

PUBLICATION

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
INCITES VIOLENCE

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION
PER CCR TITLE 15 37000 (U)

DISPOSITION	SENDER INFORMATION	
<input type="checkbox"/> HELD PENDING INVESTIGATION/APEAL	FIRST NAME	MI LAST NAME
<input type="checkbox"/> RETURNED TO SENDER (At Inmate's Expense) (Date)	ADDRESS (NUMBER AND STREET)	
<input type="checkbox"/> DESTROYED	CITY	STATE ZIP CODE
<small>*(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).</small>	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	SIGNATURE OF WARDEN'S DESIGNEE	DATE SIGNED	DATE FORWARDED TO INMATE
L. Draper	<i>L. Draper</i>	09/29/08	10/02/08

PUBLICATIONS SECTION (Complete for publication cases only)

TITLE OF PUBLICATION (include issue/date)	PUBLISHER	PAGE(S) WHICH MEET DISAPPROVAL CRITERIA
Under Lock & Key	MIM	all
DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION		

MIM advocates that inmates come together as a "Revolutionary group" words, symbols, and themes of civil disobedience

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 AT INMATE'S EXPENSE (Date)	CITY	STATE ZIP CODE
<small>** (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).</small>	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
P. Donny	<i>P. Donny</i>	9/29/08	