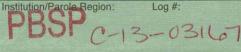
CDCR 602 (REV. 03/12)

Side 1 Category:

## PELICAN BAY STATE PRISON SECURITY HOUSING UNIT UNIT C-11



FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a materia adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code o Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calenda days of the event that led 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.

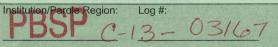
Appeal is subject to rejection if one row of text per line is exceeded.	WRITE, PRINT, or TYPE	CLEARLY in black or blue ink
Name (Last, First): CDC Number:	Unit/Cell Number:	Assignment:
State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):		Pelican Bay State Priso
censorship of Mail		SEP 3 0 2013
A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):		A manufacture of the control of the
given an 1819 disapproval form from c/oB		Appeals Office
or offensive " & Disrupts the order of facility, 7		Z
B. Action requested (If you need more space, use Section B of the CDCR 602-A):		0
like to recieve this letter from mim Dis		
that is being consored SEP 302013	Service Control Control	ш
	and the second second	40
Supporting Documents: Refer to CCR 3084.3.  Yes, I have attached supporting documents.		09 5 6 504
List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, C	lassification Chrono):	)
CDCR 1819 Disapproval form	A PARTIE AND A PAR	
		W. W. Market 19 19 19 19 19 19 19 19 19 19 19 19 19
☐ No, I have not attached any supporting documents. Reason :	Maria com	L
TOLETS I TOLETS I TOLETS I TOLETS	Carlo Carlo	4
		L L
Inmate/Parolee Signature:  Date Submitted:	9-126-13	(0
Inmate/Parolee Signature:  By placing my initials in this box, I waive my right to receive an in		0,
C. First Level - Staff Use Only Staff - Check	One: Is CDCR 602-A Attac	hed? Yes 🗆 No
This appeal has been:  Bypassed at the First Level of Review. Go to Section E.		TOTAL MARK THE
☐ Rejected (See attached letter for instruction) Date: Date:	Date:	Date:
Accepted at the First Level of Review.		
	ate Assigned:	_ Date Due:
First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview  Date of Interview:		Diete the section below.
Your appeal issue is: Granted Granted in Part Denied Other:		
See attached letter. If dissatisfied with First Level response, complete Se Interviewer: Title: Signature:		ate completed:
(Print Name)  Reviewer: Signature:	ACTION LINE OF COLUMN	
(Print Name)  Date received by AC:		
ATTENDED TO A STATE OF THE STAT	AC Use Only	AND THE SHOULD VISIT HE
	Date mailed/delivered to a	appellant//

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BY	245.6
L	Data Outside
Inmate/Parolee Signature:	Date Submitted : Yes
This appeal has been:	Stall - Check One. Is Cook 002-4 Attached:
By-passed at Second Level of Review. Go to Section G.	
Rejected (See attached letter for instruction) Date:	Date: Date:
☐ Cancelled (See attached letter) ☐ Accepted at the Second Level of Review	The property of the second of
Assigned to: SHU Title: AW	Date Assigned: 9/30/13 Date Due: //////
	f an interview at the Second Level is necessary, include interviewer's name and tit
interview date and location, and complete the section below.  Date of Interview: 10-22-13	Interview Location: CII
Date of interview	Denied Pother: WITH DRAW
	cond Level response, complete Section F below.
Interviewer: 5. Churce Col Title: See	Signature: Date completed : 10-33
Reviewer: Title: COL	Signature: Volume
Date received by AC: OCT 2 8 2013	
001 2 0 2013	AC Use Only OCT 2.0
	Date mailed/delivered to appellate / 0
	of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Correction
Review. It must be received within 30 calendar days of receipt of Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001.	
Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001.	If you need more space, use Section F of the CDCR 602-A.
Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001.  Inmate/Parolee Signature:  G. Third Level - Staff Use Only his appeal has been:	If you need more space, use Section F of the CDCR 602-A.  Date Submitted:
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:  G. Third Level - Staff Use Only This appeal has been:  Rejected (See attached letter for instruction) Date:  Cancelled (See attached letter)  Accepted at the Third Level of Review. Your appeal issue is	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only This appeal has been:  Rejected (See attached letter for instruction) Date:  Cancelled (See attached letter)  Date:	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only This appeal has been:  Rejected (See attached letter for instruction) Date:  Cancelled (See attached letter)  Accepted at the Third Level of Review. Your appeal issue is	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only This appeal has been: Rejected (See attached letter for instruction) Date: Cancelled (See attached letter) Accepted at the Third Level of Review. Your appeal issue is See attached Third Level response.  H. Request to Withdraw Appeal: I request that this appeal be a	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only his 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 See attached Third Level response.	Date Submitted:  Date:
Inmate/Parolee Signature:  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  See attached Third Level response.	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only his 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 See attached Third Level response.	Date:
Inmate/Parolee Signature:  G. Third Level - Staff Use Only his 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 See attached Third Level response.	Date:
Inmate/Parolee Signature:  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  See attached Third Level response.	Date Submitted:  Date:

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT

CD R 602-A (08/09)

PELICAN BAY STATE PRISON UNIT C-11



Category:

Side

FOR STAFF USE ONLY

Appeal is subject to rejection if one row of text per line is exceeded		NEW WAY SALES AND A SALES AND	CLEARLY in black or blue i
Name (Last, First):	CDC: Number: Unit/Ce	ell Number:	Assignment:
A. Continuation of CDCR 602, Section A only (Explain your issue)	: IS MIM DIS	tributors P	elican Bay State Prisor
distributes political literature	So I doubt	that it	SEP 3 0 2013
Sent me "offensive or disturb			Appeals Office
possible that the "inspector" over reacting or is Possibly m		0.7013	
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Inmate/Parolee Signature:	Date Submitted	1:9-826-13	S
B. Continuation of CDCR 602, Section B only (Action requested)	EP 3 0 2013		
	The Total		Transfer to the specific
Inmate/Parolee Signature:		Date Submitted:	