



Illinois
Department of
Corrections

Bruce Rauner
Governor

Gladys C. Taylor
Acting Director

Menard Correctional Center
711 Kaskaskia Street
Menard, IL 62259

Telephone: (618) 826-5071
TDD: (800) 526-0844

Date: 8-14-15

To: Who it may concern

From: B. Rose, Publication Review Officer

Re: Review of Publication

This is to advise you of my review of your publication. See attached review and read NOTICE TO PUBLISHER and respond as indicated. This is just the initial review and does not mean your publication is denied. If it does get denied you will be notified. This is to give you a chance to state your objections. Thanks.

B. Rose
Publication Review Officer

ILLINOIS DEPARTMENT OF CORRECTIONS
Publication Receipt and Course of Action

Date: 8-14-15

Menard Correctional Center

P.O. Box 1000, Menard, Illinois 62259
Facility Name and Address

Publisher Information

(If publication was received directly from the publisher.)

MIM DISTRIBUTORS

P.O. BOX 40799

SAN FRANCISCO, CA 94140

Offender Name: _____

ID#: _____

Housing Unit: _____

The following titled publication was received for the above listed offender & is subject to review pursuant to 20 Ill. Adm. Code 525.

Publication Name, Volume, Issue Number, or Date	Publication sent direct from Publisher
UNDER LOCK & KEY: JULY/AUG 2015 #45	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date notice sent to publisher <u>8-14-15</u>

Due to the content, the publication(s) appears to:

- Be obscene per 720 ILCS 5/11-20(b).
- Be written in code or facilitates communication between offenders.
- Depict, describe, or encourage activities that may lead to the use of physical violence or group disruption or it facilitates organizational activity without approval of the Chief Administrative Officer.
- Advocate or encourage violence, hatred, or group disruption or it poses an intolerable risk of violence or disruption.
- Encourage or instruct in the commission of criminal activity.
- Include sexually explicit material that by its nature or content poses a threat to security, good order, or discipline or it facilitates criminal activity.
- Be otherwise detrimental to security, good order, rehabilitation, or discipline or it might facilitate criminal activity or be detrimental to mental health.
- Other (Specify): SAFETY AND SECURITY

Comments: MAY CAUSE HATRED TOWARD CORRECTIONAL STAFF, MEMORIALIZING ATTICA PRISON RIOT, PRISON STAFF ARE THE REAL ENEMIES, CALLING US TERRORIST AND STOPPING US AT ALL COST, AND ADVOCATES PHYSICAL VIOLENCE IF NEEDED.

NOTICE TO PUBLISHER: Objections must be filed in writing and received by the Department within 21 days of the date of notice and should include a supportive statement or other documentation. Responses are to be sent to the attention of the Publication Review Officer at the above facility. If the publication is subsequently disapproved for delivery you will be notified.

NOTICE TO OFFENDER: You may request to appear before the Publication Review Officer or submit a written statement or other documentation supporting receipt of the above publication within 7 days of receipt of this notice. Appearances shall only be granted if it is considered necessary by the Review Officer. Extensions shall only be considered if the Publication Review Officer finds there is a legitimate reason for untimely submission. You may request assistance or information regarding the Publication Review Process. Within 60 days of a request for review, the publication shall be delivered or, if the publication is deemed disapproved, you may file a grievance in accordance with 20 Ill. Admin. Code 504.

If this form is not returned by the offender within 7 days to the Publication Review Officer or the publisher does not submit timely objections, a review shall not be conducted and the publication shall be disposed of with in 30 days of the date of notice in accordance with 20 Ill. Admin. Code 501.

B. ROSE

Print Name of Publication Review Officer



Signature

08/14/2015

Date

For Offender Use: Complete the following:

- Review the above publication.
- Do not review the above publication (Indicate means of disposal.)
 - Destroy
 - Ship to the below address (at the offender's expense)
 - To be picked up at the facility by _____
- Other (Specify): _____

Offender's Signature: _____

Date: _____