

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT C-11

Institution/Parole Region: Log #: Category:

PBSP

C-13-03167

3/4

FOR STAFF USE ONLY

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 (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar 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.):

censorship of mail

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): Today I was given an 1819 disapproval form from C/O Black which stated a letter from "MIM Distributors" was "disturbing or offensive" & disrupts the order of facility. The problem

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I would like to receive this letter from MIM Distributors that is being censored. SEP 30 2013

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):

CDCR 1819 Disapproval form

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

Inmate/Parolee Signature:

Date Submitted:

9-26-13

☐ 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:

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:

(Print Name)

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: _____

☐ Cancelled (See attached letter)

☒ Accepted at the Second Level of Review

Assigned to: SHU Title: AW Date Assigned: 9/30/13 Date Due: 11/11/13

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: 10-22-13

Interview Location: C-11

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☒ Other: WITH DRAW

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

Interviewer: B. Chauce Title: sec Signature: B. Chauce Date completed: 10-22-13
(Print Name)

Reviewer: C. Smith Title: CDR Signature: C. Smith
(Print Name)

Date received by AC: OCT 28 2013

AC Use Only

Date mailed/delivered to appellant OCT 28 2013

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: _____

☐ 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 ____ / ____ / ____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason.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

INMATE GIVEN MAIL I'M REQUESTED TO WITHDRAW APPEAL

Print Staff Name: B. Chauce

Inmate/Parolee Signature: _____

Title: sec

Signature: B. Chauce

Date: 10-22-13

Date: 10-22-13

STATE OF CALIFORNIA

INMATE/PAROLEE APPEAL FORM ATTACHMENT

CDCR 602-A (08/09)

Side

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT C-11

IAB USE ONLY

Institution/Parole Region: Log #:

Category:

PBSP

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Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

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WRITE, PRINT, or TYPE CLEARLY in black or blue ink

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
[REDACTED]	[REDACTED]	[REDACTED]	
A. Continuation of CDCR 602, Section A only (Explain your issue):			Pelican Bay State Prison SEP 30 2013 Appeals Office STAFF USE ONLY
IS MIM Distributors distributes political literature so I doubt that it sent me "offensive or disturbing" material. Its possible that the "inspector" of said mail is over reacting or is possibly mistaken SEP 30 2013			
Inmate/Parolee Signature: [REDACTED] Date Submitted: 9-26-13			

B. Continuation of CDCR 602, Section B only (Action requested): SEP 30 2013

Inmate/Parolee Signature: _____

Date Submitted: _____