

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

**DRAFT**

RAP Meeting Date: 6/4/2015

Date IAC Received 1824: 6/1/2015

1824 Log Number: 15-02937

Inmate's Name: Devon

CDCR #: E43780

Housing: 3B01-218L

RAP Staff Present: Associate Warden, D. Overley, Custody Appeals Coordinator, D. Goree, Health Care Appeals Coordinator U. Williams, ADA LVN, S. Hernandez, Mental Health Clinician, S. Harris, Education, G. Doan

Inmate Interviewed:  No  Yes

Disability Access or Discrimination Issue: No

Summary of Inmate's 1824 Request: TDD/TTY phone text slip

RAP is able to render a final decision.

Disapproved. Request raises **no** disability access or discrimination issues. See "Additional information/instruction" below.

Request raises one or more access/discrimination issues.

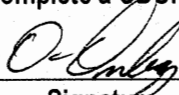
The following has been approved: TDD/TTY text slip printout.

Basis for decision to approve: Your printout of the TDD/TTY text phone slip was delivered to you on May 28, 2015.

**Additional information/instruction:**

If you disagree with a health care decision made prior to or during the CDCR 1824 process, complete a CDCR 602-HC. If you disagree with any other RAP decision, complete a CDCR 602. Be sure to attach this document along with your CDCR 1824.

D. OVERLEY \_\_\_\_\_

  
Signature

Date sent to inmate: JUN 01 2015

ADA Coordinator/Designee

Staff processing instructions: Does delivery of response meet criteria to establish effective communication?  Yes  No

Accommodation Order required:

Request alleges non-compliance of the Armstrong or Clark Remedial Plans. Allegation logged on Accountability Log.

Distribution: Original - Inmate

Copy - 1824 File

Copy - Miscellaneous Section of C-File

Copy - Medical/Mental Health Staff

**EMERGENCY APPEAL 3084.9 (a)(4)**

State of California

Department of Corrections and Rehabilitation

**REASONABLE ACCOMMODATION REQUEST**

CDCR 1824 (rev. 7/2014)

INSTITUTION (staff use only):

EC?  
Y / N

LOG NUMBER (staff use only):

\*\*\* TALK TO STAFF IF YOU HAVE AN EMERGENCY \*\*\*

Date Received by Staff (staff use only):

**Do not** use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

INMATE'S NAME (Print) <b>Devin, Alan</b>	CDCR NUMBER <b>E43780</b>	ASSIGNMENT <b>E.O.P. / VOC</b>	HOUSING <b>301-218</b>
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**INSTRUCTIONS**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. **Do not** use an 1824 to request a response for a group of inmates. If you have received an 1824 decision that you disagree with, submit an appeal (CDCR 602, or 602-HC if disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM:** PURSUANT TO CCP 3202(a) and (h) REQUEST ANY PRINTER PAPER FOR CONFIDENTIAL PURPOSES, i.e. COURT REPORT (TRIAL 5/19/15) COURSE ID, SAID SGT. MAGALLAN'S BATH MY TRIAL SETUP BY KIMBRETT AND THE AMADOR SUPERIOR COURT JUDGE WAS NOT CONFIDENTIAL SO IT WAS DENIED TEXT.

**WHY CAN'T YOU DO IT:** STAFF LACK OF TRAINING TO OP# 1012 SGT'S IN-3B PROGRAM: R.G. CASTRO, AMAYA, CHANCIOR, FASLEY AND THE LT'S THOMPSON, ESPINO, ALL REFUSES ME ACCESS TO TEXT.

**WHAT DO YOU NEED:** THE JUDGE ORDERED ME TO FOLLOW HIS INSTRUCTIONS ON THE TEXT I HAVE A DEADLINE, BECAUSE NO (ADA) STAFF HAS INTERPRETED THE LANGUAGE OF SECTION 505: TEXT TELEPHONS (TTY) IS TO RELINQUISH ANY PRINTER PAPER SHALL IF BE REQUESTED I CANT GET PRACTICE LIBRARY USAGE OR FOLLOW JUDGE PUNNY ORDER SO CDCR WILL PAY.

Which of the following best describes your disability that caused you to file this request:

Difficulty walking or getting around   
  Difficulty seeing   
  Difficulty hearing   
  Difficulty talking   
  On kidney dialysis  
 Difficulty using arms/hands   
  Difficulty learning   
  Difficulty thinking or understanding   
  Mental impairment  
 Other Disability (briefly describe): \_\_\_\_\_

**DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure   
 (List and attach documents if available, including: 1845, 7410, 128-C): **CCPR 1050 / ACCOMMODATION - HISTORY**

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

\_\_\_\_\_  
 INMATE'S SIGNATURE **5/26/15**  
DATE SIGNED

Assistance completing this form provided by: \_\_\_\_\_  
Last Name First Name Signature

IAP is not required as the CDCR 1824 contains no disability access or discrimination issues. \_\_\_\_\_  
Person making determination Title

*INMATE 30349 (3)(1)*

**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME) <b>DEVON ALAN</b> (FIRST NAME)		CDC NUMBER: <b>E35780</b>	SIGNATURE: <i>Devon Alan</i>
HOUSING/BED NUMBER: <b>3801-2104</b>	ASSIGNMENT: <b>E.O.P. / NOC</b>	HOURS FROM <del>0700</del> <b>1145</b>	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC): <b>COURT CALL CASE</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

*LEGAL LITIGATIONS LOOKING FOR KIMBERN CAR/CR II THE SB PROGRAM  
 INMATE 30349 (2) (CCT) MRS WRIGHT VALDEZ IT THINKEST BY DROPPING  
 COURT CALL AND TRY TO GET SERVICE COMMUNICATION JAMES BULLI TO  
 THESE NAMED NO GUARDE CONDTION OR SANCTIONS WILL BE DEMAND. CAPTURED  
 ABOUT 2 HOURS APPEARING DELIBERATED MEDICAL TRICKERANCE AS NOT SET -  
 MAIL ROOMS BY DISCONNECTING TV FOR COURT CALL / DEMAND ME TO USE SEPAR  
 I WAS DENIED IT LAST FOR DEMO 12/15 IS STATED NOT CONFIDENTIAL THREATS TO NOT  
 BE ALLOWED TO CAN I REQUEST FOR INTERVIEW PLEASE*

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

SENT THROUGH MAIL: ADDRESSED TO: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_  
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <b>Valencia J.</b>	DATE: <b>5-24-15</b>	SIGNATURE: <i>Valencia J.</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED -- TO WHOM: <b>MRS. Kimbern (Litigations)</b>	DATE DELIVERED/MAILED: <b>5/25/15</b>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME: <b>NAK...</b>	DATE: <b>5/21/15</b>	SIGNATURE: _____	DATE RETURNED: _____
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*IF THE COURT COMMUNICATED OR  
 YOU HAVE SPECIAL RECOMMENDATION FOR  
 A TV PLEASE FURNISH YOUR NAME  
 ONE FOR YOUR LEGAL CALLS*

**SECTION C: REQUEST FOR SUPERVISOR REVIEW**

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

*I disagree to your response. I explained they denied  
 me a drop in communication the 11/15/15 or 12/12 I do  
 NOT know what the judge said or what in all these cases the  
 the 11/15/15 or 12/12 I do NOT know what the judge said or what in all these cases the  
 you tell them to let the talk room me, when the INMATE/ PAROLEE*

SIGNATURE: <i>Devon Alan</i>	DATE SUBMITTED: <b>6/4/15</b>
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**SECTION D: SUPERVISOR'S REVIEW**

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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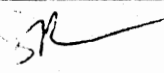
# HEALTH CARE SERVICES



## MEMORANDUM

Date : July 17, 2013

To : Chief Executive Officers  
Chief Medical Executives  
Chief Physician and Surgeons  
Chief Nursing Executives  
Deputy Medical Executives  
CCHCS Executive Staff

From : Steven Ritter, D.O.   
Deputy Medical Director  
California Correctional Health Care Services

Subject : POCKET TALKERS

For hearing impaired inmates, California Correctional Health Care Services (CCHCS) provides medically necessary hearing aids fitted to the patient as indicated to meet his/her particular hearing amplification needs.

For patients identified with hearing impairments who have not yet received hearing aids, the following accommodations will be employed:

- Hearing impaired vest will be issued.
- An appropriate communication method (e.g., sign language, written notes) will be used (and documented).
- The patient will be referred for a hearing evaluation and hearing aids (if indicated).
- Alternate hearing accommodations (e.g., pocket talkers) may be considered on a case-by-case basis.

For a patient with a significant hearing impairment, single or bilateral hearing aids are the preferred treatment for virtually all types of hearing loss. Criteria used to determine indications for hearing aids are based on hearing loss measured in decibels as well as the presence of residual hearing ability. (A completely deaf ear will not benefit from a hearing aid). Most hearing aids very effectively address the needs of individual listeners with hearing impairments due to their mobility and good performance in all situations.

HEALTH CARE SERVICES

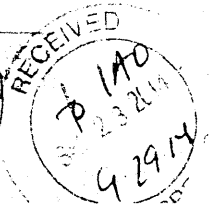
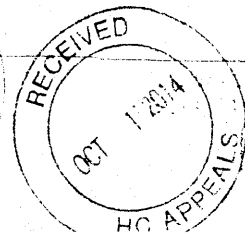
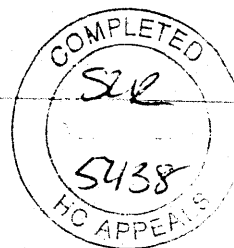




# MEMORANDUM

- The Primary Care Provider will determine the most appropriate accommodation for the patient's hearing impairment on a case-by-case basis and document the rationale for his/her decision.
- Accommodations may include sign language interpreter, hearing aids, written notes, or a pocket talker.
- Hearing aids are the preferred method of treatment for hearing loss and will be provided when indicated to hearing-impaired patients.
- A portable sound amplification device (e.g., a Pocket talker) may be made available for use in one-on-one communication settings (e.g., clinician visits) or other settings for individuals who are hearing-impaired, but do not have hearing aids (when written or other communication is not feasible).
- Pocket talkers will be considered for issuance to hearing-impaired persons with significant problems with fine motor dexterity or cognitive impairments who are unable to use hearing aids, but who are able to manipulate headphones and the controls on the pocket talker.

HEALTH CARE SERVICES



FILE IN E-UHR



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES



MEMORANDUM

Date: 6/7/13 Housed: C8110  
 To: Medical Records (E-UHR)  
 From: Medical Clinic  
 Subject: RECEIPT OF APPROVED MEDICAL ITEM FOR PATIENT/INMATE

On 6/7/13 a medical item was approved by the medical administration for

Patient/Inmate: Devon Alan E 43780

Description of item: 100 \$ 100 \$ 100 \$  
~~100 \$~~ ~~100 \$~~ ~~100 \$~~  
60 # 20 # 25 #  
charger 2 batteries 2 cords

Please call patient to medical clinic to sign for medical item. Medical staff and patient need to sign form. Signed form (s) need to be returned to CME'S office for processing

Signature of Nursing Staff distributing item: [Signature] Date: 6/7/13

PATIENT MUST SIGN  
 Signature of Inmate/Patient receiving item: [Signature] Date: 6/7/13

By signing this form, I acknowledge receipt of the above listed item.

LFric  
499-3277





CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

**MEMORANDUM**

Date : January 20, 2015

To : Whom It May Concern

From : P. Finander M.D.  
Chief Medical Executive

Subject : Delay in Scanning Audiologist Consults

Transcribed audiology consultations from a prior audiologist consultant Dr. Johnson from 2013 were found January 2015, signed by the CSP-LAC Chief Medical Executive under the direction of the CSP-LAC CEO, and then scanned into the eUHR.

*P. Finander MD*

P. FINANDER, M.D  
Chief Medical Executive  
California State Prison - Los Angeles County



**Johnson and Johnson Hearing**

5132 N. Palm #204  
Fresno California 93704

Phone: 559-449-9194 or  
800-971-6530  
FAX: 559-439-5953

*Handwritten scribbles and initials*

I/M Devon E43780

HT (hearing test) on 07/19/12 indicates I/M Devon has a profound S/N (sensorineural) hearing loss in the (L) left ear and a severe S/N loss in the (R) right ear.

I/M Devon was first seen at LAC on 04/03/11, but had already been tested and fit with hearing aids and a pre-amp by Johnson and Johnson Hearing at previous dates and probably different institutions.

*AMP PANASONIC NOT BY CDE*

Our records indicate I/M Devon has been seen for repairs and equipment replacement on the following dates: 05/12/11, 10/28/11, 02/10/12, 12/18/12 and 06/07/13.

*AS SWORN TO  
STATE OF CALIFORNIA  
COUNTY OF FRESNO*

DATE REVIEWED 6/26/13  
PROVIDER \_\_\_\_\_  
ORDERS YES/NO  
RFS WRITTEN YES/NO

*D. W. ...  
Please file*

*5744*

JUN 26 2013

JUN 26 2013



2/2/72 Subject has use in-apt  
accommodated note  
G.L.

~~Amplified~~ CDR

lost by

~~index~~

<input type="checkbox"/> Basic	<input type="checkbox"/> Equipment	<input type="checkbox"/> Effective Communication
<input type="checkbox"/> TABE score < 40	<input type="checkbox"/> Additional time	<input type="checkbox"/> Proctored questions
<input type="checkbox"/> OSA <input type="checkbox"/> OPI <input type="checkbox"/> OLS	<input type="checkbox"/> Equipment <input type="checkbox"/> E.L.	<input type="checkbox"/> Proctored information
<input type="checkbox"/> OPI <input type="checkbox"/> OPI	<input type="checkbox"/> Under <input type="checkbox"/> Sewer	Please check one:
<input type="checkbox"/> OVA <input type="checkbox"/> OVP	<input type="checkbox"/> Base <input type="checkbox"/> Transistor	<input type="checkbox"/> Not reached <input type="checkbox"/> Rear
<input type="checkbox"/> OPI	<input type="checkbox"/> OPI	*See instructions
- Signature _____		

60015  
SLR

CLIENT'S NAME, LAST FIRST, MI, AND DATE (SEE 7)

Brown, Dale E 574  
E4378

INTERDISCIPLINARY PROGRESS NOTES



**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

**DRAFT**

RAP Meeting Date: 5/28/2015

Date IAC Received 1824: 5/8/2015

1824 Log Number: 15-02497

Inmate's Name: DEVON

CDCR #: E43780

Housing: 15-02497 *3B01-218L*

RAP Staff Present: Associate Warden, D. Overley, Custody Appeals Coordinator, D. Goree, Health Care Appeals Coordinator U. Williams, Health Care Appeals Representative, M. Miguel, Registered Nurse, W. Doering, Mental Health Clinician, S. Harris, Education, G. Doan

Inmate Interviewed:  No  Yes

Disability Access or Discrimination Issue: No

Summary of Inmate's 1824 Request: Not in possession of his pocket talker. He is requesting to be in possession of his pocket talker.

RAP requires further information prior to rendering a decision, which may take up to 30 calendar days to complete. Reason for delay:

- Disability Verification Process (DVP) required.
- Additional information/interviews required.

RAP is able to render a final decision.

Disapproved. Request raises no disability access or discrimination issues. See "Additional information/instruction" below.

The following has been disapproved: At the direction of CCHCS the external application device "pocket talker" is to be used as an interim accommodation prior to the issuance of a hearing aid. It is not to be used in conjunction with a hearing aid according to medical records you were issued a hearing aid on 4/19/2015 and the audiologists recommended no further treatment.

Basis for decision to disapprove:  Paroled/discharged/transferred  Refused to cooperate  Other (Describe)

**Additional information/instruction:**

If you disagree with a health care decision made prior to or during the CDCR 1824 process, complete a CDCR 602-HC. If you disagree with any other RAP decision, complete a CDCR 602. Be sure to attach this document along with your CDCR 1824.

D. OVERLEY  
ADA Coordinator/Designee

*[Signature]*  
Signature

Date sent to inmate: JUN 03 2015

Staff processing instructions: Does delivery of response meet criteria to establish effective communication?  Yes  No

Accommodation Order required: *ENSURE HEARING AID IS IN PLACE WHEN COMMUNICATING*

Request alleges non-compliance of the Armstrong or Clark Remedial Plans. Allegation logged on Accountability Log *with*

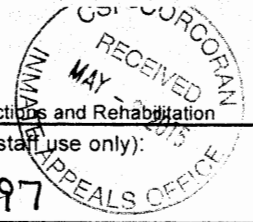
Distribution: Original - Inmate Copy - 1824 File Copy - Miscellaneous Section of C-File Copy - Medical/Mental Health Staff *EMH*

**REASONABLE ACCOMMODATION REQUEST**  
CDCR 1824 (rev. 7/2014)

INSTITUTION (staff use only):  
**CSP-CORCORAN**

EC?  
Y/N

LOG NUMBER (staff use only):  
**15-2497**



\*\*\* TALK TO STAFF IF YOU HAVE AN EMERGENCY \*\*\*

Date Received by Staff (staff use only):

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
Devon, Alan	E43780	E.O.P. - Voc/ek	3B01-218

**INSTRUCTIONS**

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WHAT CAN'T YOU DO / WHAT IS THE PROBLEM: Participate in clinical visits, vocation class and E.O.P. groups without pre-amps and my phonac hearing aid. The Audiologist on 3/19/15 referred by P. Joch, NP-C denied me safe access to programs, activities, & services saying he will not provide. Amps/Aide need

WHY CAN'T YOU DO IT: The phonac device purchased 10/29/14 along with my pre-amp pocket talker w/accessories provide me my particular hearing amp-ification needs with the issued L1 sound model w/o pre-amp I have to hold lips or not hear.

WHAT DO YOU NEED: I need my pre-amps for all program's services and activities (TV-program w/o close-caption) I need my PHONA AMP LOSS BY DEPARTMENT AS WELL AS THE HEARING INDUCTION CHARGER (UNIVERSAL) RECHARGEABLE BATTERIES "AA" AND THE 2-CORDS I HAVE, I WILL BE ABLE TO LISTEN TO MY TV, WATCH THE INSTITUTIONAL MOVIES, I ALSO NEED THE HEADSET TO USE ON MY C.D. SYSTEM (use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- Difficulty walking or getting around
- Difficulty seeing
- Difficulty hearing
- Difficulty talking
- On kidney dialysis
- Difficulty using arms/hands
- Difficulty learning
- Difficulty thinking or understanding
- Mental impairment
- Other Disability (briefly describe):

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes  No  Not Sure   
(List and attach documents if available, including: 1845, 7410, 128-C): CHRONOS OF ALL 1845 7410/Memo's

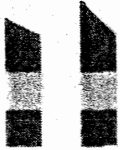
I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[Signature]  
INMATE'S SIGNATURE

5/5/15  
DATE SIGNED

Assistance completing this form provided by: \_\_\_\_\_  
Last Name First Name Signature

IAP is not required as the CDCR 1824 contains no disability access or discrimination issues. \_\_\_\_\_  
Person making determination Title



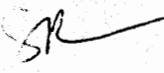
# HEALTH CARE SERVICES



## MEMORANDUM

Date : July 17, 2013

To : Chief Executive Officers  
Chief Medical Executives  
Chief Physician and Surgeons  
Chief Nursing Executives  
Deputy Medical Executives  
CCHCS Executive Staff

From : Steven Ritter, D.O.   
Deputy Medical Director  
California Correctional Health Care Services

Subject : POCKET TALKERS

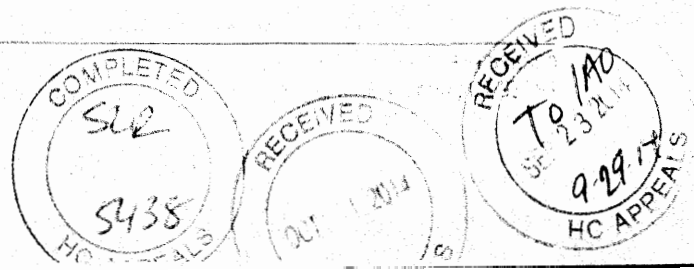
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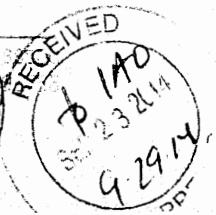
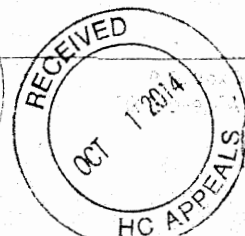
HEALTH CARE SERVICES



# MEMORANDUM

- The Primary Care Provider will determine the most appropriate accommodation for the patient's hearing impairment on a case-by-case basis and document the rationale for his/her decision.
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- A portable sound amplification device (e.g., a Pocket talker) may be made available for use in one-on-one communication settings (e.g., clinician visits) or other settings for individuals who are hearing-impaired, but do not have hearing aids (when written or other communication is not feasible).
- Pocket talkers will be considered for issuance to hearing-impaired persons with significant problems with fine motor dexterity or cognitive impairments who are unable to use hearing aids, but who are able to manipulate headphones and the controls on the pocket talker.

HEALTH CARE SERVICES





PRISON LAW OFFICE  
General Delivery, San Quentin CA 94964  
Telephone (510) 280-2621 • Fax (510) 280-2704  
www.prisonlaw.com

Director:  
Donald Specter

Managing Attorney:  
Sara Norman

Staff Attorneys:  
Rana Anabtawi  
Rebekah Evenson  
Steven Fama  
Warren George  
Penny Godbold  
Megan Hagler  
Alison Hardy  
Corene Kendrick  
Kelly Knapp  
Millard Murphy  
Lynn Wu

## CONFIDENTIAL - LEGAL MAIL

Dear California State Prisoner:

We reply to your recent letter about mental health care. We hope the information below answers your concerns or questions. We return with this letter any documents you may have sent with your letter. If your letter also asked about issues other than mental health care, we either include information about that matter or may send you something more in another letter.

As you may know, we are one of the law firms that represents prisoners in a lawsuit called *Coleman v. Schwarzenegger*. The Coleman case began in 1990 and involves all prisoners who have a serious mental health condition. The prisoners argued that mental health care in CDCR was inadequate. The Court agreed, and ordered CDCR to improve care.

Among other things, the *Coleman* case requires that CDCR follow written rules (policy and procedure) regarding prisoners' mental health care. These rules, the policy and procedure that must be followed, are in the CDCR Mental Health "Program Guide." A copy of the Program Guide (2009 version) should be available in or from the law library.

The judge in the *Coleman* case also appointed a Special Master and team of experts. They monitor and report on what prison officials do regarding mental health care. As lawyers for the prisoners, we try to get prison officials to provide adequate mental health care and follow the rules in the Program Guide. Because there are more than 30,000 prisoners with serious mental health conditions, we usually only work on issues that effect large numbers of prisoners, and usually are not able to become involved in individual cases regarding mental health treatment.

On the pages that follow (front and back) are questions and answers about the *Coleman* case and CDCR mental health care. Because of the large numbers of letters we receive each day, we can at this time only send you this letter and the enclosed information. However, your letter about mental health care is very useful to us, as we try to get CDCR to provide better care. Thank you for taking the time to write.

**[Letter continues on other side of page]**

Board of Directors  
Penelope Cooper, President • Michele WalkinHawk, Vice President  
Marshall Krause, Treasurer • Christiane Hipps • Margaret Johns • Cesar Lagleva  
Laura Magnani • Michael Marcum • Ruth Morgan • Dennis Roberts

**CCCMS Program:** CCCMS stands for Correctional Clinical Case Management System. Most prisoners with mental health conditions are treated at this level. There are currently approximately 28,000 CDCR prisoners at the CCCMS level of care. These prisoners mental health conditions, while serious, do not require special housing or intensive treatment.

Each CCCMS prisoner must have a Clinical Case Manager who is responsible for developing a treatment plan for that prisoner-patient. The treatment plan must include a visit with the case manager at least once every 90 days, and a meeting with an interdisciplinary treatment team (IDTT) once a year.

Any additional treatment for a CCCMS prisoner will depend on the prisoner's individual needs. Some prisoners may need medication. Others may need group therapy. The type of care you will receive will be determined by prison mental health staff and stated in your mental health treatment plan.

There are special requirements for CCCMS patients housed in an Administrative Segregation Unit or Security Housing Unit. These prisoners must receive additional contacts with mental health staff. CCCMS prisoners housed in Ad Seg must be seen by their case manager once every week and also receive a daily cell front visit from a psychiatric technician (psych tech). CCCMS prisoners housed in a Security Housing Unit (SHU) are required to be seen by a case manager at least once every 90 days and should receive weekly psych tech visits.

**Enhanced Outpatient Program (EOP):** The EOP provides a higher level of outpatient mental health care. Prisoners who are EOP who are in the general population (including Special Needs Yard prisoners) are housed in separate housing units and participate in structured therapy among themselves. There are currently approximately 4,700 CDCR prisoners in EOP programs. Approximately 12 prisons have EOP programs.

The CDCR Mental Health Program Guide requires that each EOP prisoner receive a minimum of ten hours per week of "structured therapeutic activities." These activities can include group therapy, community meetings, recreational therapy (when a recreational therapist is present on the yard and actually supervising prisoner activities), and up to four hours of work or educational activity if it is prescribed in the treatment plan. EOP prisoners must also be given weekly contacts with their case manager.

Some EOP prisoners are housed in Ad Seg units or Psychiatric Security Units (PSUs). They must also be provided with a minimum of ten hours per week of "structured therapeutic activities," a weekly case manager meeting, and Title 15 mandated out of cell time (at least ten hours per week).

EOP level prisoners in Reception Centers are treated somewhat differently than those in the general population or segregation. Reception Center EOP prisoners must receive at least one face-to-face contact per week with a clinical case manager, and must be provided with "structured therapeutic activities" daily for a minimum of one hour, five days a week (for a total minimum of 5 hours per week).

CDCR prisoners who are EOP but who are not housed at a prison with EOP programming should be transferred to an EOP program within 60 days. However, and unfortunately, there

4



# Memorandum

Date : February 17, 2004

To : All California Department of Corrections Employees

Subject: ZERO TOLERANCE REGARDING THE "CODE OF SILENCE"

Campbell, Lt. coord  
 Thompson, Lieut.  
 Rasley, SGT.  
 Magallanos SGT.  
 AMAYA SGT.  
 CASTRO, SGT.  
 HUERTA, C/O  
 Rodriguez, C/O  
 Riley, C/O

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.

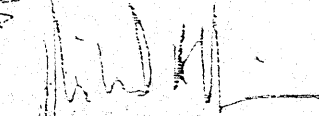
The "Code of Silence" operates to conceal wrongdoing. Code of Silence. The Code of Silence also arises because of a conspiracy among staff to fail to report violations of policy, or to retaliate against those employees who report wrongdoing. Fostering the Code of Silence includes the failure to act when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

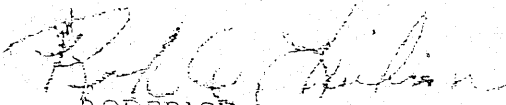
Every time a correctional employee decides not to report wrongdoing, he or she harms our Department and each one of us by violating the public's trust. As members of law enforcement, all Correctional Officers must remain beyond reproach. The public's trust in this Department is also violated by retaliating 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.

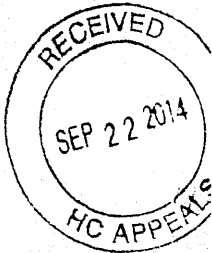
Your hard fought efforts to protect the public deserve recognition. Recently, however, the public's trust has been undermined by the operation of a Code of Silence within the CDC. To correct this problem we are taking steps to ensure the Department exemplifies integrity and instills pride. Part of this 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





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

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.

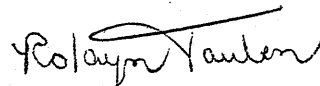
As you know, we previously sent a handout regarding staff misconduct for your reference. Unfortunately, we are unable to provide any additional help concerning these issues, and it may be more helpful for you to hold onto your staff misconduct papers in order to process your appeals.

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

<b>IAB USE ONLY</b> 	Institution/Parole Region: <u>MCSP-A</u> Log #: <u>15-00109</u> Category: <u>1</u>
<b>FOR STAFF USE ONLY</b>	

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 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): <u>Devon Alan</u>	CDC Number: <u>E43780</u>	Unit/Cell Number: <u>FCB2-1A1</u>	Assignment: <u>COP</u>
---------------------------------------	---------------------------	-----------------------------------	------------------------

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

RRR Appeals Right

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): The final copy of A-10-14-02 issued provided evidence that should have found me not guilty in the interest of justice by S/O/COD. I never heard any direct order in that w/ opening side

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I want due process the S/O reduced specific act which isn't acceptable. I want justice if evidence proves I'm innocent. Dec's VHS show this (RRR) should never get filed or found guilty for it.

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):

RRR HC    CC 1083 initiated w/ Inspector  
Citrono by CCI    Separation date 1/13/15  
 \* CC 1083 Property (TA) Receipt dated 1/13/15 Available  
 No, I have not attached any supporting documents. Reason: upon request (COA) shows memo; 2/17/04 zero tolerance regarding the CC, S, S

Inmate/Parolee Signature: [Signature]

Date Submitted: 1/13/15

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

2015 JAN 14 AM 8 54

STAFF USE ONLY

<b>C. First Level - Staff Use Only</b> This appeal has been: <input checked="" type="checkbox"/> Bypassed at the First Level of Review. Go to Section E. <input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ <input type="checkbox"/> Cancelled (See attached letter) Date: _____ <input type="checkbox"/> 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: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ See attached letter. If dissatisfied with First Level response, complete Section D. Interviewer: _____ Title: _____ Signature: _____ Date completed: _____ Reviewer: _____ Title: _____ Signature: _____ Date received by AC: _____	Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>BYPASS</b>  <small>INMATE/PAROLEE APPEALS</small>  <small>15-01-9 2015</small>  <small>RECEIVED</small> </div>
---	--

AC Use Only  
 Date mailed/delivered to appellant \_\_\_/\_\_\_/\_\_\_

[Handwritten initials]



D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

BYPASS

BYPASS

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E. Second Level - Staff Use Only

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

This appeal has been:

- By-passed at Second Level of Review. Go to Section G.
- Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
- Cancelled (See attached letter)
- Accepted at the Second Level of Review

Assigned to: AWK/ FAC-A Title: AW Date Assigned: 1-21-15 Date Due: 2-27-15

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 1/30/15 Interview Location: BLD. 12 ASU

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

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: K. Conrad Title: LT Signature: \_\_\_\_\_ Date completed: 1/30/15

Reviewer: M. Wilson Title: CDW Signature: \_\_\_\_\_

Date received by AC: 2-11-15

AC Use Only  
Date mailed/delivered to appellant 2/11/15

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I'm Dissatisfied, the findings were NOT a finding of Guilt for behavior that could lead to violence by the (S/O) the (S/O) told me I WAS NOT GUILTY OF THAT CHARGE. There's a preponderance amount of evidence for a NOT guilty finding if it's established NO EFFECTIVE communication was reached, I WASN'T WEARING HEARING AID. I NEVER HEARD ANY EFFECTIVE

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: 3/10/15

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
- Cancelled (See attached letter) Date: \_\_\_\_\_
- Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only  
Date mailed/delivered to appellant JUN 04 2015

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
1411051			
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): <i>Devon Alan</i>	CDC Number: <i>63700</i>	Unit/Cell Number: <i>CP-COR 3301-215L</i>	Assignment: <i>CP/any</i>
--	-----------------------------	--	------------------------------

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

*[A large diagonal line is drawn across this section, indicating no text was written.]*

Inmate/Parolee Signature: *Alan D* Date Submitted: *1/8/15*

STAFF USE ONLY  
 RECEIVED  
 INMATE APPEALS BRANCH

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

*I WANT AN HONEST FACE-TO-FACE PURSUANT TO CCPS 3001.7.(e) AS IT CAN BE PROVEN BY THE (IA) TO CP-COR IT RECORDS THE ALLEGED FACE-TO-FACE COULD NOT HAVE OCCURRED ON 1/30/15 PRIOR TO ME. BANG (IX) BY CP-WALKER/BROWN. I WANT MY TRIAL TO (SIA) M. CARTER (LGT) WHO DISMISSED THAT CHARGE OF CP'S UNLAWFUL BEHAVIOR WHICH MIGHT LEAD TO VIOLENCE ON 1/15/14 TO BE MY EVIDENCE WITH THIS CO2 AND BECAUSE THE ADSEQ FAC. "C" Bldg. IS BRIBING STAFF WHO WILL OFFER EVIDENCE (SIA) K. O'CONNOR EMBELLISHED PROVIDING ME A FACE-TO-FACE, ASK SEN. M. CARTER WHO WAS PRESENT PRIOR TO (IX) AS EVIDENCE. I FINALLY WANT MY DNH. STATES TO BE OFFERED INTO EVIDENCE WHICH SUPPORT MY CLAIM, I CAN NOT HEAR ANY I DID NOT HEAR - OFFICER HANFELT.*

Inmate/Parolee Signature: *Alan D* Date Submitted: *3/10/15*

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

on 1/30/15 I WAS (X)  
TO CSP/COR IV. THE STAFF REVIEWER FALSIFIES STATING HE FACED A  
MEET WITH ME PER CCR 309.7 (e). I WAS IN ADSEG, ON FACILITY -  
"C" CELL # 141 AND A FACE-TO-FACE NEVER OCCURRED WITH THE (SLP)  
LT. K. O'CONNOR PURSUANT TO CCR 309.7 (e). K. O'CONNOR EVEN GOES  
FURTHER BY STATING HE ASSIGNED JO WINKFIELD AS MY STAFF ASSISTANT  
THAT DAY. JO WINKS DID WORK 16 HOURS THAT DAY. THERE. BUT I WAS  
NEVER INTERVIEWED PRIOR TO THIS AND I DISLIKE STAFF WHO AUTHOR  
FALSE RESPONSES. CHECK THE ADSEG BLDG. 12 UNIT INCOMING ADSEG -  
LOGS FOR 1/30/15. IT WILL PROVE I WAS ENROUTE WITH THE TWO  
TRANSPORT TITING OFFICERS BROWN/WALKER AT 1600 HRS. TO CSP COR/MESP  
DEPARTURE 1600 HRS APPROX ARRIVED @ APPROX 2230 HRS. THERE'S NO WAY THE  
LIEUTENANT K. O'CONNOR DIED A FACE-TO-FACE AND AS I REPORTED  
TRUTHFULLY TO THE (SIC) M. CARTER I NEVER HEARD ANY DIRECT -  
ORDER SO HE DISMISSED THAT CHARGE AND THE (SLP) K. O'CONNOR  
FALSIFIED ADDITIONALLY IN HIS GHOSTLY REVIEW SAYING APPEAL NOT OFFERED  
NO EVIDENCE TO SUPPORT HIS TRUTH. THE PROCESS IS AT STREAKS WITH MESP -  
STAFF.

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: 3/10/15

# Memorandum

Date : January 31, 2015

To : Devon, E-43780, C12-141L  
Mule Creek State Prison

Subject: **SECOND LEVEL APPEAL RESPONSE**  
**LOG NO.: MCSP-A-15-00109**

3B01-218L

ISSUE: The appellant is submitting this appeal relative to a CDC 115 Rules Violation Report (RVR) Log #A-10-14-042 dated October 7, 2014, for "Behavior Which Might Lead To Violence". The appellant alleges he did not hear the direct order due to him being deaf and not wearing his hearing aids.

The appellant is requesting the RVR be dismissed.

INTERVIEWED BY: K. O'Connor, Facility A Lieutenant

REGULATIONS: The rules governing this issue are:

**CCR 3084.1 Right to Appeal**  
**CCR 3312 Disciplinary Methods**  
**CCR 3315 Serious Rule Violations**  
**CCR 3320 Hearing Procedures and Time Limitations**

On January 30, 2015, a face-to-face interview was conducted with the appellant at the Second Level of Review (SLR), by K. O'Connor pursuant to CCR 3084.7(e). A review of the Disability and Effective Communication (DEC) system on January 30, 2015, indicated the appellant did require reasonable accommodation for the purposes of effective communication. Officer Winkfield was assigned as the Staff Assistant. I spoke loud and used simple English, the appellant stated he could hear me and he understood. The appellant was given the opportunity to provide additional information and/or to clarify the issues under review. The appellant confirmed he submitted the appeal and reiterated his appeal issues. The appellant is requesting the RVR be dismissed.

A review of all relevant information indicated the appellant was afforded due process and all time constraints were met. A classified copy of the CDC 115, CDC 115-A, and supplemental information documented via a CDC 115-C was provided to the appellant within 15 days from the date the information leading to the charge was discovered by staff. The appellant was issued copies of all relevant documentation more than 24 hours prior to the hearing. The hearing was held within 30 days from the date when the appellant was provided a classified copy of the CDC 115. The findings of the disciplinary hearing were supported by the evidence presented at the

Devon, E-43780  
APPEAL #MCSP-A-15-00109  
PAGE 2

hearing. The Senior Hearing Officer (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. The SHO relied upon the following evidence to establish a preponderance of evidence:


1. The written RVR authored by Officer K. Klinefelter on 10/7/14, which states in part, "I gave Inmate Devon (E-43780) 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 appellant alleges he did not hear the direct order due to him being deaf and not wearing his hearing aids. Officer Klinefelter spoke loud and used his hands and voice to direct Inmate Devon away from the podium, which he refused. The appellant has offered no evidence to support his allegation.

Based on a review of the relevant documentation, it is clear a preponderance of evidence does exist to find the appellant guilty of "Behavior Which Might Lead To Violence". No due process violations occurred. The appellant has not presented compelling evidence that would warrant a modification to the RVR. All policies and procedures were followed and appropriate discipline was rendered.

**DECISION:** The appeal is denied.

The appellant is advised this issue may be submitted to the Third Level of Review if desired.

  
JOE A. LIZARRAGA  
Warden  
Mule Creek State Prison

Attachments


cc: Central File  
Appeals

NAME and NUMBER **DEVON**

**E43780**

CDC-128-B

On this date I interviewed inmate Devon E43780 regarding a CDCR 1824 dated 01/15/15 that he submitted to the Inmate Appeals Office (received 01/12/15). On the CDCR 1824, he stated the following, "*The (CDO) R. Davis, Assoc. Warden agreed with the (SHO) of an adjudication "Guilty" from evidence I could not hear this particular staff K. Klinefelter on 12/18/14 which is astounding when not wearing hearing aide.*" It was not clear if Devon was claiming that he could not hear the "evidence" of Officer Klinefelter testifying at the disciplinary hearing or if he was claiming that he could not hear Officer Klinefelter in the building which is what led to his RVR. It should be noted that 12/18/14 does not correlate to either the incident date or the disciplinary hearing date. Devon clarified that what he wrote in the CDCR 1824 pertained to his inability to hear Officer Klinefelter in the building, which was the cause of his RVR. While conducting this interview, Devon was using his hearing aid and indicated that with the assistance of his hearing aid, he could hear me with no problem.



M. ELORZA  
Correctional Counselor II  
Inmate Appeals

DATE **01/12/15**

**(INFORMATIONAL)**

GENERAL CHRONO



~~CHCF~~ A-301A1-1074

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**RULES VIOLATION REPORT**

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON (BLA)</b>	RELEASE/BOARD DATE	INST. <b>MCSP</b>	HOUSING NO. <b>A5-121L</b>	LOG NO. <b>A-10-14-042</b>
VIOLATED RULE NO(S). <b>CCR § 3005(a)</b>		SPECIFIC ACTS <b>BEHAVIOR WHICH MIGHT LEAD TO VIOLENCE DISORDERLY BEHAVIOR</b>	LOCATION <b>FACILITY 'A'</b>	DATE <b>10/7/2014</b>	TIME <b>1510 HRS.</b>

CIRCUMSTANCES

On October 7, 2014, at approximately 1510 hours, while performing my duties as Facility "A", Building 5, Floor Officer #1, I observed Inmate **DEVON (E-43780, A5-121L)** acting in manner that could lead to violence or disorder. More specifically, while other staff and I were trying to conduct our normal duties, Inmate DEVON approached the Officer's podium/desk, yelling in a loud and irate manner, waving his arms violently, and waving papers over the podium at correctional staff. Inmate DEVON stated many things, including: "You guys are being miscellaneous and erroneous!" and demanded: "You have to sign this paperwork!" I gave Inmate DEVON 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. I came out from behind the podium and ordered Inmate DEVON to submit to mechanical restraints and he complied. Correctional staff then escorted Inmate DEVON out of the building to the Facility "A" Program Office. Inmate **DEVON** is aware of this report and **IS** a participant in the Mental Health Services Delivery System (MHSDS) at the **EOP** level of care.

REPORTING EMPLOYEE (Typed Name and Signature) <b>K. KLINEFELTER, CORRECTIONAL OFFICER</b>	DATE <b>10/16/14</b>	ASSIGNMENT <b>A-5 FLOOR OFFICER #1</b>	RDO'S <b>S/SU</b>
REVIEWING SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DATE <b>10/15/14</b>	INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: <b>F</b>	DATE <b>10/16/14</b>	CLASSIFIED BY (Typed Name and Signature) <b>K. Rogers</b>
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) <i>[Signature]</i>	DATE <b>10-16-14</b>	TIME <b>2030</b>	TITLE OF SUPPLEMENT <b>115-A</b>	
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER: <b>MIA</b>	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE <b>—</b>	TIME <b>—</b>	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE <b>10-16-14</b> TIME <b>2030</b>

\*10/15/14 115MH ISSUED @ 1550HRS  
 CLOT DOB1 or  
 11-10-14 - MET w/ DEVON TO ASSIGN SELF AS I.E. DUE TO ADSEB  
 (HEARING BEGINS ON RVR, PART 1) AGREEMENT. 2030 HRS  
 11-12-14 - issued I.E. Report  
 [Signature] 200hrs

REFERRED TO <input type="checkbox"/> CLASSIFICATION <input type="checkbox"/> BPT/NAEA				
ACTION BY: (TYPED NAME) <b>M. CARTER, LIEUTENANT, SHO</b>	SIGNATURE <i>[Signature]</i>		DATE <b>11/15/14</b>	TIME <b>1955HRS</b>
REVIEWED BY: (SIGNATURE) <b>J. CANTU, FACILITY "A" CAPTAIN</b>	DATE <b>12-16-14</b>	CHIEF DISCIPLINARY OFFICER'S SIGNATURE <b>ROBERT L. DAVIS, ASSOCIATE WARDEN</b>	DATE <b>12/18/14</b>	
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE <b>12-15</b>	TIME <b>1800</b>	



CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>A-10-14-042</b>	INSTITUTION <b>MCSP</b>	TODAY'S DATE <b>11/15/14</b>
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
<input type="checkbox"/> OTHER:				

**SYNOPSIS:**

The SHO finds that all time constraints and due process requirements **HAVE** been met. **DEVON** was found **GUILTY** of the **AMENDED** and **REDUCED** charge: 3004(b), for the specific act of **DISRESPECT WITHOUT POTENTIAL FOR VIOLENCE**, an Administrative Offense.

**DISPOSITION:**

This RVR was originally classified as a Division "F" Offense; however, the SHO elected to **REDUCE** the charge to an Administrative Offense, in the interest of progressive discipline.

Inmate **DEVON** is assessed **10** days loss of ASU YARD from 11/15/14 through 11/24/14.  
 Inmate **DEVON** was counseled and reprimanded.

**HEARING PREPARATION:**

The Disability and Effective Communication System (DECS) database **WAS** reviewed to verify «**DEVON's**» Disability Placement Program (DPP) status, Developmental Disability Program (DDP) status, Mental Health Services Delivery System status, and TABE score: **10.7**

«**DEVON**» stated that he **WAS** in good health and that he ready to proceed with the hearing; «**DEVON**» **IS** a participant in the Mental Health Services Delivery System at the **EOP** level of care.  
 «**DEVON's**» actions **WERE NOT** considered "Bizarre, unusual, or uncharacteristic" behavior.  
 «**DEVON**» appeared before the Senior Hearing Officer on **11/15/14**, at approximately **1955** hours.  
 «**DEVON**» stated he **DOES NOT** have a disability and **DOES NOT** require staff assistance.

**DUE PROCESS/TIME CONSTRAINTS CCR 3320:**

**DATE OF DISCOVERY:**..... 10/07/14  
**INITIAL RVR COPY SERVED:**..... 10/16/14  
**DA REFERRAL:**..... N/A  
**DA DECLINATION:**..... N/A  
**DA ACCEPTANCE:**..... N/A  
**PROSECUTION COMPLETION:**..... N/A  
**EXCEPTIONAL CIRCUMSTANCES BEGAN:**..... N/A  
**EXCEPTIONAL CIRCUMSTANCES ENDING:**... N/A  
**IE REPORT SERVED:**..... 11/12/14  
**RVR HEARING:**..... 11/15/14

All written reports considered as evidence **HAVE** been issued to the subject charged in this matter.  
 The reports **WERE** issued at least 24 hours in advance of this hearing.  
 Reports subject has received include: CDCR-115, 115A, I.E. Report, 115MH.  
 All time constraints **HAVE** been met.

<input checked="" type="checkbox"/> COPY OF CDC-115 GIVEN TO INMATE	SIGNATURE OF WRITER <b>M. CARTER, LIEUTENANT, SHO</b>		DATE SIGNED <u>11/12/14</u>
	GIVEN BY STAFF SIGNATURE: <u>[Signature]</u>	DATE SIGNED <u>1-2-15</u>	TIME SIGNED <u>1800</u>

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>A-10-14-042</b>	INSTITUTION <b>MCSP</b>	TODAY'S DATE <b>11/15/14</b>
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
<input type="checkbox"/> OTHER:				

**HEARING EFFECTIVE COMMUNICATION:**

Inmate DEVON was able to read the documents to Staff during the hearing which demonstrated his reading ability to the satisfaction of this SHO.

*Method Used To Determine Communication Was Effective:*

- ▶ DEVON reiterated in his own words, what was explained
- ▶ DEVON provided appropriate, substantive responses to questions asked
- ▶ DEVON asked *appropriate questions regarding the information provided*

*Assistance Provided To Ensure Effective Communication:*

- ▶ DEVON stated he did not need any assistance for Effective Communication
- ▶ Simple English Spoken Slowly and Clearly

**ASSIGNMENT OF STAFF ASSISTANT(SA) CDC-115A, CCR-3315(d)(2):**

«DEVON» DOES MEET the criteria per CCR §3315(d)(2) for assignment of a Staff Assistant (SA). Correctional Officer **K. Staley** was assigned as Inmate DEVON's staff assistant on **10/16/14**. The Staff Assistant met with DEVON at least 24 hours prior to the hearing and was present and participated in the hearing. «DEVON» DOES have a TABE score *above* 4.0

**INVESTIGATIVE EMPLOYEE (CDCR-115-A, CCR-3315(a)):**

«DEVON» DOES MEET the criteria for assignment of an Investigative Employee (I. E.); Officer **J. Burkard** was assigned as I.E. on 11/10/14; «DEVON» received a copy of the I.E. Report on 11/12/14.

**DISTRICT ATTORNEY REFERRAL (CDC-115-A):**

This matter WAS NOT referred to the District Attorney.

**SUBJECT'S STATEMENT:**

«DEVON» was read and acknowledged understanding of the charge filed against him.  
 «DEVON» pleads NOT GUILTY to the written charge.  
 «DEVON» stated, "I did not have my hearing aid on so I was talking loudly and I couldn't hear him giving me an order."

**WITNESSES/EVIDENCE:**

«DEVON» DID request Officer S. Sergeant and Inmate JOHNSON (J-90000) as witnesses present at the time of the hearing; granted by SHO; however, DEVON chose to waive the presence of these witnesses in lieu of their testimonies in the I.E. Report.

**CONFIDENTIAL INFORMATION:**

There was no confidential information used in this matter.

**CDCR-115MH ASSESSMENT:**

A Mental Health Assessment was completed by a clinician on **10/31/14** and determined the following.

<input checked="" type="checkbox"/> COPY OF CDC-115 GIVEN TO INMATE	SIGNATURE OF WRITER <b>M. CARTER, LIEUTENANT, SHO</b>		DATE SIGNED <b>12/2/14</b>
	GIVEN BY STAFF SIGNATURE: 	DATE SIGNED <b>1-2-15</b>	TIME SIGNED <b>1:30</b>

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>A-10-14-042</b>	INSTITUTION <b>MCSP</b>	TODAY'S DATE <b>11/15/14</b>
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
<input type="checkbox"/> OTHER:				

Q1) Are there any Mental Health Factors that would cause the inmate to experience difficulty in understanding the disciplinary process and representing his interest in the hearing that would indicate the need for the assignment of a Staff Assistant?

A1) Yes. "EOP."

Q2) In your opinion, did the inmate's mental disorder appear to contribute to the behavior that led to the RVR?

A2) No.

Q3) If the inmate was found guilty of the offense, are there any mental health factors that the Senior Hearing Officer (SHO) should take into consideration?

A3) Yes. "I/M is deaf in left ear - 100% right ear - needs hearing aid. I/M was 'yelling' due to his lack of hearing aid, not an aggressive behavior. Officer needs to use effective communication."

**SHO EVALUATION OF THE CDCR-115MH ASSESSMENT:**

Clinician's recommendations on the CDC-115MH were reviewed; inmate was assigned a staff assistant due to his Mental Health status (EOP). SHO elected to hold DEVON responsible for his actions with a degree of mitigation when assessing the Loss of Privileges and no Behavioral Credits were lost - reduced to administrative offense.

**EVIDENCE:**

The SHO used the following document and testimony to establish a preponderance of evidence sufficient to sustain a finding of **Guilt** for the **AMENDED** charge: CCR 3004(b), **DISRESPECT WITHOUT POTENTIAL FOR VIOLENCE**.

1) The Written RVR authored by Correctional Officer K. Klinefelter on 10/7/14, which states in part, "... I gave Inmate **DEVON [E-43780]** 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."

**FINDINGS:**

The SHO finds Inmate DEVON **Guilty** of the **AMENDED** charge of CCR §3004(b) **DISRESPECT WITHOUT POTENTIAL FOR VIOLENCE**; the SHO elects to **REDUCE** the classification from a Division "D" to an Administrative Offense. This finding is based on a preponderance of the evidence presented at the hearing, which does substantiate the charge. The evidence, as indicated above, is sufficient to render and sustain a finding of **Guilt** for the charged offense.

**DISPOSITION:**

This RVR was originally classified as a Division "F" Offense; however, the SHO elected to **REDUCE** the charge to an Administrative Offense, in the interest of progressive discipline.

Inmate DEVON is assessed **10** days loss of ASU YARD from 11/15/14 through 11/24/14.

Inmate DEVON was counseled and reprimanded.

The staff Assistant met with inmate DEVON following the hearing and advised him of the findings.

<input checked="" type="checkbox"/> COPY OF CDC-115 GIVEN TO INMATE	SIGNATURE OF WRITER <b>M. CARTER, LIEUTENANT, SHO</b>	DATE SIGNED <i>12/2/14</i>	
	GIVEN BY STAFF SIGNATURE: <i>[Signature]</i>	DATE SIGNED <i>1-2-15</i>	TIME SIGNED <i>1800</i>

<b>CDC NUMBER</b> E-43780	<b>INMATE'S NAME</b> DEVON	<b>LOG NUMBER</b> A-10-14-042	<b>INSTITUTION</b> MCSP	<b>TODAY'S DATE</b> 11/15/14
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
<input type="checkbox"/> OTHER:				

The signature of the Chief Disciplinary Officer affirms, reverses, or modifies this disciplinary action and/or credit forfeiture.

SUBJECT was advised a final copy of this RVR would be issued upon final audit by the Chief Disciplinary Officer.

SUBJECT WAS advised of his right to appeal the findings and/or disposition of the hearing pursuant to CCR 3084.1, and advised that he would receive a copy upon final audit by the Chief Disciplinary Officer.

**End of Hearing**

<b>SIGNATURE OF WRITER</b> M. CARTER, LIEUTENANT, SHO	<b>DATE SIGNED</b> 12/2/14
--	-------------------------------

<input checked="" type="checkbox"/> COPY OF CDC-115 GIVEN TO INMATE	<b>GIVEN BY STAFF SIGNATURE:</b> 	<b>DATE SIGNED</b> 1-2-15	<b>TIME SIGNED</b> 180
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12-128  
**RULES VIOLATION REPORT: MENTAL HEALTH ASSESSMENT REQUEST**

**REVIEWING CUSTODY SUPERVISOR**

A CDC 115, Rules Violation Report (RVR), has been written on the following inmate, who requires a mental health assessment.

Inmate Name: Devon CDC Number: E-43780

RVR Log Number: A-10-14-042 Date of Violation: 10/7/14 Housing: A5-121<sup>L</sup>

Specific Act Charged: CCR § 3005(a) - Disorderly Behavior

The inmate's current Mental Health Level of Care is: (check one)

NOT IN MHSDS PROGRAM\*  CCCMS\*  EOP  MHCB  DMH

\*CCCMS AND NON-MHSDS PROGRAM PARTICIPANTS WILL BE REFERRED FOR A MENTAL HEALTH ASSESSMENT FOR BEHAVIOR THAT IS BIZARRE OR UNUSUAL FOR ANY INMATE, OR THAT IS UNCHARACTERISTIC FOR THIS INMATE.

Sent to Mental Health: 10-15-14 By: K. Staley Signature: [Signature]

Return this form to: A program \*By: 10-25-14

\*(CCCMS and non-MHSDS, 5 working days; EOP/MHCB/DMH, 15 calendar days)

**MENTAL HEALTH CLINICIAN** 10/20/14 COMEAUX/DR BARR

Conducted non-confidential interview: 10/31/14 (Inmate informed of non-confidentiality)

1. CCCMS/NON-MHSDS only. Are there any mental health factors that would cause the inmate to experience difficulty in understanding the disciplinary process and representing his/her interests in the hearing that would indicate the need for the assignment of a Staff Assistant?  Yes  No

Explain "yes" response: EOP DMH needs hearing aid

2. In your opinion, did the inmate's mental disorder appear to contribute to the behavior that led to the RVR?

Yes  No Explain "yes" response: \_\_\_\_\_

3. If the inmate is found guilty of the offense, are there any mental health factors that the hearing officer should consider in assessing the penalty?  Yes  No Explain "yes" response: \_\_\_\_\_

100% Right ear needs hearing aid. Left ear due to his lack of hearing aid not as aggressive behavior. No needs to use effective communication

INSTITUTION: <u>MCSP</u>	CLINICIAN NAME (Print) <u>P. Debrah, PhD</u>	SIGNATURE <u>[Signature]</u>	DATE <u>10/31/14</u>
RECEIVED BY: <u>MCSP</u>	CUSTODY STAFF NAME (Print) <u>T. DOBSON</u>	SIGNATURE <u>[Signature]</u>	DATE <u>11/2/14</u>

DISTRIBUTION:  
Original : Central File With Adjudicated CDCR  
Blue : 115 Unit Health Record  
Pink : Inmate

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

E43780  
DEVON, ALAN  
03/05/1966

**RULES VIOLATION REPORT:  
MENTAL HEALTH ASSESSMENT REQUEST**

## RULES VIOLATION REPORT - PART C

PAGE 1 OF 2

CDC NUMBER E-43780	INMATE'S NAME DEVON	LOG NUMBER A-10-14-042	INSTITUTION MCSP	TODAY'S DATE 11-10-14
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

Inmate: DEVON, E-43780

RVR LOG #A-10-14-042

Reporting Employee: C/O K. Klinefelter

Investigative Employee: C/O J. Burkard

Inmate DEVON was issued a Summary of Disciplinary Procedures and Inmate Rights.

On November 10, 2014, I, Correctional Officer J. Burkard, informed Inmate DEVON of my assignment as his Investigative Employee (I.E.) regarding the above mentioned CDCR-115 Rules Violation Report (RVR). I asked Inmate DEVON if he had any objections to my assignment as his I.E. Inmate DEVON stated he **HAD NO OBJECTION** to my assignment as his I.E. for the above RVR.

Inmate DEVON was advised of his right to an I.E.; to request that both friendly and adverse witnesses attend the disciplinary hearing; to have the Reporting Employee (R.E.) attend the hearing; and to present oral and/or written evidence at the hearing.

**INMATE'S STATEMENT:**

"I was calm the entire time that I talked with C/Os Pogue, Klinefelter, and Keenan."

**REPORTING EMPLOYEE'S STATEMENT:**

"On October 7, 2014, at approximately 1510 hours, while performing my duties as Facility "A", Building 5, Floor Officer #1, I observed Inmate DEVON (E-43780, A5-121L) acting in manner that could lead to violence or disorder. More specifically, while other staff and I were trying to conduct our normal duties, Inmate DEVON approached the Officer's podium/desk, yelling in a loud and irate manner, waving his arms violently, and waving papers over the podium at correctional staff. Inmate DEVON stated many things, including: "You guys are being miscellaneous and erroneous!" and demanded: "You have to sign this paperwork!" I gave Inmate DEVON 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. I came out from behind the podium and ordered Inmate DEVON to submit to mechanical restraints and he complied. Correctional staff then escorted Inmate DEVON out of the building to the Facility "A" Program Office."

**STAFF WITNESSES #1 (Correctional Officer S. Sergeant) STATEMENT:**

Q. #1): "Was I calm while I was trying to give Officers Klinefelter, Pogue, and Keenan a 'Form 22, on Tuesday, October 7, 2014, because they confiscated my pants?"

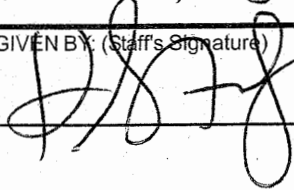
A. #1): "No, you were not."

Q. #2): "Do you recall me asking Klinefelter to handcuff me so I can talk to the Sgt.?"

A. #2): "No, you were yelling at everybody. After you were handcuffed, then you asked to see the Sergeant."

Q. #3): "Was I waiving my arms and acting disorderly, while asking them to accept my 'Form 22?"

A. #3): "Yes."

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER J. BURKARD, CORRECTIONAL OFFICER	DATE SIGNED 11-10-14
	GIVEN BY: (Staff's Signature) 	DATE SIGNED 11-12-14



**RULES VIOLATION REPORT - PART C**

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>A-10-14-042</b>	INSTITUTION <b>MCSP</b>	TODAY'S DATE <b>11-10-14</b>
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**INMATE WITNESSES #1 (Inmate JOHNSON, J-90000) STATEMENT:**

Q. #1): "Was I calm while I was trying to give Officers Klinefelter, Pogue, and Keenan a 'Form 22, on Tuesday, October 7, 2014, because they confiscated my pants?"

A. #1): "Yes. You asked to be cuffed up so you could see the Sgt."

**STAFF/INMATE REQUESTED AT THE HEARING:**

None.

**CONFIDENTIAL INFORMATION USED:**

None.

**ADDITIONAL INFORMATION:**

None.

**INVESTIGATIVE EMPLOYEE COMMENTS:**

Investigative Employee has no additional information. This constitutes the end of the report.

**INMATE WAIVER OF WITNESSES PRESENCE AT THE HEARING:**

By signing below, I accept the above testimony of Inmate JOHNSON (J-90000) and Correctional Officer S. Sergeant and do not request them, or any other witnesses, to be present at the CDCR 115 hearing.

INMATE'S NAME AND CDCR NUMBER: Alan Devon E-43780

INMATE'S SIGNATURE: [Handwritten Signature]

DATE: 11/12/14

\*\*\*END OF INVESTIGATIVE EMPLOYEE REPORT\*\*\*

SIGNATURE OF WRITER <b>J. BURKARD, CORRECTIONAL OFFICER</b>		DATE SIGNED <b>11-10-14</b>	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) <u>[Handwritten Signature]</u>	DATE SIGNED <b>11-12-14</b>	TIME SIGNED <b>2000</b>



# SERIOUS RULES VIOLATION REPORT

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	VIOLATED RULE NO(S). <b>CCR § 3005(a)</b>	DATE <b>10/7/2014</b>	INSTITUTION <b>MCSP</b>	LOG NO. <b>A-10-14-042</b>
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT  YES  NO

### POSTPONEMENT OF DISCIPLINARY HEARING

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

### STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	<i>[Signature]</i>	<b>10/16/14</b>
<input checked="" type="checkbox"/> ASSIGNED	DATE <b>10-16-14</b>	NAME OF STAFF <b>V. Staler</b>
<input type="checkbox"/> NOT ASSIGNED	REASON <b>DOES/DOES NOT MEET PER CCR TITLE 15 3315 (d)(2)</b>	

### INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	<i>[Signature]</i>	
<input checked="" type="checkbox"/> ASSIGNED	DATE <b>11-10-14</b>	NAME OF STAFF <b>J BURKARD</b>
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON <b>DOES/DOES NOT MEET PER CCR TITLE 15 3315 (d)(1)</b>	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

### WITNESSES

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

REPORTING EMPLOYEE  STAFF ASSISTANT  INVESTIGATIVE EMPLOYEE  OTHER  NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED
<b>JOHNSON 5-225</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C/O S. SERGEANT</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	INVESTIGATOR'S SIGNATURE <i>[Signature]</i>	DATE <b>10-16-14</b>
		TIME <b>2030</b>	DATE <b>11-10-14</b>

CDC NUMBER E-43780	INMATE'S NAME DEVON	LOG NUMBER A-10-14-042	INSTITUTION MCSP	TODAY'S DATE 10/7/2014
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT
				<input checked="" type="checkbox"/> OTHER: EFF. COMM.

**Effective Communication:**

No disabilities or needs requiring effective Communication. Inmate has a T.A.B.E. score above 4.0 of: 10.7

**Inmate was identified with the following disabilities or needs:**

- T.A.B.E. score below 4.0
- Hearing
- Vision
- Speech
- Learning Disability
- CCCMS
- MHC
- EOP
- Foreign Language Speaking
- Sign Language Utilized
- Developmental Disability (Ensure Confidentiality)

**Initial Service:**

Assigned Staff Assistant: K. Staley J. Burkard K. Staley

INITIAL SERVICE DATE: 10-16-14

**The following assistance was provided to ensure effective communication upon initial issuance of RVR:**

- Use of Text Magnifier
- Read Documents to Inmate
- Lip Reading
- Foreign Language Interpreter
- Sign Language Interpreter
- Written Notes (See Attached)
- Simple English Spoken Slowly and Clearly
- Inmate was wearing Hearing Aid
- Did Not Need
- Other: \_\_\_\_\_

**The following method was used to determine communication was effective upon initial issuance of RVR:**

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

**Investigative Employee (If assigned)**

Assigned Staff Assistant: ~~ATA~~ J. Burkard

IE REPORT DATE: 11-12-14

**The following assistance was provided to ensure effective communication upon initial issuance of RVR:**

- Use of Text Magnifier
- Read Documents to Inmate
- Lip Reading
- Foreign Language Interpreter
- Sign Language Interpreter
- Written Notes (See Attached)
- Simple English Spoken Slowly and Clearly
- Inmate was wearing Hearing Aid
- Did Not Need
- Other: \_\_\_\_\_

**The following method was used to determine communication was effective upon issuance of IE:**

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

**FINAL** Assigned Staff Assistant: J. Burkard

**COPY** FINAL COPY DATE: 1-2-15

**The following assistance was provided to ensure effective communication upon initial issuance of RVR:**

- Use of Text Magnifier
- Read Documents to Inmate
- Lip Reading
- Foreign Language Interpreter
- Sign Language Interpreter
- Written Notes (See Attached)
- Simple English Spoken Slowly and Clearly
- Inmate was wearing Hearing Aid
- Did Not Need
- Other: \_\_\_\_\_

**The following method was used to determine communication was effective upon issuance of Final Copy of RVR:**

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

SIGNATURE OF WRITER		DATE SIGNED	
GIVEN BY STAFF SIGNATURE: <u>J. Burkard</u>		DATE SIGNED <u>1-2-15</u>	TIME SIGNED <u>180</u>

COPY OF CDC-115 GIVEN TO INMATE

~~CHCF~~

12-141

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON (BLA)</b>	RELEASE/BOARD DATE	INST. <b>MCSP</b>	HOUSING NO. <b>A5-121L</b>	LOG NO. <b>A-10-14-042</b>
VIOLATED RULE NO(S) <b>CCR § 3005(a)</b>	SPECIFIC ACTS <b>DISORDERLY BEHAVIOR</b>	LOCATION <b>FACILITY "A"</b>	DATE <b>10/7/2014</b>	TIME <b>1510 HRS.</b>	

CIRCUMSTANCES

On October 7, 2014, at approximately 1510 hours, while performing my duties as Facility "A", Building 5, Floor Officer #1, I observed Inmate **DEVON (E-43780, A5-121L)** acting in manner that could lead to violence or disorder. More specifically, while other staff and I were trying to conduct our normal duties, Inmate DEVON approached the Officer's podium/desk, yelling in a loud and irate manner, waving his arms violently, and waving papers over the podium at correctional staff. Inmate DEVON stated many things, including: "You guys are being miscellaneous and erroneous!" and demanded: "You have to sign this paperwork!" I gave Inmate DEVON 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. I came out from behind the podium and ordered Inmate DEVON to submit to mechanical restraints and he complied. Correctional staff then escorted Inmate DEVON out of the building to the Facility "A" Program Office. Inmate **DEVON** is aware of this report and **IS** a participant in the Mental Health Services Delivery System (MHSDS) at the **EOP** level of care.

REPORTING EMPLOYEE (Typed Name and Signature) <b>K. KLINEFELTER, CORRECTIONAL OFFICER</b>	DATE <b>10/16/14</b>	ASSIGNMENT <b>A-5 FLOOR OFFICER #1</b>	RDO'S <b>S/SU</b>
--	-------------------------	---	----------------------

REVIEWING SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DATE <b>10/16/14</b>	INMATE SEGREGATED PENDING HEARING
--	-------------------------	-----------------------------------

CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: <b>F</b>	DATE <b>10/16/14</b>	CLASSIFIED BY (Typed Name and Signature) <b>K. Rogers</b>	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) <i>[Signature]</i>	DATE <b>10-16-14</b>	TIME <b>2030</b>	TITLE OF SUPPLEMENT
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER: <b>MA</b>	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE <b>—</b>	TIME <b>—</b>	BY: (STAFF'S SIGNATURE)

**FALSE STATEMENT**  
**Lt. CARTER dismissed**

REFERRED TO  CLASSIFICATION  BPT/NAEA

ACTION BY: (TYPED NAME)	SIGNATURE	DATE	TIME
-------------------------	-----------	------	------

REVIEWED BY: (SIGNATURE) <b>J. CANTU, FACILITY "A" CAPTAIN</b>	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE <b>ROBERT L. DAVIS, ASSOCIATE WARDEN</b>	DATE
---	------	--	------

<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE)	DATE	TIME
---	-------------------------	------	------

# SERIOUS RULES VIOLATION REPORT

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	VIOLATED RULE NO(S) <b>CCR § 3005(a)</b>	DATE <b>10/7/2014</b>	INSTITUTION <b>MCSP</b>	LOG NO. <b>A-10-14-042</b>
------------------------------	-------------------------------	---	--------------------------	----------------------------	-------------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT  YES  NO

### POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE	DATE
--	--------------------	------

<input 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	DATE
-----------------	--------------------	------

<input type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE	DATE	NAME OF STAFF
------------------------------------	---	------	---------------

<input checked="" type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
--	------	---------------

<input type="checkbox"/> NOT ASSIGNED	REASON
---------------------------------------	--------

**DOES/DOES NOT MEET PER CCR TITLE 15 3315 (d)(2)**

### INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE	DATE
------------------------	--------------------	------

<input type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE	DATE	NAME OF STAFF
------------------------------------	---	------	---------------

<input checked="" type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
--	------	---------------

<input checked="" type="checkbox"/> NOT ASSIGNED	REASON
--	--------

**DOES/DOES NOT MEET PER CCR TITLE 15 3315 (d)(1)**

EVIDENCE / INFORMATION REQUESTED BY INMATE:

### WITNESSES

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

REPORTING EMPLOYEE     STAFF ASSISTANT     INVESTIGATIVE EMPLOYEE     OTHER     NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED
JOHNSON 5-225	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C/O S. SERVENT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE	DATE
--------------------------	------

BY (STAFF'S SIGNATURE)	TIME	DATE
------------------------	------	------

## RULES VIOLATION REPORT - PART C

PAGE 1 OF 1

CDC NUMBER E-43780	INMATE'S NAME DEVON	LOG NUMBER A-10-14-042	INSTITUTION MCSP	TODAY'S DATE 11-10-14
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

Inmate: DEVON, E-43780

RVR LOG #A-10-14-042

Reporting Employee: C/O K. Klinefelter

Investigative Employee: C/O J. Burkard

Inmate DEVON was issued a Summary of Disciplinary Procedures and Inmate Rights.

On November 10, 2014, I, Correctional Officer J. Burkard, informed Inmate DEVON of my assignment as his Investigative Employee (I.E.) regarding the above mentioned CDCR-115 Rules Violation Report (RVR). I asked Inmate DEVON if he had any objections to my assignment as his I.E. Inmate DEVON stated he **HAD NO OBJECTION** to my assignment as his I.E. for the above RVR.

Inmate DEVON was advised of his right to an I.E.; to request that both friendly and adverse witnesses attend the disciplinary hearing; to have the Reporting Employee (R.E.) attend the hearing; and to present oral and/or written evidence at the hearing.

**INMATE'S STATEMENT:**

"I was calm the entire time that I talked with C/Os Pogue, Klinefelter, and Keenan."

**REPORTING EMPLOYEE'S STATEMENT:**

"On October 7, 2014, at approximately 1510 hours, while performing my duties as Facility "A", Building 5, Floor Officer #1, I observed Inmate DEVON (E-43780, A5-121L) acting in manner that could lead to violence or disorder. More specifically, while other staff and I were trying to conduct our normal duties, Inmate DEVON approached the Officer's podium/desk, yelling in a loud and irate manner, waving his arms violently, and waving papers over the podium at correctional staff. Inmate DEVON stated many things, including: "You guys are being miscellaneous and erroneous!" and demanded: "You have to sign this paperwork!" I gave Inmate DEVON 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. I came out from behind the podium and ordered Inmate DEVON to submit to mechanical restraints and he complied. Correctional staff then escorted Inmate DEVON out of the building to the Facility "A" Program Office."

**STAFF WITNESSES #1 (Correctional Officer S. Sergeant) STATEMENT:**

Q. #1): "Was I calm while I was trying to give Officers Klinefelter, Pogue, and Keenan a 'Form 22, on Tuesday, October 7, 2014, because they confiscated my pants?"

A. #1): "No, you were not."

Q. #2): "Do you recall me asking Klinefelter to handcuff me so I can talk to the Sgt.?"

A. #2): "No, you were yelling at everybody. After you were handcuffed, then you asked to see the Sergeant."

Q. #3): "Was I waiving my arms and acting disorderly, while asking them to accept my 'Form 22?"

A. #3): "Yes."

SIGNATURE OF WRITER J. BURKARD, CORRECTIONAL OFFICER		DATE SIGNED 11-10-14	
GIVEN BY: (Staff's Signature) <i>[Signature]</i>		DATE SIGNED 11-10-14	TIME SIGNED



COPY OF CDC 115-C GIVEN TO INMATE

**RULES VIOLATION REPORT - PART C**

CDC NUMBER <b>E-43780</b>	INMATE'S NAME <b>DEVON</b>	LOG NUMBER <b>A-10-14-042</b>	INSTITUTION <b>MCSP</b>	TODAY'S DATE <b>11-10-14</b>
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**INMATE WITNESSES #1 (Inmate JOHNSON, J-90000) STATEMENT:**

Q. #1): "Was I calm while I was trying to give Officers Klinefelter, Pogue, and Keenan a 'Form 22, on Tuesday, October 7, 2014, because they confiscated my pants?"  
 A. #1): "Yes. You asked to be cuffed up so you could see the Sgt."

**STAFF/INMATE REQUESTED AT THE HEARING:**

None.

**CONFIDENTIAL INFORMATION USED:**

None.

**ADDITIONAL INFORMATION:**

None.

**INVESTIGATIVE EMPLOYEE COMMENTS:**

Investigative Employee has no additional information. This constitutes the end of the report.

**INMATE WAIVER OF WITNESSES PRESENCE AT THE HEARING:**

By signing below, I accept the above testimony of Inmate JOHNSON (J-90000) and Correctional Officer S. Sergeant and do not request them, or any other witnesses, to be present at the CDCR 115 hearing.

**INMATE'S NAME AND CDCR NUMBER:** JOHNSON J-90000

**INMATE'S SIGNATURE:** [Signature]

**DATE:** 11/12/14

\*\*\*END OF INVESTIGATIVE EMPLOYEE REPORT\*\*\*

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>J. BURKARD, CORRECTIONAL OFFICER</b>	DATE SIGNED <b>11-10-14</b>
	GIVEN BY: (Staff's Signature) <u>[Signature]</u>	DATE SIGNED <b>11-10-14</b>



To: Appeal card

To: Appeals card

en

1/30/15

Version 4.2.0

Generate Reports / Get Help / Report a Problem / Log Out

CDC #:  
CDC Number: E43780, DEVON, ALAN

**Summary**

**Offender/Placement**

CDC #: **E43780**  
 Name: **DEVON, ALAN**  
 Institution: **Mule Creek State Prison**  
 Bed Code: **C 012 1141001L**  
 Placement Score: **171**  
 Custody Level: **Maximum**  
 Housing Pgm: **ASU - Ad Seg Unt**  
 Housing Restrictions: **Level Terrain**  
 Physical Limitations: **No Lifting more than 25 Pounds, PERMANENT 12-05-2015 Months**

**Disability/Assistance**

DDP Code: **NCF**  
 Effective Date: **12/12/2002**  
 DPP Codes: **DNH [History]**  
 1845 Date: **12/18/2014**  
 MHSDS Code: **EOP**  
 SLI: **No**  
 Primary Method: **Assistive Listening Device**  
 Alternate Method: **Reads Lips**  
 Learning Disability: **10.7**  
 TABE Score: **10.7**  
 TABE Date: **09/20/2011**  
 Healthcare Appliances: **Hearing Aid, Cotton Bedding, Hearing Vest, Prescription Glasses** [Info]  
 Dialysis: **No**  
 Last Accommod: **Assistive Hearing Devices, TDD Machines**  
 Spoken Languages:

**Important Dates**

Pending Revocation: **No**  
 Revocation Date:  
 Date Received in CDCR: **01/30/1990**  
 Last Return Date: **12/08/1993**  
 Extended Stay Date: **02/06/1994**  
 Extended Stay Privileges?  
 Release Date: **01/25/9999**  
 120 Day Date: **09/27/9998**  
 Next IDST Date:

**Work/Vocation/PIA**

**1**  
 Group Priv:  
 Group Work:  
 Start Date:  
 Status:  
 Job Position:  
 Job Title:  
 IWTIP Code:  
 IWTIP Description:  
 Regular Day Off:  
 Work Hours:

**Accommodation History**

Baseline on 04/23/2013 Assistive Hearing Devices, TDD Machines		
04/23/2013	Baseline	Assistive Hearing Devices, TDD Machines
12/17/2012	Notice of Classification Hearing	Read/Speak Slowly/Use Simple Language, Staff Assistance
07/26/2010	Administrative Appeal Response	Read/Speak Slowly/Use Simple Language
09/29/2009	Clinician Interview	TDD Machines
09/24/2009	Administrative Appeal Response	Cane, Read/Speak Slowly/Use Simple Language
01/08/2008	CDCR 128C	TDD Machines

Attachment

RE: Screening at the FIRST Level

only.

January 12, 2015

**DEVON, E43780**

ADA, Effective Communication, 01/12/2015

Log Number: MCSP-C-15-00001

(Note: Log numbers are assigned to all appeals for tracking purposes)

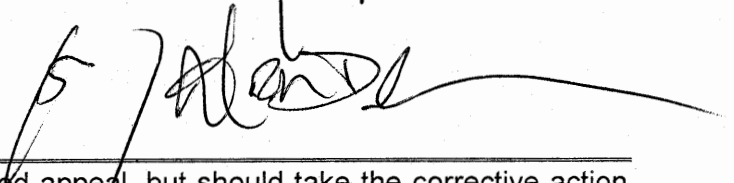
The enclosed documents are being returned to you for the following reasons:

*Your appeal does not meet the criteria for processing as a CDCR Form 1824 as the Disciplinary Issues raised are not subject to the Armstrong Remedial Plan (ARP). You are advised that you may file a separate CDCR Form 602 for each RVR to appeal these non-ARP issues. The provisions specified in CCR 3084 apply for these non-ARP issues and you may only submit 1 non-emergency CDCR 602 every 14 calendar days.*

  
Appeals Coordinator  
Mule Creek State Prison

1/13/15

I followed instructions (see log)  
I got (four) in week (hearings) I  
need to address them all. How do  
I get recourse if you say I cannot  
combine them (share one grievance)  
over my appeal right



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.

218

**INMATE APPEAL ASSIGNMENT NOTICE**

Date: May 6, 2015

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

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR

DATE: MAY 19, 2015  
JUDGE: DENNIS J. BUKCLEY  
CLERK: 10091 *q1*

CASE NO. 14-SC-3253  
REPORTER: ---  
BAILIFF: C. BEGBIE  
NEXT HRG: ---

---

A. DEVON

IN PRO PER

VS

J. CANTO, ET AL

R. GIOVACCHINI

---

INMATE SMALL CLAIMS COURT TRIAL

---

10:59 A.M. Matter called. Plaintiff, Alan Devon is present in Pro Per via Court Call. Litigation Coordinator, R. Giovacchini, is present for Defendants.

Plaintiff requests to call back into the court using the Telatype (TTY) device as he cannot hear the court.

Matter is trailed for Plaintiff to set up court call using the TTY device available at the prison.

11:33 A.M. Matter is recalled. All parties are present as previously stated. TTY agent CA-4033 is on the line to translate the hearing into text for Plaintiff.

Court clarifies the amount Plaintiff is asking for (\$2500.00) and why he is not suing the Department of Corrections instead of individual employees.

Discussion ensues.

Ms. Giovacchini is heard regarding Plaintiff's subpoenas, which were defective. The subpoenas required the Plaintiff to include witness fees, which he did not do.

**Court confirms witness fees are not covered by Plaintiff's fee waiver and it is his responsibility to comply with the rules.**

Court advises Plaintiff it has read some of the declarations he has presented, much of which is illegible, therefore it is an impossible undertaking.

In response to the court's inquiry as to who bought the property in dispute, Plaintiff states he personally purchased the items that were approved by the Department of Corrections.

**14-SC-3253  
DEVON VS J. CANTO, ET AL  
MAY 19, 2015**

---

Ms. Giovacchini is heard regarding Plaintiff's Claim, is unclear as to which appeal Plaintiff is referring to. The inmate appeal tracking system does not show Plaintiff utilized the 3<sup>rd</sup> level of appeal.

Court clarifies there is only 1 Plaintiff, as Plaintiff Bumpass was omitted on the amended claim.

**Court directs Plaintiff to summarize his position in plain English and attach proof he has utilized the 3<sup>rd</sup> level of appeal. Response to be filed and served on Defendants by June 18, 2015.**

**Defendants to reply to Plaintiffs summary of position by July 10, 2015.**

Court urges litigation coordinator to look at all remedies.

**Matter will be deemed submitted at the time all documents are received by the parties. Court will then take the matter under submission.**



Institution: COR

## Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
E43780	DEVON, ALAN	COR	03B001 2	218001

Current Available Balance: \$0.00

INMATE COPY

**Transaction List**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
**No information was found for the given criteria.**						

**Encumbrance List**

Encumbrance Type	Transaction Date	Amount
**No information was found for the given criteria.**		

**Obligation List**

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
PLRA	CDC 6286	\$150.00	\$0.00	\$10.00
DAMAGES - STATE PROPERTY	STATE MATTRESS	\$49.00	\$0.00	\$7.14
REGULAR MAIL		\$0.61	\$0.00	\$0.61
MEDICAL (HEALTH) SUPPLIES	HEARING BATT 8/08/11	\$2.99	\$0.00	\$2.99
MEDICAL (HEALTH) SUPPLIES	CANVAS UPPER 9/08/11	\$8.00	\$0.00	\$8.00
MEDICAL (HEALTH) SUPPLIES	HEARING BATT9/09/11	\$2.99	\$0.00	\$2.99
MEDICAL (HEALTH) SUPPLIES	HEARING BATT10/11/11	\$2.99	\$0.00	\$2.99
MEDICAL (HEALTH) SUPPLIES	HEARING BATT10/11/11	\$2.99	\$0.00	\$2.99
MEDICAL (HEALTH) SUPPLIES	04/04/12	\$2.99	\$0.00	\$2.99
MEDICAL (HEALTH) SUPPLIES	CANVAS UPPER 8/17/12	\$8.00	\$0.00	\$8.00
MEDICAL (HEALTH) SUPPLIES	CANVAS UPPER11/01/12	\$8.00	\$0.00	\$8.00
MEDICAL (HEALTH) SUPPLIES	CANVAS UPPER 4/23/13	\$8.00	\$0.00	\$8.00
MEDICAL (HEALTH) SUPPLIES	HEAR AID BATTERY	\$2.00	\$0.00	\$2.00
MEDICAL (HEALTH) SUPPLIES	CANVAS SIZE 10	\$8.00	\$0.00	\$8.00
MEDICAL (HEALTH) SUPPLIES	6/11/14 CANVAS	\$8.00	\$0.00	\$8.00
REGULAR MAIL	REGULAR MAIL 1/6/15	\$0.69	\$0.00	\$0.69
COPY CHARGES	MAIL LOG 1/15/15	\$0.40	\$0.00	\$0.40
MEDICAL COPAY	#2635 DENTAL	\$5.00	\$0.00	\$5.00

**Restitution List**

Date\Time: 6/1/2015 11:35:17 AM

Institution: COR

CDCR

Verified:

# Inmate Statement Report

**INMATE COPY**  
Sum of Tx to Date

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Range for Oblg	Current Balance
RESTITUTION FINE	BA065141	Active	\$10,000.00	\$0.00	\$0.00	\$7,941.90

Institution: COR

### Inmate Statement Report

<b>Start Date:</b> 12/1/2014	<b>Revalidation Cycle:</b> All
<b>End Date:</b> 6/1/2015	<b>Housing Unit:</b> All
<b>Inmate/Group#:</b> E43780	

**INMATE COPY**

EMERGENCY 3084.9. (2) (4)

State of California

Department of Corrections and Rehabilitation

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev. 7/2014)

INSTITUTION (staff use only):

EC?

LOG NUMBER (staff use only)

CSP-CORCORAN

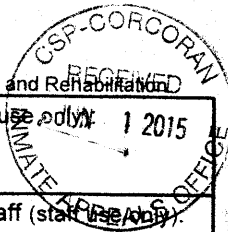
Y/N

15-2937

Date Received by Staff (staff use only)

\*\*\* TALK TO STAFF IF YOU HAVE AN EMERGENCY \*\*\*

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.



INMATE'S NAME (Print) Devon Alon	CDCR NUMBER E3700	ASSIGNMENT E.O.P./VOC	HOUSING 2504-270
-------------------------------------	----------------------	--------------------------	---------------------

INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. Do not use an 1824 to request a response for a group of inmates. If you have received an 1824 decision that you disagree with, submit an appeal (CDCR 602, or 602-HC if disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM:

OBTAIN TTY TEXT FOR OP# 1012 05-14-15 FOR TITLE 15 CCRS 3282. (g)(4)(F). The Litigation Coordinator refuses (Kimball) to release TTY TEXT FOR CCRS 3178. (M) AND (N) AFTER COORDINATOR AUTHORIZES THE SPECIFIC DATE AND TIME REQUEST FOR TAKING THE COURT CALL DEPOSITION COURT CALL.

WHY CAN'T YOU DO IT:

SGT. M. Allegros Pasky Amaya - CCF MRS. WRIGHT / VALDEZ Lt. Thompson All state TTY text on 5/19/15 with ANAHEIM SUPERIOR COURT JUDGE set up by Kimball CASE# ASC 3253 WAS NOT CONFIDENTIAL on TTY phone

WHAT DO YOU NEED:

I need TTY TEXT FOR EFFECTIVE COMMUNICATION OFFICE AS I'm DHH AND I CANT HEAR OVER INTERFACILITY PHONES AS (CCF) VALDEZ AND (CCF) WRIGHT ORDERED ME TO USE SPEAKER TO CONDUCT MY TRAIL WHEN Lt. Thompson told Denis Buckley (Judge) I had on HEARING AIDE THE THREAT TO SANCTION THEM GOT THE TTY PHONE AS KIMBALL TALKED ME THEN TO DO NOW THEY DENY ME THE TTY TEXT TO OBTAIN E/C. (use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- Difficulty walking or getting around
- Difficulty seeing
- Difficulty hearing
- Difficulty talking
- On kidney dialysis
- Difficulty using arms/hands
- Difficulty learning
- Difficulty thinking or understanding
- Mental impairment
- Other Disability (briefly describe):

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure

(List and attach documents if available, including: 1845, 7410, 128-C):

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[Handwritten Signature]

INMATE'S SIGNATURE

5/24/15  
DATE SIGNED

Assistance completing this form provided by:

Last Name

First Name

Signature

IAP is not required as the CDCR 1824 contains no disability access or discrimination issues.

J. GORRE  
Person making determination

CCII  
Title

Returned to itm

17 0 JUN 2015

I REQUEST AN EMERGENCY APPEAL RESPONSE  
BECAUSE I WAS INSTRUCTED A DEADLINE TIME LIMIT  
ON TTY-TEXT STAFF WONT RELINQUISH PER OP. 1012

STATE OF CALIFORNIA  
GA-22 (9/92)

### INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
5/25/15	Kembrell, Lit, <del>Coed</del>	Doran, A.	4370
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
201 -	218	E.O.P.	FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS
			FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

STAFF SAID NO MORE TTY - CALLS FOR CAFT  
WHERE CAN I GET THEM. (CCI WRIGHT) TOLD  
ME I CANT TIE-UP HER PHONE, HER FELS NEED TO CALL

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION





PRISON LAW OFFICE  
General Delivery, San Quentin CA 94964  
Telephone (510) 280-2621 • Fax (510) 280-2704  
www.prisonlaw.com

Director:  
Donald Spector

Managing Attorney:  
Sara Norman

Staff Attorneys:  
Rana Anabtawi  
Rebekah Evenson  
Steven Fama  
Warren George  
Penny Godbold  
Megan Hagler  
Alison Hardy  
Corene Kendrick  
Kelly Knapp  
Millard Murphy  
Lynn Wu

## CONFIDENTIAL - LEGAL MAIL

Dear California State Prisoner:

We reply to your recent letter about mental health care. We hope the information below answers your concerns or questions. We return with this letter any documents you may have sent with your letter. If your letter also asked about issues other than mental health care, we either include information about that matter or may send you something more in another letter.

As you may know, we are one of the law firms that represents prisoners in a lawsuit called *Coleman v. Schwarzenegger*. The Coleman case began in 1990 and involves all prisoners who have a serious mental health condition. The prisoners argued that mental health care in CDCR was inadequate. The Court agreed, and ordered CDCR to improve care.

Among other things, the *Coleman* case requires that CDCR follow written rules (policy and procedure) regarding prisoners' mental health care. These rules, the policy and procedure that must be followed, are in the CDCR Mental Health "Program Guide." A copy of the Program Guide (2009 version) should be available in or from the law library.

The judge in the *Coleman* case also appointed a Special Master and team of experts. They monitor and report on what prison officials do regarding mental health care. As lawyers for the prisoners, we try to get prison officials to provide adequate mental health care and follow the rules in the Program Guide. Because there are more than 30,000 prisoners with serious mental health conditions, we usually only work on issues that effect large numbers of prisoners, and usually are not able to become involved in individual cases regarding mental health treatment.

On the pages that follow (front and back) are questions and answers about the *Coleman* case and CDCR mental health care. Because of the large numbers of letters we receive each day, we can at this time only send you this letter and the enclosed information. However, your letter about mental health care is very useful to us, as we try to get CDCR to provide better care. Thank you for taking the time to write.

**[Letter continues on other side of page]**

Board of Directors  
Penelope Cooper, President • Michele WalkinHawk, Vice President  
Marshall Krause, Treasurer • Christiane Hipps • Margaret Johns • Cesar Lagleva  
Laura Magnani • Michael Marcum • Ruth Morgan • Dennis Roberts

**CCCMS Program:** CCCMS stands for Correctional Clinical Case Management System. Most prisoners with mental health conditions are treated at this level. There are currently approximately 28,000 CDCR prisoners at the CCCMS level of care. These prisoners' mental health conditions, while serious, do not require special housing or intensive treatment.

Each CCCMS prisoner must have a Clinical Case Manager who is responsible for developing a treatment plan for that prisoner-patient. The treatment plan must include a visit with the case manager at least once every 90 days, and a meeting with an interdisciplinary treatment team (IDTT) once a year.

Any additional treatment for a CCCMS prisoner will depend on the prisoner's individual needs. Some prisoners may need medication. Others may need group therapy. The type of care you will receive will be determined by prison mental health staff and stated in your mental health treatment plan.

There are special requirements for CCCMS patients housed in an Administrative Segregation Unit or Security Housing Unit. These prisoners must receive additional contacts with mental health staff. CCCMS prisoners housed in Ad Seg must be seen by their case manager once every week and also receive a daily cell front visit from a psychiatric technician (psych tech). CCCMS prisoners housed in a Security Housing Unit (SHU) are required to be seen by a case manager at least once every 90 days and should receive weekly psych tech visits.

**Enhanced Outpatient Program (EOP):** The EOP provides a higher level of outpatient mental health care. Prisoners who are EOP who are in the general population (including Special Needs Yard prisoners) are housed in separate housing units and participate in structured therapy among themselves. There are currently approximately 4,700 CDCR prisoners in EOP programs. Approximately 12 prisons have EOP programs.

The CDCR Mental Health Program Guide requires that each EOP prisoner receive a minimum of ten hours per week of "structured therapeutic activities." These activities can include group therapy, community meetings, recreational therapy (when a recreational therapist is present on the yard and actually supervising prisoner activities), and up to four hours of work or educational activity if it is prescribed in the treatment plan. EOP prisoners must also be given weekly contacts with their case manager.

Some EOP prisoners are housed in Ad Seg units or Psychiatric Security Units (PSUs). They must also be provided with a minimum of ten hours per week of "structured therapeutic activities," a weekly case manager meeting, and Title 15 mandated out of cell time (at least ten hours per week).

EOP level prisoners in Reception Centers are treated somewhat differently than those in the general population or segregation. Reception Center EOP prisoners must receive at least one face-to-face contact per week with a clinical case manager, and must be provided with "structured therapeutic activities" daily for a minimum of one hour, five days a week (for a total minimum of 5 hours per week).

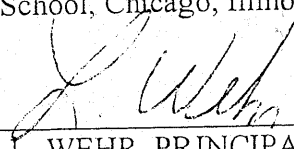
CDCR prisoners who are EOP but who are not housed at a prison with EOP programming should be transferred to an EOP program within 60 days. However, and unfortunately, there

CIRCUMVENT  
4

**NAME AND NUMBER****DEVON****E43780****FCB5126L**

I received a copy of Mr. DEVON's, E43780, high school diploma, under the name of Alan Horton. He received his high school diploma on July 18, 1982, from Roseland Community High School, Chicago, Illinois.

Orig: C-FILE  
Cc: CCI  
INMATE  
INSTRUCTOR

  
\_\_\_\_\_  
L. WEHR, PRINCIPAL (A)  
FACILITY B

**DATE:** July 12, 2011

**CUSTODIAL COUNSELING  
REQUEST FOR CLASSIFICATION ACTION**



DEPARTMENT OF THE NAVY  
BOARD FOR CORRECTION OF NAVAL RECORDS  
701 S COURTHOUSE ROAD SUITE 1001  
ARLINGTON VA 22204-2490

TKC  
Docket No. 06299-12  
8 August 2012

ALAN D HORTON  
CELL 2110 P O BOX 4670  
CALIF STATE PRISON  
LANCASTER CA 93539

Dear Mr. Horton:

I am responding to your recent letter concerning the status of your case before this Board.

After receiving your application, your service records were ordered and received. The case is now awaiting action by the Discharge Review Section of the Board. Unfortunately, due to a considerable backlog of cases, the case has not yet been assigned to an examiner. After assignment, the case will be prepared for presentation to the Board as quickly as possible.

Your cooperation and patience are appreciated.

Sincerely,

A handwritten signature in cursive script, reading "Brian George".

BRIAN J. GEORGE  
Head, Discharge Section



# National Personnel Records Center

Military Personnel Records, 9700 Page Avenue St. Louis, Missouri 63132-5100

December 17, 2008

ALAN HORTON E43780  
APT E1 243 P O 5242  
CORCORAN, CA 93212

Assigned  
Job # ABE. C. 91  
C-ABE-III

**RE: Veteran's Name: HORTON, Alan D**  
**SSN/SN: \*\*\*\*\*212**  
**Request Number: 1-4996680585**

Dear Sir or Madam:


Thank you for contacting the National Personnel Records Center. We are pleased to respond to your request for Separation Documents and Personnel Records by providing the enclosed document(s).

Separation documents may include the following information: the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document that does not contain this information, a "*deleted*" copy must be requested from this Center. A seal has been affixed to the separation document to attest to its authenticity.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, if applicable, personal data pertaining to other individuals have been deleted from the enclosed documents.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

  
WILLIE KEYS  
Archives Technician (1E)



**We Value Our  
Veterans' Privacy**  
*Let us know if we have  
failed to protect it.*

Enclosure(s)

CITY COLLEGES OF CHICAGO

ADDENDUM TO PERSONAL DATA FORM

The City Colleges of Chicago are making an effort to determine the ethnic, sex, disability, and nationality make-up of the total number of applicants for employment. This data is being gathered to provide the City Colleges, the State of Illinois, the Office of Federal Contract Compliance, and the Equal Employment Opportunity Commission with information relevant to affirmative action goals.

The information to be supplied is mandated by applicable state and federal law. None of the answers you give on this questionnaire will be considered in determining whether you will be hired. These forms are filed separate from your application, although you will turn in this form and your application at the same time.

Name: Alan D. Horton (Alan D. Horton E43780)

Social Security Number: 343 42 1212 Date: 10/27/88

1. What ethnic identity\* do you perceive yourself to be? (Circle one)

1 2 (3) 4 5 3 (other)

2. What is your sex? (Circle one)

(M) F

3. What country(ies) are you a citizen of?

U.S. American

4. Are you physically disabled?  Yes  No

5. Are you a Vietnam veteran?  Yes  No

6. Position applied for: Concrete Mixer  
Electronic Technician

7. Location: 3400 N. Dearborn

- \* (1) Asian or Pacific Islander
- (2) American Indian or Alaskan Native
- (3) Black (Non-Hispanic)
- (4) Hispanic
- (5) White (Non-Hispanic)

FORM 214 1 JUL 70		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE		<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b>		
1. NAME (Last, first, middle) <b>HORTON, Alan Derrick</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>NAVY-USN</b>		3. SOCIAL SECURITY NO. <b>343 62 1212</b>		
4a. GRADE, RATE OR RANK <b>AOAR</b>	4b. PAY GRADE <b>E-1</b>	5. DATE OF BIRTH <b>05MAR66</b>	6. PLACE OF ENTRY INTO ACTIVE DUTY <b>Chicago, IL</b>			
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>NATTC HILLINGTON TN</b>			8. STATION WHERE SEPARATED <b>PSD NTC GLAKES IL</b>			
9. COMMAND TO WHICH TRANSFERRED <b>N/A</b>			10. SGLI COVERAGE AMOUNT \$ <b>50,000</b> <input type="checkbox"/> NONE			
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Addition of specialty numbers and titles involving periods of one or more years)  <b>AO-0000 AVIATION ORDINANCEMAN</b>		12. RECORD OF SERVICE		YEAR (S)	MON (S)	DAY (S)
		a. Date Entered AD This Period		<b>84</b>	<b>APR</b>	<b>20</b>
		b. Separation Date This Period		<b>86</b>	<b>MAR</b>	<b>17</b>
		c. Net Active Service This Period		<b>00</b>	<b>06</b>	<b>11</b>
		d. Total Prior Active Service		<b>00</b>	<b>00</b>	<b>00</b>
		e. Total Prior Inactive Service		<b>00</b>	<b>00</b>	<b>02</b>
		f. Foreign Service		<b>00</b>	<b>00</b>	<b>00</b>
		g. Sea Service		<b>00</b>	<b>00</b>	<b>00</b>
h. Effective Date of Pay Grade		<b>84</b>	<b>APR</b>	<b>20</b>		
i. Reserve Oblig. Term. Date		<b>NA</b>	<b>NA</b>	<b>NA</b>		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NONE</b>  X X X						
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) <b>AVIATION SCHOOL, CLASS "AP", C.M.I., JUL 84; AVIATION ORDINANCEMAN CLASS "A" SCHOOL, 10.4 WKS, SEP 84. X</b>  X X						
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID <b>NONE</b>	
18. REMARKS <b>NONE</b>  X X X X X X X X X						
19. MAILING ADDRESS AFTER SEPARATION <b>7609 S Prairie Chicago, IL 60619</b>				20. MEMBER REQUESTS COPY 6 BE SENT TO <b>IL</b> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>ALAN HORTON, GS-8 DIRECTOR OF TRANSIENT PROCESSING BY DIRECTION OF THE OINC/KW</b>			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION <b>DISCHARGED</b>		24. CHARACTER OF SERVICE (Includes upgrades) <b>HEAD CONDUCT</b>	
25. SEPARATION AUTHORITY <b>MILPERSMAN 3640420</b>		26. SEPARATION CODE <b>JJD</b>	27. REENLISTMENT CODE <b>RE-4</b>
28. NARRATIVE REASON FOR SEPARATION <b>CONVICTION BY SPECIAL COURT MARSHAL</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>85MAR16-85JUL07; 85FEB15-85MAR12</b>			30. MEMBER REQUESTS COPY 4  INITIALS



1. NAVY ENLISTED CLASSIFICATION RECORD				2. DESIGNATOR RECORD			
DATE	PRIMARY CODE	SECONDARY CODE	*OFFICER'S INITIALS	DATE	DESIGNATOR	QUALIFICATION OR REVOCATION	*OFFICERS INITIALS
27 Jun 84	SA	NA	AD				

3. RECORD OF NAVY SERVICE SCHOOLS ATTENDED (CLASS R, A, C, F, P, V AND E)

COURSE TITLE AND SCHOOL LOCATION			COURSE TITLE AND SCHOOL LOCATION		
AVIATION SCHOOL, CLASS "AP" TK NATTC, NAS, MFS, TN 38054			AD CLASS "A" SCHOOL NATTC, NAS, MFS, TENN		
EARNED NEC NA	COURSE LENGTH C.M.J.	DATE ENROLLED 27 Jun 84	EARNED NEC 0000	COURSE LENGTH 10.4 WKS	DATE ENROLLED 10 Jul 84
DATE COMPLETED 11 Sep 84	FINAL MARK ISATB	CLASS STANDING NA	DATE COMPLETED 11 Sep 84	FINAL MARK 77.43	CLASS STANDING 23 in a class of 31
MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED			MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED		
SIGNATURE A. L. FREEMAN, CWOS OIC PERSUPDET NATTC MFS			SIGNATURE A. L. FREEMAN, CWOS OIC PERSUPDET NATTC MFS		
COURSE TITLE AND SCHOOL LOCATION			COURSE TITLE AND SCHOOL LOCATION		
EARNED NEC	COURSE LENGTH	DATE ENROLLED	EARNED NEC	COURSE LENGTH	DATE ENROLLED
DATE COMPLETED	FINAL MARK	CLASS STANDING	DATE COMPLETED	FINAL MARK	CLASS STANDING
MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED FOR			MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED FOR		
SIGNATURE			SIGNATURE		

4. TRAINING COURSES COMPLETED

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	*OFF INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	*OFF INIT

5. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST					
DATE PASSED	OFF. INITIALS				
STATE THAT ISSUED DIPLOMA OR CERTIFICATE					
COLLEGE LEVEL GENERAL EXAMS					
DATE PASSED	OFF. INITIALS				
PRESENT LEVEL OF EDUCATION					
12	13	14	15	16	17+

NAME (Last, First, Middle) HORTON, ALAN DERRICK SOCIAL SECURITY NO. 343-62-1212 BRANCH AND CLASS USN

84SEP11

NATTC, MFS, TN 38054-5099

3 REMARKS USE THIS SECTION TO AMPLIFY ENTRIES IN BLOCKS 4 THRU 29 BELOW AND FOR OTHER ENTRIES WHEN THE USE OF THIS FORM IS DIRECTED IN LIEU OF THE PAGE 13 (NAVPERS 1070/613)

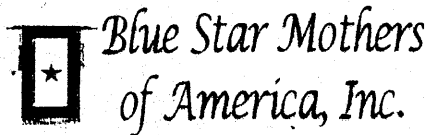
GRADUATED FROM CLASS "A" SCHOOL AND STRIKER DESIGNATOR ASSIGNED IN ACCORDANCE WITH BUPERSINST 1440.36 AND AS INDICATED BELOW.

AR	AOAR	84SEP11	84APR20
	X		
MILPERSMAN 2230180			

*F.D. Curtis*

F D CURTIS, PNCISS, USN, BY DIR OF THE OIC

30459	AOAR	0000/0000	X
HORTON, ALAN DERRICK		343-62-1212	USN



November 1, 2013

Dear Veterans

We are pleased to announce our fundraiser held on Sept 28th was a great success! Nearly 200 people attended our dinner/casino night along with a silent auction and opportunity drawings; including many wounded warriors and their spouses.

Because of everyone's efforts, we will be able to provide a check for over \$21,000 to the Fisher House Southern California Foundation.

We are especially thankful for **your** participation and support in this wonderful project to help our Wounded Warriors and their families during such a difficult time in their lives.

Both your financial donation and those Amazing paintings- were such a wonderful gift- such talent!

Sincerely,

Blue Star Moms

## DISCHARGE UPGRADING

### I

The following organizations provide assistance and advice concerning discharge upgrading, as well as other military and discharge related matters:

1. National Veterans Law Center  
Washington College of Law  
The American University  
Washington, D. C. 20016 Phone: (202) 686-2741

The Veterans Law Center will provide on site counseling and will make appearances before Discharge Review Boards for veterans.

2. Veterans Education Project  
P. O. Box 42130  
Washington, D. C. 20015

The Veterans Education Project is primarily a referral service, but will also provide literature on discharge upgrading. The referral service can put veterans in touch with an organization that is close to their place of residence.

### OTHER ACTIVE ORGANIZATIONS

3. Central Committee for Conscientious Objectors  
1251 Second Ave.  
San Francisco, CA 94122 Phone: (415) 566-0500
4. Swords to Plowshares  
944 Market Suite 500  
San Francisco, CA 94105 Phone: (415) 391-9684
5. Military Law Task Force  
1168 Union St. Suite 400  
San Diego, CA 92101 Phone: (714) 234-1883
6. Seattle Veterans Affairs Center  
2024 E. Union St.  
Seattle, WA 98122 Phone: (206) 625-4656
7. American Friends Service Committee  
2426 Oahu Ave.  
Honolulu, HI 96822 Phone: (808) 988-6266
8. Midwest Committee for Military Counseling  
202 S. State St. Suite 1006  
Chicago, IL 60604 Phone: (312) 939-3349
9. Central Committee for Conscientious Objectors  
2208 South St.  
Philadelphia, PA 19146 Phone: (215) 545-4626
10. American Red Cross - local offices.

When calling your local Red Cross office ask for the Service to Military Families and Veterans Division. The local offices frequently have trained personnel who can help represent the veteran before a Discharge Review Board.

11. Any Legal Services Corporation or Legal Aid Office in your state should have a copy of Military Discharge Upgrading, published by the Veterans Education Project. They may also provide additional assistance or referrals to local attorneys concerning discharge upgrading.

12. Veterans affairs offices at most colleges and universities are a good source of current information on a variety of veteran rights issues, including discharge upgrading.

There are many other counseling groups but these geographically representative ones have started in finding closer assistance.

## II

### LAWYER REFERRAL SERVICES

The District of Columbia Bar Association has started a Lawyer Referral Service with a Military Law Panel. This panel has lawyers who are willing to handle courts-martial, administrative boards, applications to a Discharge Review Board or Board for Correction of Military Records, appeals from court-martial convictions, back pay suits, etc. Fees are listed. The Lawyer Referral Service is located at the D. C. Bar, 1426 H Street N.W., Washington, D. C. 20005, (202) 638-1509. Telephone referrals are accepted Monday-Friday from 9:00 A.M. to 4:30 P.M.

The San Francisco Bar Association also has a Lawyer Referral Panel with a Military Law Panel. The panel has lawyers who provide the same services as the District of Columbia Military Law Panel. The address is: San Francisco Bar Assoc., Lawyer Referral Service, 320 Bush Street, San Francisco, CA 94104, (415) 647-5297.

## III

### ADMINISTRATIVE BOARDS

In addition to the counseling agencies listed above, the following administrative remedies are available. It is strongly recommended that in seeking to upgrade a discharge you first enlist the aid of counseling agencies or an attorney. The counseling agencies or an appropriate attorney can help prepare a case to your best advantage before submitting it to an administrative board.

#### FIRST

Write to: Navy Discharge Review Board  
801 N. Randolph Street  
Arlington, VA 22203

4/8/69

In your letter ask for all forms and information necessary to have your discharge reviewed. Fill out the necessary forms and return to the Navy Discharge Review Board. If you encounter difficulties in filling out the forms or you are unsure how to properly prepare your case, immediately contact a counseling agency for assistance.

#### IMPORTANT

If the Navy Discharge Review Board does not upgrade your discharge, you can request reconsideration. However, if the Discharge Review Board has initially turned down your request you should immediately seek assistance from a counseling agency or appropriate attorney. It may be that your case has merit but has not been presented in the best possible way because you were not familiar with the law concerning discharge upgrading.

**NEXT**

If the Navy Discharge Review Board does not upgrade your discharge on reconsideration, then write to:

The Board for Correction of Naval Record  
Department of the Navy  
Washington, D. C. 20370

In your letter ask for all forms and information necessary to have your discharge reviewed. Fill out the necessary forms and return to the Board for Correction of Naval Records.

**IV**

If you have exhausted all avenues to upgrade your discharge you may want to explore the obtaining of an Exemplary Rehabilitation Certificate or a pardon.

1. Exemplary Rehabilitation Certificate (Department of Labor).  
Write:

Veterans Employment Service  
U. S. Department of Labor  
200 Constitution Avenue N.W. Room S1316  
Washington, D. C. 20210

In your letter, ask for the necessary forms and information necessary for an Exemplary Rehabilitation Certificate.

2. United States Department of Justice - Pardon Attorney

Write:

Pardon Attorney  
5550 Friendship Blvd. Suite 280  
Chevy Chase, Maryland 20815

A petition for pardon should not be filed until a waiting period of three years from the date of your release from confinement has expired. If granted, the pardon is considered executive clemency from the President. The pardon does not upgrade your discharge or reverse your court-martial, but is an official statement of forgiveness from the highest level. A pardon may be used as evidence to submit to the Board for Correction of Naval Records for reconsideration in upgrading your discharge.

# Memorandum

Date : February 17, 2004

To : All California Department of Corrections Employees

Subject: ZERO TOLERANCE REGARDING THE "CODE OF SILENCE"

Kimball, Lit. coord  
 Thompson, Liebt,  
 Raskey, Sgt.  
 Magalones, Sgt.  
 Amaya, Sgt.  
 Castro, Sgt.  
 Huerta, C/O  
 Rodriguez, C/O  
 Riley, C/O

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





**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS  
FILING FEE AND FINANCIAL INFORMATION FORM**

*(Request for Permission to Proceed In Forma Pauperis)*

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

*I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.*

**Claimant Information**

① DEVAN, ALAN EASTON ② Tel: \_\_\_\_\_  
Last name First Name MI

③ Claim Number (if known): \_\_\_\_\_

**Employment Information**

④ My occupation: INMATE  
My employer: \_\_\_\_\_  
Employer's Mailing Address City State Zip

My spouse's or partner's employer: \_\_\_\_\_  
Employer's Mailing Address City State Zip

⑤ If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step ②③.

Inmate Identification Number: E13700

**Financial Information**

⑥ I am receiving financial assistance from one or more of the following programs.  Yes  No

If no, proceed to step ⑦. If yes, check all that apply, then skip to step ②④.

SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs

CalWORKS: California Work Opportunity and Responsibility to Kids Act

Food Stamps

County Relief, General Relief (GR), or General Assistance (GA)

⑦ Number in my household and my gross monthly household income, if it is the following amount or less:

	Number	Monthly family income		Number	Monthly family income
<input type="checkbox"/> A	1	\$969.79	<input type="checkbox"/> F	6	\$2,626.04
<input type="checkbox"/> B	2	\$1,301.04	<input type="checkbox"/> G	7	\$2,957.29
<input type="checkbox"/> C	3	\$1,632.29	<input type="checkbox"/> H	8	\$3,288.54
<input type="checkbox"/> D	4	\$1,963.54	<input type="checkbox"/> I	There are more than 8 people in my family	
<input type="checkbox"/> E	5	\$2,294.79	Add \$331.25 for each additional person.		

Number: \_\_\_\_\_ Total Income: \_\_\_\_\_

If you checked a box in step ⑦ A through I, complete steps ⑨ through ⑮. Then skip to step ②④.

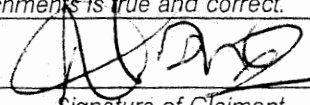
⑧ My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee.  Yes  No

If yes, fill in steps ⑨ through ②④.

**Monthly Income and Expenses**

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>11</b>	Number of persons living in my home:		<b>12</b>	Other money I get each month						
	Name	Age	Relationship	Monthly Income	Source:					
	<b>A</b>			\$	<b>A</b>	\$				
	<b>B</b>			\$	<b>B</b>	\$				
	<b>C</b>			\$	<b>C</b>	\$				
	<b>D</b>			\$	<b>D</b>	\$				
	<b>E</b>			\$	<b>E</b>	\$				
	<b>F</b>			\$	<b>F</b>	\$				
<b>15</b>	My total gross monthly household income:		\$	0.00	<b>13</b>	Total other money: \$ 0.00				
<b>16</b>	My payroll deductions are:		<b>14</b>	My monthly income:		\$ 0.00				
	<b>A</b>	\$	<b>E</b>	\$						
	<b>B</b>	\$	<b>F</b>	\$						
	<b>C</b>	\$	<b>G</b>	\$						
	<b>D</b>	\$	<b>H</b>	\$						
		<b>17</b>	My total payroll deduction amount is:		\$	0.00				
<b>18</b>	My monthly take home pay is		\$	0.00	<b>19</b>	My net monthly income: \$ 0.00				
<b>20</b>	I own or have interest in the following property:									
	<b>A</b>	Cash		\$	<b>C</b>	Cars, other vehicles, and boats (List make and year)				
	<b>B</b>	Checking and savings (List banks):				Property	Value	Loan Balance		
		1)	\$		1)	\$	\$			
		2)	\$		2)	\$	\$			
		3)	\$		3)	\$	\$			
		4)	\$							
				<b>D</b>	Real estate (List addresses)					
					1)	\$	\$			
					2)	\$	\$			
<b>21</b>	My monthly expenses are:									
	<b>A</b>	Rent or house payment	\$	<b>J</b>	Installment payments (specify)					
	<b>B</b>	Food and household supplies	\$		1)	\$				
	<b>C</b>	Utilities and telephone	\$		2)	\$				
	<b>D</b>	Clothing	\$		3)	\$				
	<b>E</b>	Laundry and cleaning	\$		Total installment payments:				\$ 0.00	
	<b>F</b>	Medical and dental	\$	<b>K</b>	Wage assignment or withholdings				\$	
	<b>G</b>	Insurance	\$	<b>L</b>	Spousal or child support				\$	
	<b>H</b>	School, child care	\$	<b>M</b>	Other:					
	<b>I</b>	Transportation and auto expenses	\$		1)	\$				
					2)	\$				
					Total other expenses:				\$ 0.00	
<b>22</b>	Total monthly expenses: \$ 0.00									
<b>23</b>	I have attached other information that supports this application on a separate sheet.						<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Signature Section**

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	
	 Signature of Claimant	5/26/15 Date

**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS  
FILING FEE AND FINANCIAL INFORMATION FORM**

*(Request for Permission to Proceed In Forma Pauperis)*

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

*I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.*

**Claimant Information**

1 Devan, ALAN EASTON 2 Tel:

*Last name First Name MI*

3 Claim Number (if known):

**Employment Information**

4 My occupation: INMATE  
My employer:

*Employer's Mailing Address City State Zip*

My spouse's or partner's employer:

*Employer's Mailing Address City State Zip*

5 If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.

Inmate Identification Number: EASTON

**Financial Information**

6 I am receiving financial assistance from one or more of the following programs.  Yes  No

If no, proceed to step 7. If yes, check all that apply, then skip to step 24.

SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs

CalWORKS: California Work Opportunity and Responsibility to Kids Act

Food Stamps

County Relief, General Relief (GR), or General Assistance (GA)

7 Number in my household and my gross monthly household income, if it is the following amount or less:

	Number	Monthly family income		Number	Monthly family income
<b>A</b>	<input type="checkbox"/> 1	\$969.79	<b>F</b>	<input type="checkbox"/> 6	\$2,626.04
<b>B</b>	<input type="checkbox"/> 2	\$1,301.04	<b>G</b>	<input type="checkbox"/> 7	\$2,957.29
<b>C</b>	<input type="checkbox"/> 3	\$1,632.29	<b>H</b>	<input type="checkbox"/> 8	\$3,288.54
<b>D</b>	<input type="checkbox"/> 4	\$1,963.54	<b>I</b>	<input type="checkbox"/>	There are more than 8 people in my family
<b>E</b>	<input type="checkbox"/> 5	\$2,294.79			Add \$331.25 for each additional person.

Number:  Total Income:

If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.


8 My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee.  Yes  No

If yes, fill in steps 9 through 24.

### Monthly Income and Expenses

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b>	Number of persons living in my home:	<b>12</b>	Other money I get each month
	Name      Age      Relationship		Source:
	<b>A</b>		<b>A</b>
	<b>B</b>		<b>B</b>
	<b>C</b>		<b>C</b>
	<b>D</b>		<b>D</b>
	<b>E</b>		<b>E</b>
	<b>F</b>		<b>F</b>
<b>15</b>	My total gross monthly household income:	\$ 0.00	<b>13</b> Total other money: \$ 0.00
<b>16</b>	My payroll deductions are:	<b>14</b> My monthly income: \$ 0.00	
	<b>A</b>	\$	<b>E</b> \$
	<b>B</b>	\$	<b>F</b> \$
	<b>C</b>	\$	<b>G</b> \$
	<b>D</b>	\$	<b>H</b> \$
	<b>17</b> My total payroll deduction amount is:	\$ 0.00	
<b>18</b>	My monthly take home pay is \$ 0.00	<b>19</b>	My net monthly income: \$ 0.00
<b>20</b>	I own or have interest in the following property:		
	<b>A</b> Cash \$	<b>C</b> Cars, other vehicles, and boats (List make and year)	
	<b>B</b> Checking and savings (List banks):	Property	Value      Loan Balance
	1) \$	1) \$	\$
	2) \$	2) \$	\$
	3) \$	3) \$	\$
	4) \$	<b>D</b> Real estate (List addresses)	
		1) \$	\$
		2) \$	\$
<b>21</b>	My monthly expenses are:		
	<b>A</b> Rent or house payment \$	<b>J</b> Installment payments (specify)	
	<b>B</b> Food and household supplies \$	1) \$	
	<b>C</b> Utilities and telephone \$	2) \$	
	<b>D</b> Clothing \$	3) \$	
	<b>E</b> Laundry and cleaning \$	Total installment payments: \$ 0.00	
	<b>F</b> Medical and dental \$	<b>K</b> Wage assignment or withholdings	\$
	<b>G</b> Insurance \$	<b>L</b> Spousal or child support	\$
	<b>H</b> School, child care \$	<b>M</b> Other:	
	<b>I</b> Transportation and auto expenses \$	1) \$	
		2) \$	
		Total other expenses: \$ 0.00	
<b>22</b>	Total monthly expenses: \$ 0.00		
<b>23</b>	I have attached other information that supports this application on a separate sheet.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Signature Section

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.		
	 Signature of Claimant	5/26/15 Date	

# Government Claims Form

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only  
Claim No.:

## Is your claim complete?

- New! Include a check or money order for \$25 payable to the State of California.
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach receipts, bills, estimates or other documents that back up your claim.
- Include two copies of this form and all the attached documents with the original.

## Claimant Information

1	DEVON	Alan	MI	2	Tel:										
3	Mailing Address			4	City			5	State			6	Zip		
4	4001 King Ave 3801-215			5	CORCORAN			6	CA			7	93212		
8	Best time and way to reach you: ANY TIME														
9	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY														

## Attorney or Representative Information

7	DEVON	Alan	MI	8	Tel:	5437180									
9	Mailing Address			10	City			11	State			12	Zip		
10	P.O. # 3466 3801-215			11	CORCORAN			12	CA			13	93212		
14	Relationship to claimant: PRISONER														

## Claim Information

15	Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
State agency that issued the warrant:						If NO, continue to Step 13						
Dollar amount of warrant:						Date of issue: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY						
Proceed to Step 22												
16	Date of Incident: 1/30/15											
Was the incident more than six months ago? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
17	State agencies or employees against whom this claim is filed:											
CWC/CSF-COR IV TITLE 15 (PROPERTY APPEALS) 3084.9(F)(1) % BROWN & % WALKER Also % C. FOLGOSZ (TX AND PROPERTY APPEALS)												
18	Dollar amount of claim: \$ 5,000.00											
If the amount is more than \$10,000, indicate the type of civil case:						<input type="checkbox"/> Limited civil case (\$25,000 or less) <input type="checkbox"/> Non-limited civil case (over \$25,000)						
Explain how you calculated the amount:												
COST of HEARING Aides/Amplifiers - Package/expandable - Nonexpandables												



16 Location of the incident: SP/CORRIVE (R)  
4001 Hwy 104 to 4001 King Ave  
Font, CA 95020 Corcoran, CA 93212

17 Describe the specific damage or injury:  
YONAIKE - BROWN (TX) MESSY ON 1/30/15 TO SP/CORRIVE MY DVLT DEVICES / PAPER  
CLASSES, SHOES REMOVED AND PLACED IN (TX) VAN WITH 6 BOXES AND 2 TV'S, DO 2/12/15  
YO C RODRIGUEZ COULDNT LOCATE ANY OF MY TRAVEL DEVICES NOR COR PROPERTY TRANSFER

18 Explain the circumstances that led to the damage or injury:  
THE REMOVAL OF ALL DISABILITY DEVICES AND THE IMPROPER STORAGE / NEGLIGENCE  
TO NOT REISSUE NON-EXEMPTIBLE PROPERTY (HEARINGS / CAR / PAPER / FACT CHECKS)  
UPON ARRIVAL IT RESULTED IN THE LOSS OF PROPERTY, PROPERTY RECEIPTS ETC

19 Explain why you believe the state is responsible for the damage or injury:  
ON 1/30/15 I SIGNED BOTH OF THE 1005 PROPERTY INVENTORY RECEIPTS  
THE 10/20/15 AND THE 1/30/15 BOXES CAME VIA N.D.S., ORDERED (TX) AND WERE  
SEARCHED BY SP/CORRIVE / YO C RODRIGUEZ NOW THEY ARE MISSING

20 Does the claim involve a state vehicle?  Yes  No  
 If YES, provide the vehicle license number, if known:

**Auto Insurance Information**

21 Name of Insurance Carrier

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number: \_\_\_\_\_ Tel: \_\_\_\_\_

Are you the registered owner of the vehicle?  Yes  No

If NO, state name of owner: \_\_\_\_\_

Has a claim been filed with your insurance carrier, or will it be filed?  Yes  No

Have you received any payment for this damage or injury?  Yes  No

If yes, what amount did you receive? \_\_\_\_\_

Amount of deductible, if any: \_\_\_\_\_

Claimant's Drivers License Number: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

**Notice and Signature**

22 I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).

[Signature] \_\_\_\_\_ Date 5/26/15

Signature of Claimant or Representative \_\_\_\_\_ Date \_\_\_\_\_

23 Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R St., 5th flr, Sacramento.

**For State Agency Use Only**

24 Name of State Agency \_\_\_\_\_ Fund or Budget Act Appropriation No. \_\_\_\_\_

Name of Agency Budget Officer or Representative \_\_\_\_\_ Title \_\_\_\_\_

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

CSP-CORCORAN FAC-3B

NAME **DEWON**

CDCH **E-45780**

DATE **2/12/15**

BOXES **0** BAGS

**T.V.**

DESTINATION

Prison Zurich SWITZ  
MOSP VIA CSP CART 1/27/15



MULE CREEK STATE PRISON R&R PROPERTY INVENTORY SHEET

NAME: Devon REASON: New # OF BOXES > 4  
 CDC#: E43780 FROM / TO: WSP # OF BAGS >  
 DATE: 7/9/14 INV. BY: M Lundgren ENVELOPES >

DESCRIPTION

MISC... COSMETICS	Y/N	1	ADAPTER ELECTRICAL (1) <u>Clear Lines</u>
MISC... FOOD ITEMS	Y/N		BATTERIES (8)
LEGAL PAPERS	Y/N		BATTERY CHARGER (1) <u>Radio Shack</u>
PERSONAL PAPERS	Y/N		BOOKS / MAGAZINES (MAX 10)
ACE WRAP / <u>BRACE</u> <u>Back</u>			CASSETTES (10)
ADDRESS / PHONE BOOK			CALCULATOR / CLOCK
AR. WRITING TABLETS			CDs (10) <u>10</u>
BOARD GAMES			CHAIN MEDALION YM/WM
BOWLS IN. MAX (2)		2	CAN OPENER (NO HANDLES)
CUP / TUMBLER (16 OZ. MAX) (2)		2	COAX SPLIT / DIG. ANT. / ANT. AMP
DENTURES			EAR BUDS (1 PR) <u>Clear Lines</u>
DICTIONARY			EXTENSION CORD (1) <u>- 2 pin</u>
DOMINOES			FAN (1) <u>Clear Lines</u>
ENVELOPES (40)			GLASSES (RX)(READING)(SUN)
MEDICATIONS			HEADPHONES (1) <u>CL-20</u>
MESH BAG			HEADPHONE EXTENSION (1)
MIROR			HOT POT (40 OZ. MAX)
PENS (4) PENCILS (20)			LAMP (AC/BATT)
PHOTO ALBUMS (4)			MUSICAL INSTRUMENT WORKING Y/N
PHOTOS			RADIO WORKING Y/N
PLAYING CARDS			RING YM/WM
PONCHO			TRIMMERS <u>Panasonic</u> (AC/BATT)
PRAYER RUG (1)			TV <u>RCA # 7195</u> WORKING Y/N (13" MAX)
RELIGIOUS MATERIAL			TYPEWRITER WORKING Y/N
SHOE POLISH BRUSH			WALKMAN / DISC MAX <u>8970</u> WORKING Y/N
STAMPED ENVELOPES (40)			WATCH (WRIST OR POCKET) (1) <u>Casio</u>
STAMPS (40)			SHAVER (AC / BATT)
STUFF		XX	NOSE TRIMMER <u>Wahl</u>
WALLET			STORAGE CONTAINER (LG / SM)
WASH RAG (S) (3)			<u>Male to Male audio adapter</u>
<u>herbie Aides</u>			

CLOTHING

BANDANA / WAVE CAP	SHOES TENNIS (1)	SWEAT SHIRT (2)	1
BRIEFS (10)	4 <u>SHOWER SHOES</u> (1) <u>Nike</u>	SWEAT PANTS (2)	2
BALLCAP / BEENIE (3) 2 3	SOCKS (7)	THERMAL TOP (2)	2
GYM SHORTS (2)	1 SLIPPER (NO LEATHER) (1)	THERMAL BOTTOMS (2)	
HANDKERCHIEF (5)	GLOVES (1) <u>wool</u>	1 <u>UNDERSHIRTS</u> (5)	5

THE ABOVE LISTED ITEMS CONSTITUTE ALL OF MY PERSONAL PROPERTY, WHICH I AM AUTHORIZED TO RETAIN, OR HAVE NOTED ANY DISCEPANCIES BELOW.

X  
 EXCESS PROPERTY DONATED / MAILED HOME:

Books 3 Shirts 2 7 plug ext. cord light bulb calls  
tooth brush case

I HAVE RECEIVED ALL THE ABOVE LISTED PERSONAL PROPERTY OR HAVE NOTED ANY DISCREPANCIES BELOW.

Devon  
 SIGNATURE

7/9/14  
 DATE



3 Boxes - Property  
 1 Box legal  
 1 Box T.V.

INMATE'S NAME <b>DEVON</b>	CDC NUMBER <b>E43780</b>	PRIVILEGE GROUP <b>MESP</b>	INSTITUTION <b>10/28/14</b>
PROPERTY INVENTORIED BY <b>Karl Keenan, Lacher</b>	TITLE <b>CO</b>	REASON FOR INVENTORY <b>ASU Placement</b>	NUMBER OF BOXES <b>3 Box + 1 legal + T.V. Box</b>

CANTEEN ITEMS		PERSONAL ITEMS		NON-EXPENDABLE ITEMS	
<input type="checkbox"/> Cereal	<input type="checkbox"/> Candy	<input type="checkbox"/> Photo Albums	<input type="checkbox"/> Photos	<input type="checkbox"/> Televisions	<input type="checkbox"/> A/C Adapter
<input type="checkbox"/> Cocoa	<input type="checkbox"/> Cheese	<input type="checkbox"/> Cassette Tapes	<input checked="" type="checkbox"/> CD's	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Crackers	<input type="checkbox"/> Sweet things	<input type="checkbox"/> Religious Medallion	<input checked="" type="checkbox"/> Ring	Model: <b>RCA T.V. #7195</b>	SRN: <b>#7195</b>
<input type="checkbox"/> Dry Meat	<input type="checkbox"/> Cookies	<input type="checkbox"/> Chain G S	<input type="checkbox"/> Earrings G S	<input type="checkbox"/> CD/Cassette Player	<input type="checkbox"/> A/C Adapter
<input type="checkbox"/> Health Food	<input type="checkbox"/> Creamer	<input type="checkbox"/> Watch G S	<input type="checkbox"/> Wallet	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vitamins	<input type="checkbox"/> Dry Drink Mix	<input checked="" type="checkbox"/> Prescription Glasses	<input type="checkbox"/> Sunglasses	Model: <b>Sony Discman #6769</b>	SRN: <b>#6769</b>
<input type="checkbox"/> Nuts	<input type="checkbox"/> Protein Supplement	<input type="checkbox"/> Handkerchief	<input type="checkbox"/> Wash Cloth	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tea	<input type="checkbox"/> Soup	<input type="checkbox"/> Magazines	<input type="checkbox"/> Books	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Soda	<input type="checkbox"/> Sugar Cubes	<input type="checkbox"/> Address Book	<input type="checkbox"/> Calendar	Type: _____	Model: _____
<input type="checkbox"/> Jelly	<input type="checkbox"/> Instant Coffee	<input type="checkbox"/> Shoe Horn	<input type="checkbox"/> Shaving Bag	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Operational
<input type="checkbox"/> Honey	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Brush	<input type="checkbox"/> Comb	Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No	Model: _____
<input type="checkbox"/> Hot Sauce	<input checked="" type="checkbox"/> Beans	<input type="checkbox"/> Cosmetic Bag	<input type="checkbox"/> Perm Rods	<input type="checkbox"/> Radios	<input type="checkbox"/> A/C Adapter
<input type="checkbox"/> Wahl nose trimmer	<input type="checkbox"/> Pork Rinds	<input type="checkbox"/> Clear vinyl jacket	<input type="checkbox"/> Grey Beanie	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal papers	<input type="checkbox"/> Legal material	<input checked="" type="checkbox"/> B/B Hat	<input type="checkbox"/> Watch Cap	Model: _____	SRN: _____
<input type="checkbox"/> Envelopes	<input type="checkbox"/> Stamps	<input type="checkbox"/> Head Band	<input type="checkbox"/> White wash cloth	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stamped Envelopes	<input type="checkbox"/> Greeting Cards	<input checked="" type="checkbox"/> Shower Thongs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Writing Tablets	<input type="checkbox"/> Stationary	<input type="checkbox"/> Sweat Pants	<input type="checkbox"/> 3 pair white socks	Type: _____	Model: _____
<input type="checkbox"/> Pencil Sharpener	<input checked="" type="checkbox"/> Pens	<input checked="" type="checkbox"/> Ripped white shorts	<input type="checkbox"/> Raincoat	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Operational
<input type="checkbox"/> Writing Paper	<input checked="" type="checkbox"/> Pencils	<input checked="" type="checkbox"/> Tennis shoes	<input type="checkbox"/> Thermal Pants	Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No	Model: _____
<input checked="" type="checkbox"/> Personal papers	<input type="checkbox"/> Hygiene items	<input checked="" type="checkbox"/> White socks	<input type="checkbox"/> Athletic Supporter	<input type="checkbox"/> Lamps	<input type="checkbox"/> Electric Shaver
<input type="checkbox"/> Razors	<input type="checkbox"/> Razor brush	<input type="checkbox"/> Bra	<input type="checkbox"/> Personal socks	<input type="checkbox"/> Blow Dryer	<input type="checkbox"/> Hair Dryer
<input type="checkbox"/> Hair Grease	<input type="checkbox"/> Tweezer	<input type="checkbox"/> Gym Shorts	<input type="checkbox"/> Checkers	<input type="checkbox"/> Curling Iron	<input type="checkbox"/> Hair Rollers
<input type="checkbox"/> Shaving Cream	<input type="checkbox"/> After Shave	<input type="checkbox"/> Slip	<input type="checkbox"/> Checkers	<input type="checkbox"/> Pressing Comb	<input type="checkbox"/> Calculator
<input type="checkbox"/> Nail Clippers	<input type="checkbox"/> Nail Polish	<input type="checkbox"/> White T-shirt	<input type="checkbox"/> Games	<input type="checkbox"/> All nonoperational items shall either be repaired, sent home, or disposed of. Note disposition of the item below:	
<input checked="" type="checkbox"/> Soap	<input checked="" type="checkbox"/> Soap Dish	<input type="checkbox"/> Car. Tube to	<input type="checkbox"/> Checkers	<input checked="" type="checkbox"/> Fan	Model: <b>Clear Tubes</b>
<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Mouthwash	<input type="checkbox"/> Chess	<input type="checkbox"/> Checkers	Model: _____	SRN: _____
<input checked="" type="checkbox"/> Baby Powder	<input type="checkbox"/> Hair Conditioner	<input type="checkbox"/> Dominoes	<input type="checkbox"/> Checkers	<input type="checkbox"/> Lamps	<input type="checkbox"/> Electric Shaver
<input checked="" type="checkbox"/> Shampoo	<input checked="" type="checkbox"/> Deodorant	<input type="checkbox"/> Zwal spitter	<input type="checkbox"/> Checkers	<input type="checkbox"/> Blow Dryer	<input type="checkbox"/> Hair Dryer
<input type="checkbox"/> Hair Grease/Gel	<input type="checkbox"/> Mirror	<input type="checkbox"/> Addpter (t) in mg surge protector	<input type="checkbox"/> Checkers	<input type="checkbox"/> Curling Iron	<input type="checkbox"/> Hair Rollers
<input type="checkbox"/> Perm Kit	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plastic storage container for hand	<input type="checkbox"/> Checkers	<input type="checkbox"/> Pressing Comb	<input type="checkbox"/> Calculator
<input type="checkbox"/> Nail Polish	<input type="checkbox"/> Bism	<input type="checkbox"/> Small w/ lid, cork cable, markers	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Makeup Ball	<input type="checkbox"/> Dental Floss	<input type="checkbox"/> Pencils	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Mascara	<input type="checkbox"/> Other	<input type="checkbox"/> Changer adapter address Book	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Pipe Tobacco	<input type="checkbox"/> Chewing Tobacco	<input type="checkbox"/> Hobby items	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Other Tobacco	<input type="checkbox"/> Cigarette Lighter	<input type="checkbox"/> altered darcy sweat suit material	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Tobacco Pouch	<input type="checkbox"/> Cigarette Case	<input type="checkbox"/> altered blue ceramic, altered aluminum	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Cigarette Roller	<input type="checkbox"/> Smoking Pipe	<input type="checkbox"/> made into scuba cup, 2x3 connector	<input type="checkbox"/> Checkers		
<input checked="" type="checkbox"/> 2x2 Rubber Bands	<input type="checkbox"/> Other Items	<input type="checkbox"/> plastic mirror, AA rechargeable battery	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Immersion Heater	<input type="checkbox"/> Tumbler	<input type="checkbox"/> 2 access state condiments con-	<input type="checkbox"/> Checkers		
<input checked="" type="checkbox"/> Bowl w/ lids	<input type="checkbox"/> Can Opener	<input type="checkbox"/> Fricated altered grey pouch	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Shoe Polish	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> altered nasal spray, altered pen lid	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Batteries	<input type="checkbox"/> Size	<input type="checkbox"/> unmarked metal medications bottle	<input type="checkbox"/> Checkers		
<input type="checkbox"/> Soap	<input type="checkbox"/> Soap				

TO BE SIGNED UPON INVENTORY OF THE INMATE'S PROPERTY		TO BE SIGNED UPON RETURN TO THE INMATE	
I have received all the above listed property which I am authorized to retain		I have received all the above listed property which I am authorized to return	
INMATE'S SIGNATURE <b>Refused to Sign</b>	DATE <b>10/28/14</b>	INMATE'S SIGNATURE <b>A. [Signature]</b>	DATE <b>1/10/15</b>
RECEIVED BY	DISTRIBUTION	RECEIVED BY	DISTRIBUTION

INMATE'S NAME <b>DEVON</b>	CDC NUMBER <b>575380</b>	PRIVILEGE GROUP <b>ASP-C-3</b>	INSTITUTION <b>ASP-C-3</b>	DATE <b>2/11/15</b>
PROPERTY INVENTORIED BY <b>C. RODRIGUEZ</b>	TITLE <b>C/O</b>	REASON FOR INVENTORY <b>NO LONGER VIEW N.C.S.H.</b>		NUMBER OF BOXES <b>15</b>

CANTEEN ITEMS	PERSONAL ITEMS	NON-EXPENDABLE ITEMS
<input type="checkbox"/> Cereal	<input checked="" type="checkbox"/> Photo Albums <b>34</b>	<input checked="" type="checkbox"/> Televisions
<input checked="" type="checkbox"/> Cocoa	<input type="checkbox"/> Cassette Tapes	<input type="checkbox"/> A.C. Adapter
<input checked="" type="checkbox"/> Crackers	<input type="checkbox"/> Religious Medallion	Operational <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Dry Meat	<input checked="" type="checkbox"/> Chain G.S. <b>1</b>	Model: <b>FOR</b>
<input type="checkbox"/> Health Food	<input checked="" type="checkbox"/> Watch <b>CB</b>	SR.N: <b># 3195</b>
<input type="checkbox"/> Vitamins	<input checked="" type="checkbox"/> Prescription Glasses <b>3</b>	<input checked="" type="checkbox"/> CD/Cassette Player
<input type="checkbox"/> Nuts	<input checked="" type="checkbox"/> Handkerchief <b>7</b>	<input checked="" type="checkbox"/> A.C. Adapter
<input checked="" type="checkbox"/> Tea <b>2</b>	<input type="checkbox"/> Magazines	Operational <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Soda	<input checked="" type="checkbox"/> Address Book <b>4</b>	Model: <b>SSAIX</b>
<input checked="" type="checkbox"/> Jelly	<input type="checkbox"/> Shoe Horn	SR.N: <b>6369</b>
<input type="checkbox"/> Honey	<input checked="" type="checkbox"/> Shoe Horn	<input type="checkbox"/> Radio
<input checked="" type="checkbox"/> Hot Sauce <b>1/2</b>	<input checked="" type="checkbox"/> Brush <b>(1)</b>	Operational <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> MAYONNAISE SPREAD	<input type="checkbox"/> Cosmetic Bag	Model: _____
<input checked="" type="checkbox"/> Stationary Items <b>2</b>	<input checked="" type="checkbox"/> B/B Hat <b>(5)</b>	SR.N: _____
<input type="checkbox"/> Envelopes	<input checked="" type="checkbox"/> Head Band	<input type="checkbox"/> Musical Instruments
<input type="checkbox"/> Stamped Envelopes	<input checked="" type="checkbox"/> Shower Things	Operational <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Writing Tablets	<input checked="" type="checkbox"/> Sweat Pants	Type: _____
<input type="checkbox"/> Pencil Sharpener	<input checked="" type="checkbox"/> Tennis Shoes <b>(1)</b>	Model: _____
<input checked="" type="checkbox"/> Writing Paper	<input checked="" type="checkbox"/> Thermal Top	SR.N: _____
<input checked="" type="checkbox"/> CHAPSTICK	<input type="checkbox"/> Bras	<input type="checkbox"/> Typewriter
<input type="checkbox"/> Razor	<input checked="" type="checkbox"/> Gym Shorts	Operational <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shaving Cream	<input type="checkbox"/> Srip	Model: _____
<input type="checkbox"/> Nail Clippers	<input checked="" type="checkbox"/> RAIN PANTS <b>Games</b>	SR.N: _____
<input checked="" type="checkbox"/> Soap <b>(4)</b>	<input checked="" type="checkbox"/> Chess	<input type="checkbox"/> Fan
<input checked="" type="checkbox"/> Toothpaste <b>(1)</b>	<input type="checkbox"/> Dominoes	Model: _____
<input type="checkbox"/> Baby Powder	<input type="checkbox"/> Other	<input type="checkbox"/> Lamp
<input checked="" type="checkbox"/> Shampoo <b>(1)</b>	<b>LEGAL MATERIAL</b>	<input type="checkbox"/> Blow Dryer
<input checked="" type="checkbox"/> Hair Grease/Gel	<b>PERSONAL CARDS/ENVELOPES</b>	<input type="checkbox"/> Curling Iron
<input checked="" type="checkbox"/> Perm Kit <b>(1)</b>	<b>DIAGONAL CABLE/10 BATTERY CHARGER</b>	<input type="checkbox"/> Dressing Comb
<input type="checkbox"/> Nail Polish	<b>1) BAG ANTACID</b>	All non-operational items shall either be repaired, sent home, or disposed of. Note disposition of the item below.
<input type="checkbox"/> Makeup Ball	<b>1) Y SPLITTER HEADPHONE EXT</b>	<b>** SEE ATTACHED FORM FOR COLLECTIONS</b>
<input type="checkbox"/> Mascara	<b>1) 2 WAY HEADPHONE JACK</b>	
<input type="checkbox"/> Tobacco Items	<b>2) MICRO HEADPHONE JACK</b>	
<input type="checkbox"/> Pipe Tobacco	<b>1) 3E QT STORAGE CONTAINER</b>	
<input type="checkbox"/> Other Tobacco	<b>1) HEADPHONE RECEIVER</b>	
<input type="checkbox"/> Tobacco Pouch	<b>2) DECKS OF CARDS</b>	
<input type="checkbox"/> Cigarette Roller	<b>DENTAL FLOSSERS</b>	
<input type="checkbox"/> Other Items	<b>1) 3E QT STORAGE CONTAINER</b>	
<input type="checkbox"/> Immersion Heater	<b>1) HEADPHONE RECEIVER</b>	
<input checked="" type="checkbox"/> Bowl <b>2</b>	<b>2) DECKS OF CARDS</b>	
<input type="checkbox"/> Shoe Polish		
<input checked="" type="checkbox"/> Batteries <b>2</b>		

TO BE SIGNED UPON INVENTORY OF THE INMATE'S PROPERTY	TO BE SIGNED UPON RETURN TO THE INMATE
INMATE'S SIGNATURE	INMATE'S SIGNATURE
DATE	DATE

SENDING INSTITUTION FACILITY MCSF

DESTINATION COR SCHEDULE MCSF SPEC TRANS

Inmate's Name \_\_\_\_\_ CDC Number \_\_\_\_\_  
 Number of Personal Property Boxes (to a limit of \_\_\_\_\_) \_\_\_\_\_  
 Television (boxed) \_\_\_\_\_ Musical Instrument (if boxed separately) \_\_\_\_\_  
 Number of Active Legal Case Boxes \_\_\_\_\_ Total Number of Boxes \_\_\_\_\_

DEVAN E43730 6 Y2 6

20 + 15

- ~~1) 2005 2005 (IX)~~
- ~~2) 2005 2005 (IX)~~
- ~~3) 2005 2005 (IX)~~
- ~~4) 2005 2005 (IX)~~
- ~~5) 2005 2005 (IX)~~
- ~~6) 2005 2005 (IX)~~
- ~~7) 2005 2005 (IX)~~
- ~~8) 2005 2005 (IX)~~
- ~~9) 2005 2005 (IX)~~
- ~~10) 2005 2005 (IX)~~
- ~~11) 2005 2005 (IX)~~
- ~~12) 2005 2005 (IX)~~
- ~~13) 2005 2005 (IX)~~
- ~~14) 2005 2005 (IX)~~
- ~~15) 2005 2005 (IX)~~
- ~~16) 2005 2005 (IX)~~
- ~~17) 2005 2005 (IX)~~
- ~~18) 2005 2005 (IX)~~
- ~~19) 2005 2005 (IX)~~
- ~~20) 2005 2005 (IX)~~

THE FOLLOWING IS OUR AFFIRMATION AND I AGREE TO BE BOUND BY ALL PROVISIONS

[Signature] 2/12/15

PROPERTY ISSUED BY:

OFFICER C. Calhoun DATE 2-12-15

TOTAL  
 I HEREBY ACKNOWLEDGE THE ACCURACY OF THIS DOCUMENT  
 SIGNATURE [Signature] PRINTED NAME R. Prescott DATE 1/30/15

TRANSPORTATION  
 I HEREBY ACKNOWLEDGE THE ACCURACY OF THE ABOVE PROPERTY  
 SIGNATURE [Signature] PRINTED NAME A. Brown DATE 1-30-15

RECEIVED AT THE SENDING INSTITUTION FACILITY

# Corcoran State Prison Facility 3B Property Removal

In accordance with California Code of Regulations, Title 15, §3287(a)(4), a notice is being issued to you, due to an inspection of your property.

The following Property or Contraband listed below was removed on 2-10-15

Name: DEVON CDCR#: E43780

Officer: **C. RODRIGUEZ, Property Officer**

Items confiscated/removed:

	DISPOSITION
1. <del>PAINGEWEI BEARD REMOVERS</del>	MAILED OUT/DESTROYED/DONATED
2. (8) PLASTIC COMBS	MAILED OUT/DESTROYED/DONATED
3. (12) COLORED MARKERS	MAILED OUT/DESTROYED/DONATED
4. (4) SAND PAPERS	MAILED OUT/DESTROYED/DONATED
5. (1) FINGER NAIL CLIPPERS	MAILED OUT/DESTROYED/DONATED
6. (5) PAPERCLIPS	MAILED OUT/DESTROYED/DONATED
7. (1) KOSSE CL 20 HEADPHONES	MAILED OUT/DESTROYED/DONATED
8. (3) SOAP DISH	MAILED OUT/DESTROYED/DONATED

Reason Removed:

1. ~~ALTERED FROM ORIGINAL STATE - ORIGINAL NAME & C.C. NUMBER SCRIP~~
2. EXCESSIVE PROPERTY
3. NOT AUTHORIZED - ATCS P COP -
4. NOT AUTHORIZED - AT CS P COP
5. ALTERED
6. NOT AUTHORIZED - AT CS P COP -
7. ALTERED FROM ORIGINAL STATE -
8. EXCESSIVE PROPERTY -

Disposition: Per CUR Title 15, §3141(c) Inmate afforded opportunity to send home, donate or have destroyed, as well as, manufactured or altered property. (C.C. Title 15, §3141(c) States: If the inmate makes no selection or selection is not made, the property shall be destroyed by the State. (C.C. §3141(d))

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ INMATE REFUSED TO SIGN

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(5)

CALIFORNIA STATE PRISON  
Facility 3B  
Property Removal

In accordance with California Title of Regulations, Title 15, 2027, a Civil Inmate is being issued a writ due to an appeal on his property.

The following Property or Contraband listed below was removed on 2-10-15

Name: LEVON

CDCR#: E 43780

Officer: C. RODRIGUEZ, Property Officer

Items confiscated removed:

	DISPOSITION
1. <u>CLEAR TUNES FAN</u>	MAILED OUT/DESTROYED/DONATED
2. <u>SEWING NEEDLE</u>	MAILED OUT/DESTROYED/DONATED
3. <u>HEADPHONE EXTENSION</u>	MAILED OUT/DESTROYED/DONATED
4. <u>DARK BLUE WATCH CAP</u>	MAILED OUT/DESTROYED/DONATED
5. <u>1 PAIR OF WOOL GLOVES</u>	MAILED OUT/DESTROYED/DONATED
6. <u>COAXIAL CABLE</u>	MAILED OUT/DESTROYED/DONATED
7. <u>UNMARKED BOX OF MEDICATION</u>	MAILED OUT/DESTROYED/DONATED
8. <u>SHOWER SHOES (2) PAIRS</u>	MAILED OUT/DESTROYED/DONATED

Reason Removed:

1. ALTERED ORIGINAL NAME & C.D.C. NUMBER SCRATCHED OFF
2. NOT AUTHORIZED AT C.S.P. CONCORDAN
3. ALTERED FROM ORIGINAL STATE (OUT W/ NAILS EXPOSED)
4. NOT AUTHORIZED AT C.S.P. CONCORDAN
5. NOT AUTHORIZED AT C.S.P. CONCORDAN
6. COAXIAL CABLE EXCESSIVE PROPERTY
7. NOT AUTHORIZED AT C.S.P. CONCORDAN
8. EXCESSIVE PROPERTY



# Corcoran State Prison Facility 3B Property Removal

In accordance with California Code of Regulations, Title 15, §3287(a)(4), a notice is being issued to you due to an inspection of your property.

The following Property or Contraband listed below was removed on 2-10-15

Name: DEVON CDCR#: E-43780

Officer: C. RODRIGUEZ, Property Officer

Items confiscated/removed:

	DISPOSITION
<u>QUARTER PIECE OF GREEN PAPER</u>	MAILED OUT/DESTROYED/DONATED
<u>NITRO BOTTLE</u>	MAILED OUT/DESTROYED/DONATED
<u>BROKEN GLASSES</u>	MAILED OUT/DESTROYED/DONATED
<u>GREENITH "13" (#0528)</u>	MAILED OUT/DESTROYED/DONATED
	MAILED OUT/DESTROYED/DONATED
	MAILED OUT/DESTROYED/DONATED
	MAILED OUT/DESTROYED/DONATED
	MAILED OUT/DESTROYED/DONATED

Reason Removed:

NOT AUTHORIZED AT C.S.P. COR-

MODIFIED - TO INMATE MANUFACTURED FEDE (FORWARDED TO I.S.U. FOR NARCOTICS TEST)

NOT AUTHORIZED AT C.S.P. COR-

BROKEN - SHATTERED LIGN ARRIVAL - WAS REPLACEMENT TV. CSP/LAC

*Broken to pieces*

*[Signature]*

Property removed from the inmate's possession and placed in the property room of the facility. The inmate is notified of the removal of the property and the inmate is given the opportunity to inspect the property and to sign a receipt for the property. If the inmate does not inspect the property or sign a receipt, the property is considered forfeit.

INMATE REFUSED TO SIGN

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR-22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) <b>Devin Alan</b>	CDC NUMBER: <b>63100</b>	SIGNATURE: <i>Devin Alan</i>
HOUSING/BED NUMBER: <b>FAB5-121</b>	ASSIGNMENT: <b>EOP/SNY</b>	HOURS FROM _____ TO _____
TOPIC (I.E. MAIL CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>ART. 9. Personal Property</b>		

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW

*CP Kien letter was conducted  
A cell inspection on 10/3/14 over the opening my  
form 22 forwarded. you confiscated items. I will  
get a NIC 0310 cell receipt the surge is on  
my 1088 dated 7/9/14 as issued by go London*

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) \*\*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED\*\*\*

- SENT THROUGH MAIL. ADDRESSED TO \_\_\_\_\_ DATE MAILED \_\_\_\_\_
- DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

RECEIVED BY: PRINT STAFF NAME	DATE	SIGNATURE	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
-------------------------------	------	-----------	--

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
-------------------------	------------------------	--

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: <i>Kien</i>	DATE: <i>10/1/14</i>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <i>10/1/14</i>
---------------------------------------	-------------------------	----------------------------------	----------------------------------

*The extension and personal property is not on  
your list. I am able to  
provide a receipt.*

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDING SUPERVISOR IN PERSON OR BY US MAIL (KEEP FINAL CANARY)

*I disagree go London did a CDC/MIS 1055 He provided me  
this for my surge. PROTECT USE FOR POCKET TALKER AMPLIFIER  
ON THE CASE HE DID NOT RECORD IT MY SURGE. MY DUTY AS STAFF  
I PROVIDED A RECEIPT DATED 7/9/14 AS ISSUED BY A STAFF WAS  
provided for it. I plus on file, provided with you for review*

SIGNATURE: <i>[Signature]</i>	DATE SUBMITTED: <i>10/1/14</i>
----------------------------------	-----------------------------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY: PRINT NAME: <i>[Signature]</i>	DATE: <i>10/1/14</i>	SIGNATURE: <i>[Signature]</i>	DATE: <i>10/1/14</i>
--	-------------------------	----------------------------------	-------------------------

*we will give you a receipt for the items.*

TRY CALL WITH 827

~~REJECTOR COMMUNICATE~~

11:45 AM  
 ATAT NUMBER CALLING  
 PLS 64000 ON SA ATAT  
 24 5739 (F) 1000 ON 64  
 TV PROCESSING YOUR VOT  
 CALL TO 289 274 5512  
 THANK YOU ... DIALING ...  
 RINGING 1... ANSWERED.  
 .. (MALE) HELLO OK  
 64 YES WE ARE PROCESSING  
 THE CALL NOW WE  
 INTER ON YOUR FIRST  
 APPEAL U SENT TO US FOUR  
 PACKAGE ARRIVED TWO DAYS  
 EARLY IT WAS WITHIN THE  
 FIRST QUARTER OF- MA  
 WANT U UNDERSTAND  
 WHAT I SAID BEING 6  
 64 YES ITS ABOUT THE  
 PACKAGE HOW RECEIVED  
 TWO DAYS EARLY IN THE  
 THIRD QUARTER 64  
 THIS IS REGARDING YOUR-4  
 4-14-82 64 YES  
 BAT HAD BEEN OPEN ALREA-  
 DY 6 IF A PACKAGE  
 RIGHTS WERE AT  
 UNDER THE IT WERE TO  
 THE MAIL ROOM THEY WERE  
 OPEN AT 60 IT WAS TO  
 BE PAID BY THE 60  
 THAT WAS THE PROBLEM  
 IN ORDER TO GET THE  
 THE PACKAGE WERE OPEN  
 ON THE 24 THROUGH THE  
 MAIL ROOM IN ITS ONE  
 IT CANNOT BE BACK TO THE  
 SENDER U MUST PAY TO  
 SEND IT BACK TO THE  
 SENDER OR DONATE IT 64  
 OK WELL LETS GET THE  
 FOR A SECOND THE SECOND  
 APPEAL WERE 6 - 14-82  
 64 OK I CHECKED THE  
 TWO FORMS OF IDENTIFY  
 YOUR PROPERTY IS THE  
 FORM 1087 AND THE  
 FORM 1088 PROPERTY  
 CHANGE BETWEEN THE  
 TWO FORMS THAT COVER  
 ALL YOUR PROPERTY THE  
 OFFICERS THAT YOU CONVEY  
 STATED YOUR BLASPHEM  
 YOUR RELIGIOUS BELIEF  
 AN-001 PAGE 1000 OF  
 LOOKED AT BOTH THE  
 FORMS TO GIVE U A  
 UNDERSTANDING THAT REIF-  
 THE MAIL ROOM IN YOUR  
 POSSESSION 6-14-82  
 64 YES I HAVE ISSUE  
 WITH BUILDING OFFICERS  
 AND WITH THE 64  
 64 OK I AM NOT  
 CONCERNED WITH  
 BUILDING OFFICERS

THE TWO FORMS THE 1087  
 AND THE 1088-8 84V WHAT  
 U HAD THE OFFICERS  
 TOOK YOUR STUFF SO U  
 DONT KNOW OR SEE HOW R  
 AND R RS RESPONSIBLE  
 MR 6 IN CHARGE OF THE  
 APPEALS AND HE NEEDS TO  
 TAKE ANOTHER LOOK AT  
 THIS 64 P IM LOOKING  
 ON YOUR PROPERTY CARD  
 IT SAYS EXTENSION CARD  
 THAT IS EXACTLY WHAT I  
 GAVE U A WELLO EXTENTI-  
 ON CARD RIGHT 6 64  
 OK IM GOING TO TELL U  
 ONE MORNE TIME YOUR  
 PROPERTY CARD 2 168 FORM  
 SHOULD PROPERTY CODE  
 168 SHALL BE REQUIRED  
 TO RECORD AND MAINTAIN  
 A RECORD OF ALL REGISTER-  
 RABLE PROPERTY AND ITS  
 VALUE THE FORM PROVIDES  
 ACCOUNTABILITY TO  
 DISCOURSEB THE OR  
 BARTER PROPERTY TU  
 RADIO HANDY DRAFT TOOLS  
 ROOM 683 SHALL BE  
 COMPLETED WHEN THERE IS  
 A NEED FOR INVENTORY OF  
 INMATE PROPERTY 64  
 ADMINISTERED SEPARAT-  
 LY OUT COURT OUT TO  
 MEDICAL ALL PROPERTY  
 IS ACCOUNTED FOR FOR  
 EVALUATION FOR INMATE  
 PROPERTY CLAIM 64  
 1688 IS FOR EIT PROPER-  
 TY CLAIM AND 61 64  
 1688 IS FOR 1000 PAGES  
 CARDS HOMINGS AND BOOKS  
 SO U NEED TO HAVE BOTH  
 IN YOUR POSSESSION AS  
 WELL AS ALL THE RECEIPTS  
 FOR YOUR PROPERTY  
 64 YOMY THEY TOOK  
 YOUR STUFF THEY HAVE  
 YOUR STUFF I DONT HAVE  
 YOUR STUFF THE 66 IS  
 FOR TV SET 8 000 PAGES  
 THE 1087 IS FOR SMALLER  
 STUFF LIKE THE 000 PAGES  
 YES 64 ITS REAL SIMPLE  
 POSSESSION OF PROPER-  
 TTY WHO HAS YOUR PROPER-  
 TTY I DONT HAVE IT  
 THEY HAVE IT IM  
 GOING TO DENY YOUR 402  
 AND U NEED TO DIRECT  
 FORM 20 AT THE OFFICERS  
 IN THE BUILDING AND  
 STEERED U WRONG IN THE  
 BUILDING WE SAW U WITH  
 THE RIGHT PROPERTY  
 ROOM THE 1088 AND THE

16 VENDOR 8 84THE  
 SECOND ONE THEY COME  
 IN EARLY 80 PMS YOUR  
 DECISION DO U WANT TO  
 DONATE OR DO U WANT TO  
 PAY TO END THEM BACK TO  
 THE VENDOR 6 64 THE  
 WILL U GOT EARLY 1  
 AND ON CHOLOSING  
 U ABU YOUR PROPERTY  
 6410 84614 PACKAGE  
 RELIGIOUS OIL SECOND  
 THIRD QUARTER PACKAGE  
 SPECIAL PURCHASE YOU  
 HAVE TO PAY TO SEND IT  
 64 OK I GOT A PACK-  
 BE 4-14-82 YOU  
 RECEIVED A THIRD QUART-  
 ER SPECIAL DRAW 7 30 1  
 4 THEN U GOT A SECOND  
 SPECIAL PURCHASE OF OIL  
 ON 25TH OF SEPT THAT  
 PACKAGE IS STILL HERE  
 WAITING FOR U TO DECIDE  
 TO DONATE IT OR PAY TO  
 SEND IT BACK THE PACK-  
 GE HAS BEEN OPEN BY  
 THE MAIL ROOM AND CANN-  
 OT BE RTS TO THE VENDOR  
 ONCE ITS OPEN BY THE  
 MAIL ROOM U HAVE TO PAY  
 TO SEND IT BACK OR  
 DONATE IT SO IM ASKING  
 U DO U WANT TO DONATE IT  
 OR PAY TO SEND IT BACK  
 TO THE VENDOR 6 64  
 NOTHING THE OIL THAT  
 YOU THINK WAS COMING IN  
 FOURTH QUARTER WERE IN  
 TO EARLY IN THE INCHES  
 THAT WERE RECEIVED RESE-  
 LVED SEPT 24 YOU CAN  
 DONATE OR SEND THEM  
 HOME OR BACK TO THE  
 VENDOR YOUR OAKL THEY  
 WERE ON A 15 DAY HOLD  
 WRITING FOR U TO PAY FOR  
 IT SO IF WAS MY MISTAKE  
 WHEN I LOOKED AT YOUR 1  
 64 THAT WAS MY MISTAKE  
 AND I SAID IT WAS RTS  
 I DONT KNOW IT WAS 15  
 DAYS OLD WAITING FOR U  
 TO SEND IT BACK SO U  
 HAVE ONE OF TWO CHOICES  
 PAY TO SEND IT BACK OR  
 DONATE YOUR OAKL 64  
 YOU FINALLY GET 64  
 THEY TOOK YOUR STUFF I  
 DONT DO IT THEM DID IT  
 YOU HAVE A 1087 STATI-  
 ME AND A 1088 PROPERTY  
 CARD SO WE WILL DENY  
 THE FIRST ONE AND THE  
 SECOND ONE THE  
 PACKAGE WAS SENT 64  
 EARLY AND THE OIL 1000  
 1984 AND RELIGIOUS  
 PURCHASE 8000 PAGES  
 IT WAS SENT TO THE  
 1000 PAGES TO SEND IT  
 BACK OR DONATE

Vertical text on the left margin, possibly a date stamp or administrative notes, including "11:45 AM" and "11:45 AM".

Vertical text on the right margin, possibly a date stamp or administrative notes, including "11:45 AM" and "11:45 AM".

SGT PFEIFFER & LONGREN,

THIS POWER STRIP CARD WAS CONFISCATED  
FROM DEVON, E-43780, A5-103L. NEEDS NAME  
INGRAVED AND NEEDS TO BE PLACE ON HIS  
PROPERTY CARD. THIS SHOULD RESOLVE COCR FORM  
22.

THANKS BLD #5 3/W

IT IS ON YOUR PROPERTY CARD THIS IS  
NOT REGISTERABLE AND YOU DON'T REALLY HAVE TO  
PUT YOUR NAME ON IT BUT I DID! PFEIFFER SGT R

55-101 VISTA BLVD  
 SPARKS, NV 89434  
 1-800-546-6283

# Packing Slip



Package Id

Batch Id

Delivery Id

Page 1 of 2



CA\_09302014\_074335\_20666



20140930  
 171951

**350-1520908-A**

350-1520908-A

Deliver To:

Order #:

Paid By:

346938 09/24/2014

QP MULE CREEK :G D  
 4001 HWY 104 BOX 409000  
 ATTN R&R DEPT  
 IONE CA 95640  
 Housing:

Sub	Whse	Carrier	Schd Ship Date	Customer #	PKG Weight	Program
Y	350		09/25/2014	22661(76992)	28.83658 lbs	CA QP D 1-4 Quarter 2014 9221

QTY ORD	QTY SHP	LT	ITEM #	U/M	DESCRIPTION	SIZE	COLOR	UNIT PRICE	EX PRIC
1	1		69995030	EA	MARS VOLTA DE LOUSED IN THE COMATORIUM			15.75	15.7
1	1		69995030	EA	FUTURE PLUTO 3D CLN			14.75	14.7
1	1		69995030	EA	BEYONCE 4 BONUS CD BONUS TRACKS			30.75	30.7
1	1		69995030	EA	YG MY KRAZY LIFE DLX CLN			23.75	23.7
1	1		69995030	EA	RIHANNA 3 CD COLLECTOR S SET			32.75	32.7
1	0	NA	8004905001	EA	Pro Club 14 Inch Reversible Gray/White Lightweight	2 XL	WHITE/GRAY	24.00	24.0
0	1	S	5311206002	EA	MESH SHORTS NO PKT 2XL	2XL		0.00	0.0
2	2		10100	EA	CHICK VEG SOUP 3.24 OZ	3.24 OZ		1.20	2.4
1	1		10311	EA	ONION POWDER 2.62 OZ	2.62 OZ		1.25	1.2
1	1		10312	EA	CINNAMON 2.37 OZ	2.37 OZ		1.25	1.2
1	1		10313	EA	OREGANO .87 OZ	.87 OZ		1.25	1.2
1	1		10319	EA	CRUSHED RED PEPPER 1.75 OZ	1.75 OZ		1.25	1.2
3	3		10908	EA	Brushy Creek 6 oz. Lightly Seasoned Shredded Beef	6 OZ		3.75	11.2
1	1		10964	EA	Folger's 8 oz. Traditional Roast Coffee	8 OZ		7.00	7.0
1	1		1386	EA	GARLIC POWDER 2.5 OZ	2.5 OZ		1.20	1.2
2	2		1715	EA	BEEF STEW 11.25 OZ	11.25 OZ		1.80	3.6
1	1		20517	EA	CHAPET LIP BALM .16 OZ	.16 OZ		0.95	0.9
1	1		20776	EA	NEUTROGENA SOAP 3.5 OZ	3.5 OZ		3.55	3.5
3	3		2299	EA	JALAPENO PRETZELS 2.25OZ	2.25 OZ		1.15	3.4
2	2		24306	EA	DBL PB DELUX PROTEIN	3.6 OZ		2.70	5.4
2	2		24613	EA	CHOC BROWNIE PROTEIN	3 OZ		2.70	5.4
1	1		4593	EA	NUTTER BUTTER 16 OZ	16 OZ		4.40	4.4
1	1		5013706099	EA	F/F VIDEO CABLE 6FEET	6 FT	BLACK	2.95	2.9
1	1		5037601099	EA	TV ADPTR F JACK TO 3	3.5 MM PLUG		1.80	1.8
1	1		5072707002	EA	RUSSELL SWEATPANT 3XL GR	3XL	ASH	16.50	16.5
1	1		5082901099	EA	HEADPHONE CORD 6 FT	6 FT	BLACK	4.25	4.2
1	1		5107109001	EA	Dickies Long Sleeve T-Shirt White (1 pack)	5XL	WHITE	10.25	10.2
1	1		5158901099	EA	SUN ADAPTER MW97N		CLEAR	7.70	7.7
1	1		5184201099	EA	KOSS CL24		CLEAR	21.45	21.4
2	2		5310207002	EA	THERMAL SHIRT 3XL GRAY	3XL	GRAY	23.00	46.0
1	1		5313007002	EA	Pro-Club Sweatshirts (Crew Neck Fleece)	3XL		25.00	25.0
1	1		5328507001	EA	Pro Club White Fleece Shorts	3XL	WHITE	26.45	26.4
1	1		5370609001	EA	Mike Match Supreme Hi Ltr 631683-101	SZ 9		69.95	69.9
1	1		6566	EA	DRY MILK NON FAT 10 OZ	10 OZ		3.95	3.9
2	2		7620	EA	ROAST BEEF & GRAVY 10 OZ	10 OZ		3.10	6.2
3	3		798	EA	SNICKERS ALMOND 1.75 OZ	1.75 OZ		0.95	2.8
2	2		80000191	EA	CHED BROCC SCUP 11.2 OZ	11.2 OZ		4.95	9.9
1	1		80000222	EA	Colgate 4.6 oz 2-1 Oxygen Whitening Cool Mint Tooth	4.6 OZ		4.50	4.5
1	1		80000248	EA	Pro Club 2.5 oz Protein Shake	2.5 OZ		3.95	3.9

55-101 VISTA BLVD.,  
 SPARKS, NV , 89434  
 1-800-546-6283

# Packing Slip



Package Id

Batch Id

Delivery Id

Page 2 of 2



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20140930  
 171951

**350-1520908-A**

350-1520908-A

Deliver To:

Order #:

Ordered By:

Paid By:

346938X 09/24/2014

QP MULE CREEK PG-D  
 4001 HWY 104 BOX 409000  
 ATTN R&R DEPT  
 IONE CA 95640  
 Housing:

Sub	Whse	Carrier	Schd Ship Date	Customer #	PKG Weight	Program
Y	350		09/25/2014	22661(76992)	28.83658 lbs	CA QP D 1-4 Quarter 2014 9221

QTY ORD	QTY SHP	LT	ITEM #	U/M	DESCRIPTION	SIZE	COLOR	UNIT PRICE	EX PRIC
1	1		80000616	EA	Keebler 11.6 oz. Chips Deluxe Triple Chocolate Coo	11.6 OZ		5.20	5.2
2	2		80000709	EA	San Miguel 13.4 oz. Chiles Chipotles (Chipotle Pep	13.4 OZ		2.95	5.9
1	1		9496	EA	Sweet Home Farm 20.5 oz. Granola - Maple Pecan	20.5 OZ		6.50	6.5
<b>Section Total</b>								<b>\$489.8</b>	

This package must be signed at the time of receipt with any shortages or damages noted at time on this packing slip. All refunds will be sent to sender of package. Sales tax of \$ 29.64 is included in the item Price.

Sub Total	\$489.80
Processing Fee	\$5.98
Sales Tax	\$0.00
Discount-Promo	\$0.00
Order Total	\$495.78
Amount Received	\$495.78
Discount-Shortage	\$0.00
Refund Due	\$0.00

RECEIVED BY

*Leh Alan*

DATE

10/1/14

STAFF - REPORT ALL DISCREPANCIES BELOW AND RETURN TO ACCESS SECUREPAK.

ITEM#	ISSUE (CIRCLE)	QTY	ACTION (CIRCLE)
_____	SHORT OR DAMAGED	_____	REFUND OR REPLACE
_____	SHORT OR DAMAGED	_____	REFUND OR REPLACE

Line Type (LT) NA=Not Available S=Substituted K=Kit C=Kit Component BB=Backorder BS=Backorder Ship