

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

Form DC J - ADA-II OMB Approval No. 1198-0007 (exp. 8-31-95)

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant

Alan Devon E43780

Address

4001 King Ave. 3501-218 P.O. #3166

City, State and Zip Code

CORCORAN, CA. 93212

Telephone: Home:

Business:

Person Discriminated Against:
(if other than the complainant)

(SAME)

Address:

City, State, and Zip Code:

Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name

CALIFORNIA Dept. of Correction/Rehabilitation

Address

4001 King Ave CORCORAN, CA. 93212

County:

City:

State and Zip Code:

Telephone Number:

When did the discrimination occur? Date: May 16, 2015

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary)

Sgt. R. Pasley and Sgt. Hicks
disallow equal access to TTY/TDD phone, I must provide
A calling card # (credit card) but CDCR prohibits such.
CCR § 3282, (c) Also the employees deny equal access.

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes No

If yes: what is the status of the grievance?

The Appeals were GRANTED in full but NO relief
provided.

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes No

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes No

Agency or Court:

Rosen, Binn, Galvan & Greenfield P.L.C.

Address:

P.O. # General Delivery

City, State and Zip Code:

DANQUENTON, CA. 94964

Telephone Number:

Additional space for answer:

Im DNH. HEARING IMPAIRED, CTR employees ARE NOT good people TAKING ADVANTAGE of the low functioning (Im MENTALLY IMPAIRED) E.O.P. IN the ENHANCE OUTPATIENT PROGRAM FOR ALL of this ADVERSITIES over ACCESS to the TTY/TDD phone ITS DISPARING

Signature:

[Handwritten Signature]

Date:

6/10/15

Return to:

Alon Devo E43780
2801-216 P.O.# 3466 CORCORAN, CA. 93212

Disability Rights - NYAVE
Washington, D.C. 20530

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev. 7/2014)

INSTITUTION (staff use only):	EC? Y/N	LOG NUMBER (staff use only):
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*** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***

Date Received by Staff (staff use only):
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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) <i>De'von, Alan</i>	CDCR NUMBER <i>E43780</i>	ASSIGNMENT <i>E.O.P.</i>	HOUSING <i>3B01-218</i>
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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: *for Title 15 CCPs 3282 (C)(3) AN INMATE SHALL NOT charge a call to a credit card ALSO I WANT THE SOL INMATE designated to adhere to Op#254 section V: METHODS AS NO OTHER INMATES ARE REQUIRED TO USE CDCR #1060 AND #193'S*

WHY CAN'T YOU DO IT: *The CCP specifically grants of use of telephones by INMATES. PER CCPs 3000, definitions, op#12. Intelligent INMATES AN INMATE WHOLLY W/O. FUNDS, MY FAMILY ACCEPTS collect billing w/ the telephone plan, I'm w/o fund*

WHAT DO YOU NEED: *I need equal Access to All services Programs & Activities. The TTY/TPP phone is for effective communication. Note all calls placed through the relay services are automatically placed as collect calls AND AS being from a STATE PRISON/SECURITY INSTITUTION 3282 (h)(2) The FAC shall provide procedures necessary to ensure effective telephone communication & for → 602A*

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): *Op# 254 / TTY INSTRUCTIONS ARM at Anger medical / Title 15 3282 (C)(3) AND CCPs 3130 (h)*

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

Alan De'von

6/17/15

INMATE'S SIGNATURE

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

IAB USE ONLY Institution/Parole Region: Log #: Category:

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.

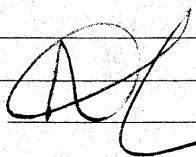
Appeal is subject to rejection if one row of text per line is exceeded.

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

Name (Last, First): Devon, Alan	CDC Number: 19370	Unit/Cell Number: 3B04-248	Assignment: EOP
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A. Continuation of CDCR 602, Section A only (Explain your issue) **INMATES WITH DISABILITIES THE TV CALLS I HAVE MADE HAVE HAD THE ANNOUNCEMENT BEFORE AND AT RANDOM INTERVALS PER CDCR 3282 (j) IF AN INDIGENT INMATE OR CCR 3138 (g) INDIGENT INMATES DESIRING TO CORRESPOND WITH THEIR ATTORNEY OR ANY OTHER CONFIDENTIAL CORRESPONDENT SHALL BE REQUIRED TO UTILIZE ANY WRITTEN ASSIGNMENT OF INDIGENT EMPLOYER AS LIKE CCR 3138 (h) I NEED BEING INDIGENT FREE UNLIMITED CORRESPONDANCE TO ANY COURT OF THE ATTORNEY GENERAL OFFICE CCR 3138 (h) (3) A CHARGE SHALL NOT BE FILED AGAINST FUTURE DEPOSITS TO THE INMATE TRUST ACCOUNT TO RECOVER THE COST WHILE THE INMATE WAS INDIGENT.**

STAFF USE ONLY

Inmate/Parolee Signature:  Date Submitted: **9/17/15**

B. Continuation of CDCR 602, Section B only (Action requested): **I DO NOT CALL TO BE THE SOLE INMATE FORCED TO SIGN CCR 193 TRUST WITHDRAWAL FORMS OR CCR 1060 SPECIAL PURCHASE ORDERS FOR A CALLING CARD. THE INMATE TELEPHONE PROCEEDURE HAS BEEN HONORED. I HAVE NOT FOLLOWED INMATE TELEPHONE FILER PER CCR 3282! (C)**

Inmate/Parolee Signature: _____ Date Submitted: _____

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA STATE PRISON-CORCORAN
CORCORAN, CALIFORNIA 93212**

ADDENDUM

June 2015

PLAN NUMBER AND TITLE:

Operational Procedure No.: 254
Operational Procedure Title: Inmate Trust Withdrawals

SECTION V: METHODS

Effective immediately, the following information shall be added to the existing section of Operational Procedure (OP) 254, Inmate Trust Withdrawals, in order to ensure compliance with equal access under the Americans with Disabilities Act (ADA) as directed in the May 7, 2015, memorandum titled Pre-Paid Calling Cards for Inmates who are Hearing Impaired Utilizing Telecommunications Device for the Deaf/Teletypewriter Services, authored by Kelly Harrington, Director (A), Division of Adult Institutions.

V. METHODS:

9. Institution Procedures

k. Telecommunication Devices for the Deaf (TDD)/Teletypewriters (TTY)

1) Pre-Paid Long Distance Calling Card for TDD/TTY devices:

Inmates shall submit a Special Purchase Order (CDCR 1060) and Trust Account Withdrawal (CDCR 193) to the ADA Coordinator's Office in order to purchase a pre-paid long distance calling card for use of the TDD/TTY devices.

The ADA Coordinator (or designee) shall confirm the inmate meets the criteria for use of the TDD/TTY device. If approved, the original Special Purchase Order and Trust Withdrawal shall be forwarded to the Trust Office for processing, with a copy maintained by the ADA Coordinator. If denied, the reason for denial shall be annotated on the form and the original packet returned to the inmate.

Upon receipt of the approved Special Purchase Order and Trust Withdrawal, the Trust Office shall ensure the funds are available, verify the forms are appropriately completed (with only the ADA Coordinator listed as mailing address for card), and the ADA Coordinator's approval is documented.

Once verified, the Trust Office shall process the order and forward a copy of the Trust Withdrawal and Special Purchase Order to the ADA Coordinator.

Mailroom staff shall ensure all pre-paid cards, received from the approved vendor, are forwarded to the ADA Coordinator's Office for review, verification, approval, and distribution.

A copy of the card number and Personal Identification Number (PIN) shall be delivered to the inmate by the Facility Sergeant. A record of the information shall be documented on a CDCR 128-B Informational Chrono and a copy retained by the ADA Coordinator.

The respective Facility Captains, Lieutenants, and Sergeants shall ensure staff are trained on the pre-paid calling card process, as well as the inmate's ability to possess the calling card information and not the actual card itself.

2) Request by Family and Friends:

Family members and/or friends of inmates may purchase calling cards from any vendor and provide the calling card number and PIN to the inmate. Any physical cards received via mail will be returned to the sending address utilizing the existing mail procedures.

3) Calling Card Return Information:

All refunds/credits returned by calling card companies for Special Purchase Orders will be processed by the Trust Office utilizing existing trust procedures.

4) Refusal to Accept:

Any inmate's refusal to accept the card information shall be documented by the Facility Sergeant using a 128-B Informational Chrono and the card information will be returned to the ADA Coordinator's Office.

All refunds/credits returned by calling card companies for Special Purchase Orders will be processed by the Trust Office utilizing existing trust procedures.

5) Permanent Transfers/Paroles:

Upon notification of an inmate permanently transferring from the institution, the ADA Coordinator's Office will forward the calling card to the receiving institution's ADA Coordinator's Office.

Upon notification of an inmate paroling and or discharging from custody, the ADA Coordinator's Office shall forward the calling card to the Trust Office to include with routine trust processing. If discovered that an inmate has left the institution, the card will be forwarded to the ADA Coordinator's Office.

A. HOUSING	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Barrier Free/Wheelchair Access <input type="checkbox"/> Ground Floor- Limited Stairs <input type="checkbox"/> Ground Floor- No Stairs <input checked="" type="checkbox"/> Bottom Bunk	<input checked="" type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Expires on
B. OTHER	
<input type="checkbox"/> Inmate Attendant/ Assistance <input type="checkbox"/> Full Time Wheelchair User Accommodations <input type="checkbox"/> Limited Wheelchair User Accommodations <input type="checkbox"/> Transport Vehicle with Lift <input type="checkbox"/> Special Cuffing for Non-Emergent Escort or Transportation <input type="checkbox"/> Extra Time for Meals	
C. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS	
<input type="checkbox"/> UV Exposure Restriction - Restricting direct unprotected sunlight exposure for more than 30 minutes between the hours of 1000-1600 <input checked="" type="checkbox"/> Lifting Restriction - Unable to lift more than 19 pounds <input type="checkbox"/> No rooftop work, no ladders, no hazardous machinery, no sharp objects, and no operating a motorized vehicles	
<input type="checkbox"/> D. NON FORMULARY ACCOMMODATION(S)	
E. COMMENTS	
Hearing pre amp, right hearing aid, TTD/TTY telephone, impaired hearing vest, bottom bunk, cotton blankets	
<input type="checkbox"/> See 7536 Durable Medical Equipment and Supply Receipt	

Clinician Name: Clark, Edgar@CDCR Clinician Signature: Digitally Authenticated CME Name: CME Signature: (Non-Formulary Only) Date: 4/20/2015	CDCR#: e43780 Last Name: DEVON First Name: ALAN MI: DOB: 3/5/1966 Institution: COR Housing: 03B001 2218001L
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This form has been approved electronically by Clark, Edgar@CDCR on 2015-04-20 11:43:50.

Exam/observation and eUHR Review are both required prior to completion of this form

SECTION A: DISABILITY VERIFICATION (for use with permanent disabilities lasting six months or longer)

- | | |
|---|--|
| <input type="checkbox"/> DISABILITY CONFIRMED (see below) | <input type="checkbox"/> REMOVAL FROM A DPP CODE: Previous code(s) |
| <input type="checkbox"/> CHANGE IN DPP CODE: Previous code(s) | <input checked="" type="checkbox"/> DISABILITY DOES NOT IMPACT PLACEMENT |
| <input type="checkbox"/> ADDITIONAL DPP CODE: Current code(s) | <input type="checkbox"/> NO DISABILITY |

SECTION B: DISABILITY DESIGNATION

Disability Type: Mobility

Disability Code Definitions	Criteria	Code
Individual has severe mobility restrictions and requires a Full Time Wheelchair accommodation to ambulate in and out of cell/bed area.	<ul style="list-style-type: none"> ● Full Time Wheelchair prescribed for use. ● Wheelchair accessible housing and path of travel required 	<input type="checkbox"/> DPW
Individual has severe mobility restrictions but only uses a Wheelchair Intermittently as an accommodation to ambulate outside of cell/bed area.	<ul style="list-style-type: none"> ● Intermittent Wheelchair prescribed for use outside of cell/housing. ● Wheelchair accessible cell not required / Wheelchair can be kept outside of cell. 	<input type="checkbox"/> DPO
Individual has severe mobility restrictions and uses an assistive device other than a wheelchair to ambulate, and cannot walk up or down stairs because of the disability.	<ul style="list-style-type: none"> ● No Wheelchair, but uses other assistive device (walker, cane, etc.). ● Generally no steps/stairs in regular path of travel. 	<input type="checkbox"/> DPM
Individual requires a relatively level terrain/path of travel accommodation to ambulate due to mobility or health concerns	<ul style="list-style-type: none"> ● May or may not use a walking device for assistance. ● Can walk up/down at least 6 steps/stairs (but not an entire flight of stairs). 	<input type="checkbox"/> DLT
Individual may or may not require an assistive device accommodation to ambulate because of a disability, but the disability is not severe enough to require special housing or level terrain.	<ul style="list-style-type: none"> ● Assistive device may be prescribed for ambulation needs. ● Impairment of major life activity must exist. ● May have special needs outside housing placement. ● Can walk up or down steps/stairs. 	<input type="checkbox"/> DNM

Disability Type: Hearing

Individual is deaf or severely hearing impaired and requires written notes, sign language, or lip reading accommodation to achieve effective communication.	<ul style="list-style-type: none"> ● Hearing Impaired Vest is required while outside of cell/bed area ● May or may not use a sign language interpreter. 	<input type="checkbox"/> DPH
Individual has a hearing impairment and uses an assistive hearing device to achieve effective communication.	<ul style="list-style-type: none"> ● Assistive hearing device prescribed. ● Hearing Impaired Vest is required while outside of cell/bed area when hearing device(s) are not in use. 	<input checked="" type="checkbox"/> DNH

Disability Type: Vision

Individual has severe vision impairment which is not correctable to better than 20/200 with corrective lenses in at least one eye.	<ul style="list-style-type: none"> ● Vision Impaired Vest is required while outside of cell/bed area. 	<input type="checkbox"/> DPV
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Disability Type: Speech

Individual does not communicate effectively when speaking due to permanent speech impairments.	<ul style="list-style-type: none"> ● Ensure that primary means of communication is documented. 	<input type="checkbox"/> DPS
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Disability Type: Kidney

Individual has a kidney disease or other chronic illness.	<ul style="list-style-type: none"> ● Requires Dialysis 	<input type="checkbox"/> DKD
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SECTION C: RELATED FORMS

I have completed a new CDCR 7410, Comprehensive Accommodation Chrono, to document physical limitations for a verified disability.

I have completed a new CDCR 128 C-3, Medical Classification Chrono, to document medical limitations for a verified disability.

SECTION D: COMMENTS

Clinician Name/Title: Clark, Edgar@CDCR	Clinician Signature: Digitally Authenticated	Verification/Form date: 4/20/2015
CME or Designee Name: CME or Designee Signature: Review date:	CDCR#: e43780 Last Name: DEVON First Name: ALAN DOB: 3/5/1966	MI:

DISTRIBUTION: Original to medical record. Copy to Chrono Section of C-Files; C&PR/RC CC-III; CC-I; and Inmate

Forward a copy of this form and any Accommodation Chronos to the C&PR within 72 hours.

This form has been approved electronically by Clark, Edgar@CDCR on 2015-04-20 11:42:59.

TTY INSTRUCTIONS
Calls from TTY to Standard Telephone

The following are instructions for utilizing the TTY telephones. Failure to comply may result in loss of phone privileges and or progressive disciplinary action.

- All TTY calls are 40 min long 10 min to connect and 30 min for actual conversation time.
- Staff may dial one of the three following toll free #'s to reach a Relay Service:
866-734-2888 (Nordia) 866-735-2929 (Go America)
877-735-2929 (Sprint)

Inmates are **NEVER** allowed to dial their own phone calls.

- Once the # is dialed and the call is connected, an operator will come on the line and will identify His or Himself with their ID #.
- When the operator has successfully identified his or herself. Staff will then allow the telephone call to commence.
 - Note all calls placed through the Relay Service are automatically placed as collect calls and are identified as being placed from a state prison (As required by CCR, Title, 15, Section 3282). If the individual does not accept the charges, the operator will terminate the telephone call.
- When the 40 min are up staff will end call and collect printout. On back of the print out staff will sign and date and the inmate will print his **name** and **CDC#**.
- All print outs will be collected for by the ADA staff on a weekly basis for retention.

TELECOMMUNICATIONS DEVICE FROM OFFICE DEPARTMENT

Use of the TDD and telephones for inmates with disabilities shall be consistent with CCR Section 3282 (h). Verification of an inmate's need for TDD may be confirmed with local health care staff, the assigned CCI, or by reviewing a copy of the CDC 1845.

An inmate who has been approved by the institution to use the TDD and who wishes to call a party who does not have use of a TDD shall be permitted to use the California Relay Service. If the inmate does not have a severe hearing/speech impairment but desires to call an outside party who requires the use of a TDD, the outside party shall forward a physician's statement of TDD verification to the inmate's CCI.

Upon meeting all verification requirements, the inmate may sign up for telephone calls according to his/her privilege group designation. The TDD sign-up sheets covering seven days shall be maintained and logged weekly. Sign-up sheets shall be divided into 40-minute increments. The TDD call shall have extended time increments due to the time delay associated with the TDD relay process.

Inmates will sign up for TDD calls in their housing units. The Officers will maintain a TDD log in order to monitor the inmate's use according to his privilege status. In the event that the inmate cannot contact his party during the regular telephone contact time, the housing unit Officer may set up TDD use with either the facility Sergeant or Lieutenant for the evening, holiday or weekend. In the event of an inmate family emergency, TDD use will be approved regardless of privilege status. The emergency must be verified.

When a TDD call is initiated, the employee who initiates the call must type in "This call is from an inmate at a California State Prison." The printed text will be kept with the TDD logbook. If the call is determined to be between the inmate and his attorney, the printed text with the relayed messages will be given to the inmate.

ARMS/IRON



RE: Screening at the FIRST Level

Wednesday, June 10, 2015

DEVON, E43780
03B001 2218001L

STAFF COMPLAINTS, , 06/10/2015
Log Number: CSPC-3-15-02425

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

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

RO Other

Your appeal is dated 05/12/2015. You are instructed to remove the multiple policy memos as well as Code of Silence Memo. You are instructed to line through all references to your lack of access to the law library in the months of February and March as you are beyond time constraints for appealing those periods. You are instructed to remove the voluminous legal declarations as they are inappropriate. Please note: Failure to follow these instructions will result in the cancellation of this appeal.

- K. Cribbs, AGPA
 - A. Pacillas, CCII
 - D. Goree Jr, CCII
- Appeals Coordinator
Corcoran State Prison

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

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.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

218

RE: Screening at the SECOND Level

Thursday, May 21, 2015

DEVON, E43780
03B001 2218001L

STAFF COMPLAINTS, , 05/21/2015

Log Number: CSPC-3-15-02425

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

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

RO Other

You must follow instructions of previous CDCR 695 dated 5/5/15 and remove all documents related to appeal log# 15-01942 from this appeal. You have 30 days.

- K. Cribbs, AGPA
 - A. Pacillas, CCII
 - D. Goree Jr, CCII
- Appeals Coordinator
Corcoran State Prison

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

*I removed all documents from 15-01942
5/31/15*

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.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

218

RE: Screening at the SECOND Level

Tuesday, May 05, 2015

DEVON, E43780
03B001 2218001L

STAFF COMPLAINTS, , 05/05/2015

Log Number: CSPC-3-15-02425

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

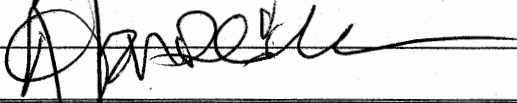
The enclosed documents are being returned to you for the following reasons:

RO Other

Your appeal was received without a date or signature. You must correct this issue prior to resubmission. You are instructed to remove this appeal from appeal Log# 15-01942 and resubmit that appeal within time constraints.

- K. Cribbs, AGPA
 A. Pacillas, CCII
 D. Goree Jr, CCII
Appeals Coordinator
Corcoran State Prison

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

I corrected/rejected ^{5/3/15} it was re
mailed 5/13/15. 

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.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

218

RE: Screening at the SECOND Level

Tuesday, May 05, 2015

DEVON, E43780
03B001 2218001L

STAFF COMPLAINTS, , 05/05/2015
Log Number: CSPC-3-15-02425

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

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

RO Other

Your appeal was received without a date or signature. You must correct this issue prior to resubmission. You are instructed to remove this appeal from appeal Log# 15-01942 and resubmit that appeal within time constraints.

- K. Cribbs, AGPA
- A. Pacillas, CCII
- D. Goree Jr, CCII
Appeals Coordinator
Corcoran State Prison

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

I corrected this 5/8/15
attached but was rejected -
Anderson

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.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

CDCR 1083 ATTACHED
 - Amended Appeal -

CASE# CDCR 315 01942

IAB USE ONLY

Institution/Parole Region: _____ Log #: 15-2425 Category: _____

FOR STAFF USE ONLY

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, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

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

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

Name (Last, First): Deven Alan CDC Number: EAB700 Unit/Cell Number: 3B01/210L Assignment: EAP / Voc Rehab

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

Violation of CCR 316.3) Obstruction to Courts

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): INITIALLY APPELLANT FILE COMPLAINT ASSIGNED CASE# CDCR 315 01942 ON 4/9/15 THE APPEALS COORD. SCREEN ON 4/16/15 THE ISSUES ARE NOW AMENDED BECAUSE THE CASE WAS NOT PROVIDED ACCESS

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WANT THE INDIVIDUALS HELD LIABLE TO SETTLE WHAT THE SMALL CLAIMS CASE STATED THE DETENTIONER OWNED APPELLANT/PLAINTIFF IN CASE# KFC 3253 AS

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):

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

Inmate/Parolee Signature: Deven Alan Date Submitted: 5/12/15

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

STAFF USE ONLY
 MAY 5 2015
 MAY 14 2015
 MAY 12 2015
 JUN 10 2015

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

This appeal has been:
 Bypassed at the First Level of Review. Go to Section E.
 Rejected (See attached letter for instruction) Date: 5/5/15 Date: 5/14/15 Date: 21 1 MAY 2015 Date: 6/10/15
 Cancelled (See attached letter) Date: _____
 Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

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

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

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

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
 (Print Name)

Reviewer: _____ Title: _____ Signature: _____
 (Print Name)

Date received by AC: _____

AC Use Only
 Date mailed/delivered to appellant ____ / ____ / ____

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.

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only	Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:	
<input type="checkbox"/> By-passed at Second Level of Review. Go to Section G.	
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____	
<input type="checkbox"/> Cancelled (See attached letter)	
<input type="checkbox"/> Accepted at the Second Level of Review	
Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____	
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: _____ 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 Second Level response, complete Section F below.	
Interviewer: _____ <small>(Print Name)</small>	Title: _____ Signature: _____ Date completed: _____
Reviewer: _____ <small>(Print Name)</small>	Title: _____ Signature: _____
Date received by AC: _____	
AC Use Only Date mailed/delivered to appellant ____/____/____	

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.

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only
This appeal has been:
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
<input type="checkbox"/> Cancelled (See attached letter) Date: _____
<input type="checkbox"/> Accepted at the Third Level of Review. Your appeal issue is <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____
See attached Third Level response.
Third Level Use Only Date mailed/delivered to appellant ____/____/____

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

Print Staff Name: _____ Inmate/Parolee Signature: _____ Date: _____
Title: _____ Signature: _____ Date: _____

CDCR 1858
- Attached -
Amended - 602

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

Case: 3-15-0112 Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
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): <u>Devon, Alan</u>	CDC Number: <u>E2780</u>	Unit/Cell Number: <u>301-219</u>	Assignment: <u>EOP Voc Instructor</u>
---	-----------------------------	-------------------------------------	--

A. Continuation of CDCR 602, Section A only (Explain your issue):
 With Court order prior to trial date 3/10/15 and then after a request to Amador Superior Court for an extension of time granted on 3/24/15, LTA, E. Carmichael failed to do doing request provided in March and April 2015 (SUA) WYMER failed to approved (PL) PROSECUTOR LIBRARY USE FORMS submitted CDCR 2171 on 2/10/15 - 3/4/15 - 4/7/15 4/8/15, when pressed by constant filing CDCR 22 the SUA. WYMER NOR LTA, CARMICHAEL MADE ANY CALLS TO ACCOMMODATE FORM CDCR 2171, PAGING AS REQUESTED PER CCRS 3123, (c) WHICH I DID NOT MEET REQUIREMENT, FINALLY THE SUPERVISOR MR. MOSER KEPT ME AWAY FROM LEGAL USAGE STATING NO INMATE CAN OBTAIN LAW LIBRARY USE IF ASSIGNED TO EDUCATION VOCATIONAL CLASSES despite of me being in an DEPARTMENT PROGRAM (E.O.P.) AND I'M ONLY TO WORK FOUR (4) HOURS A DAY. HE IGNORED MY MENTAL HEALTH REQUIREMENTS AND COURT REQUIREMENTS MADE BY A COURT ORDER.

Inmate/Parolee Signature: [Signature] Date Submitted: 5/3/15

STAFF USE ONLY

CSF-CORCORAM
RECEIVED
MAY 5 2015
INMATE APPEALS OFFICE

MAY 14 2015
CORCORAM
INMATE APPEALS OFFICE

MAY 21 2015
CORCORAM
INMATE APPEALS OFFICE

JUN 10 2015
CORCORAM
INMATE APPEALS OFFICE

B. Continuation of CDCR 602, Section B only (Action requested):
 FOR COURT COST TO BE PAID BY DEFENDANTS MOSER WYMER CARMICHAEL AND ANY COURT ORDERS (FEDERAL OR STATE) TO NOT BE OBSTRUCTED IN FUTURE E.G. ONLY 4 HOURS OF WORK/ EDUCATION FOR E.O.P. INMATES PL V. CDCR 2171 PROCESS AND NO REPRISALS AS LTA. E. CARMICHAEL ATTEMPTED BY REPORTING FALSE REMARKS TO SGT. R.G. CASTRO E.O.P. SVP, ALLEGING IMPROPER ACTIVITIES IN APPELLANT PART WHICH COULD HAVE RESULTED IN A 90-DAY SUSPENSION OF LAW LIBRARY PHYSICAL ACCESS CCRS 3123, (f) IF NOT INVESTIGATED BY CO. AT. L. DAVIS, CCRS 3084.1. (f) -
 * I WANT MONETARY REQUEST IN S/C # 100 CASE 14SC0253 THESE CSP/OPR. IV B302 STAFF COST ME DENING ACCESS TO COURTS.

Inmate/Parolee Signature: [Signature] Date Submitted: 5/3/15

Memorandum

3

Date : February 17, 2004

To : All California Department of Corrections Employees

Subject: ZERO TOLERANCE REGARDING THE "CODE OF SILENCE"

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

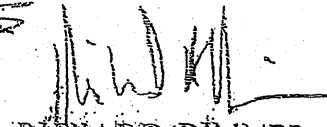
The "Code of Silence" operates to conceal wrongdoing. One employee, operating alone, can foster a Code of Silence. The Code of Silence also arises because of a conspiracy among staff to fail to report violations of policy, or to retaliate against those employees who report wrongdoing. Fostering the Code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

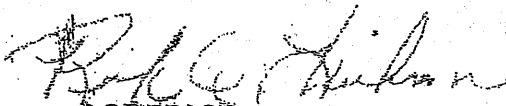
Every time a correctional employee decides not to report wrongdoing, he or she harms our Department and each one of us by violating the public's trust. As members of law enforcement, all Correctional Officers must remain beyond reproach. The public's trust in this Department is also violated by retaliating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

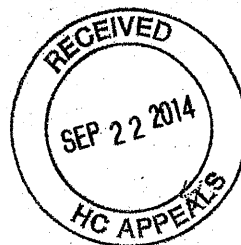
Your hard fought efforts to protect the public deserve recognition. Recently, however, the public's trust has been undermined by the operation of a Code of Silence within the CDC. To correct this problem, we are taking steps to ensure the Department exemplifies integrity and instills pride. Part of this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

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

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


RICHARD RIMMER
Director (A)
California Department of Corrections


RODERICK Q. HICKMAN
Agency Secretary
Youth and Adult Correctional Agency

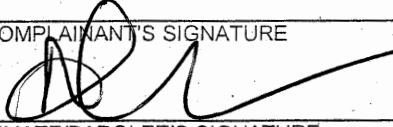


RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added departmental language [shown inside brackets, in non-boldface type] for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME <i>Alan Devon</i>	COMPLAINANT'S SIGNATURE 	DATE SIGNED <i>5/3/15</i>	
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDCR #	DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

DISTRIBUTION:

ORIGINAL -

Public - Institution Head/Parole Administrator

Inmate/Parolee - Attach to CDCR Form 602

Employee - Institution Head/Parole Administrator

COPY - Complainant

Name: DEVON, ALAN

CDC #: E43780 PID #: 11520298

CHSS035C **DPP Disability/Accommodation Summary** Friday, March 06, 2015 02:49:45 PM

As of: 03/06/2015

**OFFENDER/PLACEMENT**

CDC#: E43780
 Name: DEVON, ALAN
 Facility: COR-Facility 03B
 Housing Area/Bed: 03B001 2/218001L
 Placement Score: 171
 Custody Designation: Medium (A)
 Housing Program: Sensitive Needs Yard EOP
 Housing Restrictions: Level Terrain
 Physical Limitations: No Lifting more than - Pounds - 25
 Permanent - 12/05/2015

DISABILITY ASSISTANCE

DDP Code: NCF
 DDP Adaptive: None
 Support Needs:
 DDP Effective Date: 12/12/2002
 DPP Codes: DNH
 DPP Determination Date: 12/18/2014
 MHSDS Code: EOP
 SLI Required: No
 Interview Date: 12/18/2014
 Primary Method: Assistive Listening Device
 Alternate Method: Reads Lips
 Learning Disability:
 Initial TABE Score: 10.7
 Initial TABE Date: 09/20/2011
 Health Care Appliances: Hearing Aid
 Cotton Bedding
 Hearing Vest
 Prescription Glasses
 Spoken Language:

IMPORTANT DATES

Date Received: 01/30/1990
 Last Returned 12/08/1993
 Date:
 Release Date: LWOP
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 02/28/2015
 Date:
 Status: Full Time
 Position #: V04.001.022
 Position Title: VOC ELECTRONICS
 Regular Days On: Monday through Friday (07:45:00 -
 11:45:00)
 Monday through Friday (12:15:00 -
 14:45:00)

Rec'd 3/10/15

Letter:

Date: February 26, 2015

From: E. Carmichael LTA FOR 3A-3B-3C LAW LIBRARY

To: INMATES WHO WOULD LIKE ACCESS TO THE LAW LIBRARY

I want to thank you for your request to use the Law Library on Facility B. Many of you are eager to be able to access the library and have important legal research to do or copies to mail out. The libraries are short staffed at this time and I have been assigned by my supervisor to work Facility 3A, 3B and 3C each week. This is the reason why it is taking an extended amount of time to be able to access the library. I have only been able to schedule inmates on B yard for 2 days a week. I do not know how long this is going to continue. This has been very frustrating for me and I am sure you are also frustrated. Please be patient. If you want further information pertaining to this problem you can contact my supervisor Mr. Moser (AVP) in Education or Mr. Wymer the Librarian.

MESSAGE FROM THE EDUCATION DEPARTMENT

Inmates must continue to utilize the "GA-22" Inmate request for Interview Form or "3B library Request" Form for basic request for items, services or information. Example: Request to visit the Law Library.

Inmates should only use the CDCR 22 form for issues they are planning to appeal later.

Thank You!

Sincerely,

E. Carmichael

E. Carmichael
3A-3B-3C Law Library LTA
California State Prison- Corcoran

Rec'd 4/15/15?

Letter:

Date: April 9, 2015

From: E. Carmichael LTA FOR 3A-3B-3C LAW LIBRARY

To: INMATES WHO WOULD LIKE ACCESS TO THE LAW LIBRARY

I want to thank you for your request to use the Law Library of Facility 3B. Many of you are eager to be able to access the library and have important legal research to do or copies to mail out. The libraries are short staffed at this time and I have been assigned by my supervisor to work Facility 3A, 3B and 3C each week. This is the reason why it is taking an extended amount of time to be able to access the library. I have only been able to schedule inmates on 3B for 2 days a week. I do not know how long this is going to continue. This has been very frustrating for me and I am sure you are also frustrated. Please be patient. If you want further information pertaining to this problem you can contact my supervisor Mr. Moser (AVP) in Education or Mr. Wymer the Librarian.

Inmates must continue to utilize the "GA-22" Inmate request for Interview Form or "3B library Request" Form for basic request for items, services or information. Example: Request to visit the Law Library.

Inmates should only use the CDCR 22 form for issues they are planning to appeal later.

Sincerely,

E. Carmichael

E. Carmichael
3A-3B-3C Law Library LTA
California State Prison- Corcoran

Rec'd 4/15/15 2

3B Law Library Rules!

- A. The Law Library is for Law Research, Law document copies, and to check out books to read.
- B. You must fill out envelopes first and submit before making your copies.
- C. All brown envelopes provided from the Law Library must be mailed from the Law Library.

**ALL COPIED MADE IN THE LAW LIBRARY
MUST BE MAIL OUT THAT DAY FROM THE
LAW LIBRARY.**

1. No student is allowed to come to the library for "any reason" during their scheduled class time even if they are on the PLU.
2. No student is allowed to come to the library before or during class with a hall pass. If you come to the library and ask when are you scheduled to come again? You will be put on the Law Library's: "Cannot come to the library" list for a month.
3. No student is allowed to come to the library to fill out a Law Library request slip during class time. No student is allowed to get any forms during class time.
4. I will provide each teacher with Law Library request slips, which you can mail or can give to the Education Correctional Officer. You are not to bring the request slips to the library during class time.

If I *accidentally* schedule a student during their schedules class time to come to the Law Library, *they are not allowed to come to the library- YOU MUST GO TO CLASS*. Just let me know, so I can reschedule you. My available time in the 3A Law Library has been cut down to half the time, not everyone will be able to use the Law Library for the next couple of months.

*****Rule violations may result in any or all the below, at Library staff and/or education officer's discretion:***

- 1) *Dismissal from Library for the day.*
- 2) *PLU Privileges revoked for 30 days (per CDCR title 15)*
- 3) *Write Up-CDCR 115*

Rec'd 4/15/15 ?

Corcoran State Prison-Library

Outline of what the Library provides:

A.) Library Users and Access

1. Purpose of the law library
 - a. Provide meaningful access to the courts
2. Gaining access to the Library
 - a. GA-22 form or Law Library request form to be scheduled for Law Library
 - b. Scheduling inmates for Library
3. PLU and GLU users
 - a. **(PLU) Priority Legal User:** Inmates who apply for PLU status must provide a court or statutory document stating they have a deadline of 30 days.
 - b. **(GLU) General Legal users:**
 - c. An inmate who is represented by an attorney shall not be eligible for PLU

B.) Library Services

1. Contents of the Library
 - a. Reference Materials
 - b. Auxiliary Aids
2. Leisure Books
 - a. Contents of collection
 - b. Checking books in and out
3. LexisNexis
 - a. Database
 - b. Looking up cases

C.) Photocopying Process and Mailing Legal Documents

1. Court Forms
 - a. State and Federal Forms
 - b. **CDCR forms are no charge**
2. Court paperwork
 - a. Paperwork must be completed before copying
3. **Price of copies**
 - a. **\$0.10 per page**
4. Mailing out Legal Mail
 - a. **All Manila Envelopes given out from Library must be mailed out from Library.**
 - b. Logged in Legal Mail log book

Rec'd 4/15/15

3B LAW LIBRARY RULES

The Law Library is for Law research, Law document copies, and to check out books to read. The Library is not a place for socializing. "Please socialize on the yard."

You must be scheduled to use the Library. "NO Walk-In" Please fill out a Law Library request slip to be scheduled to use the library.

All brown envelopes provided from the Law Library must be mailed from the Law Library.

"All documents submitted for copying must be complete and ready for mailing from the library."

1. Tuck in Shirts.
2. Remove hats/sunglasses.
3. No CD players or radios.
4. Behavior shall be appropriate for Law Library at all times.
5. MUST present CDCR ID Card to Library staff upon arrival

***Note: Rule violations may result in any or all the below, at Library staff and/or education officer's discretion:*

- 1.) Dismissal from Library for the day.
- 2.) PLU Privileges revoked for 30 days (per CDCR Title 15).
- 3.) Write Up-CDC115

Revised 4/15/15?

3123. Access to Law Libraries.

(a) Physical law library access means physical entry into a facility law library for the purpose of using its legal resources. A facility law library includes, but is not limited to, a print law library or the Law Library Electronic Delivery System (LLEDS) with any necessary print supplements.

(b) All inmates, regardless of their classification or housing status, shall be entitled to physical law library access that is sufficient to provide meaningful access to the courts. Inmates on **PLU status** may receive a **minimum of 4 hours per calendar week** of requested physical law library access, as resources are available, and shall be given higher priority to the law library resources. Inmates on **GLU status** may receive a **minimum of 2 hours per calendar week** of requested physical law library access, as resources are available.

(c) When unable to physically access the law library, an inmate may request access to legal material through delivery of those materials to the inmates by library staff. This process is referred to as **paging** for access to legal materials except under extraordinary circumstances including, but not limited to, the following:

- (1) The inmate is directly under a prison lockdown or modified program.
- (2) The inmate is under restricted movement due to his or her medical status.
- (3) The inmate has been suspended from physical access to the law library pending investigation of a serious rule violation.

(d) Inmates who are limited to law library paging due to a lockdown or modified program shall, whenever possible, have their law library access restored within 16 calendar days unless a high security risk continues to exist to prohibit physical law library access.

(e) When inmates are limited to law library paging for any reason as described in section 3123(c), law library staff must deliver the requested legal material to their cells as soon as possible, but no later than 16 calendar days from the date of the paging request.

(f) Disciplinary action for an inmate who is found to be guilty of a serious rule violation pertaining to law library resources, facilities, or staff may include a suspension of all physical law library access for up to 90 calendar days. This action does not preclude (prevent) an inmate from pursuing legal research through the reasonable use of law library paging, beginning three calendar days after the date of suspension until the suspension period ends

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Devon Alan (FIRST NAME)		CDC NUMBER: EP2730	SIGNATURE: Alan Devon
HOUSING/BED NUMBER: 3801-213L	ASSIGNMENT: VOC ELECTRONIC/EOP	HOURS FROM 07:00 TO 14:45	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): ACCESS FOR RESEARCH

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

PLU Application for **TRIAL** IN **AMADOR SUPERIOR COURT CASE # 19 SC 3253** TO **NO AVAIL**, MY **DC** SUGGESTED I FILE FOR AN EXTENSION OF TIME DUE TO A SHORTAGE OF ACCESS AND MY **TRIAL** SET **3/29/15**, I NEED RESEARCH ACCESS/COPIES FOR MY CASE AS I'M **90%** THERE ARE OTHERS **DEAD** DEDICATED **ME** FOR A DAY OF THE TWO YOU ARE SCHEDULED FOR **FOR** **BB** I'M **GRATEFULLY** APPRECIATE THE TIME TO GET SUPPLIES **DIRECTORS** AND **MAILINGS** **COSTS** **REQUIRED** AUTHENTICALLY **MR. MASER**

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: H. H. MASER	DATE: 3/13/15	SIGNATURE: [Signature]	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: TO LIBRARIAN Mr. E. Carmichael	DATE DELIVERED/MAILED: 3/15/15	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: Carmichael	DATE: 3-6-15	SIGNATURE: [Signature]	DATE RETURNED: 3-10-15
--	---------------------	-------------------------------	-------------------------------

Mr. Devon I have added you to my schedule, your name is on the list for two days this week. But Mr. Maser my supervisor said on 3-6-15 that I CANNOT let Vocational student come into the Law Library during class time. I know it is very hard for Vocational students to come into the Library after class. I do not know what to do. He said I can do paging for you only.

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 with vac - students only able to do paging. How does the paging work? I'm not your helper but I've helped the **TRIAL** with **HOW** **FOR** **THE** **STAFF** **LIBRARY** **STAFF** **TRIAL** **ME** **WHY** **THEY** **REFUSE** **ME** **PLU** **TRIAL** **TRIAL**

SIGNATURE: [Signature]	DATE SUBMITTED: 3/15/15
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): IT'S STAFF	DATE: 3-10-15	SIGNATURE: E. Carmichael	DATE RETURNED: 3-10-15
--	----------------------	---------------------------------	-------------------------------

NO AVAIL, FINALLY, THE **WA** **E. Carmichael** **CONCEPT** **STAFF** **DEMANDS** **WITH** **ME**, AND THE **STAFF** **OR** **STUDENTS** **IS** **NOT** **CDJR** **POLICY** **CCRG** **3024** **(C)** **RIGHTS** **AND** **RESPECT** **OF** **OTHERS**, **NO** **REFUSAL** **FROM** **CARMICHAEL** **OR** **WHY** **FOR** **HAVING** **TO** **USE** **THE** **APPRA** **SYSTEM** **TRIAL** **TRIAL**

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Devon Allen (FIRST NAME)		CDC NUMBER: F93530	SIGNATURE: <i>Devon Allen</i>
HOUSING/BED NUMBER: 3801-218	ASSIGNMENT: EP/STY	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): LAW LIBRARY ACCESS

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

My court date is 3/20/15 The trial is scheduled for 10:00 AM IN THE DEPT. 2 OF THE AMADOR SUPERIOR COURT before Judge HARMONSON. I've MAILED A couple request for (PLU) and anticipation, I need TO BE CALLED OVER FOR codes AND RESEASON.

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 <input checked="" type="radio"/> NO <input type="radio"/>
--------------------------------------	-------------	------------------	---

IF FORWARDED - TO WHOM: TO: LAW LIBRARIAN 3801-fa	DATE DELIVERED/MAILED: 2/26/15	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="radio"/> BY US MAIL <input type="radio"/>
--	---------------------------------------	---

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: Carmichael	DATE: 3-6-15	SIGNATURE: <i>Carmichael</i>	DATE RETURNED: _____
--	---------------------	------------------------------	----------------------

You must provide documents showing you have a 30 day or less time limit to be put on the PLU list to Mr. Blwymer the Librarian does the PLU approvals He works at 4A LAW LIBRARY I put your NAME on the list for Tue + Thurs 3-10-15 to 3-12-15 pm I was told I can only do PAGING for I/M in Vocational Classes

SECTION D: 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

MR. MOGGR I disagree with me only being able to do PAGING. EXPLAIN HOW THAT WORKS. I HAD TO WRITE FOR AN OUT-TRANSFER BECAUSE OF NO ACCESS, SO SHE IF MR WYMER CAN PUT ME ON PLU FOR APR 19 2015 TO MAY 19 2015 PLEASE, I EXPLAIN PAGING ALSO PLEASE

SIGNATURE: <i>[Signature]</i>	DATE SUBMITTED: 3/9/15
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): _____	DATE: _____	SIGNATURE: _____	DATE RETURNED: _____
--------------------------------------	-------------	------------------	----------------------

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) DEVON ALAN	CDC NUMBER: F33780	SIGNATURE: <i>[Signature]</i>
HOUSING/BED NUMBER: 3B01 218	ASSIGNMENT: VOC-ELECTRONIC/EOP	HOURS FROM TO
TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): Litigation coordinator		

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

CSP/CP-IV = Kimberly, Litigation coord.
 MY TRIAL IS SET FOR MAY 19 2015 AT 10:AM. THE COURT CALL IS @ 1-992-532-6878 ID # 6354473. WILL I USE THE TRD - RELAY PHON. THE COURT CALL IS @ 992-EXT # 163 needs up/fax/contact info. to hear to up late confirmation of trial telephonic conference. **PLEASE NOTE I HAVE THE COURTS ORDER FOR HEARING DATE/TIME BUT HAVE NO ACCESS TO 3B LIBRARY WITH MRS CARMICHAEL (LTA) TO MAKE COPIES ETC. TO DISPOSE. PLEASE RESPOND**

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: <i>[Signature]</i>	DATE: 3/4/15	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
--	------------------------	----------------------------------	--

IF FORWARDED - TO WHOM: Kimberly, Litigation Coord, CSP/CP-IV	DATE DELIVERED/MAILED: 3/4/15	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
---	---	--

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED: Rec'd 3/12/15
------------------------	-------	------------	--

Court call has cur info and usually leads confirmation a week before hearing but our fax is 509-992-7372

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.

4/16/17, MR. MOSER STATED LEGAL WORK COMPLETED IN VOC. THE MR WYMER - EMERGENCY - 4/8/15
 The (LTA) CARMICHAEL HASNT fulfilled the court order needs to the request, I only have had two (2) physical accesses - because you denied PL/more state voc. I'm Arent allowed physical access (only paying) my papers have NOT been done for

E. Carmichael is said to have

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OTRR314 INMATE PRIORITY PASS

INMATE'S NAME DEVON, ALAN	CDC# E43780	HOUSING AREA/BED 03B001.2 - 218001L
ISSUED BY	ISSUE DATE 03/11/2015	
APPT. LOCATION 3B SERGEANT OFFICE	APPT. DATE 03/20/2015	APPT. TIME 10:00
TYPE / REASON Outside Agency Outside Agency - Other		
ARRIVAL TIME:	RECORDED BY:	
DEPART TO:	DEPART TIME:	RECORDED BY:

*EST. Amador / AMAYA
 Rec'd contact to no avail
 Lit coord. / 1/2/15 - m 1/2 - 1/2/15*

CORCORAN STATE PRISON-CORCORAN

MEN'S ADVISORY COUNCIL

MAC GRIEVANCE/QUESTIONNAIRE FORM

[This form is not an allowable attachment to a CDCR 602 form]

Name: IM DEVON CDCR#: E43780 Housing: #3B01-218 Date: 4/19/15

Describe problem: The #4/B (LTA) E. CARMICHAEL / MR. MESSOR refused physical access to any Voc/I.A. inmates. The staging procedure is what being offered on two occasions attempted 3/18/15 - 4/2/15. The (IA) rejected materials provided them to an inmate. Instead to me and made derogatory remarks against me and has been ride to other -
(If you need more space use back of form)

What have you done to correct the problem?: Filed informal Grievance - you doing so I've been subjected to Reproaches, CCR 3004.d and violation of CCR 3004.(b) rights/respects of others. Finally administrative review was sought under deprovement and defamation.

What are you requesting from the MAC?: To Advocate IM in Voc/P.I.A. Are entitled to the privileges of LAW LIBRARY TO HAVE ACCESS TO THE COURTS PER CCRS 3100(a)

.....
Handled at MAC Reprehensive level? Yes? No?
Handled at chairman/vice chairman level? Yes? No?
Handled by program supervisors (SGT/LT)? Yes? No?
Handled at institutional MAC level? Yes? No?
(Circle either Yes or No)
.....

Action taken: Mr. Devon, Unfortunately the 3B I.A.C. does not have the power or resources to address each individuals greivances. Upon reviewing your grievance, I have determined that your bestcourse of action would be to appeal/602 this matter if the problem persists. In the future, please attempt to rectify personal issues at all available institutional levels before petitioning the I.A.C. Thank-You

Problem resolved by: C. Gaines Date: 4-16-15
Print Name: C, Gaines (I.A.C. Chairman)

STATE EMPLOYEES WHO CALLED ON MY BEHALF TO ALLOW PHYSICAL ACCESS
TO COMPLY TO A COURT ORDER (SEE ATTACHED)
THE PAGING POLICIES FOR CSP/COR. II ARE 3-FOLD;

- (A) NECESSARY WHEN AN I/M IS DISABLED AND CAN'T PHYSICALLY APPEAR.
- (B) LOCKDOWNS
- (C) IF OLV/PLV PRIVILEGES ARE SUSPENDED BY WAY OF A RYR OR IIS.

P.S.

FOR ANY VOCATIONAL CLASS/P. I. A. WORKER
THESE CRITERIA DO NOT SUBSTANTIATE AND
SHALL NOT BE ENCOURAGED ALTHO THIS WOULD BENEFIT IF EQUAL ACCESS/OR
FAIRNESS WITH PAGING IS BEING PARTICULARITIES AND NOT DISCRIMINATED
AGAINST, THE (LTA) E. CARMICHAEL STATED PAGING/PHYSICAL ACCESS CAN NOT
BE REQUESTED TOGETHER, IF ONE LOCKDOWN APPEARS AND A REQUEST IS MADE
APPROPRIATELY, THE 3B/3A LIBRARIANS ARE TO COOPERATE WITH ACCESS
TO THE COURT, THIS IS NOT BEING DONE!

LEGAL DOCUMENT COPY REQUEST FORM

15 CCR § 3162 (b) – Legal duplication services may be provided to inmates for purposes of initiating or maintaining a court action.

DOM § 101120.15 – All documents submitted for copying must be complete and

DOM § 14010.21.2 – The following are considered legal documents for the purposes:

- Writs—habeas corpus, mandate, etc.
- Civil rights complaints
- Civil complaints or answers
- Petitions for hearings in appellate courts
- Motions to proceed "in forma pauperis" (without funds)
- Exhibits, including slip opinions of the California Court in the State Supreme Court

DOM § 14010.21.3 – The following are considered non-legal documents for the purposes:

- Law book pages
- Law review articles
- Court transcripts
- Correspondence with attorneys or public officials
- Slip opinions, except as noted above

Inmates shall be charged for copies of these documents.

LOCAL OPERATING PROCEDURE (OP) 815 – All requests for legal photocopies shall be submitted with both a Document Copy Request Form and a signed Trust Account Withdrawal Order Form in compliance with the following:

- To initiate the legal photocopy process, inmates must complete a Legal Document Copy Request Form that is signed and dated. This request form is submitted with a complete case ready to mail to the courts.
- All requests for legal photocopy service and mailing from the Law Library must also have a CDCR Form 193, Inmate Trust Withdrawal Form completely filled out and signed.
- If the document is over 50 pages long, the inmate must also fill out an Excess Copy Justification form.
- Court paperwork must be complete. Copies are not made of individual sections of a legal filing.
- Copies of departmental appeals, CDCR Form 22 and 602s, will be copied as part of legal exhibits.
- Copies are not made of legal cases, sections of the Penal Code, copyrighted materials, and legal reference materials that can be cited unless funds are verified in the Trust Office.
- Letters to attorneys and outside legal entities are not allowed to be copied unless funds are verified in the Trust Office.
- Inmates with outside attorneys will not receive copy services for cases represented by the attorney.
- Envelopes must be pre-addressed with the court address and stamped with the "LEGAL MAIL" stamp. The address on the envelope should match the address of the court on the legal document placed inside. All envelopes provided from the Law Library must be mailed from the Law Library.
- It is the responsibility of the inmate to meet court deadlines within the confines of the daily workings of the institution remembering institutional need, safety, and security are always a major part of the correctional setting. Plan accordingly.

Rec'd 4/7/15
BACK BY: JEC
YOU CANNOT (LHA)

HAVE 26 COPIES

4/8/15
PLAINTIFF PROVIDED ON
3/30/15 PROOF OF 26
DEFENDANTS AND USED
PAGING TO NO AVAIL
AID

Date of Request: 3/30/15

Inmate Name: A. DEVEN

Inmate CDCR #: F42480

Housing: 2B07-2182

Signature: [Signature]

I am hereby submitting the following legal document copy request form for purposes of initiating or maintaining a court action in the Facility 3B Law Library. My original document is 17 pages in length. I need 26 copies in total.

TYPE OF FILING: 3/c - SUPERIOR AND STATE AUDITORS

IS THIS THE: Non-legal per DOM 14010.21.3 Initial Filing - (or) Open/Active Case: Case AC03753

NAME OF COURT FILING TO: AMADOR SUPERIOR COURT / CALIF. STATE AUDITOR

APPROVED
 DENIED

Note: One request per week only!

LEGAL MATERIAL REQUEST FORM 3B LAW LIBRARY

NAME: De'van A. CDC #: EAB780 HOUSING: 3B01-218L

****Copies of all double-sided documents are charged as two pages. Envelopes are provided for LEGAL MAIL ONLY. They must be requested along with a legal photocopy request and/or must be addressed & mailed out of the law library.**

AMOUNT REQUESTED:	MAX.	DESCRIPTION OF ITEMS:	PRICE:	SUBTOTAL:
	50	LEGAL COPIES: # of pages: <u>17</u> # of Copies: <u>26 X's</u> <u>"1" double sided</u> IF EXCEEDS 50 PAGES, PLEASE LIST REASONABLE WRITTEN EXPLANATION OF NEED (DOM 101120.15):	\$0.10 per pg.	
	5	COURT FORMS: 1. <u>Judicial Form MC 1031</u> pgs. <u>10X</u> 2. <u>Judicial Form MC 1020</u> pgs. <u>10X</u> 3. <u>STATE HABEAS (NOT JUDIC)</u> pgs. <u>10X</u> 4. <u>CECR Form 22 REQUEST</u> pgs. <u>10</u> 5. <u>CA 22</u> pgs. <u>10</u>	\$0.10 per pg.	
	20	28-LINE PLEADING PAPER "or"	\$0.10 per pg.	
	20	28 NUMBER PLEADING PAPER <u>attached to plea</u>	\$0.10 per pg.	
<u>2X</u>	2	#10 BUSINESS ENVELOPE <u>attached to plea</u>	\$0.05	
	2	6" X 9" MANILA ENVELOPE <u>attached to plea</u>	\$0.10	
	2	10" X 13" MANILA ENVELOPE <u>attached to plea</u>	\$0.20	
<u>2X</u>	2	12" X 15" MANILA ENVELOPE <u>210 W. Temple St LA, CA 90012</u>	\$0.25	
		"MAILA ENVELOPES MUST BE MAILED OUT TO COURTS FROM THE LIBRARY UPON PURCHASE"		
			TOTAL:	

INMATE SIGNATURE: De'van A.

DATE: 3/30/15

LTA SIGNATURE: _____

DATE: _____

STATE OF CALIFORNIA
CDC - 193 (7/96)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date: 3/30/15

To: Warden

Approved: _____

I hereby request my Trust Account be charged \$ _____ for the purpose stated below and authorize the withdrawal of that sum from my account:

EAB780

CDC NUMBER

HOUSING: 3B01 CELL#: 218

ALAN De'van

INMATE NAME (PLEASE PRINT)

[Signature]
INMATE SIGNATURE

PURPOSE for which withdrawal is requested:

- Legal Copies
- Court Forms
- Stationary Supplies

SC-105A**Order on Request for Court Order (Small Claims)**

Clerk stamps date here when form is filed.

FILED
 AMADOR SUPERIOR COURT
 FEB 24 2015
 CLERK OF THE SUPERIOR COURT
 BY 10120

- 1 The court has received and considered (check all that apply):
- Request for Court Order and Answer, Form SC-105 (page 1) filed on: _____
- Answer on Request for Court Order and Answer, Form SC-105 (page 2) filed on: _____
- Other (specify): ex parte request for an extension of time to provide notice to defendants

Clerk fills in court name and street address:

Superior Court of California, County of Amador
 500 Argonaut Lane
 Jackson, CA 95642

- 2 The court makes the following orders:
- a. The request is granted.
- b. The request is denied.
- c. You must go to court if you want to be heard.
- A hearing on this request is scheduled as follows:

Clerk fills in case number and case name below:

Case Number:
 14-SC 3253

Case Name:
 De'von v. Cantu

Hearing Date	→ Date	Time	Dept.
	<u>MAY 19, 2015</u>	<u>10:00</u>	<u>2</u>
Name and address of court if different from above			
<u>AMADOR SUPERIOR COURT</u> <u>500 ARGONAUT LN., JACKSON, CA. 95642</u>			

- d. Bring evidence to the hearing to support your request.
- e. Other orders (specify): The hearing is continued to May ~~15~~¹⁹ 2015 at 10:00 in Department 2. Plaintiff shall serve this order and all moving papers by May 1, 2015 and file proof of service.
- f. Explanation for decision (if any): _____

Date: 2/24/15

(Judge or Judicial Officer) PCB
 Judge Pro Tem
 — Clerk's Certificate of Mailing —

**Need help?**

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

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

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

- A Certificate of Mailing is attached.
- This Order was mailed first class, postage paid, to all parties at the addresses listed in ① and ② on the Request for Court Order and Answer.

On (date): FEB 24 2015
 From (city): JACKSON, California

Clerk, by No 10120, Deputy

Requests for Accommodations Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Response (Form MC-410). Civil Code, § 54.8

This is a Court Order.



GENERAL INSTRUCTIONS FOR SERVICE OF DOCUMENTS

The Sheriff's Office must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262. *NOTE: The Sheriff's Office is entitled to a fee for service, whether or not the service is successful (Government Code 26738). Service of process will be made between the hours of 6:00 AM and 10:00 PM.*

Court Case No.: A 008253 Hearing Date: 5/19/15
Alan Devan CANTO, J. ET AL
(Plaintiff/Petitioner) (Defendant/Respondent)

- Civil Bench Warrant
- Notice to Pay Rent (3 Day Notice)
- Notice to Terminate (30/60 Day Notice)
- Order of Examination
- Order to Show Cause
- Small Claims of Plaintiff & Order *Amended - 2/17/15*
- Small Claims of Defendant & Order
- Temporary Restraining Order
- Order After Hearing *9/c 105 A*
- Subpoena (Civil)
- Witness Fees Paid
- Subpoena Duces Tecum & Supporting Affidavit
- Subpoena (Criminal)
- Summons & Complaint
- Summons & Petition (Marriage)
- Summons & Complaint (Unlawful Detainer)
- Prejudgment Claim to Right of Possession
- Other:

2685

PERSON BEING SERVED ** (Write the Name EXACTLY as it appears on your Legal Papers) **

Name: ET AL Phone # 209-271-4911

Address: 4001 Hwy 104 City: IONE

Work Place: MCSF Facility Phone # SAME

Dogs? Type: _____ Possibility of Violence? _____ Weapons? _____ Type: _____

Best time to attempt service: _____

Physical Description Male Female

Age: _____ DOB: _____ Race: _____ Hgt: _____ Wgt: _____

Eyes: _____ Hair: _____ DL #: _____ SSN: _____

Vehicle Description

Year: _____ Color: _____ Make: _____ Model: _____ Lic: _____

***** YOU ARE RESPONSIBLE FOR FILING THE PROOF OF SERVICE WITH THE COURT *****

Proof of service to be mailed to: (Print)

Name: Alan Devan #3700 Daytime Phone #: 559-732-8800

Address: 4001 King Ave. P.O. # 3700 City: CORCORAN State: CA Zip: 93222

I am Plaintiff Defendant Attorney

Signature: [Signature] Date: 4/9/15

**CALIFORNIA STATE PRISON--CORCORAN
3B LAW LIBRARY PAGING- FOR PIA WORKER and Vocational Students**

PRINT NAME: A. Deven CDC#: E43730 HOUSING: 301-278²

Inmate requesting cases and legal cites that are not available in the library may request them through paging at this time. Requested cases and cites will be sent to the education department and will be paged within seven days of receipt of a written request. When requesting material, be as specific as possible in requesting cases, codes, etc. A **maximum of 5 cases** will be paged per week. Extremely lengthy cases or cites may be **limited to 30 pages**. Inmates are required to fill out a CDC--193 trust account withdrawal or trade with older cases, before receiving any additional new cases.

PAGING REQUEST ONLY

ISSUED	NAME OF CASE AND / OR CITATION
	IN RE HUDSON, (2006) 143 Cal. App. 4th 1, 7;
	IN RE LOOKS, (79 Cal. App. 4th at 893
	IN RE DEXTER (1979) 25 Cal. 3d 921, 925-926

NOTE: INDIGENT STATUS (WITHOUT FUNDS) WILL BE VERIFIED

STAFF USE ONLY

STAFF'S

COMMENT: Done 4-7-2015 - Received 4-7-2015

X 4/7/15
Both Paging Request NOT ONLY - moving papers?
Denied Sec E. Carmichael reasons Dead line 5/1/15
Attached w/ memo. **VERIFICATION OF RECEIPT**

DATE REQUESTED: 3/30/15 **INMATES SIGNATURE:** [Signature]

DATE RECEIVED: 4/7/15 **INMATES SIGNATURE:** [Signature]

Name: Alan Devan
Address: 4001 King Ave. 3801-2102
Post 3466 COP/COR-IV
CORCORAN, CA 95212
CDC or ID Number: E43700

SUPERIOR COURT OF CALIF.

The Courts
CANNOT READ
this. NOT MAKING
copies
↑
E. Carmichael
LA

Alan Devan, A
Petitioner
vs.
CDOP, CALIF. DEPT. OF
Respondent CRS & Rehab,
INS

WRIT OF HABEAS CORPUS

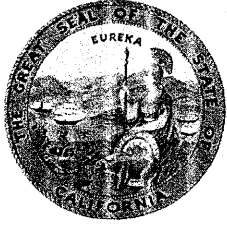
Filed by the Clerk of the Court)

- If you are challenging an order of the Superior Court, you should file it in the Superior Court.
- If you are challenging the conditions of your confinement, you should file it in the county in which you are confined.

Filing this petition in the
Superior Court,

- Read the entire form before answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the superior court, you only need to file the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal and you are an attorney, file the original and 4 copies of the petition and, if separately bound, 1 set of any supporting documents (unless the court orders otherwise by local rule or in a specific case). If you are filing this petition in the Court of Appeal and you are not represented by an attorney, file the original and one set of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and 10 copies of the petition and, if separately bound, an original and 2 copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court (as amended effective January 1, 2007). Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.



Office of the Court Executive
Superior Court of the State of California
County of Kings

JEFF LEWIS
Chief Deputy Court
Executive Officer and
Assistant Jury Commissioner

April 16, 2015

Alan Devon, E-43780
Corcoran State Prison/3B01-218L
P.O. Box 3466
Corcoran, CA 93212

Re: Petition for Writ of Habeas Corpus filed on: March 20, 2015
Case Number assigned: 15W-0046A

Dear Sir:

This is a form letter acknowledging receipt for your petition, which seeks the Court's attention by way of Habeas Corpus or similar relief.

The Court handling this matter has a full trial schedule and receives many new Habeas Corpus matters each week. Due to this, the Court believes it is necessary and fair that your matter be given the Court's attention according to the urgency of the relief sought and the priority given to petitions now being handled. All petitions will be processed in accord with the requirements of California Rules of Court, rule 4.551. Kings County Superior Court Local Rule 580 (D) addresses requests for expedited review.

It should be noted that effective July 1, 2002 the Court will no longer be endorsing single face sheets of any documents. If you would like an endorsed copy of your writ please present a copy in its *entirety* to the Court for endorsement at the time you file your original Petition.

Sincerely,
Jeffrey E. Lewis
Court Executive Officer

1183

Deputy Clerk
Kings County Superior Court

Avenal Division
501 E. Kings Street
Avenal, CA 93204
(559)582-1010, ext. 4094

Corcoran Division
1000 Chittenden Ave.
Corcoran, CA 93212
(559)582-1010, ext. 3004

Hanford Division
1426 South Drive
Hanford, CA 93230
(559)582-1010, ext. 5002

LEGAL DOCUMENT COPY REQUEST FORM

15 CCR § 3162 (b) – Legal duplication services may be provided to inmates for purposes of initiating or maintaining a court action.

DOM § 101120.15 – All documents submitted for copying must be complete and ready for mailing.

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- Civil rights complaints
- Civil complaints or answers
- Petitions for hearings in appellate courts
- Motions to proceed "in forma pauperis" (without funds to hire counsel)
- Exhibits, including slip opinions of the California Court of Appeals, when attached to petitions for hearings in the State Supreme Court

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- Correspondence with attorneys or public officials
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- If the document is over 50 pages long, the inmate must also fill out an Excess Copy Justification form.
- **Court paperwork must be complete.** Copies are not made of individual sections of a legal filing.
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- **It is the responsibility of the inmate to meet court deadlines within the confines of the daily workings of the institution remembering institutional need, safety, and security are always a major part of the correctional setting. Plan accordingly.**

Date of Request: 3/30/15
Inmate Name: Devon A. Housing: 3B01-218^v
Inmate CDCR #: FA3780 Signature: [Signature]

I am hereby submitting the following legal document copy request form for purposes of initiating or maintaining a court action in the Facility 2B Law Library. My original document is 28 pages in length. I need 2 copies in total.

TYPE OF FILING:

IS THIS THE: Non-legal per DOM 14010.21.3 Initial Filing -(or)- Open/Active Case: Case _____

NAME OF COURT FILING TO: LA Superior Court

APPROVED

DENIED

Note: One request per week only!

LEGAL MATERIAL REQUEST FORM

3B LAW LIBRARY

NAME: A. Devan CDC #: E43700 HOUSING: 3801-2192

****Copies of all double-sided documents are charged as two pages. Envelopes are provided for LEGAL MAIL ONLY. They must be requested along with a legal photocopy request and/or must be addressed & mailed out of the law library.**

AMOUNT REQUESTED:	MAX.	DESCRIPTION OF ITEMS:	PRICE:	SUBTOTAL:
	50	LEGAL COPIES: # of pages: <u>28</u> # of Copies: <u>2X</u> IF EXCEEDS 50 PAGES, PLEASE LIST REASONABLE WRITTEN EXPLANATION OF NEED (DOM 101120.15):	\$0.10 per pg.	
	5	COURT FORMS: 1. _____ pgs. _____ 2. _____ pgs. _____ 3. _____ pgs. _____ 4. _____ pgs. _____ 5. _____ pgs. _____	\$0.10 per pg.	
	20	28-LINE PLEADING PAPER "or"	\$010 per pg.	
	20	28 NUMBER PLEADING PAPER	\$010 per pg.	
<u>2X</u>	2	#10 BUSINESS ENVELOPE <u>ATTY GENERAL, LA CA</u>	\$0.05	
	2	6" X 9" MANILA ENVELOPE <u>210 W. Temple St.</u>	\$0.10	
<u>2X</u>	2	10" X 13" MANILA ENVELOPE	\$0.20	
	2	12" X 15" MANILA ENVELOPE <u>210 W. Temple St.</u>	\$0.25	
		"MAILA ENVELOPES MUST BE MAILED OUT TO COURTS FROM THE LIBRARY UPON PURCHASE"		
			TOTAL:	

INMATE SIGNATURE: A. Devan

DATE: 3/30/15

LTA SIGNATURE: _____

DATE: _____

STATE OF CALIFORNIA
CDC - 193 (7/96)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date: 3/30/15

To: Warden

Approved _____

I hereby request my Trust Account be charged \$ _____ for the purpose stated below and authorize the withdrawal of that sum from my account:

E43700
CDC NUMBER

HOUSING: 3801 CELL#: 2192

A. Devan
INMATE NAME (PLEASE PRINT)

[Signature]
INMATE SIGNATURE

PURPOSE for which withdrawal is requested:

- Legal Copies
- Court Forms
- Stationary Supplies

This petition concerns:

- A conviction
- Parole
- A sentence
- Credits
- Jail or prison conditions
- Prison discipline
- Other (specify): _____

1. Your name: Alon Devan
2. Where are you incarcerated? COP/COR-TV 4001 KERRY AVE CORONA, CA.
3. Why are you in custody? Criminal conviction Civil commitment

Answer items a through i to the best of your ability.

a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

1ST DEGREE MURDER SPECIAL CIRCUMSTANCES

b. Penal or other code sections:

187 w/21

c. Name and location of sentencing or committing court:

LOS ANGELES SUPERIOR COURT
210 W Temple ST. LA, CA. 90012

d. Case number:

BA06541

e. Date convicted or committed:

Nov, 1993

f. Date sentenced:

JAN, 94

g. Length of sentence:

LWOP

h. When do you expect to be released? :

2019

i. Were you represented by counsel in the trial court? Yes No *If yes, state the attorney's name and address:*

RAN ROTHMAN
1212 MORNINGSIDE DR - MANHATTAN BEACH, CA.

4. What was the LAST plea you entered? (Check one):

- Not guilty
- Guilty
- Nolo contendere
- Other: _____

5. If you pleaded not guilty, what kind of trial did you have?

- Jury
- Judge without a jury
- Submitted on transcript
- Awaiting trial

6. GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "The trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page 4. For additional grounds, make copies of page 4 and number the additional grounds in order.)

Petitioner Request Relief in specifically; STOPPING STATE'S
deprivation with equal access to telephone (TDD/TTY).
Involvement relief is sought with text confiscatory legal calls -
and the inconsistent accessibility, refusals upon request etc,

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts on which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel, you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is, who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

~~PETITIONER EXHAUSTED HIS ADMINISTRATIVE REVIEW TO THE DEPT OF CORRECTIONS LEVEL APPROX 10/11/14. H06953/14-02322. APPROVED FOR TDD ACCESS ON 1/1/15 PROVIDING EQUAL ACCESS FOR CORE 32322 THE FACILITIES ARE TO PROVIDE CALLS AS GENERAL VOLUNTATION INITIATIVES. THE CASE OF NO CALL PROVIDED DUE TOWARDS THE PROGRAM OFFICER OR OFFICERS UNAVAILABLE IS THE THING THAT NEEDS TO BE STOPPED. THE PHONE IS MORE WISELY TO BE ACCESSIBLE WHEN REQUIRED TO ONLY BE ALLOWED CALLS THAT PROGRAM OFFICER STAFF WILL DECLINE PERIODICALLY TO TAKE PERSONALLY DURING THESE TIMES AND SPACE SUBJECTING TO INDUCE DISRESPECTS FOR HAVING TO BE IN THEIR WORK AREA CUT MY INCREMENT (EXTENDED TIME) ALLOW ONLY ONE (ANY) TIME-SLOT CONFISCATE. LEGAL TEXT WITH CALLS OR VOICE RELAY SERVICE IS NOT APPLICABLE THESE ARE ONLY AT THE OFFICE TO COME UP TO USE. IF PHONE WAS EQUALLY ACCESSIBLE (THE ONE DEVICE FOR 5 PHS) AS GENERAL VOLUNTATION NONE OF THESE REQUESTED CALLS WOULD BE DENIED WITH TDD MACHINE IN UNIT. THE GENERAL VOLUNTATION RECEIVE 99% OF THOSE PHONE REQUESTS FOR THE TDD CALLS NOT EVEN 20% AT ALL 270-DESIGNED FACILITY THIS IS AN ONGOING PROBLEM. THE ADMINISTRATIVE REMEDIAL PLAN LAWYERS ENCOURAGEMENT TO DIRECTOR ADMINISTRATIVE REVIEW REPEATEDLY TO ONLY GET THE SAME RESPONSES THAT THE PETITIONER IS CLOSING HIS CALLS WHICH IS NOT. THEY WILL SAY THEY PROVIDE THE LEGAL TEXT UPON REQUEST. THEY WILL SAY I'M HAVING DATE ACCESS TO ALL PROGRAMS SERVICES AND ACTIVITIES WHEN I'M NOT. THE LEGAL OFFICER 1/24 FOR LACK OF ACCESS TO THE TDD AND WILL BE TOLD IN A RESPONSE YOU DO HAVE ACCESS AND NEGATE THE FACTS OF SIGN-UPS IN A MONITORING LOG SHOWING NO EQUAL ACCESS. I NEED ALL THIS TO STOP AND I NEED THE CALLS ACCESSIBLE WITH THE CAPABILITIES TO HAVE TDD CALLS IN THE UNITS IS OVER. I'M OVER NO MORE HARRASSMENT OF UNITIVE AND SPARE AS WELL AS (R) FOR VOICE RELAY WHICH RESULT IN REQUESTING TDD CALLS. I NEED HELP.~~

b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

In re MUSZALSKI (1975) 52 Cal. App. 3d 500
People v. HAWLEY (1980) 100 Cal. App. 3d 941, 946; People v. TAN NEE (1979) 95 Cal. App. 3d 910, 919
ARPI: ARPI ARPI.A ARPI.D.3 ARPI.G

(AR) 10/11/14 H06953/14-02322 - TLR: H06953 / MCP: H02310-14-02412

TLR # 1407601 AND 1407602

7. Ground 2 or Ground _____ (if applicable):

Injunction Relief sought with Administrative Relief in Denial over requesting Assistance with Appeals (602-1224 ADA/-H/C Appeals) especially if in a outpatient mental health system deliver service (EOP - level of care)

a. Supporting facts:

Petitioner has exhausted his Administrative Review in asking CDCR to assign and provide assistance to inmate grievances as done with ICE/initial classification committees or (PDR) re-evaluation reports. On numerous occasions any 602-grievance, H/C appeal filed, or H/C ADA grievance are not ensured assistance in completing and/or carrying the appeal for state code of regulations 602.120. This is a serious problem especially if at a higher level of care in the (MHA) mental health service delivery system for level of care on occasions over extended relief during the response time. Advantage of said (MHA) the whole of care state appeals saying they must face to face with appealant and did not claim the inmate agreed as per notes and evidence state the appealant has full access to services, programs and activities while the appealant has filed Administrative Review saying that they state it's further implied no evidence is substantiated in proving staff negligence or liable. Assigning reviewers who participated in event or decision providing appeal response, petitioner request for the hearing authority provided a reason when moving the appeal a coordinator is with staff handling calls, receiving exhibition requirements or respecting 602's disability and also explaining explanation efforts. As it is required to help directors review level of care future because the directors decision to follow the wardens decision and what delegated to the appeal court who delegated the review to appealant. The possession is to provide a level of care but this is not providing assistance or (CR) 602.5.(b)(1). The appealant has asked to describe a problem, the less likely any assistance to clarify is the case not assigned. Then you can expect that you have collection of reports removal from services and activities after placing H/C appealant in a non-expedited/expedited/gastrointestinal or missing please remain identified states disregarded and also supported by MHA/reception/record to verify lack negligence of CDCR staff.

b. Supporting cases, rules, or other authority:

Deputy Director Tracking Log # H/C: H/C: 1048327 (staff assist for 602) Requested Mosp. H/C: 1045312 (Deputy/Staff Assist w/ 602's) Director of CDCR TR Case # 1306130 w/ regards to 602 (MHA) In Correspondence/appeal Branch DCR, WI, Mosp - H/C: 1045510 SC State Per. of CDCR TR # 106960 ADA devices 146781 Medical devices confiscated upon filed for A/R

Injunction Relief With DDP (Disability Payment Program)
Which Respondents Are Reluctant To Follow Court Remedial Laws
To Provide Relief With Verified Placements In These CDR Programs.

a. Supporting facts:

Petitioner is a plaintiff in the Coleman v. Brown (Mental Health Care) and the Armstrong v. Brown (Americans with Disability Act) DNM/EOP.

ON NUMEROUS OCCASIONS PETITIONER HAS NOT HAD SAFE ACCESS TO THE PROGRAMS, SERVICES, AND ACTIVITIES WHEN MEDICAL VERIFICATION HAS BEEN ESTABLISHED BY STAFF ON 8/14/14 PRIMARY CARE PHYSICIAN JANET VU APPROVED PSYCHIATRY, OPTOMETRY, MRI, POST- AND CHIRO TO PROVIDE/SUPPORT PETITIONER TO HAVE SAFE ACCESS TO PROGRAMS SERVICES, AND ACTIVITIES. THE DDP HAD HEARING AND APPROVED EYE GLASSES, SHOES WITH STABILIZERS AND INTRADP-DEVICE, ADDITIONAL INSTRUCTIONS, ASSISTIVE DEVICES AND NO PROLONGED WALKING OR STANDING WITH A WALKER FOR PAIN MANAGEMENT COMMITTEE BECAUSE DOCUMENTATION IN MEDICAL RECORDS EXCESS EVIDENCE OF NERVE SURGICIES AT USCD-MEDICAL IN SAN DIEGO ORDERING A PROGRAM OF 30MG T.I.D. OF MORPHINE AND 3000 MG. OF GABA-PENTIN DRUGS, ASSISTIVE DAILY LIVING. DR. VU ORDERED ADDITIONAL IMAGES OF THE LOWER BACK PAIN ON 9/5/14. THE MRI REPORTS REQUIRED A CHRONIC CARE APPT. FOR DEGREE OF ARTHRITIS INCARCATION TO L4/5 NERVE ROOT BULGE AND HERNIATED DISC AT L4/5. PETITIONER ADMINSTRATOR REVIEW FOR BLOG EXTRACTED FROM A TEMPORARY HOLDING CELL ON 10/19/14 RESULTED STILL IN CHRONIC CARE APPT. A NURSE PRACTITIONER MARSHALL SALONER ORDERED NO WALKING FOR A FEW WEEKS AND A PRESCRIPTION OF NEURONAL PAIN MEDS. NEWERIN 300MG T.I.D., THERAPY AND PAIN MANAGEMENT ON OCT. 28, 2014. NOT EVEN A WEEK LATER PETITIONER WAS CALLED BY DR. CHINE HOROWITZ OVER A FOLLOW UP WITH AN ANKLE INJURY FROM CONFISCATION OF AUTHORIZED SOFT SHOES APPROVED ON DDP VERIFICATION MEDICAL CHRONIC CDR 710 DATED 8/14/14. DR. HOROWITZ BEGAN TALKING THE ORDER OF NEURONAL AND ORDERED DR. SHOS EXISTENCE AND APT. END OF THE MEDICINE NOT NEEDED ON OCT. 31, 2014. DR. HOROWITZ CONFISCATED WHEEL CHAIR AND AUTHORED I DIDNT WANT CONTINUING TO RESTRICTION, THERAPY/PAIN MANAGEMENT COMMITTEE. ON 12/5/14 DR. L. SOTANIAN CALLED ABOUT DR. VU REQUEST FOR A CHRONIC CARE VISIT WITH AMBULATORY EVIDENCE IN MRI REPORTS. DR. SOTANIAN EXAMINATION OF UNIT HEALTH CARE RECORDS AND REPORTS NOTED CONFISCATION OF ASSISTIVE DEVICES, CANE ISSUED, AND PAIN MEDS FOR THE UPON PAIN IN PETITIONERS DAILY LIVING ACTIVITIES. SOTANIAN REMOVED BOTTOM BUNK RESTRICTION, COTTON BLANKETS AND THE NO PROLONG WALKING STANDING ORDER. ON 12/14/14 M. SAID NURSE PRACTITIONER ORDERED CANE, PUTAWAY NEURONAL PAIN MEDS BECAUSE STENO COULD NOT HELP IN THE DISABLING PAIN THE ISSUE VISUAL ON MRI REPORTS. ON 1/13/15 DR. HOROWITZ AGAIN ASK FOR PETITIONER OVER A MEDICAL VERIFICATION REQUEST, CONFISCATED THE EFFECTIVE CHRONIC PAIN MEDS. PETITIONER HAS NO PAIN. NOTIFICATION FOR THE CHRONIC LOW BACK PROBLEMS. THE ADMINISTRATOR REVIEWED VU'S WORK AID BUT FEAR WHEN DOCUMENTED EVIDENCE OF A PROBLEM WITH AMBULATORY THESE MEDICAL STAFF TAKES ASSISTIVE DEVICES, MEDS. I NEED AN ORDER FOR INJUNCTION RELIEF TO STOP TAKING MEDS AND ASSISTIVE DEVICES TO PROVIDE SAFE ACCESS TO PROGRAM, SERVICES, AND ACTIVITIES WITH THESE. PLEASE REVIEW WORKSHEET.

b. Supporting cases, rules, or other authority:

- MH3128 CHROS
- LAC H/C-13046178
- LAC H/C-12045781

6. GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "The trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page 4. For additional grounds, make copies of page 4 and number the additional grounds in order.)

INJUNCTION RELIEF IS REQUESTED DUE TO HARASSMENT BY CDCR/MOSP. EMPLOYEES (MEDICAL/CLERICAL)
PETITIONER SAFE ACCESS TO PROGRAMS SERVICES & ACTIVITIES UPON FILING APPEALS
(ADMINISTRATIVE REVIEWS) UNDER "PLATA", "COLMAN", AND "ARMSTRONG" REMEDIAL PLANS
REVIEWS ARE FABRICATED, FABRICATED AND NOT FINISHED AND UPON FILING APPEALS,
THE DEPARTMENT (MEDICAL/CLERICAL) RETALIATES WITH DISCIPLINARY OR DISCOMFORT TACTICS

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts on which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel, you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is, who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

PETITIONER'S A PLAINTIFF IN THE COURT REMEDIAL CASE PLATA VS. BROWN IS
DISCRIMINATED AGAINST WITH ADMINISTRATIVE KNOW HEALTH CARE APPEALS.
UPON APPROVAL OF MOSP THE MEDICAL DEPT. WHERE AWARE SINCE JUNE 26 2014
WITH PETITIONER'S MOBILITY ISSUES FROM DOCUMENTED (MRI) REPORTS DATED FROM
2009-2010 OF HERNIATED DISC L4/5 WITH A BULGING DISC NERVE ROOT ALONG
L4/5 SO A CHAIN OF NO PAIN STANDING/WALKING, SOFT SOLE SHOES, PAIN
MANAGEMENT MEDS AND RESTRICTIONS FOR WORK ASSIGNMENTS/SLEEPING WERE
ORDERED ALONG WITH NO MRI IMAGES ON 8/1/14. A CHRONIC CARE APPT.
WAS REQUESTED FROM THE FINDINGS OF THE 9/5/2014 TEST WHERE AUTHORITY'S
COMPOUNDED AMBULATORY ISSUES, SITTING, & SLEEPING. WHEN NO AID
WAS ACCOMMODATED ANY HEALTH CARE REQUEST NOTED NEGATIVE RE-
SULTS CONFISCATING ANY TESTED GABAPENTIN PAIN MEDS FOR RELIEF

HEALTH CARE ADMINISTRATOR REVIEW EFFORTS CREATE EMPLOYEES TO TAKE ON
PETITIONER'S CONFISCATING MEDICAL DEVICES AND PAIN MEDS. AN INJUNCTION ORDER IS
MY PRAYER TO THE SUPERIOR COURT.

b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

CDCR 128 MHS dated 9/30/14
CDC 128-A dated 9/30/14 (2X)

6. GROUNDS FOR RELIEF

Ground 2 State briefly the ground on which you base your claim for relief. For example, "The trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page 4. For additional grounds, make copies of page 4 and number the additional grounds in order.)

Petitioner seeks INJUNCTION RELIEF OVER CRUEL/UNUSAL -
PUNISHMENT (Adseg Placement) AND NO RECOURSE WITH
ADMINISTRATIVE Remedies due TO CDCR'S I/M-GRIEVANCES
RESTRICTIONS/RULE of Allowed to file 602 EVERY (14) DAYS.

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts on which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel, you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is, who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

~~I Addressed my Correctional Counselor P. Alzuler on 10/22/14 on a CDCR form 22~~
~~ABOUT STAFF MISCONDUCT. HE ATTEMPTED TO PROVIDE ME SAFETY BUT THE FACILITY~~
~~LT. S. BUCHNER, CAPT. J. CANTO, K. O'CONNOR, M. POST, R. DAVIS AND FOGLE REFUSED ME~~
~~SAFETY CONCERNING OVER CONTENTIONS THE MCBT/MUR CREEK STAFF WERE ABUSING~~
~~(EOP) MENTAL HEALTH/ADA. DISABLE INMATES. THE ADSEG PLACEMENT AGREED TO ON 10-~~
~~27-14 WAS NOT APPROVED WITHOUT A STUDY DESIRING THE PLACEMENT TO BE DISCIPLINARY,~~
~~ON 10-28-14 AS A FOGLE, J. KERNAN AND A. JENKINS ORCHESTRATED THIS WITH 1/2 S. JILL~~
~~AUTHORED A FALSE CD-114 D LOCK-UP ORDER STATING MY LIFE WAS IN DANGER OVER A (R/R)~~
~~RULE VIOLATION REACTING AS A ID-14-043, ALTERING STATE CLOTHING. THIS WAS A FALSE (R/R)~~
~~FILED ON 10/3/14 BY 1/2 S. J. KERNAN, A. FOGLE, J. CANTO AND R. DAVIS TO TAKE ME OUT TO BEAT~~
~~PROGRAM FAILURE ALL BECAUSE I CONTACTED THE MENTAL HEALTH MONITORS COLMEN RO-~~
~~JECT TEAM THE ARMSTRONG ADA LAWYERS OVER CONTACTING MEDICAL DEVICES (TV, TED)~~
~~PHONES, HAVING AMPLIFIED 1/2 A ROOM INCHES CAT ALIENATED ED LACHER AND A JENKINS~~
~~TO WRITE FALSE REPORTS, SEARCH MY QUARTERS CONFISCATE AVAILABLE (ADDS) APPROVE -~~
~~PROPERTY PERSONAL SCHEDULE ITEMS (TV, SHOES, CLOTHING/FOODS) THESE CENTER SUPERVISORS~~
~~EGGAN OVER FORMAL REQUEST TO LEAVE THE HEARING IMPAIRED CHAIR (TED/TV MACHINE)~~
~~ON 10/22/14. THE FIRST PART ON 9/17/14 MY PASSIVE BOOKS/CHAIN TAKEN WITH AMP,~~
~~ON 10/17/14 AND 10/9/14 AGAIN BOOKS AMPLIFIED MY T.V, FAN, TOOK 120 BOOKS OF STAMP,~~
~~CLOTHES ETC. THE APPEAL PROCESS FORM 22 CIRCUMVENT THESE STAFF REFUSE 602'S THE A/C~~
~~APPEALS COORD. REJECT 602 APPEALS FILED (YOU ONLY CAN FILE 2-GRIEVANCE A MONTH) SO~~
~~YOU CANT OBTAIN DIVE PROCESS FOR DAMAGES OR RIGHTS VIOLATED IN CUSTODY. THESE~~
~~STAFF DEMONSTRATED A FALSE ADSEG ORDER TO GET MY PROPERTY. J. KERNAN, L. KASLER,~~
~~FOGLE, LACHER AND JENKINS TOOK MY (PROPERTY) PACK CARD AND FROCKED CLOTHING LEFT~~
~~AND CANTON (PACKAGE CARD) BECAUSE OF FILING ARMSTRONG STAFF COMPLAINTS, THEY THEN~~
~~LOCKED ME IN ADSEG WITHOUT ORDEL & UNUSAL PUNISHMENT PROVIDING FROCKED AND THE~~
~~ADSEG COMPLAINT ACTION, I PETITION FOR AN EMERGENCY INJUNCTION RELIEF FOR~~
~~MULTIPLIERS AND MULTIPLE FALSE PROCESS FOR COMMITTEE TO REVIEW PROGRAM NEEDS.~~

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

McSP. C. 14. 02763 Rejected LAC 'C' 10. 01767
McSP. A 14. 02770 Rejected LAC. D. 12. 03860
McSP. C. 14. 02862 Rejected

ISSUE AN INJUNCTIVE RELIEF ORDER ON Respondents Actions SUPPORTING A "Code of Silence," ALLOWING COCP - Employees conceal wrong doing WITH DUE PROCESS (NOT ANSWERING) FORM 22 OR ^{OR} 20906, AND ZERO TOLERANCE ON CONDUCT UNBECOMING.

a. Supporting facts:

Petitioner ASK for the Respondents to be held ACCOUNTABLE WITH A Problem, A MEMORANDUM DATED 2/17/2004, SUBJECT; ZERO CODE OF SILENCE TOLERANCE, Petitioner MAY file A 602 FOR RESOURCES, AND 1824 ADA - APPEAL WAS ACCEPTED AT 1ST AL, log # MESP: A.H. 02154 ON 9/17/14 ISSUES, CUSTODY PAPER'S CONFISCATING Petitioner APPROVED ADA - devices AND Religious BOOK/Medallion over filing AN EARLIER COC 1824 ON THESE STAFF FOR DENYING EQUAL ACCESS TO phone CALLS per CCP § 3282 (1)(b) Petitioner devices were RETURNED upon filing 602, BOT STAFF RETALIATED ON 10/7/14 AND ON EARLIER EFFORTS WORKING ALONE AND AS A UNIT INCITING OTHER STAFF TO NOT ANSWER COCP FORM 22'S SUBMISSIONS TO TRAIT, HARASS AND HAZE, THE Respondents dont FROWN EVEN ON ONE OF THESE EMPLOYEES THREATEN Petitioner'S family WHICH OFFICER A. Fogare done FOR filing 1824, THE 1824 - APPEALS GOT ASSIGNED AND ALTERNATED/GENERATED TO HEALTH CARE APPEALS, Petitioner CAN NOT ACHIEVE DUE PROCESS WITH CUSTODY ISSUES ON A HC APPEAL, THESE EMPLOYEES MUST BE ASK TO STOP CIRCUMVENTING ISSUES 602: HC 602, MY LATEST CUSTODY GRIEVANCE WAS A HARASS AND AMPLIFIED BY COCP APPEAL # MESP: HC 1459165 WHICH HAS APPEARED ON NUMEROUS 602'S BE CAUSE CUSTODY SENT TO MEDICAL AND MEDICAL SAYS ITS ON CUSTODY.

b. Supporting cases, rules, or other authority:

Petition Request Instructive Relief To Have Safe Access To Programs Services And Activities Being That The Staff Target Low Functioning (MHSIDS/ EOP INMATES) AND (ADA) WHO ASK FOR RELIEF, EXHAUSTION OF APPEALS OR FILING UPDATES ISSUES!

a. Supporting facts:

The Appeals Coordinators A (MCSA) ASK FOR CDCR FORM 22 APPEALS TO CUSTODY OVER DISPUTES PROPERTY, POLYBAYS, PHONE CALLS ETC. I'M DNH IF I DO ONE CDCR 1024 OVER HAVING A HEARING IMPAIRED GRIEVANCE THE AGENCY WILL NOT DESIGNATE THE ISSUE AS AN ADMINISTRATIVE ONE BUT RATHER A HEALTH CARE APPEAL WHICH ALTERS YOUR COMPLAINT I.E. WITHOUT MY DOCKET TALKER I WOULDN'T HAVE EFFECTIVE COMMUNICATIONS AT MY ENTRANCE OUTPATIENT MENTAL HEALTH GROUPS OR EVEN AT COMMITTEE OR CHURCH OR VETERAN SERVICES. CUSTODY TOOK ANOTHER BEING VINDICTIVE ABOUT NUMEROUS FORM 22S ABOUT DOORING WATER FOR FOOD, COFFEE, AND MEDICATION SO THE GRIEVANCE WENT TO THE SPECIALTY SERVICES INSTEAD OF THE ADA COORDINATOR WHO ASSURES WHEN APPROACHED WITH A DEMANDITY NOT BEING ACCOMMODATED IS DONE THEN THE STAFF COVER UPS WHO TAKE ADVANTAGE OF MENTAL HEALTH INMATES (EOP) TELL YOU TO WITHDRAW APPEALS WITH IDEAS THAT WAS SENT TO THE COURT LAST YEAR CASE #14-10101 AND THE HONORABLE J.S. HERMANSON DENIED PETITION OF ASKING FOR HELP WITH NO RECOURSE PROVIDED AND WAS FUTILE EXHAUSTING ANY REMEDIES WHEN THE REVIEWERS ARE BIASED JUST BECAUSE CDCR, 3024,1 PROVIDED INMATES RIGHTS, NOT ALL CAN MENTALLY PUT TOGETHER AND ASK TO CHANGE OR PETITION WHICH SHOWN HAS AN ADVERSE EFFECT UPON THE WELFARE BECAUSE THE HEARINGS ARE PROVIDED IF YOU CAN SHOW THIS AND YOU ARE DISCOURAGED BY NOTING OF REJECTION AFTER REJECTION, THROWN AWAY APPEALS, AND REJECTIONS BY STAFF WE HAVE TO BE SUBJECTED TO. SEE THE CONFIDENTIAL CORRESPONDENCE FROM THE ATTORNEYS AND THE STATE AUDITORS WHO MENTION MISCONDUCT OF THE SAME FAITHFUL CDCR NOT HELD ACCOUNTABLE BY THEIR SUPERIORS/SUPERVISORS UPON ALLEGATIONS UNSUBSCRIBED, WHEN CUSTODY CAN FILE (2) RULE VIOLATIONS (FALSE OR NON-FUNCTION) I CAN NOT USE THE CDCR 3024.1 FOR ESTH. IT'S CONSTITUTIONALLY UNFAIR TO NOT BE ABLE TO HAVE A RIGHT TO PROTECT SOME THING HAVING AN ADVERSE AFFECT ON 10/28/14 I WAS DEEMED A DISCIPLINARY ADJUDICATION PLACEMENT I AM TROVER A CDCR RULE VIOLATION REPORT RYP A-10-043 FOR ALTERING STATE CLOTHING ALTHOUGH 10/8/14 I WAS DEPRIVED PROPERTY AND MY HOLIDAY PACKAGES DUE TO A FINDING OF GUILTY OR NOT GUILTY MUST BE RENDERED TO CHANGE AS I HAVE A RIGHT TO ADMINISTRATIVE REVIEW, WELL ON 11/15/14 I WAS FOUND NOT GUILTY. THE COUNSELORS, APPEALS COORDINATORS AND CUSTODY DECLARED NO ADMINISTRATIVE APPEALS, MOCKED MY INFORMAL APPEALS AND HAVE ALLOWED ME TO NOT REMAIN NON-DISCIPLINARY SEGREGATED BECAUSE I DEMONSTRATED THE POLICY HAD AN ADVERSE EFFECT. THAT CDCR 1024 WAS RETRIATED WITH STAFF TAKING BACK MY MEDICAL SHOES RETURNED ON FILING THE 1024 AND WITHDRAWING IT DECEITFULLY, THE 1024 MCSA-A-14-02340 WAS PETITIONED UPON THEM TAKING AGAIN MY HEARING AND SHOES WHICH THE 1024S ARE FUTILE AND EXHAUSTION WITH CORRUPT STAFF INST. HELPFUL, I NEED THAT STOPPED. MEDICAL VERIFIED DEFECES TAKEN FOR SAFE PROGRAMS ACCESS TO 8 REVIEWS/ACTIVITIES.

b. Supporting cases, rules, or other authority:

7. Ground ^{#3} or Ground (if applicable):

INJUNCTION RELIEF WITH CRUEL AND UNUSUAL PUNISHMENT WITH PROPERTY AND PRIVILEGES; CDCR-STAFF AT MCSP REFUSE TO ADHERE WITH; PROVIDE RELIEF AND STOP IMPEDING ORDER.

a. Supporting facts:

ON ARRIVAL DATE 6/25/14 MCSP (P&P) SUPERVISOR T. PETER AND M. LINDGREN CONFISCATED PROPERTY APPROVED. FILING OF GRIEVANCES ARE NOT PROVIDED DUE PROCESS BECAUSE THE A/C-ASSIGNOR 602 WITH REVIEWERS WHO PARTICIPATED IN EVENT DECISIONS (ON 7/9/14 - 8/13/14) THESE CUSTODY OFFICERS VIOLATED MY RIGHTS TO MAIL HOME ALLEGEDLY NON-ALLOW PROPERTY ON THOSE DATES, AND ON 10/28/14 AFTER THEY RECEIVED NOTICE I FILED COMPLAINT WITH STATE AUDITORS COMPLAINT # I2014-1590/I2014-1607 ON NUMEROUS OCCASIONS PETITIONER FILED GRIEVANCES WITH EVERY PROBATION RESPONDENT'S INFRACTION, WITH OUT HEARING AIDED, SOFT SILENTLY THESE CREATED SERIOUS INTERFERENCE AND NO SAFE ACCESS TO PROGRAMS, SERVICES, AND THE ACTIVITIES THE M/H EOP OFFERS BEING DNH/DNM. THESE RESPONDENTS ON 9/17/14 TOOK MEDICAL APPLIANCES APPROVED, BUT RELIGIOUS AND THE GRIEVANCE HAS NOT NOTIFIED A DECISION, THEY CAME ON 10/7/14 AND UPON THE MEDICAL APPLYING THE DEVICES FROM THE UNLAWFUL CONFISCATION ON 9/17/14 TOOK AGAIN DESTROYED MEDICAL AND PERSONAL PROPERTY AND THAT GRIEVANCE NOT DECIDED ON. PETITIONER NEEDS RELIEF ONLY IN 602 EVERY 14-DAYS CAN BE FILED RESPONDENTS CREATES TWO INFRACTIONS A DAY SOME TOWERS AND DISALLOW RECORDS.

b. Supporting cases, rules, or other authority:

THERE'S NO RELIEF POSSIBLE FOR PETITIONER IF APPEALS ARE CONSIDERED ADVERSE!
I NEED DUE PROCESS OVERTHROWING INJUNCTION RELIEF WITH GRIEVANCE REJECTED WITH POLICY CUSTODY IGNORES.

B. Did you appeal from the conviction, sentence, or commitment? Yes No If yes, give the following information:

a. Name of court ("Court of Appeal" or "Appellate Division of Superior Court"):

b. Result: Reversed c. Date of decision: _____

d. Case number or citation of opinion, if known: _____

e. Issues raised: (1) _____

(2) _____

(3) _____

f. Were you represented by counsel on appeal? Yes No If yes, state the attorney's name and address, if known:

9. Did you seek review in the California Supreme Court? Yes No If yes, give the following information:

a. Result: Reversed b. Date of decision: _____

c. Case number or citation of opinion, if known: _____

d. Issues raised: (1) _____

(2) _____

(3) _____

10. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:

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11. Administrative review:

a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500.) Explain what administrative review you sought or explain why you did not seek such review:

Yes, See ATTACHED Responses

b. Did you seek the highest level of administrative review available? Yes No

Attach documents that show you have exhausted your administrative remedies.

12. Other than direct appeal, have you filed any other petitions, applications, or motions with respect to this conviction, commitment, or issue in any court? Yes If yes, continue with number 13. No If no, skip to number 15.

13. a. (1) Name of court: superior court

(2) Nature of proceeding (for example, "habeas corpus petition"): _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (attach order or explain why unavailable): Denial

(5) Date of decision: 1

b. (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (attach order or explain why unavailable): _____

(5) Date of decision: _____

c. For additional prior petitions, applications, or motions, provide the same information on a separate page.

14. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result:

15. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

EXHAUSTION

16. Are you presently represented by counsel? Yes No If yes, state the attorney's name and address, if known:

17. Do you have any petition, appeal, or other matter pending in any court? Yes No If yes, explain:

18. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court:

EXHAUSTION TO A/R DENIED

I, the undersigned, say: I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date: 3/10/15

[Signature]
(SIGNATURE OF PETITIONER)

SHORT TITLE:

DEVON V. CANTO

CASE NUMBER:

ASC 3253

ALIFORNIA RELAY,
 HILTON RELAY-CA 5155
 F NBR PLS GA vco on 888
 287 2973 access code 7073
 0299a ga (CA HERE GARB-
 LED PLS REPEAT) GA vco
 onsa ga (VCO ON) GA (CA
 HERE I GOT IT)
 DIALING (TOLL FREE) 800
 8-287-2973 (RECORDING) (F)
 THK U FOR MAKING (HOLDING)
 (ENTERING ACCESS CODE) (PASSCODE
 CONFIRMED) (2ND PERSON TO
 JOIN MEETING) GA MR DEVON
 THIS IS JUDGE HERMANSON I
 VE CALLED ANOTHER CASE WE LL
 GET TO YOUR S IN MIN OK Q GA
 OK SIR WE LL CALL UR CASE
 WHEN WE RE READY () AVON
 URS CANTO MR DAVON ARE YOU
 STILL PRESENT OK MR DAVON I
 DO NOT SEE WHERE YOU SERVED
 THE INCDIVIDUALS FROM MILCREEK
 *X****E NO SURE THANK YOU
 FOR LETTING ME KNOW THAT I
 WAS NOT AARE I WILL GRANT
 THE POSTPONEMENT HOW LONG
 ARE YOU REQUESTING G I DO
 NOT KNOW WE HAVE VIDED SET
 UP WITH CREIMAL MATTERS I
 HAVE NLT HAVE THE REQUEST
 FOR HEARING IMPAIRED I
 WILL CHECK ON IT I WILL PUT
 YOU ON CALANDAR FEBRUARY 27-
 10 AM, I WILL FIND OUT ABOUT
 THE VIDEO EQUIPME-NT BEING
 USED FOR THAT BUT PLAN ON
 AT THE MINIMUM USING COURT
 CALL AGAIN GA YES YOU CAN
 SUBMIT AN AMENDED I AM
 GOING TO PUT THE TIME FRAME
 OUT SO YOU CAN FILE THE
 AMMENDED THEN SERVE IT I
 DONT WANT YOU TO FILE THE
 AMMEND-MENT WHY DONT I PUT
 IT OUT TIL MARCH 20TH THAT
 LL IVE YOU TIME TO

FILE THE COMPLAINT AND
 SERVE PHE AMMENDED COMP-
 LAINT GA YES YOU WILL
 ALSO HAVE TO NOTIFY COURT
 CALL I AM NOT SURE WHETHER
 ONE FEE WAIVER IS SUFFICIETN
 NOTIFY THEM OF YOUR NEW
 DATE YOU WILL HAVE TO CHECK
 WITH THEM GAWELL IT NEVER
 HURTS TO ASK FOR MY PURPOSES
 WHAT IS IMPORTANT FILE
 AMMENDED COMPLAINT HAVE IT
 SERVED ON INDIVIDUALS AND
 THAT YOU RECEIVE ANY RESPONSE
 TO YOUR COMPLAINT AND MAKE
 ARRANGEMENTS TO BE BACK ON
 THE PHONE HERE ON MARCH 20TH
 10 AM YOU WILL HAVE TO
 SPEAK TO THEM INDIVIDUA-
 LLY I DONT HAVE ANY SAY SO
 IN THEIR INTERNAL PROCESSSSGA
 I CANT SPEAK TO YOU ABOUT
 INDIVIDUAL CASE NOT IN FRONT
 OF ME IF YOU FILE PLEADINGS
 IN THE FUTURE SET FORTH
 EVERYTHING YOU HAVE DONE
 AND YOU HAVE EXHA-UTED
 REMEDIES YOU HAVE TO SET
 FORTH YOUR REMEDY REQUIREMENT
 I ANNOT SPEAK TO YOU ABOUT A
 PARTICULAR CASE GA WELL
 UTILITY IS A DIFFERENT CONCEPT
 THAN EXHAUSTION I AM TALKING
 TO YOU IN GENERAL THAT IN
 ORDER TO REACH ATHT REQUIREMENT
 YOU CANNOT SPECULATE OR (...)
 REMEDY IS NOT AVAILABLE
 TYPICALLY OTHERWISE YOU
 HAVE TO THROUGH THE PROCESS
 EVEN THROUGH THE END RESULT
 IS WHAT YOU EXPECTED GA
 THAT IS CORRECT MR DAVON
 GACOURT CALL WOULD NOT BE
 RESPONSIBLE FOR VIDEO
 CONFERENCING WE WOULD
 MAY TO CONTACT MILCREEK
 DOES NOT HAVE ANYTHI-

NG TO DO WITH COURT
 CALL I DONT KNOW WHAT
 THE RESULTS RE WE WILL
 NOTIFY YOU YOU CAN USE
 THE VIDEO EQUIPEMNT GA
 THANK YOU MR DAVON
 HAVE A GOOD AFTERNOON
 SIR GA GOOD BYE SIR DO
 YOU WANT ME TO HANG UP
 GA I AM SORRY AGAIN
 I AM STILL ON THE LINE
 WITH COURT CALL IS THAT
 WHAT YOU WANT ME TO DO
 OR HANG UP GA 209 223 6
 500 THANK YOU .. DIALING
 .. RINGING 1... (MALE)
 AMADOR SHERIFFS OFFICE
 OFFICE IVE PUT YOU TO
 DISPATCH (FEMALE) AMADOR
 SHERIFFS OFFICE MAY I
 HELP YOU GA THIS IS
 DEPT. GENERAL I CANNOT
 ANSWER YOUR QUESTION
 ABOUT THE VIDEO EQUIP-
 MENT IN THE COURT CALL
 OFFICE IVE PUT YOU TO
 DISPATCH (FEMALE) AMADOR
 SHERIFFS OFFICE IVE
 PUT YOU TO DISPATCH
 RELAY THIS IS 800224-
 828 GA URS DO YOU NEED
 INSTRUCTIONS FOR EACH
 INDIVIDUAL SERVICE GAI
 AM GOING TO TRANSFER YOU
 TO THE PERSON HANDING
 THIS HER NAME IS CATHY
 HOLD ONA MOMENT OK G (...)
 (HOLDING) (CA HERE ...
 EXPLAINING RELAY) AMADOR
 COUNTY SHERIFFS OFFICE
 THIS IS KATHY WHO IS THIS
 THAT IS CALLING GA
 THAT IS HOW WE DO OUR
 SERVICES THROUGH LITIGATION
 I HAVE TO HAVE THE NAME
 OF THE PERSON ON EACH
 INDIVIDUAL YOU DONT
 HAVE TO FILL IN PHYSICAL
 DESCRIPTIONS JUST THE
 NAME AND THE EMPLOYMENT
 MILL CREEK STATE PRISON
 OUR PROCEDURE IS TO
 SERVE IT THRO

(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 2, 16, 15

Alan DeVan
Inmates Full Name (Print Legibly)

E43700
CDCR#

Complete Inmate Housing Assignment Information:

B301-2184 CSP/COR-IV

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE)

Specify court (e.g., Kern County Superior Court): AMADOR SUPERIOR

Specify case number: ASC 3253

OR

A statutory deadline. 3/20/15

Identify the statute or court rule that compels the deadline: _____

B. My deadline pertains to a(n) (check one and provide information if needed):

- Writ of habeas corpus
- State or Federal action concerning prison conditions
- Appeal of criminal conviction
- Petition for certiorari concerning criminal conviction
- Other legal action (specify) SMALL CLAIMS SUIT S/C# 100

C. The day of my established court deadline is: 03 / 20 / 15
(MM) (DD) (YY)

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

- I am not represented by an attorney.
- I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

Alan DeVan
Inmate's Signature

E43700
CDCR#

02, 12, 15
Date

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on: _____

Priority Legal User (PLU) ends on: _____

PLU status is DENIED for the following reason(s):

If your represented by an attorney, you can't get PLU status.

Also, I see its been continued to 5/19/15 - submit a new PLU

Reviewing Staff Certification: application & we can get PLU set up.

I have reviewed this request and before granting this request I have verified that the requesting inmates has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

[Signature]
Reviewing Staff Name (Print) Staff Signature

3 / 2 / 15
Date

5/15

THIS IS A COLLECT CALL FROM CA# 007 88 88 VOO ON 88 CALIFORNIA RELAY HAMILTON RELAY CA# 402 T M NBR PLS GA 888882 6 8788 DI 88 8 (TOLL FREE) 30 (RECORDING) COURT CALL (M) (HOLDING) (RECORDING) THANK YOU FOR CALLING COURT CALL PLS HLD (HOLDING) VOO ON 88 88 CA# VOO ON 88 88 (VCO ON) (HOLDING) (F) THANK YOU FOR CALLING COURT CALL MY NAME IS GRACE AT AXXX EXTENTION 163 HOW MAY I HELP YOU TODAY @ (EXPLAINING RELAY) GA YES 1 8 3 GA IF YOU CAN PLEASE SPELL YOUR LAST NAME FOR ME GA ONE MOMENT PLEASE KAY MR DEVON I DO SHOW THAT YOUR MATTER IS SCHEDULED CURRENTLY SCHEDULED FOR MARCH 20TH 2015 BEFORE JUDGE HERMANSON GA I M ACTUALLY GOING TO VERIFY THAT INFORMATION FOR YOU ONE MOMENT PLEASE I M GOING TO HAVE TO PLACE THIS CALL ON HOLD FOR ONE MOMENT THANK YOU ONE MOMENT PLEASE (HOLDING) / THANK YOU FOR HOLDING THANK YOU OKAY SO JUST TO CONFIRM THE HEARING HAS BEEN RESCHEDULED TO MAY 19TH AT 1:30 CORRECT @ GA OKAY ON THE WESXXX WEBSITE IT S REFLECTING THE CONTNXXX CONTINUANCE AT HEHXXX THE 19TH AT 1:30 PM GA OKAY MR DEVON WELL XXX WHAT WE LL GO AHEAD

AND DO IS WE LL GO AHEAD AND ULE THIS FOR MAY 19TH AT 10:00 AM AND WE LL SEND IT OUT TO THE COURT AND WE LL WAIT FOR THEIR RESPONSE GA I HAVEN T RECEIVED THAT AS OF YET I DO STILL SHOW YOU WITH M O 8 P CAN YOU JUST PLEASE REPEAT THE NAME OF THE FACILITY THAT YOU RE AT ONCE MORE @ GA OKAY JUST TO CONFIRM IT S T LIKE TOM S LIKE SAM P LIK PAUL C O R X I N 4 DASH D S @ FACILITY GA ONE MOMENT PLEASE MR DEVON THE CONTACT NUMBER AND FAX NUMBER CHANGED @ GA OKAY MR DEVON I CAN THE REPRESENTATIVE

ASSOCIATED YOU ARE ENVIOUS TIME AND DATE INFORMATION HAS NOT BEEN DATED IN OUR SYSTEM OF YET ARE YOU ABLE REFAX ONCE MORE @ ORRY I M STILL GOIN IN THROUGH WITH YOU E NFORMATION THANK U OKAY MR DEVON IF U COULD JUST GO AHEAD D MPELL THE NAME OF E CITY ONCE MORE FOR

AND IF YOU COULD SPE- LITTLE BIT SLOWLY GA ANK YOU MR DEVON I M IN TO GO AHEAD AND DATE THIS INFORMATION YOUR PROFILE I WOULD ILL NEED A CONTACT MBER AND A NOTIF NOTIFICATION NUMBER SO WE IN SEND THIS UPDATED NFORMATION GA OKAY SO IAT * 5 5 9 9 9 2 8 8 0- ND THAT IS A CONTACT MBER CORRECT @ GA OKAY) I M GOING TO CALL HIS NUMBER AND REQUEST) SPEAK WITH KIM-BRELL) I CAN OBTAIN A FAX MBER SO I CAN SEND HIS UPDATED CONFIRMATI- I GA OKAY SO ONCE AGAIN LL GO AHEAD AND TRY HIS NUMBER AND REQUEST) SPEAK WITH KIM BRELL BECAUSE I DO NEED TO END YOU THE UPDATED NFORMATION THAT WILL AVE THE DIAL IN INFORMATI- ON TXXX SO THAT YOU AN CONNECT) FOR THIS ALL ON MAY 19TH GA YES D YOUR COURT CALL ID- UMBER IS 675 4 4 7 3 ND THE NUMBER THAT YOU EED TO INITIATE THIS ALL IS 8 8 8 2 8 7 2 9- 3 AND ACCESS CODE IS 7- 7 3 @ 2 9 FOLLOWED BY- HE ROUND SIGN AND YOU OULD INITIATE THE CALL T LEAST 5 MINUTES PRIOR @ 10:00 PACIFIC TIME N MAY 19TH GA YES CORR- CT GA YES CORRECT GA YES CORRECT GA YES MR DEVON I LL GO AHEAD AND LL CALL THE COURT WELL LL CALL EXCUSE ME THE IDEGATOR TO AXXX OBTAIN HE FAX INFORMATION SO

THAT I CAN ALSO SEND THIS INFORMATION BY FAX GA YES THANK YOU SO MUCH MR DEVON WELL IXXN ALSO NOTIFY THE COURT OF YOUR INTENT IN APPEARING BY PHONE OR MAY 19TH AT 10: 00 AM AND YOU HAVEA WONDERFUL DAY AS WELL THANK YOU GA GOODBYE SIR SKSK (PERSON HUNG UP) GA (CA HERE) GA DIALING LONG DISTANCE (ATT) 209-223-8500 (M) (ASKING FOR KATHY) UH LEMME SEE IF I CAN HUNT HER SOXXX DOWN (F) THIS IS KATHY GA I I M NOT SURE WHAT HE S TALKIN ABOUT I M NOT SURE WHAT YOUR TALKIN ABOUT THE NOTICE GA OKAY UHM I DO REMEMBER AND I DO REMEM- BER SENDING THE SUMMONS BACK I DON T KNOW WHAT YOU RE TALKING ABOUT IN TERMS OF THE NOTICE I KNOW THAT I SENT TXXX BACK THE ALL OF THE SUP- PENA SUMMONS BUT I DON T RECALL SENDING BACK ANYTHING ELSE SO I DON T KNOW WHAT NOTICE YOU RE REFERRING TO GA UHM YOU YOU CAN SEND THAT TO THEM XXX OR YOU CAN HAVE THEM RESERVED UH WITH NEW SXXX COURT DATE UH I RETURNED YOUR PROOF OF SERVICE ON ALL OF THOSE CLAIMS THAT YOU SENT TO ME AND THE ONLY THING THAT I RETURNED HAD TO DO WITH THE SUMM- ONS I M SPORXXX SORRY THE SUPPENAS GA YES YES GA I SENT THOSE IF YOU COULD HOLD ON ONE MOMENT LET ME JUST CHECK THE DATE REAL QUICK IT WILL JUST TAKE ME A SECOND GA THE PROFS WERE SENT AROUND FEBRUARY THE 20 TH GA OKAY UHM I M PRET- TY SURE THEY LL SEND THOSE BACK TO YOU GA YES GA YEAH THAT S TRUE HEHGA OKAY THANKS YOU HAVA GOOD DAY TOO SKSK (PERSON HUNG UP) GA THK U BYE HRS 044027M SK

PRIORITY LEGAL USER (PLU) REQUEST AND DECLARATION

COPY

Date of Request: 3 / 4 / 15

Alan Devon
Inmate's Full Name (Print Legibly)

E43780
CDC #

Complete Inmate Housing Assignment Information: 3B01-213⁴ (CSP-COR-II)

List and provide documentation to verify your established court deadline and check the box that corresponds to the qualifying legal action.

My established court deadline is: 5 / 20 / 15

My request for PLU status is based upon a:

- Writ of habeas corpus
- State or Federal action concerning prison conditions
- Appeal of criminal conviction
- Petition for certiorari concerning criminal conviction

Inmate's self certification of eligibility.

- I am not represented by an attorney.
- I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

Alan Devon
Inmate's Signature

E43780
CDC #

3 / 10 / 15
Date

CDCR Staff Use Only

Rec'd
4/7/15

PLU status is GRANTED

Priority Legal User (PLU) status begins on 4 / 20 / 15

Priority Legal User (PLU) status ends on 5 / 20 / 15

PLU status is DENIED for the following reason(s): _____

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

wymur
Reviewing Staff Name (Print)

[Signature]
Staff Signature

3 / 17 / 15
Date

Copy Distribution: 1. C-file 2. Inmate 3. Library 4. Litigation 5. Facility Captain or Designee

MARCH 17/05
) AMADOR COUNTY SHERRIFFS OFFICE (CA HERE ..
. EXPLAINING RELAY)
OK YA LET ME TRANSFER YOU OVER HANG ON (HOLDING) RINGING 1... (FEMALE) AMADOR COUNTY SHERRIFFS OFFICE THIS IS KATHY A YES I DO THEY WERE MAILED TO THE PO BOX IN CORCHARAN ALL YOUR INFO YOU PROVIDED ME ~~THEY WERE MAILED ON FEBRUARY 26~~
GA UH LET ME VERIFY WHERE THESE WERE MAILED JUST ONE MOMENT (HOLDING) OK THESE WERE MAILED TO PO BOX 3466 CORCHARAN CA 93212 AND YOUR CD CR NUMBER E43780 WAS ON IT THEY WERE IN ONE LARGE ENVELOPE GA ~~THE SUBPOENAS MAILED BACK TO YOU PROBABLY A WEEK PRIOR TO THAT~~ GA UM I WOULDNT NEED NEW INSTRUCTIONS I JUST NEED TO REPRINT ND SEND COPIES WHICH IS LABOR INTENSIVE IF YOU DIDNT GET THE FIRST SET WHATS THE GUARANTEE YOU'LL GET THESECOND SET GA YES I'LL REPRINT THEM THEY'LL SHOW AS AMENDED I'LL TRY SENDING THEM TO THE SAME PO BOX AN HOPE YOU GET THEM GHA OK GA OK THANK YOU BYE YE (HUNG UP) GA OR SK Q
THANK YOU .. DIALING .. RINGING 1... 2... 3... 4... (RECORDED MSG) YOUVE REACHED AMADOR COUNTY SIXXX CIVIL COURT DIVISION (ONE MOMENT PLS) (AND I WILL RELAY COMPLETE MESSAGE) IF YOU'RE CALLING BETWEEN THE HOURS OF 9 30 AM 2 30 PM MONDAY THROUGH THURS OR FRIDAY 9 30 AM TO 12 NOON YOUR CALL WILL BE ANSWERED BY THE NEXT AVAILABLE AGENT IN THE ORDER RECEIVED PLEASE NOTE THE COURT IS CLOSED TH FIRST AND THIRD FRIDAYS OF THE MONTH IF YOUR CALL IS OUTSIDE OF TH SES HOURS PLEASE CALL DURING THOSE HOURS SO AN AGENT CAN ASSIST YOU THANK YOU (HOLDING FOR A LIV REP) (FEMALE) THANK YOU FOR CALLING AMADOR SUPERIOR COURT HOW CAN I ASSIST YOU GA

MARCH 17/05
.. ANSWERED... SHE-RIFF S OFFICE THIS IS KATHY MLE) GA OKAY I LL WATCH FOR THEM GA YES I DID THEY WERE SENT OUT LAST WEEK THE SECOND SET WILL SAY ABOVE THE WORD ORIGINAL GA UMM THAT WOULD BE U* TO THE COURT HAVE THE ALL THE PEOPLE SUBPOENED ARE THEY AWARE THERE S A ^EW COURT DATE QQ GA I DON T UNDERSTAND THAT PART THE SUBPENAS SUBPOENAS ARE COMING O ME IM NOT SURE AB=UT THE OTHER FORMS YOU RE TALKING ABOUT GA IS EVERYONE THAT GOT THE SMALL CLAIMS ALSO GETTING SUBPOENAS QQ GA * OK I UNDERSTAND NOW GA OK SO THAT S WHAT YOU HAVE BACK THEN THAT YOU ARE SENDING TO ME BE SUR EYOU HAVE INSTRUCTIONS WITH THEM ALL GA OK THAT LL WORK GAIM SORRY I MISSED THAT HAHA GA NO IM NOT GONNA LET THAT APPEN.. HAHHA GA OK THAT LL BE FINE AND YOU'RE WELCOME GA SKSK (HUNG UP) GA OR SK OK IM SORRY I NEED U TO REPEAT THE NUMBER GA 46 9 ON AREA CODE PLEASE REPEAT I HAVE 388 9337 GA THAT AREA CODE IS NOT PAKING NE MOMENT PLS) 619 QQ GA I NEED YOU TO REPEAT THAT AGAIN GA THANK YOU .. DIALING .. RINGING 1.. 2... (RECORDED MSG) (ONE MOMENT PLS) (AND I WILL RELAY COMPLETE MESSAGE) YO HAVE REACHED T E AMADOR CIVIL AND SMALL CLAIMS DIVISION IF YOU ARE CALLING BETWEEN THE HOURS OF 9 30 AM AND 2 30 PM MONDAY THROUGH THURSDAY OR FRIDAY 9 30 AM TO 12 NOON YOUR CALL WILL BE ANSWERED BY THE NEXT AVAILABLE AGENT IN THE ORDER RECEIVED PLEASE NOTE THE COURT IS CLOSED THE FIRST AND THIRD FRIDAY S OF THE MONTH IF YOUR CALL IS OUTSIDE OF QHESE HOURS PLEASE CALL BACK DURING THOSE HOURS SO A\ AGENT CAN ASSIST YOU THANK YOU (BEEP ..
. HUNG UP ... WOULD YOU

Office of Sheriff

COFONOR
MRS Kathy Marchione
information and belief are (specify item numbers, not line
209. 723. 6500

paper filed with the court. Page 1

AGE or Other Court P CALLING COURT DIVISION (HOLDING FOR ASSISTANCE) (HOLDING) (HOLDING) (HOLDING) ANSWERED... (FEMALE) TY FOR CALLING COURT CALL MY NAME IS ROCHELLE GA OK USING COURT CALL EACH TIME YOU SCHEDULE A COURT CALL APPEARANCE YOU WILL HAVE TO SEND US YOUR C WAIVER AND SIGN AND DATE D REQUEST FORM WE DO NOT KEEP C WAIVERS ON FILE GA CAN YOU SPELL YOUR LAST NAME FOR ME GA AND MAY I HAV EYOUR FIRST NAME PLEASE GA OK AND I SHOW THAT YOUR CVC NUMBER IS E43780 GA OK SIR IM READING YOUR NOTES SIR AS FAR AS I CAN SEE YOU ARE CONFIRMED FOR MAY 19TH AT 1 30 LET ME GIVE YOU YOUR DIAL IN NUMBER ITS 888 287 2973 YOU LL BE PROMPTED TO PUT IN AN ACCESS CODE THE CODE IS 07 302 9 AND YOU HAVE TO PRESS THE POUND KEY AFTER YOU PUT IN THE ACCESS CODE OK GA YOUR ACCESS CODE IF 7073029 POUND A IF YOU HAVE FUTURE EARRINGS WE LL NEED THE C WAIVER AND ALSO CAN YOU XERIFY THE DIAL IN NBR I PROVIDED GA YOU DONT NEED TO PRESS THE POUND KEY WHEN YOU DIAL THE TOLLFREE NUMBER JUST WHEN YOU ENTER THE ACCESS CODE GA YES AND WE DID FAX IT THIS TIME AS WELL TO 559 992 7372 ON THE 12TH OF MARCH OK GA OK BECAUSE ONECE WE CONTINUED IT AS SOON AS WE DID THAT IS WHEN WE SENT IT AS SOON AS IT WAS APPROVED TO BE HEARD ON THE 19TH WE CONFIRMED IT FOR YOU AND SENT OUT THE NOTICE THE DAY

Court can 3/24/15

AMADOR SUPERIOR COURT CLERK

EXPLAINING COURT CALL INFO COURT CALL CONTACT

MARCH 2, 2015

MARCH 12, 2015

26 (Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers):

27 This page may be used with any Judicial Council form or any other paper filed with the court.

Page 1

Form Approved by the Judicial Council of California MC-020 (New January 1, 1987) Optional Form

ADDITIONAL PAGE Attach to Judicial Council Form or Other Court Paper

THOMSON

CRC 201, 501

ERED... (FEMALE) SUPERIOR COURT THIS IS... HOW CAN I HELP YOU (CA HERE ... EXPLAINING RELAY) GAZM UMM I THINKING IT'S A MISTAKE I SHOW MAY 19TH 2015 AT 1:30 IN DEPT WITH JUDGE HERMANSON GA YES I UNDERSTANT AND IT DOES HAPPEN FROM TIME TO PINE BUT I M SEEING IT IN THE TRIAL DOCIT AND I M SEEING 1 30 ON MAY 19TH GA UMM THE SUBPEONA S HAVE BEEN STAMPED AND SENT BACK TO YOU ON MARCH 6TH OF THIS YEAR FOR YOU TO

SEND THEM WHERE THEY GO, UMM I WILL GET A COPY OF THE CLAIM AND ORDER AND MAIL IT OUT TO YOU WITHIN THE NEXT COUPLE OF DAYS GA OKAY GA THANK YOU YOU ALSO GA (ONE MOMENT PLS) (OKAY READY FOR THE NUMBER) GA THANK YOU .. DIALIG .. RINGING 1... (RECORDED MSG) COURT CALL APPEARANCE (SOUNDS LIKE WE RE WAITING FOR A PERSON TO JOIN THE CALL BUT YOU WANT KATY HY RIGHT Q) GA(SO YOU DONT WANT CONNECTED TO THE MEETING OR HAVE A PASSCODE RIGHT Q) GA(NO PROBLEM) THANK YOU .. DIALING .. (RECORDED MSG) (I LL TRY TO GET A REPRESENTATIVE FOR YOU) (HOLDING) ANSWERED... (MALE) (CAN I HELP YOU Q (I ASKED FOR KATHY) DO

YOU HAVE A LAST NAME Q (CA HERE ... EXPLAINING RELAY) GA YEAH I CAN HEART YOU DO YOU HAVE A COURT CALL I.D NUMBER Q GA YOU DIDNT NEED IT :HATS YOUR FIRST AND LAST NAME Q GA OKAY AHHHH ARE YOU AN INMATE AT FRESNO Q GA YEAH MAY 19 BUT I SEE 10 AM YOU SAY ITS 1:30 Q GA EXZJ OKAY I LL NEED VOJ TO HOLD ON ONE ECONO I NEED TO VERIFY THIS WITH A CLERK HOLD ON ONE SECOND OKAY (HOLDING TO MUSIC) (YES PIANO I LOVE PIANO MUSIC) A*(I UNDERSTAND ISNT IT WONDERFUL EVER THINK F TAKING LESSONS TO A/RN HOW TO PLAY Q) GA (LOVELY) TONG TO MUSIC) (YES BUT YOU PRETTY SHARP AND ARE ON TOP OF THINGS) GA (YES I HOPE THAT FOR YOU THEN) (HOLDING TO MUSIC) (YOU RE WELCOME) (HOLDING TO MUSIC) (NO SIR PENNSYLVANIA) A (YES HE IS BACK NOW SMILE) GAA OKAY I MADE THE CHANGE AND I LL SEND THE NEW CONFIRMATION +PDATED 559 992 7372 FAX RIGHT! Q GA IT SHOULD BE THE SAME I CANT VERIFY THAT GA YEAH GA NO PROBLEM BYE (HUNG UP) GA OR SK (HEY IT S SUNNY TODAY AND 55

HAVE A GO

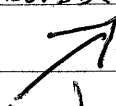
INMATE REQUEST FOR INTERVIEW

DATE 4/9/15	TO E. CARMECHAE, LTA, 3B LIBRARY	FROM (LAST NAME) DEVON	CDC NUMBER E 43700
HOUSING 3B01	BED NUMBER 218L	WORK ASSIGNMENT 3B ELECTRONICS	JOB NUMBER 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.

PLEASE PROVIDE 26 COPIES OF EACH DOCUMENT SO I CAN SERVE ALL 26 DEFENDANTS.


 Provided 3/26/15 w/ EXCESS App. for copies
 Denied Both copies / STATIONARY.

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

INTERVIEWED BY	DATE 4/9/15
----------------	----------------

DISPOSITION
PLEASE PROVIDE A CURRENT COURT DOCUMENT FOR CASE # 14-SC-3253 THAT NAMES ALL 26

DEFENDANTS w/ PROOF OF SERVICE LISTING ALL 26 DEFENDANTS. YOUR PAPERWORK THAT I RECEIVED ON 4/9/15 APPEARS TO BE INCOMPLETE.

Provided and Paced ZERO RESULTS / CALLED ON 4/17/15 @ 1400 hrs Carmichael LTA / CESPINO

this is a collect call
 from an inmate at csp
 voo onsa ga AT&T CA 965
 1 (F) VOO ON NUMBER PLEASE
 A DIALING THE LONG DISTANCE CALL..
 THANK YOU .. DIALING ..
 RINGING 1... 2... ANSWERED...
 (FEMALE) SUPERIOR < (ONE MOMENT
 PLS) OK YES Q GA
 HOLD ON (HOLDING) IS THIS REGARDING
 BAUER VERSUS BAUER Q GA (PAUSING)
 WAS THAT SO Q GA IF THEY HAVENT
 BEEN SERVED THE NEW DATE THEN THEY
 WOULDNT AUTOMATICALLY KNOW I DO SHOW
 UM.. AN AMENDED PLAINT-IF F CLAIM TO
 GO TO SMALL CLAIMS COURT.. UM..
 BAAK AHH HOLD ON IM GONNA GO PULL THE
 FILE I WASH TTH EDNE THAT WORKED ON IT
 SOI NEED TO LOOK AT THE APERWORK SO IM
 GONNA PUT YOU ON HOLD (HOLDING) (HOLDING)
 OK LOOKING AT 105A.. THAT WS FILED
 FEBRUARY 24TH OF THIS YEAR AND IT SAYS
 THE ORDER IS HARIN G IS CONTINUED TO
 MAY 19 AT 10 AM IN DEPARTMENT 2
 PLAINTIFF SHALL SERVE THIS ORDER AND
 ALL MOVING PAPERS BY MAY 1 AND FILE
 PROOF OF SERVICE SO DOES THAT ANSWER
 YOUR QUESTON Q GA YES OK SO I AGREE
 IM LOOKIN GAHH AT COURT CALENDAR IT
 DOES SAY 1 3 0 SO I T LOOKS LIKE THIS
 HAS TO BE AMENDED UM AND SO IM GONNA
 HAVE TO TAE THIS TO A SUPERVISOR AND
 HAVE IT CORRECTED GA IF THEY HAVENT
 BEEN SERVED CORRECT DQTE AND TIEM
 THEY NEED TO BE SERVED I CANN SWER
 BEYOND THAT CUZ REGARDING SERVICE IS
 MORE LIKE A LEGAL QUESTOIN GA YES I
 UNDERSTAND IM GOING TO GIVE TO
 SUPERVISOR TO AHH HAVE IT AMENDED OR
 SOMETHING CUZ IT HAS WRONG TIME GA
 AHH I M ONLY AWARE OF VIDED ARRAING-
 MENTS FOR CRIMINAL CAS-ES BAAK UMM
 IT SAYS JUDGE ADVISES YOU MAY
 APPEAR VIA COURT CALL AS TELETYPE UM
 AS 200-

^{n. 100}
 4/2/15 Relay call
 AT 1130 hrs, TILL INCIDENT
 1150 hrs, yo R. CASTRO ASK
 Me to Abruptly walk out
 side without disconnecting an
 thing out. yo D. Hicks threaten
 Me for requesting legal text.

ILABLE TO HIM IT SAYS
 CLERK TO CHECK ON ABILITY
 OF LAINTIFF TO APPEAR
 VIA VIDEO CONFERENCE
 SO I DOT KNOW IF THEY
 KOULL HAVE TO ASK THE
 CLERK BAAK UMM YES I
 L L FOLLOW UP WITH MY
 SUPERVISOR ON THAT REQU-
 EST AND MY QUESTION TO
 YO UIS ARE YOU AT ..
 MULE CREEK Q GA NO..
 NO DONT NEED THAT I
 JUST SAW SOMETHING WE
 DO HAVE YOUR CURRENT
 ADDRESS I JUST NOTED
 SOMETHING THT SAID MULE
 CREEK AND I BELIEVE OU
 RVIDO VIDEO CONFERENCE-
 NG IS ONLY AVAILABLE
 AT .. MULE CREEK GA 100-
 90 IS MY CLERK NUMBER 100-
 100-90
 GA YES GAT YEA WELL
 HAVE AN ANSWER TO BOTH
 QUESTIONS IT LOOKS LIKE
 WE HAVE ENOUGH TIM ETO
 MAKE THIS AMENDMENT
 TO THE AHHH SC105 AND
 YOU STILL HAVE TIM ETO
 SERVE TH'OM O H WAIT
 GRY .. PERHAPS YOU SHOU-
 LDG BACK NEXT WEEK FOR
 AN UPDATE IF YOUR ABLE..
 GA AH NO MONDAY IS 930
 TO 230 IS WHEN WE ANSWER
 PHONES ITS FRIDAY WE
 ARE CLOSED A YOUR WELCO-
 ME HAVE A GOOD DAY (HUNG
 UP) GA OR SK (ONE MOMENT
 PLS) THANK YOU .. DIALING ..
 RINGING 1... ANSWERED...
 (FEMALE) SHERIFFS OFFI-
 CE THIS IS CATHY GA IM
 FINE HOW ARE YOU GA *X*-
 ART WITH SAD GA UM LET
 ME PULL THE FILE REAL
 QUICK CUZ IM CONFUSED
 IT WILL JUST TAKE A MIN-

CASTRO kept me to the line
 yo Hicks Author's I only allowed copy
 transcript

Work Schedule if applicable: Voc/Electronics

Locked Down? Yes & No

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 2171 (9/09)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 4/7/15

Inmate's Full Name (Print Legibly): ALAN DEYAN

CDCR #: EAB780

Complete Inmate Housing Assignment Information:
P.O. # 3400 #3504/213 CDP/COR II CORCORAN, CALIF., 93212

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE).

Specify court (e.g., Kern County Superior Court): AMADOR SUPERIOR COURT

Specify case number: 140C 3203

OR

A statutory deadline.

Identify the statute or court rule that compels the deadline: HEARING/ALL MOVING PAPERS (C. 105A) BY MAY 1, 2015 SEE ATTACHED PREPARED PREVIOUSLY.

B. My deadline pertains to a(n) (check one and provide information if needed):

- Writ of habeas corpus
- Appeal of criminal conviction
- Other legal action (specify) _____
- State or Federal action concerning prison conditions
- Petition for certiorari concerning criminal conviction

C. The day of my established court deadline is: 5/1/15 - 5/19/15
(MM) (DD) (YY)

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

- I am not represented by an attorney.
- I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

Inmate's Signature: Alan Deyan CDCR #: EAB780 Date: 4/8/15

CDCR Staff Use Only
PLU status is GRANTED

Priority Legal User (PLU) status begins on 4/14/15

Priority Legal User (PLU) status ends on 5/19/15

PLU status is DENIED for the following reason(s):

← NEVER WAS CALLED AM/OR PM - LIBRARY

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

Reviewing Staff Name (Print) Staff Signature: [Signature] Date: 4/14/15

*** Please read*** If you request PLU status and are approved, you will be ducted/called in to the library. If you do not

Alan Devan
E43100

A/B/15 TED - CALL TO
VERIFY ORDER FROM CASE
SUBMITTED TO LHA'S ON
AB/A-A TO NO AVAIL -

~~Sherriff~~ →

CALIFORNIA RELAY, HAMIL-
TON RELAY CA# 1396 FT
NBR PLS GA vco on 209 22
3 6500 ga ga 0 0M) ((
CA HERE HOW WUD U LIKE
THIS CALL BILLED 0) GA
relay ga ga (CA HERE
HOW WUD U LIKE THIS CALL
BILLED 0) GA . CRS BY
AT&T, NUMBER CALLING
PLS GA vco ob 209 223 650
0 ga ga AT&T CA 0582 (F)
THANK YOU .. DIALING ..
(MALE) HAPPY EASTER
SHERRIFFS THIS IS KEVIN
GA vco on happy easter
to u kevin or belated
ha ha ah this is alan
is kathy available vco
on ga. ga (CA HERE
VCO IS ON AND HAS BEEN
) (MALE) LET ME
GET HER FOR YOU RINGING
1... 2... (FEMALE) (FEMALE) A YES THE ANSWER IS YES WE NEED NEW INSTRUCTIONS FOR ALL OF THE M I NEED ONE FEE WAIVER ILL COPY IT AND THEN I NEED THE SC105 GA THATS CORRECT YOU NEED TO GET THE NEW ONES IN THE OLD ONES WITH THE OLD COURT DATE WONT UHMM WONT BE ACCEPTED GA UH DID IT SAY HE WASNT EMPLOYED BY MULE CREEK GA Q UM IS IT POSSIBLE HE IS IN OUTSOURCE DOCTOR DOCTOR MEDICAL PERSONNEL MIGHT BE OUTSOURCED AND NOT AN ACTUAL EMPLOYEE GA UJM IF YOU WANT TO TAKE THAT CHANCE IF I REMEMBER RIGHT I THOUGHT HE WAS EMPLOYED OUT FO SAN FRANCISCO IM NOT SURE GA IF YOU CAN HOLD ONE MOMENT IM GONNA GRAB THE FILE MY CABINET IS IN REACH HOLD JUST ONE M OMENT THANK YOU (HOLDING) M LOOKING AT THE PAPERWORK JUST A MOMENT (HOLDING) WHAT I HAVE DOESNT SHOW THAT BUT YES YOUC N SEND IT TO ME F SHE REFUSES IT AGAIN I CANT GURANTEE SERVICE BUT YOU CAN SEND ALL THAT PAPERWORK TO ME GA OK ILL WATCH FOR IT GA OK GA OK SAME TO YOU THANK YOU GA OK SO YOURE DONE WITH

Work Schedule if applicable: _____

Locked Down? ___ Yes ___ No

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 2171 (9/09)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 4 / 9 / 15
Alan Devin

E43700

Inmate's Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

5504-780 CSF/CR II

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE).

Specify court (e.g., Kern County Superior Court):

Specify case number:

AMADOR SUPERIOR
16C3793

OR

A statutory deadline.

Identify the statute or court rule that compels the deadline: _____

B. My deadline pertains to a(n) (check one and provide information if needed):

Writ of habeas corpus

State or Federal action concerning prison conditions

Appeal of criminal conviction

Petition for certiorari concerning criminal conviction

Other legal action (specify) _____

C. The day of my established court deadline is:

5 / 19 / 15
(MM) (DD) (YY)

Need papers sealed by 5/1/15

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

I am not represented by an attorney.

I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

[Signature]
Inmate's Signature

E43700
CDCR #

4/9/15
Date

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on _____ / _____ / _____

Priority Legal User (PLU) status ends on _____ / _____ / _____

PLU status is DENIED for the following reason(s): _____

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

Reviewing Staff Name (Print) Staff Signature

Date

*** Please read***: If you request PLU status and are approved, you will be ducted/called in to the library. If you do not

April 21, 2015 TRD/TTY CAN TO SHERIFFS
Amador Superior

...ALE COUNTY SHERIFFS
OFFICE (ASKING FOR KAT-
BY) SURE I CAN GET A
HOLD OF HER FOR YOU
RINGING 1... (ALE)
XX (FEMALE) THIS IS
KATHY GA OK UMM DID
YOU RECEIVED YOUR PAPERW-
ORK BACK YET GA THATS
CORRECT I RETURNED THE
PAPERWOK WITH A LETTER
TO I SENT ABOUT 30 LETT-
ERS OF BLANK ONES FOR
YOU TO USE I NEED TO
HAVE ECH LETTER OF INST-
RUCTION ATTACHED TO WHA-
TEVER PAPERWORK YOU WANT
SERVED TO THAT INDIVIDUAL
GA I DIDNT KNOW WHAT
YOU NEEDED ME TO DO WITH
THOSE PROOF OF SERVICE
THOSE ARE YOUR COPIES I
SENT THEM BACK TO YOU
WHAT I NEED IS 1 INSTRU-
CTION PWER XXX PER PERSON
WITH THE PAPERWORK
STAPLED TO IT YOU GAVE
ME FOR XNSTANCE 4 PEOPLE
WITH 1 LETTER OF INSTUR-
CTION AND YOU ONLY HAD 1
SET OF DOCUMENTS GA I
DONT NEED THOSE PROOF
OF SERVICE THEY ARE CON-
FUSING THINGS THEY ARE
FOR YOU WHEN THEY DONE
THEIR SUPPOSE TO GO TO
THE FORT SO I DONT KNOW
YOU SENT THEM TO ME ALL
I WANT IS 1 SET OF INST-
RUCTIONS WITH THE DOCUM-
ENTS STAPED ON THAT YOU
WANT SERVED TO THAT PER-
SON I CANT COPY YOU
HAVE TO PROVIDE THOSE
COPIES GA OK THATS PER-
FECT THATS WHAT IM LOOK-
ING FOR WHEN I GET THEM
ON FRIDAY WE LL GET THEM
SET UP AND GET THEM SER-
VED FOR YOU GA OK THATS
REAT WE WANT TO MAKE
SURE WHT YOUR ASKING TO
GET SERVED GETS TO THE
RIGHT PEOPLE AS LONG AS
DU DID IT THAT WAY IT
ILL BE FINE GA OK THAT
SHOULD BE QS LONG AS
EACH ONE IS STAPLED CAU-
SE PUTTING THEM IN A
ROUP LIKE THAT IT WAS
LIKE YOU WERE ASKING ME
D MATCH WITH WHAT WAS
ALREADY SERVED AND I
CAN NOT DO THAT GA I
DIDNT SENT IT PRIORITY
T SENT IT W HAVE A MAIL
RVICE DEPARTMENT AND
STADDRESS THE ENVEL

April 21, 2015 Call to Court can Appear
to confirm new trial time
for 10:00 AM, 5/19/15

...PE THEY DO WHAT THEY
DO BUT I DONT BOOOOO
IT WAS MAILED GA OK SURE
I CAN DO T AT GA YOUR
WELCOME GOODBYE GA NO
PROBLEM WE LL GET IT
OUT SOMEHOW GA OK I
WILL TELL HIM THAT GOOD-
BYE SK (HUNG UP) GA OR
SK THANK YOU .. DIALI-
NG .. RINGING 1... (R
RECORDED MSG) TY FOR
CALLING COURT CALL (H
HOLDING FOR ASSISTANCE)
GA HERE LINE JUST DISCO-
NNECTED NO ONE ANSWERED
GA)(PLS REPEAT GA)(O
ONE MOMENT PLS) RING-
ING 1...THANK YHOU FOR
MAKIN A COUIRT CALL APP-
PEARANCE YOU WILL HEAR
USIC ON HOLD UNTIL THE
COURT JOINS THE CALL ...
. IF YOU HAVE ANY PROBL-
EMSTAY ON THE LINE ...
PLEASE ENTER YOU PIN
CODE AND PUND KEY GA
I AM SORRY I NEED THAT
DATE Q GA SORRY I NED
THAT NUMDER Q GA THANK
YOU .. DIALING .. (R
RECORDED MSG) THANK
YOU FOR CALLING COURT
CALL THIS CALL MAY BE
MONITORED.... EXI NEED
THE EXTN NUMBER GA (E
ING NUMBERS DOLEASE
HOLDIF YOU KNOW YOUR
PARTY THREE DIGIT EXTN
DIAL IT NOW GA COUF
COURT CALL IS A PRIVATEE
*_0}0BO//_?<ANCE YROU
COCT INFO FAX NUMBER
AND EMAILK JUDGE NAME
AND DAHE AND TIME OF
YOUR PROCEDANCE
FREE XXX FEE CAN VERI-
FY BY DEADLINE
SET FEES PAID BY CRED-
IT CARD ARE REFUNDA
BEL ... ONCE YOUR COURT
CALL HAS BEEN SCHEVELDL-
ES YOU WILL E REQUIRED
... (RECORDED MSG)
PLEASE HOLD WHILE I TRA-
NSFER YOU CALLRING-
ING....JAMSOME HOW MAY
I HEL PYOU Q (FEMALE)
GA LET ME GO AHEAD AND
SEE IF I CAN SEE THAT
ONE SECOND PLEASE (HOL-
DING) (HOLDING) O HAVE
MADE THE CHANGE FROM 1
TILL 10 AM GA THAT IS

EXHIBIT L

CALENDAR 2015 3A-3B-3C

LAW LIBRARY - MARCH

MONDAY 2	TUESDAY 3	WEDNESDAY 4	THURSDAY 5	FRIDAY 6
AM / C-YARD	AM / B-YARD	TRAINING	AM / C-YARD	AM / B-YARD
PM / C-YARD	PM / B-YARD	TRAINING	PM / C-YARD	PM / B-YARD

LTA: CARMICHAEL

MONDAY 9	TUESDAY 10	WEDNESDAY 11	THURSDAY 12	FRIDAY 13
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

Initial Access
NOT Rescheduled

MONDAY 16	TUESDAY 17	WEDNESDAY 18	THURSDAY 19	FRIDAY 20
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

MONDAY 23	TUESDAY 24	WEDNESDAY 25	THURSDAY 26	FRIDAY 27
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

CALENDAR 2015 3A-3B-3C

LAW LIBRARY - APRIL

MONDAY 30	TUESDAY 31	WEDNESDAY 1	THURSDAY 2	FRIDAY 3
AM / C-YARD	HOLIDAY	AM / B-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	CESAR CHAVEZ	PM / B-YARD	PM / C-YARD	PM / A-YARD

CARMICHAEL (CMA)
~~dated copies~~

Provided
 Exceeding over 50
 pages documents
 NOT PROVIDED
 BACK AS
 WELL AS COURT
 COPIES!

LTA: CARMICHAEL

MONDAY 6	TUESDAY 7	WEDNESDAY 8	THURSDAY 9	FRIDAY 10
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

~~NO ACCESS~~

AT DAVIS
 COT. CASTRO

~~NO ACCESS~~

MONDAY 13	TUESDAY 14	WEDNESDAY 15	THURSDAY 16	FRIDAY 17
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

~~NO ACCESS~~

~~NO ACCESS~~

MONDAY 20	TUESDAY 21	WEDNESDAY 22	THURSDAY 23	FRIDAY 24
AM / C-YARD	AM / B-YARD	AM / C-YARD	AM / B-YARD	AM / A-YARD
PM / C-YARD	PM / B-YARD	PM / C-YARD	PM / B-YARD	PM / A-YARD

12/8/10

*

CALENDAR 2015 (3A-3B)

LAW LIBRARY - MAY

MONDAY 27	TUESDAY 28 <i>ACCOS</i>	WEDNESDAY 29	THURSDAY 30 <i>ACCOS</i>	FRIDAY 1
AM / A-YARD	AM / B-YARD	AM / A-YARD	AM / B-YARD	TB TESTING
PM / A-YARD	PM / B-YARD	PM / A-YARD	PM / B-YARD	

LTA: CARMICHAEL

MONDAY 4	TUESDAY 5	WEDNESDAY 6	THURSDAY 7	FRIDAY 8
READING TB	AM / B-YARD	AM / A-YARD	AM / B-YARD	AM / A-YARD
	PM / B-YARD	PM / A-YARD	PM / B-YARD	PM / A-YARD

MONDAY 11	TUESDAY 12	WEDNESDAY 13	THURSDAY 14	FRIDAY 15
AM / A-YARD	AM / B-YARD	AM / A-YARD	AM / B-YARD	AM / B-YARD
PM / A-YARD	PM / B-YARD	PM / A-YARD	PM / B-YARD	PM / A-YARD

MONDAY 18	TUESDAY 19	WEDNESDAY 20	THURSDAY 21	FRIDAY 22
AM / A-YARD	AM / B-YARD	AM / A-YARD	AM / B-YARD	AM / B-YARD
PM / A-YARD	PM / B-YARD	PM / A-YARD	PM / B-YARD	PM / A-YARD

Memorandum

Date : 03/26/15

To : IFP REQUESTOR

Subject : CERTIFIED ACCOUNT STATEMENT

YOUR CERTIFIED ACCOUNT STATEMENT HAS BEEN PROCESSED.

WE ARE RETURNING YOUR APPLICATION ALONG WITH ANY OTHER PAPER WORK YOU SENT TO TRUST. WE HAVE ALSO ENCLOSED A COPY OF YOUR CERTIFIED ACCOUNT STATEMENT, STAMPED INMATE COPY, FOR YOUR RECORDS.

YOUR CERTIFIED ACCOUNT STATEMENT IS AT THE LAW LIBRARY READY FOR MAILING TO THE COURTS OR GOVERNMENT CLAIMS BOARD.

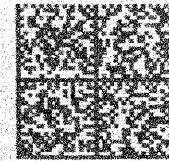
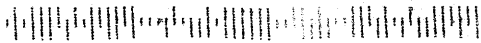
IT IS YOUR RESPONSIBILITY TO REQUEST AN APPOINTMENT WITH THE LAW LIBRARY WITHIN 30 DAYS SO THEY MAY DUCAT YOU TO THE LIBRARY FOR MAILING.

THE LAW LIBRARY WILL HOLD YOUR CERTIFIED STATEMENT FOR 30 DAYS FROM TODAY. IF LAW LIBRARY RECEIVES NO REQUEST WITHIN THIS TIME FRAME, THEN IT WILL BE RETURNED AND YOU WILL NEED TO START THE PROCESS OVER.

* Walked in slip for Mr. Walters 3/26/15
* MAILED slip provided staff 3/29/15

M. Kimbrell
Litigation Coordinator
Corcoran State Prison

Completed 4/2/15



UNITED STATES POSTAL SERVICE
 02 1R \$ 02
 0006558268 APR 27
 MAILED FROM ZIP CODE



AMADOR COUNTY
 MARTIN A. RYAN
 SHERIFF-CORONER
 700 COURT STREET
 JACKSON, CA 95642-2130

Alan De'Von - CDCR #E43780
 CSP-COR IV - 3B01-218L
 PO Box 3466
 Corcoran, CA 93212

Legal mail

RECEIVED
 APR 27 2015

RECEIVED
 APR 27 2015

Memorandum

Rec'd 4/1/15

MAILED 4/2/15

Date:

To: CSP-Corcoran

Subject: PROCEDURES FOR PROCESSING IN FORMA PAUPERIS

- 1.) The inmate sends his request along with his entire completed and signed **authentic** In Forma Pauperis Application, which may be obtained from the law library and send it through institutional mail to the Trust Office. **Be advised that if you send a handwritten, non-authentic In Forma Pauperis to the courts, it may be rejected or require notarization in which you are required to pay for regardless if you are indigent or not.**
- 2.) The Trust Office attaches a certified trust account statement.
- 3.) The Trust Office will provide a copy of the certified trust account statement to the Inmate, which will be stamped inmate copy and will be sent to the inmate with his original application and certified trust account statement and be given to him by the Law Library.
- 4.) The Trust Office forwards all paperwork to the Litigation Office.
- 5.) The Litigation Office logs the documents and forwards them to the Law Library of the Facility the inmate is housed.
- 6.) The Litigation Office will send the Inmate Request for interview back to the inmate informing him his In forma Pauperis Application was completed and forwarded to the Law Library.
- 7.) The Inmate will then contact the Law Library for completion and mailing of their In forma Pauperis Application. Law Library Access and Legal Mailings will be followed Per OP 816 and OP 205.
- 8.) Law Library staff will insert the certified forms in the envelope in the presence of the inmate, seals the envelope, and processes it out of the institution as legal mail. No additional copies will be provided.
- 9.) The Law Library Staff completes the Litigation Route Slip. The Library staff and Inmate will sign the 128-B.
- 10.) Law Library Staff will keep the informa pauperis application on file until the inmate requests and is ready for mailing.

M. Kimbrell
Litigation Coordinator
Corcoran State Prison

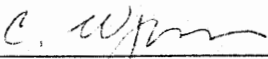
2071-2182

2/8

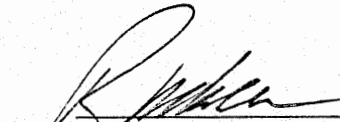
On **May 7, 2015**, inmate DEVON #E43780, submitted an excess copy request The request is denied for the following reasons:

1. Devon failed to provide a reasonable explanation for why his document was longer than 50 pages as required by Title 15 section 3162(c): "a legal document to be duplicated for any inmate, including all exhibits and attachments, shall be limited to the maximum number of pages needed for the filing, not to exceed 50 pages in total length, except when necessary to advance litigation. *The inmate shall provide to designated staff a written explanation of the need for excess document length.*"

This concludes my report.



C. Wymer – Senior Librarian (A)



R. Moser, Vice-Principal

DATE:

Code and #

CSP-COR

CC: FAC SGT
 CCI
 RECORDS
 INMATE
 WRITER

INTER-DEPARTMENT DELIVERY

NOTE—CROSS OUT ENTIRE LINE WHEN RECEIVED AND RE-USE UNTIL ALL LINES ARE FULL

DATE	DELIVER TO	DEPARTMENT	SENT BY	DEPARTMENT
4/13/15	Mr. De'Von	3B01-218	(Jm Davis)	43780/301-218

3B Library Request (GLU) or (PLU)

Last

Name: De'Von CDCR# E43780 Date: 3/21/15

NOTE: MY INSTRUCTOR RELEASES CLASS AT 4:00hrs, daily.

• **Circle One Assignment:** UN, AM Class or PM Class, Other _____

Prefer: A.M. _____ P.M. 1:00 Either _____

Housing 3BO: 1 Cell: # 2102

SERVICES NEEDED:
 CHECK ALL THAT APPLY
 BOOKS _____
 COPIES X
 RESEARCH X


3/19/15

Mrs. E.O., My Bldg C/O
 Hitting Jose's car w. called
 ON my behalf in E.O.P. in
 which means extremely out of
 BUT I'm NOT Rude, I had to -
 Apologize to him about your
 attitude, pls correct your
 self stop complaining about
 INQUIRIES. NO EXCUSES, KAY!

Date Received: _____ Date Accessed: _____
 P.O. I request statement from Post office 3/21/15, have it come?

A Amador Superior Court

General Inquiry


New Search...

Event Search

14-SC-03253 DEVON, A et al VS CANTO, J et al JSH

Search Criteria

Event Code

Begin Date

End Date

Search Results 3 Event(s) found for case.

Event	Date	Start	End	Judge	Result
SMALL CLAIMS TRIAL (INMATE)	01/27/2015	13:30	14:00	HERMANSON, J.S.	CONTINUED ON PARTY'S MOTION (PLAINTIFF)
SMALL CLAIMS TRIAL (INMATE)	03/20/2015	10:00	10:05	HERMANSON, J.S.	CONTINUED ON PARTY'S MOTION (PLAINTIFF)
SMALL CLAIMS TRIAL (INMATE)	05/19/2015	10:00	10:05	HERMANSON, J.S.	

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 Last name Alan First Name MI MI 2 Tel:

3 Claim Number (if known):

Employment Information

4 My occupation: INMATE
My employer: CDR

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: EA0780

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

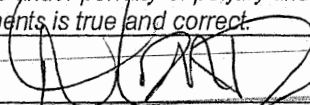
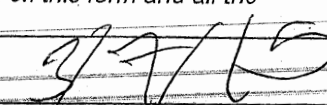
9	My gross monthly pay is: \$	10	My income changes each month: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11	Number of persons living in my home:	12	Other money I get each month
	Name	Age	Relationship
A			Monthly Income
B			Source:
C			A
D			B
E			C
F			D
15	My total gross monthly household income:	\$ 0.00	13
16	My payroll deductions are:		14
A		\$	E
B		\$	F
C		\$	G
D		\$	H
17	My total payroll deduction amount is:	\$ 0.00	18
18	My monthly take home pay is	\$ 0.00	19
20	I own or have interest in the following property:		

19	My net monthly income:	\$ 0.00
20	I own or have interest in the following property:	
A	Cash	\$
B	Checking and savings (List banks):	
1)		\$
2)		\$
3)		\$
4)		\$
C	Cars, other vehicles, and boats (List make and year)	
	Property	Value
	Loan Balance	
	1)	\$
	2)	\$
	3)	\$
	4)	\$
D	Real estate (List addresses)	
	1)	\$
	2)	\$

21	My monthly expenses are:			
A	Rent or house payment	\$	J	
B	Food and household supplies	\$	1)	
C	Utilities and telephone	\$	2)	
D	Clothing	\$	3)	
E	Laundry and cleaning	\$	Total installment payments:	
F	Medical and dental	\$	\$	0.00
G	Insurance	\$	K	Wage assignment or withholdings
H	School, child care	\$	L	Spousal or child support
I	Transportation and auto expenses	\$	M	Other:
			1)	\$
			2)	\$
			Total other expenses:	
			\$	0.00
22	Total monthly expenses:			
			\$	0.00

23	I have attached other information that supports this application on a separate sheet.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Signature Section

24	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			Date	

Work Schedule if applicable: Mon-Fri; 0715-1415

Locked Down? Yes No

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 2171 (9/09)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 5/1/15
ALAN DEVAH

E4370

Inmates Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

3804-248
CSP/CP

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE).

Specify court (e.g., Kern County Superior Court): ANADAR SPEED

Specify case number: 140C3253

OR

A statutory deadline. 5/1/15

Identify the statute or court rule that compels the deadline: _____

B. My deadline pertains to a(n) (check one and provide information if needed):

- Writ of habeas corpus
- Appeal of criminal conviction
- Other legal action (specify) _____
- State or Federal action concerning prison conditions
- Petition for certiorari concerning criminal conviction

C. The day of my established court deadline is: 5/1/15
(MM) (DD) (YY)

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

- I am not represented by an attorney.
- I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

[Signature]
Inmate's Signature

E4370
CDCR #

5/5/15
Date

CDCR Staff Use Only

PLU status is **GRANTED**

Priority Legal User (PLU) status **begins** on _____/_____/_____

Priority Legal User (PLU) status **ends** on _____/_____/_____

PLU status is **DENIED** for the following reason(s):

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

Reviewing Staff Name (Print) Staff Signature

Date

*** Please read*** If you request PLU status and are approved, you will be ducted/called in to the library. If you do not present to the library, it will be considered a refusal. Work schedules are taken into consideration. "Inmate Initials"

SC-105A**Order on Request for Court Order (Small Claims)**

Clerk stamps date here when form is filed.

- 1 The court has received and considered (*check all that apply*):
- Request for Court Order and Answer, Form SC-105 (page 1)
filed on: _____
- Answer on Request for Court Order and Answer, Form SC-105 (page 2)
filed on: _____
- Other (*specify*): ex parte request for an extension of time to provide notice to defendants

FILED
AMADOR SUPERIOR COURT
FEB 24 2015
CLERK OF THE SUPERIOR COURT
BY 10120

Clerk fills in court name and street address:

Superior Court of California, County of Amador
500 Argonaut Lane
Jackson, CA 95642

- 2 The court makes the following orders:
- a. The request is granted.
- b. The request is denied.
- c. You must go to court if you want to be heard.
A hearing on this request is scheduled as follows:

Clerk fills in case number and case name below:

Hearing Date	Date	Time	Dept.
	<u>MAY 19, 2015</u>	<u>10:00</u>	<u>2</u>
Name and address of court if different from above			
<u>AMADOR SUPERIOR COURT</u> <u>500 ARGONAUT LN., JACKSON, CA. 95642</u>			

Case Number:

14-SC 3253

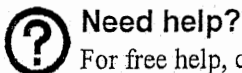
Case Name:

De'von v. Cantu

- d. Bring evidence to the hearing to support your request.
- e. Other orders (*specify*): The hearing is continued to May ¹⁹~~15~~, 2015 at 10:00 in Department 2. Plaintiff shall serve this order and all moving papers by May 1, 2015 and file proof of service.
- f. Explanation for decision (*if any*): _____

Date: 2/24/15

[Signature]
(Judge or Judicial Officer) PCB
Judge Pro Tem
— Clerk's Certificate of Mailing —

**Need help?**

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

Or, go to "County-Specific Court Information" at:
www.courtinfo.ca.gov/selfhelp/smallclaimsI certify that I am not involved in this case and (*check one*):

- A Certificate of Mailing is attached.
- This Order was mailed first class, postage paid, to all parties at the addresses listed in ① and ② on the Request for Court Order and Answer.

On (date): FEB 24 2015
From (city): JACKSON, California

Clerk, by No 10120, Deputy

Requests for Accommodations Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Response (Form MC-410). Civil Code, § 54.8

This is a Court Order.

Amended

SC-100

Plaintiff's Claim and ORDER to Go to Small Claims Court

Clerk stamps date here when form is filed.

Amended Complaint

FILED AMADOR SUPERIOR COURT

FEB 17 2015

CLERK OF THE SUPERIOR COURT BY 10120

Notice to the person being sued:

- You are the Defendant if your name is listed in (2) on page 2 of this form. The person suing you is the Plaintiff, listed in (1) on page 2.
You and the Plaintiff must go to court on the trial date listed below. If you do not go to court, you may lose the case.
If you lose, the court can order that your wages, money, or property be taken to pay this claim.
Bring witnesses, receipts, and any evidence you need to prove your case.
Read this form and all pages attached to understand the claim against you and to protect your rights.

Aviso al Demandado:

- Usted es el Demandado si su nombre figura en (2) de la página 2 de este formulario. La persona que lo demanda es el Demandante, la que figura en (1) de la página 2.
Usted y el Demandante tienen que presentarse en la corte en la fecha del juicio indicada a continuación. Si no se presenta, puede perder el caso.
Si pierde el caso la corte podría ordenar que le quiten de su sueldo, dinero u otros bienes para pagar este reclamo.
Lleve testigos, recibos y cualquier otra prueba que necesite para probar su caso.
Lea este formulario y todas las páginas adjuntas para entender la demanda en su contra y para proteger sus derechos.

Fill in court name and street address:

Superior Court of California, County of

AMADOR SUPERIOR CT
500 REGONAUT LN.
STN, CA 95612

Clerk fills in case number and case name:

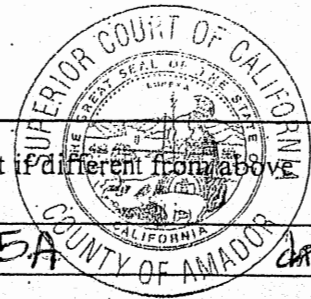
Case Number: ASC 0253

Case Name: DEVON V. CANTU, ET AL

Order to Go to Court

The people in (1) and (2) must go to court: (Clerk fills out section below.)

Table with columns: Trial Date, Date, Time, Department, Name and address of court. Includes handwritten entries for trial dates (5-19-15), department (2), and court address (500 S/O 105A). Clerk signature: BARBARA COCKERHAM, Deputy Clerk, dated FEB 17 2015.



Instructions for the person suing:

- You are the Plaintiff. The person you are suing is the Defendant.
Before you fill out this form, read Form SC-150, Information for the Plaintiff (Small Claims), to know your rights. Get SC-150 at any courthouse or county law library, or go to: www.courtinfo.ca.gov/forms
Fill out pages 2 and 3 of this form. Then make copies of all pages of this form. (Make 1 copy for each party named in this case and an extra copy for yourself.) Take or mail the original and these copies to the court clerk's office and pay the filing fee. The clerk will write the date of your trial in the box above.
You must have someone at least 18—not you or anyone else listed in this case—give each Defendant a court-stamped copy of all 5 pages of this form and any pages this form tells you to attach. There are special rules for "serving," or delivering, this form to public entities, associations, and some businesses. See Forms SC-104, SC-104B, and SC-104C.
Go to court on your trial date listed above. Bring witnesses, receipts, and any evidence you need to prove your case.

INMATE REQUEST FOR INTERVIEW

DATE	TO	EDUCATION (LAST NAME)		CDC NUMBER
3/2/15		MR. MOSER Principal		12300
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER	
3804	2182	VOC Electronics / E.O.P.	FROM 0745 TO 1115	
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS	
			FROM 1230 TO 1400	

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.

MOSER Supv, you relayed to Mrs. Carmichael, Voc, I'm on ONLY use
 Paging for library, I submitted papers directly on 3/12/15, NOTHING RECD
 then upon having G. SOVATI JR. call / H. HONGJOSE (Bldg. officer) Carmichael
 says it's done No, SCR AT 1400 hrs, daily SOVATI releases class, I could

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

INTERVIEWED BY	DATE
R. Moser	4/15/15

DISPOSITION
 Your request for PLU is ~~denied~~ ^{Granted}. You will be
 afforded 4hrs per week from April 19, 2015 until May 19, 2015.
 Rec'd 5/5/15 by E. Carmichael

to IN AT 1100 hrs, but also the Voc P.I.A. was
released for Canteen privileges who can't give
reply, the paging isn't honored, where as # should be a
priority and accountability (A Receipt for service) -
Finally, correct Carmichael's attitude, my supv, in
Bldg, said she was really rude at them (things
may I speak with you AT your earliest convenience

P.S. I had to request
and attention to my TPA because
NO ACCESS TO LIBRARY.

sincerely
A. Deina
Voc/Electronic
Edg.