INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category: 3
	CHCF-C-16-03674		
	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.):

Violation of first Amendment, Denial of mail from public vender

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On or around Sep 2016 a publication was sent to me by a approved vender. I've been receiving publications from this vender for 15 years while incarcerated in CDCR. This is the first time my publication was rejected. The U.S

B. Action requested (If you need more space, use Section B of the CDCR 602-A): A full Investigation into the allegations. I want the Division of Adult Institutions to be addressed as persuent to procedure CCR Title 15 3035 (d), I want my publication that was confinzated

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):

letter from the vender _____ _____

_____ _____ _____

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

Inmate/Parolee Signature: _____   Date Submitted: 10-13-2016

☐ **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: C/S _____ Title: AW _____ Date Assigned: 10/27/16 Date Due: 11/30/16

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

Date of Interview: 11-3-16 _____ Interview Location: via telephone C2B

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

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

Interviewer: J Covello (Print Name)   Title: OSS1   Signature: J Covello   Date completed: 11-3-16

Reviewer: D Horton (Print Name)   Title: AW(A)   Signature: _____

Date received by AC: 11/4/16

AC Use Only
Date mailed/delivered to appellant 11 / 4 / 16

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.

The right to peaceful protest is a first ammendment right which you are violating, a mere work stoppage is not a breach of security it is well with in the right to peaceful protest. It is my position that I was never considering protesting some thing that was already common knowledge. the media r I want a staff to come and read issue 5 to me because you have Not proven a threa

Inmate/Parolee Signature: _____ Date Submitted: 11·17·16

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: _____ Date: _____
☐ Cancelled (See attached letter)
☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

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: _____   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: _____ (Print Name) Title: _____ Signature: _____ Date completed: _____

Reviewer: _____ (Print Name) Title: _____ Signature: _____

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant ___/___/___

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.

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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: _____ 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.)

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_____ Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

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FOR STAFF USE ONLY

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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Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:

A. Continuation of CDCR 602, Section A only (Explain your issue): Constitutions first amendment gives prisoners the right to receive publications. Penal code § 2601(c) also provides california prisoners with a specific right to receive publications. It is alleged that some how this one publication poses some type of security risk. Though if you were to place a true intrest in investigating this, read through the publication for yourself. Infact you will learn there contains No Nudity, it does Not incite violence, No gambling, does Not show how to make weapons, or sabotage computers or electronics No maps, Nor can it be preceived by any normal logical reasoning or way of thinking that this publication some how threatens the institution security CDC has been allowing me to receive this publication from this vender for 15 year, Mail can Not be censored merely because prison officals believe it contains exaggerated complaints or inflammatory remarks. Disagreement with the senders or receivers morals, values, attitudes, veracity, or choice of words will Not be cause for correctional staff to disallow mail. this is harrassment and targetting. This publication is Not on the disapproved list. Its called under lock and kek

Inmate/Parolee Signature: _____ Date Submitted: 10-13-2016

B. Continuation of CDCR 602, Section B only (Action requested): from me, I want to know the reason why the publication was taken. I want to be interviewed at every level of this appeal in person.

Inmate/Parolee Signature: Bobby Dixon   Date Submitted: 10-13-2016

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): _____

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Inmate/Parolee Signature: _____ Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): _____

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Inmate/Parolee Signature: _____ Date Submitted: _____