Email
Correspondence
In regards to all of the actions of Sheriff Laurie Smith I have one thing to say.....The People Of The United States are the rightful masters of both Congress and Courts, not to be overthrow the Constitution, But to overthrow the Men and Women who pervert the Constitution! It’s only a matter of time and numbers. Thank You

Sent from Windows Mail
Dear Judge Cordell,
Below is a short video of table use in Madera county jails and the web site of the company that produces the programs used for incarcerated individuals. Apparently they are also in use in Sacramento county. Madera paid for them using AB 109 money. Given where we live, I would hope our county could work toward instituting something like this, particularly in areas of the jails that have little to no programming.
Christine
Edovo | Education Over Obstacles
edovo.com

VIDEO: Madera County jail inmates receiving ...
snewsi.com/id/16129098039
Madera county inmates get tablets. Employees say...
kmph-kfre.com/.../local/madera-county-inmates-get-tablets

Madera County jail inmates receiving tablets for ...
chowchillapatriot.wordpress.com/2016/03/17/...
Judge Cordell,

I will not be able to attend Saturday’s meeting but I would appreciate it if you would let the Commission know that yesterday, Jodie Smith, Rachel Hoerger, Leslie Van Aken and I distributed to inmates 800 copies of the 58-page report on jail conditions that our team prepared for the Commission. We brought copies to every section of the jail and handed out the copies directly to inmates.

The response of the inmates was overwhelming. They were incredibly thankful to our team members both for reporting their concerns to the Commission and for bringing copies of the report back for their review.

Once again, Chief Hirokawa was instrumental in helping make the distribution happen. He has been a pleasure to work with throughout this process. I would also like to thank the many officers who facilitated our work yesterday.

Scott Emblidge

Moscone Emblidge & Otis LLP
220 Montgomery Street, Suite 2100, San Francisco, California 94104
Phone 415.362.3599 | Fax 415.362.2006 | Email: emblidge@mosconelaw.com
www.mosconelaw.com

CONFIDENTIAL COMMUNICATION: This email message and any attachments are intended only for the use of the addressee named above and may contain information that is privileged and confidential. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you received this email message in error, please immediately notify the sender by replying to this email message or by telephone. Think about the environment before printing.
Dear Judge Cordell -

I have reviewed the recommendations submitted thus far from both our Commissioners, law enforcement and the public that were copied to me through Custody Operations emails. Many of those recommendations address the main issues involving the grievance/complaint process, the IWF and officer discipline that concerned me most. More specifically, the lack of appropriate oversight, lack of supervision of both officers and inmates, retaliation fears by both officers and inmates, and the ineffective grievance process. It is also my opinion that the lack of medical and mental health treatment, as well as the inhumane and filthy conditions in which inmates are confined, borders on a Constitutional violation as cruel and unusual punishment.

I am prepared to vote on the recommendations on Saturday but find it unnecessary to submit separate recommendations, particularly in light of the excellent research of our consultants and Mr. Zisser’s recommendations.

Please forward this for distribution to the Commission.

Thank you,
Judge Bernardini (ret.)
US Mail
Correspondence
Good afternoon/morning,

The Clerk of the Board’s Office received the attached correspondence. This document is being forwarded to you for appropriate action. The original document will be on file in the Clerk of the Board’s Records Unit for a maximum of 2 years from the date received.

Thank you,
Jessica Schmidt
Office Specialist III- Confidential Clerk
Clerk of the Board
70. W Hedding St 10th Floor
San Jose, CA 95110
AB109 prisoners who are serving time here in Edgewood are opposed to the court's decision to preclude us from the sheriff's alternative custody program known as the CASU. When the court imposes an order of NERL, it prohibits us from participation in the CASU. Albeit the CASU is not an early release program, the court has informed the sheriff that NERL shall apply to the CASU as well.

The court's order goes against the language of legislation Section 1170.06, which states, "The sheriff shall have the sole discretion concerning whether to permit program participation as an alternative to custody in jail." Because Section 1170.06 operates "notwithstanding any other law," not because the sheriff is given sole discretion to permit the alternative program, it is unlikely the court has any jurisdiction to prevent its use in any given case, or the right to prevent the use of electronic monitoring with the use of Section 1203.06(a) and 1203.017(e).

It is important the court to understand that the CASU is an invaluable form of rehabilitation that transforms into a community-based correction program or hopes that we may return to our community better prepared to cope with society. Absent such an opportunity, some of us will return to our community homeless. It should be noted that the CASU is the only relief available to AB109 prisoners while state prisoners have several forms available to them. We believe this is unfair considering we are serving a prison term as well.

We have petitioned the sheriff to implement programs that allow us to earn relief, but to no avail. As AB109 prisoners, we want the opportunity to earn additional credits pursuant to Section 4017.2 and the opportunity to earn additional credits for participation in vocational/job training pursuant to Section 4017.1. Also, the opportunity to participate in the sheriff's environmental improvement program as a substitute to fire camp so that we can give back to the community and earn additional time off of our sentence pursuant to Section 4017.2.

We understand that it may take some time to implement these programs, therefore, in the interim, we respectfully request that the decision to deny us participation in the CASU be repealed.
San Jose, CA 95110

To: W. Hedding St. 10th Floor
Hon. Barbara Gordon
Blue Ribbons

4/11/01 7:05Z

County Jail

Generalized Mail
Quality Park item #60019
Treated with an antimicrobial agent to protect the envelope from the growth of bacteria, mold, mildew, fungus and odors

Licensed by Silverco
Good afternoon/morning,

The Clerk of the Board’s Office received the attached correspondence. This document is being forwarded to you for appropriate action. The original document will be on file in the Clerk of the Board’s Records Unit for a maximum of 2 years from the date received.

Thank you,

Jessica Schmidt
Office Specialist III- Confidential Clerk
Clerk of the Board
70. W Hedding St 10th Floor
San Jose, CA 95110
§ 832.5 Citizens' Complaints against Personnel; Investigation; Description of Procedure; Retention of Records.

(a) Each department or agency in this state which employs peace officers shall establish a procedure to investigate citizens' complaints against the personnel of such departments or agencies and shall make a written description of the procedure available to the public.

(b) Complaints and any reports or findings relating thereto shall be retained for a period of at least five years. (Added by Stats. 1974, c. 29 § 1. Amended by Stats. 1978, c. 630 § 4.) (All reference to California Penal Code 1994.)

PERSONNEL COMPLAINT:

Complainant:

Address: C.T.F. Soladad - WA - 301 Loy/ P.O. Box 705

City: Soladad State: Ca. Zip: 93960-0705

Residence phone: ____________________________

Business phone: ____________________________

Date and time of incident: 5-15-2015 Times vary
5-18-2015 Due to Schedule
5-21-2015

Location of incident: Fac B - Library / Education Area

Personnel involved: Correctional Officer

Name and addresses of witnesses: (Redacted)

Statement of complaint: While I was in the process of returning to the B Facility, after leaving the library, I was stopped and searched by the above mentioned officer (C/O [Redacted]). What I thought to be normal and standard procedure, wasn't. The above mentioned officer, (C/O [Redacted]), began to grope me. He started on my right leg. Every couple of inches, he would squeeze, down my leg, then back up. When he reached my groin (private area), he first rubbed, then back down, completely cupping my private parts in his hand while in a downward motion. I jumped and protested when I felt his finger pressing forcefully against my anus. The Officer [Redacted] said, "Hey don't do that again."

(CRA 024 19/1-92 (832.5 CAPC)) Side A
I said to him that, "You cannot touch me in that manner." The Officer (redacted) completely discarded what I said, when he responded with, "If you move again, I'll take you down." The Officer (redacted) repeated the same grossest and crudest phrases down, then back up my left leg. When he reached my groin area, he once again rubbed up, then back down rubbing my private parts in his hand. Before he had a chance to complete his downward motion, he said, "Stay there, and endure this deliberate, degrading, and embarrassing ordeal. I was angered, and fearsome after being threatened with a takedown if I moved, while I was being physically molested. This whole ordeal completely humiliated me, forcing me to become very emotional. I've never been touched in that manner by another man. I was embarrassed, and became emotional in front of people, being sexually touched, and being too scared to physically move. I've never experienced this type of encounter, nor would I have, in any other place or situation. I told the officer (redacted) that I would be filing a complaint for his actions, and he said to me that, "Complain about what? I'll just say that I was doing my job."  

(Use additional sheets of 8 1/2" x 11" white paper if necessary. Attach all relevant supporting documentation.)

I, the undersigned declare under penalty of perjury under the laws of the State of California that the foregoing complaint is true and correct, and as to such facts averred upon information and belief, that I am so informed and believe the same to be true, and affix my signature hereto.

Dated this: 24th day of: November, 2015 (Year)

( ) Attachments

No. of pages: ________

(Complainant Signature)
Can you please send me a copy of all legal mail outgoing dates for Nov-Dec 2015.

Mailroom Staff

Sir attached attached is your outgoing legal log from the month of Nov 2015 there was nothing logged for Dec 2015.

Mailroom
<table>
<thead>
<tr>
<th>CDC #</th>
<th>SENDER</th>
<th>TREY</th>
<th>CITY/ST</th>
<th>HOUSING</th>
<th>DATE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>OFFICE OF THE OMBUDSMAN- CA DEPT OF CORR</td>
<td>SAC, CA</td>
<td>WA-301L</td>
<td>11/4/2015</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.R.E.A DIVISION OFFICE OF THE INTERNAL AFFAIRS</td>
<td>SAC, CA</td>
<td>WA-301L</td>
<td>11/25/2015</td>
<td>C</td>
</tr>
</tbody>
</table>
CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

On 11-24-15 I mailed you an 832.5 Complaint Form to inform your Office of the TRAUMA I've had to endure due to a sexual misconduct claim I filed. I mailed it through the legal mail procedure here at C.I. Soledad. I have not received the confirmation that you received my complaint. I enclosed a CDCR 27 Form inside of the legal mail envelope that was signed and taped closed by % blank. I'm sending you the copies to prove that I mailed these documents to you.

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: 1-14-16  
S. RIVERA  

FORWARDED TO ANOTHER STAFF?
(CIRCLE ONE) ☑ YES ☐ NO

DATE DELIVERED/MAILED: 1-14-16

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.

SIGNATURE:  
Date Submitted:  

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR [NAME]:  
DATE:  
SIGNATURE:  
DATE RETURNED:  

Distribution: Original - Return to Inmate/Parolee: Canary - Inmate/Parolee's 2nd Copy: Pink - Staff Members: Copy: Goldendot, Inmate/Parolee's 3rd Copy: Yellow
<table>
<thead>
<tr>
<th>CDC #</th>
<th>SENDER</th>
<th>TREY</th>
<th>CITY/ST</th>
<th>HOUSING</th>
<th>DATE</th>
<th>TYPE</th>
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<tr>
<td></td>
<td></td>
<td>LOS ANGELES NAACP</td>
<td>LOS ANGELES, CA</td>
<td>WA-301L</td>
<td>12/30/2015</td>
<td>C</td>
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<td></td>
<td></td>
<td>CLERK'S OFFICE-US DISTRICT CRT</td>
<td>SAN FRANCISCO, CA</td>
<td>WA-301L</td>
<td>1/4/2016</td>
<td>L</td>
</tr>
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<td></td>
<td></td>
<td>OFFICE OF INTERNAL AFFAIRS</td>
<td>SAC, CA</td>
<td>WA-301L</td>
<td>1/15/2016 C</td>
<td>C</td>
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<tr>
<td></td>
<td></td>
<td>POST MASTER GEN</td>
<td>WASHINGTON, DC</td>
<td>WA-301L</td>
<td>1/27/2016 C</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LORETTA LYNCH, ATTNY GEN</td>
<td>WASHINGTON, DC</td>
<td>WA-301L</td>
<td>1/27/2016 C</td>
<td>C</td>
</tr>
</tbody>
</table>
SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME)

CDC NUMBER:

ASSIGNMENT:

W.A. 301 Low

HOURS FROM TO

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

CAN YOU PLEASE WRITE ME BACK TO LET ME KNOW THAT YOU RECEIVED THIS LETTER. IF NOT, THEN I'LL KNOW THAT THIS LETTER WAS ALSO TAKEN ILLEGALLY. FURTHER DENYING MY RIGHT TO GET ASSISTANCE. I'LL KEEP TRYING. THE VOUCHERING OFFICER BELOW, CHECKED MAIL FOR LEGALITY, INSPECTED ENVELOPE FOR ANY CONTRA-BAND, SEALED AND SIGNED ENVELOPE STARTING CONSIDERATION. LEGAL MAIL I ALSO WITNESSED OFFICER PLACE TAPE OVER THE SEALED FLAP, AND HIS SIGNATURE, OFFICER IN WHITNEY MAIL FOLLOWED POLICY AND PROCEDURE.

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

☐ SENT THROUGH MAIL: ADDRESSED TO:

DATE MAILED:

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:

DATE:

SIGNATURE:

FORWARDED TO ANOTHER STAFF?

(CIRCLE ONE) YES NO

DATE DELIVERED/Mailed:

METHOD OF DELIVERY:

(CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:

DATE:

SIGNATURE:

DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

SIGNATURE:

DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): DATE:

SIGNATURE:

DATE RETURNED:

Distribution: Original - Return to Inmate/Parolee; Canary - Inmate/Parolee's 2nd Copy; Pink - Staff Members Copy; Goldenrod - Inmate/Parolee's 1st Copy.
**SECTION A: INMATE/PAROLEE REQUEST**

<table>
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<tr>
<th>NAME (First)</th>
<th>LAST NAME</th>
<th>CDC NUMBER</th>
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<tr>
<th>HOUSING/SED NUMBER</th>
<th>ASSIGNMENT</th>
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<tr>
<td>WA-201 LOW</td>
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<table>
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<tr>
<th>HOURS FROM</th>
<th>TO</th>
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</table>

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

CAN YOU PLEASE WRITE BACK TO LET ME KNOW THAT YOU RECEIVED THIS LETTER. IF NOT, THEN I'LL KNOW THAT THIS LETTER WAS ALSO TAKEN IN LEGAL LETTERS DENYING ANY RIGHT TO GET ASSISTANCE. I'LL KEEP TRYING. I'VE VERIFIED OFFICE BELOW, CHECKED MAIL FOR LEGALITY, INSPECTED ENVELOPE FOR ANY CONTENTS, SEPARATED AND SIGNED THE ENVELOPE STAMPED CONFIDENTIAL LEGAL MAIL. I'VE ALSO WITNESSED OFFICER PLACE TAPE OVER SEAL AND FLAP, AND HIS SIGNATURE. OFFICER IN WHITNEY HALL FOLLOWED POLICY AND PROCEDURE.

**METHOD OF DELIVERY (CHECK APPROPRIATE BOX)**

- [ ] SENT THROUGH MAIL: ADDRESSED TO:
  - POSTMASTER GENERAL - WASHINGTON, DC
- [ ] DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):
  - POSTMASTER GENERAL - WASHINGTON, DC
  - 1-27-16

**SECTION B: STAFF RESPONSE**

<table>
<thead>
<tr>
<th>RECEIVED BY: PRINT STAFF NAME</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Guzman</td>
<td>1-27-16</td>
<td>(Signature)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORWARD TO ANOTHER STAFF?</th>
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</thead>
<tbody>
<tr>
<td>(CIRCLE ONE)</td>
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<table>
<thead>
<tr>
<th>IF FORWARDED - TO WHOM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSTMASTER GENERAL - WASHINGTON, DC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE DELIVERED/MAILED</th>
<th>METHOD OF DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-27-16</td>
<td>IN PERSON</td>
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</table>

<table>
<thead>
<tr>
<th>SECTION C: REQUEST FOR SUPERVISOR REVIEW</th>
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</table>

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

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE SUBMITTED</th>
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<tr>
<th>SECTION D: SUPERVISOR'S REVIEW</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RECEIVED BY SUPERVISOR (NAME)</th>
<th>DATE</th>
<th>SIGNATURE</th>
<th>DATE RETURNED</th>
</tr>
</thead>
</table>

**Distribution:** Original - Return to Inmate/Parolee; Canary - Inmate/Parolee's 2nd Copy; Pink - Staff Members Copy; Goldenrod - Inmate/Parolee's 1st Copy.
§ 1701. Obstruction of mails generally

Whoever knowingly and willfully obstructs or retards the passage of the mail, or any carrier or conveyance carrying the mail, shall be fined under this title or imprisoned not more than six months, or both.

§ 1702. Obstruction of correspondence

Whoever takes any letter, postal card, or package out of any post office or any authorized depository for mail matter, or from any letter or mail carrier, or which has been in any post office or authorized depository, or in the custody of any letter or mail carrier, before it has been delivered to the person to whom it was directed, with design to obstruct the correspondence, or to pry into the business or secrets of another, or opens, secretes, embezzles, or destroys the same, shall be fined under this title or imprisoned not more than five years, or both.

§ 1703. Delay or destruction of mail or newspapers

(a) Whoever, being a Postal Service officer or employee, unlawfully secretes, destroys, detains, delays, or opens any letter, postal card, package, bag, or mail entrusted to him or which shall come into his possession, and which was intended to be conveyed by mail, or carried or delivered by any carrier or other employee of the Postal Service, or forwarded through or delivered from any post office or station thereof established by authority of the Postmaster General or the Postal Service, shall be fined under this title or imprisoned not more than five years, or both.

(b) Whoever, being a Postal Service officer or employee, improperly detains, delays, or destroys any newspaper, or permits any other person to detain, delay, or destroy the same, or opens, or permits any other person to open, any mail or package of newspapers not directed to the office where he is employed: or

Whoever, without authority, opens, or destroys any mail or package of newspapers not directed to him, shall be fined under this title or imprisoned not more than one year, or both.
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 reprints 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.**

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>CDCR Number:</th>
<th>Unit/Cell Number:</th>
<th>Assignment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>WA-301 Low</td>
<td></td>
</tr>
</tbody>
</table>

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

**CANCELLED STAFF COMPLAINT C.T.F. S-16-00100**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): *I Filed the Complaint Against Staff to be in Compliance with the CDCR. As I stated on the Complaint, I already have an Active Complaint File with the Correctional Training Facility Internal Affairs Office. As I stated in the Action Requested* as an emergency.

B. Action requested (If you need more space, use Section B of the CDCR 602-A): *Process C.T.F. S-16-00100*

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):

☐ Copy of American Regulations
☐ CDC 1858

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

Inmate/Parolee Signature: [Redacted] Date Submitted: 1-25-16

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

C. First Level - Staff Use Only

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.
☐ Rejected (See attached letter for instruction) Date: Date: Date: Date:
☐ Cancelled (See attached letter) Date:
☐ Accepted at the First Level of Review.

Assigned to: __________________________ Title: __________________________ Date Assigned: __________________________ Date Due: __________________________

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

Date of Interview: __________________________ Interview Location: __________________________

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: __________________________

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

Interviewer: __________________________ Title: __________________________ Signature: __________________________ Date completed: __________________________

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

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.

BYPASS

Inmate/Parolee Signature: ___________________________ Date Submitted: ___________________________

E. Second Level - Staff Use Only

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

This appeal has been:
□ By-passed at Second Level of Review. Go to Section G.
□ Rejected (See attached letter for instruction) Date: __________ Date: __________ Date: __________ Date: __________ Date: __________
□ Cancelled (See attached letter)
□ Accepted at the Second Level of Review

Assigned to: Appeals ___________________________ Title: __________ Date Assigned: 1/26/16 Date Due: 3/19/16

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: ☑ Granted □ Granted in Part □ Denied □ Other: ___________________________

Interviewer: ___________________________ (Print Name) ___________________________ Signature: ___________________________

Reviewer: ___________________________ (Print Name) ___________________________ Signature: ___________________________

Date received by AC: 2/16/16

AC Use Only
Date mailed/delivered to appellant 2/17/16

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

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant __________

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

Inmate/Parolee Signature: ___________________________ Date: ___________________________

Print Staff Name: ___________________________ Title: ___________________________ Signature: ___________________________ Date: ___________________________
A. Continuation of CD 602, Section A only (Explain your issue): SECTION, ATTACH THIS TO AN ALREADY FILED COMPLAINT WITH INTERNAL AFFAIRS. IN COMPLIANCE WITH A COMPROMISABLE DIRECTIVE STATED BY THE OFFICE OF INTERNAL AFFAIRS P.R.E.A. DIVISION, THERE IS NO TIME LIMITATION WHEN FILING A COMPLAINT FOR SEXUAL ASSAULT IN PRISON. IT IS ALSO NOTED THAT SEXUAL ASSAULT/MISCONDUCT (UN WANTED/EXCESSIVE TOUCH) IS DEEMED TO BE INTRINSICALLY TERRORIST. IN KNOWING THAT THE CDCR/B - C.T.F. NORTH FACILITY APPEALS COORDINATOR AND THE APPEALS ADMINISTRATION IS FULLY AWARE OF THE O.I.A. P.R.E.A. DIVISION DIRECTIVES, THE CANCELATION OF AN ALREADY DOCUMENTED COMPLAINT WAS DONE IN RETALIATION FOR PREVIOUSLY FILED COMPLAINT AGAINST STAFF I HAVE TAKEN THE LIBERTY AT FORWARDING A COPY OF THE CD 695 FORM AND THE CD 602 COMPLETING THE CANCELATION TO THE O.I.A. P.R.E.A. DIVISION. I’VE ALSO ASKED THE OFFICE OF INTERNAL AFFAIRS P.R.E.A. DIVISION, WHY ISSUE A DIRECTIVE, WHICH ALSO PROVIDES ADVOCACY AND VICTIM SUPPORT TO AN INSTITUTION THAT’S ADMINISTERED BY THE STATE OF CALIFORNIA WHICH IS SUPPORTED BY THE AMENDMENTS OF THE CONSTITUTION OF THE UNITED STATES, THAT HAS REFUSED TO COMPLY WITH AN INSTITUTION-GENERATED DOCUMENT FROM THE P.R.E.A. DIVISION. IT SEEMS THAT LOYALTY TO CO-WORKERS ENSUES, RETALIATION IS A PROPER REMEDY.

Inmate/Parolee Signature: ________________________ Date Submitted: 1-25-16

B. Continuation of CD 602, Section B only (Action requested): ________________________
Second Level Appeal Decision

NAME: [redacted]  CDC#: [redacted]  HOUSING: WA-301L

RE: CTF APPEAL LOG No. [redacted]

APPEAL ISSUE: (LEGAL)

Appellant has submitted an appeal which has been categorized as legal-processing of a 602 issue regarding Appeal Log # [redacted]

ACTION REQUESTED:

1. Reинstate appeal Log # [redacted]

APPEAL RESPONSE: GRANTED

The First Formal Level of Review was bypassed per California Code of Regulations (CCR) 3084.7.

Per CCR 3084.7(e)(2) an interview was not required due to the granting of this appeal.

A thorough review of the appeals package and all of the attachments was conducted and reveals the following:

On January 21, 2016 the Inmate Appeals Office, cancelled appeal log # [redacted] for exceeding time limitations. The appellant has submitted a separate appeal log # [redacted] disputing the cancellation decision.

After reviewing the cancelled appeal in its entirety it appears the initial appeal was cancelled erroneously.

The appellants request to reinstate appeal Log # [redacted] is granted in compliance with the CCR section 3084. The appeal will be assigned as a Staff Complaint at the Second Level of Review.

REGULATIONS: The rules governing the issues are:

California Code of Regulations (CCR), Title 15, Division 3, Chapter 1, Article 8 §3084.

Decision: Granted at the Second Level of Review.

Prepared By: M. Ramirez, Staff Services Analyst

Reviewed By: S. Hatton, Warden (A)

cc: Appeals Office File
    Inmate's Central File
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.**

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

**STAFF COMPLAINT** - RETALIATION For Filing An Office Involved Sexual Assault Complaint

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On, 01-31-2016, T received a cancelled appeal notification for the following sexual assault for which I complained in the action requested, Section 3101.6(d). I wish to file criminal charges.

B. Action requested (If you need more space, use Section B of the CDCR 602-A): Investigate the sexual assault

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

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

Inmate/Parolee Signature: [Redacted]

Date Submitted: 02-17-2016

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

C. First Level - Staff Use Only

This appeal has been:

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

☐ Rejected (See attached letter for instruction) Date:

☐ Cancelled (See attached letter) Date:

☐ Accepted at the First Level of Review

Assigned to: [Redacted] Title: [Redacted] Date Assigned: [Redacted] Date Due: [Redacted]

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

Date of Interview: [Redacted] Interview Location: [Redacted]

Your appeal issue is: [Redacted]

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

Interviewer: [Redacted] Title: [Redacted] Signature: [Redacted] Date completed:

Reviewer: [Redacted] Title: [Redacted] Signature: [Redacted]
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): [Redacted]


I SUBMITTED A CDCR 27 FORM, FOR A NAME AND THE APPEAL WAS CLOSED NON-COMPLIANCE.

Inmate/Parolee Signature: [Redacted] Date Submitted: 02-17-2016

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


Inmate/Parolee Signature: Date Submitted:
INSTITUTION POSTING REQUIRED

This Notice announces the proposed amendments to Section(s) 3084.9, 3323, 3335, 3401.5 and 3401.6 of the California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, concerning changes to the federal guidelines to the Prison Rape Elimination Act.

IMPLEMENTATION: To be announced

PUBLIC COMMENT PERIOD

Any person may submit written comments about the proposed regulations to the California Department of Corrections and Rehabilitation, Regulation and Policy Management Branch (RPMB), P.O. Box 942883, Sacramento, CA 94283-0001, or by fax to (916) 324-6075, or by e-mail to RPMB@cdor.ca.gov. All written comments must be received by the close of the public comment period November 4, 2015, at 5:00 p.m.

PUBLIC HEARING INFORMATION

A public hearing regarding these proposed regulations will be held November 4, 2015, from 10:00 a.m. to 11:00 a.m. in the Kern Room, located at 1515 S St. Sacramento, CA 95811. The purpose of the hearing is to receive oral comments about this action. It is not a forum to debate the proposed regulations. No decision regarding the permanent adoption of these regulations will be rendered at this hearing. Written or facsimile comments submitted during the prescribed comment period are given the same significance and weight as oral comments presented at the hearing. This hearing site is accessible to the mobility impaired.

POSTING

This Notice shall be posted immediately upon receipt at locations accessible to inmates, parolees, and employees in each Department facility and field office not later than five calendar days after receipt. Also, facilities shall make this Notice available for review by inmates in segregated housing who do not have access to the posted copies, and shall distribute it to inmate law libraries and advisory councils. CDCR Form 821-A (Rev. 09/14), Certification of Posting, shall be returned to the RPMB electronically, by fax, or by mail. See Department Operations Manual Sections 12010.12.1 and 12010.12.2 for posting and certification of posting procedures.

CONTACT PERSON

Inquiries regarding this Notice should be directed to: Timothy M. Lockwood, Chief, RPMB, California Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001, by telephone at (916) 445-2299 or e-mail RPMB@cdor.ca.gov. Inquiries regarding the subject matter of these regulations may be directed to Mathew Rustad, Division of Adult Institutions at (916) 324-0788.

/Original Signed By/

SCOTT KERNAN
Undersecretary, Operations
California Department of Corrections and Rehabilitation

Attachments
TEXT OF PROPOSED REGULATIONS

In the following text, strikethrough indicates deleted text; underline indicates added or amended text.

California Code of Regulations, Title 15, Division 3,
Adult Institutions, Programs and Parole

Chapter 1. Rules and Regulations of Adult Operations and Programs
Article 8
3084. Appeals.


Subsections 3084.9(a) through 3084.9(a)(4) remain unchanged.
(a) Emergency appeals. Emergency appeals should not be used by inmates or parolees
as a substitute for verbally or otherwise informing staff of an emergency situation
requiring immediate response.

Subsections 3084.9(a)(5) through 3084.9(a)(5)(A)(7) are adopted to read:
(5) Exception to Regular Appeal Process.
A grievance in whole or part containing allegations of staff sexual misconduct or staff
sexual harassment shall be processed as an emergency Staff Complaint appeal. The
appeal shall be immediately reviewed by the Hiring Authority or designee and
processed directly at the Second Level of Review.
(A) While the department maintains the right to defend against an inmate lawsuit on the
grounds of the applicable statute of limitations, a time limit shall not be imposed upon
when an appellant may file such a grievance. The time limits for processing an
emergency Staff Complaint is as follows:
(1) There shall be no time limit for allegations of staff sexual misconduct or staff sexual
harassment; but once received by the appeals coordinator, the appeal shall be
screened in accordance with 3084.5(b)(4).
(2) A risk assessment determination of all PREA related appeals shall be immediately
completed by the Hiring Authority to determine if the appellant is in substantial risk of
imminent sexual violence. If the assessment results in a determination of the
appellant being in substantial risk of imminent sexual violence, the Hiring Authority
shall take immediate corrective action.
(3) The appeals coordinator shall provide an initial response to the appellant within 48
hours which shall include notice that the appeal is being processed as an
emergency Staff Complaint.
(4) The completed risk assessment determination by the Hiring Authority shall be
documented within 5 calendar days describing whether the appellant was
determined to be in substantial risk of imminent sexual violence and the action(s)
taken in response to the appeal.
(5) If the conditions of exceptional delay exist as described in 3084.8(d), the time
constraints of Second Level of Review or Third Level of Review may be extended in
increments of 30 days, but shall not to exceed 160 days from the date the appeal
was received by the appeals coordinator. Any extension shall require written
notification to the appellant and shall include the estimated completion date. The
activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.

Subsection 3401.5(g) is adopted to read:
(q) Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations, including but not limited to housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 289.6, 293.5 and 5054, Penal Code; and Section 6254, Government Code.

Subsection 3401.6 is adopted to read:
3401.6 Employee Sexual Harassment
(a) Staff Sexual Harassment. For the purpose of the Prison Rape Elimination Act policy, staff sexual harassment means repeated verbal comments or gestures of a sexual nature to an offender by a staff member, volunteer, or contractor, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
(b) Penalties. All allegations of staff sexual harassment shall be subject to review and, when appropriate, to investigation, which may lead to disciplinary action and/or criminal prosecution.
(c) Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual harassment shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe staff sexual harassment has occurred may subject the employee who failed to report it to disciplinary action.
(d) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual harassment shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual harassment.
(e) Protection Measures. Multiple protection measures may be considered to protect inmate victims who report staff sexual harassment or cooperate with staff sexual harassment investigations including but not limited to housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual harassment or for cooperating with investigations.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 289.6, 293.5 and 5054, Penal Code; and Section 6254, Government Code.
I wish to register a complaint against the following named employee(s) of the California Department of Corrections and Rehabilitation:

<table>
<thead>
<tr>
<th>Employee(s) Name</th>
<th>Description</th>
<th>Employee's Work Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.T.F. - Soledad - SSA</td>
<td>C.T.F. - Soledad - Appeals Coordinator</td>
<td>North Facility</td>
</tr>
<tr>
<td>O.I. 7-1-2016</td>
<td>No Time Giving</td>
<td></td>
</tr>
</tbody>
</table>

Details of Complaint (Include nature of complaint, names and address of witnesses and other involved parties, names of any law enforcement or social services agencies, doctors, or attorneys contacted, a chronology of the events, etc. It is important to include as many factual details as possible so that your complaint may be thoroughly investigated. Attach additional sheets if necessary."

I wish to file criminal charges against the above mentioned persons for retaliations against myself for filing a complaint for sexual assault. My complaint was minimized, circumvented, and finally cancelled. The above persons were fully aware of amended regulations to be in compliance with the Federal Prison Rape Elimination Act (F.P.R.E.A.) The blatant disregard for the rights of the victims involved, not only violate policy, procedure, and victims rights for support and advocacy but it also shows that the patients and officers were delinquent."

In order that the Department may contact you relative to your complaint, please provide the following:

- **Name:** [Redacted]
- **Home Phone:** (   )
- **Address:** Soledad, CA 93960 - 0705
- **Work Phone:** (   )

If your complaint is against a Department peace officer, you must read and sign the following statement:

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' 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. CITIZENS' COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

I have read and understand the above statement. 

[Signature] 

[Date: 02-17-2016]

Your complaint may be submitted to any supervisor or manager of the Department, or may be addressed to the Department's Office of Internal Affairs at any of the Regional Offices indicated on the reverse side of this form.
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.
I need to know which one of you in the Inmate Appeals Office processed the Inc Number: [redacted] My concern is my complaint was just cancelled by your office and/or the HIRING AUTHORITY [redacted]. which is due to Retaliation for Reporting Sexual Misconduct by an OFFICER. What is alarming is the Appeals Office is reviewing a Retaliation issue against itself and nobody wants to identify who processed this. Am I going to have to use everybody's name in the Appeals Office/HR/Authority Office?

Method of delivery (check appropriate box) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ Sent through mail: Addressed to: North FAC B - Appeal Office - Coordinator [date mailed: __/__/__]

_____ Delivered to staff (staff to complete box below and give Goldenrod copy to Inmate/Parolee):

Received by: Print staff Name: S. Newton [date: 1-31-16] Signature: [signature]

Forwarded to another staff? (Circle one) ☐ Yes ☐ No

If forwarded to whom: Appeals Coordinator [date delivered/mailed: 1-31-16] Method of delivery: (Circle one) ☐ IN PERSON ☐ BY US MAIL

Your appeal will be reviewed by the Hiring Authority on __/__/__ and you will be advised of the results.
I need you to meet with me or send me some updated information as to the status and disposition of the investigation. The I.S.U. Senior Investigator Correctional Peace Officer [Redacted] has refused and denied my request to be informed of the criminal acts that were done to me by his fellow Correctional Peace Officer. (See attached CDCR 22 form to verify attempted request.)

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED.**
☐ SENT THROUGH MAIL: ADDRESSED TO: [Name]
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: Print Staff Name: [Name] Date: 02-24-2016

SIGNATURE: [Signature]
FORWARDED TO ANOTHER STAFF?
(CIRCLE ONE) ☐ YES ☒ NO

IF FORWARDED - TO WHOM:
T.S.U. Supervisor
Date Delivered/Mailed: 02-24-2016

METHOD OF DELIVERY:
(CIRCLE ONE) IN PERSON ☒ BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: [Name]

DATE: [Date]

SIGNATURE: [Signature]

DATE RETURNED: [Date]

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.

SIGNATURE: [Signature]

DATE SUBMITTED: [Date]

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):

DATE: [Date]

SIGNATURE: [Signature]

DATE RETURNED: [Date]
SECTION A: INMATE/PAROLEE REQUEST

NAME (Printed): ________________________ (LAST NAME) ________________________ (FIRST NAME) ________________________ (MIDDLE NAME) ________________________ (CITY) ________________________ (STATE) ________________________ (ZIP)

CDC NUMBER: ________________________

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDRC 22 (10/09)

RECEIVED NUMBER: ________________________

ASSIGNMENT: ________________________

HOURS FROM ________________________

TOPIC E.M. MAIL, CONDITION OF COMPENSATION, ETC.

C. NOTIFICATION OF INVESTIGATION DISPOSITION AND INQUIRY INTO ANY CRIMINAL CHARGES

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

In or around December 2015 or January 2016, I was interviewed by I.S.U., Senior Investigator. In response to the complaint filed for sexual assault by a correctional officer here at C.J.F. Soledad North Facility, Mr./Ms. D. Doolietto of the P.R.E.A. Investigative Unit. I need you to update me concerning the disposition of the investigation. All of my attempts to contact a P.R.E.A. Advocate and Victim Support person have been thwarted by this institution. Therefore, I intend to pursue filing criminal charges with the local district attorney or, are you required as the Senior P.R.E.A. Investigator to file the requested criminal charges?

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: ________________________

DATE: ________________________

SIGNATURE: ________________________

FORWARDED TO ANOTHER STAFF?

Yes ☐ No ☐

IF FORWARDING – TO WHOM:

I.S.U. ________________________ D. Doolietto

DATE DELIVERED/MARKED: ________________________

METHOD OF DELIVERY:

☐ IN PERSON ☐ BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: ________________________

DATE: ________________________

SIGNATURE: ________________________

DATE RETURNED: ________________________

SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

I.S.U. Corr. Officer, D. Doolietto, has declined to respond to the above request pursuant to Section 3086(a)(3)(C)(1)(2)(e)(1)(2)(e)(2) of the California Penal Code (a,b,c,d,e) of the California Penal Code (a,b,c,d,e) of the California Penal Code (a,b,c,d,e). The violations constitute non-compliance to Section 3086 (above). And pursuant to the time limits set forth, I am required to proceed to Section C. to (Cg. and h.) for Supervisors Review. See attached C.D.R. 87 Form for Supervisors Review.

DATE SUBMITTED: ________________________

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): ________________________

DATE: ________________________

SIGNATURE: ________________________

DATE RETURNED: ________________________

Distribution: Original: To: Inmate/Parolee Care- Inmate/PAROLEE 3rd Copy: Staff Monitor Copy- California - Supvisors 1st Copy: Staff Monitor Copy- California - Supvisors 2nd Copy: Staff Monitor Copy- California - Supvisors
WS OF THE STATE OF CALIFORNIA THAT:

THE FOREGOING STATEMENTS AND ALLEGATION IS TRUE AND CORRECT, AND AS TO SUCH FACTS AVERRED UPON INFORMATION AND BELIEF, THAT I AM SO INFORMED AND BELIEVE THE SAME TO BE TRUE, AND AFFIX MY AND THOSE UNDERSIGNEE'S SIGNATURES HERETO...

EXECUTED ON: 10-22-15
CLAIMANT'S SIGNATURE:

EXECUTED ON: 10-22-15
CLAIMANT'S SIGNATURE:

EXECUTED ON: 10-22-15
CLAIMANT'S SIGNATURE:

EXECUTED ON: OCT. 23, 2015
CLAIMANT'S SIGNATURE:

EXECUTED ON: OCT. 23, 2015
CLAIMANT'S SIGNATURE:
EXECUTED ON: 11/17/2015

CLAIMANT'S SIGNATURE

EXECUTED ON: 11/30/2015

CLAIMANT'S SIGNATURE

EXECUTED ON: 10/22/15

CLAIMANT'S SIGNATURE

EXECUTED ON: 10/22/15

CLAIMANT'S SIGNATURE

EXECUTED ON: …

CLAIMANT'S SIGNATURE

EXECUTED ON: …

CLAIMANT'S SIGNATURE

EXECUTED ON: …

CLAIMANT'S SIGNATURE

EXECUTED ON: …

CLAIMANT'S SIGNATURE

-8 OF 8-

THE CONCLUSION:
My name is [Redacted]. I am housed at the Correctional Training Facility - Soledad, Soledad CA. I am one of the documented victims of sexual assault/misconduct. By correctional peace officer [Redacted], I'm attempting to once again obtain the assistance (Advocate From P.R.E.A) and victim support. All of my previous attempts from through the C.T.F. Soledad legal mail procedure have failed, due to the illegal actions of the C.T.F. Soledad North Facility Captain, Mail Room Clerks, and in house internal affairs (I.S.U.). I've enclosed documentations of my legal mail being taken, opened, and it's contents viewed by a Captain. The Captain admits being in possession of the legal documents that were mailed to internal affairs P.R.E.A division in Sacramento Co. I included inside the legal mail envelope, a C.O.C.R. 22 form requesting that P.R.E.A confirm receiving the legal mail. P.R.E.A was in non-compliance because the letter never left the prison. The North Facility Mailroom has falsified documents to insist that the letter was mailed out. So I tried again, and to no avail I've written and asked for support for the trauma that I'm forced to live with. I'm on a list in the mail room that all of my legal mail gets taken and contents regarding my sexual assault claim are viewed, and my mail never delivered. The only reason you are reading this now is that I was forced to use another route of getting my mail out of the prison. The retaliation is also shown with the letters I made to the post master, and U.S. Attorney General, Loretta Lynch. Once again after non-compliance, due to stolen legal mail, and falsified documents from the mail room, I was forced to use another route. The letter to Loretta Lynch made it to her via through Los Angeles Co. Post office. Call to verify please. I've also had to deal with the appeals coordinator's retaliation. My sexual assault claim was cancelled, due to not filing within the time limits. I appealed to Cancellation and it was granted. The explanation was that the complaint was cancelled in error. I then filed a complaint against
The Appeals Coordinator for Retaliation. I showed proof that it was a clear case of Retaliation because an update to the Subsection in Reference to the 3084 Emergency Filing. Time limits were issued 4 months prior to receiving my complaint. It was not cancelled by Error. An Error is like the First few days in Jan. 2016, you still write 2015. This was done Four month later, in a subject Section that is Directly within the Appeals of expertise. I've also tried (unsuccessfully) to get information from the I.S.U. Senior Investigator, and Supervisor in Reference to the Criminal Filing of Sexual Assault. Both I.S.U. Correctional Peace Officers were non-compliant. I wasn't asking for personal information such as Address and Phone Number (that's easier to get than an honest answer from the C.D.C.R administration). I just wanted an update. The loyalty to a Fellow Correctional Peace Officer, takes prestige over all my Amended Rights promised by the Constitution of the U.S. This C.T.F. Salcedo In House Internal Affairs has willfully, with the Aid of the Mail Room Staff and Facility Captain violated the 18 USC 1701, 1702, and 1703 of the Federal Postal Services Criminal Statute. With no regard for my Mental Physique Trauma, or Just plain Right Illegal. Please Contact me to confirm you have received this information. Inmate Charles Williams informed me that, finally a Response. I immediately wrote you this letter. I was so tired of being denied, The Advocacy, and Victim Support. Every two weeks, A Sgt. Handley Harasses me by calling me into his office to ask me about, Am I being Retaliated Against, Without A P.R.E.A. Advocate present, despite my Request for an Advocate. This whole C.T.F. Salcedo Smokescreen/Lie that they are doing everything out of Concern is misleading. If It was really Concern for Justice, then why steal mail, Detain, and Deny the Victims the needed Services. Hope To hear from you Soon.

03-10-2016
Date: January 6, 2016

To: Inmate [redacted]
    WA-301L

Subject: LETTER DATED NOVEMBER 24, 2015 TO THE OFFICE OF INTERNAL AFFAIRS

This is in response to your letter dated November 24, 2015 addressed to the Office of Internal Affairs. Based upon the nature of the correspondence, this matter was forwarded to the Warden, who in turn referred your letter to my office for reply. You have alleged staff sexual misconduct. Your allegations of sexual misconduct are currently being reviewed at the institution.

The Citizen’s Complaint process is reserved for use by the general public, not individuals incarcerated within the California Department of Corrections & Rehabilitation (CDCR). Every inmate under the jurisdiction of CDCR may appeal any departmental decision, action, condition or policy they believe has an adverse effect upon their welfare. Such appeals are filed on a CDC 602, “Inmate/Parolee Appeal Form,” on which inmates describe the problem and action requested.

D. CHAMBERLAIN
Captain, Facility B
CTF-Soledad
SECTION A: INMATE/PAROLEE REQUEST

NAME (First) — (Last Name) — (CDC Number) — (Address)

REQUESTED SERVICE OR ITEM

HOURS FROM TO

Clearly state the service or item requested or reason for interview:

Can you please send me one binding date on 12-31-15. I am a high school senior and I am thinking about going to community college in the fall. Can you send me one in your office? Thank you.

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: FORWARD TO ANOTHER STAFF (CIRCLE ONE): YES No

IF FORWARD TO WHOM:

Internal Affairs / Parole Division DATE DELIVERED/MAILED: 11-24-15

METHOD OF DELIVERY (CIRCLE ONE): IN PERSON • BY MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: DATE: SIGNATURE: DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

Request to the effect is 3056(r)(1)(a)(2)(b) and (c). It has exceeded the (3) working days, based on the corrected attachment. The Office of Internal Affairs/Parole Division is in compliance to Section 3056(g)(1)(b), (1)(b), (2)(b), (3)(b), and (4)(b) (c). Please see attached PRE FACILITY OUTGOING CONFIDENTIAL AND LEGAL MAIL STATUS sheet dated 12-11-15.

SIGNATURE: DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR NAME): DATE:

SIGNATURE: DATE RETURNED:
CONFIDENTIAL LEGAL MAIL

GE LADORIS CORDELL
E RIBBON COMMISSION
CITY OF SANTA CLARA
W. HEDDING ST. 10TH FLOOR
IN JOSE, CA. 95710
Good afternoon,

- The Clerk of the Board’s Office received the attached correspondence. This document is being forwarded to you for appropriate action. The original document will be on file in the Clerk of the Board’s Records Unit for a maximum of 2 years from the date received.

Thank you,
Carl Ngo
Office Specialist III
Clerk of the Board
70. W Hedding St 10th Floor
San Jose, CA 95110
GREETINGS AND BLESSINGS TO YOU AND YOURS. MY HOPES ARE THAT WHEN THIS LETTER REACHES YOU IT FINDS YOU IN THE BEST OF LIFE AND ITS EMBRACEMENTS WITH GOD'S GOOD GRACES. THE PURPOSE OF THIS LETTER IS TO BRING TO YOUR ATTENTION MY SPECIFIC CASE AND INCIDENT TO THE USE OF EXCESSIVE FORCE WITH ABUSE OF AUTHORITY THAT HAS LONG BEEN AN UNDERGROUND PRACTICE OF SHERIFF DEPUTIES IN THE JAIL WHO RUN ROUGE UNDER THE COLOR OF AUTHORITY. FURTHER, AN ADMINISTRATION BRASS THAT HAS SUPPORTED AND ENABLED IT BY TURNING A BLIND EYE WITH DEAF EARS AND JUSTIFYING DEPUTIES' ACTIONS WITH CONCEPTS OF TRADITIONAL SIDING AND FAVORABLE RESULTS.

THIS TANGLED WEB REACHES ITS OTHER BRANCHES WITHIN THE DEPARTMENT SUCH AS MEDICAL STAFF, WHO DOWNPLAY AND ASSIST IN SANITIZING REPORTS TO MINIMIZE THE INJURY TO INJURY AND ASSIST IN CREATING CONJURED COVER UPS THAT CONSPIRE AGAINST INMATES WHO COME UNDER THEIR CARE. UNFORTUNATELY, IT ISN'T UNTIL SOMEONE IS KILLED OR INJURED SO SEVERE THAT THEY REQUIRE HOSPITAL EMERGENCY TREATMENT BECAUSE THE DAMAGE IS BEYOND THEIR ABILITIES TO TREAT OR CARE FOR. ADDITIONALLY, MEDICAL STAFF ARE RELUCTANT AT TIMES AND HAVE A LACK OF EMPATHY OR GENUINE CONCERN TO THE TREATMENT THEY PROVIDE OR TREATMENT REQUEST BY THE INMATE.

I AM SURE YOU ARE AWARE OF THE MATTERS I WRITE TO DESCRIBE AND SOME OF IT MAY BE REPEATED BUT I'VE LIVED IN THIS PLACE TO WITNESS AND BE SUBJECT TO ITS AUTHORITARIAN ATROCITIES IN AN EFFORT TO BREAK ME OF MIND AND SPIRIT AND STRIP ME OF WHAT HUMAN DIGNITY AND SELF RESPECT I HAVE ALONGSIDE OTHERS IN THE SAME POSITION OF SCUTTLE AND ABUSE THAT'S CLOSEST
COMPARISON IS THE MOST SERIOUS OF DOMESTIC ABUSE CASES WHERE VICTIMS HAVE NO OUTLET AND THE ABUSIVE OPPRESSOR DESENSITIZES THE INTENDED PERSON OF ALL FEELINGS AND EMOTION, NUMBING THEM OR FORCING THEM TO RESPOND. ALL WITHIN AN ENVIRONMENT THAT IS DEPRESSING AND HOSTILE BY ITS VERY DESIGN BUT ALSO DEPRIVES YOU OF ESCAPING IT OR AVOIDING IT BECAUSE YOU'RE IN A CELL AND THEY KNOW WHERE TO FIND YOU. IT'S BEEN SAID BY GUARDS THAT "BY THE TIME YOU GET HELP, WE'LL HAVE DONE WHAT WE WANTED TO." IT'S CRAZY.

My name is  [BLANKED] and I have been fighting my initial case here since March of 2012. Since that date I have no incidents with any inmate nor have I acted out inappropriately with staff but I have been housed in the maximum security housing units of 4-A, 4-D WAT and now 4-C which you visited recently but briefly. Upon my arrival to Santa Clara County Jail I had no history here as I'm originally from Monroe County and was downclassified to the Elmwood Facility where I was a unit worker and enrolled in programs. Then due to working out in my cell was written up and reclassified to the max housing units where I remained.

On August 13th 2014 deputies conducted a search of the 4-A unit where I was. Deputies entered the unit in a rush and claimed to have targeted my cell due to my brazen gang behavior but I have never been written up for anything or confronted for such allegations by deputies. Nevertheless on the above mentioned date multiple deputies flooded my cell and assaulted me by kicking, punching and hitting me as I sat on the toilet. I did not resist nor fight in any fashion but I did attempt to protect myself by covering my face and head but failed when deputies twisted my arms.
THEN CUFFED ME. THEY CONTINUED THE ASSAULT AND AT ONE POINT ONE OF THE DEPUTIES INSTRUCTED THE OTHERS TO "MAKE HIM SCREAM," IN TURN THE DEPUTY SQUEEZED MY TESTICLES WHILE I TWISTED AND TURNED UNDER THE WEIGHT OF A DEPUTY WHO WAS MOUNTED ON MY BACK UTTING ME BEHIND THE HEAD, SIDE OF MY FACE AND EAR, ANOTHER KICKING ME IN THE FACE. DEPUTIES SAID THEY BELIEVED I WAS REACHING FOR A WEAPON BUT I HAD NO SHIRT ON AND MY PANTS WERE AROUND MY KNEES WHICH EXPOSED MY NUDITY FROM MY ANKLES UP. THEN THEY PROCEEDED TO UPLIFT ME UP (UP) MY ARMS UP FROM BEHIND FORCING ME TO BEND OVER WALKING OUT BACKWARDS ON THE TURF AS ONE DEPUTY HELD MY HEAD DOWN BY A FIST FULL OF MY HAIR AND HITTING ME AS I WAS ESCORTED DOWN THE STAIRS AND OUT OF 4 A. ALMOST NAKED.

I WAS THEN CUFFED TO A CHAIN ON THE FLOOR WHERE I COULD NOT STAND UP AND WAS HIT AGAIN FORCING ME TO SIT ON A CHAIR WHILE MY FACE WAS PUSHED IN TO THE TABLE. I LOST CONSCIOUSNESS SEVERAL TIMES AND FINALLY WAKING UP IN THE HOSPITAL AT VAMC SOME TIME LATER. I WAS TRANSPORTED BY EMT AND BURNEEY OUT IN SackleS, UPON RETURNING, VAMC REQUESTED AN RETURN FOR FURTHER MEDICAL EVALUATION AND DEPUTIES REFUSED. SERGEANT TRACY TOOK PICTURES OF MY INJURIES BUT THOSE HAVE NEVER BEEN PRODUCED AS PART OF THE EVIDENCE. I WAS THEN REHoused ON THE MEDICAL FLOOR FOR A COUPLE OF WEEKS AND THEN REHoused AGAIN TO THE 4TH FLOOR WITH SERIOUS SWELLING AND BRUISING TO MY FACE, HEAD AND BODY.

THEN IN OCT, 2012 I WAS FORMALLY CHARGED WITH ASSAULT. THE DETAILS TO THE CASE THAT I HAVE NOT MENTIONED IS DUE TO THE PENDING CASE BUT WHAT I HAVE WROTE IS THE EXCESSIVE USE OF FORCE AND CRIMINAL ACES BY DEPUTIES. (RONALD/ ONE DEPUTY INJURY TO HIS HAND, KELLY KNAAP AND I"VE NOT ALREADY, she would like to use any case
As part of the law suit she has filed, I mentioned to her that I had not filed a grievance or took civil action out of fear of retaliation due to the after Math and then being placed in to 430 West Max for no reason being subjected to the harshness of condition and solitary confinement, then Mr. Three’s death. Kelly urged me to write a grievance in good faith of change but nothing happen. I don’t want to die here alone in a cell where nobody would know or care.

Furthermore, in a Pitchess motion that was granted in court, between all three main deputies, there are at least 15 complaints of excessive force. I finally exhausted the grievance system but it did nothing to correct or change things. I have no faith or belief in the grievance process and I am reaching out to you as another avenue of assistance as I did before but you were limited with jurisdiction and scope of authority in your obligations as San Jose Police Auditor at the time. Now it is different and you directly oversee the Blue Ribbon Commission.

Your presence and support without doubt created change and demand attention here which we greatly appreciate and truly respect. Thank you and everyone else who supports in advocating for better and fair treatment of us. Enclosed are original documents and photos for your reference. Please review and should you find it within your concern, I would greatly appreciate speaking with you pertaining this matter. There is much more but in consolidating as an effort to keep things focused on one part. Please return the documents when you’ve finished them.

I’d like to conclude with appreciation for your time and attention and look forward to any response. Take care and God bless.

Please keep this confidential.

Respectfully,
### INMATE GRIEVANCE FORM

**INMATE'S NAME:** [Redacted]

**INMATE NUMBER:** [Redacted]

**HOUSING UNIT:** [Redacted]

**DETAILS OF GRIEVANCE:** PRINT! BE SPECIFIC!

- [Text]

**WHAT SOLUTION ARE YOU RECOMMENDING?**

- [Text]

**Your Signature:** [Redacted]

**Date:** 12/9/15  **Time:** AM/PM

**RESPONDING OFFICER'S STATEMENT (Please print):**

**INVESTIGATION**

[ ] Resolved  [ ] Refer to Level II

**Officer's Name:** [Redacted]

**Team:** [Redacted]  **Date:** 

**SUPERVISOR'S ACTION:**

[ ] Resolved  [ ] Refer to Level III

**Supervisor's Name:** [Redacted]

**Team:** [Redacted]  **Date:**

**SHIFT LIEUTENANT REVIEW:**  [ ] Concur  [ ] Reversed

**SIGNATURE:**

Date:  

**SUPPORT SERVICE RESPONSE:**

**Unit Assigned:**  **Date Assigned:**

**Date Due:**

**Response by:**

Title:  **Date:**

**FACILITY COMMANDER/DESIGNEE REVIEW:**  [ ] Concur  [ ] Reversed

**SIGNATURE:**

Date:  

**RESPONSE RETURNED TO INMATE:**

**Distribution:**  White-Administration  **By:**

**Canary-Inmate (Final Disposition)**  **Pink-Inmate (Initial Receipt)**
DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!:

On 3/24/14 I was severely and aggressively assaulted by several deputies in an incident that involved me in a violent confrontation and resulted in me having to receive medical attention due to injuries sustained during the attack. Deputies used excessive force on me and began screaming, yelling, cursing, and using physical force and aggression, including grabbing my hair and cutting me with their hands. I was left with severe injuries, including a severe head injury, internal bleeding, and severe cuts and bruises. This incident occurred in the lockup area and involved multiple deputies. I believe this incident was a clear violation of the use of force and escalation of force policies.

SOLUTION: Process my grievance according to policy and require officers who use excessive force to be reprimanded and receive additional training.

WHAT SOLUTION ARE YOU RECOMMENDING? :

Your Signature: ___________________________ Date: 12/1/15 Time: _____ AM/PM

******************************************************************************

Received from Inmate on:
Day: FRIDAY Date: 12/1/15 Time: 0800 Officer: CORTES #2599 Team: D

RESPONDING OFFICER'S STATEMENT (Please print):

IN REFERENCE TO THE DATE THIS
GRIEVANCE WILL BE FORWARD TO THE APPROPRIATE TEAM FOR
INVESTIGATION

[ ] Resolved [ ] Refer to Level II

Officer's Name: CORTES Team: D Date: 12/4/15

******************************************************************************

SUPERVISOR'S ACTION:

I reviewed the incident report and found no need for further investigation. The on-duty supervisor at the time deemed this incident to be a reasonable and justified use of force. The incident was also reviewed by the internal affairs unit, and all deputies involved were cleared of any wrong-doing.

[ ] Resolved [ ] Refer to Level III

Supervisor's Name: SGT. SPALACIOLO #2784 Team: R Date: 12/4/15

******************************************************************************

SHIFT LIEUTENANT REVIEW: [ ] Concur [ ] Reversed

******************************************************************************

SIGNATURE: ___________________________ Date: _____ Time: _____

SUPPORT SERVICE RESPONSE: Unit Assigned: Date Assigned: _____ Time: _____

Date Due: ______

******************************************************************************

Response by: ___________________________ Title: ___________________________ Date: _____ Time: _____

FACILITY COMMANDER/DISGNEE REVIEW: [ ] Concur [ ] Reversed

******************************************************************************

SIGNATURE: ___________________________ Date: 12/12/15 Time: ______

RESPONSE RETURNED TO INMATE: Date: 12/1/15 Time: ______ By: ______

Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)
December 29, 2015

Mr.

Main Jail Complex
150 West Hedding Street
San Jose, CA 95110

Dear [Redacted]

I received your grievance appeal letter dated December 15, 2015, concerning the response to Grievance # [Redacted]. This grievance is in regards to a use of force incident. We take all claims of this nature very seriously.

Your grievance was written over one year after the incident you described. At the time of the incident, this matter had been investigated thoroughly. Your housing area was searched after it was determined that inmates in this area were participating in gang activity. During the search, you ignored the verbal commands of staff. You also flushed concealed contraband down the toilet, and assaulted responding deputies. The responses of the deputies during this incident, as well as the response to Grievance # [Redacted], are both accurate and appropriate.

Sincerely,

[Signature]

Captain Hoyt
Main Jail Division Commander

BH:evv
NOTIFICATION OF CHARGES

THIS DOCUMENT IS TO NOTIFY YOU THAT YOU HAVE BEEN ARRESTED FOR THE BELOW LISTED OFFENSES. THESE CHARGES MAY BE IN ADDITION TO THE OFFENSES CHARGED AT THE TIME OF INITIAL BOOKING. PURSUANT TO PENAL CODE SECTIONS 821 AND 822 YOU HAVE THE RIGHT TO REQUEST AN APPEARANCE BEFORE A MAGISTRATE IN SANTA CLARA COUNTY FOR THE PURPOSE OF BEING ADMITTED TO BAIL ON THOSE OUT OF COUNTY WARRANTS LISTED BELOW. INDICATE ON THIS FORM IF YOU (DO) OR (DO NOT) DESIRE TO APPEAR BEFORE A LOCAL MAGISTRATE ON THOSE CHARGES BY PLACING YOUR INITIALS IN THE PROPER COLUMN.

DO YOU WISH TO APPEAR BEFORE A MAGISTRATE
OUT OF COUNTY
PER

1. ___________ ___________ ___________ ___________ / 
   CHARGE WARRANT # M/F COURT BAIL
   R242/2931666 MVY

2. ___________ ___________ ___________ ___________ / 

3. ___________ ___________ ___________ ___________ / 

4. ___________ ___________ ___________ ___________ / 

5. ___________ ___________ ___________ ___________ / 

I ACKNOWLEDGE THAT I HAVE RECEIVED THE ABOVE LISTED ARREST CHARGE INFORMATION AND A COPY OF THE WARRANT OR WARRANT ABSTRACT ASSOCIATED TO THESE CHARGES.

PRISONER SIGNATURE: __________________________ DATE: ______________ TIME: ______________

WITNESSING OFFICER: __________________________ BADGE: ______________

TWO COMPLETE FINGERPRINT CARDS REQUIRED (RECORDABLE OFFENSE(S) YES / NO

FINGERPRINTS COMPLETED BY: __________________________ DATE: ______________

________________________________________
FOR ADMIN BOOKING USE ONLY

BKG JACKET UPDATED CJIC UPDATED

BY: ______________ / BY: ______________ DATE: ______________ TIME: ______________

IMPORTANT INFORMATION FOR SENTENCED PRISONERS

THE REVERSE SIDE OF THIS FORM LISTS PENAL CODE SECTIONS 858.7 AND 1381. THESE SECTIONS DESCRIBE IMPORTANT RIGHTS OF SENTENCED PRISONERS WHICH RELATE TO OUT OF COUNTY FELONY/MISDEMEANOR WARRANTS.

DISTRIBUTION: WHITE-Booking record after signatures obtained.
              CANARY-Booking record prior signatures obtained.
              PINK-Inmate
              GOLDENROD-Sheriff’s I.D. Services with print cards.

564 REV 4/90

F2/420.10
Whenever a defendant has been convicted, in any court of this state, of the commission of a felony or misdemeanor and has been sentenced to and has entered upon a term of imprisonment in a state prison or has been sentenced to and has entered upon a term of imprisonment in a county jail for a period of more than 90 days or has been committed to and placed in a county jail for more than 90 days as a condition of probation or has been committed to and placed in an institution subject to the jurisdiction of the Department of the Youth Authority or whenever any person has been committed to the custody of the Director of Corrections pursuant to Chapter 1 (commencing with Section 3000) of Division 3 of the Welfare and Institutions Code and has entered upon his term of commitment, and at the time of the entry upon such term of imprisonment or commitment there is pending, in any court of this state, any other indictment, information, complaint, or any criminal proceeding wherein the defendant remains to be sentenced, the district attorney of the county in which such matters are pending shall bring the same defendant to trial or for sentencing within 90 days after such person shall have delivered to said district attorney written notice of the place of his imprisonment or commitment and his desire to be brought to trial or for sentencing unless a continuance beyond said 90 days is requested or consented to by such person, in open court, and such request or consent entered upon the minutes of the court in which event the 90-day period herein provided for shall commence to run anew from the date to which such consent or request continued the trial or sentencing. In the event that the defendant is not brought to trial or for court in which such charge or sentencing is pending must, on motion or suggestion of the district attorney, or of the defendant or person confined in the county jail or committed to the custody of the Director of Corrections or his counsel, or of the State Department of Corrections, or the Department of the Youth Authority, or on its own motion, dismiss such action. If a charge is filed against a person during the time such person is serving a sentence in any state prison or county jail of this state or while detained by the Director of Corrections pursuant to Chapter 1 of Division 3 or while detained in any institution subject to the jurisdiction of the Department of the Youth Authority it is hereby made mandatory upon the district attorney of the county in which such charge is filed to bring the same to trial within 90 days after said person shall have delivered to said district attorney written notice of the place of his imprisonment or commitment and his desire to be brought to trial upon said charge, unless a continuance is requested or consented to by such person, in open court, and such request or consent entered upon the minutes of the court, in which event the 90-day period herein provided for shall commence to run anew from the date to which such request or consent continued the trial. In the event such action is not brought to trial within the 90 days as herein provided the court in which such action is pending must, on motion or suggestion of the district attorney, or of the defendant or person committed to the custody of the Director of Corrections or to a county jail or his counsel, or of the State Department of Corrections, or of the Department of the Youth Authority, or on its own motion, dismiss such charge. The sheriff, custodian or jailer shall endorse upon the written notice of the defendant’s desire to be brought to trial or for sentencing the cause of commitment, the date of commitment and the date of release.

PENAL CODE SECTION 858.7. Prisoner serving a misdemeanor sentence; plea to misdemeanor Vehicle Code violation charge in another county

(a) In any case in which the defendant has been convicted of a misdemeanor and is serving a sentence as a result of such conviction and there has been filed and is pending in another county a complaint charging him with a misdemeanor Vehicle Code violation, the defendant may appear before the court that sentenced him, and a magistrate of that court shall give such instruction to the defendant as required by law and inform the defendant of his rights under this section, and, if the defendant desires to plead guilty or nolo contendere to the charge in the complaint, he may so advise the magistrate. If the magistrate determines that such plea would be in the interest of justice, he shall direct the defendant to appear before a specified appropriate court in the county in which the defendant is serving his sentence at a designated certain time for plea and sentencing. The magistrate shall request the court in which the complaint has been filed to transmit a certified copy of the complaint and any citation and any factual report which may have been prepared by the law enforcement agency that investigated the case to the court in which defendant is to appear for plea and sentencing. If the court of which the request is made deems such action to be in the interest of justice, and the district attorney of the county in which that court sits, after notice from the court of the request it has received, does not object to such action, the court shall immediately transmit a certified copy of the complaint and any report of the law enforcement agency that investigated the case, and, if not, shall advise the requesting magistrate of its decision not to take such action.

When defendant appears for plea and sentencing, and if a copy of the complaint has been transmitted, the court shall read the copy of the complaint to him, and the defendant may plead guilty or nolo contendere. Such court shall have jurisdiction to accept the plea and impose a sentence. Such court shall notify the court in which the complaint was originally filed of the disposition of the case. If defendant does not plead guilty or nolo contendere, or if transmittal of a copy of the complaint has been received, the court shall terminate the proceedings under this section and shall direct the defendant to appear before the court in which the complaint was filed and is pending on or before a certain day.
iPhone

Begin forwarded message:

From: [Redacted]
Date: December 12, 2014 at 12:22:33 PST
To: "Cordell, LaDoris" <ladoris.cordell@sanjoseca.gov>, [Redacted]
Subject: Re: [Redacted]

Judge Cordell,

Thank you for your quick response

I will pass the information to [Redacted]

[Redacted]

On Dec 12, 2014, at 09:20, Cordell, LaDoris <ladoris.cordell@sanjoseca.gov> wrote:

Hi, [Redacted] From your description, it appears that the officers involved are under the jurisdiction of the Sheriff’s Department. Our office can only address allegations of misconduct by San Jose police officers. Mr. [Redacted] if he wants to file a complaint of excessive force, will have to make to his complaint to the Internal Affairs Unit of the Sheriff’s Department. His attorney should be able to make the complaint on Mr. [Redacted] behalf or the attorney can provide him the complaint form so Mr. [Redacted] can complete it. I hope that this information is helpful. --- Judge Cordell

Judge LaDoris H. Cordell (Ret.)
From: 
Sent: Friday, December 12, 2014 9:09 AM 
To: Cordell, LaDoris; 
Subject: 

Judge Cordell 

I am writing to you on behalf of an inmate located in Main Jail North 4th floor. His name is [redacted]. Not long ago he was beat up by a few correctional officers while being incarcerated he was taken to Valley Medical now he's fighting a case of assault on the officers. Ironically he was the one taken to the hospital and yet he is the one being charged. He is being represented by Clinton Morales, he said he was looking into the incident and was going to get Mr. [redacted] pictures and the report.

Per Mr. [redacted] request he would like to start an investigation regarding this incident there are pictures and a report made at the hospital. Mr. Marmolejo would like to make a formal complaint. Can you please guide me on how to direct him on what his steps are.

Thank you so much for your attention in this matter.
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