1 2	IAFRATE & ASSOCIATES 649 North Second Avenue Phoenix, Arizona 85003 (602) 234-9775		
3 4	Michele M. lafrate, #015115 Richard A. Stewart, #003202 miafrate@iafratelaw.com rstewart@iafratelaw.com		
5 6	Attorneys for <b>Defendants Mohave Cour Tom Sheahan, Bruce Brown, and Gary</b>		
7	IN THE UNITED STA	TES DISTRICT COURT	
8	FOR THE DISTI	RICT OF ARIZONA	
9	JOHN E. WHEELER,	) NO.CV-06-02019-PCT-JWS (JRI)	
10	Plaintiff,	) ) ) ) DESENDANT DOUGE DOOMNIC	
11	vs.	) DEFENDANT BRUCE BROWN'S ) RESPONSES TO PLAINTIFF'S	
12	MOHAVE COUNTY BOARD OF	<ul><li>) REQUESTS FOR PRODUCTION</li><li>) OF DOCUMENTS</li></ul>	
13	SUPERVISORS, et al.,	) [SECOND SET]	
14	Defendants.		
15		_ )	
16	Pursuant to Rule 34 of the Federal	Rules of Civil Procedure, Defendant Bruce	
17	Brown by and through undersigned cour	nsel, hereby responds to Plaintiff's Request	
18	for Production of Documents as follows:		
19	REQUEST FOR PRODUCTION OF DOCUMENTS		
20	REQUEST FOR PRODUCTION NO. 1:	Withdrawn	
21	Produce any document required	to be disclosed pursuant to Rule 26(a)(e),	
22	Federal Rules of Civil Procedure.	•	
23	111		
24	* Defendants Law Library Officer and Mol to this Court's Order dated April 30, 2007	nave County Jail were dismissed pursuant . (Doc. 10)	

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There is no Rule 26(a)(e), Federal Rule of Civil Procedure.

Without waiving the foregoing objection:

See documents produced in response to Request for Production No. 5.

#### **REQUEST FOR PRODUCTION NO. 2:**

Produce copy of any consent decree, injunction, final order, of any suit you have been named as a Defendant as defined in Interrogatory 3.

Defendant has no such document in his possession, custody or control.

#### **REQUEST FOR PRODUCTION NO. 3:**

Produce any document, report or other memorandum created during the process of needs assessment, sight selection and design build of a new jail facility to address overcrowding at the jail.

#### **Objections:**

- 1. Request for production assumes facts other than as responding defendant assume them to be.
- 2. Information sought is not relevant and is not reasonably calculated to lead to discovery of admissible evidence.
  - 3. Request for production is overbroad.

#### **REQUEST FOR PRODUCTION NO. 4:**

Produce any document that sets forth job duties of any and all personnel at the jail, or directing their conduct in relation to management and operation at the jail, including but not limited to:

- A. Sanitation
- B. Laundry
- C. Medical Care

1	D.	Classification
2	<b>E</b> .	Maintenance
2	F. G.	Inventory Purchase and Supply
3	H.	Security Walks Mail
4	l.	Law Library
~	]] J.	Reporting Violence
5	Obje	ctions:
6	4	
7	1.	Information sought is not relevant and is not reasonably
8	calculated	to lead to discovery of admissible evidence.
	2.	Request for production is overbroad.
9		
10	REQUEST	FOR PRODUCTION NO. 5:
11	Produ	ce the following Mohave County Jail records concerning the Plaintiff for
12	each term o	f Plaintiff's confinement at the jail:
12		Dealing of LD 1
13	A.   B.	Booking and Release Inmate Account
	В. С.	Debit to Account for Meals
14	D.	Classification
15	E.	Medical file
	F.	Sick Call Requests
16	G.	Incident Reports
İ	Н.	Discipline Reports
17	1.	Grievances filed including all attachments
	J.	Inmate letters and communication with staff.
18	Conie	s of the following are produced herewith:
19	Соріє	s of the following are produced herewith.
20	3122-0 Request For	0001 – 00129 Victim Notification, Inmate Grievance and Inmate ms
21	3122-	0156 – 00166 Mohave County Sheriff's Office Arrest and Booking
22	ļ	pt for Personal Property and Finger Prints re: Plaintiff John Wheeler
23	1.	0190 - 00250 Records of Inmate Grievances received and Incident
24		

24

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1 through the date of your response, including but not limited to incidents of: 2 Assault Α. B. **Fights** 3 C. Riots D. Homicide 4 E. Sexual Assault F. Suicide and attempted suicide 5 **Objection:** 6 The Court's Order of July 30, 2007, imposes a limit of 15 requests for 7 production, including subparts, on each party to any other party. The 8 preceding requests for production, including subparts, constitute 15 requests 9 for production. 10 REQUEST FOR PRODUCTION NO. 8: Withdraw 11 Produce records of inmate grievances, filed by inmates at the jail including but 12 not limited to: 13 Grievance Log Book Α. 14 Grievances filed by Plaintiff including all attached pages B. 15 **Objection:** 16 The Court's Order of July 30, 2007, imposes a limit of 15 requests for 17 production, including subparts, on each party to any other party. The 18 preceding requests for production, including subparts, constitute 15 requests for production. 19 **REQUEST FOR PRODUCTION NO. 9:** in therown 20 Produce records of maintenance and inspection of: 21 Α. Fire Sprinkler System 22 B. Plumbina

**Security Lighting** 

C.

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#### Objection:

The Court's Order of July 30, 2007, imposes a limit of 15 requests for production, including subparts, on each party to any other party. The preceding requests for production, including subparts, constitute 15 requests for production.

#### **REQUEST FOR PRODUCTION NO. 10:**

Produce booking records for Gene Oscar Bazinet, who was arrested and booked into custody on or about April 2006, Mohave County Justice Court Case CR-04-1615, including:

- A. Probation Violation Report
- B. Arrest Report
- C. Booking records

#### **Objection:**

The Court's Order of July 30, 2007, imposes a limit of 15 requests for production, including subparts, on each party to any other party. The preceding requests for production, including subparts, constitute 15 requests for production.

**DATED** this <u>15<sup>th</sup></u> day of January, 2008.

IAFRATE & ASSOCIATES

Bv:

Michele M. lafrate Richard A. Stewart

Attorneys for Defendants Mohave
County Board of Supervisors,
Tom Sheahan, Bruce Brown, and
Gary Trotter

1 2

**ORIGINAL** of the foregoing mailed this <u>15<sup>th</sup></u> day of January, 2008, to:

John E. Wheeler, #49345

2100 S. Hwy 87 Winslow, Arizona 86047

ASP - Winslow

Plaintiff

F:\Clients\\&A Clients\\Mohave adv. Wheeler\Discovery\Response to Pltf's RFPs - Brown 11.7.07.doc

### **CERTIFICATE OF SERVICE**

	I certify that I arrested
092	Da.m./p.m. on 1374 day of JANUMRY, 2006, and presented him before
Judge	<del>-</del>
at	
	- · · · · · · · · · · · · · · · · · · ·
	MOHAVE CO.SO.
	Agency
	Hene Wilam F22
	Deputy Sheriff/Officer
	$\mathcal{L}_{\mathcal{L}}$

### MOHAVE COUNTY

7 n' Sheahan Sheriff



Jim McCabe CHIEF DEPUTY

### SHERIFF'S OFFICE

ARRESTEE NAME WheeLeR, JOHN EVERETT RACE W SEX M DOB 1-26-60
TRANSPORTING OFFICER BOOKING OFFICER
ARRESTING / TRANSPORTING OFFICER'S VISUAL OPINION OF ARRESTEE
Is the arrestee Conscious?
NO
visite of Articis requiring influentate effergency of Doctor's care?YES NO
4. Is there obvious Fever, Jaundice, or Infection?
5. Is the skin in good condition free of Infection, or Lice?
6. Does the arrestee appear to be under the influence of Alcohol or Drugs?
7. Are there any visible signs of Alcohol / Drug withdrawal symptoms?
8. Joes the arrestee's behavior suggest the risk of assault to staff or other arrestees?YES NO
9. Does the arrestee's behavior suggest the risk of suicide?
10. Is the arrestee carrying Medications, or report being on Medicines which should be continued?YES NO
CORRECTIONS OFFICER – ARRESTEE QUESTIONNAIRE
11. Are you presently taking medication for 13, Diabetes, Heart Disease, Seizures, Arthritis, Asthma, Ulcers, High Blood Pressure, or Psychiatric Disorder?
12. Have you recently been Hospitalized, or seen by a Medical or Psychiatric Doctor for any illness?(YES) NO
13. Are you Allergic to any medications or food? TypeYES NO
14. Have you recently fainted or had a Head injury?YES
15. Do you have Epilepsy?
16. Do you have Diabetes?
17. Do you have Hepatitis?
18. Do you have a painful Dental condition?
19. ** Female, are you Pregnant? YES NO
20. Do you have any Other Medical Conditions we should be aware about?  Describe: R- KNES - HIP - FLUIS

	GRIE	VANCE	NO./	NO.	DE OL	JEIA
		·			7.7	EJA.
,		52	74	$\boldsymbol{X}$		

INMATE GRIEVANCE. // QUEJA DE PRESO

INSTRUCTIONS PLEASE FILL OUT ONLY THE UNSHADED BOXES IN PART 1, AND GIVE THE COMPLETED FORM TO A CORRECTIONS OFFICER. WRITE OR PRINT CLEARLY, PRESSING HARD SO ALL COPIES CAN BE READ.
INSTRUCCIONES FAVOR DE COMPLETAR SÓLO LAS CAJAS QUE NO SON OBSCURAS EN LA PARTE NO. 1. Y DAR ESTA FORMA COMPLETA A UN CARCELERO. ESCRIBA CLARAMENTE, IMPRIMIENDO CON FUERZA PARA QUE TODAS COPIAS SÉAN LEGIBLES.
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WHEELER, JOHN 254426 03/22/01 C.24
PLEASE CHECK THE SUBJECTS  VISITS  VIS
FAVOR DE MARCAR LOS TEMAS  MAIL  CORREO  CORREO  SERVICIOS RELIGIOSOS  WORK RELEASE FURLOUGH LIBERTAD CONDICIONAL O PARA TABAJO  APPEAL HEARING
DE LOS CUALES ESCRIBE:  HANDLING OF PROPERTY CUSTODIA DE PROPIEDAD SERVICIOS DE CONSEJO CLASIFICACIÓN DE PRESOS OTRO
FOOD SERVICE  LIBRARY  STAFF TREATMENT OF IMMATES  APPEAL ADMINISER  APPEAL ADMINISER
HAVE YOU TRIED TO SOLVE THIS PROBLEM BY SPEAKING WITH A CORRECTIONS OFFICER OR SUPERVISOR?  HOW DID YOU TRY TO SOLVE IT? // COMO TRATÓ DE RESOLVERLO?  SPOKE TO TROTTER AND DED UTUS ON
HA TRATADO DE RESOLVER EL PROBLEMA HABLANDO CON UN CARCELERO O EL ENCARGADO?  NO DUTY ON 3-22-06
PLEASE DESCRIBE THE PROBLEM(s) // FAVOR DE DESCRIBIR LOS PROBLEMAS
My Requests for Photocopys and
PAPER, Pen, Envelopes, Postage to Prepare and file 12 usc 1983
and other Pro-Se Civil Actions has been Devied I Cannot be
Granted Pro-Se Status for LAW Library if you Prevent filing of
Aro-Se Civil Action.
,
CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA  ASE SIGN HERE // FAVOR DE FIRMAR AQUI:  DECEMBRICAN A RECURSOR DE FIRMAR AQUI:
ASE SIGN HERE "FAVOR DE FIRMAR AQUI:  PRECEIVED BY II RECIBIDO FOR:  SHETT DATE IF SECHA, THEE IF HOMA  THE ADD N 5-775
YOUR GRIEVANCE HAS BEEN RECEIVED, AND WILL BE INVESTIGATED BY THE GRIEVANCE CO-ORDINATOR. YOU WILL
THEOLIVE A TILLE WITHIN A MOUNTING DATS.
SU QUEJA HA SIDO RECIBIDA, Y SERÁ INVESTIGADA POR EL ADMINISTRADOR DE QUEJAS. USTED RECIBIRÁ UNA RESPUESTA DENTRO DE 7 DÍAS DE TRABAJO.
INSTRUCTIONS PART 2 IS ONLY FILLED OUT BY THE GRIEVANCE CO-ORDINATOR
INSTRUCCIONES PARTE 2 SE COMPLETA SÓLO POR EL ADMINISTRADOR DE QUEJAS
GRIEVE CE EUG. JITTON JI PESON ILLIÓN DE ONITA
THEVER LESS UTION // RESOLUCION DE QUEJA: A PLI DIN CUD CUMSION about this on
ALLEGA DECAMANA A hora - a co con a character
several occassions. I have no paperwork paying you are
PRO-SE or pro-per. Of the attached Policy that states you
must be per per by the courts to use the library at your
conviewence. The library to a priviledge-not a right
CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA
GRIEVANCE CO-ORDINATOR # ADMINISTRADOR DE QUEJAS:  DATE // FECHA:
1 V WILL N149 4-5-06 & WILLE
IF YOU FEEL THAT THIS GRIEVANCE RESOLUTION IS NOT ACCEPTABLE, YOU MAY APPEAL IT TO THE COMMANDER OF ADMINISTRATION AND SUPPORT SERVICES OR DESIGNEE. YOUR APPEAL MUST FULLY DESCRIBE WHY YOU THINK THE
CHILTANGE OF CHUINATOR'S RESULUTION WAS NOT ACCEPTABLE. THE DECISION MADE BY THE CONTRADED OF
LA SAME THAT HOW AND SUPPORT SERVICES OR DESIGNEE IS FINAL. IT CANNOT BE APPEALED.
SI USTED NO ACEPTA ESTA RESOLUCIÓN DE QUEJA, PUEDE APELARLA AL GERENTE DE ADMINISTRACIÓN Y SERVICIOS DE APOYO. SU APELACÍON DEBE DESCRIBIR COMPLETAMENTE LAS RAZONES PORQUE NO PUDO ACEPTAR LA RESOLUCIÓN DEL ADMINISTRACIÓN DE LA DESCRIBIR COMPLETAMENTE LAS RAZONES PORQUE NO PUDO

SERVICIOS DE APOYO ES FINAL. NO PUEDE SER APELADA.

ACEPTAR LA RESOLUCIÓN DEL ADMINISTRADOR DE QUEJAS. LA DECISIÓN DEL GERENTE DE ADMINISTRACION Y

GRIEVANCE NO. 1/ NO. DE QUEJA-

### INMATE GRIEVANCE. // ¿UEJA DE PRESO

		~ ,	
INSTRUCTIONS  PLEASE FILL OUT ONLY THE UNSHADED BY TO A CORRECTIONS OFFICER. WRITE OR P TO A COMPLETAR SÓLO LAS CAJAS QU COMPLETA A UN CARCELERO. ESCRIBA CLA	RINT CLEARLY, PRES	SING HARD SO ALL COPIES CAN BE	11.4.1
YOUR NAME: LAST, FIRST # SU NOMBRE: APELLIDO PATERNAL, NOM WHELER	BRE	TODAY'S DATE // FECHA DE HOY:	YOUR CELL // SU CELDA:
YOU ARE WRITING ABOUT:  YOU ARE WRITING ABOUT:  FAVOR DE MARCAR LOS TEMAS  WARL  CORRED  CORRE	ROGRAMS MAS PARA PRESOS S SERVICES ING RELICIOSOS ING SERVICES	MEDICAL SERVICIOS DE SALUD WORK RELEASE FURLOUGH LIBERTAD CONDICIONAL O PARA TABA	
	os de consejo	IMMATE CLASSIFICATION CLASIFICACIÓN DE PRESOS STAFF TREATMENT OF INMATES TRATAMIENTO DE PRESOS POR CARCELEROS	OTHER OTRO APPEAL ADMINISEG
HAVE YOU TRIED TO SOLVE THIS PROBLEM BY SPEAKING WITH A CORRECTIONS OFFICER OR SUPERVISOR?  YES	<del></del>	O SOLVEIT? // COMO TRATO DE RESOLV	
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PLEASE DESCRIBE THE PROBLEM(s) // FAVOR DE DESCRIBIR LOS PROBLEMAS	2/-	has Man	78
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slep in floor Including	Myself	The cus 16	7
and the Silver Supplu		wer even-	John John
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YOUR GRIEVANCE HAS BEEN RECEIVED, AND WILL BE I	NVESTIGATED BY	THE GRIEVANCE CO-ORDINATO	R. YOU WILL
RECEIVE A REPLY WITHIN 7 WORKING DAYS.  SU QUEJA HA SIDO RECIBIDA, Y SERÁ INVESTIGADA I RESPUESTA DENTRO DE 7 DÍAS DE TRABAJO.	OR EL ADMINISTI	RADOR DE QUEJAS. USTED RE	CIBIRÁ UNA
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	e DISCUSS	ION, WE ARE E	MAY THE
BEST WE CAN. WE ARE AWARE		के के किन्द्र के किन्न कर किन्द्र के सिक्क के <b>किन्द्र क</b>	
IF YOU NEED MORE CLEANING SO			
LUCKDOWN FOR SMY STATUS IS FOR			
BG RECVALUATED AT THAT TIME			
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GRIEVANCE CO-OBDINATOR // ADMINISTRADOR DE QUEJAS:		RA PAGINA	<del>\</del>
DI ATTEN NILLA	3-7-06	J. X. Qu	) 44
IF YOU FEEL THAT THIS GRIEVANCE RESOLUTION IS NO ADMINISTRATION AND SUPPORT SERVICES OR DESIGN GRIEVANCE CO-ORDINATOR'S RESOLUTION WAS NOT ADMINISTRATION AND SUPPORT SERVICES OR DESIGNE	EE. YOUR APPEAL ACCEPTARIE TH	. MUST FULLY DESCRIBE WHY	VALITURIN THE (V
SI USTED NO ACEPTA ESTA RESOLUCIÓN DE QUE SERVICIOS DE APOYO. SU APELACÍON DEBE DESO ACEPTAR LA RESOLUCIÓN DEL ADMINISTRADOR DE SERVICIOS DE APOYO ES FINAL. NO PUEDE SER APELA	A, PUEDE APELA RIBIR COMPLETA OUFLAS LA DECI	RLA AL GERENTE DE ADMI	ATTE ATA TITE

Event Number: 520461 Name ID: 254426

Last: WHEELER First: JOHN Mid: EVER First: JOHN Mid: EVERE

( ldr& 3997 HEARNE AVENUE

ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536 Lity: KINGMAN

Time/Date of Event: 18:21:34 01/13/06 Treatment Date:

Type of event: IMB Inmate Booking

Quantity: 0.00 Officer: Dusho, S. Booking Number: 139795

Description:

Arrived at jail 15:37:00 01/13/06

Event Number: 520462 Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE Phone: ( ) -

Addr& 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 18:21:34 01/13/06 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00 Officer: Dusho, S.

Booking Number: 139795 Description:

Asprined to location MCSO-JAIL-HOLD-H-4 -23

ıt Number: 520724 Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE Phone: ( ) -

Addr& 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 17:01:49 01/15/06 Treatment Date: Type of event: ICC Inmate Cell Change

Quantity: 0.00

Officer: Hammontree, S

Booking Number: 139795

Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -23 ' to `MCSO-JAIL-CPOD-C11 -3 '.

Number: 503331 Name ID: 254426 Event Number:

First: JOHN Last: WHEELER

ldr& 3997 HEARNE AVENUE Phone: ( ) -

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 20:20:23 09/13/05 Treatment Date:

Type of event: IMB Inmate Booking

Quantity: 0.00

Officer: Quackenbush, C.

Booking Number: 135538

Description:

Arrived at jail 16:37:00 09/13/05

Event Number: 503332 Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE Addr& 3997 HEARNE AVENUE Phone: ( ) -

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 20:20:23 09/13/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00

Officer: Quackenbush, C.

Booking Number: 135538

Description:

gned to location `MCSO-JAIL-HOLD-H-4 -21 '.

Event Number: 503417 Name ID: 254426

 

 Last: WHEELER
 First: JOHN
 Mid: EVERE

 Addr& 3997 HEARNE AVENUE
 Phone: ( ) 

 City: KINGMAN
 ST: AZ Zip: 86401
 DOB: 01/26/60
 SSN: 527-47-9536

 Last: WHEELER

Time/Date of Event: 11:13:03 09/14/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00

Officer: Hammontree, S

Booking Number: 135538

Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -21 ' to `MCSO-JAIL-DPOD-DR -12 '.

Event Number: 502932 Name ID: 254426 First: JOHN dra 3997 HEARNE AVENUE Phone: ( ) -City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536 Time/Date of Event: 02:48:41 09/11/05 Treatment Date: Type of event: IMB Inmate Booking Quantity: 0.00 Officer: Young, C. Booking Number: 135431 Description: Arrived at jail 01:05:00 09/11/05 Event Number: 502933 Name ID: 254426 Last: WHEELER First: JOHN Mid: EVERE Addr& 3997 HEARNE AVENUE Phone: ( ) -Gity: HIWGHAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536 Time/Date of Event: 02:48:41 09/11/05 Treatment Date: Type of event: ICC Inmate Cell Change Quantity: 0.00 Officer: Young, C. Booking Number: 135431 Description: gned to location `MCSO-JAIL-HOLD-H-4 -16 '. É.ent Number: 502994 Name ID: 254426 Last: WHEELER First: JOHN Mic Addr& 3997 HEARNE AVENUE City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536 Time/Date of Event: 12:52:21 09/11/05 Treatment Date: Type of event: ICC Inmate Cell Change Quantity: 0.00 Officer: Byas, B. Booking Number: 135431 Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -16 ' to `MCSO-JAIL-CPOD-C21 -5 '.

Booking Number: 130774

Agency: MOH

+- Inmate: 254426 -----Lst: WHEELER Fst: JOHN Mid: EVERETT

B: 01/26/60 SSN: 527-47-9536 Adr& 3997 HEARNE AVENUE

Rac: W Sx: M Male ( ) - Cty: KINGMAN ST: AZ Zip: 86401

Assigned Housing: - - - - Current Location: - - -- Belong: Temp:

Booking Date: 05/12/05

Property Withheld: 130774 Initial Inmate Assessment: 130774

Medical Screening: Medical History:

Required Medications:

Medical Screening:
Risk Assessment:
Arrest & Offenses: 130774 Property Issued:

Cash Account:

Cash Account:

Jail Log Records:

Medical Events:
Intake/Release:

Holds:
Scheduled Events:
Scheduled Commitments:
Holds:

Scheduled Events:
Scheduled Commitments:
Here:

Comments:

INVOLVEMENTS:

Type Record # Date Description Relationship \*Arrest/Offense \*Arrested LW 05-016754 05/12/05 Fraud NM 254426 / / WHEELER, JOHN EVERETT

Inhante Property Taken:

Item Description Qty In Date Rovd Loctn Csh Receipt # SHIRT BLACK SHORTS BLUE SHIRT 1.00 283 N N 136419 1.00 283 N N 136419 UNDERWEAR BLACK 1.00 SOCKS WHITE 2.00 BOOTS BROWN 2.00 BELT BLACK 1.00

Initial Inmate Assessment:

Added By: 210 Modified By: 210

Added By: 210 Modified By: 210 Added When: 13:54:11 05/14/05 Modified When: 13:59:25 05/14/05 NO MEDS, NO ENEMIES, DOC- COUPLE OF TIMES FOR ABOUT TWO YEARS A PIECE. INMATE

CLASSIFIES TO DPOD BUT WILL BE UPGRADED TO CPOD DUE TO OVERCROWDING

Fart One: Ask the inmate the following questions and record the answers:

- 1. Is this your first time in jail?N
- 2. Is this your first arrest?N

- 3. Are there any other issues going on other than what you are in here for that you are concerned about?N
- 4. Have you ever attempted suicide? N If yes, when and how?
- 5. In the last six months, have you experiened:
  Job Loss, Arrest of a loved one, Death of a loved one, Marital Separation or Divorce?N
- 6. Do you have any co-defendants in this case?N
- 7. Do you have any enemies in this facility that you can not be house with?N
- 8. Do you have any physical handicaps which would restrict you from being housed in a top bunk or upstairs?N
- 9. Do you have any allergies to food? If yes, when were you diagnosed and who was the doctor that diagnosed you with this allergy?N
- 10. Have you ever in your lifetime been affiliated with any Gang? If yes, who and how long ago?N

Applies to those between the ages of 18 and 21:

Have you ever been tested and found in need of special eduation?

If yes, have you received a GED or High School Diploma?

If no, notify Mike Kitchen at extension 4455.

Part Two: Record the following observations:

- 1. Is the person drug or alcohol intoxicated?N
- 2. Does the person display incoherent or withdrawn behavior?N
- Is the person's behavior violent, assaultive or hostile?N
- 4. Is the person uncooperative?N
- 5. Is the person anxious, afraid?N
- 6. Does the person understand questions?Y
- 7. Does the person display bizarre behavior?N

1.	Current Offense Assaultive / Fe If yes, proceed to question #2	elony If no, proceed to question	#4
2.	Prior Assaultive Felony Convict If yes, proceed to question #3	ions If no, proceed to questio	n #5
3.	Known Past/Present Serious Inst If yes, house in A-pod	itutional Behavior Problems If no, house in B-pod	
4.	Prior Assaultive Felony Convict If yes, proceed to question #5	ions If no, proceed to question	# 6
<u>.</u>	Escape History (Secure Facility If yes, house in B-pod	If no, proceed to question	#7
6.	Escape History (Secure Facility If yes, proceed to question #7	) If no, proceed to question	# 8
7.	Known Past/Present Institutiona If yes, house in B-pod	l Behavior Problems If no, house in C-pod	
€.	Three (3) or more Felony Convic If yes, proceed to question #9	tions in last Six (6) years If no, proceed to question	#10
9.	Known Past/Present Institutiona If yes, house in C-pod	l Behavior Problems If no, house in D-pod	
10(	Detainer Warrants / Pending Cha If yes, return to question #9	rges If no, proceed to question	#11
11.	Mnown Past/Present Institutiona If yes, house in D-pod	l Behavior Problems If no, proceed to question	#12
12.	DOC Sentenced If yes, house in E-pod	If no, proceed to question	#13
13.	Current Offenses (Felony or Miss If Felony, proceed to question If Misdemeanor, proceed to ques If Pre-Sentence, proceed to que	#14	
.4.	Family Ties / Employment If yes, house in G-pod (min)	If no, house in F-pod	O.
.5.	Pre-Sentence / Family Ties / Loc If yes, house at Janx (Pre-sentence)	cal ence side)	
.6.	Family Ties / Employment If yes, house at Janx	If no, house in G-pod	
	es who fall in A-F house in W-71 es who fall in G-Janx house in K	-pod	3122 00220

\*\*Females who fall in G-Janx house in K-pod

OV( IDE REASON: (If housing inmate in other area than they classify to)

O( .cer Name_	BYAS	J#220	Date	051405
INAMTE HAS AN BEING ARRESTED	ATTITUDE AND IS V AND HAVING ANY T	ERY SHORT WITH HIS	ANSWERS, HE LIE	D ABOUT EVER
Offenses Infor	mation:			
+- Arrest Numb   Time/Date: 1   Location: 3   Area: B	er: 8:30:00 05/12/05 997 HEARNE UTL -	Agency: MOH Officer: Parke Reference: 05-01	Age arres	at Arst: st Type: CUST osition:
Statute: Offense: Offense: Crime Class: Jurisdiction: Location:	ARS13-1506A1 II BRUE Burglary, Re AZ State Status F Felony ARS ARIZONA REVI	BURGLARY 3RD DEG-UN esident, Unlawf R te Related SED STAT En	N Suffix: NLA NCIC: Leference: 05-016 Area: BUTL Incident: 05-016 Atry Code: CRIM Ourt Code: KJC	6751
( lling Beg: End: Alcohol/Drug: Comments: (No		Sent. Co	position: Dang Judge: mponents: entenced: :	
+- Arrest Number Time/Date: 1: Location: 3: Area: B	8:30:00 05/12/05 997 HEARNE	Agency: MOH Officer: Parke Reference: 05-01	Age ar, S. Arres	at Arst: st Type: CUST osition:
Bonds/Fees/fin  Legal ID:  Statute: Offense: Offense Type: Crime Class: Jurisdiction: Location:	ARS13-1802A2 TPOT Theft, Prope AZ State Statut F Felony ARS ARIZONA REVI 3997 HEARNE 18:30:00 05/12/05	Sentenced: THEFT-UNAUTH SERVICE Exty, Other Related ESED STAT En Co Judicia Prosecuto	Offense Number Number Number Note:  E/ NCIC: eference: 05-016	5754
End: Alcohol/Drug: Comments: (Non	: : / /	Sentenci Sent. Co	ng Judge: mponents:	: / /

Event Number: 484586

Name ID: 254426

First: JOHN Mid: EVERE Phone: ( ) -Last: WHEELER

dr& 3997 HEARNE AVENUE

( dr& 3997 HEARNE AVENUE Phone: ( ) - City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 21:45:10 05/12/05 Treatment Date:

Type of event: IMB Inmate Booking

Quantity: 0.00 Officer: Dusho, S. Booking Number: 130774

Description:

Arrived at jail 18:30:00 05/12/05

Event Number: 484587 Name ID: 254426

First: JOHN Mid: EVERE Phone: ( ) -Last: WHEELER

Addr& 3997 HEARNE AVENUE

Addr& 3997 HEARNE AVENUE Phone: ( ) - City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 21:45:10 05/12/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00 Officer: Dusho, S.

Booking Number: 130774
Description:

gned to location MCSO-JAIL-HOLD-H-4 -17 '.

L \_nt Number: 484864 Name ID: 254426

First: JOHN Mid: EVERE Phone: ( ) -Last: WHEELER

Addr& 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 14:02:23 05/14/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00 Officer: Byas, B. Booking Number: 130774

Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -17 ' to `MCSO-JAIL-CPOD-C11 -2 '.

...............................

Mohave County Sheriff's Office Jail Log:

Page:

276 1

nt Number: 532797

Name ID: 254426

Inactive

+-Last:-WHEELER------Mid:-EVERE-+

Addr= 3997 HEARNE AVENUE

Phone: ( ) -

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Type of event: APL GRIEVANCE APPEAL

Quantity: 0.00

Officer: Cook, S.

Booking Number:

139795

Description:

(See below)

Description:

GRIEVANCE APPEAL- ANSWERED BY CPATAIN BROWN ON 03/27/06. "THIS GRIEVANCE DOES INDICATE A REQUESTED SOLUTION TO YOUR CONCERN. MOHAVE COUNTY IS IN THE PROCESS OF NEEDS ASSESSMENT, SITE SELECTION, AND DESIGN TO BUILD A NEW JAIL FACILITY WHICH WILL ADDRESS OVERCROWDING ISSUES. C-POD IS VASTLY AWARE OF THE DAMAGE THE IN TES CAOUSED TO THAT POD WHICH PROMPTED A 14 DAY LOCKDOWN.

Mohave County Sheriff's Office .Tail Log:

Page:

ant Number: 528339 Name ID:

254426

Inactive

276

+-Last:-WHEELER------Mid:-EVERE-+

Phone: ( ) -

Addr= 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-14:24:40-03/06/06-----Treatment-Date:----------------------

Type of event: IGR INMATE GRIEVANCE RECEIVED

Quantity: 0.00 Officer: Cook, S. Booking Number: 139795

Description:

(See below)

Description:

AUTHORIZED BY J-210. SUBMITTED BY UNKNOWN. INMATE CLAIMS "THAT ON 03/01/06 TALKED TO OFC HILDERBRAND." "I HAVE BEEN MOVED TO A 4 MAN CELL WHICH HILDS 6 INMATES. 2 OF WHICH SLEEP ON FLOOR INCLUDING MYSELF. WE ARE NOT GIVEN ADEQUATE CLEANING SUPPLIES OR CLEAN LINEN-CLOTHING AND THE JAIL IS OVERCROWDED WE ALSO HA NO BOOKS OR" THIS GRIEVANCE IS CONTINUED ON AN ATTATCHED PAGE. INMATE HAS A LIST OF 16 COMPLAINTS----

" #1 THE JAIL IS OVERCROWDED, UNSAFE AND WE ARE NOT PROVIDED CLEAN LINEN OR CLOTHES-BEDDING ON REGULAR SCHEDULE PURSUANT TO INMATE HANDBOOK. #2 THE POD T.V. VOLUME CONTROL IS STUCK FULL VOLUM CAUSING EXCESSIVE NOISE. #3 WE ARE NOT GIVEN REGULAR OUTSIDE RECREATION. #4 WE ARE NOT PROVIDED INSIDE RECREATION MATERIALS. #5 WE ARE NOT PROVIDED LIBRARY BOOKS #6 WE ARE NOT PROVIDED REGULAR BARBER OR HAIR CLIPPERS #7 MY MEDICAL ORTHOPEDIC REQUESTS HAVE BEEN IGNORED CAUSING SEVER JOINT PAIN. #8 THE FOOD IS SERVED COLD ON A REGULAR BASIS. #9 WE ARE NOT PROVIDED ADQUATE CLEANING SUPPLIES AND STAFF INFECTIONS RUN RAMPANT. #10 I HAVE BEEN PLACED IN A OVERCROWDED CELL ON 14 DAY LOCKDOWN SLEEPING ON THE FLOOR. #11 I AM NOT PROVIDED LAW LIBRARY ACCESS TWICE WEEKLEY. #12. INMATES ON PROTECTIVE CUSTODY STATUS ARE HOUSED IN GENERAL POPULATION CAUSING HEALTH AND SAFETY CONCERNS DUE TO INMATES DISLIKE OF BEING HOUSED TOGATHER WITH PROTECTIVE CUSTODY INMATE. #13 INMATE RELIGIOUS DIET REQUESTS ARE NOT PROVIDED #14 I AM BEING HELD ON A 14 DAY LOCKDOWN IN A CELL DESIGNED FOR TWO MEN OVERCROWDED HOLDING 6 MEN MYSELF AND OTHERS SLEEPING ON THE FLOOR WITH INADIQUET VENTILATION AND EXCESSIVE HEAT. #15 CELLBLOCK C IS BEING HELD ON 14 DAY LOCKDOWN FOR GROUP PUNISHMENT #16 THE POD OVERCROWDING PROVIDES INADIQUET TABLESPACE FOR MEDS AND BASIC NEEDS."

Mohave County Sheriff's Office Jail Log:

Page:

276

nt Number: 528338

Inactive

Name ID:

254426

+-Last:-WHEELER------Mid:-EVERE-+

Phone: ( ) -

Addr= 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-14:21:57-03/06/06-----Treatment-Date:------

Type of event: IGR INMATE GRIEVANCE RECEIVED

Quantity: 0.00 Officer: Cook, S.

Booking Number: 139795

Description: \_

(See below)

Description:

AUTHORIZED BY J-UNKNOWN. SUBMITTED BY UNKNOWN. FOOD SERVICE COMPLAINT. INMATE CLAIMS "THE FOOD ON DIET TRAYS IS SERVED COLD. THE PORTIONS ON THE DINNER TRAYS ARE NOT RIGHT IN COMPARRISON TO REGULAR, DIET "

THIS GRIEVANCE IS NOT TO FINISH PROCESSING. NO SIGNATURE FROM OFFICER, NO AUTHORIZATION FROM SUPERVISOR. J-172.

Mohave County Sheriff's Office Jail Log:

Page:

276

nt Number: 528779 Name ID:

254426

Inactive

+-Last:-WHEELER------Mid:-EVERE-+ Addr= 3997 HEARNE AVENUE

Phone: ( ) -

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-15:28:36-03/09/06-----Treatment-Date:-----

Type of event: IGR INMATE GRIEVANCE RECEIVED

Quantity: 0.00

Officer: Cook, S.

Booking Number: 139795

Description: \_ AUTHORIZED BY J-221. SUBMITTED BY J-206. INMATE APPEAL TO GRIEVANCE #528339. INMATE STATES "I HAVE BEEN PLACED IN AD SEG W/O DUE PROCESS OF LAY. MY GRIEVANCE #528339 HAS A LIST OF HEALTH AND SAFETY CONCERNS AND OVERCROWDING ISSUES THAT HAVE NOT BEEN ADDRESSED, THAT WERE LISTED ON A CONTINUING PAGE."

3122 00244

Mohave County Sheriff's Office Jail Log:

Page:

276

nt Number: 532798 Name ID: 254426

Inactive

+-Last:-WHEELER------Mid:-EVERE-+

Phone: ( ) -

Addr= 3997 HEARNE AVENUE

City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Type of event: IGR INMATE GRIEVANCE RECEIVED

Quantity: 0.00 Officer: Cook, S.

Booking Number: 139795

Description: \_ (See below)

Description:

AUTHORIZED BY M-5. SUBMITTED BY J-225. INMATE WHEELER HE ATTEMPTED TO SPEAK TO TROTTER, AND DEPUTY'S ON DUTY ON 03-22-06. INMATE FURTHER CLAIMS "MY REQUESTS FOR PHOTOCOPIES AND PAPER, PEN, ENVELOPES, POSTAGE TO PREPARE AND FILE 42 USC 1983 AND OTHER PRO-SE CIVIL ACTIONS HAS BEEN DENIED. I CANNOT BE GRANTED PRO-SE 'S FOR LAW LIBRARY OF YOU PREVENT FILING OF PRO-SE CIVIL ACTION."

Mohave County Sheriff's Office Jail Log:

Page:

276

nt Number: 596039 Name ID:

Inactive

+-Last:-WHEELER------Mid:-EVERE-+ Addr= 3997 HEARNE AVENUE

Phone: ( ) -

City: KINGMAN

ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-10:35:12-04/17/07-----Treatment-Date:----------------------

Type of event: INC INCIDENT REPORT

Quantity: 0.00

Officer: Cook, S.

Booking Number:

139795

Description:

(See below)

Description:

SUB BY LANCASTER J207 APP BY SGT RICHARDSON J230; ON 040506 AT APPROX 1300 HOURS I OFFICER LANCASTER J207 WAS WORKING CONTROL III WHEN INMATE WHEELER, JOHN IN C-POD STATED HE WAS ROLLING OUT. OFFICERS WARREN J191 AND COREY J177 PULLED INMATE WHEELER OUT OF C-POD. WHEN INMATE WHEELER WAS QUESTIONED, HE ST THAT IF HE DIDN'T ROLL OUT THAT C-POD WOULD RIOT. I ASKED HIM WHY AND HE STATED THAT THERE WAS A CERTAIN INMATE IN THE POD THAT HE WAS HAVING PROBLEMS WITH AND THAT THERE WERE TWO GROUPS OF WHITES AGAINST EACH OTHER. INMATE WHEELER WAS PLACED IN THE YARD. SGT RICHARDSON J230 WAS NOTIFIED. INMATE WHEELER WAS TAKEN TO HOLDING FOR RECLASSIFICATION.



Print Name: Wheeler	Date of Request: <u>5-4-06</u>
ID # <u>254476</u> Date of	Birth: 1-76-60 Location: A
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Was MD/PA on call notifie	ed: Yes() No()
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Print Name: Whele	Date of Request:U//06
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Refer to: MD/PA Mental Health Dental	Daily Treatment Return to Clinic PRN LE ONE
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Was MD/PA on call notif	ied: Yes() No()
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	SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name: T. Whedee Date of Request: 4-8-06
ID # Date of Birth: 1-26-60 Location:
Nature of problem or request: Record Return My
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Signature
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(A)ssessment: As for Renewal of Peresqueix  Will Schedule your for meter  (P)lan: Available Seck Call
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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
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Check One: ROUTINE() EMERGENCY()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()
Magai.
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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Print Name: Weeler	Date of Request:
	Birth: 126 60 Location:
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Refer to: MD/PA Mental Health Dental 1	Daily Treatment Return to Clinic PRN
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Was MD/PA on call notifie	d: Yes() No()
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Print Name: Date of Request:	
ID # 154476 Date of Request:  Date of Request:  Date of Request:	
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Nature of problem or request: My Orthopodic De	
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(P)lan: Information to get the orally and there should be no y	problem
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Mascart	3122 00260

SIGNATURE AND TITLE

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Mon sol	
DATE: 03-14 COMMANDER: CPT. BE	NTY JAIL INMATE REQUEST FORM
JAIL COMMANDER: CPT 120	HERLER JOH TORM
SHIFT SUPERVISOR: OTHER	ATTORNEY: CELL#:
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ACTION TAKEN: Please Full	CKARD J-275 OF 14-OC
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161	DATE:
MOHAVE COURT	
DATE: 3/24/06 NAME ( )	NMATE DEC.
	· · · · · · · · · · · · · · · · · · ·
JAIL COMMANDER: WHEELER JOH	P TEQUEST FORM
AIL SUPERVISOR	
HIFT SUPERVISOR: THER: Y CPC DC	ATTORNEY CELL #: L-74
HIFT SUPERVISOR: THER: Y CPC REIVEY FOUEST:	ATTORNEY: COURT: ROBATION
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If Emergen	cy was PHS superv	visor notified:	Yes ( ) No	( )	
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Print Name: John Wheelen	2	10 00
Print Name: John Wheeler  ID # 25 14 76 Date of Bi  Nature of problem or request:	_ Date of Request:	0.06
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Refer to: MD/PA Mental Haalth David David		
Refer to: MD/PA Mental Health Dental Dai CIRCLE OI	ly Treatment Return to Cl	inic PRN
Check One: ROUTINE ( ) EMERGENCY (	1	
If Emergency was PHS supervisor notified:	Yes ( ) No ( )	
Was MD/PA on call notified:	Yes ( ) No ( )	
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Print Name: When	ela	Date of Request:	3-18-06
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If Emergency v	was PHS supervisor notified:	Yes ( ) No ( )	
,	Was MD/PA on call notified:	Yes ( ) No ( )	•
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Refer to: MD/PA Mental Health Dental	Daily Treatment Return to Clinic PRN	
CIRCLE	E ONE	
Check One: ROUTINE () EMERGENCY	′()	
If Emergency was PHS supervisor notifie	ed: Yes() No()	
Was MD/PA on call notifie	:d: Yes ( ) No ( )	
·		
· · · · · · · · · · · · · · · · · · ·		
_//2140	u_	
0	SIGNATURE AND TITLE	
·	3122 00270	3

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

3122 00210



#### MOHAVE COUNTY JAIL Progress Notes

allergies. NKA

Name: Wheeler John D.O.B.: 01-24-60 SS#: 527-47-9536

Date	Time	Notos
//		Notes
4/1/06	1000	(3) Multiple regrests (1) Kosher diet 2 - wot loss
183#	102/64	3) use of his word Shoes (4) Pain med
72 18	974	(6) 46 cps CM in NAD & well healed scar (R) knee 5
		World Brightena or ecclimnosis or smillion Want
		Alexend Wicoden lut no current pusciptions
		Mo limp noted but wants his own Shoes sunjug
		they have "orthopedically designed support" Declary
		By UD at ADOC in Cemarrow ( & joint protical)
		A alteration in Confort
		De Su joint pan Anotocol. ROI's to ADOC
<u> </u>		Cementarion of aldiversity hedical Ctr. for Vegas
		Diet & Shoen being hardled by Capt Brow 1
		Mangaret Salts given for HSA Placed in walk
		areights (11# of loss in 31/2 months) Placed
		a MDSC for errenment pain night. Clybran
4/14/26	1/00	The refused were per Ross C. Haling
==4		per nos c. Olakupa
<del>\</del> <del>-  </del>	<u> </u>	3122 00272
		-1-2 00212

# Mohave County .....) Progress Notes

NEW

Namé:	Theeler John 1-26-60 SS# unh
Date Time	Notes
1-120 0615	Red Noc Laborita
226/1520	TO NSC & 66 Skin injection
P-67	0: (BK,187 finge 2cm cut - 1/m reports
. 11	Duculant desinast de demance Quin
1.03.5	time and Buprapuba area appox
4-20	6 cm in diam & 6-8 (asions. USS
	asebolis
	A: Aft in Conf
	Altin Skin inter
	P. Su m.D ordurs formeds
	Cleansod open arecs & Hor
	Covered & S. / Vadene + Gas Ze
	Placed on wind carel
	Placed order SEC. Thesin.
	- 20 loki CON
2/2/2/2000	I/M Carello "cheely" his meds- I/m to,
P/04/05 2000	
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	Sudlow his medication - possible Tunhasbeen
	non-compliant a medication to plan for
	Devior magassis - 85cm m
7 1/ 00 7 5 1	50,000,00
3/606 1015	La Viental flotte
2/2/4 . 227	13 July 1910
7 27140 00 5	10 por WT. V J Jablanot UTIV
INT ISO	
By 1 1 68	
1-95H	3122 00273



# PRISON "SALTH SERVICES, INC. TO MENT PROTOCOLS NSC

<b>200</b>					JOINT P		•	
	S:	Ask 1. 2. 3. 4.	A F	ny pain with weiږ	uma? .lf so, who ght bearing – no orthritis or other	connective tissue of	$(\mathcal{D} ) $	Decustines felvis
(	O:	Exa 1. 2. 3. 4.	J C	e the patient:  emp_ <u>974</u> , Pulloint hot, swollen?  Crepitus on motion on the country of the country, loss	1?()	p <u>/8</u> , BP <u>/0</u> z/ scoloration?	/64, Wt <u>183</u> ≠	<b>≠</b>
Å	∜P:	Tre	eatm	ent:				
7)		Any <b>Wh</b> 1. 2.	y loss en N T F tient K K	Yenol 650mg BIC Percogesic i or ii Percogesic i or	O-TID po or Mot O BID - TID x (s). ossible.	tus, temperature 10 trin 400mg BID-TID 4 days	po X 14 days.	
					હિલ કે∰જ	<b>S</b>		
_		,	M	- ( n	9	1-3	3-03	
				MD Signature		[	Date	3122 00274
(	w	100	Par	Opla	01-2101-2	· .	NKA	
				Name	01-26-60 DOB	Number	Allergies	

Allergies



Name:	,000,	Tab. 1	SSN:		DOB:
Allergies:	N Te	$\mathcal{A}$			1-26-60
Test	Date	Results	Other Tests	Date	Results
PPD		·			
CXR				<del>                                     </del>	
Tetanus				<del>                                     </del>	
'PAP					
HIV				<del>                                     </del>	
STD/type					
	<del></del>	<u> </u>		-L	1
i		C	HRONIC PROBL	EM LIST	

		CHRONIC PROBLEM LIST
Problem Letter		Chronic (long-term) Condition
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		-
	(	( / )

		TEMPORARY PROBLE	EM LIST
Problem #	Problem	Dat	te of each occurrence
1	String mla	61/27/100	
#2.	Stringer dental yeint poin	3/14/26 4/1/04	
#3	your pain	4/1/26	
	1 '.	107	
:	; 		
		``	
			3122.00276



	RECEIVING SCREENING	•
	IST NAME TIME	(20 AM PM
	INMATE I.D. No.   SOCIAL SECURITY No.   SEX   D.O.B.   PREVIOUS INCARCERATION? WHERE? WHEN	
	INTERVIEWER'S NAME AND TITLE	7000
	VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N	Ly CHN
1	Is inmate unconscious or showing visible signs of illness injury blooding, asia, or other average with a sign of the same transfer of t	YES NO
•	If yes,	Y   Vi
2	needle marks, body vermin?  If yes	YN
3		Y
A	Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol?	Y
5	If yes,	Y
_	INMATE QUESTIONNAIRE (Explain all "Yes" answers) Circle Y or N	
6	Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions?  If other,	YW
7	Have you taken or are you taking any medication(s) prescribed for you by a physician?	R N
8	Are you allergic to any medications, foods, plants, etc.?  If yes,	Y
9	If yes	T A
10		7 6
	1 Have you been hospitalized by a physician or psychiatrist within the last year?  If yes,	Y N3
	2 Have you ever considered or attempted suicide? If yes,	YE
	3 Do you have a painful dental condition? If yes, BROKEY AFFT LOWER TOOTH	00
	If yes. 1) = COTA 1) = COTA TAY	Ø N
15	What kind?	YN
16	5 Do you use alcohol? How often?	1
17	What kind? How much?  Females: LMP Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or control pills.	- ' 0
	If yes,	77.77
19	Have you been lethargic recently?  Have you noticed an increase or decrease in weight recently? How many pounds?	Y Q
21	Are you now or have you in the past experienced feelings of hopelessness? Do you feel like there is no way out	Y (N?)
21a	la Explain.	
	If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE PREVENTION SCREENING GUIDELINES.	
	PLACEMENT RECOMMENDATION (Check one)	
	Emergency RoomGeneral PopulationInfirmaryIsolationObservation	_Next Sick Call
	REMARKS:	
		3122 00278
	I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to upon release. Whereby give my consent for professional services to be provided to me by and through Prison Health	obtain medication
	Inmate's Signature Respiration Pulse Temp Disc	od Pressure
	$\mathcal{C}$	04/60



### RECEIVING SCREENING AST NAME FIRST M.I. whzz Jah 9-13-05 PM 2005 INMATE I.D. No. SOCIAL SECURITY No. PREVIOUS INCARCERATION?, WHERE? WHEN? SEX D.O.B. 527 - 47 -9536 1-26-60 INTERVIEWER'S NAME AND TITLE VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: (N) needle marks, body vermin? Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? N. Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? **6** Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc.? W If yes, INMATE QUESTIONNAIRE (Explain all "Yes" answers) Circle Y or N Have you had or been treated for: (circle as appropriate) asthma diabetes epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? Have you taken or are you taking any medication(s) prescribed for you by a physician? SC) Are you allergic to any medications, foods, plants, etc.? If yes, "e you fainted or had a head injury within the last 72 hours? 10 Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? N 11 Have you been hospitalized by a physician or psychiatrist within the last year? N 12 Have you ever considered or attempted suicide? 13 Do you have a painful dental condition? If yes, Are you on a specific diet prescribed by a physician' If yes. Do you use drugs? How often? What kind? Last time? How much? Do you use alcohol? How often? Last time? (N What kind? How much? Females: LMP \_. Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge N If yes, Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains? N Have you been lethargic recently? 20 Have you noticed an increase or decrease in weight recently? How many pounds Are you now or have you in the past experienced feelings of hopelessness? Do you feel like there is no way out 21a Explain: If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE PREVENTION SCREENING GUIDELINES. PLACEMENT RECOMMENDATION (Check one) Emergency Room \_General Population \_\_Infirmary \_\_ \_\_lsolation. Observation MARKS:

upon release. I hereby give my consent for professional services to be provided to me by and through Prison Health Services, Inc. Inmate's Signature Respiration Pulse Temp Blood Pressor 10

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication



ELD. No. SOCIAL SECURITY NO. SEX D.O.B. PREVIOUS INCARCERATION? WHERE? WHEN?  VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  Is immate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate entergency medical referral?  VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  Is immate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate entergency medical referral?  VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  Are there any visible signs of frever, jaurudice, skin testions, rish, or infection: cuts, brustes, or minor injuries: needle marks, body vernin?  If yes,  Does the immate exhibit any signs that suggest the risk of suicled, assault, or abnormal behavior?  If yes,  Does the immate exhibit any signs that suggest the risk of suicled, assault, or abnormal behavior?  If yes,  Is the inmate smobility nestricted in any way due to deformaty, cast, injury, etc.?  If yes,  If			•		KECEIVIN	G SCREENING			
SUBJAL SECURITY NO. SEX D.B. PREWOUS NICARCERATION? WHERE? WHEN?  VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  Interviewers NAME AND TITLE  VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  In similar uncoincidous or abnowing visible signs of fileness, riplury, bleeding, pain, or other symptoms suggesting the need for yes.  Are there any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermin?  If yes.  Are the mean any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermin?  If yes.  Are then any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermin?  If yes.  Are then any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermin?  If yes.  Are then any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermin?  If yes.  Are then any visible signs of fever, jaundice, skin lesions, rash, or infections cuts, bruises, or minor injuries: needle marks, body vermins any vermins, and the signs of such any vermins, and the	NAME A	FIRST	T16	M.I.		1	TIME		
VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N  Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?  Yes  If yes,  Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes,  Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes,  Does the inmate any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes,  Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes,  Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohor?  It she inmate's mobility restricted in any way due to deformity, cast, injury, etc.?  If yes,  If yes,  If yes,  If yes,  If yes,  Does the inmate appointed for (circle as appropriately asthma, diabetes, epilepsy, heart condition, high blood pressure, mental heath problems, galzuras, lucings, other conditions?  If yes,  If yes,  Doy us have or a you taking an important of your yes, and you by a physician?  If yes,  Doy us have or heve you been exposed to AIDS, hepatists, TB, VD, or other communicable disease?  If yes,  Doy ou have no appropriately asthmate year year.  If yes,  Doy ou have no appropriate year.  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou have a painful dental condition?  If yes,  Doy ou ha					1505		1730		(
VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N is immate unconscious or showing visible signs of filness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?  If yes,  Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, body vermin?  If yes,  Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, body vermin?  If yes,  Les the immate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes,  Does the immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes,  Les the immate's mobility restricted in any way due to deformity, cast, injury, etc.?  If yes,  If y	16 1.D. No.			1		PREVIOUS INCAR	CERATION? WHERE? WHE	N?	
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VISIANAL DESERTALION (Explain all Yes' answers) Circle Yor N is immate unconscious or showing visible signs of filmess, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?  Are there any visible signs of fever, jaundice, skin lesions, rish, or infection: cuts, bruises, or minor injuries: needle marks, if yes, Does the immate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes, Does the immate appear to be under the influence of, or withdrawing from drugs or alcohor?  If yes, Does the immate appear to be under the influence of, or withdrawing from drugs or alcohor?  If yes, If yes, In the inmate's mobility restricted in any way due to deformity, cast, injury, etc.?  INMATE QUESTIONNAIRE (Explain all 'Yes' answers) Circle Y or N have you ben healed for. (circle as appropriate) authmat, diabetes, epilepsy, heart condition, high blood pressure, if other, If yes, If y									,,
Is immate unconscious or showing visible signs of filness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?  If yes, Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, body vermin?  Yes Does the immate axhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  Yes Does the immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Institute immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Institute immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Institute immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Institute immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Institute institut	VICUAL OR	SEDVATIO	M (Combain all	#\/ n		11/02	ans Dalls	gener	
remedute emergency medical reterral? if yes, and you provided the provided control injuries is needle marks, and over any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, and over any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, and over the influence of, or withdrawing from drugs or slochol?  If yes,	Is inmate uncon	SCIOUS OF Show	i <b>n</b> (Explain all ving visible sign	"Yes" an	swers) Circle Y	or N		J	1 '
If yes,	immediate emer	gency medica	il referral?	S OF BRIDES	s, injury, bleeding,	pain, or other symptoms	suggesting the need for	Y	
Does the Immate axhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited symbol to be under the influence of, or withdrawing from drugs or alcohol?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no limited or had a head injury within the last 72 hours?  If yes, no you use drugs?  If yes, no you not a specific diet prescribed by a physician?  If yes, no you use alcohol? How often?  Last time?  You had you not you had you not have you in the past experienced feelings or hopelessness?  If you now or have you in the past experienced feelings or hopelessness?  If you now or have you in the past experienced feelings or hopelessness?  If you now or have you in the past experienced feelings or hopelessness?  If you now or have you in the past experienc	If yes,							ļ	
If yes,	Are there any vis	sible signs of f	ever, jaundice,	skin lesio	ons, rash, or infecti	on: cuts, bruises, or mino	r injuries: needle marks,	Y	17
Does the immate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?  If yes, Does the immate appear to be under the influence of, or withdrawing from drugs or alcohol?  If yes, Is the immate's mobility restricted in any way due to deformity, cast, injury, etc.?  If yes, INMATE QUESTIONNAIRE (Explain all 'Yes' answers) Circle Y or N Have you had or been treated for, circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, other conditions?  If other, Invex, unless the problems seizures, ulcers, other conditions?  If yes, Invex, Invex ou taking any medications, foods, plants, etc.?  Are you allergic to any medications, foods, plants, etc.?  Y (Invex, Invex our lained or had a head injury within the last 72 hours?  If yes, Invex our lained or had a head injury within the last 72 hours?  If yes, If	•							İ	6
If yes,  Have you had or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you had or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you had or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you had or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you have a painful dental condition?  If yes,  Have you use an apacific diet prescribed by a physician?  If yes,  Do you use drugs? How often?  Last time?  Y Watak kind?  Last time?  Y Watak kind?  How much?  Do you use adouto? How often?  Last time?  How much?  Do you use adouto? How often?  Last time?  Y Watak kind?  Are you per personal, recently delivered or aborded, on birth control pilits; having abdominal pain or discharge if yes,  Do you use funds an increase or decrease in weight recently? How many pounds  If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  REMARKS:  Are you now or have you in the past experienced feelings or hopelessness?  Do you usefund an increase or decrease in weight recently? How many pounds  Free patients of the patients	Does the inmat	e exhibit any	signs that sug	gest the	risk of suicide, a	ssault, or abnormal beha	vior?	- <del></del>	1
If yes,  If yes,  Ob you selected the prescribed by a physician or psychiatrist within the last year?  If yes,  Ob you use drugs? How often?  Last time?  Ob you use drugs? How often?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs? How often?  Last time?  Are you use akohof? How often?  Last time?  Are you use akohof? How often?  Last time?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs? How often?  Last time?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs? How often?  Last time?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs?  Ob you use drugs? How often?  Last time?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs? How often?  Last time?  Are you on a specific delt prescribed by a physician?  If yes,  Ob you use drugs? How often?  Last time?  You would be not finant you were a plantil dental condition?  If yes,  Ob you use drugs? How often?  Last time?  You would be not finant you were a plantil dental condition?  If yes,  Ob you use drugs?  Are you not presently delivered or abortod, on birth control pills; having abdominal pain or discharge (yes,  Ob you use akohof? How often?  Are you now or have you finantile you have a plantile the young abdominal pains, chest pains?  You was you not be a plantile to you have a plantile the young abdominal pains, chest pains?  You was you not be an often young abdominal pains, chest pains?  You was you not be an often young abdominal pains, chest pains?  You was you were a plantile the young abdominal pains, chest pains?  You you was young abdominal pains, chest pains?  You you was young abdominal pains, chest pains?  You you was young y	If yes,							'	1
is the inmate's mobility restricted in any way due to deformity, cast, injury, etc.?  If yes,  INMATE QUESTIONNAIRE (Explain all "Yes" answers) Circle Y or N  Are you had to been treated for (circle as appropriate) asthma, diabetes, pelipsy, heart condition, high blood pressure, mental health problems, setzures, uticers, other conditions?  If other,  If other,  If other,  If other,  If yes,  Are you alteriated or had a head injury within the last 72 hours?  If yes,  Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes,  Have you over attempted suicide?  If yes,  Do you have a psinful dental condition?  If yes,  Do you have a psinful dental condition?  If yes,  Do you used drugs? How often?  Last time?  What kinds  Are you not specific diet prescribed by a physician?  If yes,  Do you sed drugs? How often?  Last time?  What kinds  Are you pregnant, recently delivered or aborged, on birth control pilits; having abdominal pain or discharge if yes,  Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains?  Have you holded an increase or decrease in weight recently? How much?  You way the promise of the past experienced feelings or hopelesaness? Do you feel like there is no way out?  If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  REMERIENT RECOMMENDATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Respiration  Pubes  Temp  Bood Pression  Bood Pression  Bood Pression  Pubes  Temp  Bood Pression  Bood Pression  Bood Pression  Pubes  Temp  Bood Pression  Bood Pression  Bood Pression  Bood Pression  Bood Pression  Bood Pression  Pubes  Temp  Bood Pression   Does the inmate	appear to be	under the influe	nce of, or	withdrawing from	drugs or alcohol?		Y	7	
If yes,	Is the inmate's n	obility restrict	ed in any way d	ue to defe	ormity cast injury	etc 2	······································		1>
Have you had or been treated for. (circle as appropriately asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, other conditions?  If other, Wilding any, medication(s) prescribed for you by a physician?  If yes, Are you allergic to any medications, foods, plants, etc.?  If yes, You lainted or had a head injury within the last 72 hours?  If yes, You was a possible of the part of the young of your problems are you taken or are you taken or any out a head injury within the last 72 hours?  If yes, You was a painful dental conditions or psychiatrist within the last year?  If yes, You have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes, You have a painful dental condition?  If yes, You have a painful dental condition?  If yes, You have a painful dental condition?  If yes, You so drugs? How often?  Last time?  You you use drugs? How often?  Last time?  You was alcohol? How often?  Last time?  You was alcohol? How often?  Last time?  You was alcohol? How often?  Last time?  You you use drugs? How often?  Last time?  You was alcohol? How often?  You you use alcohol? How often?  Last time?  You was alcohol? How often?  Last time?  You was the you been lethargic recently?  You was alcohol? How often?  You you was alcohol? How often?  You you you noticed an increase of decrease in weight recently? How many pounds  You you was alcohol? You not you not you not you not you have a painful dental cough, abdominal pains, chest pains?  Have you noticed an increase of decrease in weight recently? How many pounds  You you was alcohol?  You you not you not you not you not you not you not you you not you you you not you you you you you you you you you you	If yes,							ı	
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mental nearth proteins setzures, uctes, other conditions? If other, "Activation of the control place of the contro	Have you had or	been treated	for: (circle as a	ppropriate	e) asthma, diabete	s, epilepsy, heart condition	n, high blood pressure,	(Y)	1
Have you taken or are you taking any medication(s) prescribed for you by a physician?  If yes, Are you allergic to any medications, foods, plants, etc.?  If yes, Have you fainted or had a head injury within the last 72 hours?  If yes, Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes, Have you been hospitalized by a physician or psychiatrist within the last year?  If yes, Have you ever attempted suicide?  If yes, Have you on a specific diet prescribed by a physician?  If yes, How much?  Do you use drugs? How often?  Last time?  What kind?  How much?  Do you use drugs? How often?  Last time?  What kind?  How much?  Females: LIMP  Are you pregnant, recently delivered or aborded; on birth control pilits; having abdominal pain or lifty yes, Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains?  Have you been lethargic recently?  Have you been lethargic recently?  Have you now or have you in the past experienced feelings or hopelessness? Do you feel like there is no way out?  If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  PREVENTION SCREENING GUIDELINES.  3122 00286  PLACEMENT RECOMMENATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Respiration  Pulsas  Temp  Blood Pressure	mental nealth ph	obiems,_seizui	res, uicers, othe	r conditio	ns?				
If yes, Are you allergic to any medications, foods, plants, etc.?  If yes, Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes, Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?  If yes, You have a painful dental condition?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on a specific diet prescribed by a physician?  If yes, You on use alcohol? How often?  What kind?  You you use alcohol? How often?  What kind?  You you use alcohol? How often?  What kind?  You you use alcohol? How often?  What kind?  You you use alcohol? How often?  What kind?  You you you been lethargic recently?  You you you wow or have you in the past experienced feelings or hopelessness? Do you feel like there is no way out?  You you you now or have you in the past experienced feelings or hopelessness?  PLACEMENT RECOMMENDATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Respiration  Pulsa  Temp  Blood Pressayer  Blood Pressayer  Blood Pressayer  Blood Pressayer  Blood Pressayer	Have you taken	or are you taki	ing any medicat	ion(s) pre	scribed for you by	a physician?			+
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If yes,	it yes.				;		· · · · · · · · · · · · · · · · · · ·	.	1
Have you ever attempted suicide?  If yes,  Do you have a painful dental condition?  If yes,  Do you have a painful dental condition?  If yes,  Do you use drugs? How often?  Last time?  What kind?  How much?  Last time?  What kind?  How much?  Last time?  What kind?  How much?  Last time?  What kind?  Are you pregnant, recently delivered or abortod; on birth control pills; having abdominal pain or discharge or you use from: Shortness of breath, cough, abdominal pains, chest pains?  Have you been lethargic recently?  Have you noticed an increase or decrease in weight recently? How many pounds  Are you now or have you in the past experienced feelings or hopelessness? Do you seel like there is no way out?  Explain:  The provided an increase to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  REVENTION SCREENING GUIDELINES.  3122 00286  PLACEMENT RECOMMENDATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Respiration  Pulse  Temp  Gibod Pressyrt  Blood Pressy	lf yes,			or payon	manısı Willin ile	iast year?		Y	C
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If yes, Do you use drugs? How often?  Last time?  How much? Do you use alcohol? How often?  Last time?  How much? Do you use alcohol? How often?  Last time?  How much?  Last time?  How much?  Fernales: LMP  Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge if yes, Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains?  Have you suffer from: Shortness of breath, cough, abdominal pains, chest pains?  Have you noticed an increase or decrease in weight recently? How many pounds  Are you now or have you in the past experienced feelings or hopelessness?  Do you feel like there is no way out?  Faffirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  PLACEMENT RECOMMENDATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Respiration  Pulse  Temp  Glood Pressure  Blood Pressure		inful doctol	anditic=2					_	9
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What kind?  Do you use alcohol? How often?  Last time?  What kind?  Females: LMP  Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge  If yes,  Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains?  Have you been lethargic recently?  Have you noticed an increase or decrease in weight recently? How many pounds  Are you now or have you in the past experienced feelings or hopelessness? Do you feel like there is no way out?  Faffirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE  PREVENTION SCREENING GUIDELINES.  3122 00286  PLACEMENT RECOMMENDATION (Check one)  Emergency Room  General Population  Infirmary  Isolation  Observation  Next Sick Call  REMARKS:  Phase answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Priso lealth Services, Inc.  Respiration  Pulse  Temp  Blood Pressuprison	n yes,	2 How often	7						
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If yes,	What kind?	A			How m	uch?			
If yes,	remaies: LMP _ discharge	Are	you pregnant,	recently d	lelineted of apode	d; on birth control pills; ha	ving abdominal pain or	IN	
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PLACEMENT RECOMMENDATION (Check one) Emergency Room	-	<del></del>	·				**************************************	<del></del>	
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Health Services, Inc.    Respiration   Pulse   Temp   G   Blood Pressure.		<del></del>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	<del></del>		
Health Services, Inc.    Respiration   Pulse   Temp   G   Blood Pressure.	have answered	l all question	ne truthfully	l have b	non told north				
nearth services, Inc.  Respiration Pulse Temp C Blood Pressure	nave answered obtain medicati	i aii quesuoi on upon rele	ase. I hereby	i nave be	en told and sho consent for pro	IWN NOW to obtain med	ical services and advisor	ed on how to	) rico
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# MEDICAL HISTORY AND PHYSICAL ASSESSMENT HISTORY

Inmate's Name Wheeler John (First)

Problems	Yes	No	Problems	Yes	No	./		EXAM	
Vision		1	Gall Bladder			Age 40	Sex M F	Race _ C _ Ht. <u>51/0</u>	4 1
Hearing			Liver			Pulse	72 BI		mp.
Balance/Dizziness			Hepatitis			Respiration	18	Comme	•
Blackouts			Diabetes			Skin	Color		
D.T.'s			Kidney Disease				Condition	1 2	
Headaches	7		Bladder Infection				Turgor	/WNL	
Seizures	T		Trouble Voiding				Recent Injury	0	
Nervous Disorder			Pediculi (lice)			Head	Glasses	0	
Throat		V	Gonorrhea				Pupils		
Teeth	1		Syphilis				Sclera	PERRL	
Asthma	T	П	Muscle Problem A MU	2.			Conjunctiva	STALL	
Hay Fever	1	Ti	Joint Problem (2) (we				Vision	20100	
Pneumonia	/	V	Arthritis Link			Ears	Appearance		
Tuberculosis	1		Other:				Canals	12006	
Heart		Ī	Other:				Hearing	LUNC brake mo	
			Regular Menstrual					0 4	
Hypertension	<del></del>		Period			Mouth	Teeth & Gums	terake mo	la
Anemia			Irregular Menstrual Period	<u>.</u>			Dentures/Plate	es 🗇	
7 ti Office	1		Duration Days	<u> </u>			Dentales/Flate		
Blood			Menstrual Period				Throat		
Story Bain			LMP	ļ	'		_		
Stom Pain	<del> </del>		Gravida/Para				Tongue	RUNI	
Heartouin Ulcer	+	1					Tonsils		
· — — — — ·		1	Last Pap			Nose		WNL	
Nausea/vomiting	1		Contraception			Neck	Veins	flat Swyzli SWNI	
and the second	ILAEC	<b>JRAT</b>	ORY TESTS				Mobility	Drymole	
	Date								
	Injti		Results	2	<del></del>		Thyroid		
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CBC						(Breasts)	Auscultation	CTA	,
U/A (Dip Stick)							Respirations	even/urlaba	red
							Cough/Sputum	00	
						Heart	Auscultation		
							Radial pulses	$(\mathcal{L})$	
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COMMENTS:							Rhythm		
						Extremities	Pulses	$ \mathcal{A}\rangle$	
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						Genital/Urina	ary System	difered	
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4/1/06

Cleshor 4/1/06



# Prison Health Services Dental Intake Screening Sheet

.1.	Date of Initial Screening: 3-16-06
2.	Patient's Name: Wheler John
3.	ID Number:
4.	Patient's SS Number:
5.	Date of Birth: 1-26-60
6.	Patient's Chief Dental Complaint Fooker teeth
	Pain all over moon"
7.	Status of Oral Hygiene:
	Good Fair Poor
8.	Carious State of Patient:
·	Patient has no cavities Patient has no cavities
9.	Prepare the attached 90-Day Dental Exam Sheet. This sheet must be forwarded to the Dental Department immediately.
	- Linda
	Signature - Medical Personnel  Date
	Date

3122 00287

RCB: 03/18/97 50216 KATHLEEN, THE DOC CALLED AND SAID THIS BUY HAS BEEN GONE SO LONG THAT HIS RECORDS SHOULD HAVE BEEN DESTROYED, THEY SAID ALL SUCH REGUESTS SNOULD BO TO CAROL PEARSON @ THE CENTRAL OFFICE AT THE FAX #

Salva Collegiano
COCT 3642956
CRTNOPEDIO



ADOC AUTHORIZATION FOR R	ELEASE OF INFORMATION
To: Physician's Name: * Cimmaron	From: Mohave County Jail - PHS Medical Department
City/State:* / USON AZ	415 Pine Street
Phone Number:	Kingman, Arizona 86401
Fax Number: 520-574-7307	Phone: 928.753.0750 / Fax: 928.753.5735
Patient: *Wheeler, John	Inmate ID No.:
Alias:	Social Security No.: +527-47-9536
Date of Birth: * 01-26-60	Date(s) of Service: *
I hereby authorize the above named provider to release to P following confidential information:	rison Health Services, Inc. or any of its representatives the
Physician/Provider's summary of my diagnosis, medication	ons, treatments, prognosis and recent care
☐ Admission Summary ☐ Discharge Summ	nary
☐ X-Ray ☐ Immunization His	
Psychiatric Summary Report Drug Treatment	listory and Counseling Reports
☐ Dental Treatment Records	
Other Records: CURRENT diagnosis, medicalions a	nd most recent contact note of the support
- No.	Outes
This authorization shall remain in full force and effect until with provider harmless from any and all liability that may result from	ndrawn in writing by me. I hereby release and agree to hold
(Patient's Signature)	
(Witness' Signature)	4/1/21
The information requested is recognized as confidential and w of the named patient.	ill be used only to ensure prompt and appropriate treatment
· · · · · · · · · · · · · · · · · · ·	/ Appropriate deadifient
(Signature a	nd Title for PHS) * 4/1/04
PLEASE NOTE: Please be advised Prison Health Services, In the Privacy of Individually Identifiable Health Information Stand	OC ("PHS") is not a source
the Privacy of Individually Identifiable Health Information Stand electronic transactions under HIPAA's Electronic Transactions HIPAA's Privacy Rule does not apply to PHS.	ard ("Privacy Rule"). Because PHS does not engage in and Code Set Standards ("Transaction Standard")
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# MOHAL COUNTY JAIL INMATE RECJEST FORM

DFFICER RECIEVING REQUEST: 11 m ) 193 3/24/86 ACTION TAKEN BY: ACTION TAKEN: Who is your Otthopadic doctor thus orders fred regular Brown Show in your Property the Moles are not special Show your DATE: 3/34/16	JAIL COMMANDER: ATTORN  JAIL SUPERVISOR: COURT: SHIFT SUPERVISOR: PROBAT  OTHER: Y CPC REILEY  RELEASE  REQUEST: Here is Capt Are to the property of the prope	DATE: 3/24/06 NAME WHEELER, JOHN
DEST: MM 2193 3/24/86  REVIEWED BY:  REVIEWED BY:  CARSTON: Shales in your Property these  BRACTION: DATE: 3/54/16	EY:  E PROPERTY:  HAYE YOUR  PROPERTY:	CELL C-24

INP 62805

# · AUTHORIZATIO

A TON FOR	RELEASE OF INFORMATION
To: Physician's Name: (Inversity Media	A From: Mohave County Jail - PHS Medical Department
City/State:	415 Pine Street
Phone Number:	Kingman, Arizona 86401
Fax Number: 702-383-2012	
Patient: • Whele Oph	Phone: 928.753.0750 / Fax: 928.753.5735
- Charles of the	Inmate ID No.:
Alias:	Social Security No.: * 521-41-9536
Date of Birth: • Ol - Zb - 60	Date(s) of Service:
I hereby authorize the above named provider to release to for wing confidential information:  Physician/Provider's summary of my diagnosis, medical	Prison Health Services, Inc. or any of its representatives the
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Discharge Sum	mary
X-Ray Immunization H	
Psychiatric Summary Report Drug Treatmen	418.4
i.	t History and Counseling Reports RECEIVED BY
☐ Dental Treatment Records	APR 0 6 2006
Other Records: CURRENT diagnosis, medications	and most moont and a death of
•••	(a)oral mornistical tedretical
x (10/ W)	om such release of Information.
A PARTIE 2 PRINTING 9	-471708 (URC)
	a 41.100
(Worless, Signature)	(Date)
he information requested is recognized as confidential and fithe named patient.	will be used only to ensure prompt and appropriate treatment
•	a . 4/./~
(Signature	and Title for PHS)

PLEASE NOTE: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standard").

Present of

ADMITTED:

06/20/2005

DISCHARGED:

06/28/2005

### FINAL DIAGNOSES:

- 1. Status post motor vehicle collision with one rib fracture.
- Right acetabular fracture with nonoperative management per Dr. Sylvain.
- 3. Splenic laceration.
- 4. Aspiration.
- 5. Previous intubation while under the care of Dr. Deborah Kulhs.

## DISCHARGE INSTRUCTIONS:

- 1. Discharge to home.
- 2. Diet as tolerated.
- 3. Activity as per physical therapy.
- 4. Follow up with Dr. Sylvain as an outpatient.
- 5. Soma 350 mg one p.o. 3x a day.
- 6. Lortab 7.5 mg 1-2 p.o. every four hours p.r.n. for pain.
- 7. Follow up with Dr. Sylvain.

BRIEF SUMMARY: This patient was admitted initially under the care of Dr. Kulhs for trauma who subsequently stepped down to the trauma hospitalist service. We followed the patient. Nonweightbearing of the left lower extremity was recommended by Dr. Sylvain. Discussions of operative risks versus nonoperative management were held. The patient was concluded to be managed nonoperatively with further discussion and evaluation as an outpatient. He was subsequently discharged under the supervision of Dr. Sylvain.

CC:

DD: 08/11/2005 19:16:36 DT: 08/11/2005 20:14:44

Naresh P Singh, MD

PATIENT: WHEELER, 'JOHN M.

MR#: 001-790-412

JOB #: 551326

ADM. DATE:06/20/2005

ACCOUNT#: 00029506722

3122 00298

DICTATED BY: Naresh P Singh, MD

ATTENDING:

TRANSFER SUMMARY
Medical Record

158/02 Eur

CONFIDENTIAL MEDICAL/MENTAL HEALTH INFORMATERICA [ ] NEEDS IMMEDIATE ATTENTION [ ] No medical treatment given prior to transfer INMATE NAME: ( ) INMATE ID #: AKA: DOB: ALLERGIES: Medical/Mental Health Problems (including suicide attempts, dental needs, special diets, etc.):\_\_\_\_ ANTIMORS DUE TO OLO PELVIS & Knu & Junes. DEMINISHED HERA BOTH EAM Medications: DOSE ROUTE **FREQUENCY** START DATE STOP DATE (including TB) Treatments: Pregnant (Circle one): TB: PPD Test: Date: Yes No Unknown Chest X-Ray: [ ] normal abnormal Date: Active TB Disease: [ ] suspect [ ]known EDC: If suspect or known active TB disease, attach TB Patient Plan and provide the date Local Health Officer was notified of the pending transfer: Other Lab Data: Tests (Circle as appropriate): Treated Date RPR / VDRL: Reactive Non Reactive Yes No GC: Negative Positive Yes No Pending Appointments/Labs: Other screening test results and dates (including hepatitis):\_\_\_\_ Immunizations given/date: Attachments [ ] Yes [ ] No Additional Information: Bluf to RN 9286 B1/13/06 Signature/Title/ARJIS SPECIAL TRANSPORT INSTRUCTIONS: 3122 00315 SAN DIEGO COUNTY SHERIFF'S DEPARTMENT GBDF/EMDF LCDF SDCJ VDF MEDICAL SERVICES DIVISION CONFIDENTIAL MEDICAL/MENTAL HEALTH INFORMATION Patient's Name: TRANSFER SUMMARY Page 1 of 1 D.O.B: