

@ Coode Township

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

SCI-CRESSON
R.H.U.

SUPERINTENDENT

1. To: (Name and Title of Officer)
MR. CAMERON

2. Date:
4-16-09

3. By: (Print Inmate Name and Number)
[Signature]
Inmate Signature

4. Counselor's Name
CASNER

5. Unit Manager's Name
SHELLER

6. Work Assignment
NONE

7. Housing Assignment

8. Subject: State your request completely but briefly. Give details.

*RE: APPEAL of INCOMING PUBLICATION DENIAL
IN ACCORDANCE WITH THE POLICIES OF DC-ADM 803 AND DC-ADM 804,
I AM NOTIFYING YOU OF MY DECISION TO APPEAL THE (I.P.R.C.'S)
DENIAL OF MY INCOMING PUBLICATION (UNDER LOCK AND KEY) - ON
4-16-09. THE PUBLICATION WAS DENIED FOR (2) TWO PAGES OF
INVESTIGATIVE ENTERTAINMENT THAT RECOUNT A VIEWPOINT OF
SOMEONES PAST ACTIVITY. THE MAGAZINE ADHERES TO ALL
POLICY REQUIREMENTS - IS NOT ON THE STATEWIDE DENIAL
LIST - DOES NOT PROMOTE OR ADVOCATE OBSCENITY OR NUDITY,
AND I AM KINDLY ASKING FOR YOUR REVIEW AND RECONSIDER-
ATION OF PAGES (2 AND 14), AND THAT I BE ALLOWED THE ISSUE.
IN FURTHER ACCORDANCE SER, IF DENIED, I DO INTEND
TO APPEAL THE ISSUE TO THE SECRETARY'S OFFICE OF
GRIEVANCES AND APPEALS FOR FURTHER REVIEW.
THANK YOU.*

9. Response: (This Section for Staff Response Only)

*You will
review & approve
island response*

To DC-14 CAR only

To DC-14 CAR and DC-15 IRS

Staff Member Name *M. Cameron*
Print

[Signature]
Sign Date *4-1-09*