


PELICAN BAY STATE PRISON SECURITY HOUSING UNIT UNIT C-9

STATE OF CALIFORNIA
 INMATE/PAROLEE APPEAL
 CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1107741  P69993	IAB USE ONLY	Institution/Parole Region: PBSP Log #: 11-02467	Category: 3/ <i>Disallowed Mail</i>
FOR STAFF USE ONLY			

You may appeal a 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): [REDACTED]	CDC Number: [REDACTED]	Unit/Cell Number: [REDACTED]	Assignment: PBSP/SHU
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DISAPPROVED MAIL

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

THIS IS A VIOLATION OF MY CONSTITUTIONAL RIGHTS TO RECEIVE READING MATERIALS/PUBLICATIONS AND MAIL WHILE IN PRISON. I.G.I AND CDCR ADMINISTRATION ARE SIMPLY ATTEMPTING TO OVER CENSOR MAIL AS A FORM OF RETALIATION DUE TO THE

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

TO BE GIVEN MY STOPPED MAIL AND FOR I.G.I/I.S.U/P.B.S.P ADMINISTRATION TO STOP RETALIATING AGAINST HUNGERSTRIKE INMATES.

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):

CDC 128-D STOPPED MAIL NOTIFICATION

CDC 1819 NOTIFICATION OF DISAPPROVAL

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

Inmate/Parolee Signature: [REDACTED]

Date Submitted: **11.3.11**

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

C. First Level - Staff Use Only

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

This appeal has been:

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

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ 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 ____ / ____ / ____

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 NOV 04 2011
 INMATE APPEALS BRANCH

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: _____

E. Second Level - Staff Use Only

Date Submitted: _____

This appeal has been:

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

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

Assigned to: IGI Title: _____ Date Assigned: NOV 04 2011 Date Due: 12/21/11
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.

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____
Date of Interview: 9/20/11 Interview Location: _____

Interviewer: M. R. [Signature] Title: LT Signature: [Signature] Date completed: 11-21-11
Reviewer: D. Bradbury Title: CDWA Signature: [Signature]
Date received by AC: DEC 16 2011

AC Use Only
Date mailed/delivered to appellant DEC 16 2011

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

I WAS NEVER INTERVIEWED FOR THIS APPEAL - HOWEVER I DO NOT AGREE WITH THE FINDINGS THAT WERE STATED WITHIN. AS I SAID C.D.C.R. IS MERELY TRYING TO SENSOR OUR MAIL AND RETALIATE AGAINST ALL WHO PARTICIPATED IN THE RECENT HUNGER STRIKES. THE PUBLICATION IS SIMPLY A POLITICAL NEWSLETTER THAT HAD NO EFFECT ON MY BELIEVE IN INMATES RIGHTS AND IT

Inmate/Parolee Signature: _____

Date Submitted: 12-20-11

G. Third Level - Staff Use Only

This appeal has been:

- ☐ Rejected (See attached letter for instruction) 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.

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)
Third Level Use Only
Date mailed/delivered to appellant MAR 14 2012

Print Staff Name: _____

Inmate/Parolee Signature: _____

Title: _____

Signature: _____

Date: _____

Date: _____

PELICAN BAY STATE PRISON

STATE OF CALIFORNIA

INMATE/PAROLEE APPEAL FORM ATTACHMENT

CDCR 602-A (08/09)

SECURITY HOUSING UNIT

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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):

CDC Number:

Unit/Cell Number:

Assignment:

CLARA

[REDACTED]

[REDACTED]

P.B.S.P./SHU

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

RECENT HUNGERSTRIKES. THERE IS NO FORM OF CODED MESSAGES/GANG ACTIVITY NOR ANYTHING ELSE STATED IN THE MAIL STOP FORM. IT IS SIMPLY A POLITICAL PUBLICATION THAT BELIEVES IN PRISONERS RIGHTS THEREFORE CDCR ADMINISTRATION IS ATTEMPTING TO BAN THESE TYPES OF PRO PRISONER RIGHTS PUBLICATIONS. THESE ARE BLATANT AND FALSE ACCUSATIONS AND IT'S AN EGREGIOUS VIOLATION OF THE FIRST AND FOURTEENTH AMENDMENT. ONE WOULD THINK THAT CDCR WOULD UPHOLD THE CONSTITUTION BUT INSTEAD THEY CONTINUOUSLY VIOLATE IT ON A DAILY BASIS UNDER THE BOSUS AND FALSE CLAIM OF INSTITUTIONAL SECURITY. CDCR ALREADY WROTE INMATES UP FOR PARTICIPATING IN A PEACEFUL HUNGERSTRIKE AND TOOK THEIR TELEVISIONS FOR THIRTY DAYS AS A FORM OF PUNISHMENT AND RETALIATION AND THIS IS SIMPLY ANOTHER ATTEMPT TO DO THE SAME. PELICAN BAY STAFF/ I.S.U ARE LYING AND SHOULD NOT BE ALLOWED TO CREATE UNDERGROUND POLICIES NOR HARASS INMATES.

NOV 04 2011

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INMATE APPEALS BRANCH
DEC 28 2011
Y T N O E S N F F A T S

Inmate/Parolee Signature:

Carlos Ramirez

Date Submitted:

11.3.11

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

Inmate/Parolee Signature:

Date Submitted:

Inmate/Parolee Signature:

Date Submitted:

Inmate/Parolee Signature

Date Submitted:

12.20.11