MAIC

INMATE/PAROLEE APPEAL FORM

Location: Institution/Farole Region

, CCT-0-08-00003

DISALLOWED

DEPARTMENT OF CORRECTIONS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken

Or using the appeals procedure respons	NUMBER	ASSIGNMENT		UNIT/ROOM NUMBER
	-Ca (# 11 # 3)		IV3	-
A. Describe Problem: V 68 (18)	E The Maik	ROOM WAS full	4 AWARE DI	- Theire
iolation of: Prison	LEGAL DEWS	V. Cook / 9th C	in 2000) 238 F	3.6 P14.5
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Δ.	1136		LEASE SEE ATTAC	8/_
Action Requested: LEASE	& OLESIST 1	The violations	of both my	due pro-
cess & rivil Righ			HE LAW!	EXPLAIN
why I was NOT	gIVED A RE	jection Notice	per Title 15	ARTICAL 4,
Mai (314).	. 0 1			900
mate/Parolee Signature:			Date Submitted:	72+03+07
INFORMAL LEVEL (Date Received)	The state of the s	ATE	7
taff Response:		the the state of	AF I	E F
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THE PERSON OF	and it said the	The state of	STR	7
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taff Signature:			Date Returned to Inmate: _	
FORMAL LEVEL				20
you are dissatisfied, explain below, attac	ch supporting documents (C	ompleted CDC 115, Investigator	's Report, Classification chron	Name of the latest and the latest an
sbmit to the Institution/Parole Region A	0 11/	+ 1111	ot of response.	11/2 /
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101, NOR, WILL DE, EVER.	QUEL INIS OF	ACONIAN . Slig	at of nova gras	TUCE, NOW:
gnature:	companied by a completed		Date SubmittedCDC Ar	peal Number:
pard of Control form BC-1E, Inmate Clair			CDC A	production det

First Level Granted P. Granted Donied Other	
	2-08 Due Date: 02-09-08
Interviewed by: Sgt - WORRE!	
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AND THE PROPERTY OF THE PERSON	and the department of the same
The same of the sa	or organization that the contract to
The state of the same of the s	THE PART OF THE PARTY WAS A WAY
Staff Signature: M. World Title: Sat	Date Completed
Division Head Approved: Tep 2 CAO	1 Returned How HAND
Signature: Title:	Date to Inmate: 17770 11 11 100
F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Instruceipt of response. 1185 + (EVA (ADDEA (RESAUNCE FAIL)	
ISSUES I RAISED - EXCEPT ONE in which	THEY NEVER FOLLOWED THROUGH
with! "I NEVER RECEIVED A, C.D.C. 1819"	If they sent one Then have Them
SEND you A copy of it! DERIVEY To	COVER-UP A QUE PROCESS VIO-
lATION is A STEPPERY-Slope to be slittle	ERING AROUND IN INDEED!
Signature:	Date Submitted: 01417408
Second Level Granted P. Granted Denied Other	100 - 02/20/00
G. REVIEWER'S ACTION (complete within 10 working days): Date assigned	Due Date:
4/100) And (A)	2/20/12
Signature:	Date Completed:
Warden/Superintendent Signature:	Date Returned to Inmate 200
H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and su	bmit by mail to the third level within 15 days of receipt of
See Prison Legal News v. Schomacher, USDCOR	case No 02-428-MA and
PLN Vs. Schwarzenger V.S.D.C. ND CA, CA	
June 2007 settlement requires could to over	
	spite of claims to the
contary.	Catal Carlo Market State Control of the Carlo Ca
	Date Submitted: 02-27-08
Signature:	Date Submitted: UX-X /* U
For the Director's Review submit all documents to: Director of Corrections	
P.O. Box 942883 Sacramento, CA 94283-0001	
Attn: Chief, Inmate Appeals	
DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other	
See Attached Letter	JUN 0 3 2008
CDC 602 (12/87)	Date:

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