

FULL NAME

CONNORO, Michael

COMMITTED NAME (if different)

California Correctional Institution

FULL ADDRESS INCLUDING NAME OF INSTITUTION

institution, P.O. Box 2909

Tehachapi, CA 93581

PRISON NUMBER (if applicable)

H04108

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Michael Connoro

PLAINTIFF,

Warden James Yates
et al

DEFENDANT(S)

CASE NUMBER

CV09 06150

(AJW)

To be supplied by the Clerk

CIVIL RIGHTS COMPLAINT
PURSUANT TO (Check one)

42 U.S.C. § 1983

Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: Yes No
2. If your answer to "1." is yes, how many? 0

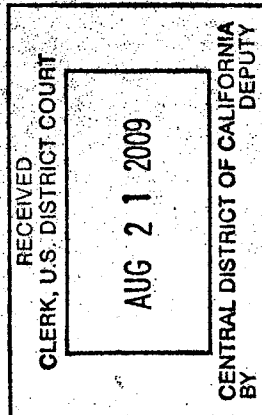
Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

LOGGED

2009 AUG 24 PM 12:11

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

BY



CIVIL RIGHTS COMPLAINT

- a. Parties to this previous lawsuit:
 Plaintiff NONE
 Defendants _____
- b. Court _____
- c. Docket or case number _____
- d. Name of judge to whom case was assigned NONE
- e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) _____
- f. Issues raised: NONE
- g. Approximate date of filing lawsuit: NONE
- h. Approximate date of disposition NONE

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? Yes No
2. Have you filed a grievance concerning the facts relating to your current complaint? Yes No

If your answer is no, explain why not I've did send A 602 Appeal to P.V.I.S.P. Appeal Coordinator. Huckberry Officer and they sent it back

3. Is the grievance procedure completed? Yes No

If your answer is no, explain why not P.V.I.S.P. officers NEVER attempt to resolve this property issue on the informal level

4. Please attach copies of papers related to the grievance procedure.

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff Michael Conasero (print plaintiff's name)
 who presently resides at California Correction Institution (mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at Pleasant Valley State Prison, P.O. Box 8500 (institution/city where violation occurred)
Coalinga Ca. 93210

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant WARDEN James Yates resides or works at
(full name of first defendant)
Pleasant valley state Prison
(full address of first defendant)
WARDEN P.O. BOX 8500,
(defendant's position and title, if any) COALINGA C.A. 93210

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

This individual our responsible for
all personnel Employee misconducted

2. Defendant M. E. Spearman resides or works at
(full name of first defendant)
Pleasant valley state Prison
(full address of first defendant)
P.O. BOX 8500. Associate Warden
(defendant's position and title, if any) COALINGA C.A. 93210

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

This individuals our responsible for
A facility yard inmates and employees

3. Defendant Mr. Perry resides or works at
(full name of first defendant)
Pleasant valley state Prison
(full address of first defendant)
P.O. BOX 8500. Captain
(defendant's position and title, if any) COALINGA C.A. 93210

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

This individuals is responsible for
A facility yard inmates and employees

4. Defendant D. Mr Huckabay resides or works at
(full name of first defendant)
Pleasant Valley State Prison
(full address of first defendant)
P.O. Box 8500, Sergeant
(defendant's position and title, if any)
COALINGA, C.A. 93210
The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:
This individuals our responsible for
A facility guard inmates and employees

5. Defendant A. Santos, Pleasant resides or works at
(full name of first defendant)
Valley State Prison
(full address of first defendant)
P.O. Box 8500, correction officer
(defendant's position and title, if any)
COALINGA, C.A. 93210
The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:
This individuals our responsible for
my property due to be confiscated it
and illegally disposition my property

also Defendant L. Andrade
Pleasant Valley State Prison
P.O. Box 8500
COALINGA C.A. 93210

defendant Title, correction officers
This individuals our responsible for
my property due to be confiscated
it illegally disposition my property

D. CLAIMS*

CLAIM 1

The following civil right has been violated:

Pleasant valley state Prison
Correction officer A Fac state have violated
property Breach of contractual agreement
action And under the department of
Correctional shall be giving A 30
days opportunity to provide the
Necessary fund for shipping at
inmate on expense

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

Maintiff Contend Fac A Yard Correction
offices A. Santos AND Correctiono
officers Andrade. 11.13.08 confiscated
my personal property due to I Plaintiff
was being put on C status, which C.O.
A. Santos AND S.O. Andrade confiscated
Plaintiff personal property from his
Living Quarter in day in question
plaintiff state these two correction
officer was in possession of mine
personal property and wouldn't
allowed plaintiff an opportunity
to send mine personal property
home after they confiscated it

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

Plaintiff contends
correction officers A. Santos and
Correction Officers L. Andrade have
illegally destroyed OR LOSS mine
personal properties without being
giving the opportunity to send my
personal property home, which I
file a writ of Habeas that never was
heard, which I hasnt received any
compensation nor an replacement of
the properties after these two officers
violated department of Correctional
Breach of contractual agreement
where I shall receive the same
equal or value of the personal
properties lost or destroyed, I'm
requesting P.V.S.L. RR storage
property room compensated the
plaintiff for all his personal
property that was illegally disposition
of while in the possession of
P.V.S.L. administrations

8/1, 09

(Date)

Comrade Mucke

(Signature of Plaintiff)

EXHIBIT

B

EXHIBIT

B

**INMATE/PAROLEE
APPEAL FORM**
CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
	H04102	Admission	134107

A. Describe Problem: *This Property Appeal action is against 4 Building Correction officers A. Santos and officer L. Andrade who was responsible and in possession of my personal property that was removed from my living quarters on 11.22.08 and 11.13.08 due to C. status. Appealant argue these two officers illegally disposition my personal property without my discision or Agreement.*

If you need more space, attach one additional sheet.

B. Action Requested: *P.I.S.P. staffs settle this Property Appeal due to C.O. A. Santos and C.O. L. Andrade Negligence for illegally disposition my Property. I be compensate for all items from my storage property room*

Inmate/Parolee Signature: *Comore mackel* Date Submitted: *11.24.08*

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

1 Due Process Procedure C. Stat. 17
2 Appellant state AKA DY, AKA C.O. P.
3 Santos And AKA T. Article violated
4 Appellant fourteenth 14th Amendment
5 Right due process under the Law.
6 Appellant claims any time inmates
7 personal property is confiscated
8 by these two staffs officers.
9 Appellant argue these two correction
10 officers shall either turned my
11 personal property to DY Adviser
12 property officer or to Prison. P.
13 Appellant argue when an inmate
14 is force by staffs to send his
15 personal property home due to he
16 is on C. Stat. all inmates shall
17 be giving 30 days opportunity too
18 provide the necessary funds for
19 shipping when handle confiscated
20 properties. Which you shall be allowed
21 to sign AN INMATE TRUST ACCOUNT
22 withdrawal form CRC 193. Which
23 these two C.O. staffs deprived me
24 my Liberty And Property without due
25 process, which these two C.O. staffs
26 illegally with holding my Jamin Radio And my
27 Koss head Phone And some cassettes
28 player. Appellant state under CRC Guideline
when staffs is in possession of inmates
personal property this is Negligence
under subsection 3193 (B) there is
liability for mine personal property



2009 APR 12 AM 1:53

CCI

RE: Screening at the INFORMAL Level

March 6, 2009ⁿ

BSA-102

CONNSERO, H04102

Log Number: PVSP-S-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals as defined in CCR, Title 15, Section 3084.7. Obtain an Informal response by sending your appeal directly to the employee involved, or that employee's supervisor. Before you resubmit, ensure your appeal clearly demonstrates the issue you are appealing has had an adverse effect on you. Per CCR, Title 15, Section 3084.6 (c), you must submit within 15 days.

Submit to staff involved.

C. Huckabay/G. Duran/H. Martinez
CCII, Appeals Coordinators/AGPA
PVSP

STATE PRISON CCI-TIJIACHAPI
4E HU 5

EX Hibits show I try to
resolve this at the
informal level

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

EXHIBIT

DEAR MICHAEL,

I DID RECEIVE YOUR INFORMATION. NEXT WEEK I WILL CALL YOUR PRISON AGAIN IF I DON'T GET MY CONCERNS ADDRESSED. I SPOKE TO MY ATTORNEY, WHO IS A NOT A CIVIL RIGHT ATTORNEY, BUT HE TOLD ME HE WOULD FIND ME ONE IN YOUR AREA.

THIS ATTORNEY IS GOING TO COST ME \$350.00 AN HOUR TO TALK TO YOU. SO, PLEASE HAVE ALL YOUR INFORMATION AND ALL OF YOUR CONCERNS READY SO ON THE DAY THAT THE ATTORNEY ARRIVES, YOU WILL KNOW EXACTLY WHAT YOU WANT TO SAY TO HIM THAT YOU THINK HAS VIOLATED YOUR CIVIL RIGHTS. I FIGURE A TWO-HOUR INTERVIEW WITH YOU SHOULD COVER THAT.

THEN IT'S MY UNDERSTANDING FROM MY ATTORNEY THAT THIS ATTORNEY WILL CALL HIM BACK AND TELL US IF YOU HAVE A CASE THAT CAN BE ADDRESSED. THEN WE'LL PUT ALL OF THIS TO BED BECAUSE THIS IS WORRYING ME. I WILL SPEAK TO THEM AGAIN ABOUT MOVING YOU FROM CONFINEMENT. IF THEY DON'T ADDRESS IT BEFORE THE ATTORNEY COMES, TELL IT TO THE ATTORNEY. I'M SENDING YOU A BOOK OF STAMPS SO YOU CAN WRITE. THIS LETTER IS BEING MAILED ON MAY 31, 2008.

LOVE,

Pat

EXHIBIT

DEAR MICHAEL,

I'M PRAYING FOR YOU. I HAVEN'T HEARD FROM YOU SINCE MY LAST LETTER ASKING SEVERAL QUESTIONS. I NEED TO KNOW DID YOU GET THE LETTER, I NEED YOU TO ANSWER THE QUESTIONS, THEN I NEED YOU TO MAIL ME BACK THE ANSWERS.

I CANNOT TALK TO THE WARDEN AGAIN UNTIL YOU ANSWER THE QUESTIONS. HE NEEDS THOSE ANSWERS. SO I'LL WAIT TO HEAR FROM YOU. IF I HAVEN'T HEARD FROM YOU BY JUNE 6TH, THAT GIVES YOU OVER A WEEK, THEN I'LL CALL THE PRISON AND TELL MR. MEDEN I'VE WRITTEN YOU TWO LETTERS AND I HAVEN'T HEARD FROM YOU. I NEED YOU TO WRITE ME BACK IMMEDIATELY EACH TIME YOU RECEIVE A LETTER FROM ME; THIS WAY WE CAN TELL IF YOU'RE GETTING YOUR MAIL OR NOT. THE LETTER I WROTE ASKING YOU THE QUESTIONS WAS MAILED OVER A WEEK AGO, WHICH SHOULD HAVE GIVEN YOU ENOUGH TIME TO RECEIVE AND WRITE BACK. OR IS THAT NOT ENOUGH TIME? DO YOU NEED MORE THAN A WEEK? YOU LET ME KNOW.

LOVE,

Pat

STATE OF CALIFORNIA
INMATE PROPERTY INVENTORY
 CDC 1083 (7/87)

DEPARTMENT OF CORRECTIONS

5 BOXES

INMATE'S NAME: CONNSERO	CDC NUMBER: H04102	INSTITUTION: PVSP	QUAD:	ROOM NUMBER: A4-1394	DATE: 11-13-08
PROPERTY INVENTORIED BY: J. ANDRADE / A. SANTOS	TITLE: C10	REASON FOR INVENTORY: AD-SEG			

CANTEEN ITEMS

DEODERANT

HAIR: GREASE NET
 SHAMPOO SPRAY
 PERM KIT CONDITIONER

LOTION: TANNING BABY OIL
 HAND NOXEMA
 TALC FOOT
 BLADES DISPOSABLE

SHAVING CREAM
 AFTER SHAVE
 SHOE POLISH

SOAP: BARS LIQUID
 SOAP DISH MOUTHWASH
 PASTE BRUSH
 HOLDER D-CLEAN

FOOD ITEMS

CANDIES: BAGS BARS

CANNED MEATS
 CHEESE: SPREAD VELVEETA
 CHIPS CRACKERS
 COFFEE COCOA
 COOKIES PASTRIES
 HOTSAUCE PEPPERS
 INSTANT DRINKS SOUPS
 JAM/JELLY HONEY
 PEANUT BUTTER NUTS
 POPCORN PORK RINDS
 SUGAR CUBES
 TEA: BAGS INSTANT
 VITAMINS PROTEIN

PERSONAL PROPERTY

ADDRESS BOOK
 BATTERIES: SIZE: _____
 BINDERS
 BOOKS: (see below) MAGAZINES
 SOFTBACKS
 HARDBACKS

BRUSH: HAIR SHOE
 CLIPPERS: NAIL TOE
 COMBS: AFRO REGULAR
 GLASSES: SUN RX

LEGAL MATERIALS
 PERSONAL PAPERS LETTERS
 MIRROR: CONDITION _____
 PENS PENCILS
 PHOTOS: ALBUM LOOSE
 ENVELOPES STAMPS
 SEWING KIT
 STATIONERY TABLETS
 TUMBLERS CUP
 BOWL TUB
 WALLET
 TAPES/RECORDS - Total of 12 or less
 CASSETTE TAPES
 EIGHT TRACK TAPES
 RECORDS - 45's
 RECORDS - LP's

CLOTHING

BANDANAS HEADBANDS
 BELT BUCKLE
 CAPS: B/BALL W/CAP VIS

JACKETS
 PANTS ROBE
 PAJAMAS
 RUG
 SHIRTS: TANK TOP DRESS SHIRT
 T-SHIRTS: WHITE COLORED
 SHOES: DRESS SHOES SANDLES
 BOOTS TENNIS SHOE
 THONGS ATHLETIC
 SHORTS: UNDER THERMO PANTS
 SWEATER
 SWEATPANTS
 SWEATSHIRT
 THERMO TOP

GAMES

CHESS PINOCHE CARDS
 CHECKERS OTHER
 DOMINOES

TOBACCO ITEMS

CIGARETTES: CARTONS PACKS
 CIGARETTE CASE LIGHTER
 CIGARS: BOX PACK EACH
 PIPES ROLLER
 SNUFF: POUCH TINS
 TOBACCO: POUCH CAN

OTHER ITEMS:

writing paper
 2) bibbles
 Game cap
 Wrangler Jeans
 socks
 Dictionary
 Urp

MAIL-OUTS:

Razo Buaps Med
 shaving powder
 playing cards
 Face Lotion
 Palm Brush
 Crushed peppers
 Garlic salt
 Hot pot

Back brace
 rain jacket
 Wax cable and splitter
 B-TIPS
 Chapstick
 Electric shaver
 Face scrub

CONFISCATED ITEMS:

J-WIN DO TO "C" status
 Koss Headphones not his
 Magnavox T.V. not his
 DO TO "C" status
DOA REXING

NON-EXPEND ITEMS

A/C ADAPTER
 Make: _____ SR/N: _____
 CALCULATOR
 Make: _____ SR/N: _____
 CASSETTE/8-TRACK
 Make: _____ SR/N: _____
 CLOCK
 ELECTRIC RAZOR
 Make: _____ SR/N: _____
 HEADPHONES
 Make: _____ SR/N: _____
 LAMP
 Make: _____ SR/N: _____
 MUSICAL INSTRUMENT
 Type: _____ Model: _____
 SR/N: _____
 RELIGIOUS MEDAL
 Medal: GOLD COLOR
 SILVER COLOR
 CHAIN: GOLD COLOR
 SILVER COLOR
 RECORD PLAYER
 Make: _____ SR/N: _____
 RADIO
 AM/FM CLOCK
 CASSETTE 8-TRACK
 Make: _____ SR/N: _____
 TELEVISION
 BLACK & WHITE COLOR
 TV & RADIO COMBINATION
 Make: _____ SR/N: _____
 TELEVISION TESTED NOT WORKING
 TV WORKS
 TYPEWRITER
 Make: _____ SR/N: _____
 RING GOLD SILVER
 WATCH WRIST ROCKET
 Make: _____ Color: GOLD SILVER

BELOW TO BE SIGNED UPON RETURN OF PROPERTY TO INMATE:

The above listed items constitute all my personal property. INMATE'S SIGNATURE: <i>Connsero</i>	DATE:	I have received all the above listed personal property or have noted any discrepancies below: INMATE'S SIGNATURE: <i>DOA REXING</i>	DATE:
RECEIVED IN R&R BY:	INST:	INSTITUTION	QUAD
			ROOM NUMBER

DIST: Original to R&R
 Copy to Inventory Officer
 Copy to Inmate

A flat fee rate will be established for the purpose of charging the inmate for the packaging material. The designation for use of recyclable cardboard box will be either small or large as noted by the following example:

1. The flat fee rate for a box measuring approximately 9" X 9" X 9" is \$1.00. This cardboard box is designated "small".
2. The flat fee rate for a box measuring approximately 18" X 15" X 13" is \$3.00. This cardboard box is designated "Large".

3. All fees collected from the inmate regarding the packaging of property will be diverted from the inmate's Trust Account into the General Fund.
4. These fees will assist in offsetting the cost incurred in procuring packing material as required. A separate accounting of the fees collected will be logged and maintained for an accurate record of inmate use of this program. If total funds are not available at the time the trust withdrawal is submitted and the inmate is declared indigent, final disposition in such cases will be at the discretion of the Receiving and Release Sergeant under the direction of the Custody Captain.

D. Facility Procedures

1. Inmates having property confiscated on any facility will be given a ~~Corcoran~~ Cell/Locker Search Property Removed Form, signed by the officer making the confiscation and stating the reason for the confiscation, what property was confiscated, including the brand name, make and serial (if applicable). The confiscated property will be turned over to the R&R Sergeant with the completed CSP-Corcoran Cell/Locker Search Property Form as a means of identifying the legal owner, and a completed Trust Account Withdrawal Form signed by the inmate. The legal owner will have 30 days to provide the Trust Office with sufficient funds to cover the cost of packaging, postage and mailing, or the property will be donated to the state and disposed of accordingly.
2. R&R staff will ensure that each Trust Account Withdrawal Form is accurately completed, as related to the packaging program.
3. Staff members confiscating property on a facility will ensure that the individual inmate to which the confiscated property belongs to properly fills in the areas listed to ensure that the cost of packaging the confiscated property is appropriately withdrawn from the inmate's trust account. R&R staff will resolve all matters of legal ownership.

E. Amount Of Property Allowed

1. Inmates may possess personal property items, as authorized by this order, that present no threat to institution security or individual safety, to the extent that such items do not overcrowd the inmate's living quarters.



California
Department of
Corrections

OPERATIONS
MANUAL

Chapter: 50000
Custody/Security Operations

Subchapter: 54000
Services

Section: 54100
Inmate/Parolee Appeals

54100.22
APPEALS ON PROPERTY
LOSS OR DAMAGE

XX

When an inmate/parolee believes that the state is solely responsible for the loss of, or damage to their personal property, they shall first attempt to resolve the matter with the departmental employee who was on duty at the time and place that the damage or loss allegedly occurred. If this informal attempt at resolution of the problem is unsuccessful, the inmate/parolee may file an appeal on CDC Form 602.

All property damage or loss arising from the same departmental staff action shall be incorporated into one appeal form. An appellant seeking reimbursement for property loss or damage shall file an appeal with the facility appeals coordinator or parole unit supervisor. An inmate claim, Board of Control Form 1E, or an equity claim, Board of Control Form BC-1B, completed by the appellant, shall accompany the appeal. The Board of Control will not act on any property claim unless departmental administrative remedies have first been exhausted.

54100.22.1
TIME LIMITS

The appellant is encouraged to file the property loss appeal quickly because information gathering becomes more difficult with passage of time, and may adversely affect efficacious remedy. The Board of Control has no time limit for filing a property loss or damage claim. The departmental 15-day time limit in which to file an appeal shall be waived for any property appeal which might result in the filing of a Board of Control claim. Refer to DOM subsection 54100.12 for time limits subsequent to initial filing.

54100.22.2
FIRST LEVEL REVIEW

XX

The first level review shall consist of an examination and assessment of the damaged property or a thorough search for the lost property. All related property records shall be inspected and a complete report made of the results of that investigation, including identification of the person(s) responsible for the loss or damage of the property.

- First and second level appeals concerning damaged or lost property shall be handled at the facility/parole region where the loss occurred.
- If the property was lost during transit between facilities, the first level shall be completed by the transporting unit and the second level by the receiving facility.
- Granted first level appeal. When a property/funds appeal is granted at the first level of review, the appellant shall be given a written response. The response shall provide instructions to the appellant to forward the appeal to the appeals coordinator and to attach: 1) the completed inmate claim form;

EXHIBIT

C

EXHIBIT

C

B SEP 16 2009 0755

EXHIBITS ~~TO~~ SHOW IT

~~THERE WAS SOME THING WRONG WITH MY ~~EXHIBITS~~ THE OFFICERS WOULD HAD SAID IT WE~~

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
Page 2

(d) Anything in the possession of an inmate which is not contraband but will, if retained in possession of the inmate, present a serious threat to facility security or the safety of inmates and staff, shall be controlled by staff to the degree necessary to eliminate the threat

CCR 3315. Serious Rule Violations.

(c) Hearing. Serious rule violations shall be heard at the senior hearing officer or higher level. A senior hearing officer shall not be below the level of a facility captain, correctional captain, correctional counselor III, parole agent III, or an experienced correctional lieutenant, correctional counselor II or parole agent II.

CCR 3310. Definitions.

The following terms are defined for the purposes of this article:

(d) Experienced means a permanent employee at the designated level, certified by the chief disciplinary officer or designee as competent to serve as a senior hearing officer or hearing officer, as specified. Requirements for certification shall include in-service or on-the-job training in disciplinary procedures and observation of five serious/administrative disciplinary hearings. A probationary, limited term, or training and development employee at the designated staff level may be certified as experienced. Acting staff whose permanent position is at a level lower than that required shall not be assigned senior hearing officer/hearing officer responsibility.

CCR 3320. Hearing Procedures and Time Limitations.

(m) When an inmate is charged with possession of unauthorized or dangerous items or substances, or when unauthorized or dangerous items or substances are associated with commission of the charged rule violation, the hearing official shall record the disposition of the item or substance in the disposition section of the CDC Form 115.

CCR 3287. Call, Property and Body Inspections.

(4) The inmate will be given a written notice for any item(s) of personal and authorized state-issued property removed from his or her quarters during an inspection and the disposition made of such property. The notice will also list any contraband picked up or any breach of security noted during the inspection, and the follow-up action intended by the inspecting officer.

X

SUMMARY OF INVESTIGATION: A review of all pertinent information and documentation reveals you were found guilty by the SHO based upon the evidence presented at the hearing



PRISON LAW OFFICE

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Kelly Knapp
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Millard Murphy
Sara Norman
Judith Rosenberg
Zoe Schonfeld

5/15/2009

Michael Connsero, H-04102

CCI
PO Box 1902
Tehachapi, CA 93581

Dear Mr. Connsero:

I write in response to the letter we received from you on April 23, 2009, in which you provided us with additional information about your medical care concerns. Thank you for providing us with this information. Based on this new information, you will need to exhaust your administrative remedies before we determine whether we can re-open your case under the *Plata* lawsuit.

Once you exhaust your administrative remedies, we will be happy to review your exhausted appeal and Director's Level Response to determine whether we can advocate on your behalf under *Plata*. However, until then, we are unable to assist with your concern.

Take care.

Sincerely,

Patricia Rincon
Legal Assistant to Steve Fama

Board of Directors

Penelope Cooper, President • Michele WalkinHawk, Vice President • Marshall Krause, Treasurer
Honorable John Burton • Felecia Gaston • Christiane Hipps • Margaret Johns
Cesar Lagleva • Laura Magnani • Michael Marcum • Ruth Morgan • Dennis Roberts

EMERGENCY ISSUE

COPY

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: CCI-0-09-00204	LOG NUMBER: 9	CATEGORY: 18. ADA
--	------------------	----------------------

0755

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.

208

Cell 106

H04102

INMATE/PAROLEE'S NAME (PRINT) CONNOR, Michael	CDC NUMBER H04102	ASSIGNMENT NONE	HOURSWATCH	HOUSING 4B.A5
--	----------------------	--------------------	------------	------------------

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.

APPEALS COORDINATOR'S OFFICE
1000 B STREET
SAN FRANCISCO, CA 94103
415-774-2000

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Medical eye Glasses Medical Tennis shoes
AND Medical Back Brac AND Medications

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

WELL I have CDC update Medical
chronic regarding mine disabilities
on pillows AND ex mattress I payed
that is medicals.

DESCRIBE THE PROBLEM:

I'm in pain without mine
disabilities items by being denied under
disability acts law

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I'm requesting
my ex Mattress AND Pillows AND Medical
Tennis shoes AND Back Brac AND eye
Glasses AND Medications NOT being
provide either

CONNOR, Michael
INMATE/PAROLEE'S SIGNATURE

DATE SIGNED
2/15, 2009
rec'd in cci mapping
on 02/17/09
INMATE
DID NOT
ARRIVE AT
CCI UNTIL
2-10-09 4:00 PM

EXHIBIT

B

EXHIBIT

B

MR. MICHAEL CONNORS

10,000,000

Inmate Michael Connors, CAC #04102
4B, 5A, Cell 102
California Correctional Institution,
Post Box 1906
Tehachapi, C.A. 93581

Dear CCI Appeal Coordinators at
Pleasant Valley State Prison have real
knowledge about Appellant challenged
the unknown fully personal properties
confiscated by general population
Facility D4 Building correction officers
whos and correction officers and also
who didnt send mine personal properties
and after they confiscated it they
allowing me a CAC perform trust
Account with travel. I have copies
documents showing I submit a CAC
602 Appeal to your office before I
was transfer to CCI 4B 5A at
Tehachapi, which I try to attempt
to resolve this issue after you told
me to first try to resolve this at
the informal level with the building D4
staffs, which I was unsuccessful as
you are aware of at this institution

ADMINISTRATIVE

REASON FOR

DECISION

WITNESS NAME

WITNESS NAME

NO WITNESSES

INMATE WITNESSES

NOT ASSIGNED

DECLINING FIRST

ABLE TO COMPREHEND

FLUENT IN ENGLISH

LITERATE

STAFF ASSISTANT NAME

The following

INMATE REFUSED

DATE NOTICE SERVED

DATE OF ASU PLACEMENT

CONTINUED ON

DESCRIPTION OF CIRCUMSTANCES

ENDANGERS INSTITUTION

JEOPARDIZES INTEGRITY

PRESENTS AN IMMEDIATE

DESCRIPTION OF CIRCUMSTANCES

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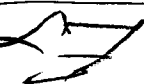
INMATE'S NAME

INMATE'S NAME

STATE OF CALIFORNIA
ADMINISTRATIVE SERVICES
CDC 114-D (Rev 10/98)

INMATE'S NAME

AD-114-101



PRESENTS AN IMMEDI

JEOPARDIZES INTEG

ENDANGERS INSTIT

DESCRIPTION OF CIRCU

on Thursday, November 11, 1998, I was informed that the following inmates have been in the institution since your sentencing. The following are the inmates who are currently in the institution and are eligible for parole. The following are the inmates who are currently in the institution and are eligible for parole.

CONTINUED ON

DATE OF ASU PLACEMENT

11-11-98

DATE NOTICE SERVED

INMATE REFUSED

The following

STAFF ASSISTANT NAME

LITERATE?

FLUENT IN ENGLISH

ABLE TO COMPREH

FREE OF MENTAL I

DECLINING FIRST

NOT ASSI

INMATE W

NO WITNE

WITNESS NAME

WITNESS NAME

DECISION

REASON FOR

ADMINISTRATIVE

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

Michael CORRASO

, declare:

I am over 18 years of age and a party to this action. I am a resident of California

Correction Institution, Tehachapi Prison,

in the county of Tehachapi CA.

State of California. My prison address is: CCT, P.O. BOX 2902

Tehachapi CA, 93582

On 8.1.2009

(DATE)

I served the attached: 602 APPEAL AND LAWSUIT

AND EXHIBITS documents

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage

thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional

institution in which I am presently confined. The envelope was addressed as follows:

California Correction Institution

Post Box 2902

Tehachapi CA 93582

I declare under penalty of perjury under the laws of the United States of America that the foregoing

is true and correct.

Executed on

8.1.09

(DATE)

Corraso Michael

(DECLARANT'S SIGNATURE)