


PELICAN BAY S.H.U. UNIT D-3

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

DEPARTMENT OF CORRECTIONS AND REHABILITATION

	IAB USE ONLY	Institution/Parole Region: PBSP	Log #: 12-2868	Category: 37
You are appealing 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 3084.1 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.			FOR STAFF USE ONLY	

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): Huerta, Gabriel	CDC Number: C-80766	Unit/Cell Number: 03-222	Assignment: D-SHU
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):
Stopped MAIL

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):
ON 8/13/12, I RECEIVED A CDC 1819 MAIL STOP NOTICE FOR AN INCOMING NEWS LETTER THAT SUPPOSEDLY CALLS FOR SOLIDARITY AND THREATENS THE SECURITY OF THE INSTITUTION. I CHALLENGE THIS HOLDING AND

E. Action requested (If you need more space, use Section E of the CDCR 602-A):
GIVE ME MY MAIL

Pelican Bay State Prison
SEP 11 2012
Appeals Office
Pelican Bay State
OCT 15 2012
Appeals Office

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1080, Inmate Property Inventory, CDC 125-B, Classification Chrono):
**CDC 1819 Stopped mail notice,
CDC 22 INFORMAL APPEAL (REQUEST FOR INTERVIEW).**

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

RECEIVED
NOV 28 2012
INMATE APPEALS BRANCH

Inmate/Parolee Signature: *G. Huerta* Date Submitted: **9/10/12**

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: **AW/BS** Title: **Mailroom** Date Assigned: **SEP 11 2012** Date Due: **10/23/11**

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

Date of Interview: **9/17/12** Interview Location: **PBSP Housing Unit D3-222**

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

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

Interviewer: *C. Williams* Title: **ESST** Signature: *C. Williams* Date completed: **9/17/12**

Reviewer: *C. Drum* Title: **AW** Signature: *C. Drum*

Date received by AC: **SEP 24 2012**

AC Use Only
Date mailed/delivered to appellant **SEP 24 2012**

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.
THERE HAS BEEN VARIOUS PUBLICATIONS WE HAVE RECEIVED THAT CALLED FOR WORK STOPPAGE. IN FACT, I BELIEVE THE ARTICLE IN THIS APPEAL IS PROBABLY TALKING ABOUT SEPTEMBER 20, 2012, AS I HAVE READ IN OTHER PUBLICATIONS. IF THIS IS THE ISSUE THEN IT PRESENTS NO SECURITY THREAT SINCE THE TIME HAS PASSED. BUT STILL, I HAVE A CONSTITUTIONAL RIGHT TO READ THIS MATERIAL. IT SHOULD HAVE NEVER BEEN STOPPED. OCT 15 2012

Inmate/Parolee Signature: [Redacted] Date Submitted: 10/11/12

E. Second Level - Staff Use Only

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

This appeal has been:

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

Assigned to: Appeals Title: _____ Date Assigned: OCT 15 2012 Date Due: 11/26/12

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: N/A Interview Location: _____

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

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

Interviewer: _____ Title: _____ Signature: _____ Date completed: 10/23/12

Reviewer: M.A. COOK Title: CDW Signature: [Signature]

OCT 25 2012

STAFF USE ONLY
Date mailed/delivered to appellant: OCT 25 2012

I HAVE FOUND OUT THAT THE ARTICLE IN QUESTION WAS A CALL OF SOLIDARITY IN MEMORANCE OF EVENTS THAT HAPPENED IN 1971 IN ATTICA PRISON. THIS ACT OF SOLIDARITY CALLED ON PRISONERS TO REFUSE TO EAT ON 9/9/12, ONE DAY AND IF POSSIBLE, NOT TO WORK ON THAT DAY, ONE DAY. IT CONSIDERED THAT THIS DOES NOT CONSTITUTE PLANS TO DISRUPT THE ORDER, OR BREACH THE SECURITY.

Inmate/Parolee Signature: [Signature] Date Submitted: 11/19/12

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) 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: JAN 11 2013

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

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