

Dm 2/26

### NOTIFICATION OF DISAPPROVAL - MAIL/PACKAGES/PUBLICATIONS

INMATE'S NAME	CDC NUMBER
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## MAIL / PACKAGES SECTION (Complete for mail or package cases only)

INCOMING MAIL/PACKAGE       OUTGOING MAIL/PACKAGE

LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA

1- LETTER

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

CCR SECTION - 3023(a) (PROMOTES GANG ACTIVITY)

BANNED PUBLICATION / MEMO 12/13/06

DISPOSITION	SENDER INFORMATION		
<input checked="" type="checkbox"/> HELD PENDING INVESTIGATION/APEAL	FIRST NAME	MI	LAST NAME
<input type="checkbox"/> RETURNED TO SENDER <small>(At Inmate's Expense) (Date)</small>	ADDRESS (NUMBER AND STREET)		
<input type="checkbox"/> DESTROYED	CITY	STATE	ZIP CODE
*(INMATE HAS FIFTEEN (15) DAYS, AFTER NOTIFICATION OF DISAPPROVAL HAS BEEN FORWARDED, TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE DESTROYED).	I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION: (INMATE'S SIGNATURE)		DATE SIGNED

MIM DISTRIBUTORS  
PO BOX 40799  
SAN FRANCISCO, CA. 94140

### AUTHORITY TO DISALLOW (Must be completed in all cases)

PRINTED NAME OF WARDEN'S DESIGNEE	SIGNATURE OF WARDEN'S DESIGNEE	DATE SIGNED	DATE FORWARDED TO INMATE
<i>K. Brando</i>	<i>K. Brando</i>	3/10/09	

## PUBLICATIONS SECTION (Complete for publication cases only)

TITLE OF PUBLICATION <small>(Include issue/date)</small>	PUBLISHER	PAGE(S) WHICH MEET DISAPPROVAL CRITERIA
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DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

DISPOSITION	DESIGNEE INFORMATION		
<input type="checkbox"/> HELD PENDING INVESTIGATION/APEAL	FIRST NAME	MI	LAST NAME
<input type="checkbox"/> DESTROYED	ADDRESS (NUMBER AND STREET)		
<input type="checkbox"/> RETURNED TO OUTSIDE DESIGNEE <small>AT INMATE'S EXPENSE (Date)</small>	CITY	STATE	ZIP CODE
**(INMATE HAS FIFTEEN (15) DAYS, AFTER NOTIFICATION OF DISAPPROVAL HAS BEEN FORWARDED, TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE DESTROYED).	I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION: (INMATE'S SIGNATURE)		DATE SIGNED

### AUTHORITY TO DISALLOW (Must be completed in all cases)

FACILITY CAPTAIN'S PRINTED NAME	FACILITY CAPTAIN'S SIGNATURE	DATE SIGNED	DATE FORWARDED TO INMATE
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DISTRIBUTION:  
ORIGINAL - MAILROOM  
CANARY - INMATE  
PINK - SENDER / DESIGNEE

\* ALL APPEALS REGARDING MAIL/PACKAGES SHALL BE REFERRED TO THE WARDEN'S DESIGNATED STAFF

\*\* ALL APPEALS REGARDING PUBLICATIONS SHALL BE REFERRED TO THE FACILITY CAPTAIN

*[Handwritten initials and date]*