

NOTIFICATION OF DISAPPROVAL - MAIL/PACKAGES/PUBLICATIONS

INMATE NAME: _____ CDC NUMBER: _____

MAIL / PACKAGES SECTION (Complete for mail or package cases only)

INCOMING MAIL/PACKAGE OUTGOING MAIL/PACKAGE

LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA

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

Per CCR Title 15 Sec. 3006(e)(1) Any matter of a character tending to incite murder, arson, riot, or any form of violence of physical harm to any person, or any ethnic, gender, racial, religious, or other group.

DISPOSITION	SENDER INFORMATION	
<input type="checkbox"/> HELD PENDING INVESTIGATION/APEAL	FIRST NAME Mum Distributors	LAST NAME
<input type="checkbox"/> RETURNED TO SENDER (At Inmate's Expense) (Date)	ADDRESS (NUMBER AND STREET) PO Box 40799	
<input type="checkbox"/> DESTROYED	CITY San Francisco	STATE Ca
*(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).	ZIP CODE 94110	
	I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION: (INMATE'S SIGNATURE)	
		DATE SIGNED

AUTHORITY TO DISALLOW (Must be completed in all cases)

PRINTED NAME OF WARDEN'S DESIGNEE Captain Montromery	SIGNATURE OF WARDEN'S DESIGNEE 	DATE SIGNED 12/10/08	DATE FORWARDED TO INMATE 12/12
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PUBLICATIONS SECTION (Complete for publication cases only)

TITLE OF PUBLICATION (Include issue/date)	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	LAST NAME
<input type="checkbox"/> DESTROYED	ADDRESS (NUMBER AND STREET)	
<input type="checkbox"/> RETURNED TO OUTSIDE DESIGNEE AT INMATE'S EXPENSE (Date)	CITY	STATE
**(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).	ZIP CODE	
	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.