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### Your Responsibility When Using the Information Provided Below:

When we wrote this Informational Material we did our best to give you useful and accurate information because we know that prisoners often have difficulty obtaining legal information and we cannot provide specific advice to all the prisoners who request it. The laws change frequently and are subject to differing interpretations. We do not always have the resources to make changes to this material every time the law changes. If you use this pamphlet it is your responsibility to make sure that the law has not changed and is applicable to your situation. Most of the materials you need should be available in your institution law library.

### How to File an Administrative Appeal

(Updated October 2011)

A prisoner can file an administrative appeal to complain about an action taken by any employee of the Department of Corrections and Rehabilitation (CDCR) or any CDCR policy or procedure that affects the prisoner. CDCR prisoners who are housed in out-of-state facilities also can use the same types of informal grievances and administrative appeals to complain about CDCR or out-of-state facility policies or actions that affect them. (COCF Operations Procedure # 510.)

The rules that govern administrative appeals are set forth in the California Code of Regulations (CCR), title 15, §§ 3084-3086. On January 28, 2011, the CDCR adopted emergency regulations that made many changes to the administrative appeal process; those regulations took permanent effect on July 28, 2011.

Examples of topics that an administrative appeal might address are medical care delays, failure to follow procedural rules for disciplinary violation hearings, miscalculation of work credits, restrictive mail policies, or visitor denials. Most types of administrative appeals are filed using the "602" form; however, health care appeals are filed on a special form called a "602-HC" form and disability accommodation appeals are filed on an "1824" form. There are also special procedures that apply to emergency appeals and to appeals regarding certain topics, such as staff misconduct, disciplinary violations, release date calculations, visitation and mail, transfers, property losses, parole issues, and Prison Industries (PIA or Free ("Joint") Venture Program issues.

Filing an administrative appeal takes time and work, but it can be an effective way to resolve a problem. Furthermore, filing an administrative appeal is almost always necessary if a prisoner wants to file a habeas petition or lawsuit challenging a CDCR policy or action.

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### **Exhaustion of Administrative Remedies**

Courts often refuse to address legal complaints raised by prisoners unless the prisoner first completes the administrative appeal process. In other words, a prisoner must “exhaust administrative remedies” before asking a court to step in. The CDCR’s policy is that all appeals (including appeals that are rejected or cancelled) must be presented up through the third level of review before administrative remedies are deemed to be exhausted,. Also, remedies will not be considered to be exhausted as to any new issue, information or person that was not included in the original appeal. (15 CCR § 3084.1(b).)

If you are a prisoner or parolee, you usually must present an administrative appeal through the third level before filing a state court petition for a writ of habeas corpus regarding a prison or parole conditions issue. (See In re Muszalski (1975) 52 Cal. App. 3d 503 [125 Cal.Rptr. 286].) A court may allow you to file a habeas petition without first completing the administrative appeal process in some special circumstances; for example, if the action requested cannot be granted via an administrative appeal, if it is clear under established CDCR policy that an appeal will not be granted, or if there is some emergency such that failure of the court to act immediately could result in great harm. (See Ogo Associates v. City of Torrance (1974) 37 Cal.App.3d 830 [112 Cal.Rptr. 761]; In re Dexter (1979) 25 Cal.3d 921, 925 [160 Cal.Rptr. 118]; In re Serna (1978) 76 Cal.App.3d 1010 [143 Cal.Rptr. 350].) However, courts are reluctant to grant exceptions to the requirement of exhaustion of administrative remedies and the best tactic usually is to complete the administrative appeal process before filing a habeas petition.

You also must “exhaust administrative remedies” by filing an administrative appeal through the Third Formal (Director’s) Level of review before filing a federal civil rights (“section 1983”) lawsuit about a prison issue. (42 U.S.C. § 1997e(a); Porter v. Nussle (2002) 534 U.S. 516 [122 S.Ct. 983; 152 L.Ed.2d 12]; McKinney v. Carey (9th Cir. 2002) 311 F.3d 1198.) You have to file an administrative appeal even if you are seeking only damages for pain and suffering, despite the fact that money damages are not normally awarded through the administrative appeal process. (See Booth v. Churner (2001) 532 U.S. 731 [121 S.Ct. 1819; 149 L.Ed. 2d 958].) Your appeal need not set forth legal theories or each element of a legal claim, but it must include enough information to put prison staff on fair notice of what happened and to give them an opportunity to respond. (See Griffin v. Arpaio (9th Cir. 2009) 557 F.3d 1117, 1120-1121.)

You must also complete the administrative appeal process through the third level to exhaust administrative remedies for a state tort lawsuit; again, this requirement must be met even if you are seeking only money damages. (Wright v. California (2004) 122 Cal.App.4th 659 [19 Cal.Rptr.3d 92].)

### **Administrative Appeals -- Practice Tips**

The following is a summary of the most important rules regarding administrative appeals and a few practical suggestions to help ensure the timely processing of an appeal.

**Filling Out the 602 Form:** Use the **CDCR Form 602 Inmate/Parolee Appeal** (rev. 08/09) (copy attached) to describe the problem in detail and say what it is that you want the prison officials to do. You begin by filling out **Part A** and **Part B** and then signing and dating the form. If you need more space, you may attach one **CDCR Form 602-A Inmate/Parolee Appeal Form Attachment** (copy attached) and fill out **Part A** and **Part B** of that form. General rules about the format of a 602 and attachments are at 15 CCR § 3084.2(a) and (b).

When writing your 602, you should first state the problem that you are appealing. Then you should cite to any CDCR rule or state or federal law that applies to your situation, and give specific facts as to how the rules are being broken or violated. Try to be as clear as possible about what happened, when it happened, who did it, and what else you have already done to try to solve the problem. Then explain what action you are requesting – in other words, what do you want the prison staff to do in response to your appeal? You must include every issue related to the problem or you risk waiving your rights to raise the issue in the future.

You should attach to the appeal form any documents that are needed to support the issue being appealed. For example, if you are appealing a disciplinary decision, attach a copy of the CDCR Form 115 Rule Violation Report. (15 CCR §§ 3084(h), 3084.2(b)(1), 3084.3.) You should check the box on the 602 form that says you have attached documents and fill out the part of the form that asks you to list those documents. If you are not attaching any supporting documents, you should check the box that says that and explain why (for example, if staff haven't given you a copy of your rule violation report or if there simply aren't any relevant documents).

If you have problems with reading or writing because you don't know English well, prison staff should help you with filling out and filing your 602 appeal. (15 CCR §§ 3084.1(c) and 3084.5(b)(1).) Prison staff must also help you if you have a developmental, physical or learning disability and need help preparing or filing a 602 appeal or reading the prison staff's responses. (Armstrong v. Wilson (N.D. Cal.) No. C94-2307CW, Remedial Plan (Jan. 3, 2001), § II.E.2; Clark v. California (N.D. Cal.) No. C96-1486FMS, Remedial Plan (Mar. 1, 2002), § II.B.3.b.3.) You can have another prisoner help you fill out an appeal form, but you cannot give that person any thing or service in return. (15 CCR § 3084.2(f).)

**Group Appeals:** Group appeals are allowed. To file a group appeal, one prisoner should fill out, sign and submit the 602 form. Along with the 602 form, the prisoner should submit a **CDCR Form 602-G Inmate/Parolee Group Appeal** (copy attached) with the names, CDCR numbers, housing location and signatures of all participating prisoners. The appeal response will be provided only to the prisoner who submitted the appeal, and that prisoner is responsible for sharing the response with the other prisoners in the group. (15 CCR § 3084.2(h).)

**Time Limits, Procedural Requirements, and Rejection or Cancellation of Appeals:** The CDCR has imposed many limits on the use of the appeal system. The most common limits are discussed here.

**There are time limits for filing an appeal and for submitting an appeal to higher levels of review.** You must submit an appeal promptly, within 30 calendar days after the problem occurs or after you find out about the event or decision being appealed. You must also file your appeal to the next level of review within 30 calendar days after receiving an unsatisfactory lower level response. (15 CCR § 3084.8(b).) Time limits are not suspended just because you are attempting to get supporting documents; you should go ahead and file your appeal and explain why you are unable to get the documents. (15 CCR § 3084.3(b).) If you do that, the Appeals Coordinator might grant you additional time to get the documents. (15 CCR § 3084.3(d).) Failure to meet the timelines may cause you to lose the opportunity to exhaust administrative remedies; thus, you should always file your appeal as soon as possible after the incident or decision that is the subject of your grievance. (See Ngo v. Woodford (9th Cir. 2008) 539 F.3d 1108; Harvey v. Jordan (9th Cir. 2010) 605 F.3d 681.)

**There is a limit on how many appeals a prisoner can submit.** You are not allowed to submit more than one non-emergency appeal within a period of 14 calendar days (15 CCR § 3084.1(f)); group appeals count toward the allowable number of appeals for every prisoner in the group (15 CCR § 3084.2(h)(6).)

**An appeal may be rejected** by the Appeals Coordinator. There are many reasons why an appeal might be rejected, including filing more than the allowable number of appeals, failing to fill out the form properly, failing to attach supporting documents, trying to address multiple unrelated issues, or submitting an appeal that is too lengthy or too vague. (15 CCR § 3084.6(b).) If an appeal is rejected, you should get a notice that tells you why and what you do to correct the problem and get the appeal processed. (15 CCR §§ 3084.5(b)(3) and 3084.6(a)(1).) If an appeal is rejected because you haven't attached supporting documents or some other correctable problem, you should try to correct the problem and resubmit the appeal within 30 calendar days of the rejection. (15 CCR § 3084.6(a)(2).) If the problem cannot be corrected and/or you think the rejection decision is incorrect, you can send the appeal back to the Appeals Coordinator with an explanation and/or evidence as to why the appeal should be accepted. (15 CCR 3084.6(a)(4).) Following up on improperly rejected appeals through the highest level is important if you want to preserve your right to file a legal action regarding the original problem, because a rejected appeal won't satisfy the exhaustion of administrative remedies requirement for a lawsuit. (See Woodford v. Ngo (2006) 548 U.S. 81 [126 S.Ct. 2378, 2385; 165 L.Ed.2d 368].)

**An appeal may be cancelled** by the Appeals Coordinator if the time limits were exceeded and you could have submitted the appeal within the time limits. An appeal may also be cancelled for other reasons, such as if the issue is not within the CDCR's jurisdiction, if the appeal is a duplicate, if you re-submit a rejected appeal without correcting the defect or explaining why the correction was not made, or if you refuse to be interviewed or cooperate with the reviewer. (15 CCR § 3084.6(c).) If an appeal is cancelled, you should get a notice that tells you why. (15 CCR § 3084.5(b)(3).) If you think the cancellation was made in error, and you can provide more information showing that your appeal should not have been cancelled or that there are exceptional reasons why the appeal should be processed, you should send the appeal back to the

Appeals Coordinator (or the CDCR Appeals Chief if the cancellation was at the third level) and ask him or her to exercise discretion to process the appeal. (15 CCR § 3084.6(a)(3) and (4).) You also can file a new appeal challenging improper application of the cancellation rules; if the appeal was cancelled at the third level, you should send your new appeal directly to the Appeals Chief. (15 CCR § 3084.6(e).) Again, it is important to follow up on improperly cancelled appeals if you want to preserve your right to bring a legal action about the original problem.

**Appeals System Abuse:** In addition to having appeals rejected or cancelled, a prisoner who “abuses” the appeal process may be subjected to additional restrictions. Abuse of the appeal process includes submitting more than one non-emergency appeal within a period of 14 calendar days, repeatedly re-submitting appeals that have been cancelled, or submitting an appeal that contains false, obscene, slanderous, overly-long or unclear statements. (15 CCR § 3084.4(a) and § 3084.9(a)(2).) The first abusive appeal will be processed routinely, but if you continue to abuse the appeals system, the Appeals Coordinator will send you a warning letter. (15 CCR § 3084.4(b) and (c).) If the abuse continues, the appeals coordinator will meet with you, and can then suspend processing of your non-emergency appeals and refer the matter to the Appeals Chief. (15 CCR § 3084.4(d)-(f).) The Appeals Chief can decide to restrict you to one non-emergency appeal every 30 calendar days for a period of one year; any further appeal abuse can result in extension of your restriction period. (15 CCR § 3084.4(g) and (h).)

**Lost or Delayed Appeals:** Sometimes appeals are lost or not answered in a timely fashion by prison staff. To be prepared for this, you should make copies of the administrative appeal and all documents that you attach to the appeal. If you can’t get access to a copy machine, at least make a handwritten copy. You should also keep notes about when and how you submitted your appeal.

Although there are timelines for CDCR staff to respond to administrative appeals, they are allowed to exceed the timelines in certain circumstances, such as when witnesses are not available, the matter is complex, outside agencies must be involved, or there is a state of emergency. If the delay is at the first or second level, you must be given written notice of the reason for the delay and the estimated completion date. (15 CCR § 3084.8(d)-(e).)

Even when there is no justification for a delay, prison staff sometimes do not meet the appeal response timelines; occasionally there are very long delays in getting a response to an appeal. If the CDCR does not comply with the time limits, you may appeal this procedural violation on a separate appeal form stating the log number of your original appeal, the date it was filed, and that you have not yet received a response. A prisoner who can show that the prison or parole authority has a pattern of failing to process appeals properly may be able to get a court order forcing officials to comply with the appeal timelines. (See Craig v. Cambra (Del Norte Superior Court Feb. 27, 2002) Case Nos. HCPB00-5150 and 5151, Writ of Habeas Corpus; In re Woodham (2002) 95 Cal.App.4th 438 [115 Cal.Rptr.2d 431].)

**Withdrawing Appeals:** Prison staff may ask you to “withdraw” or drop your appeal because the action you asked for has been granted or because they have explained to you why the request cannot be granted. To withdraw an appeal, you fill out and sign **Part H** of the 602 form. If your withdrawal is conditioned on a promise that the prison staff will do something, you should write that condition in Part H. If the prison staff do not provide the relief when or as promised, you

can then file a new 602 within 30 days of the failure to grant the promised relief. (15 CCR § 3084.6(f).) Although withdrawing an appeal may be an option, it is almost always better to refuse to withdraw the appeal and have the prison staff formally grant or deny the requested relief. Withdrawing an appeal might cause you to lose the right to file a lawsuit concerning the matter. (See Sheets v. Terhune (E.D. Cal. 2006) 421 F.Supp.2d 1304, 1307.)

### **Request for Interview, Item or Service**

There is no longer an informal level of review as part of the 602 administrative appeal process. However, there is a separate form by which you can request interviews with staff or request items or services. A sample of the form, **CDCR Form 22 Inmate/Parolee Request for Interview, Item or Service**, is attached to this letter. You should get the official CDCR triplicate form from prison staff and use it to file your request; keep the goldenrod-colored copy of the form so that you will have documentation if prison staff lose your request or do not answer it in a timely manner. You may want to file a Form 22 request because the response timelines for the two levels of response are quicker than for a regular 602 appeal (three working days for the initial staff response and seven calendar days for a supervisor's review). (15 CCR § 3086(f)(4) and (h).) The regulations also indicate that the Appeals Coordinator can sometimes reject a 602 appeal with directions to submit a Form 22 request before resubmitting the appeal. (See 15 CCR 3086(e)(2).) But beware – filing a Form 22 request DOES NOT STOP THE CLOCK FOR ADMINISTRATIVE APPEAL TIMELINES (15 CCR § 3086(e)(2) and DOES NOT EXHAUST ADMINISTRATIVE REMEDIES FOR PURPOSES OF COURT ACTIONS (15 CCR § 3086(e)(1).) Thus, if the 602 appeal deadline is drawing near, you should not wait to receive a response to a Form 22 request before filing a 602 appeal. (See 15 CCR § 3086(e)(2).)

### **Administrative Appeals – Three Levels of Review**

The normal 602 administrative appeal procedure consists of three levels of formal review. YOU MUST COMPLETE ONE LEVEL OF REVIEW BEFORE MOVING ON TO THE NEXT LEVEL; OTHERWISE, YOUR APPEAL WILL BE REJECTED. (15 CCR § 3084.6(b)(15).) Note that there are a few exceptions to the three levels of review process for some particular types of appeals, which are discussed in the following sections and in the later sections of this letter addressing special types of appeals.

**The First Level:** The administrative appeal must be sent to the Appeals Coordinator for review at the first level. There are a few exceptions – the first level may be bypassed if the appeal concerns a serious disciplinary violation, a policy or regulation set by the department or the warden, or some other issue that has to be resolved by a higher level authority. (15 CCR § 3084.7(a).) The first level will also be waived for appeals related to the selection of movies. (15 CCR § 3084.7(b)(2).)

The person who does the first level review will usually be the supervisor of the person who took the action being appealed. Normally, prison staff will interview you as a part of the first level review; there are a few exceptions for certain types of appeals. Also you can give up your right to an interview by putting your initials in the waiver box on the 602 form under your signature. (15 CCR § 3084.7(e)-(g).) The first level answer must be completed by the staff within 30

working days, and will be put in **Part C** of the 602 form or on a separate sheet. (15 CCR § 3084.8(c)(1).) The appeal form will then be returned to you along with the response.

**The Second Level:** If the problem is not solved at the first level, you may use **Part D** of the appeal form to explain why you are not satisfied. You should then send the appeal back to the Appeals Coordinator for second level review. The second level answer must be completed by a person of at least the rank of Chief Deputy Warden, Deputy Regional Parole Administrator, or the equivalent. (15 CCR § 3084.7(d)(2).) The second level response should be completed within 30 working days. (15 CCR § 3084.8(c)(2).) The answer will be set forth in **Part E** of the appeal form or on a separate attached sheet.

A few types of appeals cannot be taken beyond the second level: appeals of informal counseling chronos or administrative level disciplinary violations, appeals regarding movie selection, and appeals regarding exclusion from the civil addict program. (15 CCR § 3084.7(b).)

**The Third Level:** If the second level review does not solve the problem, you may fill out **Part F** of the appeal form and mail the form and supporting documents to the CDCR Appeals Chief in Sacramento for third level review. The address where you should send the appeal is on the 602 form. The third level response should be completed in 60 working days. (15 CCR § 3084.8(c)(3).)

**Modification Orders:** Sometimes a prior appeal decision will be ordered to be modified by the Warden, Regional Parole Administrator or the Appeals Chief. (15 CCR § 3084(d).) Modification orders should be carried out within 60 calendar days. If this is not possible, staff responsible for carrying out the modification are supposed to advise the Appeals Coordinator or Appeals Chief of the reason for the delay every 30 calendar days and provide a projected date of completion. If the modification order is not completed after 120 calendar days, you may submit your appeal to the next level of review within 30 calendar days (15 CCR § 3084.7(I).)

### **Emergency Appeals**

If waiting for answers to an appeal under the normal time limits would cause you serious risk of injury or harm, you may file an emergency appeal and ask for more speedy processing. (15 CCR § 3084.9(a).) Circumstances in which an emergency appeal can be filed include when you need protective custody or when you are being transferred to a prison where you have an enemy.

If you want to file an emergency appeal, write “Emergency Appeal” on the top of the 602 form and submit it to the Appeals Coordinator. You should explain on the form why the appeal should be treated as an emergency. You may also ask that an action (such as a transfer) be delayed until after the appeal is completed. (15 CCR § 3084.9(a)(2).)

If emergency processing is refused, you will be notified of that; the appeal will either be accepted by the Appeals Coordinator for regular processing or returned with a notice that the appeal is being rejected for some reason. (15 CCR § 3084.5(b)(2) and § 3084.9(a)(3).) If emergency processing is granted, the first level review is waived or bypassed and the appeal will be sent to the second level. Second level review should be completed within five working days. (15 CCR § 3084.9(a)(4).) If you do not agree with the second level decision, you may send the

appeal back to the Appeals Coordinator, who will send it electronically to the CDCR Appeals Chief for third level review. The third level decision must be completed within five working days. (15 CCR § 3084.2(e).)

### **Special Rules for Processing Certain Types of Appeals**

#### **Health Care Appeals (Medical, Mental Health, Dental, Pharmacy):**

The CDCR has adopted special rules for health care administrative appeals. These rules are in Chapter 12 of the CDCR's Inmate Medical Services Policies and Procedures, ("IMSP&P"), not in Title 15 of the CCR. The **CDCR Form 602-HC** (sample copy attached) should be used if you are raising concerns related to medical, dental or mental health care, including emergency appeals about such matters and complaints about misconduct by health care staff. The 602-HC form is pink.

You must file your CDCR Form 602-HC within 30 calendar days of the event that you are appealing. If you do not file your appeal within that time frame, it may be rejected for being untimely.

You should fill out **Parts A and B** of the 602-HC form. Either attach the supporting documents and state which documents are attached OR explain in the space provided why you did not attach any documents (for example, there are none or staff have not provided you with them). Then date and sign the appeal where indicated, near the middle of the page. Send the appeal directly to the Health Care Appeals Coordinator (not the regular Appeals Coordinator).

If you do not receive a satisfactory response to your appeal at the first level, you may fill out **Part D** of the 602-HC form and send it to the Health Care Appeals Coordinator for second level review. You must submit your appeal for second level review within 30 calendar days after you receive the first level response.

If you do not receive a satisfactory response to your appeal at the second level, you may fill out **Part F** of the 602-HC form and send the form, responses and supporting documents to the Office of Third Level Appeals–Health Care in Sacramento for third level review; the address for that office is on Part F of the 602-HC form. You must submit your appeal for third level review within 30 calendar days after you receive the second level response.

The timelines for prison staff to respond to 602-HC appeals are 30 working days at the first level and 30 working days at the second level (or 30 working days if the first level was bypassed) and 60 working days at the third level.

A health care appeal should be processed as an emergency appeal if it involves circumstances in which the regular processing times may result in serious or irreparable harm to the prisoner. A prisoner should submit an emergency appeal directly to the Health Care Appeals Coordinator for review by the Health Care Manager or a designee, who must be a physician or registered nurse. If emergency processing is warranted, the first level of review will be waived and the second level of review must be completed within 5 working days from the date the appeals office received the 602-HC form.

**Disability Accommodation Appeals:**

There is a special process for people with disabilities to ask for fair treatment or to get access to CDCR services or programs. This process is currently under supervision of a federal court and is governed by the Armstrong v. Wilson Remedial Plan (Jan. 3, 2001). (See 15 CCR § 3085.) Instead of filling out a 602 form, a prisoner who wants “accommodations” for a disability should fill out a Reasonable Modification or Accommodation Request on **CDCR Form 1824** (copy attached) and submit it to the Appeals Coordinator.

It is unclear whether the new regulation allowing prisoners 30 days to file and resubmit 602 appeals will apply to 1824 appeals. The Armstrong Remedial Plan does not address those timelines. To be on the safe side, prisoners should continue to file their 1824 appeals within 15 calendar days of the actions being appealed if it is at all possible.

1824 forms should be answered more quickly than ordinary 602 appeals. The first level answer is due within 15 working days. Armstrong v. Wilson Remedial Plan (Jan. 3, 2001) § IV.I.23(e.) If you do not agree with the first level response, you can file the appeal to the second level by attaching the 1824 form to a regular 602 appeal form, filling out section F of the 602, and sending both forms to the Appeals Coordinator. You should do this within 15 days after you get the first level answer. The second level answer is then due in 15 working days. (Armstrong v. Wilson Remedial Plan (Jan. 3, 2001) § IV.I.23(e).) You can also send the appeal to the third level, just like a regular 602 appeal, and you should get the third level response within 20 working days. (Ibid.)

**Disciplinary Appeals:**

Second level review is the highest level of review you can get for a disciplinary infraction documented on a CDCR Form 128-A Counseling Chrono or classified as an “administrative” level violation on a CDCR Form 115. (15 CCR § 3084.7(b)(1).)

The appeals coordinator may bypass the first level of review for serious disciplinary violations. (15 CCR § 3084.7(a)(4).) You can appeal disciplinary actions classified as “serious” through the third level of review. (15 CCR § 3084.9(g)(2).)

**Staff Misconduct Appeals:**

Staff misconduct is behavior that violates or is contrary to law, regulation, policy or an ethical or professional standard. (15 CCR § 3084(g).) This includes harassment or brutality or blatant failure to follow rules. If you want to file an appeal complaining about misconduct by staff, you must file a 602 appeal. You must also fill out and attach a **CDCR Form 1858 Rights and Responsibilities Statement**. (15 CCR §§ 3084.9(i) and 3391(d).) If you want to appeal other issues related to the problem, you should file a separate appeal regarding those matters. (15 CCR § 3084.9(i)(2).) For example, if you had a conflict with a correctional officer during which the officer made racial slurs, and then the officer charged you with a disciplinary violation for disobeying an order, you should file two separate appeals: one complaining about the officer’s verbal harassment and one challenging the disciplinary finding of guilt.

Appeals alleging staff misconduct will be reviewed by the an official at least at the level of Chief Deputy Warden, Deputy Regional Parole Administrator or equivalent to determine if the appeal really concerns staff misconduct. If your appeal is not found to be a true staff misconduct

complaint, it will be processed as a regular 602 appeal. (15 CCR § 3084.9(i)(1).) If your appeal is accepted as a staff misconduct appeal, the officials will decide whether to refer the case to CDCR Office of Internal Affairs (OIA) for an investigation or whether the institution officials will conduct a confidential inquiry on their own. (15 CCR § 3084.9(i)(3).) If a confidential inquiry is done, you will be interviewed, as will any witnesses. The findings will be summarized in a report.

The investigation or confidential inquiry report will not be provided to you. (15 CCR § 3084.9(i)(3)(B).) You will receive a response that states whether the case has been referred for investigation or for a confidential inquiry. If an investigation is conducted, you will be notified of the outcome when the investigation is completed. If a confidential inquiry was conducted, you will be notified about the decision as to whether the staff member did or did not violate departmental policy in regard to each of the specific allegations. (15 CCR § 3084.9(i)(4).)

**Release Date and Parole Period Computation Appeals:**

There are special rules for processing 602 appeals concerning miscalculation of a prisoner's release date, parole discharge date or goodtime/worktime credits. First level review will be done by the records office staff. (15 CCR § 3084.9(d).) If the appeal is denied at the first level, you can request second level review, which will consist of a "computation review hearing." Unless you waive your rights, you should be notified at least 24 hours in advance of the date and time of the hearing. (15 CCR § 3084.9(d)(2).) At the end of the hearing, you must be provided with a copy of the hearing decision on a CDCR Form 1033. (15 CCR § 3084.9(d)(3).) If the appeal is denied, or you are dissatisfied with the decision, you can submit the appeal to the CDCR Appeals Chief as normal for third level review.

**Transfer Appeals:**

Prisoners may appeal Classification Staff Representative (CSR) orders regarding transfers to other institutions; however, such appeals will not routinely delay a pending transfer. (15 CCR § 3084.9(h)(1).) If a transfer could seriously harm your safety or health, the appeal should be filed as an "emergency" appeal, as described above.

For non-emergency transfer appeals, the regular 602 appeal process applies, with a few modifications. If your appeal is regarding a transfer from a reception center, the first level review is conducted by the reception center's "Correctional Administrator." (15 CCR § 3084.9(h)(3)(A).) If the appeal is granted, your case will be presented to a second CSR for reconsideration; however, you will not necessarily be kept at the reception center while the second CSR is reviewing your case unless the proposed transfer would threaten your health or safety. (15 CCR § 3084.9(h)(3)(B).) If the second CSR disagrees with the first level appeal response, you should re-submit the appeal for second level review. (15 CCR § 3084.9(h)(3)(C).) The second level review will be conducted by the Warden, who has the option of keeping you at the reception center and referring your case to the CDCR's Departmental Review Board (DRB) for resolution. In such a case, the DRB decision will be the final review. (15 CCR § 3084.9(h)(3)(D).) If your appeal is simply denied or is not reviewed by the DRB, you may file your 602 appeal to the third level.

If the transfer is not from a reception center, the first level of review is waived, and the Appeals Coordinator should send your appeal directly for second level review. (15 CCR §

3084.9(h)(2)(A).) If the appeal is granted at the second level, your case will be presented to a second CSR for reconsideration. (15 CCR § 3084.9(h)(2)(B).) If the second CSR disagrees with the institution's second level recommendation, the Warden may send your case the DRB. If your appeal is denied at the second level, or if the Warden does not send your case to the DRB, you can file your appeal to the third level. (15 CCR § 3084.9(h)(2)(C) and (D).)

And appeal of an involuntary psychiatric transfer should be sent directly to the third level for review. A copy of the hearing decision should be attached, if possible. However, failure to attach the hearing decision should not result in rejection of the appeal. (15 CCR § 3084.8(g) and § 3084.9(b).)

### **Visiting and Mail Appeals:**

Both prisoners and visitors/correspondents can administratively appeal any policy, practice, restriction or denial regarding visiting or mail. (15 CCR §§ 3137(a) and 3179(a).)

Prisoners use the regular CDCR 602 administrative appeal process to raise visiting or correspondence issues. (15 CCR §§ 3137(b) [mail] and 3179(a)(1) [visiting].) For mail appeals, the disputed item should be retained by prison staff until a decision is made at the third level of review. (15 CCR § 3173(b).)

Visitors cannot use the 602 form or procedures. Instead, a visitor who wants to appeal a visiting policy or decision must send a letter to the Warden (if the appeal concerns a decision made by institution staff or a local practice) or the CDCR Director of the Division of Adult Institutions (if the appeal concerns a department-wide policy). (15 CCR § 3179(a)(2) and (b).) The letter should describe the problem and state that it is an appeal of a visiting issue pursuant to CDCR rules. The Warden must provide a written response within 15 working days; a Warden's decision can then be appealed by writing a letter to the CDCR Director and attaching a copy of the Warden's response. The Director has 20 working days from the date the appeal is received to provide a written response. (15 CCR § 3179(b) and (c).) A visitor who follows this appeal process will almost always be able to present the issue for consideration at the highest level of review more quickly than a prisoner using the 602 process.

Similarly, outside correspondents can appeal issues regarding mail by writing a letter to the Warden (if the appeal concerns a decision made by institution staff or a local practice) or the Director (if the appeal concerns a department-wide policy). The Warden must provide a written response within 15 working days; a Warden's decision can then be appealed by writing a letter to the CDCR Director and attaching the Warden's response. The Director has 20 working days from the date the appeal is received to provide a written response. (15 CCR § 3137(c).)

### **Personal Property Loss or Damage Appeals:**

If your personal property has been lost or damaged by CDCR staff, you may file a 602 appeal to get the property replaced or to get reimbursement (money equal to the value of the property). (15 CCR § 3084.9(f).) If the problem occurred during a transfer it may be difficult to tell when and who lost or damaged the property. If you think it was an error by the transportation staff or by staff at the receiving prison, file your 602 appeal with the Appeals Coordinator at the receiving prison. If you think the error was made by the sending prison, you should still file your 602 appeal with the Appeals Coordinator at the receiving prison; the Appeals Coordinator

will be responsible for forwarding the 602 to the sending prison for a response. (15 CCR § 3084.9(f)(1) and (2).)

If the CDCR accepts liability for the damage or loss of property, the institution or parole staff will attempt to either repair any damage or find a replacement or substitute for property. If the CDCR accepts responsibility and cannot repair or replace the property, then you will be reimbursed for the value of the loss. (15 CCR §§ 3084.9(f)(4) and (5) and 3193(b).) Before you can be reimbursed, you must sign a release form discharging the state from any further liability for the loss or damage. (15 CCR § 3084.9(f)(7).)

If your 602 appeal is denied at all levels, you may submit a claim to the Victim Compensation and Government Claims Board. Prison staff should provide forms and the address for such claims. Information and forms can also be found at [www.vcgcb.ca.gov/claims/howtofile.aspx](http://www.vcgcb.ca.gov/claims/howtofile.aspx). Claims for lost or damaged property must generally be filed within six months after the loss of damage, but the Board sometimes will grant leave to file a late claim.

#### **Parole Issue Appeals:**

CDCR staff set most conditions of parole and decide the location of parole for parolees who are under CDCR supervision. You can appeal the conditions or location of parole by sending a 602 to the Appeals Coordinator for the parole region. If your appeal is denied at the first and second levels, you can ask for third level review by sending the appeal to the CDCR Appeals Chief.

CDCR parole staff also make discharge review recommendations as to whether a CDCR parolee should be retained on parole after his or her presumptive discharge date. You can use the regular 602 appeal process to challenge a mistake of fact in the CDCR's recommendation. If the reviewers find that there was a significant mistake of fact in the discharge review report that was relied upon to retain you on parole, they can change the recommendation and ask the Board of Parole Hearings (BPH) to reconsider its decision and discharge you from parole. (15 CCR § 3723.) However, there is no appeal process for challenging the actual discharge review decision made by the BPH because the BPH abolished its administrative appeal procedure as of May 2004. Thus, you do not have to go through any administrative appeal procedure before you file a court case challenging a BPH decision.

Decisions to revoke parole or to find a life prisoner unsuitable for parole are made by the BPH. You do not have to go through any appeal procedure before you file a court case challenging a BPH decision revoking parole or finding you unsuitable for parole.

The BPH does have appeal procedures for complaints of disability discrimination. The procedures may also be used by prisoners and parolees to request accommodations for disabilities during parole proceedings. Examples of such accommodations include ensuring accessibility to the hearing room for a prisoner with mobility impairments; braille or taped documents or reading assistance for a vision-impaired prisoner; assistance in communicating for a developmentally disabled prisoner; or sign language interpretation for a hearing-impaired prisoner. Prisoners and parolees seeking such accommodations should use the **BPH Form 1073** (sample copy attached; note that prisoners should obtain and use the official form which includes carbon copies). If accommodations are sought for an upcoming hearing, the correctional counselor or Classification and Parole Representative (C&PR) at the prison should do the initial

paperwork and send it to the BPH Americans with Disabilities Act Unit Coordinator for review. If the request is denied, the denial can be immediately appealed prior to the hearing by using **BPH Form 1074** (copy attached). (Armstrong v. Davis (N.D. Cal. Aug. 4, 2000) No. C94-2307CW, Stipulation and Order Approving Defendant's Policies and Procedures, VIII.A and B; 15 CCR § 2251.5.)

**Prison Industries Authority and Joint Venture Program Appeals:**

An urgent health and safety concern should be brought to the attention of staff verbally or by some other immediate means. (15 CCR 3084.9(e)(1).) A prisoner employed by the Prison Industry Authority (PIA) may submit a complaint concerning workplace health or safety hazards either in a complaint box in the PIA facility or by giving it directly to a PIA staff member who shall submit it to the PIA safety committee for a response. (15 CCR § 3084.9(e)(2).) Additional regulations on the PIA complaints are found in 8 CCR § 344.40 et seq. It appears from these regulations that the complain does not need to be on a 602 form and can be filed anonymously. These regulations state that the committee shall take action on a complaint within 15 calendar days of its filing and, unless the complaint is anonymous, inform the prisoners of the action taken. If the prisoner is dissatisfied with the response or the CDCR fails to carry out the prescribed corrective action, the prisoner may ask the committee to forward the complaint to the Division of Occupational Safety and Health for review. (8 CCR § 344.42.)

Prisoners who work for private companies through the Joint Venture Program may use the 602 administrative procedure to complain about job issues. (See 15 CCR § 3482(a)(12)(I).) A prisoner who is a current or former Joint Venture Program employee with a grievance about wages, hours, or workplace retaliation or discrimination must submit the 602 appeal to the Joint Venture Program Chief. (15 CCR § 3084.9(c)(1).) If the prisoner is dissatisfied with the Chief's decision, he or she can file a grievance with the California Division of Labor Standards Enforcement (DLSE). (15 CCR § 3084.9(c)(4).) The timelines for filing a complaint with the Joint Venture Chief and the DLSE are governed by state labor statutes. (15 CCR § 3084.7(m)(3).) There are different time limits for filing a complaint depending on the circumstances, some of which are set out in Labor Code 98.7 [six months for complaint about wrongful discharge or discrimination] and Code of Civil Procedure 7, 338 and 339. Information on how to file DLSE complaints and the procedure for hearing such complaints, along with complaint forms, are available from the DLSE at 455 Golden Gate Avenue, 9th Floor San Francisco, CA 94102 or at [www.dr.ca.gov/dlse](http://www.dr.ca.gov/dlse).

IAB USE ONLY

Institution/Parole Region: \_\_\_\_\_ Log #: \_\_\_\_\_ Category: \_\_\_\_\_

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, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead 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: _____
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Action requested (If you need more space, use Section B of the CDCR 602-A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_

No, I have not attached any supporting documents. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

By placing my initials in this box, I waive my right to receive an interview.

STAFF USE ONLY

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: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, 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 First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

AC Use Only  
Date mailed/delivered to appellant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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.

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Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**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: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

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: \_\_\_\_\_  
 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Request to Withdraw Appeal:** I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
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.

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:
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A. Continuation of CDCR 602, Section A only (Explain your issue) : \_\_\_\_\_  
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Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
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STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): \_\_\_\_\_  
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Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_







**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

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METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **\*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED \*\***

SENT THROUGH MAIL: ADDRESSED TO: \_\_\_\_\_ DATE MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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**SECTION C: REQUEST FOR SUPERVISOR REVIEW**

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

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SIGNATURE:	DATE SUBMITTED:
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**SECTION D: SUPERVISOR'S REVIEW**

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

<b>STAFF USE ONLY</b> Emergency Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____	Institution: _____	Log #: _____	Category: _____
	FOR STAFF USE ONLY		

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead 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.

Name (Last, First): _____	CDC Number: _____	Unit/Cell Number: _____	Assignment: _____
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State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

No, I have not attached any supporting documents. Reason: \_\_\_\_\_

Patient/Inmate Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

By placing my initials in this box, I waive my right to receive an interview.

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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: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, 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 First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

HCAC Use Only Date mailed/delivered to appellant: ____/____/____
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Date received by HCAC: \_\_\_\_\_

**PATIENT/INMATE APPEAL**

CDCR 602 HC (REV. 04/11)

**D. If you are dissatisfied with the First Level response**, explain the reason below, attach supporting documents and submit to the Health Care 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.

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**Patient/Inmate Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**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):    Date: \_\_\_\_\_

Accepted at the Second Level of Review

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. Include Interviewer's name, title, interview date, 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 D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print Name)

Date received by HCAC: \_\_\_\_\_

**HCAC 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, Office of Third Level Appeals – Health Care, California Prison Health Care Services, P.O. Box 4038, 660 Suite 400, Sacramento, CA 95812-4038. If you need more space, use Section F of the CDCR 602-A.

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**Patient/Inmate Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**G. Third Level - Staff Use Only**

Rejected (See attached letter for instruction):    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_

Cancelled (See attached letter):    Date: \_\_\_\_\_

Accepted at the Third Level of Review

Your appeal is:     Granted     Granted in part     Denied     Other: \_\_\_\_\_

See attached Third Level response.

**Third Level Use Only**

Date mailed/delivered to appellant: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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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**Patient/Inmate Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REASONABLE MODIFICATION OR ACCOMMODATION REQUEST**

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY: <b>18. ADA</b>
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CDCR 1824 (Rev. 10/06)

**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

*In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.*

INMATE/PAROLEE'S NAME(PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
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In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**

DESCRIPTION OF DISABILITY:  
\_\_\_\_\_

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE PROBLEM:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
INMATE/PAROLEE'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**REVIEWER'S ACTION**

DATE ASSIGNED TO REVIEWER:  
DATE DUE:

**TYPE OF ADA ISSUE**

- PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)
  - Auxiliary Aid or Device Requested
  - Other \_\_\_\_\_

PHYSICAL ACCESS (requiring structural modification)

**DISCUSSION OF FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE INMATE/PAROLEE WAS INTERVIEWED \_\_\_\_\_

PERSON WHO CONDUCTED INTERVIEW \_\_\_\_\_

**DISPOSITION**

- GRANTED
- DENIED
- PARTIALLY GRANTED

**BASIS OF DECISION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY (NAME)	TITLE	INSTITUTION/FACILITY
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**APPROVAL**

ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNED
DATE RETURNED TO INMATE/PAROLEE	

**I. PRE-INTERVIEW FILE/DECS REVIEW (STAFF ONLY)**

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file information and the Disability and Effective Communication System (DECS) prior to first contact with the inmate/parolee involved in this parole proceeding. For revocation proceedings, this file review must include, at the minimum, a review of the CDCR Form 611 (revised 05/01) or a Parolee Disability Review Sheet (PDRS) and attached documents, if any.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Identified Disabilities**

Mental Health Concerns (Circle One) CCCMS EOP MHCB DMH 128C dated: \_\_\_\_\_  DECS

Developmental Disability (Circle One) DD1 D1A DD2 DD3 128C-2 dated: \_\_\_\_\_  DECS

Physical Disability (Circle all that apply) (verified on CDCR Form 1845) Dated \_\_\_\_\_  DECS

**Mobility:** (DPW / DPO / DPM / DNM) **Vision:** (DPV / DNV) **Hearing:** (DPH / DNH) **Speech:** (DPS / DNS)

Other Disability (that limits access): \_\_\_\_\_ document \_\_\_\_\_ dated: \_\_\_\_\_  DECS

Learning Disability documented on \_\_\_\_\_ dated: \_\_\_\_\_  DECS

**NO DISABILITIES IDENTIFIED FROM THE FILE/DECS REVIEW.**

\*\*\*\*\*



**Other Potential Assistance Needs:**

Reading Level \_\_\_\_\_ Total GPL \_\_\_\_\_ (If not available, note "N/A")

Non-English Speaking (List language(s) inmate/parolee speaks): \_\_\_\_\_

**II. INMATE/PAROLEE RIGHTS & SELF IDENTIFICATION**

You have the right to receive help for your hearing. If you need help talking, reading, hearing, seeing, understanding or getting to your hearing, you have a right to that help. You have a right to receive help in meeting with your attorney. If you do not speak English, you have a right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you cannot read, the BPH or CDCR must provide you with help to read the forms and papers. If you need special transportation, the BPH or CDCR must provide it for you. If you do not get help, or you do not think you got the kind of help you need, ask for a BPH 1074 Grievance Form. **IF YOU ARE CURRENTLY HOUSED IN A COUNTY JAIL, and need assistance of any kind, you may ask the Deputy for help, or ask for a county jail grievance form.**

**Check all that apply:**

I need help reading my documents

I need help understanding the procedures and forms.

I need a sign language interpreter.

I need a wheelchair and I  do have one.  do not have one.

I do not speak English and need an interpreter in \_\_\_\_\_ (language)

Other \_\_\_\_\_

I do not need any help for my parole hearing.

I need the following help to hear \_\_\_\_\_

I need the following help to see \_\_\_\_\_

I need to communicate in writing.

X \_\_\_\_\_  
Inmate/parolee signature

\_\_\_\_\_ CDCR #

X \_\_\_\_\_  
Date Signed

**III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)**

I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation: \_\_\_\_\_

County Jail Name: \_\_\_\_\_ Date jail staff was notified: \_\_\_\_\_

I have informed inmate/parolee of his/her rights and charges, if any, and have determined that he/she:

Appears to understand

Appears to have difficulty understanding

**Effective Communication Method Used:**  Foreign Language Interpreter - Telephonic  Foreign Language Interpreter - Contractor (In-Person)

Foreign Language Interpreter - Certified DAPO Staff  Sign Language Interpreter  Read/Spoke Slowly  Assistive Visual Device

Assistive Hearing Device Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Staff Name and Title (please print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**IV. BPH REVIEW FOR INTERNAL USE ONLY (Non-Lifer Cases)**

I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation: \_\_\_\_\_

County Jail Name: \_\_\_\_\_ Date jail staff was notified: \_\_\_\_\_

Accommodation(s)/Assistance to be provided at hearing(s): \_\_\_\_\_

\_\_\_\_\_  
Staff Name and Title (please print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Name CDCR# TYPE OF HEARING DATE OF HEARING LOCATION





**C. INMATE OR PAROLEE TO COMPLETE**

The final decision will be sent to you within five (5) days or before your parole proceeding (which ever comes first).

I disagree with the denial of my request for help, because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inmate/Parolee Print Name                      Inmate/Parolee Sign Here                      CDC Number                      Date

**D. SECOND LEVEL - CHIEF DEPUTY COMMISSIONER**

Date Received by ADACU: \_\_\_\_\_ Type of Parole Proceeding: \_\_\_\_\_ Scheduled Date: \_\_\_\_\_

**Decision**  
 **Granted**                       **Granted with Changes**                       **Denied**                       **Dismissed**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief Deputy Commissioner Signature                      Date Completed

**E. TO INMATE OR PAROLEE**

1. The Chief Deputy Commissioner will make the final decision on the grievance process.
2. If you disagree with the Chief Deputy Commissioner's decision, you may file an appeal using a BPT Form 1040 after a hearing. You must send the appeal, within 90 days after getting the written decision, to the BPT Office of Policy and Appeals. (Title 15, CCR, section 2052(c))

BPT Office of Policy and Appeals  
1515 K Street, Suite 600  
Sacramento, CA 95814

3. All ADA related appeals shall be answered within 30 days from the time the appeal was received at BPT.

\_\_\_\_\_  
NAME                      CDC NUMBER                      TYPE OF PROCEEDING                      DATE OF PROCEEDING                      LOCATION