKMAN  
Agency Secretary  
Youth and Adult Correctional Agency

OCT 02 2014





ROSEN BIEN  
GALVAN & GRUNFELD LLP

P.O. Box 390  
San Francisco, California 94104-0390  
T: (415) 433-6830 • F: (415) 433-7104 • E: info@rbgg.com  
www.rbgg.com

October 9, 2014

CONFIDENTIAL – LEGAL MAIL

Alan Devon, E-43780  
Mule Creek State Prison  
P.O. Box 409000  
Ione, CA 95640-9000

Re: *Armstrong v. Brown*  
Our File No. 581-3

Dear Mr. Devon:

This is in response to your phone call on October 7, 2014. Thank you for contacting our office.

We are concerned to hear that EOP and ADA prisoners in your housing unit are being mistreated by custody staff. We understand that at times prisoners are having meals, showers and cell cleanings withheld from them, and that there have been multiple incidents of excessive use of force and assault by custody staff. We also understand that custody officers have been tampering with the grievance appeals process and preventing prisoners from filing appeals. We are enclosing with this letter a short information sheet on how to report misconduct.

We also understand that you had your pocket talker and supplies as well as your orthopedic shoes confiscated on September 17, 2014. We also understand that you saw the audiologist by chance on September 24, 2014 to be fitted for new hearing aids. You also said you were able to be seen by the podiatrist, but that your orthopedic shoes were damaged and need to be replaced. As we discussed over the phone, you should try filing an 1824 to request that these accommodations be re-issued to you. You should mail your 1824 form directly to the Appeals Coordinator's Office at MCSP in order to get your appeals processed. Be sure to follow up on any unfavorable response to your appeal up through the Director's level of review if necessary. I am enclosing a blank 1824 for you to use.

As we also discussed, please send us copies of the appeals you file and any responses you receive. Handwritten copies are fine if you are not able to make photocopies of your documents. I am enclosing several self-addressed, stamped envelopes you can use to write back to us.

**CONFIDENTIAL – LEGAL MAIL**

Alan Devon, E-43780

October 9, 2014

Page 2

Thank you for writing, and good luck.

Sincerely,

ROSEN BIEN  
GALVAN & GRUNFELD LLP



By: Haruka Roudebush  
Paralegal

TN:hr

Encl. 1824, SASE (3), Staff Misconduct – Confinement Problems, Use of Force



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November 6, 2014

CONFIDENTIAL – LEGAL MAIL

Alan Devon, E-43780  
Mule Creek State Prison  
P.O. Box 409000  
Ione, CA 95640-9000

Re: *Armstrong v. Brown*  
Our File No. 581-3

Dear Mr. Devon:

This is in response to your two undated letters and your letters postmarked September 30, 2014, October 8, 2014, October 9, 2014, October 17, 2014 and October 28, 2014, which we received on October 10, 2014, October 20, 2014, October 22, 2014, October 28, 2014 and October 30, 2014. We are returning original documents that you sent to our office, and we have kept copies of your documents for our records.

Thank you for sending us documents concerning appeals related to your hearing impairment and the replacement of your orthopedic shoes. We understand that you currently have access to the TDD machine equal to the access granted to other inmates for use of the standard inmate telephone system.

As you may know, we represent the class of prisoners and parolees with certain disabilities (mobility, hearing, vision, kidney, and learning) in a lawsuit called *Armstrong v. Brown*. The case is about improving the way people with disabilities are treated in prisons and on parole. We split the monitoring of disability-related issues with our co-counsel in the *Armstrong* case, the Prison Law Office (PLO). Our office is responsible for monitoring Mule Creek State Prison for *Armstrong*. We enclose our informational handout with answers to Frequently Asked Questions about the *Armstrong* case, a manual that explains the appeals process in CDCR, and 1824 appeal forms.

You also sent us documents related to mental health care concerns. We are one of the law firms that represent the plaintiffs in the class action lawsuit *Coleman v. Brown*. The *Coleman* case was brought on behalf of prisoners with serious mental illness. The court ordered the defendant, CDCR, to make certain changes in the delivery of their mental health services. The court also appointed a special master to help develop plans to provide adequate mental health care and to monitor the defendant's compliance with

**CONFIDENTIAL – LEGAL MAIL**

Alan Devon, E-43780

November 6, 2014

Page 2

those plans. In order to track prisoner correspondence and compliance issues more effectively, we have divided up correspondence between this office and our co-counsel, the Prison Law Office (PLO). That office is responsible for handling prisoner correspondence about Coleman issues from your institution. We are enclosing an information handout with answers to Frequently Asked Questions about the *Coleman* case. Please continue to write to the Prison Law Office directly about these issues. We are enclosing a self-addressed stamped envelope for your use. I have forwarded copies of your documents to their office.

The most important thing we can tell you is that when you are feeling emotional or mental distress you should use the mental health service in the prison. That means you should talk to your case manager, social worker, or psychologist. Talking directly to them can get you help faster than writing letters. If you are having problems getting help from them, you should certainly write directly to the PLO about your problems.

We reviewed your CDCR 602 HC, and note that you withdrew your appeal for a pocket talker and shoes on September 23, 2014 because they had been returned to you. You also wrote that your shoes and pocket talker were taken on October 7, 2014. We note that the response to your CDCR 22 request states that everything was returned to you on October 19, 2014. Is this true?

If your pocket talker and orthopedic shoes have not been returned, you should try filing a separate 1824 to request that each accommodation be re-issued to you. You should mail your 1824 forms directly to the Appeals Coordinator's Office at Mule Creek State Prison in order to get your appeals processed. Be sure to follow up on any unfavorable response to your appeal up through the Director's level of review if necessary.

On the 1824 you should say what your disability is and explain what problems you have that are related to your disability. Please be as specific as possible on the 1824 when requesting help or accommodations. Try using the space on the 1824 form to **state exactly what your disability is** (hearing impaired), **how it is affecting you** (can't hear - having trouble accessing programs and getting around, such as to chow, shower, yard, medical appointments, and library), and **what accommodation would help you** (such as getting a pocket talker to allow you to keep your hearing aid at a lower volume in order to hear more clearly).

You should fill out a separate 1824 to request that your damaged orthopedic shoes be replaced. We understand that documentation indicates you do not have a verified mobility disability; however, you are medically authorized to possess shoes as a medical appliance.

**CONFIDENTIAL – LEGAL MAIL**

Alan Devon, E-43780

November 6, 2014

Page 3

Please send us copies of the appeals you file and any responses you receive. Again, we have kept copies of the documents that you have already sent to us. Handwritten copies are fine if you are not able to make photocopies of your documents. I am enclosing several self-addressed, stamped envelopes you can use to write back to us.

We have also reviewed records from Mule Creek State Prison, which show that you are DNH (hearing impaired) with lower/bottom bunk restrictions, and that you use hearing aid, cotton bedding, hearing vest, prescription glasses and shoes. You should continue to write to this office about any issues you experience relating to your hearing impairment.

As you know, we previously sent a handout regarding staff misconduct for your reference. Unfortunately, we are unable to provide any additional help concerning these issues, and it may be more helpful for you to hold onto your staff misconduct papers in order to process your appeals.

Please continue to write to the Prison Law Office (PLO) about your mental health care concerns.

Good luck and please take care.

Sincerely,

ROSEN BIEN  
GALVAN & GRUNFELD LLP



By: Rolayn Tauben  
Paralegal

TN:rlt

Encl. Origs., *Armstrong* FAQ, *Coleman* FAQ, Admin. Appeals, 1824 (2), Writing Paper, RBGG SASE, PLO SASE

2nd

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF APPEALS  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**THIRD LEVEL APPEAL DECISION**

**FEB 02 2015**

Date:

In re: Alan Devon, E43780  
California Health Care Facility - Stockton  
7707 Austin Road  
Stockton, CA 95213

TLR Case No.: 1406953

Local Log No.: MCSP-14-02322

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner K. J. Allen. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** It is the appellant's position that he has been discriminated against by staff at Mule Creek State Prison (MCSP) based upon his disability. The appellant states that custody staff incorrectly confiscated his Telecommunication Device for the Deaf (TDD) printer tape during a search of his cell. The appellant states that the TDD printer tape is associated with a legal call with his attorney on October 7, 2014.

The appellant requests that he be provided his attorney/client printer tape/papers with the relay message returned. He also requests no more harassment by custody staff. Lastly, the appellant requests that a TDD machine be kept within his housing unit so he can access it easily.

**II SECOND LEVEL'S DECISION:** The reviewer found that the appellant's appeal claims were properly reviewed and considered. The reviewer noted that during the appeal inquiry, Correctional Officer Klinefelter was interviewed and indicated that he was not aware that the TDD transcripts were legal papers and he put them back in the TDD phone box, which is located in the Facility "A" Lieutenant's Office. Accordingly, the appellant was provided with the requested TDD transcript. In accordance with MCSP Operational Procedure #53, the TDD printer paper will be provided to the appellant if requested upon completion of the legal call.

It was noted that following the First Level of Review the appellant added new issues regarding the confiscation of his personal property and him being moved into an incorrect cell. The reviewer indicated that some of the issues have already been addressed in other appeals and bringing up new issues at the Second Level of Review (SLR) inappropriately bypasses lower levels of appeal reviews. Based upon this fact, these added issues were not addressed within this appeal response.

With the accommodation of a hearing aid, hearing impaired vest, prescription glasses, shoes and access to a TDD machine, the reviewer found that the appellant is able to properly access program, services, and activities of the Department and is able to perform major life activities. In that the TDD printer tape associated with the noted attorney call was returned to the appellant and the fact that the appellant will not be retaliated against, the appeal was partially granted at the SLR. All other appeal requests were denied.

**III THIRD LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** Following analysis of the submitted documentation, the Appeals Examiner has determined that the appellant's allegations have been reviewed and properly evaluated by administrative staff at MCSP. An appeal review was conducted by appropriate supervisory staff, and the appeal was reviewed by the institution's Warden. Despite the appellant's dissatisfaction, this review finds no evidence of a violation of existing policy or regulation by the institution based upon the arguments and evidence presented.

Pursuant to the Armstrong Remedial Plan (ARP), Section APRI, "No qualified inmate or parolee with a disability as defined in Title 42 of the United States Code, Section 12102 shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities of the Department or be subjected to discrimination. All institutions/facilities housing inmates with disabilities will ensure that housing and programming are reasonable and appropriate in a manner consistent with their mission and Department policy."

Staff at MCSP found that the appellant has access to all services, activities, and programs of the institution, and that the appellant has access to the TDD machine on his facility. Staff found no obstruction and no need for a TDD machine to be placed within each individual housing unit. Furthermore, the TDD printer tape requested by the appellant has been returned to him pursuant to his request. The appellant has failed to provide any new or compelling information that would warrant a modification to the decision reached by the institution. Relief at the Third Level of Review in this matter is unwarranted. It is noted that the appellant has transferred to the California Health Care Facility - Stockton (CHCF) and his appeal concerns may no longer be germane.

The appellant has added new issues and requests to his appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

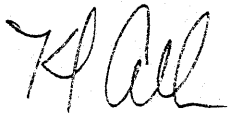
**B. BASIS FOR THE DECISION:**

ARP: ARPI, ARP.II.A, ARP.II.D.3, ARP.II.G

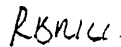
California Code of Regulations, Title 15, Section: 3001, 3084.1, 3085, 3270, 3380, 3391

**C. ORDER:** No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



K. J. ALLEN, Appeals Examiner  
Office of Appeals



R. L. BRIGGS Chief (A)  
Office of Appeals

cc: Warden, CHCF  
Chief Executive Officer, CHCF  
Appeals Coordinator, CHCF  
Health Care Appeals Coordinator, CHCF  
Appeals Coordinator, MCSP  
Health Care Appeals Coordinator, MCSP

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF APPEALS  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**THIRD LEVEL APPEAL DECISION**

MAY 27 2015

Date:

In re: Alan Devon, E43780  
California State Prison, Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8800

TLR Case No.: 1411051

Local Log No.: MCSP-15-00109

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Briggs, Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** The appellant is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR), Log #A-10-14-042, dated October 7, 2014, for Behavior, Which Might Lead to Violence. It is the appellant's position that the Senior Hearing Officer (SHO) inappropriately found him guilty of the RVR. The appellant alleges he did not hear the direct order due to him being deaf and not wearing his hearing aids. In remedy, the appellant requests the RVR be dismissed.

**II SECOND LEVEL'S DECISION:** The reviewer found that the appellant was appropriately found guilty of the RVR charge. The reviewer considered the appellant's concerns; however, determined that his explanation does not justify his request.

The reviewer noted that the SHO acts as a trier of fact and must establish his/her findings based upon a preponderance of evidence and must act upon "some evidence" to establish guilt by preponderance. It is noted that the SHO relied upon the following evidence to establish a preponderance of evidence: 1) The written RVR authored by Officer K. Klienfelter on October 7, 2014, which states in part, "I gave Inmate Devon (E43780) a loud, direct order and pointed (Due to the fact that he wears a hearing aid) to move away from the podium and he refused to comply..." 2. Inmate Devon's partial admission of guilt by stating, "I couldn't hear him giving me an order."

The reviewer noted that the appellant alleges he did not hear the direct order due to him being deaf and not wearing his hearing aids, the reviewer noted that Correctional Officer Klinefelter spoke loud and used his hands and voice to direct Inmate Devon away from the podium, which he refused. The reviewer noted that the appellant has offered no evidence to support his allegation.

The reviewer affirms that the presented evidence supports the guilty finding and that the appellant was afforded all procedural due process. Based on the aforementioned, the Second Level of Review (SLR) denied the appeal.

**III THIRD LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** The Third Level of Review (TLR) thoroughly reviewed all documents relative to the appellant's RVR and finds that the SHO appropriately found the appellant guilty, assessed a credit loss, and administrative penalties. The TLR notes that the SHO thoroughly articulated the evidence and the weight that was given said evidence. The TLR finds that the appellant was afforded all the required due process protections and that time constraints were met. The TLR notes that the Reporting Employee (RE) articulates the appellant's disruptive behavior may have led to violence. The TLR notes that the appellant attempts to mitigate the seriousness of the incident; however, the central fact is that the RE ordered the appellant to move away from the podium and the appellant refused to comply. The TLR notes that the appellant's actions could have incited other inmates which could have escalated the situation and lead to violence. Despite the appellant's dissatisfaction with the decision reached by the SLR, the TLR concludes that the appellant has not presented any meaningful information that would warrant modifying the RVR. In view of the above, no relief is provided at the TLR.



ALAN DEVON, E43780

CASE NO. 1411051

PAGE 2

**B. BASIS FOR THE DECISION:**

California Code of Regulations, Title 15, Section: 3001, 3004, 3005, 3084, 3084.1, 3084.5, 3270, 3312, 3315, 3320, 3323

**C. ORDER:** No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

*R Briggs*

R. BRIGGS, Appeals Examiner  
Office of Appeals

cc: Warden, COR  
Appeals Coordinator, COR  
Appeals Coordinator, MCSP

*M. C. Voong*

M. C. VOONG, Chief  
Office of Appeals

# Attachment only

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**REASONABLE MODIFICATION OR ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION: <b>MCS P-C</b>	LOG NUMBER: <b>15-00001</b>	CATEGORY: <b>18. ADA</b>
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2015 JAN 12 AM 8 35

NCL-1010  
MORAN

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) <b>DEVON AARON</b>	CDC NUMBER <b>E43780</b>	ASSIGNMENT <b>EOP</b>	HOURS/WATCH <b>FCB12H</b>	HOUSING <b>FCB12H</b>
---	-----------------------------	--------------------------	------------------------------	--------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**

DESCRIPTION OF DISABILITY:

**DNH**

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

**UHR**

DESCRIBE THE PROBLEM:

Two (RVR's) rec'd because indigable (HEARING IMPAIRED) ARE A DIRECT RESULT OF STAFFS NEED TO USE EFFECTIVE COMMUNICATION. THE (CDO) R. DAVIS ASOC. WARDEN AGREED WITH THE (SHP) OF AN ALIBIATION "GUILTY" FROM EVIDENCE I COULD NOT HEAR. THIS PARTICULAR STAFF K. Kientler on 12/18/14 WHICH IS ASTOUNDING WHEN NOT WEARING HEARING AID. IN DEAF EFFECTIVE MEANS OF COMMUNICATION IS READING "SOH JENTAS (RVR'S) FOR NOT PROVIDING HIM MY AID LATER WHEN WEARING IT THAN BEFORE. IT IS OUTRAGEOUS

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I WANT A MODIFICATION ON BOTH Rule violations A-10-14-042/A-10-14-110 WHICH REFLECT A REASONABLE DOUBT OF GUILTY. IF DOCUMENTED I CAN NOT HEAR... A FINDING OF A LESSOR CHARGE WONT AID THE FACT AND CUSTODY UNDER FEDERAL LAW A PART ALLOWED TO CONFISCATE ADA DEVICES LET ALONE AFTER THEM. ACCOMMODATE ME WITH "NOT GUILTY" ON BOTH ADA ISSUES (RVR'S) AND NO MORE PAPERWORKS.

**Clay**

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

**1/15/15**

PATIENT/INMATE HEALTH CARE APPEAL

EMERGENCY MENTAL HEALTH

CDCR 602 HC (REV. 04/11)

Side 1

<b>STAFF USE ONLY</b>		Institution:	Log #:	Category:
Emergency Appeal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LAC HC	14648327	MH
Signature: <u>R. KENDALL</u>		Date: <u>05-30-2014</u>		
FOR STAFF USE ONLY				

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY.

Name (Last, First):	CDCR Number:	Unit/Cell Number:	Assignment:
DAVID ALLEN	E43780	F1P5#43	E.O.P.

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):  
 MENTAL HEALTH SERVICES CCR 3084.1(c) RESPONSIBILITY

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):  
 CUSTODY HAVE MAINTAINED TO MESS WITH MY MH. THEY'VE LIVED ON ME TAKEN ADVANTAGE OF MY MH STATE FUNDING MY DISABILITY FACTS IN MY DEBTS, INDEBTMENT AND IN DISRESPECT OF THE

B. Action requested (If you need more space, use Section B of the CDCR 602-A):  
 I NEED FOR STAFF ASSISTANCE FOR BEING AT A HIGH LEVEL OF CARE AND IF APPEARS FROM THE VOICES HOW THE CUSTODY ARE TAKING ADVANTAGE BEING E.O.P., I ASK

Supporting Documents: Refer to CCR 3084.3.  
 List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

No, I have not attached any supporting documents. Reason:

Patient/Inmate Signature: [Signature] Date Submitted: 5/24/14  
 By placing my initials in this box, I waive my right to receive an interview.

CSP-LACHC - Received  
 MAY 30 2014  
 APPEALS OFFICE

RECEIVED  
 ICAB  
 NOV 04 2014  
 HC APPEALS

COMPLETED  
 ICAB  
 JAN 27 2015  
 HC APPEALS

**C. First Level - Staff Use Only** Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.

Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Cancelled (See attached letter): Date: \_\_\_\_\_

Accepted at the First Level of Review

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date received by HCAC: \_\_\_\_\_

HCAC Use Only  
 Date mailed/delivered to appellant: \_\_\_\_\_

NAME AND NUMBER

DEVON

E43780

3B01-218L

1/13

On March 24, 2015, Inmate **DEVON** made a personal appearance before this Senior Hearing Officer (SHO) for the adjudication of CDCR-115 Rules Violation report, Log #**C13-07-004612**. As a result of the hearing, in the interest of justice / progressive discipline, the formal Administrative Rules Violation charge was **reduced** to a Custodial Counseling Chrono and documented on a **CDCR-128A** pursuant to CCR, Title 15, §3312. **ATTENTION RECORDS:** Pursuant to CCR §3326(2) this Rules Violation Report shall **NOT** be placed in the Subject's Central File. The original completed copy of this report shall be provided to the Subject and one completed copy shall be filed in the Register of Institution Violations. All other copies of the CDC-115 and all supplemental reports shall be destroyed.

On Friday July 19, 2013 at approximately 1900 hours Inmate Devon E43780 FCB3-148-U arrived at the program office requesting his scheduled TDD phone call. Correctional Officer K. Graves exited the program office and sergeant F. Villalobos asked her to assist inmate Devon with his phone call. Inmate Devon started to get agitated; he raised his voice stating that no one knew how to conduct his phone calls. Inmate Devon stated that officer Graves was reminding the operator that the calls he was making were collect calls every time a call was placed. Devon continued to raise his voice stating that Officer Graves had a bad attitude and he did not want her assisting in his call. Sergeant Villalobos asked inmate Devon if he was going to get going on his call or not and informed him that she was the only officer available at this time. Inmate Devon continued to argue about that his call was going to be done on his terms and that Sergeant Villalobos instructed me to stay back and provide security with officer Graves as inmate Devon had his phone call, due to inmate Devon's agitated state... Devon started to yell at me, Inmate Devon got even more agitated stating "Shut up, Shut up! I'm not talking to you" At this time I informed Inmate Devon that his phone call was terminated due to his disruptive behavior. Inmate Devon stood up and took a bladed stance facing me as he continued to yell that no one knows what to do with the TDD phone calls....."

ORIG: CENTRAL FILE  
CC: CCI/CCII  
FACILITY LIEUTENANT  
INMATE

  
A. Peterson

Correctional Lieutenant (SHO)  
3B-Facility Third Watch  
California State Prison-Corcoran

DATE: 03-24-15

CDCR-115 REDUCED to CDCR-128A

CUSTODIAL COUNSELING

EOP  CCCMS  CLEAR

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**RULES VIOLATION REPORT**

804 to records on \_\_\_\_\_

By: \_\_\_\_\_

CDC NUMBER E-43780	INMATE'S NAME DEVON	RELEASE/BOARD DATE	INST. CSP-LAC	HOUSING NO.	LOG NO. C13-07-0046R
VIOLATED RULE NO(S). CCR §3005(d)(1)	SPECIFIC ACTS CONDUCT CONDUCIVE TO VIOLENCE	LOCATION C-Program	DATE 07-19-13	TIME 1900	

**CIRCUMSTANCES**

REISSUE/REHEAR: On January 14, 2015, CDCR 115, Rules violation Report (RVR), Log #C13-07-0046R, issued to Inmate DEVON (E-43780), is being ordered reissue/reheard, by Associate Warden E. Jordan, Chief Disciplinary Officer. This Reissue/Rehear will begin with new time constraints starting the date of this order, as a result of a due process violation. Specifically, within the Mental Health assessment there was a typographical error stating the clinitions opinion was that the appellants mental disorder did not appear to be a contributing factor. This Reissue/Rehear will begin with new time constraints starting January 15, 2015, pursuant to CCR 3084.5(h) (3).

On Friday, July 19, 2013 at approximately 1900 hours, Inmate Devon E-43780, FCB3-148U, arrived at the program office requesting his scheduled TDD phone call. Correctional Officer K. Graves exited the program office and Sergeant F. Villalobos asked her to assist Inmate Devon with his phone call. Inmate Devon started to get agitated; he raised his voice stating that no one knew how to conduct his phone calls.

Inmate DEVON is aware of this report.

Inmate DEVON is a participant in the Mental Health Services Delivery System at the EOP level of care.

REPORTING EMPLOYEE (Typed Name and Signature) T. Degies, Correctional Officer	DATE 1/20/15	ASSIGNMENT C-Sec. Pat. #1	RDO'S S/M
REVIEWING EMPLOYEE (Typed Name and Signature) F. Villalobos, Correctional Sergeant	DATE 1/20/15	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: F	DATE 1/20/15	CLASSIFIED BY (Typed Name and Signature) G. L. Gilman, Captain
HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC			

**COPIES GIVEN INMATE BEFORE HEARING**

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) J. Kyle	DATE 3/2/15	TIME	TITLE OF SUPPLEMENT <input checked="" type="checkbox"/> SUMMARY OF DISCIPLINARY PROCEDURES (115 Back Page) <input checked="" type="checkbox"/> SUMMARY OF DISCIPLINARY PROCEDURES AND INMATE RIGHTS (115A Back Page)
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE) J. Kyle	DATE 3/2/15	TIME 1530	
HEARING				3/23/15 1945

**THE STAFF MEMBER ISSUING THE INITIAL COPY SHALL COMPLETE THIS SECTION**

**Assistance Provided To Ensure Effective Communication:**

- Use of Text Magnifier
- Foreign Language Interpreter
- Simple English
- "S" stated he did not need any assistance for effective communication
- Read Documents to "S"
- Sign Language Interpreter
- "S" was wearing his hearing aid(s)
- Lip Reading
- Written Notes (see attached noted)
- S.A. Assigned \_\_\_\_\_

**Method Used To Determine Communication Was Effective:**

- "S" reiterated in his own words what was explained
- "S" provided appropriate substantive responses to questions asked
- Other \_\_\_\_\_
- "S" asked appropriate questions regarding the information provided
- "S" did not appear to understand the communication, even though the primary method of communication was used.

SIGNATURE OF EMPLOYEE WHO COMPLETED THIS SECTION X	PRINTED NAME OF EMPLOYEE	DATE SIGNED
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**(REFER TO RULES VIOLATION REPORT - PART C FOR HEARING PORTION)**

REFERRED TO  CLASSIFICATION  BPT/NAEA

ACTION BY: (TYPED NAME) A. Peterson, Correction Lieutenant	SIGNATURE A. Peterson	DATE 3/24/15	TIME 1935
REVIEWED BY: (SIGNATURE) G. L. Gilman, Captain	DATE 5/1/15	CHIEF DISCIPLINARY OFFICER'S SIGNATURE E. Jordan, Associate Warden (A)	DATE 5/20/15
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE) J. Kyle	DATE 5/25/15	TIME 1910

STATE OF CALIFORNIA  
 RULES VIOLATION REPORT-PART C

CDC NUMBER	INMATE'S NAME	LOG NUMBER	INSTITUTION	TODAY'S DATE
E43780	DEVON	C13-07-0046R	CSP-COR	

SUPPLEMENTAL     CONTINUATION OF:     CDC 115 CIRCUMSTANCES     HEARING     OTHER Staff Assistant

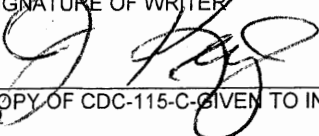
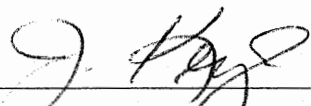
On 3/2/15, at 1500 hours as the assigned Staff Assistant I, J. Keylon met with Inmate DEVON and advised him I was assigned as the Staff Assistant for Rules Violation Report Log Number- C13-07-0046R, issued to the inmate, for the specific act of CONDUCT CONDUCTIVE TO VIOLENCE. He stated he did not have any objections to my serving as his Staff Assistant. I informed him of the charges being brought against him and explained the possible penalties if he is found guilty. I explained the procedures that will be followed at the Disciplinary Hearing to ensure his position is understood. I discussed the inmate's side of the story, and informed him of his right to confidentially pursuant to CCR# 3318(b), and if requested, all information revealed to me would not be divulged to any unauthorized person. I explained his rights concerning this hearing and that I would be present at the hearing to aid him understanding the decisions reached and his position will be discussed during the hearing. Inmate DEVON stated he understood everything that I explained to him and that he is ready to proceed with the hearing.

Non-DDP Inmate: Below information is non-applicable

DDP Inmate: The following information applies:

Inmate Devon is a participant in the Developmental Disability Program (DDP), at the EOP level of care. A review of the CDC 128-C2, recommendation for Adaptive Support, dated 3/2/15 which is located in the Housing Unit DDP (Clark) Binder, reflects the inmate requires the following adaptive supports:

- 
- 
- 
- 

SIGNATURE OF WRITER 		TITLE <u>CA</u>		DATE NOTICE SIGNED <u>3/2/15</u>	
COPY OF CDC-115-C GIVEN TO INMATE		GIVEN BY: (STAFF'S SIGNATURE) 		DATE SIGNED: <u>3/2/15</u> TIME SIGNED: <u>1500</u>	

# SERIOUS RULES VIOLATION REPORT

CDC NUMBER E-43780	INMATE'S NAME DEVON	VIOLATED RULE NO(S) CCR §3005(d)(1)	DATE 07-19-13	INSTITUTION CSP-LAC	LOG NO. C13-07-0046R
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT  YES  NO

### POSTPONEMENT OF DISCIPLINARY HEARING

<input checked="" type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement	INMATE'S SIGNATURE ▶	DATE

### STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE ▶ <i>[Signature]</i>	DATE 3-2-15
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 3/2/15	NAME OF STAFF J. Keylon
<input type="checkbox"/> NOT ASSIGNED	REASON	

### INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE ▶ <i>[Signature]</i>	DATE 3-2-15
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 3/2/15	NAME OF STAFF A. Fugate
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE/INFORMATION REQUESTED BY INMATE

### WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

### THE OFFICER ISSUING THE FINAL COPY TO THE INMATE SHALL COMPLETE THIS SECTION

#### Assistance Provided To Ensure Effective Communication:

- Use of Text Magnifier
- Foreign Language Interpreter
- Simple English
- "S" stated he did not need any assistance for effective communication
- Read Documents to "S"
- Sign Language Interpreter
- "S" was wearing his hearing aid(s)
- Lip Reading
- Written Notes (see attached noted)
- S.A. Assigned \_\_\_\_\_

#### Method Used To Determine Communication Was Effective:

- "S" reiterated in his own words what was explained
- "S" provided appropriate substantive responses to questions asked
- Other \_\_\_\_\_
- "S" asked appropriate questions regarding the information provided
- "S" did not appear to understand the communication, even though the primary method of communication was used.

SIGNATURE OF EMPLOYEE WHO COMPLETED THIS SECTION <i>X</i>	PRINTED NAME OF EMPLOYEE	DATE SIGNED
--	--------------------------	-------------

INVESTIGATOR'S SIGNATURE ▶ <i>[Signature]</i>	DATE		
<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF SIGNATURE) ▶ <i>[Signature]</i>	TIME 1530	DATE 3/2/15



CDC NUMBER E-43780	INMATE'S NAME DEVON	LOG NUMBER C13-07-0046R	INSTITUTION CSP/LAC	TODAY'S DATE 01-15-15
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> CDC 115 CIRCUMSTANCES		<input type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
<input type="checkbox"/> OTHER: _____				

Inmate Devon stated that Officer Graves was reminding the operator that the calls he was making were "collect calls" every time a call was placed. Devon continued to raise his voice stating that Officer Graves had a bad attitude and he did not want her assisting him on his call. Sergeant Villalobos asked Inmate Devon if he was going to get his call or not and informed him that she was the only Officer available at the time. Inmate Devon continued to argue about the fact that his call was going to be done on his terms and that Sergeant Villalobos was not going to decide the "who or how". At this time Officer K. Graves returned to the program office with the TDD machine. Sergeant Villalobos instructed me to stay back and provide security with Officer Graves as inmate Devon had his phone call, due to inmate Devon's agitated state. I informed Inmate Devon that Officer K. Graves was going to conduct his phone call; Devon started to yell at me. Inmate Devon got even more agitated stating "Shut up, Shut up! I'm not talking to you". At this time I informed Inmate Devon that his phone call was terminated due to his disruptive behavior. Inmate Devon stood up and took a bladed stance facing me as he continued to yell that no one knows what to do with the TDD phone calls. I ordered Inmate Devon to return to his building multiple times before he finally complied.

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>T. Degies, Correctional Officer</b>	DATE <b>3/2/15</b>
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>3-2-15</b>
		TIME SIGNED <b>1500</b>



**RULES VIOLATION REPORT - PART C**

CDC NUMBER <b>E43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>C13-07-004612</b>	INSTITUTION <b>CSP-COR</b>	TODAY'S DATE <b>03-24-15</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT			<input type="checkbox"/> OTHER

Plea: **NOT GUILTY**

Findings: **GUILTY/REDUCED TO 128A**

**ADJUDICATION:** On March 24, 2015, at approximately 1935 hours, Inmate **Devon E43780** (Subject) made a personal appearance before this Senior Hearing Officer (SHO). He acknowledged he was in "good" health and ready to proceed with the hearing. The Subject is a participant in the Mental Health Services Delivery System (MHSDS) at the **EOP** level of care. All time constraints **were** met. The Subject stated he had no objections to the hearing being conducted by this Senior Hearing Officer, and he acknowledged that he had received copies of all pertinent documentation at least 24 hours prior to the hearing. The charges were read to the Subject by this Senior Hearing Officer.

**DISPOSITION:** The Subject was found **guilty** of the Offense "**CONDUCT CONDUCIVE TO VIOLENCE.**" However, as a finding of the hearing, the formal rule violation charge was changed from a serious classification to administrative, pursuant to CCR, Title 15, §3313(c) (2), as the misconduct did not involve a serious disruption of facility operations, pursuant to CCR, Title 15, §3314(a) (2) (C). The Subject was assessed **ZERO** days loss of privileges. Subject was **counseled** and **reprimanded** regarding future behavioral expectations.

**REFERRED TO:** The Subject **was not** referred to **UCC**

**TIME CONSTRAINTS:** This disciplinary was originally adjudicated on August 19, 2013, wherein all time constraints were met. An appeal was filed for due process violations. It was ordered that the Rules violation report to be reissued and re-heard on 10-30-14. The disciplinary was re-typed as C13-07-0046R on 10-05-14 and issued to the inmate on 03-02-15. This re-issued RVR **was not** heard within the thirty days allowable, therefore time constraints **have not** been met and there **are** due process issues prohibiting forfeiture of credits.

**DA REFERRAL:** This matter **was not** referred to the Kings County District Attorney's office for criminal prosecution.

**INVESTIGATIVE EMPLOYEE:** An Investigative Employee **was** assigned per CCR, Title 15, §3315 (d) (1). The Chief Disciplinary Officer or designee determined that the housing status makes it unlikely that the charged inmate can collect and present the evidence necessary for an adequate presentation of a defense. On **03-02-15**, Correctional Officer A. Fugate was assigned as the Investigative Employee and the subject did not have any objection to this assignment. The subject was issued a completed copy of the I.E. Report on **03-24-15**, at least 24 hours prior to this hearing.

**MENTAL HEALTH:** A Mental Health Assessment Request (CDCR-115MH) was faxed to Mental Health Services on **03-03-15**. On **03-11-15**, the subject was interviewed by J. Wilson, PsyD, and the subject consented to the interview. The subject is an **EOP** level of care participant. The Clinician notes that there **are** mental health factors that would cause the inmate to experience difficulty in understanding the disciplinary process namely that he is. The Clinician further notes that the inmate's mental disorder did **not** appear to contribute to the behavior that led to the RVR. The Clinician lastly notes that if the inmate is found guilty there **are** mental health factors that this Senior Hearing Officer should consider when assessing penalty. Specifically that "Penalty should not interfere with ability to participate in EOP treatment

<input checked="" type="checkbox"/> COPY OF CDC-115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>A. PETERSON, CORRECTIONAL LIEUTENANT</b>	DATE SIGNED <b>4-22-15</b>
	GIVEN BY: (Staff's Signature)	DATE SIGNED <b>5/25/15</b>
		TIME SIGNED <b>1900</b>

**RULES VIOLATION REPORT - PART C**

CDC NUMBER <b>E43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>C13-07-004612</b>	INSTITUTION <b>CSP-COR</b>	TODAY'S DATE <b>03-24-15</b>
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

**STAFF ASSISTANT:** A Staff Assistant **was** assigned the Subject **is** a participant in the Mental Health Services Delivery System (MHSDS) at the **EOP** level of care Subject has a TABE reading score **above** 4.0 (TABE tested reading score **10.7**). On **03-02-15** Correctional Officer A. Fugate was assigned as a Staff Assistant in this case in order to ensure compliance with the Subject's procedural due process rights pursuant to CCR §3315(d) (2). The Staff Assistant interviewed the Subject at least 24 hours in advance of the hearing. The Staff Assistant was present during the hearing and explained the hearing procedures as well as the Subject's rights during that hearing. Subject confirmed in the hearing that he understood the hearing procedures, the disciplinary charge, the evidence supporting this charge, and his right to request confidentiality between himself and the Staff Assistant. The subject was issued a completed copy of the Staff Assistant Report on **03-02-15**, at least twenty four (24) hours prior to this hearing. This Hearing Officer is confident effective communication was established.

**EFFECTIVE COMMUNICATION:** This Senior Hearing Officer established effective communication by reading the Charge to the subject using simple English speaking slowly. The primary method of communication was Simple English spoken slowly and clearly. Effective communication was established as the Subject was able to explain his understanding of the charges and disciplinary process to this Senior Hearing Officer's satisfaction. The Staff Assistant was present and informed the Subject of the findings and advised the Subject of his right to appeal by speaking slowly and making sure the Subject understood what was said, or written. At the conclusion of the hearing the Subject stated his understanding and did not have any questions. This Hearing Officer is confident effective communication was established.

**PLEA:** Subject entered a plea of **not guilty** and declined to make a statement.

**REQUEST FOR WITNESSES:** The Subject **did not** request any witnesses to be present at his hearing as documented on the CDC-115A. Subject willingly waived all of his rights to such and his request was **granted** by this Senior Hearing Officer.

**EVIDENCE PRESENTED AT THE HEARING:**

- |   |                 |
|---|-----------------|
| The Rule Violation Report, Log #:C13-07-0046R, authored by Correctional Officer T. Degies | Dated: 07-19-13 |
| The Mental Health Assessment Request  | Dated: 03-11-15 |
| The Investigative Employee's report   | Dated: 03-22-15 |
| The Subject's plea at the hearing   |                 |
| The CDC-115C, Staff Assistant Report  | Dated: 03-02-15 |

SIGNATURE OF WRITER <i>A. Peterson</i> A. PETERSON, CORRECTIONAL LIEUTENANT		DATE SIGNED 4-22-15	
GIVEN BY: (Staff's Signature) <i>[Signature]</i>		DATE SIGNED 5/28/15	TIME SIGNED 1900

COPY OF CDC-115-C GIVEN TO INMATE

## RULES VIOLATION REPORT - PART C

PAGE 3 OF 3

CDC NUMBER <b>E43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>C13-07-004612</b>	INSTITUTION <b>CSP-COR</b>	TODAY'S DATE <b>03-24-15</b>
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

**FINDINGS:** The Subject was found **GUILTY/REDUCED TO 128A** This finding was based on the preponderance of evidence consisting of:

1. The Reporting Employee's written report which states in part, "...On Friday July 19, 2013 at approximately 1900 hours Inmate Devon E43780 FCB3-148-U arrived at the program office requesting his scheduled TDD phone call. Correctional Officer K. Graves exited the program office and sergeant F. Villalobos asked her to assist inmate Devon with his phone call. Inmate Devon started to get agitated; he raised his voice stating that no one knew how to conduct his phone calls. Inmate Devon stated that officer Graves was reminding the operator that the calls he was making were collect calls every time a call was placed. Devon continued to raise his voice stating that Officer Graves had a bad attitude and he did not want her assisting in his call. Sergeant Villalobos asked inmate Devon if he was going to get going on his call or not and informed him that she was the only officer available at this time. Inmate Devon continued to argue about that his call was going to be done on his terms and that Sergeant Villalobos instructed me to stay back and provide security with officer Graves as inmate Devon had his phone call, due to inmate Devon's agitated state... Devon started to yell at me, Inmate Devon got even more agitated stating "Shut up, Shut up! I'm not talking to you" At this time I informed Inmate Devon that his phone call was terminated due to his disruptive behavior. Inmate Devon stood up and took a bladed stance facing me as he continued to yell that no one knows what to do with the TDD phone calls....."

**APPEAL RIGHTS:** Subject was advised of the above findings and his right to appeal. Subject has been further advised. If he is dissatisfied with the process or the findings of the disposition, he may submit an appeal (CDC Form 602, inmate appeal) within thirty (30) days following receipt of the final copy of the CDC 115 and the CDC 115A. The Chief Disciplinary Officer will issue you a completed copy of this Rule Violation Report upon final audit.

<input checked="" type="checkbox"/> COPY OF CDC-115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>A. Peterson</i> A. PETERSON, CORRECTIONAL LIEUTENANT	DATE SIGNED 4-22-15
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 5/25/15

**RULES VIOLATION REPORT - PART C**

CDC NUMBER <b>E43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>C13-07-0046</b>	INSTITUTION <b>CSP-COR</b>	TODAY'S DATE
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT		<input type="checkbox"/> OTHER	

**INVESTIGATIVE EMPLOYEE STATEMENT:** I, Correctional Officer J. Fugate, was assigned as the Investigative Employee for Rules Violation Report (RVR) Log#: **C13-07-0046** for the specific act of: "CONDUCT CONDUSIVE TO VIOLENCE." I asked Inmate **DEVON, E43780** (Subject) if he had any objections to me serving in this capacity and explained that my role of Investigative Employee is that of a fact-finder for the Senior Hearing Officer (SHO). Inmate **Devon** accepted my role as the Investigative Employee in this matter, and he stated he had no issues.

**INMATES STATEMENT:** Inmate **Devon, E43780** (Subject), declined to make a statement.

**REPORTING EMPLOYEE STATEMENT:** The Reporting Employee, Correctional Officer T. Degies, reviewed his written report and had no new or relevant information to add.

**STAFF WTINESS REQUESTED AT HEARING:** NONE

**INMATE WITNESS REQUESTED AT HEARING:** NONE

**STAFF WITNESS STATEMENTS:** NONE

**INMATE WITNESS STATEMENTS:** Inmate **Devon** provided the following questions to be asked of Dr. Apodoca, (LCSW) and the witness answered as set forth below:

- Q1) On 07-25-15 did you state that my mental health contributed to the Ruiz Log# LAC13-07-0046?
- A1) **Unable to locate Witness.**

**REPORTING EMPLOYEE REQUESTED AT HEARING:**

**INVESTIGATIVE EMPLOYEE REQUESTED AT HEARING:**

**STAFF ASSISTANT PRESENT DURING INTERVIEW:**

**INVESTIGATIVE EMPLOYEE COMMENT:** I was assigned as the Investigative Employee for this RVR and, as such, I interviewed the subject and informed him of his right to request witnesses, both staff and inmates, to be at the hearing and of his right to provide questions for the witnesses. The subject did provide questions.. There were no other witnesses to be interviewed and I concluded my investigative duties.

<input type="checkbox"/> COPY OF CDC-115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>A. Fugate, Correctional Officer</b> <i>A. Fugate</i>	DATE SIGNED <b>3-24-15</b>
	GIVEN BY: (Staff's Signature) <i>J. Degies</i>	DATE SIGNED <b>3/24/15</b>

Tick Copy 5-26-15 CLERK

## Memorandum

Date: April 9, 2015

To: ALL CONCERNED  
Facility III-B  
California State Prison-Corcoran

Subject: FACILITY III-B ACTIVITY SCHEDULE

The following Activity Schedule will be implemented for Facility III-B effective immediately, precluded only by inclement weather conditions and/or emergency situations. Any variation from the below schedule must be approved by the Facility Captain and noted on the Daily Activity Report (DAR) by the Facility Lieutenant. The DAR(s) for both second and third watch will be submitted to the Facility Captain daily.

**YARD SCHEDULE:** Staff will utilize the housing unit's unlock report in conjunction with a current Loss of Privileges/Confined to Quarters (LOP/CTQ) roster, and out of level report when conducting yard release. This will ensure only those inmates eligible for yard activities are released from their cell.

Inmates will not be permitted to gather/congregate in groups larger than five. This is inclusive of calisthenics/exercise routines. Exceptions to this are organized team athletic activities (e.g. softball, basketball, soccer etc.) which have been approved by the Facility Captain. During Mass movement inmates shall walk along the track counter clockwise unless a person has disabilities clockwise is allowed.

The following schedule will be in effect seven days per week regardless if the last day of the month is an odd day:

Morning Yard:	0830 (both tiers A1A/A2B only)
Inline/Outline:	1000
Inline/Outline:	1130 (Close A Custody Recall)
Yard Recall weekday:	1230 (i.e. exception of gym activities)
C Status/Privilege Group C Yard :	1245-1345 (Monday-Friday & make-up S/S)
Yard Recall Weekend:	1330
Afternoon Yard:	1430 (A1A assigned only)
Yard recall	1600
Evening Yard:	1830 (A1A assigned EPF eligible only [no 180's] <u>tier rotation odd days first tier/even days second tier)</u>
Inline:	1930 (Close A recall)
Yard Recall	2030

Note: Yard release times may vary based on clearance of Utensil Count. All inline/outlines should be done one at a time which would consist of a 5 minute inline,

and a 5 minute outline. Custody staff will be conducting random clothed body searches during mass movement in and out of the housing unit.

**A1A Assigned inmates:** A1A assigned inmates will be allowed to have access to all scheduled recreational yard programs.

All A1A assigned inmates returning from their assignments early and/or at the end of their shift shall be granted access to all yard/dayroom privileges. A1A assigned inmates who are dismissed/released from their assignment area by their supervisor for adverse reasons will not be allowed recreation yard/dayroom and will be required to proceed directly to their assigned cells for the remainder of their work/assignment hours.

Inmates who are unable to work or attend vocational/educational programs due to the absence of the instructor or work supervisor and/or closure of the work area will be allowed to attend yard/dayroom in accordance with their tier rotation. Should the supervisor/instructor arrive late, the inmate will be required to report to their assignment, failure to do so will result in adverse removal from the yard/dayroom and disciplinary action.

Inmate workers with split shift hours will be afforded access to all scheduled yard periods which do not conflict with their work hours.

Weekday/Weekend morning [REDACTED] along with holiday yard access is applicable to A1A Unassigned inmates. A1A unassigned inmates will not be afforded evening dayroom or yard.

**A2B Designated Inmates:**

Inmates so designated who are housed in cells will be granted access to yard/dayroom **Monday through Friday only (exception: no afternoon, evening yard or evening dayroom)**. These inmates will be restricted to their assigned cells on weekends and holidays.

**C-Status Inmates/Privilege Group C:** Inmates assessed loss of privileges (LOP Status/Privilege Group C, yard/dayroom) will be restricted to their cells, except for work/education assignments, meals, visits, medical ducats, PLU Law Library, and religious services. Inmates so designated will be released to yard at 1245 hours until 1345 hours. This will occur **Monday through Friday only**. Unit staff shall note in the Unit Log book each time a C-Status inmate refuses to participate in out-of-cell activity. If yard was cancelled M-F and C status inmates did not receive 5 hours of mandatory yard they will be afforded yard on the weekend from 1245-1345 hours.

No library access allowed unless designated a Priority Legal User (PLU). Should the inmate be a PLU, he may use the law library two hours weekly as scheduled by the librarian. Those inmates who are not PLU user may access legal materials through law library paging.

Attendance at religious services will be allowed for C Status inmates as long as they are on an approved religious services list signed by the Facility Captain and Chaplain. They are also afforded in-cell worship.

**GYM SCHEDULE:** The gym is open Monday through Sunday contingent on staff redirections. The maximum number of inmates allowed in the gym is 50. This excludes persons involved in the educational learning program within the gym area. There are no "C" status inmates allowed in the gym.

**The following items are not allowed in 3B Gym.**

1. Radios/CD Players.
2. Canteen or food items.
3. Excess or additional clothing.
4. Magazines.
5. Legal work/materials, leisure reading books or excessive paperwork not relating to band/music or Voluntary Educational Materials.

The tables surrounding the court area are provided to allow Inmates the ability to play board games, card games and other approved recreational approved activities. These tables are not to be used for legal work, religious meetings, food shares or other non recreational activities.

Gym opens	0830
Inline/Outline	1030
Inline/Outline	1130
Inline/Outline	1300
Gym closes	1530

**DAYROOM SCHEDULE:** Dayroom will be conducted seven (7) days per week.

In cases of inclement weather a tier rotation every 3 ½ hours will be in effect to afford all inmates the ability to have out of cell activity in keeping with a safe environment. An example of this would be first tier (101-150 the first 3 1/2 hours) and second tier on the second 3 1/2 hours. This is only under inclement weather when the majority of inmates will stay within the housing unit.

Morning Dayroom	0900 (both tiers A1A/A2B)
Dayroom Recall	1315
Afternoon Dayroom	1445
Dayroom Recall	1545
Evening Dayroom	1900 ( <u>A1A assigned only tier rotation even days first tier/odd days second tier</u> )
Dayroom Recall	2030

Note: one ways into the cell will be afforded to the inmates on the half hour.

**Close Custody Inmates:** Close A inmates will be recalled at 2000 hours pursuant to California Code of Regulations 3377.1. During the PM pill line, Close A inmates will be escorted unless a Day light Savings time allows for adequate light to and from the Clinic. Otherwise during non-Daylight Savings the inmates will be escorted to and from the medical clinic by S&E officers who will provide direct and constant supervision until they are returned to their housing unit.



the medical clinic by S&E officers who will provide direct and constant supervision until they are returned to their housing unit.

Close B inmates will return immediately to the housing unit upon receiving their evening medication, and may continue to participate in dayroom activities.

**Staff Training:** Training will be conducted on the 2<sup>nd</sup> Wednesday and 4<sup>th</sup> Monday of every month (i.e. 0830-0930 and 1830-1930) on both watches for one hour. Yard and Dayroom release will be delayed by one hour to afford staff training.

**Telephones:** Telephone sign-ups will be conducted during Third Watch for the following day. Phone calls will coincide with the Yard/Dayroom schedule. Inmate phones will not be used during mass movement (e.g. yard release, recall etc.). Therefore, inmates signing up for telephone calls should consider this when making telephone time slot selections and their program preference. Refer to Operational Procedure (OP) 1012-Disability Placement Program, Section N., 4, B, 8 for TDD/TTY phone use.

A2B designated inmates shall receive one telephone call per month. A2B inmates may sign-up for one phone call any time during the first ten days of the month (weekends and holidays included). Housing unit staff will track the date the inmate was assigned a telephone time slot to ensure he does not receive more than one telephone call per month.

Inmates designated C-Status is restricted to emergency telephone calls only. The emergency must be verified by a Facility Supervisor or Correctional Counselor.

### **SHOWER PROGRAM:**

**A1A Assigned Showers:** Second Watch staff will initiate the shower program at 0830 hours. Inmates returning from work/education/vocational assignments during Second or Third Watch shall be afforded the opportunity shower daily upon their return from their assignment as time and circumstance permit. They will be allowed to enter their assigned cell in order to prepare for a shower (change from work clothes and retrieve shower items). Should circumstances be such that these workers cannot shower at this time, they will place a towel on their cell door and will be granted access to shower on a **priority basis** when the shower program resumes. There will be no segregating of any showers, all showers will be utilized. All unassigned inmates will be afforded the opportunity to shower three times per week.

**A2B Showers:** A2B designated inmates will shower during their scheduled dayroom periods. Staff will ensure A2B inmates are afforded the opportunity to shower three times per week.

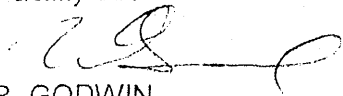
**C-Status Showers:** Showers for C-Status designated inmates will be conducted at 0800 hours through 0830 hours three times a week.

**Staff Redirections:** When staff is redirected 3B Facility will make every effort to ensure daily programs are conducted in a safe and efficient manner. Any affected housing unit

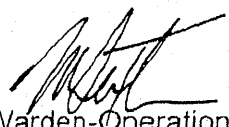


where one housing officer remains on the floor dayroom activities will not be conducted.  
**Phone and shower programs will continue to run as usual.**


This DAS supersedes all previous activity schedules and memorandums relative to Facility 3B.

  
R. GODWIN  
3B Facility Captain  
California State Prison - Corcoran


APPROVED/DISAPPROVED

  
M. SEXTON  
Chief Deputy Warden-Operations  
California State Prison - Corcoran

APPROVED/DISAPPROVED

  
J. CASTRO  
Associate Warden-Housing (A)  
California State Prison-Corcoran

APPROVED/DISAPPROVED

  
DAVE DAVEY  
Warden (A)  
California State Prison - Corcoran

APPROVED / DISAPPROVED