

Plaintiff's Name Anthony J. CAMPA  
 Inmate No. T43585  
 Address N.K.S.P. DG-126  
PO BOX 5000. DELANO  
CA. 93216

**FILED**

NOV 19 2012

CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA  
 BY CLERK  
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT  
 FOR THE EASTERN DISTRICT OF CALIFORNIA

ANTHONY J. CAMPA  
 (Name of Plaintiff)

1:12-CV-1897-MJS-PC

(Case Number)

VS. 1. CALIFORNIA ~~BB~~ CORRECTIONAL

COMPLAINT

1. HEALTH CARE CHIEF. L.D. ZIMORA  
 2. NKSP MED DEP. N. ODELUCA: C.M.E  
 3. A. SHITRI: CHIEF P/S  
 4. T. KUBICKI: C.E.O 9. NKSP WARDEN: MRS. PENNYWELL 14. CDCR: N.K.S.P  
 5. DR. LEONG. A 10. AIW TRAVINO-S 15. M. STEVENS  
 6. DR. ROBLES-R 11. AIW R. LOPEZ 16. K. DANIEL  
 7. RN CORTEZ-R 12. M. ROCHA: APP. COORDINATOR 17. G. CRANNER  
 8. CDCR DIRECTOR: T. McDONALD 13. CIO C. CUNNINGHAM

(Names of all Defendants)

I. Previous Lawsuits (list all other previous or pending lawsuits on back of this form):

A. Have you brought any other lawsuits while a prisoner? Yes    No ✓

B. If your answer to A is yes, how many? \_\_\_\_\_

Describe previous or pending lawsuits in the space below.

(If more than one, use back of paper to continue outlining all lawsuits.)

NOV 19 2012

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

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 EASTERN DISTRICT OF CALIFORNIA  
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2. Court (if Federal Court, give name of District; if State Court, give name of County)

3. Docket Number \_\_\_\_\_

4. Assigned Judge \_\_\_\_\_

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Filing date (approx.) \_\_\_\_\_

7. Disposition date (approx.) \_\_\_\_\_

**II. Exhaustion of Administrative Remedies**

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes  No

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes  No

If your answer is no, explain why not \_\_\_\_\_

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C. Is the process completed?

Yes  If your answer is yes, briefly explain what happened at each level.

N.K.S.P HAS ADOPTED A CODE OF SILENCE AND IS ACUSTOMED TO THE PRACTICE OF AN INTER ALIA POLICY. NEGLECTING THOSE IN ITS CARE. ON BEHALF OF H/C THERE IS A DEFICIENCY SIMILAR TO ADMINISTRATIVE OFFICE OF APPEALS. WITHIN NKSP THERE HAS BEEN NO RELIEF ON 1<sup>ST</sup> OR 2<sup>ND</sup> LEVEL REV<sup>S</sup>. FOR HEALTH CARE 3<sup>RD</sup> LEVEL REVIEW THERE WAS STILL NO RELIEF. N.K.S.P IS FORGING DOCUMENTS. (D.L.R) 3<sup>RD</sup> LEVEL REV. FOR ADMINISTRATIVE BEN GO<sup>2</sup>S IS PARTIAL BUT OTHERWISE THERE IS ABSOLUTELY NO ACCOUNTABLE FOR THE MISS CONDUCT OF EITHER STAFF OR MEDICAL PERSONNEL IN N.K.S.P. REPEAT VIOLATORS. ISSUES ARE ONGOING → STAFF IN NKSP HAVE SINCE TOOK REPRISAL. THOSE WHO ARE INVOLVED HAVE NO REGARD FOR THE RULES & PROCEDURES SET FORTH BY THE LAW & DEPARTMENT DOCTRINE. N.K.S.P APP. PROCESS IS DEFICIENT.

No  If your answer is no, explain why not.

NOTICE: Pursuant to the Prison Litigation Reform Act of 1995, “[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.” 42 U.S.C. § 1997e(a). If there is an inmate appeal or administrative remedy process available at your institution, you may not file an action under Section 1983, or any other federal law, until you have first completed (exhausted) the process available at your institution. You are required to complete (exhaust) the inmate appeal or administrative remedy process before filing suit, regardless of the relief offered by the process. Booth v. Churner, 532 U.S. 731, 741 (2001); McKinney v. Carey, 311 F.3d 1198, 1999 (9th Cir. 2002). Even if you are seeking only money damages and the inmate appeal or administrative remedy process does not provide money, you must exhaust the process before filing suit. Booth, 532 U.S. at 734.

**III. Defendants**

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant L.D. ZAMORA is employed as CALIFORNIA H&A-CORRECTIONS H/C CHIEF at CDCR H/C DIRECTOR LEVEL REVIEW

B. Additional defendants N. ODELUCA IS EMPLOYED AS NKSP C.M.E AT NKSP. C. A. SHITTU IS EMPLOYED AS NKSP CHIEF SAT NKSP. D. T. KUBICKI IS EMPLOYED AS NKSP MED. C. F. OAT NKSP. E. M. LEONG IS EMPLOYED AS NKSP MD AT NKSP. F. M. ROBLES IS EMPLOYED AS NKSP MD AT NKSP. G. M. R. COTTER IS EMPLOYED AS NKSP RN AT NKSP. H. T. MCDONALD IS EMPLOYED AS CDCR DIRECTOR AT SACRAMENTO. I. M. S. PFENNYWELL IS EMPLOYED AS NKSP WARDEN. J. M. TREVINO IS EMPLOYED AS NKSP A/W K. R. LOPEZ IS EMPLOYED AS NKSP A/W L. M. POCHO IS EMPLOYED AS APPALS COORDINATOR AT NKSP. M. C. CUNNINGHAM IS EMPLOYED AS AD SEC MED-ICAL ESCORT AT NKSP. N. THE AGENCY CDCR: NKSP. O. M. STEVENS IS EMPLOYED AS NKSP. P. K. O' DANIEL IS EMPLOYED AS I. 9-0 AT NKSP. Q. G. CRAMMER IS EMPLOYED AS I. 5-4 OFFICER AT NKSP.

IV. Statement of Claim

1. (State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

PETITIONER CHARGES THAT N.K.S.P HAS ADOPTED AN INTER ALIA POLICY, NEGLECTING THOSE IN ITS CARE. THE ACTION IS RAISED UNDER PRISON CONDITIONS, CRUEL AND UNUSUAL PUNISHMENT → CAUSATION, INTER ALIA POLICY → DELIBERATE INDIFFERENCE. DEPRIVATION OF CONSTITUTIONAL RIGHTS AND IMMUNITIES; 14, EQUAL RIGHTS, DUE PROC. B. DELIBERATELY DEPRIVING PETITIONER HEALTH CARE AND DUE PROC. RESULTING IN SIGNIFICANT PAIN AND SUFFERING OVER THE COURSE OF THE LAST 11 MONTHS. NKSP OFFICIALS HAVE ACTED WITH CRUEL AND MALICIOUS INTENT WHICH IN ITSELF GAVE WAY TO STAFF RETALIATION TOWARD PETITIONER FOR H/CARE AND STAFF COMPLAINTS WHICH RESULTS IN VIOLATION OF AMENDMENT 1 AND FURTHER DEPRIVES PETITIONER OF ANY REMEDY OR RELIEF. HAD THERE NOT BEEN A DEFICIENCY IN THE PROGRAM CDCR TRAINS ITS EMPLOYEES AND CONTRACTORS UNDER, PETITIONER CONTENDS THESE DEPRIVATIONS WOULD HAVE BEEN

V. Relief.

SEE: IV. 2.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

SEE ATTACHMENT: V.

I declare under penalty of perjury that the foregoing is true and correct.

Date 11/14/12

Signature of Plaintiff Anthony Campi

(revised 6/01/04)

1 AVOIDED AND SIMPLY WOULD NOT GO UNNOTICED OR UNADDRESSED BY THE DEPARTMENT OF CORRECTIONS. THERE IS NO PENALOGICAL INTEREST IN ALLOWING NKSP TO EXERCISE UNLAWFUL CONTROL OVER THOSE IN ITS CARE. THE DEPARTMENT HAS ALLOWED NKSP FREE AND INDEPENDANT CONTROL OVER THOSE IN ITS CARE TO SUCH A STATE THAT THERE IS NO ACCOUNTABILITY TO THE DEPARTMENT EMPLOYED HERE IN N.I.R.S.P. THE DEPARTMENT'S PRACTICE IN ALLOWING NKSP TO FUNCTION IN SUCH A STATE IS IMPRACTICAL AND DEPRIVES PETITIONER OF THE MINIMAL CIVILIZED MEASURES OF LIVES NECESSITIES WHICH INCLUDE PERSONAL SAFETY, BODILY INTEGRITY & DUE MEDICAL CARE FOR EXISTING CONDITION OR INJURY.

5 SPECIFICALLY PETITIONER HAS BEEN A.D.A. DPP CODED D.N.M SINCE APPROXIMATELY 2:00  
10 DUE TO A SPINAL CHORD INJURY OF BEING STABBED IN THE NECK WHILE IN CMC DR.S AND NEURO SURGEON PROVIDED PETITIONER WITH A DIAGNOSIS OF BROWN  
6 SYCHORD SYNDROM DUE TO THE SPINAL CHORD INJURY. PETITIONER SUFFERS LEFT  
7 SIDED WEAKNESS IN EYE, HAND AND ENTIRE LOWER EXTREMITIES. PETITIONER SUFFERS SEVERE CHRONIC PAIN ON THE ENTIRE RIGHT SIDE, MID STOMACH DOWN THRU  
8 ALL NEURO AND MUSCLE GROUPS EXTENDING DOWN THRU THE RIGHT LEG AND REACHING  
9 TO THE FOOT. THE ENTIRE RIGHT SIDE LOST ALL NORMAL SENSATION. IT IS ONLY SEVERE PAIN THAT NOW EXISTS. AMONGST OTHER ODDITIES THAT HAVE MOUNTED OVER TIME  
AS MUSCLE GROUPS BREAKDOWN WHILE OTHERS DEFORM AND SWELL. PARTICULARLY THE RIGHT LEG, KNEE, CALVE, ANKLE AND FOOT. CMC TRAINED MEDICAL  
10 PERSONAL RECOGNIZED THIS AS A PERMINANT DISABILITY AND PLACED ME UNDER DPP CODE. A.D.A ACCOMMODATIONS WERE MADE AND A CAIN WAS ISSUED TO CORRECT WALK AND SUPPORT WEIGHT WHEN LOWER EXTREMITIES FAIL WITHOUT NOTICE.  
11 A CHRONIC PAIN MANAGEMENT PLAN WAS DRAFTED FOR PETITIONER IN ORDER TO GET PAIN LEVEL UNDER CONTROL AND INCREASE DAY TO DAY ACTIVITIES AND FACILITATE A HEALTHY STATE OF MIND. FOR THE MOST PART THE PATIENT PROVIDER AGREEMENT MEDICATIONS WERE FULLFILLING PAIN MANAGEMENT GOALS. (SEE APPENDIX FOR MATERIAL REFERENCE PLEASE) THE TREATMENT MEDICATIONS THAT WERE AUTHORIZED FOR MY CONDITION ARE: 1. GABAPENTIN. 2. MS. 3. BACLOFEN. I HAD SINCE BEEN UNDER THE SAME LEVEL OF CARE FROM CMC TO PUSP. A.D.A. D.N.M UNDER PATIENT PROVIDER AGREEMENT MEDICATIONS STATE. (PERMINANT DISABILITY)

13 CONDITIONS OF CONFINEMENT:

14 ON 12-8-11 PETITIONER ARRIVED TO NKSP VIA PUSP GP LEVEL ~~III~~ MAINLINE (SEE EX 15) UPON PETITIONERS ARRIVAL NKSP OFFICIALS ELECTED NOT TO HONOR THE CONDITIONS OF THE NON-AOVERS TRANSFER. PER WRITTEN DIRECTION OF THE COCR DIRECTOR T. McDONALD & KIA ALL PARTICIPANTS WERE TO RETAIN AIA PRIVILEGE GROUP IF IT WAS PREVIOUSLY REQUIRED. IT ARRIVED WITH A BUS LOAD OF SIMILARLY SITTHATED INMATES WHO ALSO PARTICIPATED IN RE-ALIGNMENT. NKSP OFFICIALS ELECTED TO SINGLE OUT PETITIONER FROM THE OTHER TRANSFERS, NOT ALLOWING HIM TO BE PLACED ON A YARD GP. LEVEL ~~III~~. INSTEAD, WITHHOLDING PETITIONERS PROPERTY AND PLACING HIM IN RECEPTION (R/C STATUS) WHILE ALL THE OTHER TRANSFERS WERE ALLOWED TO RECEIVE THEIR PROPERTY AND PLACEMENT ON SAID YARD PER SPECIAL TRANSFER & KIA

17 DUE TO NKSP ACTION PETITIONER IMMEDIATELY FELL UNDER QUESTION ONCE IN R/C DUE TO HAVING NO PERSONAL PAPERWORK. COCR STAFF AND OFFICIALS ARE WELL AWARE IT IS COMMON PRACTICE AMONGST GENERAL POPULATION SETTINGS FOR ALL DESIGNATED GROUPS TO CHECK NEW ARRIVALS COUT PAPERS TO ENSURE HE IS NOT A CHILD MOLESTER, RAPIST OR AN INFORMANT. BEING AS HOW RECEIVING RETAINED PETITIONERS GP PROPERTY THE TENTION BEGAN TO MOUNT. ULTIMATELY ON THE NIGHT OF 12-16-11 R/C INMATES MADE IT CLEAR HE WOULD BE ATTACKED IF HE REMAINED AMONGST THEIR PRESENCE. ON THE MORNING OF 12-17-11 PETITIONER WAS COURSED INTO SIGNING AN S.I.Y. CHRONO & K2 \*

20 ON 12-22-11 PETITIONER WAS ASSAULTED IN CELL IN A CASE WHERE THE ATTACKER BECAME THE VICTIM DUE TO FALLING ON HIS HEAD →  
PETITIONERS CAIN WAS CONFISCATED BY INVESTIGATIVE UNIT AND MEDICAL DEPARTMENT AND NKSP STAFF ELECTED TO PLACE PETITIONER IN AD SEG SINGLE CELL STATUS WITHOUT A REPLACEMENT. THIS CONSTITUTES AN A.D.A VIOLATION AS STATE RECEIVES FEDERAL FUNDING TO ASSIST WITH A.D.A ORDERS AND ACCOMODATIONS. PETITIONER HAS BEEN FIGHTING FOR A.D.A RIGHTS AND ACCOMODATION OF

22 WALKING ASSISTIVE DEVICE FOR OVER 11 MONTHS OR SO. DUE TO MEDICAL DEPARTMENTS PREJUDICE AND THE FACILITY "CODE OF SILENCE" PETITIONER HAS SUSTAINED FURTHER INJURY AND OTHER, IN-REPAIRABLE DAMAGE. ON SEVERAL OCCASSIONS WHILE UNDER ESCORT PETITIONERS LOWER EXTREMETIES HAVE FAILED CAUSING HIM TO FALL AND SUSTAIN INJURY →

24 SPECIFICALLY SEVERAL DAYS AFTER PETITIONERS PLACEMENT IN AD AND WHILE UNDER ESCORT MADE BY C/O CUNNINGHAM AND C/O UGALSO WITHOUT A CAIN, PETITIONERS LEGS GAVE OUT CAUSING HIM TO SUSTAIN INJURY TO BOTH KNEES AND RIGHHAND. PETITIONER HAD PREVIOUSLY ADVISED THESE OFFICERS THAT HE IS A.D.A. MOBILITY IMPAIRMENT AND THAT HE REQUIRES A CAIN TO SUPPORT HIS WEIGHT. HENCE PETITIONER TOLD MEDICAL ESCORT C/O CUNNINGHAM THAT HE WOULD BE HELD ACCOUNTABLE. THIS OFFICER WAS REGULARLY ESCORTING PETITIONER FROM AD SEG TO TTA BUILDING TWO OUT OF THREE TIMES A DAY FOR TREATMENT THAT HAD BEEN IMPLEMENTED LONG SINCE FOR CHRONIC PAIN MANAGEMENT. THIS INCIDENT OCCURRED IN THE MORNING WHILE IN RUGHT TO TTA ~~RECEIVING GOOD CARE~~

IV.3

1 CUNNINGHAM SAYS HE'LL HELP ME GET MY PAIN MANAGEMENT MEDICATIONS KNOCK  
 2 DOWN TO TWICE A DAY SO PETITIONER WONT HAVE TO WORRY ABOUT A CAIN AND FOR PET-  
 3 TIONER TO PUT IN A MED SLIP AND SEE ABOUT GETTING HIS KNEES PATCHED UP. WHEN  
 4 THE SAME ESCORTS ARRIVED FOR AFTERNOON ESCORT AN TREATMENT, UPON ARRIVAL  
 5 TO TTA BUILDING INSTEAD OF RECEIVING AFTERNOON TREATMENT I WAS PULLED INTO  
 6 A SIDE OFFICE WHERE A DR. LEONG SAT ME DOWN AND CHECKED MY VITALS. HE THEN TOLD  
 7 PETITIONER HE DIDNT NEED TREATMENT THREE TIMES A DAY ANY LONGER. PETITIONER WAS  
 8 NOT GIVEN TREATMENT, NOR DID DR. LEONG TREAT KNEES OR HAND FOR BROKEN SKIN.  
 9 PETITIONER ATTEMPTED TO REQUEST REISSUANCE OF A CAIN AND CLEANING OF HIS INJU-  
 10 RIES, HOWEVER, HE WAS SIMPLY DISREGARDED. "HE'S DONE" VERBATIM.  
 11 IT BECAME APPARENT TO PETITIONER THAT OFFICER CUNNINGHAM WENT BEHIND HIS BACK  
 12 AND DELIBERATELY CONSPIRED, INTERFERED WITH PETITIONERS COURSE OF TREATMENT.  
 13 ON THE RETURN TRIP TO AD SEC THIS SAME OFFICER STATES TO PETITIONER "YOU KNOW MR.  
 14 CAMPA, THIS PLACE HAS A CERTAIN WAY OF DOING THINGS AND COMPLAINING WILL ONLY MAKE IT  
 15 WORSE".  
 16 PETITIONER TOOK THIS STATEMENT AS A WARNING AN EJECTED NOT TO APPEAL THE INCIDENT OR  
 17 LEONG'S FAILURE TO TREAT HIS BUSTED KNEES OR TERMINATION OF THE AFTERNOON TREATMENT.  
 18 INSTEAD A SECOND HEALTH CARE REQUEST WAS SUBMITTED REQUESTING REINSTATE-  
 19 MENT OF A CAIN PER A.D.A. D.N.M AND TREATMENT OF THE KNEES. (THESE REQUESTS ARE  
 20 NOT REFERENCED DUE TO HEALTH CARE APPEAL OFFICE WITHHOLDING THEM AS THEY WERE ATT-  
 21ACHED TO ORIGINAL APPEAL WHICH WAS SCREENED OUT AND RETURNED WITHOUT THOSE REQUESTS  
 22 ATTACHED. SEE EX-4 SECTION 4. REFERRING TO SECTION 1.) PETITIONER WAS SEEN BY MD ROB-  
 23 LES WHO FAILED TO EXAMINE PATIENT. ONLY TAKING VITALS AND INDICATING HE DID NOT SEE  
 24 ANYTHING MEDICALLY WRONG WITH PETITIONER. BY THIS TIME AND DATE PETITIONERS CHRONIC  
 25 PAIN MANAGEMENT MEDICATIONS HAD ALREADY BEEN TERMINATED ENTIRELY AS OF 12-12 →  
 1 ROBLES INDICATED HE HAD NO VERIFICATION OF THE NEED FOR A CAIN OR OF ANY SUCH INJURY  
 2 OF THE SPINAL CHORD. PETITIONER WAS TOLD HE WOULD BE TREATED WITH CYMBALTA AND THAT  
 3 IF THERE WERE VERIFICATION OF SPINAL CHORD INJURY (BROWN SYCHORD SYNDROM)  
 4 HE WOULD CONTINUE THE MEDICATIONS. I WAS PREVIOUSLY BEING TREATED WITH IT WAS  
 5 INDICATED HE WOULD SEND FOR PETITIONER RECORDS IN WHICH HE WOULD CALL PETI-  
 6 TIONER BACK IN 2 WEEKS AND IF CYMBALTA WAS NOT TREATING PAIN MORE EFFECTIVE-  
 7 LY CHANGES WOULD BE MADE. BY THIS TIME PETITIONER HAD ALREADY SUBMITTED A H/C  
 8 COMPLAINT FOR THE RECONCILIATION OF THE PREVIOUS CHRONIC PAIN MANAGEMENT MEDIC-  
 9 ATION WHICH HAD BEEN TREATING HIS CONDITION FOR OVER 23 MONTHS AND RE-INSTATE-  
 10 MENT OF A CAIN. (SEE D1 SEC. 4) THIS APPEAL WAS SUBMITTED APPROXIMATELY ON 1-3-12  
 11 HOWEVER IT WAS SCREENED OUT AND RETURNED AT A MUCH LATER DATE WITHOUT THE DOCUMENTS  
 12 PREVIOUSLY ATTACHED. CDC PROCEDURE IS TO PROCESS ALL COMPLAINTS WITHIN 5 DAYS OF REC-  
 13 IEVING THEM. IF THERE WAS NO ASSIGNMENT FOR PROCESSING THAN THERE IS SIMPLY NO NEED  
 14 FOR THE CONCOMITANT DELAY. THE ISSUES WERE READDRESSED ON A NEW APPEAL ON 1-20-  
 15 10. (SEE EX- A1, A2) WITH SUPPORTING DOCUMENTS. PETITIONER CONTINUED TO ADDRESS  
 16 MEDICAL ISSUES THROUGHOUT THE APPEAL PROCESS TO NO AVAIL. SEE HEALTH CARE RESPONSE.  
 17 FOR 1ST, 2ND, AND 3D LEVEL REVIEW B1 THRU B6 ON PETITIONERS SECOND ENCOUNTER W-  
 18 ITH MD ROBLES HE REPORTED VERBALLY THAT THE MEDICATION CYMBALTA WAS EXCITING HIS  
 19 DAMAGED NERVE IN THE LEFT EYE AND THROUGHOUT HIS STOMACHE AND RIGHT LEG WHICH INTEN-  
 20 TENCIIFIED THE PAIN.  
 21 PETITIONER ~~RECALLED~~ EXPLAINED IN GREAT DETAIL THAT THE MEDICATION CYMBALTA WAS  
 22 EXASPERATING THE INJURY AND THAT HE WOULD NOT SUFFER FURTHER TORMENT OF SAID  
 23 MEDICATION AS IT HAS PROVEN TO BE DEFECTIVE IN ITS USE TO TREAT ~~MY~~ PETITIONERS BROWN  
 24 SYCHORD SYNDROM. HENCE IT WAS CRUEL AND IMPRACTICAL TO TRIPPLE THE AMOUNT  
 25 OF THE VERY SAME MEDICATION. TO WHICH PETITIONER CEASED TAKING IT ALTOGETHER.  
 26 THE THIRD ENCOUNTER WITH MD ROBLES IS POSSIBLY WHEN MD ROBLES MAY HAVE TRIPLED THE  
 27 AMOUNT OF CYMBALTA. IN ANY EVENT, THE DATES AND INCIDENTS ARE VERY CLOSELY RELATED. AS  
 28 YOU WILL NOTE THE UNEXPLAINABLE OR JUSTIFIABLE DELAY FOR 1ST LEVEL REVIEW TO  
 29 CLOSE FOR REPROCESSING AT THE NEXT LEVEL (D1 SEC 1.)  
 30 THESE DELAYS ARE IN FACT DISCRIMINATORY AND DIRECTLY RELATED TO THE FACILITIES CODE  
 31 OF SILENCE. STONE WALLING INMATES. NOW DUE TO A POLICY WHICH IS STATE WIDE, ROBLES  
 32 STATES ON 1ST LEVEL REVIEW THAT HE CAN NOT REINSTATE PREVIOUS CHRONIC PAIN MANAGE-  
 33 MENT MEDICATIONS IN THIS FACILITY UNTIL OTHER MEDICATIONS ARE TRIED. PER STATE POLICY. \*J.18\*  
 34 PETITIONER IS ALLERGIC OF THE FIRST 2 AND HAD ALREADY BEEN RECEI-  
 35 VING TREATMENT WITH GABAPENTIN SINCE HIS ARRIVAL IN CDC SEE MED MAR. EX.  
 36 J.16 AND WAS RECEIVING OPIOID TREATMENT IN CONJUNCTION WITH GABAPENTIN ONCE  
 37 HIS CONDITION WAS IDENTIFIED AS BROWN SYCHORD SYNDROM APPROXIMATELY 2-00-10  
 38 WHILE IN CALIFORNIA MENS COLONY \* SEE J.6, J.7\* AND J.8 FOR GUIDELINES. PETI-  
 39 TIONER FELT IT WAS CRUEL AND IMPRACTICAL TO RELY OR CITE THIS POLICY UNDER THE  
 40 GUISE OF TREATMENT. PETITIONER WAS BEYOND THAT POLICY IN THE COURSE OF DUE TREAT-  
 41 MENT FOR PAIN MANAGEMENT GOALS HAD ALREADY BEEN ACHIEVED. IF YOU WILL NOTE DR. L-  
 42 EONG'S REPORT IS LOCATED AT J.1, J.2\* THIS WAS ORIGINAL COC INTAKE IN 2009. PETI-  
 43 TIONER HAS NOT LEFT CUSTODY SINCE. THIS IS THE SAME MD WHO CONSPIRED WITH

IV.3

IV. 4

1 C/O CUNNINGHAM AND REMOVED MY CAIN CHRONO AND INTERFERED WITH THE SET  
 2 COURSE OF TREATING PETITIONER HAD SINCE BEEN RECEIVING. IN LIGHT OF THE IMPRACTICAL  
 3 CITING OF SAID POLICY BY DR. ROBLES, PETITIONER FILED A STAFF COMPLAINT ADDRESSING THE  
 4 DELAY IN PROCESSING ORIGINAL GOL AND FOR ADA DISCRIMINATION. AS YOU WILL NOTE, EX. D1 SEC. 27  
 RECENTLY A COMPLAINT WAS PROCESSED, BUT PETITIONER NEVER RECEIVED NOTICE NOR WAS THE APPEAL  
 5 RETURNED DESPITE NUMEROUS REQUESTS FOR PROCESSING. EX. D1 ONLY BECAME AVAILABLE  
 6 TO PETITIONER SO IT WAS UNKNOWN THE APPEAL WAS EVER ASSIGNED. SUBSEQUENTLY A THIRD  
 7 HIS APPEAL WAS SUBMITTED DUE TO ONGOING REQUESTS FOR RELIEF AND PROCESSING OF HIS APP-  
 8 EALS. SEE EX. C1, C2\* THOSE ARE THE ONLY APPEAL NOTICE RECEIVED VIA HIS APPEALS. WITH THE  
 9 EXCEPTION OF THE ORIGINAL SCREEN OUT WHICH WAS NEVER RETURNED ONCE CORRECTIONS  
 10 WERE MADE SEE D1. SEC. 4\* PETITIONER HAS KEPT LOG OF HEALTH CARE REQUESTS. SEE EX. G1 THRU  
 11 G14\* THESE LOGS CLEARLY DEMONSTRATE PETITIONER HAS FELL TO RETALIATORY AND  
 12 DISCRIMINATIVE ATTACKS THROUGH NO FAULT OF HIS OWN. HE HAS SOUGHT RELIEF FROM THE DEP-  
 13 ARTMENTS EXTENDING TO C.M. E\* EX. D\* WHO FAILED TO EVEN ACKNOWLEDGE THE REQUEST.  
 14 ULTIMATELY PETITIONER HAS FELL VICTIM TO THESE UNCONSTITUTIONAL CONDITIONS AND HAS BEEN  
 15 FORCED TO SUFFER RESTLESS DAYS AND SLEEPLESS NIGHTS AS A RESULT OF THE DEPARTMENTS  
 16 UNWILLINGNESS TO REINSTATE THE MEDICATIONS PETITIONER HAS BEEN EFFECTIVELY TREATED  
 17 WITH OVER THE PAST 2 YEARS. HENCE THE PETITIONER HAS SUFFERED FROM EXTREME  
 18 PAIN THAT IS CONTINUOUS, WITHOUT END WHAT SO EVER FOR THE ENTIRE PERIOD SINCE NKSP  
 19 ELECTED NOT TO TREAT HIM FOR SPINAL CHORD INJURY. SEE EX. J1 THRU J5 FOR MEDICAL  
 20 TREATMENT AND TREATMENTS PRIOR TO HIS RETURN BACK TO NKSP AS A RESULT OF THE MANI-  
 21 ATORY REALIGNMENT STATEWIDE. PETITIONER HAS BEEN WITHOUT REMEDY GOING ON ONE YEAR  
 22 NOW AND NKSP HIC FAILED TO FURNISH A CAIN PER ADA REQUEST. SEE EX. E1. THRU. E7.  
 23 STAFF CONTINUED TO VIOLATE A.D.A. RIGHTS AND ARE NOW FORGING DOCUMENTS.\* E1\* VERIFICATION  
 24 WAS ATTACHED BY PETITIONER VIA MED DOCUMENTS PREVIOUSLY OBTAINED FROM MED FILE  
 25 VIA: CMC. EX. E3 CLEARLY INDICATES (AW) ASSOCIATE WARDEN WAS NOTIFIED. AS YOU WILL NOTE  
 C/O CUNNINGHAM SIGNED OFF AS A WITNESS TO MOD ORDER. HOWEVER THIS MOD ORDER  
 1 WAS NEVER MET. SEE E4\* RN. MISS CORTEZ FAILED TO ISSUE A WALKING ASSISTIVE DEVICE.  
 2 SPECIFICALLY SHE TOLD PETITIONER HE SHOULD STOP COMPLAINING CAUSE IT WONT HELP ANYONE.  
 3 AND IF HE WISHED TO RECEIVE WALKING DEVICE HE WOULD BE CHARGED 180.00 DOLLARS AND  
 4 WOULD HAVE TO SIGN A TRUST WITHDRAW. PETITIONER RELAYED HE WOULD SIGN DOCUMENT  
 5 AND FOR HER TO ISSUE DEVICE. THE REQUEST WAS MADE VERBALLY FOR SEVERAL DAYS IN A ROW AS  
 6 SHE WAS ASIGNED TO AD SEG DILL CART. AS YOU CAN SEE FROM EX. E4. SHE FAILED TO ISSUE  
 7 A.D.A. MOD ORDER WALKING DEVICE. MD. ROBLES CONTINUED TO SUBJECT PETITIONER TO  
 8 RETALIATION FOR ONGOING COMPLAINTS AND ADA DISCRIMINATION. SEE EX. E5. PETI-  
 9 TIONER SUFFERED FURTHER REPERCUSSION FOR REQUESTING ADA ACCOMODATIONS. YOU CAN  
 10 SEE HE FALSELY INDICATES THERE IS NO VERIFICATION OF D.N.M/DPP AND PETITIONER DID  
 11 ATTACH VERIFICATION FOR A.V.A REQUESTS WHICH WERE REMOVED. SEE\* F1, F2\* IN EX.  
 12 E5 ROBLES STATES "HE WALKS WELL EVEN IN HANDCUFFS". THIS DOCUMENT CONTAINS C.M. E  
 13 SIGNATURE AS PARTICIPATING IN THE UNLAWFUL ACTION. SEE EX. E5 NOW FOR COMPLETE  
 14 REMOVAL OF THE ADA PROGRAM. DPP/DNM CODE. THIS DOCUMENT WAS FORGED INTO PETI-  
 15 TIONERS FILE BY A MERE STATEMENT WHICH IS CLEARLY A DARGATORY / DISCRIMINATING  
 16 STATEMENT\* E5\* C.M. E HAD ALREADY BEEN ABREASTED OF MD ROBLES WANTON CONDU-  
 17 CT. PRIOR TO THIS DATE OF A.D.A REQUEST. SEE \* G14 OR D\* NOW AS YOU WILL NOTE ON EX. E7  
 18 PETITIONER DID NOT RECEIVE SCREEN OUT A DA PACK UNTIL 5.11.12. WITH A DUE DATE OF 4.13.12.  
 19 MORE OVER THIS A.D.A. PACK WAS HANDLED BY M. ROCHA WHO IS NOT AUTHORIZED OR SANCTIONED  
 20 TO PROCESS MEDICAL APPEALS. HE IS ASSIGNED TO ADMINISTRATIVE APPEALS OFFICE. AS YOU WILL  
 21 NOTE IN PHR NKSP DOES NOT HAVE AN ASSIGNED MEDICAL APPEALS COORDINATOR WHICH IS  
 22 A DEFICIENCY. EVERY PRISON MUST EMPLOY PERSONNEL SPECIFICALLY TRAINED IN THE MANNER OF  
 23 HANDLING RECEIVING AND RESPONSIBLY ASSIGNING APPEALS FOR MEDICAL REVIEW ON EACH DE-  
 24 SIGNATED LEVEL FOR REVIEW. AS YOU WILL NOTE IN A1, A2\* MD ROBLES WAS ASSIGNED RE-  
 25 VIEW ON BOTH FIRST AND 2ND LEVEL WHICH IS CONTRARY TO CDCR POLICY AND DEPRIVES PETI-  
 1 TIONER APPROPRIATE REVIEW AT A HIGHER LEVEL OF PERSONNEL. THERE IS ABSOLUTELY NO DE-  
 2 NOLOGIC INTEREST IN REMOVING A DISABLED INMATE FROM A FEDERALLY ASSISTED PROGRAM IF  
 3 THAT MAN MEETS THE REQUIREMENTS OF THE PROGRAM AND HAS LEGITIMATE NEEDS. PETI-  
 4 TIONER HAS BEEN IN PHYSICAL TORMENT DUE TO THE UNTREATED CHRONIC PAIN SURGING THROUGH  
 5 SELECTIVE MUSCLE GROUPS AND BODY PARTS OF HIS BODY WHICH HAVE ALREADY BEEN IDENTIFI-  
 6 ED IN PATIENT PROVIDER AGREEMENT CONTRACT PRIOR TO ARRIVAL HERE IN NKSP. SEE  
 7 EX. L1 THRU L7. PETITIONERS PAIN IS SO SEVERE THAT HE CAN NOT PARTICIPATE IN DAILY YARD  
 8 AND HAS NOT ATTENDED YARD FOR OVER 2-3 MONTHS. YARD IS VERY FAR AND FEW BETWEEN  
 9 FOR PETITIONER IN SUCH A STATE AND DAILY ACTIVITIES ARE VERY MINIMAL DUE TO UNTREATED  
 10 MEDICAL CONDITION. THE MED DEPT OF SACRAMENTO CONTENDS PETITIONER IS RECEIVING  
 11 PROPER TREATMENT FOR CHRONIC PAIN MANAGEMENT WITH AMITRIPTYLINE. HOWEVER THIS  
 12 MEDICATION WAS ALREADY IN PLACE SINCE 2009 TO INCREASE P.M. SLEEP. SEE J17\* THERE IS  
 13 ONLY 1 REASON WHY NKSP MEDICAL FAIL TO FURNISH A CAIN AND PROPERLY REINSTATE THE MED  
 14ICATIONS INDICATED IN EX. M1, M2, M3.\* EITHER THOSE INVOLVED ARE TRULY INCOMPETENT,  
 15 UNDER QUALIFIED, OR ACTED WITH A SPECIFIC INTENT TO CAUSE PAIN AND SUFFERING. NKSP  
 16 OFFICIALS HAVE LONG SINCE BEEN PUT ON NOTICE OF THEIR ACTIONS WHICH CAUSE PETI-  
 17 TIONER INREPAIRABLE DAMAGE EACH DAY THAT GOES BY WITHOUT TREATMENT FOR THE EXISTING INJU-  
 18 RY. PETITIONER IS CONSTANTLY OVERCOME WITH PAIN. ALL PARTIES TO THIS ACTION ARE AWARE AND  
 19 ELECT TO STICK TO THE CODE OF SILENCE, ADHERING TO THE INTER ALIA POLICY OF NEGLECTING  
 20 IN DEPRIVING THOSE IN IT'S CARE. AS YOU MAY NOTE IN EX. B4, B5, B6\* NKSP HEALTHCARE DEP-  
 21 ARTMENT IS FORGING DOCUMENTS. PETITIONER HAS NEVER BEEN EXAMINED WHILE IN NKSP VIA: P.  
 22 J. S.P. EACH VISIT CONSISTS OF VITAL CHECKS AND PETITIONERS PLEAS FOR EFFECTIVE MEDICATION  
 23 TO LOWER AND MANAGE CHRONIC PAIN AND RECEIVE A CAIN. THE CURRENT SITUATION IS GRAVE  
 24 AND IT IS ASTOUNDING HOW THERE IS NO ACCOUNTABILITY FOR THE WANTON AND MALLICIOUS ACTS  
 25 BEING DIRECTED AT PETITIONER. AT THE VERY MINIMAL THE ISSUES RAISED IN EX. A1 & A2 WARENT  
 CERTAIN ACTION TO ESTABLISH IF THE ALLEGATIONS ARE ACCURATE AND TO ADDRESS ALL CONCERN  
 RAISED IN THE COMPLAINT. DUE TO THE FAILURE OF NKSP TO ADDRESS THE DEPARTMENTS FAILURE TO  
 INITIATE AN APPROPRIATE RESPONSE THE PETITIONER IS SUBJECTED TO - CRUEL AND UNUSUAL PU-  
 NISHMENT WITH NO REMEDY WHAT SO EVER. SEE EXHIBIT N1, N2, N3, N4 PLEASE \*\*\*  
 26

IV. 4

1 V. 5

1 IF YOU WILL NOW TAKE A LOOK AT EXS. F1, F2, AND F3 YOU WILL NOTE PETITION-  
 2 -ERS PLACEMENT CHRONOS FOR EXISTING CONDITION WHICH NKSP MEDICAL CONTENTS  
 3 DO NOT EXIST. NOW IF YOU WILL, VIEW F3 SPECIFICALLY. THIS CHRONO FOLLOW PETIT-  
 4 -IONER VIA U.S MAIL VIA P.O. S.P. IN EX# F4\* DATED THE TWENTY THIRD OF DEC. 2011.  
 5 THIS CHRONO WAS ISSUED HEREIN NKSP, DEMONSTRATING D.N.M CODE. A.D.A FOR  
 6 MOBILITY IMPAIRMENT. THIS IS SIGNED BY THE VERY SAME DR. MA LEONG WHO REMOVED  
 7 PETITIONERS AUTHORIZATION FOR A CAIN AFTER CONSPIRING WITH OFFICER CUNN-  
 8 -INGHAM ON 12-24-11 WHICH IS THE VERY NEXT DAY INDICATING HE WAS IN FACT AWARE  
 9 OF PETITIONERS CONDITION. SEE \*HEALTH CARE COMPLAINT WITH SUPPORTING DOCUMENTS # A1-A2, A.B.C.D.E-F\* ALTHOUGH PETITIONER RAISED SEVERAL HEALTH CARE COMPLAINTS  
 10 I.E: H/C GO2\*, STAFF SOUGHT TO IMPEDE THE PROCESS AND TO IGNORE WITH IMPUNITY HIS MED-  
 11 -ICAL NEEDS. AS A FORM OF RETALIATION HEALTH CARE OFFICIALS AND MR. ROCHA HAVE USED THE  
 12 APPEAL PROCESS TO CHALLENGE AND DISCOURSE PETITIONER FROM TAKING ANY FURTHER ACTION TO  
 13 OBTAIN REMEDIES FROM THE STATE, COCR... NKSP APPEALS PROCESS HAS PROVED TO BE DEFICIENT IN THE PROVISIONS NECESSARY TO FURNISH SUITABLE REMEDIES. IF YOU NOTE ON A B4\* CHI  
 14 EF L-12 ZAMORA STATES HE/ SHE WAS REVIEWING 3D LEVEL APPEAL ON BEHALF OF THE DIRECTOR. THE  
 15 ACTING DIRECTOR IS T. MCDONALD. AS THE ACTING DIRECTOR HE IS RESPONSIBLE FOR THE DEPARTMENTS  
 16 CODE OF CONDUCT AND UNDER OBLIGATION TO ENSURE EACH FACILITY IS RUNNING SMOOTH AND EFFICIENTLY.  
 17 MOREOVER, THESE OVERSITES ARE NOT PERMISSIBLE. WHEN ISSUES ARE ADDRESSED ON THE 3D LEVEL  
 18 REVIEW OF CERTAIN ISSUES REQUIRE APPROPRIATE AND IMMEDIATE ATTENTION DUE TO THIS DEFICIENCY IN DELEGATING AUTHORITY WITHOUT PROPER PROCEDURES AND PROTOCOL, THE OVERSIGHT  
 19 OF THE DEPARTMENT HAS BECOME A LIABILITY TO THE INJURY AND DEPRIVED PETITIONER A WAY BY WHICH THOSE RIGHTS WILL BE VINDICATED IF THERE IS A VIOLATION OF THEM. CURRENTLY IRRE-  
 20 -PAIRABLE DAMAGE IS ON GOING EACH DAY PETITIONER SUFFERS PHYSICAL TORMENT WITHOUT  
 21 TREATMENT FOR EXISTING INJURY... AS YOU WILL NOTE ON B1 THRU BG EACH AND EVERY LEVEL OF REV-  
 22 -IEW WAS DENIED. MR ROBLES WAS THE SOLE AND ONLY INTERVIEWER THROUGHOUT THE PROCESS.  
 23 THIS VIOLATES POLICY AS STATED. CONSEQUENTLY THE DIRECTOR AND OR DELIGATE FAILED TO TAKE  
 24 ANY FORM OF ACTION TO CORRECT THE DEFICIENCY WITHIN THE IDENTIFIED RESPECTS. THESE SAME  
 25 OVERSIGHTS ENDANGERED THE PETITIONERS LIFE WHEN HE PARTICIPATED ON A VOLUNTARY BASIS WITH  
 26 THE STATEWIDE POLICY OF MANDATORY REALIGNMENT. NKSP OFFICIALS SENT HIM OUT TO AN A.R.C YARD  
 11  
 12 THERE ARE OTHER COMPLAINTS IN THIS ACTION. IN ADDITION PETITIONER HAS ALREADY STATED ONE  
 13 OF THESE ~~THREE~~ CLAIMS IN (IV.2 LINES 13 THRU 19) FOR THE COURTS REFERENCE SEE APPENDIX: A1A.  
 14 WHICH CONTAINS MATERIAL REFERENCE FOR LINES (13-19 OF IV.2)  
 15 IF YOU WILL NOTE PETITIONER HAS RECEIVED A COPY IN APPENDIX A1A WHICH CONTAINS 21 PAGES  
 16 NUMBERED 1 THRU 21.  
 17  
 18 PETITIONER CHARGES THAT NKSP OFFICIALS VIOLATED DUE PROCESS ON A SERIOUS RULES  
 19 VIOLATION REPORT BY DISREGARDING ALL PROCEDURAL RIGHTS WITH IMPUNITY. ALL PARTIES IN THE FORECLOSED ACTION ARE DELIBERATELY DISREGARDING PETITIONERS RIGHT  
 20 TO POSTING AN NOTICE AND ALL PROCEDURAL SAFEGUARDS WERE AGAIN VIOLATED AS AN ACT OF REPRISAL SPECIFICALLY WITH THE INTENT TO ESTABLISH THEY MAY, AND WILL CONTINUE  
 21 TO DO AS THEY SO WISH WITH ABSOLUTELY NO REGARD. THE PARTIES NAMES AND TITLES HAVE  
 22 BEEN CITED AS PARTICIPATING IN A CODE OF SILENCE, STONEWALLING PETITIONER AT  
 23 EVERY GIVEN CHANCE.  
 24  
 25 ON 2-7-12 PETITIONER WAS ISSUED AN R.V.R CHARGING ATTEMPTED MURDER ON CELL MATE.  
 26 SEE # Z-1, Z-2\* NKSP OFFICIALS VIOLATED EVERY LAST RULE DOWN TO FALSE CONFIDENTIAL INFO AND EVERY HEARING REQUIREMENT AFFORDED THRU STATE POLICY.  
 19 PETITIONER WAS FOUND GUILTY OF SAID CHARGE AND APPEALED IT. SEE # Z-16, Z-17\* IN RESPONDENCE M. ROCHA INTERVIEWED PETITIONER RELAYING THAT THERE WAS NO MERIT TO PETITIONERS APPEAL. SEE # Z-11 THRU Z-15\* AS YOU WILL NOTE IN # Z-12\* M. ROCHA FORGED THAT STATEMENT. PETITIONER DID NOT MAKE THAT PLEA. MORE OVER YOU WILL NOTE IN # Z-15\* M. ROCHA WAS CONDUCTING THE REVIEW ON BEHALF OF A/W. S. TREVINO WHO SIGNED OFF AS THE AUTHORITY IN FULL AGREEMENT WITH M. ROCHAS CONTENTION THAT THERE IS NO MERIT TO PETITIONERS APPEAL... THIS CLEARLY DEMONSTRATES THESE TWO MEN ARE UNDERQUALIFIED OR ACTED WITH DELIBERATE INTENT TO CAUSE INJURY. SEE # Z-19\* SECTION A. AND B. NOW AS YOU NOTE THIS REVIEWER WAS IN TOTALL AGREEMENT THAT THE ENTIRE PROCESS WAS IN SUBSTANTIAL ERROR. HENCE MR. LOZANO OF 3D LEVEL REVIEW DISCUSSED THE ISSUE WITH NKSP WARDEN. IN ADDITION MR LOZANO ISSUED A MOD ORDER VIA E-FAK TO ROCHA EXPRESSLY ADVISING & DIRECTING NKSP OFFICIALS TO REISSUE AN REHEAR R.V.R ADHERING TO ALL PROCEDURAL REQUIREMENTS AND MEET ALL TIME CONSTRAINTS. SEE MOD ORDER # Z-21\* AGAIN YOU WILL NOTE A/W R. LOPEZ NAME AS STATED IN THE MEMO TO MARK STEVENS. FACILITY D CPT. CONSEQUENTLY NKSP OFFICIALS ESTABLISHED POLICIES WERE RECKLESS IN LIGHT OF THEIR ACTUAL PRESUMED KNOWLEDGE OF THE RISK OF HARM. AND YET STILL THEY SOUGHT TO DEPRIVE PETITIONER OF SUBSTANTIAL RIGHTS AND CAUSE RETALIATORY HARM. PETITIONER WAS ENTITLED TO RECEIVE FAIR POSTING OF CHARGE AND ALL SUPPORTING DOCUMENTS WITHIN 15 DAYS OF THE MOD ORDER. THIS WAS DISREGARDED BY CPT. M. STEVENS WHO FAILED TO FULLFILL THE MOD ORDER. PETITIONER WAS NOT ISSUED EX# Z-29 THRU Z-34 UNTIL 10-8-12. BY THIS TIME THE PETITIONER HAD ALREADY FELL VICTOM TO THE DEPRIVATION THROUGH NO FAULT OF HIS OWN.

1 V. 5

IV. 6

1 HEARING REQUIREMENTS WERE IGNORED WITH IMPUNITY AS WELL. PETITIONER SOUGHT TO  
 2 RESOLVE THE MATTER SEEK Z-27, Z-28 & CONSEQUENTLY NEITHER ONE OF THOSE DATES WERE  
 3 MET. PETITIONER WAS NOT AFFORDED A HEARING UNTIL 10/20/12, TO WHICH PETITIONER  
 4 THOROUGHLY ABREASTED HEARING OFFICE I.A.D. K O'DANIEL OF ALL THE CURRENT VIOLATIONS IN  
 5 RESPECT TO MOD ORDER IN PETITIONERS RIGHTS. THIS SAME HEARING OFFICER EXPRESSED HE WAS  
 6 UNDER A GREAT DEAL OF PRESSURE AND DID NOT WISH TO BE A PART OF IT. HOWEVER THIS OFFICIAL,  
 7 AFTER BEING ABREASTED OF PETITIONERS POSITION AND HAVING THE AUTHORITY PER DEPART-  
 8 MENT OPERATIONS MANUAL PROCEDURES. WHEN THESE TYPES OF POLICY VIOLATIONS ARE

9 BROUGHT BEFORE HIM DURING THE REVIEW AND ADJUDICATION OF AN R.V.R. HE DOES HAVE  
 10 THE EXPRESS OBLIGATION AND AUTHORITY TO DISMISS AN R.V.R. THERE WAS NO OTHER REME-  
 11 DY AVAILABLE DUE TO THE ORIGINAL VIOLATIONS CITED IN ZIG, Z-17 AND Z-19 SEC. 3.

12 CREDIT FORFITUDE MUST ULTIMATELY BE REVERSED. THIS WAS PART OF THE FIRST VIOL-  
 13 ATION REMEDY AT DIRECTOR LEVEL REVIEW. SO DUE TO REOCCURRING VIOLATIONS OF  
 14 THE IDENTICAL NATURE THE ONLY REMAINING ACTION TO REMEDY THE VIOLATION WOULD BE

15 A DISMISSAL OF THE SECOND R.V.R. IT WAS CLEARLY ESTABLISHED NKSPO POLICY WAS THE  
 16 MOVING FORCE FOR THE VIOLATION AND OFFICER K O'DANIEL FAILED TO BREAK THE CODE  
 17 OF SILENCE. MOREOVER THIS SAME OFFICER ADMITTED HE ALLOWED SGT. GONZALEZ TO CHANGE HIS  
 18 ANSWERS IN RESPONSE TO PETITIONERS QUESTIONS PREVIOUSLY PERFORMED BY AN INVESTI-  
 19 GATIVE EMPLOYEE MRS. WALKER. THIS I.E REPORT WAS ALTERED AND STAMPED "AMENDED"  
 20 WHICH IS UNFAVORABLE TO PETITIONER. SEEK Z-24 AND Z-35 & ANSWERS 1, 2, 3, 4 BY GONZAL-  
 21 -EZ ALTERED/FORGED.

22 AS A MATTER OF RECORD IN REFERENCE TO: I.U.3 LINES 11-13, PETITIONER ALSO CONTENTS THAT  
 23 MD. ROBLES VIOLATED HIS CONSTITUTIONALLY PROTECTED LIBERTY IN REST. PETITIONER DID NOT  
 24 WISH TO BE TREATED FOR HIS INJURY WITH AN "ANTI PSYCHOTIC DRUG" NOR WERE ANY PROCEDURAL  
 25 SAFEGUARDS MET FOR THE ADMINISTRATION OF SUCH A DRUG (Cymbalta) PETITIONER WAS COURSED  
 26 TO SAMPLE THIS SAME ANTI PSYCHOTIC DRUG FOR A TWO WEEKS PERIOD IN LIEU OF REINSTATEMENT OF THE  
 27 PREVIOUS MEDICATIONS THAT WERE EFFECTIVELY TREATING PETITIONERS CONDITION

28 PETITIONER CHARGES NKSPO HAS REACH NEW FOUND LEVELS OF CONDUCT THAT IS CONSTITUTIONALLY PROH-  
 29 IBITED. PETITIONER HAS NEVER HEARD OF OR LOCATED ANY MATERIAL REFERENCE OR CITINGS THAT RELATE  
 30 TO THE SPECIFIC ACTS OF THOSE DESCRIBED FOR THE DISREGARD OF AN INMATES RIGHTS OF DUE PROCESS  
 31 WHERE DISCIPLINARY MATTERS ARE CONCERNED. IT WAS NOT A SINGLE ACT OR EVENT THAT VIOLATED THE  
 32 PROVISIONS ESTABLISHED FOR THE ISSUANCE (DOCTING) AND ADJUDICATION OF AN R.V.R. BUT MANY ACTS  
 33 AND OMISSIONS OF NKSPO OFFICIALS WHICH CONSTITUTE VIOLATIONS OF FEDERALLY PROTECTED RIGHTS.  
 34 IN SAYING THIS, IT IS TO ESTABLISH THAT PETITIONER HAS BEEN VICTIMIZED NOT ONCE, BUT TWICE ON THE  
 35 SAME R.V.R. THESE UNPRECEDENTED EVENTS ARE A HALL MARK OF REGRESSION TO THE EVOLVING  
 36 STANDARDS OF DECENTY THAT MARK THE PROGRESS OF A MATURED SOCIETY.

37 DEFENDANT G. CRAMMER IS BROUGHT IN THIS VERY ACTION ALONG WITH N.K.S.P. OFFICIALS CITED, SPECIFIC  
 38 ALLY FOR A VIOLATION OF THE CONSTITUTION WHERE IT STATES; NOR SHALL ANY PERSON BE SUBJECT FOR  
 39 THE SAME OFFENCE TWICE TO BE TWICE PUT IN JEOPARDY OF LIFE OR LIMB

40 THIS OFFICER ALLEGES IN AN R.V.R. REPORT THAT HE CONDUCTED A CELL SEARCH AND LOCATED MARIJUANA  
 41 THAT BELONG TO THE PETITIONER. THE R.V.R. IS ATTACHED AS APPENDIX III

42 SPECIFICALLY PETITIONER WAS NOT AT MEDICAL AS THE REPORT STATES. AN OFFICER NAMED ROWELL OF A.S.U.  
 43 ADVISED PETITIONER IF HE WOULD CUFF UP AND EXIT CELL FOR A MEDICAL APPOINTMENT. THIS WAS FOUR DAYS  
 44 AFTER PETITIONERS PLACEMENT IN A.S.U. AD SEG. ON 12/27/12. SHORTLY AFTER PETITIONERS PLACEMENT  
 45 IN AD SEG HOLDING CAGE OFFICER CRAMMER ENTERED THE BUILDING WITH OTHER OFFICERS AND ENTERED  
 46 PETITIONERS CELL. DG. 12G LOWER BUNK. THESE C.O'S BEGAN TAKING PICTURES OF PETITIONERS CELL  
 47 AND AFTER APPROXIMATELY 12 MINUTES THEY EXITED CELL AND APPROACHED PETITIONER IN THE HOLDING  
 48 CAGE. CRAMMER STATES HE LOCATED DRUGS BELONGING TO PETITIONER AND WENT THROUGH THE PROCEDURE  
 49 OF UNCLOTHED BODY SEARCH ON PETITIONER. NOTHING WAS LOCATED ON OR NEAR PETITIONER. SUBSEQUENT-  
 50 LY HE WAS PLACED BACK IN HIS CELL AND AN R.V.R. WAS ISSUED ON 12/20/12. OFFICER SCOTT WAS ASSIGNED  
 51 AS THE PETITIONERS INVESTIGATIVE EMPLOYEE THIS SAME DAY. PETITIONER ABREASTED THIS I.E THAT HE  
 52 HAD PREVIOUSLY REPORTED TO SGT. THOMAS THAT THE PRIOR OCCUPANT OF HIS CELL HAD LEFT PERSONAL  
 53 BELONGINGS BEHIND WHICH INCLUDED SHOWER SHOES, PAPERWORK AND MEDICATIONS. THESE ITEMS REMAINED  
 54 IN THE CELL NEAREST THE LOCATION CRAMMER ALLEGES THE SUBSTANCE WAS RECOVERED. THEREFORE PE-  
 55 TITIONER RELAYED TO I.E THAT HE IS CERTAIN THE CELL HAD NOT BEEN SEARCHED AND SECURED PRIOR TO PETI-  
 56 TIONERS PLACEMENT IN THAT CELL AT MIDNIGHT OF 12-29-12. IT IS REQUIRED PROCEDURE THAT EACH  
 57 CELL IS SEARCHED THOROUGHLY AND SECURED PRIOR TO PLACING A NEW INMATE IN THAT CELL IN MAXIMUM  
 58 SECURITY UNITS. MOREOVER, THESE PROCEDURES AND THEIR FINDINGS MUST BE DOCUMENTED  
 59 ON THE ASSIGNED CELL SEARCH LOG BOOK AND A FORM 114A1 MUST ALSO DOCUMENT THAT SAID  
 60 CELL TO BE OCCUPIED BY A NEW ARRIVAL INMATE INTO MAX CUSTODY WAS CLEAR OF ALL CONTRABAND  
 61 AND THAT GIVEN INMATE WAS PLACED IN A CELL THAT WAS SEARCHED THOROUGHLY AND SECURED PRIOR TO  
 62 INMATES PLACEMENT IN SAID CELL. THIS DOCUMENT WOULD CONTAIN THE CELL#, THE SEARCH OFFI-  
 63 CERS NAME, THE TIME AND DATE OF SAID MANDATORY SECURITY PROCEDURE, AND THE INMATES NAME  
 64 AND COC# FOR PLACEMENT IN THAT CELL.

65 AS A FACT OF FINDING, PER PETITIONER REQUEST, THIS I.E DISCOVERED THEF INSMERIT  
 66 TO PETITIONERS CONTENTION THAT THE PREVIOUS OCCUPANT LEFT PERSONAL PROPERTY BEHIND.  
 67 THE LOG BOOK INDICATED THE CELL NOW OCCUPIED BY PETITIONER HAD NOT BEEN SEARCHED AND SEC-  
 68URED PRIOR TO HIS PLACEMENT IN SAID CELL. THE LAST SEARCH CONDUCTED IN THAT CELL WAS 12

69 16-11. PETITIONER REQUESTED OF REPORTING OFFICER G. CRAMMER, VIA I.E SCOTT HOW  
 70 HE CAME TO BELIEVE THE SUBSTANCE IN QUESTION BELONGED TO THE PETITIONER. HE STATED  
 71 TO I.E THAT THE MARIJUANA WAS LOCATED NEXT TO "CAMPAS" PERSONAL BELONGINGS AND

IV. 6

1 THAT PETITIONER MUST HAVE KNOWN ABOUT MARAJUANA".

2 NOW IF YOU WILL TURN YOUR ATTENTION TO EXHIBIT 2.B IN APPENDIX III. YOU WILL NOTE THAT PETITIONER  
3 WAS NOT ISSUED HIS PERSONAL PROPERTY UNTIL A MUCH LATER DATE OF 1.10.12. THIS IS AN OFFICIAL PROPERTY  
4 SHEET SIGNED BY OFFICER K. JOSEPH AND PETITIONER INDICATING HE RECEIVED HIS PERSONAL  
5 PROPERTY ON SAID DATE 1.10.12.6 DURING THE ADJUDICATION OF THIS R.V.R 134 LT. BREWSTER OF AD SEG IT WAS ALSO DISCOVERED THAT A  
7 REQUIRED DOCUMENT WAS NOT AVAILABLE DUE TO A BREACH IN STAFF SECURITY AND PROTOCOL. IN LIGHT OF  
8 THESE FINDINGS COUPLED WITH PETITIONERS PROPERTY RECEIPT REFUTING CRAMMER'S STATEMENT  
9 IT ESTABLISHED PETITIONERS INNOCENCE. DEFENSE WAS PROPERLY STATED AND THE HEARING OFFICER  
10 RELIED UPON THESE FACTS OF FINDING AND FOUND PETITIONER NOT GUILTY AND THE CHARGE WAS DISMISSED  
11 IN THE "INTEREST OF JUSTICE" SEE EXH 2.3\*  
12 FOR ENTIRE REPORT VIEW 2.C THRU 2.G \*13 AGAIN WE ARE FACED WITH A UNIQUE AND UNPRECEDENTED EVENT THAT HAS PLACED PETITIONER TWICE IN  
14 JEOPARDY APPROXIMATELY IN THE MONTH OF AUG. OF 2012 CHARGES WERE FILED ON PETITIONER IN KERN  
15 COUNTY FOR THE R.V.R RELATING TO IN CELL INCIDENT ON 12.22.11. DURING A PRELIMINARY EXAMINATION  
16 OFFICER G. CRAMMER WAS PROVIDING TESTIMONY AS TO INFORMATION HE RECEIVED FROM (SEVERAL NAME)  
17 SOURCES THAT WERE PREVIOUSLY UNKNOWN SOURCES INVOLVED WITH THE INVESTIGATION OF THE R.V.R.  
18 CHARGING PETITIONER WITH ATTEMPTED MURDER. THIS OFFICER INCORPORATED INTO HIS TESTIMONY HOW HE CAME  
19 TO DISCOVER ~~DISCREPANCY~~ MARAJUANA DAYS LATER AFTER PLACEMENT IN AD SEG. THERE WAS NEVER A (POST-  
20ING) ON THAT CHARGE TO BASE A DEFENSE ON PRIOR TO PRE-LIM. THUS HAVING PLACED PETITIONER TWICE IN  
21 JEOPARDY. AND A SUBSEQUENT VIOLATION OF DUE PROCESS FOLLOWED. THERE WAS NO POSTING OF SAID CHARGE.  
22 IT WAS INCORPORATED BY THIS OFFICER'S DISREGARD FOR THE PETITIONERS CONSTITUTIONAL RIGHTS DURING A PRE-  
23 LIM. THE COURTS THEN BOUND PETITIONER OVER TO THE SUPERIOR COURTS TO ANSWER ON THAT CHARGE. CONTRARY  
24 TO OTHER INMATE CLAIMS OF INMATES BEING TWICE PUT IN JEOPARDY BECAUSE THEY HAD ALREADY BEEN DISCIPLINED  
25 BY CDCR FOR TRIABLE OFFENSE AND THAT THE COURTS HAD NO JURISDICTION TO BRING CHARGES BECAUSE  
13 OF THE DISCIPLINE THEY HAD ALREADY RECEIVED. THIS CASE CONTRASTS BY FAR. IT IS PROPERLY STATED AS A UNIQU  
14 E QUESTION FOR THE FEDERAL COURTS TO ADDRESS. SEC 5054, 5058, AND 2932 OF THE PENAL CODE GOVERN  
15 THE RULES, POLICY, AND PROCEDURES CITED IN THE TITLE IS: RULES AND REGULATIONS. IF PETITIONER  
16 WAS TRIED AND THERE IS NO EVIDENCE TO SUPPORT THAT CHARGE IT STATES IN SEC. 3316 THAT THOSE  
17 SAME UN-SUPPORTED CHARGES "SHALL NOT" BE REFERRED FOR PROSECUTION. MORE OVER, THE CHARGE  
18 CITED IN R.V.R AUTHORED BY G. CRAMMER WAS FOUND TO BE WITHOUT MERIT. AND DISMISSED ACCORDINGLY PER CDCR PROCEDURE. IT IS UNCLEAR WHAT MADE THIS OFFICER ACT IN SUCH A WAY BUT IT  
19 IS CLEAR HE IS THE MOVING FORCE OF THE VIOLATION CITED ABOVE. THIS OFFICER IS EMPLOYED AT NKPSP  
20 AND IS UNDER THE SAME CONSTITUTIONAL OBLIGATION AS N.P. ITSELF AND OTHERS EMPLOYED THEREIN.  
21 HAD THE DISCIPLINARY REFERAL AND OR THIS OFFICER'S STATEMENT(S) ACTIONS AND OMISSIONS BEEN WITHDRAWN IN RESPECT  
22 TO PETITIONERS CONSTITUTIONALLY PROTECTED RIGHTS UNDER THE 3RD AMENDMENT, THE PETITIONER  
23 WOULD NOT BE EXPERIENCING SAID DEPRIVATION24 FOR THE COURTS REFERENCE YOU WILL FIND THOSE VERY SAME TESTIMONIES OFFICER CRAMMER PROVIDED IN PRE-  
25 LIM WERE DIRECTED TOWARDS PETITIONER UNDER QUESTIONABLE CIRCUMSTANCES RELATED TO 3RD LEVEL REVIEW  
1 FOR THE DISCIPLINARY APPEAL OFFICE. SEE EXH 2.19. SEC. 4, B. THAN VIEW MOD ORDER: 22.21 AUG. 15. 2012.

2 FOR THIS DATE CRAMMER HAD ALREADY VIOLATED SEC 2932 OF THE PENAL CODE (CONFIDENTIAL INFORMATION DISCLOSURE AND RELIABILITY) AND USED THAT VERY SAME INFO AS PRELIM TESTIMONY.

3 THE ACTIONS AND OMISSIONS OF ALL DEFENDANTS CITED ARE NOT SUPPORTED BY ANY LEGITIMATE PENALOGICAL  
4 INTEREST. A PRISON THAT DEPRIVES PRISONERS OF BASIC SUSTENANCE, INCLUDING ADEQUATE MEDICAL CARE, IS  
5 INCOMPATIBLE WITH THE CONCEPT OF HUMAN DIGNITY AND HAS NO PLACE IN CIVILIZED SOCIETY.

1 UNDER CONSTITUTION AMEND. 14, 8, 5, 1 -- --  
 2 PRAYER FOR RELIEF: UNDER CONSTITUTION AMEND. 14, 8, 5, 1 -- --

3 PETITIONER PRAYS RELIEF IN THE IDENTIFIED RESPECTS OF THE CLAIM. THE ACTION IS BROUGHT FORTH  
 4 UPON THE MERITS OF CONSTITUTIONALLY PROTECTED RIGHTS IN WHICH NKSP OFFICIAL AND MEDICAL PERSONNEL  
 5 INCLUDING THOSE AT THE DIRECTOR LEVEL REVIEW HAVE IGNORED WITH IMPUNITY... PETITIONER RAISES  
 6 THAT THE EFFICIENCY OF CIVIL ADMINISTRATION WOULD BE PROMOTED BY ALLOWING UNDER 28 U.S.C. §  
 7 1915(d) PETITIONER TO RECEIVE COURT APPOINTMENT OF COUNSEL UNDER THE PLEAD OF EXCEPTIONAL  
 8 CIRCUMSTANCES.

9 A PORTIONABLE AMOUNT OF DAMAGE EXISTS BETWEEN ALL THE DEFENDANTS EXCEEDING A MILLION  
 10 DOLLARS IN COMPENSATORY DAMAGES APPLICABLE IN EACH COUNT IN ACCORDANCE TO THE STATUTES  
 11 APPLIED FOR EACH SEPERATE DEPRIVATION AND EVERY UNCONSTITUTIONAL LOSS OR HARM THAT IS ON  
 12 GOING... IN LIGHT OF THE INDIGNITIES BROUGHT UPON PETITIONER HIS LIFE HAS BEEN IN PERIL THROUGH  
 13 NO FAULT OF HIS OWN... ALTHOUGH N.K.S.P. AND CCR CAN NOT GUARANTEE THE SAFETY OF IT'S PRISONERS  
 14 FOR CERTAIN, IT STILL HAS A CONSTITUTIONAL DUTY TO TAKE REASONABLE STEPS TO PROTECT THE PETITIONER'S  
 15 SAFETY AND BODILY INTEGRITY.

16 FOR THIS REASON PETITIONER WOULD LIKE TO ABOLISH THE INTER ALIA CUSTOM NKSP HAS ADOPTED AND CREA-  
 17 CK THE CODE OF SILENCE THAT HAS ALLOWED EACH OFFICIAL CITED TO VICTIMIZE PETITIONER BEGINNING  
 18 ON THE DAY HE ARRIVED IN NKSP WITH SIMILARLY SITUATED INMATES PARTICIPATING IN THE ST-  
 19 ATES MANDATORY ALIGNMENT POLICY WHEN N.K.S.P. OFFICIALS ELECTED TO TREAT HIM DIFFEREN-  
 20 TLY, NOT ALLOWING HIM TO GO TO THAT GP. MAINLINE WITH ALL THE OTHERS...  
 21 WALKING THROUGH EACH SUBSEQUENT EVENT THAT ROBBED HIM OF SUSTENANCE AND DIGNITY...  
 22

23 FOR EACH REPRISAL TOOK UPON PETITIONER FOR EXERCISING HIS FIRST AMENDMENT TO ACHIE-  
 24 VE HEALTH CARE FOR HIS UNBARABLE CONDITION...  
 25

26 PETITIONER HAS SUFFERED SUCH A GREAT DEAL TO IMAGINE BOTH PHYSICAL TORMENT AND ME-  
 27 MENTAL AGUISH... THE EXTENT OF DAMAGE IS EQUIVALENT TO THE COST OF LIFE... AS AN EVER EVOL-  
 28 UNG CIVILIZED SOCIETY WE CAN NOT PLACE A PRICE ON SUCH A THING...

29 FOR THESE REASONS THE PETITIONER LOOKS TO THE COURTS TO VINDICATE THE CONSTITUTIONALLY  
 30 PROTECTED RIGHTS THAT ARE BEING VIOLATED FREELY WITHOUT REPERCUSSION...

31 PETITIONER PRAYS FOR APPOINTMENT OF COUNSEL AT THE EARLIEST POSSIBLE DATE.  
 32 PETITIONER PLEADS EXCEPTIONAL CIRCUMSTANCES DUE TO THE VOLUME OF DEFENDANTS  
 33 AND THE UNPRECEDENTED IMPRESSION THE ACTION WILL HAVE UPON THE COURTS...

34 PETITIONER'S POSITION IS VERY DELICATE AND IN HIS CURRENT STATE OF TORMENT IN  
 35 NOT RECEIVING SUITABLE TREATMENT TO MANAGE HIS CHRONIC PAIN. THEREFORE PETITIO-  
 36 NER WISHES TO SUE THE DEFENDANTS IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITY.

37 PETITIONER IS NOT ONLY ASKING FOR A DIVISION OF A MILLION + BUT ALSO FOR INJU-  
 38 RITIVE RELIEF IN THE MATTER OF HEALTH CARE'S FAILURE TO FURNISH A CURE FOR  
 39 PETITIONER PER A.D.A. EQUAL RIGHTS ACT AND IN THAT ORDER, THAT HE BE TREATED WITH  
 40 HIS ORIGINAL CHRONIC PAIN MANAGEMENT MEDICATIONS.

41 SPECIFICALLY 1. MS 30 TWICE A DAY (MORPHINE 30 MG TAB) ONE TREATMENT IN THE  
 42 A.M AND ONE TREATMENT IN THE P.M.

43 GABAPENTIN 1200 MG 3 X A DAY. THERE WAS ANOTHER MEDICATION BUT THESE TWO AS  
 44 STATED IN SPECIFIED DOSES IN AMOUNTS WERE EFFECTIVELY INCREASING PETITIONER'S DAY  
 45 TO DAY ACTIVITIES BY BRINGING THE CHRONIC PAIN DOWN TO A MANAGEABLE LEVEL.

46 AN EXPRESS ORDER MUST BE ISSUE THAT WOULD PROTECT PETITIONER FROM FUTURE A.D.A.  
 47 DISCRIMINATION AS WELL -- INCLUDED WITH THIS ORDER PETITIONER WOULD REQUIRE RE-  
 48 INSTATE UNDER A.D.A. ACT AND PLACEMENT BACK ON DPP CODE DUE TO HIS FALSE REMO-  
 49 VAL FROM PROGRAM BY MEDICAL OFFICIALS.

50 PETITIONER REQUESTS A SECOND INJUNCTIVE ORDER REQUIRING CCR TO REMOVE  
 51 ATTEMPTED MURDER R.U.R FROM PETITIONER'S FILE AND TO DISMISS AND OR TERMINATE  
 52 THAT R.U.R IN THE INTRST OF JUSTICE.

53 PETITIONER REQUESTS A 3D INJUNCTIVE ORDER TO THE KERN CO. SUPERIOR COURT FOR A DIS-  
 54 MISEAL OF THE CHARGE THAT PLACE HIM TWICE IN SEOPARDY - SPECIFICALLY THE R.U.R THAT  
 55 CHARGED POSS. OF MARASJUANA AND TO THAT END THIS SAME CHARGE WAS BROUGHT UPON PETIT-  
 56 IONER IN A CONSTITUTIONALLY PROHIBITED WAY. FAILURE TO PROPERLY POST NOTICE OF CHARGE  
 57 TO BUILD A DEFENSE ON

58 AS A MATTER OF JURISDICTION AND STATUTE, PETITIONER INTENDS TO PERSUE THIS  
 59 ACTION RES JUDICATA UPON COURT APPOINTMENT OF COUNSEL IF THIS PRAYER FOR RELIEF  
 60 CAN BE GRANTED BASED ON THE MERITS OF THE CLAIMS AND THE SUBSTANTIAL EVIDENCE  
 61 PROVIDED... FOR THE PRESERVATION OF THIS RIGHT PETITIONER INTENDS TO SUBMIT  
 62 THE APPROPRIATE FORMS TO THE GOVERNMENT CLAIMS BOARD AT THE EARLIEST POSSIBLE  
 63 DATE

64 I CERTIFY UNDER PENALTY OF PERJURY I HAVE DRAFTED THE FORE-  
 65 GOING ACTION AND THE FACTS THEREIN ARE TRUE OF MY KNOWLEDGE, EXCEPT TO MATTERS OF  
 66 THAT ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS FORTHOSE I BELIEVE  
 67 THEM TO BE TRUE. I DECLARE THE FOREGOING IS TRUE AND CORRECT, UNDER PENALTY OF PERJURY,  
 68 THAT THIS DECLARATION/ACTION WAS EXECUTED AT NKSP IN CELL 12G, DELANO, CA. ON 11.14.12

Anthony Camara

1 MEDICAL APENDIX

2 HEALTH CARE APPEAL EX-A1, A2,

3 A. THRU F: HEALTH ATTACHMENTS FOR APPEAL.  
EX-B1: FIRST LEVEL H/C RESPONSE: 3-6-12

4 EX-B2, B3: 2ND LEVEL H/C RESP: 5-14-12

EX-B4, B5, BG: 3D LEVEL H/C RESP: 9-10-12

EX-C1, (C2), H/C APPEAL ASSIGNMENT NOTICE: C2 IS A-D-A:4-6-12

EX-D1, D2, D3: APPEAL HISTORY: H/C.

EX-E1 THRU E5: 9-10-12, A PACK: E1-E7, SUB: 3-27-12, PRICES: 4-6-12, RETURN: 5-11-12: OVERDUE

EX-F1-F4: MEDICAL CHRONOS.

EX-G1-G14: H/C REQUESTS.

EX-H1: VERIFICATION: NO H/C APP. COORDINATOR: DEFICIENCY: 11-2-12

J'S FOR MEDICAL CONDITION.

EX-J1, J2: ORIGINAL INTAKE RPT VIA DR LEONG: 2009.

EX-J3, J4: MEDICAL RPT VIA DR. CARDENO: FOLSOM: 1-6-10

EX-J5: M.R.1

EX-J6 THRU J18: DR'S ORDERS AND NOTES.

EX-J16: GABAPENTIN MAR: 10-2-09

EX-J17: AMITRIPTYLINE MAR: 9-17-09

EX-J18: PAIN MANAGEMENT MEDCHART: GUIDELINES.

EX-K1: SPECIAL TRANSFER CHRONO: 128 GUIN PVSP: 10-26-11

EX-K2: 5-N.Y. CHRONO: 12-17-11

EX-L1 THRU L7: CHRONIC PAIN MANAGEMENT CONTRACT AND BODY CHART: 10-1-10

EX-M1: M5 MAR: MORPHINE TREATMENT.

EX-M2: GABAPENTIN MAR

EX-M3: BACLOFENE MAR.

EX-N1 THRU N4: DR. ORDERS.

STATE OF CALIFORNIA

EX-A1

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

STAFF USE ONLY		Institution:	Log #:	Category:
Emergency Appeal	<input type="checkbox"/> Yes <input type="checkbox"/> No	NKSP NC	17020891	
Signature:	Date:	FOR STAFF USE ONLY		

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
CAMPA ANTHONY	T43585	DG-126	

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

DELIBERATE INDIFERANCE: MEDICATION, CAIN

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON 12-24-11 MY CANE WAS TAKEN FROM ME BY DR. LEONG. I SUFFER FROM A SPINAL CHORD INJURY; BROWN SYPHARD SYNDROM AND HAVE REPEATEDLY FALLEN AND SUFFERED FURTHER INJURY FOR LACK →

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I REQUEST EMEDIATE TERMINATION OF THESE INFFECTIVE MEDICATIONS AND RE-INSTAMENT OF ORIGINAL PAIN MANAGEMENT PLAN. THIS WOULD INCLUDE RE-INSTAMENT OF CANE AS WELL. →

 Supporting Documents: Refer to CCR 3084.3.

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

2 MEDICAL REQUESTS FOR CARE.WILL ADD MORE DOCS AT A LATER TIME. No, I have not attached any supporting documents. Reason:

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

Patient/Inmate Signature: Anthony Campa Date Submitted: 10-20-12 By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only	Staff - Check One: Is CDCR 602-A Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	--

This appeal has been:

 Bypassed at the First Level of Review. Go to Section E. Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Cancelled (See attached letter): Date: \_\_\_\_\_ Accepted at the First Level of ReviewAssigned to: D Yارد Medic I Title: MD Date Assigned: 1/25/12 Date Due: 3/7/12

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview:	<u>2/10/12</u>	Interview Location:	<u>Medical Clinic</u>
--------------------	----------------	---------------------	-----------------------

Your appeal issue is: Medical Clinic  Granted  Granted in part  Denied  Other: \_\_\_\_\_

See attached letter of dissatisfaction with First Level response, complete Section D.

Interviewer: A. Shittu Title: MD Signature: [Signature] Date completed: 3/6/12

Reviewer: <u>A. Shittu</u> (Print Name) Title: <u>MD</u> Signature: <u>[Signature]</u>	HCAC Use Only
--	---------------

Date received by HCAC: \_\_\_\_\_ Date mailed/delivered to appellant: 3/6/12

EX A1

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

## PATIENT/INMATE APPEAL

CDCR 602 HC (REV. 04/11)

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Appellant is still without remedy in that Dr. Robles displays discrimination towards my disability & IS IN VIOLATION OF the Title 15 & D.O.M. Dr. Robles indicated that there is NO Documentation OF the Appellants Medical Condition which displays Deliberate Indifference towards Appellants medical Needs, The Appellant IS Providing PROOF OF his Medical Condition that were Copied from my CDC Medical File (see Attached documents: CDC Form 7374 & CDCR 7230-M). It's been noted that the Appellant has been suffering Chronic Pain Before his transfer to N.K.S.P. Included with this CDC 602-HC IS (1) CDCR 1824 Against Patient/Inmate Signature: Anthony Camara

Date Submitted: 3-26-12

E. Second Level - Staff Use Only	Staff - Check One: Is CDCR 602-A Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:		
<input type="checkbox"/> By-passed at Second Level of Review. Go to Section G.		
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____		
<input type="checkbox"/> Cancelled (See attached letter): Date: _____		
<input checked="" type="checkbox"/> Accepted at the Second Level of Review		
Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____		
Second Level Responder: Complete a Second Level response. Include Interviewer's name, title, interview date, location, and complete the section below.		
Date of Interview: _____ Interview Location: _____		
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in part <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Other: _____		
See attached letter. If dissatisfied with Second Level response, complete Section D.		
Interviewer: <u>N/A</u> Title: _____ Signature: _____ Date completed: <u>5/14/12</u>		
Reviewer: <u>N. ODE LUGA, MD</u> Title: <u>CME</u> Signature: <u>Mazy</u> Date completed: <u>5/14/12</u>		
(Print Name)		
Date received by HCAC: _____ HCAC Use Only _____ Date mailed/delivered to appellant: _____		

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Office of Third Level Appeals – Health Care, California Prison Health Care Services, P.O. Box 4038, 660 Suite 400, Sacramento, CA 95812-4038. If you need more space, use Section F of the CDCR 602-A.

AS MEDICAL APP- OFFICE IS AWARE 1ST LEVEL REVIEW WAS VIOLATED IN WHICH THEY RE-ASSIGNED MY APPEAL FOR REVIEW TO THE SAME DR. ROBLES IN WHICH I HAVE BEEN DENIED OF DECENT H/C & DENIED OF APPEAL RIGHTS AS WELL. AND STAFF HAVE SINCE TOOK RETRIBUTION AGAINST ME FOR PURSUING H/C NEEDS & VOICING COMPLAINTS. ORIGINALLY THIS APP- WAS SCREENED OUT WITH ATTACHED H/C REQUESTS ALTHOUGH IT TOOK OVER 25 DAYS TO REACH ME. ONCE CORRECTIONS WERE MADE 1ST LEVEL REVIEW WAS ALSO DELAYED & WITHOUT REMEDY. DR. ROBLES ELECTED TO DOUBLE THE AMOUNT OF CYMBALTA WHICH IT CLEARLY EXPRESSED WAS CAUSING HARMFUL SIDE

Patient/Inmate Signature: <u>Anthony Camara T43585</u> Date Submitted: <u>5-30-12</u>			
G. Third Level - Staff Use Only			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter): Date: _____			
<input checked="" type="checkbox"/> Accepted at the Third Level of Review			
Your appeal is	<input type="checkbox"/> Granted	<input type="checkbox"/> Granted in part	<input checked="" type="checkbox"/> Denied
See attached Third Level response.			
Third Level Use Only <u>SEP 10 2012</u>			
Date mailed/delivered to appellant: _____			

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

Patient/Inmate Signature: _____	Date Submitted: _____		
Print Staff Name: _____	Title: _____	Signature: _____	Date: _____

**STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL FORM ATTACHMENT  
CDCR 602-A (08/09)**

EX A.2

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

<b>IAB USE ONLY</b>	Institution/Parole Region:	Log #:	Category:
	_____	_____	_____
<b>FOR STAFF USE ONLY</b>			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

**WRITE, PRINT, or TYPE CLEARLY in black or blue ink.**

Name (Last, First): <b>CAMPA. ANTHONY</b>	CDC Number: <b>T43585</b>	Unit/Cell Number: <b>DG-12G L</b>	Assignment:
<p>A. Continuation of CDCR 602, Section A only (Explain your issue): <b>OF MY ASSISTIVE DEVICE . MEDICAL VERIFICATION IS AVAILABLE THROUGH CDCR MEDICAL RECORDS &amp; MEDICAL HISTORY. FURTHERMORE I AM SUFFERING AND IN SEVERE PAIN DUE TO N.K.S.P MEDICAL STAFF NOT PROVIDING APPROPRIATE MEDICATION &amp; DOSAGE. I AM NOT A TEST ANIMAL OR LAB RAT YET N.K.S.P ELECTED TO GO AGAINST A PAIN MANAGEMENT REGIMENT THAT WAS EFFECTIVELY TREATING PAIN TO TEST OUT SOMETHING ELSE THAT HAS PROVEN TO BE INEFFECTIVE AND CAUSES SIDE EFFECTS. THIS IS A QUALITY OF LIFE ISSUE AND N.K.S.P HAS AN CONTINUES TO ACT WITH DELIBERATE INDIFFERENCE TOWARDS MY MEDICAL NEEDS.</b></p> <p>RECEIVED OTLATIC JUN 1 2012 HC APPEALS</p> <p>COMPLETED SEP 10 2012 HC APPEALS</p> <p>U T A F S</p>			
Inmate/Parolee Signature: <u>Anthony Campa</u>		Date Submitted: 10-20-12	

Inmate/Parolee Signature: Anthony Grays Date Submitted: 1.20.12

B. Continuation of CDCR 602, Section B only (Action requested): Be given GABA pentox 1200 mg 3x Daily  
Be given Tramadol Instead Of Morphine 3x Daily On A trial Basis,

**Inmate/Parolee Signature:**

**Date Submitted:**

EX. A2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Dr. Robles for his discrimination Against My disabilities. (See Attached documentation dated 3-27-12) As this Issue Meets the Requirement Of Quality Of Life Issue. Current Medication Prescribed has No Affect On My Pain & has Harmful Side AFFECTS. The Appellant Raised this Issue by Submitting A CDC 7362 # 1663797 dated 1-11-12 (See Attached.) And still I'm w/out Remedy. I'm Currently Under the A.D.A Provision & The Plata vs. Schwarzenegger provision As An Active Participant Under Both Provisions I Will NOT Sit Back. And Allow N.K.S.P Medical Department & Its STAFF to Discriminate Against My Person & My Disability. The Appellant has NOT Been Provided EFFECTIVE pain Relief Since The Termination Of My Pain Regiment For Chronic Pain Management On 1-2-12 Appellant IS w/out Remedy. # All documents have Been Provided #

Inmate/Parolee Signature: Anthony CampanDate Submitted: 3-26-12

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): EFFECTS & NOT TREATING PAIN. N.K.S.P ELECTED TO TERMINATE A PAIN MANAGEMENT MEDICATION REGIMENT THAT WAS ALREADY IN PLACE PRIOR TO MY ARRIVAL HERE ON 12-7-11 VIA - DUSP. I WAS FIRST STRIPPED OFF SAID TREATMENT WITHOUT NOTICE & THAN PLACED ON CYMBALTA. INITIALLY I WAS TOLD BY ROBLES TO GIVE IT A TRY FOR 2 WEEKS & IF IT WAS NOT RIGHT FOR ME THE ISSUE WOULD BE CORRECTED. THAN ON 1ST LEVEL REVIEW HE DOUBLED ORDER TO WHICH I CLEARED TAKING THE HARM FULL AMOUNT PERIOD. HE INDICATES I ASKED FOR "REFILL OF MORPHINE" I REQUESTED RE-INSTATEMENT OF MY PAIN MANAGEMENT PLAN. TO WIT: GABAPENTIN 1200 MG 3X A DAY AND MS 15 3X A DAY. ROBLES STATED HE COULD NOT CONTINUE THOSE MEDS DUE TO N.K.S.P POLICY UNLESS I CAN PROVIDE VERIFICATION OF INJURY SPECIFICALLY "BROWN SYCHORD SYNDROM". WHEN THE APP. CAME BACK OVER ME WITHOUT THE ORIGINAL DOCS I PROVIDED, I SUBMITTED A STAFF COMPLAINT ALONG WITH A NEW GOZ ON H/C. I ALSO ADDEN MORE SUPPORTING DOCS & VERIFICATION OF SAID INJURY WHICH WAS PREVIOUSLY OBTAINED VIA OLSEN REVIEW VIA MED FILE IN CMC. AND AGAIN THE APP-OFFICE REDIRECTS 2ND LEVEL REVIEW TO THE SAME REVIEWER, ROBLES. TO WHICH REPRISAL WAS TAKEN. MY 1ND LEVEL REVIEW WAS DEPRIVED OF REMEDY AS WELL. ALL MY VERIFICATION & SUPPORTING DOCS WERE ONCE AGAIN REMOVED! 3-27-12 & 5-2-12 APPS WERE SUBMITTED WHICH RELATE DIRECTLY TO THE ORIGINAL ISSUE WHICH I HAVE ESTABLISHED IS CLEARLY ON GOING. I HAVE NOT RECEIVED LOG# ON EITHER APPEAL & THE FOLLOWING CORRESPOND WITH DATES H/C REQ & INQUIRIES WERE MADE INCLUDING TO C.M.O DIRECTLY & I HAVE SINCE BEEN REMOVED FROM INM/DDP PROGRAM BUT MY CONDITION HAS & WILL NOT IMPROVE. THE DAMAGE IS PERMANENT & MY DAY TO DAY SUFFERING & HARDSHIP IS EXTREMELY SEVERE. 7362 REQ / DATES. WITH THE EXCLUSION OF THOSE REMOVED BY H/C AS STATED: 2-7-12 CDR 22 FOR INT. 3-1-12 # 1703630. 3-27-12 10A FORM. 5-4-12 22 REQ ADRESA. 5-6-12 H/S APP. 7362 79 3-10-12 # 1975439. 5-18-12 # 1247439 5-21-12 # 1247480. 5-26-12 # 1006407. 5-30-12 # 1006406. ALL UNANSWERED. 5-2-12 # 1797322. EXHIBIT D

Inmate/Parolee Signature: Anthony Campan T43585Date Submitted: 5-30-12

ATT: I HAVE RE-ATTACHED MEDICAL VERIFICATION AS EXHIBITS A, B, C, D, E WITH THE EXCLUSION OF THE 7362 REQ H/C CONFISCATED

**HEALTH CARE SERVICES**  
**PHYSICIAN REQUEST FOR SERVICES**

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER	INSTITUTION
Canya A	743585	CWC-W
DATE OF BIRTH	EPRD DATE	GENDER
7-2-80	2013	
PRINCIPLE DIAGNOSIS	ICD - 9 CODE	CPT CODE(S)
Brown Segund Grade		
REQUESTED SERVICE(S)	# OF DAYS RECOMMENDED	
P.T.		

Please circle all that apply: Diagnostic Procedure/Consultation

Outpatient/Inpatient

Initial/Follow-up

Requested Treatment/Service is  EMERGENT

URGENT

ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: \_\_\_\_\_ Anticipated Length of Stay: \_\_\_\_\_

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): \_\_\_\_\_

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): \_\_\_\_\_

*Range of motion. Strength.*

Estimated time for service delivery, recovery, rehabilitation and follow-up: \_\_\_\_\_

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): \_\_\_\_\_

Comments (diagrams, risk factors, prognosis, alternative management, etc.): \_\_\_\_\_

REQUESTING PHYSICIAN PRINTED NAME	APPROVED/AUTHORIZED/DENIED/DEFERRED BY	DATE
CAIN		
REQUESTING PHYSICIAN SIGNATURE	DATE	Utilization management tracking #:
CAIN	3-16-10	
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: \_\_\_\_\_

CONSULTANT SIGNATURE	DATE
CAIN	
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE
CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH	
Canya, Anthony	
743585	
7-2-80	
10-12-12	

Attach Progress Note page for additional information.

**THIS FORM MUST BE RETURNED WITH THE PATIENT!!!**

DISTRIBUTION:

- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- GOLD - SPECIALTY SCHEDULER

**DEPARTMENT OF CORRECTIONS  
NEUROLOGY CONSULTATION**

**STATE OF CALIFORNIA**

**DATE OF CONSULTATION:** 2/25/10

**REFERRING PHYSICIAN:** N. Luca, M.D.; C. Barber, M.D.

**HISTORY:** A 29-year-old male referred for evaluation of spinal cord injury. According to the patient he suffered a stab wound in the left neck region about a year ago on New Year's day. He was attacked from behind. He also sustained multiple stab wounds in the face and the hand. The patient sustained a spinal cord injury and was hospitalized at a trauma center at San Jose. According to the patient he had MRI studies. Initially he was paraplegic but improved and was left with a left hemiparesis. He also had urinary incontinence which has improved as well. The patient has persistent chronic neck pain since the injury. He is on Neurontin 1200 mg t.i.d. He is also on MS Contin 15 mg t.i.d. which does help his pain. Unfortunately, there are no records from the outside hospital or records of his prior MRI study. The patient states he has tried Elavil without improvement for his pain. He may have tried baclofen in the past.

Additionally, he has had several episodes of loss of consciousness initially after the injury. He did not have any head injury. He may have had seizures although no medications were reported. Episodes are poorly described. It is unclear whether he had neurological or neurosurgical evaluation in the past.

**PAST MEDICAL HISTORY:** Negative for diabetes, negative for hypertension. Medications – MS Contin, Neurontin described above. Allergies – Motrin and aspirin, itching rash, pruritus.

**REVIEW OF SYSTEMS:** Left low back pain following injury.

**NEUROLOGICAL EXAMINATION:** Patient is alert, in no apparent distress. Speech is normal. Cranial nerve testing – slight left ptosis noted. EOMs full. Optic disks flat. Pupils were equal and reactive to light. Neck is supple. There are a couple of scars one measuring 3 to 4 cm left face and mandibular level. Also, a small 1.5 x 2 cm scar of the left anterior neck at the base. Motor demonstrated a slight weakness on the left distally. He appears to have some atrophy of the hand muscles on the left. Strength distally was 4 to 4+/5. Reflexes were hyperactive, left ankle jerk, left knee jerk. No ankle clonus noted. Toes were mute on plantar stimulation. Sensory – there is decreased pinprick on the right leg compared to the left. Position sense normal. Gait appeared hemiparetic on the left.

**ASSESSMENT:**

1. Spinal cord injury. The patient appears to have a partial Brown-Sequard syndrome. The patient has residual weakness and appears to have chronic neuropathic pain.
2. History of loss of consciousness and possible seizure disorder.
3. Low back pain.

**RECOMMENDATIONS:** Request records of his prior hospitalization and MRI studies. MRI of brain and EEG for further workup of possible seizures. Consider a trial of baclofen 10 mg b.i.d. increasing slowly to 20

CDC NO:	<b>T-43585</b>
NAME:	<b>CAMPA, ANTHONY</b>
DOB:	<b>7/2/80</b>

**CALIFORNIA MEN'S COLONY  
CONSULTANT'S RECORD**  
CDC-7243

*EXHIBIT: B*

**DATE OF CONSULTATION: 2/25/10**

**PAGE 2**

mg t.i.d. if no contraindications. This may help his pain. He does have some mild spasticity in the left leg as well. The patient would benefit from continued physical therapy and possible PMR evaluation with Dr. Griffin. The patient can be seen in followup after his MRI of the brain and EEG. I will go ahead and complete the RFS for these studies. He should followup with his primary care physician regarding his low back pain. He may need further imaging and evaluation for this. Consider nerve conduction EMG studies as he may have brachial plexus or nerve root injury in addition to the spinal cord injury. However, would recommend reviewing his prior records as this may have been performed in the past. The patient will followup after his imaging studies.

✓

---

Henry Lee, M.D.

Orig: Health Record

d/r: 2/25/10 t: 3/11/10/lc

**CALIFORNIA MEN'S COLONY  
CONSULTANT'S RECORD  
CDC-7243**

CDC NO: **T-43585**  
NAME: **CAMPA, ANTHONY**  
DOB: **7/2/80**

*EXHIBIT C*

7362. #1797320

TO: CMO. DT: 5-2-12.

Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 19 of 100

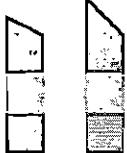
TO CMO OF NKSP. I AM TAKING THIS MATTER DIRECTLY TO YOU AS I HAVE 3 H/C GOZ OVERDUE AT THE 2ND LEVEL → WHATS MORE IS THAT MD ROBLES & MED STAFF ARE DOING ALL WITHIN THEIR POWER TO DISCRIMINATE AGAINST ME, DEPRIVING ME OF ANY ADAQUATE FORM OF RELIEF HAVING BEEN MADE AWARE OF MY INJURY IM ADA / DNM & YET I ALSO HAVE NOT BEEN ISSUED A CAIN IN THIS FACILITY - I ARRIVED HERE ON 12-9-11 VIA PUSP MAINLINE PRIOR TO ARRIVAL I WAS BEING TREATED WITH GABAPENTIN, BACLAFIN AN MORPHINE 3X A DAY FOR OVER 2 1/2 YEARS DUE TO A PAINFULL CONDITION DOCUMENTED IN FILE (BROWN SYCHORD SYNDROM) IT'S A SPINAL CHORD INJURY & YET NKSP H/C OFFICIALS ELECTED PROMISSED UNDER DR.S ORDER THAT CYMBALTA WOULD WORK MORE EFFECTIVELY TO TREAT PAIN & IF IN 2 WEEKS IT WAS NOT RIGHT FOR ME, CHANGES WOULD BE MADE. I HAVE SINCE BEEN APPEALING THE ISSUE FOR FORCING AN INFFECTIVE MED UPON ME 2X IT WAS RE-ORDERED AGAINST MY REQUEST TO TERMINATE IT. & ALL MY COMPLAINTS ON H/C GOZ'S ARE BEING ROUGHTED BACK / ADDRESSED BY THE SAME DR. IM GRIEVING WHICH FURTHER DEMONSTRATES DISCRIMINANT & RECKLESS BEHAVIOR ON H/C'S BEHALF. THE SAME MD. IS NOT SUPPOSE TO HEAR A GOZ ON BOTH LEVELS PERIOD. AS OVER SEE'ER OF THE MEDICAL DEPARTMENT SOMETHING MUST BE DONE TO PREVENT THIS TYPE OF MIS ORDER & ENSURE H/C STAFF ARE HELD ACCOUNTABLE FOR ANY FORM OF MIS CONDUCT IN THAT CDCR GUIDELINES ARE MET AN PATIENTE IS PROVIDED QUALITY CARE AND ADAQATE RELIEF FOR EXISTING ~~THESE~~ CONDITIONS. THIS IS GOING TO PRISON LAW OFFICE AS WELL

— HAND COPY —

Anthony Campa T435B's



EXHIBIT : D



# HEALTH CARE SERVICES

## Institution Response for Second Level HC Appeal

Date: August 29, 2011

To: CAMPA, ANTHONY, T-43585  
 BFB5-129L  
 Pleasant Valley State Prison  
 P.O. Box 8500  
 Coalinga, Ca 93210

Tracking/Log#: PVSP-27-11-12313

### Appeal Issue:

You state on May 26, 2011, you were seen by your Primary Care Provider (PCP), due to extreme pain as a result of swelling, stiffness, and poor circulation in your right leg, knee, and ankle. You state you had requested renewal of your prescribed pain medication at which time your PCP became rude, hostile, and disrespectful towards you in an attempt to discourage you from voicing your concerns about the extremely painful medical condition. You state your PCP called the Correctional Officer to enter the room, at which time her hostility became even more violent and hostile toward you in an apparent attempt to incite you. You state your PCP told you, you were not a Doctor to self diagnose yourself and to shut up and get out. You stated your PCP failed to evaluate or bother to examine your leg, knee, or ankle, nor did she address your medical concerns.

<u>Issue Type</u>	<u>Action Requested</u>	<u>Disposition</u>
<b>Issue 1:</b> Medication (Long term)	You request to be given long term medication renewal per patient/provider agreement as you are a member of the <u>Chronic Care Program</u> .	<b>Partially Granted</b>
<b>Issue 2:</b> Device Issues (Mattress or Foam Support)	You request to be provided with mattress support or foam insert due to a spinal cord injury.	<b>Denied</b>
<b>Issue 3:</b> Referral (Specialist)	You request to be seen and treated by a Specialist for your extreme pain, swelling, and poor circulation of your right leg, knee, and ankle.	<b>Granted</b>

CALIFORNIA  
PAROLEE HEALTH CARE  
L FORM  
JUR 602-HC (08/08)

Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 21 of 100

Side 1

Location: Institution/Parole Region:

Log #: 1. 10-15954  
2. \_\_\_\_\_

Category: 8

ou may appeal any policy, action or decision which has a significant adverse affect upon you. This form shall be used when the policy, action or decision being appealed involves health care services (medical, dental, or mental health). You must first informally seek relief through discussion with the appropriate staff member or by utilizing the health care service processes at your institution. 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 Health Care 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
A. CAMPA	T-43585	_____	B5-129 B YARD

A. Describe Problem: I HAVE A SPINAL CHORD INJURY (BROWN SYPHYSIS SYNDROME) WHICH IS DOCUMENTED IN MY FILE BY SEVERAL DOCTORS AND SPECIALISTS. I AM IN CONSTANT PAIN DUE TO THIS INJURY AND AT TIMES I AM OVERCOME BY THE AGONIZING PAIN EVEN WITH THE MEDICATIONS I RECEIVE. THE PROBLEM IS THAT I SUFFER A GREAT DEAL AND MY CONDITION IS NOT IMPROVING AS STAFF ARE AWARE. AS SUCH I HAVE BEEN CLEARED FOR CHRONIC PAIN TREATMENT AND I HAVE SIGNED A PATIENT PROVIDER AGREEMENT ON 10-1-10. I TRANSFERRED FROM CMC ON 9-3-10 AND I WAS ALSO ON A PATIENT PROVIDER AGREEMENT FOR THE PAIN MANAGEMENT MEDICATIONS I HAVE BEEN RECEIVING FOR OVER 8 MONTHS NOW UP UNTIL 12-8-10 WHEN THE MEDICAL DEPARTMENT FAILED TO RE-NEW MY ORDER, NOR A BRIDGE ORDER UNTIL MY NEXT HEALTH CARE VISIT FOR A CHECK UP AND RENEWAL OF PAIN MANAGEMENT PLAN. AS SUCH I WAS FORCED TO GO WITHOUT TREATMENT AND WITHDRAW MEDICATION FOR NO REASON OTHER THAN STAFF NEGLIGENCE. THIS TYPE OF PRACTICE IS UNETHICAL AND CRUEL! WITHOUT TREATMENT MY DAY TO DAY ACTIVITIES ARE AT A MINIMAL DUE TO THE SEVERITY OF PAIN CONSUMING MY BODY SECTIONS. STAFF SHOULD BE AWARE OF THE CIRCUMSTANCES SURROUNDING THIS INJURY AND TAKE CERTAIN MEASURES TO ENSURE I DO NOT GO WITHOUT PROPER TREATMENT FOR THIS INJURY!

If you need more space, attach one additional sheet.

B. Action Requested: STAFF FAILED TO HONOR MY PATIENT AGREEMENT PLAN BY NOT UPDATING MY MEDICATION FOR PAIN MANAGEMENT ON 12-8-10 AND IT IS NOW 12-12-10 AND I HAVE SINCE BEEN IN A GROWING, CONTINUOUS PAIN SURGING THROUGH MY DAMAGED NERVES AND SPINAL CHORD TO SECTIONS OF MY BODY WHICH KEEPS ME FROM COMPLETING MY DAY TO DAY ACTIVITIES. I WOULD LIKE MY ORDER RENEWED FOR MS & CARBONATE IMMEDIATELY AND FOR STAFF TO TAKE PROPER MEASURES TO PREVENT THIS TYPE OF NEGLIGENCE FROM OCCURRING AGAIN!

Inmate/Parolee Signature: Anthony Campa T43585 Date Submitted: 12-12-10

C. INFORMAL LEVEL (Date Received 12/12/10):

Staff Response: Partially Granted your medications are current as of Dec 13 for your Medication reconciliation.

Staff Signature: W. Sibley LN Date Returned to Inmate: DEC 29 2010

D. FORMAL LEVEL:

If you are dissatisfied, explain below, attach supporting documents (Health Care Service Request Form, CDC 7362, Comprehensive Accommodation Chrono, CDC 7410, Trust Account Statement, etc.) and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response.

I AM NOT SATISFIED, STAFF WAS NOT HELD RESPONSIBLE FOR THEIR INDIFFERENCE AND NEGLIGENCE. SACRAMENTO HAS RECOGNIZED MY INJURY AND I HAVE BEEN APPROVED FOR CHRONIC PAIN TREATMENT BUT I AM NOT BEING AFFORDED A CHRONIC PAIN TREATMENT PLAN. EVERY 30, 60, OR 90 DAYS, USUALLY 30 DAYS, I HAVE TO PUT IN ANOTHER SICK CALL SLIP TO HAVE MY PAIN MANAGEMENT MEDICATION RENEWED. IT'S ALWAYS A NEGOTIATE EXPERIENCE. EACH VISIT IS A DIFFERENT DR. WHO IS NOT FAMILIAR WITH MY TYPE OF INJURY AND EACH TIME IT IS A REAL CHALLENGE TO HAVE MY ORDER CONTINUED EVEN THOUGH I AM APPROVED TO RECEIVE CHRONIC PAIN CARE. ANOTHER TIME, SUCH AS STATED IN HERE THE DR. DOES NOT RENEW MY ORDER BEFORE IT EXPIRES AND I AM LEFT TO SUFFER IN EXTREME PAIN. AS SUCH I WOULD LIKE A CHRONIC CARE PLAN FOR EVERY 6 MONTHS AT LEAST. WE ALL UNDERSTAND WHAT THE PATIENT PROVIDER AGREEMENT IS FOR. IT MEANS I AM NOT GOING EVER GET WELL OR BE FREE OF PAIN. NOT EVEN A LITTLE

Inmate/Parolee Signature: Anthony Campa Date Submitted: 1-4-11

CDCR Appeal Number

5954



EXHIBIT: F

STATE OF CALIFORNIA  
IMMATE/PAROLEE HEALTH CARE  
APPEAL FORM  
DCR 602-HC (08/08)

Side 2

FIRST LEVEL:  Granted  P. Granted  Denied  OtherE. REVIEWER'S ACTION (Complete within 30 working days): Date assigned: 11/16/11 Due Date: 2/18/11Interviewed by: DR. BURKHARDMed refilledStaff Signature: R. P. B. Title: FNP Date Completed: 1/3/11Division Head Approval  
Signature: C. D. Title: W.W. Date Returned to Inmate: FEB. 7 2011

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response:

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

SECOND LEVEL:  Granted  P. Granted  Denied  Other

G. REVIEWER'S ACTION (Complete within 20 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

 See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

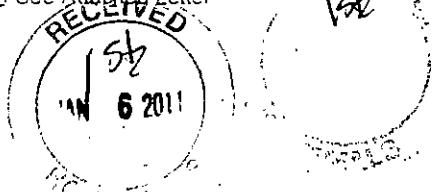
Health Care Services  
Hiring Authority Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response:

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

For the Director's Review of Health Care issues, submit all documents to: Office of Third Level Appeals – Health Care  
P O Box 4038  
Sacramento, CA 95812-4038DIRECTOR'S ACTION:  Granted  P. Granted  Denied  Other See Attached Letter

Date: \_\_\_\_\_

EX-F

0011

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for First Level HC Appeal

**Date:** 3/6/2012

**To:** CAMPA, ANTHONY (T43585)  
D 006 1126001LP  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93216-0567



**Tracking/Log #:** NKSP HC 12020891

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 1/25/2012, you state on December 24, 2011 you cane was taken from you by a doctor. You state you suffer from a spinal cord injury called "Brown Sychord Syndrome." You claim you have repeatedly fallen and suffered further injury due to lack of your assistive device. You also claim you are suffering and are in severe pain due to medical staff not providing appropriate medication or the appropriate dosages. You state NKSP elected to go against a pain management regimen that was effectively treating pain to test out something else that you claim is ineffective and has side effects.

#### Issue Type

#### Action Requested

**Issue 1:** Medication ( Pain Management )

Termination of ineffective medications and placed back on original pain management plan

**Issue 2:** Device Issues ( Cane / Crutch )

To receive a cane

### Response:

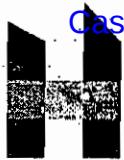
You were seen on February 2, 2012 by R. Robles, MD regarding your appeal. At this appointment, you requested a refill of Morphine. Dr. Robles noted that you walk well without a cane; therefore, you were advised there is no need for a cane. Morphine was not prescribed. Dr. Robles adjusted the medication Cymbalta. Dr. Robles also ordered your medical records from CMC for further evaluation. Effective communication was reached as you were able to ask questions and you summed the information given to you.

### Appeal Decision:

Based upon the aforementioned information, your appeal is **Denied**.

  
A. Shittu, MD  
Chief P & S, NKSP

A. Shittu, MD  
Chief Physician & Surgeon  
North Kern State Prison



~~EX-B2~~  
**CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES**



**Institution Response for Second Level HC Appeal**

**Date:** 5/14/2012

**To:** CAMPA, ANTHONY (T43585)  
D 006 1126001LP  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93216-0567



**Tracking/Log #:** NKSP HC 12020891

**Appeal Issues:**

In your CDR-602HC Inmate/Parolee Health Care Appeal Form received on 4/3/2012, you indicated:

<b>Issue Type</b>	<b>Action Requested</b>
<b>Issue 1:</b> Medication ( Pain Management )	Stronger pain medication
<b>Issue 2:</b> Device Issues ( Cane / Crutch )	To receive a cane

**Response:**

The First Level Appeal, received on 1/25/2012 indicated on 12/24/2011 your cane was taken from you by a doctor. You state you suffer from a spinal cord injury call "Brown Sychord Syndrome." You state you have repeatedly fallen and suffered further injury due to lack of your assistive device. You state you are suffering and in severe pain due to medical staff no providing appropriate medication or the appropriate dosages. You state NKSP elected to go against a pain management regimen that was effectively treating pain to test out something else that you claim is ineffective and has side effects.

The response stated you were seen on 2/2/2012 by R. Robles, MD regarding your appeal. At this appointment, you requested a refill of Morphine. Dr. Robles noted that you walk well without a cane; therefore, you were advised there was no need for a cane. Morphine was not prescribed, but Dr. Robles did adjust your medication of Cymbalta.

At the First Level of Review this appeal was Denied.

The Second Level Appeal, received on 4/3/2012 indicated you are still without remedy. You state Dr. Robles indicated there is no documentation in your chart regarding your medical condition which shows deliberate indifference towards your medical needs. You state the current medication does not help the pain. You state you are currently under the ADA provision and the Plata provision. You state you have not been provided effective pain relief.

The response stated you were seen again by Dr. Robles on 4/12/2012. At this appointment Dr. Robles prescribed Neurontin and completed a non formulary request, but the request was denied. According to your pharmacy profile you are still receiving Amitriptyline. Please be advised that you have a right to request treatment. However, medical treatment is determined by a physician based on the physician's evaluation,

diagnosis, and departmental policy. This decision is based on the criteria set forth in the California Code of Regulations, Title 15, Section 3354(a). Although you did not receive the requested medication or treatment, you are receiving appropriate care.

A review of your appeal with attachment(s), Unit Health Record (UHR), and all pertinent departmental policies and procedures were reviewed.

**Appeal Decision:**

Based upon the aforementioned information, your appeal is **Denied**.

*Woodley 8/15/12*  
N. Odeluga, MD  
Chief Medical Executive  
North Kern State Prison



**CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES**

**Date:** SEP 10 2012

**To:** CAMPA, ANTHONY (T43585)  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93216-0567

**From:** California Correctional Health Care Services  
Office of Third Level Appeals - Health Care  
P.O. Box 4038  
Sacramento, CA 95821-4038

**Tracking/Log #:** NKSP HC 12020891

This appeal was reviewed on behalf of the Director, Policy and Risk Management Services, by staff under the supervision of the Chief, Office of Third Level Appeals-Health Care. All submitted information has been considered.

**DIRECTOR'S LEVEL DECISION:**

Appeal is denied.

**PATIENT/INMATE ISSUES:**

Your CDCR 602-HC, received on January 25, 2012, indicated you were appealing your medical treatment regarding the changing of your medication and your cane being taken away. You stated you have Brown-Séquard syndrome and have repeatedly suffered further injury. You stated the doctors showed a deliberate indifference to your needs.

You requested the following:

*TR*

- Immediate termination of ineffective medications.
- Reinstatement of original pain management plan.
- Return of your cane.
- To receive gabapentin.
- To receive tramadol instead of morphine on a trial basis.

**INSTITUTION DECISION:**

The institution's response stated your appeal was denied and indicated the following:

- You were seen on February 2, 2012, regarding your appeal by a provider who noted you walked well without a cane, and a cane was therefore unnecessary. The doctor did not prescribe morphine, but did adjust the dosage of Cymbalta.
- Your provider completed a non-formulary request and prescribed gabapentin, but the request was denied.
- While you did not receive the treatment you wanted, the treatment received was appropriate.

*I EXPLAINED CYMBALTA WAS NOT HELPING & WAS CAUSING IRRITATION OF ALL EXPOSED NERVE ON RIGHT SIDE & IN LEFT EYE!*

## EX. BS

## BASIS FOR DIRECTOR'S LEVEL DECISION:

At the Director's Level of Review (DLR), received on June 4, 2012, you restate your issues and concerns as noted above. You added two new issues of unanswered CDC 7362 Health Care Services Request Forms and

retaliation. ~~I ALSO STATED REMOVAL OF SUP. DOCS. VIOLATION OF APP. RIGHTS & CITED DATES OF 2 CONSECUTIVE GOZ H/C NEVER PROCESSED OR RETURNED. ALL ARISING FROM ORIGINAL STAFF COMPLAINT WHICH WAS ALSO REMOVED BY H/C STAFF.~~

At the DLR, your appeal file and documents obtained from your Unit Health Record (UHR) were reviewed by licensed clinical staff and revealed the following:

- T • On December 23, 2011, your primary care provider (PCP) completed a disability placement evaluation that found you DNM (mobility impaired with or without assistive device) and noted a plan to discontinue your walking cane as you walked independently without difficulty. ~~8-9 OF 10~~
- F • On December 25, 2011, your PCP noted you exaggerated pain, claiming 10/10 on the pain scale, but were seated comfortably in no distress, and planned to decrease your morphine. ~~FALSE. NEVER COUNCILED~~
- F • On January 3, 2012, your provider noted discussion of the addictive nature of morphine and planned the discontinuation of morphine, and duloxetine was started. ~~NEVER COUNCILED. NEVER PRESCRIBED DULOXETINE~~
- F • You received cervical magnetic resonance imaging (MRI) on January 30, 2012, and received a report of findings on February 2, 2012. ~~NEVER RECEIVED ANY REPORT \*~~
- F • On February 10, 2012, your provider noted you requested a morphine refill, and further noted you claimed pain but did not show signs of pain during discussion. ~~H/C STAFF KNOW I SUFFER, IT IS VISIBLE, AL SO DID NOT REQ. MORPHINE. REQUEST WAS FOR~~
- F • On April 6, 2012, your PCP noted your complaints of pain and documented a normal musculoskeletal examination, your provider submitted a non-formulary request for gabapentin and it was denied on NO EXAM WAS PERFORMED. IF IT HAD BEEN, DEFORMITIES & SWELLING WOULD BE NOTED
- T • On June 8, 2012, medical staff documented on a CDC 128-C chrono a pattern of refusal of amitriptyline. ~~I URGED ADVISED MED STAFF TO TREAT PAIN.~~
- T • Your pharmacy profile reveals active orders for the pain medication amitriptyline. ~~THIS PM MED ONLY DOES LITTLE TO HELP NIGHT SLEEP. PM REST IS STILL POOR & I URGED MADE IT CLEAR.~~

You are receiving medical treatment deemed medically necessary by your licensed CDCR providers. Your PCP has not documented medical necessity for a cane or for morphine at this time. Your provider documented your

ability to walk unassisted by a cane. The non-formulary request for gabapentin made on your behalf by your PCP was denied. ~~H/C STAFF ARE WELL AWARE MY KNEES/ LEGS GIVE OUT & MY LEFT SIDE ENTIRELY IS WEAK. HAVE NOTED INJURY TO MY KNEES WHEN LEGS GIVE OUT AS WELL~~

The Department shall provide only medical services for patient-inmates that are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose and is supported by diagnostic information and consultations with appropriate specialists. Your contention that you have not received adequate medical care is refuted by professional health care staff familiar with your

medical history, as well as a review of your medical records. ~~FILED 3 STAFF COMPLAINTS ON SAME MD. ROBLES. NONE WERE PROCESSED. ONLY ONE GOZ WENT THRU, SHORT OF STAFF COMPLAINT AND SUPP. DOCS ON BOTH 1ST & 2ND LEVEL REVIEW.~~

Inmates may not demand particular medication, diagnostic evaluation, or course of treatment. The California Code of Regulations (CCR), Title 15, Section 3354, Health Care Responsibilities and Limitations, (a) Authorized Staff, states, "Only facility-employed health care staff, contractors paid to perform health services for the facility, or persons employed as health care consultants shall be permitted within the scope of their licensure, to diagnose illness or, prescribe medication and health care treatment for inmates. No other personnel or inmate may do so." ~~IS NOT A NEUROLOGIST OR MUSCLE SPECIALIST TO CANCIL OR DETERMINE IF NO LONGER INJURED OR IN PAIN~~

You are considered an active partner and participant in the health care delivery system. You are encouraged to cooperate with your clinicians in order to receive the proper care and management of your condition. You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis, and recommended treatment plan, in accordance with appropriate policies and procedures.

EX BG

F It is noted you added additional issues and/or requests, *unanswered CDC 7362 Health Care Services Request Forms and retaliation*, at the Director's Level of Review. These issues will not be addressed, as you have not provided evidence that you attempted to address them at the lower level, per the California Code of Regulations (CCR), Title 15, Section 3084.1(b). *I PROVIDE MORE THAN ENOUGH VERIFICATION INCLUDING DOCUMENTS & # AND HAVE ESTABLISHED THE ISSUE IS ONGOING. EVEN REPRISAL OF BEING REMOVED FROM THE ADA / DPP CODE / PROGRAM BY ROBLES ON PURE OBSERVATION* After review, there is no compelling evidence that warrants intervention at the Director's Level of Review as

F your medical condition has been evaluated and you are receiving treatment deemed medically necessary. *D.L.R FAILS TO ADDRESS THE PAIN AS A QUALITY OF LIFE ISSUE*

### **RULES AND REGULATIONS:**

F The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies and Procedures (2011); and the Department Operations Manual. *NOTHING IN THE MANUAL ESTABLISHES AN H/C OFFICIAL TO ASSUME UNLAWFUL CONTROL OVER A PATIENT IN NEED OF SPECIFIC COURSE OF TREATMENT. I.E.: NOTHING THAT PROHIBITS NKSP FROM REINSTATING A CHRONIC PAIN MANAGEMENT PROGRAM/TREATMENT GOALS THAT WERE EFFECTIVELY TREATING ORDER: PAIN TO THE EXTENT THAT IS POSSIBLE. NKSP H/C & D.L.R HAVE NOT ESTABLISHED THE PATIENT IS BEING TREATED EFFECTIVELY, EVEN AT MINIMAL FOR EXISTING CHRONIC PAIN & INJURY. THESE DECISIONS REQUIRE SPECIAL KNOWLEDGE IN ORDER TO PROPERLY TREAT CONDITION.* No changes or modifications are required by the institution.

This decision exhausts your available administrative remedies.

*J. Zamora*  
L.D. Zamora, Chief  
California Correctional Health Care Services  
Office of Third Level Appeals-Health Care

df/al

5



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Health Care Appeal Assignment Notice Second Level HC Appeal

**Date:** 4/3/2012

**To:** CAMPA, ANTHONY (T43585)  
D 006 1126001LP  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93216-0567

**Tracking/Log #:** NKSP HC 12020891

**Appeal Level:** Second

**Due Date:** 5/14/2012

This acts as a notice to you that your appeal has been assigned to the Health Care Appeals Office for response. If you have any questions, please contact the Health Care Appeals Coordinator at your institution.

If you require further medical assistance, please use the "sick call" process by completing a Health Care Services Request form, CDC 7362, to request an appointment with a clinician to address your concerns.

Health Care Appeals Coordinator  
Health Care Appeals Office  
North Kern State Prison

EX C2

**INMATE APPEAL ASSIGNMENT NOTICE**

To: INMATE CAMPA, T43585

Current Housing: D 006 1126001LP

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: NKSP-D-12-00523

ASSIGNED STAFF REVIEWER: MEDICAL (VERIFICATION)

APPEAL ISSUE: ADA

DUE DATE: 04/13/2012

Date: April 6, 2012

Inmate CAMPA, this acts as a notice to you that your appeal has been sent to the above staff for MEDICAL VERIFICATION. If you have any questions, you may contact the Appeals Office.

  
M. ROCHA  
Appeals Coordinator  
North Kern State Prison

EX. D1

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## APPEAL HISTORY FOR (T43585) CAMPA, ANTHONY

### Tracking Number:

NKSP HC 12020891	<b>Appeal Level:</b>	Third	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>
First Level	1/25/2012	4/14/2012	Denied	3/7/2012
Second Level	4/3/2012	6/11/2012	Denied	5/14/2012

**Third Level** 6/4/2012      **Date Closed** 9/10/2012

### Issue Type

**Issue 1:** Medication/Pain Management

**Issue 2:** Device Issues/Cane / Crutch

### Action Requested

Stronger pain medication *F. REINSTATEMENT OF PREVIOUS PAIN MANAGEMENT PLAN FOR CHRONIC PAIN.*

To receive a cane *F. TO HAVE NKSP REINSTATE/ISSUE CANE*

\* REMOVED SUPPORTING MED DOCS 1ST/2ND LEVEL.

### Tracking Number: NEVER PROVIDED NOTICE IT WAS RECEIVED VIA: H/C INMATE APPEAL ASSIGNMENT NOTICE.

NKSP SC 12000668	<b>Appeal Level:</b>	Second	<b>Appeal Status:</b>	Intake Processing
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>

**Second Level** 4/27/2012      **Date Closed** 5/16/2012

\* NEVER RETURNED TO ME. TURNED IN A FOLLOWING GO2 H/C WHICH WAS NEVER RETURNED EITHER. AND APPARENTLY NEVER PROCESSED \* REQUEST ALL SUPPORTING DOCS.

### Tracking Number:

NKSP ADA 12005010	<b>Appeal Level:</b>		<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>

**Informal** 4/9/2012      **Date Closed** 4/27/2012

### Issue Type

**Issue 1:** Device Issues/Cane / Crutch

### Action Requested

REQUEST TO BE EVALUATED FOR MOBILITY IMPAIRMENT. REQUEST CANE. *FALSE.*

REQUESTED REINSTATEMENT OF CANE. I WAS ALREADY D.N.M. ROBLES NEVER EVALUATED ME. JUST INTERVIEW. HE LATER RETURNED ADA RAST ON 5-11-12 REMOVING ME FROM ADA ENTIRELY - BROWNS SYCHORD IS A PERMINAN

### Tracking Number:

NKSP HC 12020781	<b>Appeal Level:</b>	First	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>

**First Level** 1/5/2012      **Date Closed** 1/5/2012

### Screen Out Date Return By Date

**Screenout:** 1/5/2012

### Level

First

**Rejection Criteria** THIS WAS MY 1ST APPEAL. RESUBMITTED. SEE 1) ABOVE  
Illegible 602

EX D2

<b>Tracking Number:</b>	<b>Institution Log#</b> PVSP-27-11-12313		
PVSP HC 11044339	<b>Appeal Level:</b>	Second	<b>Appeal Status:</b> Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>
	<b>Informal</b> 6/6/2011	6/8/2011	Rejected
	<b>First Level</b> 6/24/2011	7/8/2011	Partially Granted
	<b>Second Level</b> 7/20/2011	9/8/2011	Partially Granted

Issue TypeAction Requested**Issue 1:** Medication/Med Renewal**Issue 2:** Device Issues/Other-Specify (with fill-in box)

<b>Screen Out Date</b>	<b>Return By Date</b>	<b>Level</b>
<b>Screenout:</b> 6/8/2011	6/8/2011	Informal

**Tracking Number:**

PVSP SC 11000237	<b>Appeal Level:</b>	First	<b>Appeal Status:</b> Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>
	<b>First Level</b> 7/13/2011	9/9/2011	Withdrawn

**Tracking Number:** PVSP-27-10-15954

PVSP HC 11035912	<b>Appeal Level:</b>	First	<b>Appeal Status:</b> Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>
	<b>Informal</b> 12/21/2010	12/29/2010	Partially Granted
	<b>First Level</b> 1/6/2011	2/7/2011	Partially Granted

Issue TypeAction Requested**Issue 1:** Disagreement with Treatment/MD**Tracking Number:**

CMC HC 11003716	<b>Appeal Level:</b>	Informal	<b>Appeal Status:</b> Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>
	<b>Informal</b> 8/30/2010	8/30/2010	Rejected
	<b>Screen Out Date</b>	<b>Return By Date</b>	<b>Level</b>
	<b>Screenout:</b> 8/30/2010	8/30/2010	Informal

**Tracking Number:** CMCE-07-10-12075

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CMC HC 11003807	<b>Appeal Level:</b>	Second	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>
<b>Second Level</b>	8/9/2010	10/5/2010	Partially Granted	9/21/2010

**Issue Type****Issue 1:** Access to Care/MD Appointment**Issue 2:** Medication/Med Renewal

<b>Tracking Number:</b>	<b>Institution Log#</b> CMCW-07-10-11031			
CMC HC 11007022	<b>Appeal Level:</b>	Second	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>
<b>First Level</b>	4/28/2010	6/21/2010	Partially Granted	6/9/2010
<b>Second Level</b>	7/6/2010	7/6/2010	Rejected	7/6/2010

**Issue Type****Issue 1:** Medication/Med Specific Type / Dose

<b>Screen Out Date</b>	<b>Return By Date</b>	<b>Level</b>
<b>Screenout:</b> 7/6/2010	7/6/2010	Second

<b>Tracking Number:</b>				
CMC HC 11006801	<b>Appeal Level:</b>	Informal	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>
<b>Informal</b>	5/19/2010	5/19/2010	Rejected	5/19/2010

**Issue Type****Issue 1:** Medication/Meds Not Received

<b>Screen Out Date</b>	<b>Return By Date</b>	<b>Level</b>
<b>Screenout:</b> 5/19/2010	5/19/2010	Informal

<b>Tracking Number:</b>				
CMC HC 11007005	<b>Appeal Level:</b>	Informal	<b>Appeal Status:</b>	Closed
	<b>Date Received</b>	<b>Date Closed</b>	<b>Disposition</b>	<b>Due Date</b>
<b>Informal</b>	5/4/2010	5/11/2010	Granted	5/18/2010

**Issue Type****Issue 1:** Medication/Med Specific Type / Dose

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REASONABLE MODIFICATION OR  
ACCOMMODATION REQUEST

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
NKSP-D	12-00523	18. ADA

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

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

INMATE/PAROLEE'S NAME(PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
CAMPA ANTHONY	T43585	—	—	OG-1264

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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

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

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

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

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

## MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

DPP / DNM

NKSP  
APR 8 6 2012  
MVR  
APPEALS

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

MEDICALLY DIAGNOSED WITH (BROWN) SYCHORD SYNDROM  
SPINAL CHORD INJURY.  
(VERIFICATION ENCLOSED)

DESCRIBE THE PROBLEM:

FURTHER VERIFICATION MAY BE OBTAINED  
VIA MEDICAL FILES -

MY LEGS/LOW EXTREMITIES GIVE OUT ON ME AT RANDOM. LEFT  
SIDED WEAKNESS AS WELL. I WAS ISSUED A CAN OVER 2 1/2  
YEARS AGO & YET N.K.S.P FAILS TO RECOGNIZE THE  
DISABILITY AN RE INSTATE WALKING DEVICE. I HAVE  
SINCE HURT MYSELF FURTHER WHENEVER LEGS GO OUT I  
I HAVE TO SUPPORT W/OUT CAN SO IMPACT IS HARDER.  
WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

ALL I REQUEST IS CHRONO RENEWAL FOR ASSISTIVE  
DEVICE AS WELL AS REISSUANCE OF SAME DEVICE  
ASAP WITHOUT DISCRIMINATION

Anthony Campa  
INMATE/PAROLEE'S SIGNATURE

T43585

RECEIVED  
APR 9 2012  
3 FC 27-152  
DATE SIGNED

APR 03 2012  
1 AP  
APPEALS

APPEALS EX E2

## EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME <i>Carver</i>	CDCR NUMBER <i>TU3585</i>	HOUSING	APPEAL LOG# <i>Screen On</i>	TABE Score <i>10.3</i>
------------------------------	------------------------------	---------	---------------------------------	---------------------------

## A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

- Reads and comprehends without assistance (asked inmate or confirmed by past records).
- No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.  
*IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B, AND SIGN AND DATE.*
- Identified with a disability or effective communication need (check all that apply):
 

<input type="checkbox"/> TABE 4.0 or lower, or no score	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Requires reading/comprehension assistance	<input type="checkbox"/> Vision	<input type="checkbox"/> Developmental disability
<input type="checkbox"/> Foreign language speaking	<input type="checkbox"/> Speech	<input type="checkbox"/> EOP
		<input type="checkbox"/> CCCMS

## B. APPEAL INTERVIEW

## 1. How was assistance provided? Check all that apply.

<input type="checkbox"/> Simple English spoken slowly & clearly	<input type="checkbox"/> Inmate stated no need for EC assistance	<input type="checkbox"/> Large print material used
<input type="checkbox"/> Read documents to inmate	<input type="checkbox"/> Used text magnifier	<input type="checkbox"/> Lip reading
<input type="checkbox"/> Inmate was wearing hearing aid(s)	<input type="checkbox"/> Sign language interpreter used; Name: _____	
<input type="checkbox"/> Written notes used (notes attached)	<input type="checkbox"/> Language interpreter used; Name: _____	
<input type="checkbox"/> Other: _____		

## 2. How was effective communication achieved? Check all that apply.

<input type="checkbox"/> Inmate reiterated in his own words, what was explained.	<input type="checkbox"/> Used text magnifier	<input type="checkbox"/> Large print material used
<input type="checkbox"/> Inmate provided appropriate, substantive responses to questions asked.	<input type="checkbox"/> Sign language interpreter used; Name: _____	<input type="checkbox"/> Lip reading
<input type="checkbox"/> Inmate asked appropriate questions regarding the information provided.	<input type="checkbox"/> Language interpreter used; Name: _____	
<input type="checkbox"/> Inmate did not appear to understand the communication, even though the primary method of communication was used.		
<input type="checkbox"/> Other: _____		

<i>M. Meador</i>	<i>Office Manager</i>	<i>5/3/12</i>
Printed Name & Title	Signature	Date

## C. APPEAL RESPONSE - FIRST LEVEL

## 1. How was assistance provided?

<input type="checkbox"/> No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).	<input type="checkbox"/> Used text magnifier	<input type="checkbox"/> Large print material used
<input type="checkbox"/> Effective communication assistance was provided as identified in Section B, #1 of this form.	<input type="checkbox"/> Sign language interpreter used; Name: _____	<input type="checkbox"/> Lip reading

## 2. How was effective communication achieved?

<input type="checkbox"/> Effective communication assistance was provided as identified in Section B, #2 of this form.	<input type="checkbox"/> Language interpreter used; Name: _____	<input type="checkbox"/> Other: _____
---	---	---------------------------------------

Additional Comments: \_\_\_\_\_

Printed Name & Title	Signature	Date
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## D. APPEAL RESPONSE - SECOND LEVEL

## 1. How was assistance provided?

<input type="checkbox"/> No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).	<input type="checkbox"/> Used text magnifier	<input type="checkbox"/> Large print material used
<input type="checkbox"/> Effective communication assistance was provided as identified in Section B, #1 of this form.	<input type="checkbox"/> Sign language interpreter used; Name: _____	<input type="checkbox"/> Lip reading

## 2. How was effective communication achieved?

<input type="checkbox"/> Effective communication assistance was provided as identified in Section B, #2 of this form.	<input type="checkbox"/> Language interpreter used; Name: _____	<input type="checkbox"/> Other: _____
---	---	---------------------------------------

Additional Comments: \_\_\_\_\_

Printed Name & Title	Signature	Date
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North Kern State Prison

Inmate Appeals Office

*EX. E3*

## MODIFICATION ORDER

April 3, 2012

AW/RC/FAC D

RE: CAMPA, T43585  
D 006 1126001LP  
NKSP-D-12-00523  
ADA

Please be informed that as a result of a Level I Decision, the above referenced appeal has been  
Please complete this modification order to comply with the decision.

DUE DATE: 04/05/2012

ENSURE MEDICAL CONSULT COMPLT

Per the new ADA procedures, inmate must be provided with a temporary assisted walking device pending medical evaluation. If it is determined he does not meet the criteria for the Armstrong Remedial Plan, the walking device will need to be returned. Please note this accommodation must be completed within 2 days. Please sign and return to the appeals office...Thank you.

The modification was completed in the following manner:

*R.N. EUSEBIO HAS ORDERED AN ASSISTED WALKER ON 4/5/12 AT 1100 HRS*

(You must attach a copy of any documents proving compliance, such as CDC Form 128-G, Classification Chrono; CDC Form 128-C, Medical Chrono; CDC Form 115, Rules Violation Report, etc.)

Certified as completed by:

*C. Cunningham*  
Name (Signed)

*c/o*

Title

*4/5/12*

Date

*C. Cunningham*  
Name (Printed)

*North Kern*  
Location

*FALSE HE IS JUST  
AN ESCORT*

North Kern State Prison  
Inmate Appeals Office *EX E4*

## MODIFICATION ORDER

April 30, 2012

AW-RC/ FAC D

RE: CAMPA, T43585  
D 006 1126001LP  
NKSP-D-12-00523  
ADA

Please be informed that as a result of a Level I Decision, the above referenced appeal has been CANCELLED. Please complete this modification order to comply with the decision.

DUE DATE: 05/02/2012

### OTHER

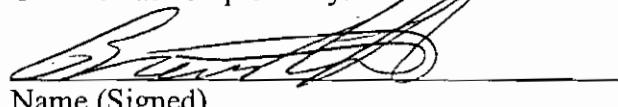
Per the MVP, inmate does not meet the criteria for the Armstrong Remedial Plan; no need for walker. Please have inmate return walker. Once MOD has been completed, signed and dated please return to the Appeals Office. Thank you.

The modification was completed in the following manner:

<i>INMATE CAMPA T43585 HAS NOT HAD / BEEN ISSUED A WALKER WHILE HOUSED IN ASU. THERE IS NO WALKER TO RETURN.</i>

(You must attach a copy of any documents proving compliance, such as CDC Form 128-G, Classification Chrono; CDC Form 128-C, Medical Chrono; CDC Form 115, Rules Violation Report, etc.)

Certified as completed by:

  
Name (Signed)

*G*  
Title

*FDB6 ASU*  
Location

*R. BREWSTER*  
Name (Printed)

*5/1/12*  
Date

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: <i>Compa, Anthony</i>	CDC NUMBER: <i>T-43985</i>	INSTITUTION: <i>NASP</i>	HOUSING ASSIGNMENT: <i>D6</i>	DATE FORM INITIATED: <i>4/27/12</i>
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Sections A - B to be completed by licensed medical staff.

<b>SECTION A: REASON FOR INITIATION OF FORM:</b>		<b>SECTION B: DISABILITY BEING EVALUATED</b>		
<input type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired	
<input checked="" type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input type="checkbox"/> Deaf/Hearing Impaired	<input checked="" type="checkbox"/> Mobility Impaired	

Sections C - G to be completed by a physician only.

<b>SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT</b>		<b>SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT</b>		
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW	Requires wheelchair accessible housing and path of travel.	1. <input type="checkbox"/> NO CORRESPONDING CATEGORY		
2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO	Requires lower bunk, wheelchair accessible path of travel and <i>does not require</i> wheelchair accessible cell.	2. <input type="checkbox"/> NO CORRESPONDING CATEGORY		
3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM	Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.	3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM	Walks 100 yards without pause with or without assistive devices.	
4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH	Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.	4. <input type="checkbox"/> HEARING IMPAIRMENT - DNH	With residual hearing at a functional level with hearing aid(s).	
5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV	Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).	5. <input type="checkbox"/> NO CORRESPONDING CATEGORY		
6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS	Does not communicate effectively speaking or in writing.	6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS	Does not communicate effectively speaking, but does when writing.	

**SECTION E: ADDITIONAL MEDICAL INFORMATION**

<b>CSRAERT:</b>		<b>HEALTH CARE APPLIANCE / IDENTIFICATION VEST:</b>			
<input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel	<input type="checkbox"/> Cane	<input type="checkbox"/> Crutch	<input type="checkbox"/> Walker	<input type="checkbox"/> Leg/Arm prosthesis	<input type="checkbox"/> Vest
<input type="checkbox"/> Complex medical needs affecting placement	<input type="checkbox"/> Other:	<input type="checkbox"/> CDC 128-C(s) dated: _____			
<b>ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:</b>					
<input type="checkbox"/> Feeding or Eating	<input type="checkbox"/> Bathing	<input type="checkbox"/> Grooming	<input type="checkbox"/> W/C transferring		
<input type="checkbox"/> Toileting	<input type="checkbox"/> Other: _____	<input type="checkbox"/> CDC 128-C(s) dated: _____			
<b>HOUSING RESTRICTIONS:</b> <input type="checkbox"/> Lower bunk <input type="checkbox"/> No stairs <input type="checkbox"/> No triple bunk. CDC 128-C(s) dated: _____					

**SECTION F: EXCLUSIONS**

<input checked="" type="checkbox"/> <b>VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED:</b> My physical examination or other objective data DOES NOT SUPPORT <i>claimed</i> disability. (Explain in Comments Section and CDC 128-C dated: _____).
<input type="checkbox"/> <b>REMOVAL FROM A DPP CODE:</b> Removal from previous DPP code: _____ (Explain in Comments Section and CDC 128-C dated: _____).
<input type="checkbox"/> <b>REMOVAL FROM ENTIRE PROGRAM:</b> Removal from DPP code(s): _____ (Explain in Comments Section and CDC 128-C dated: _____).

**SECTION G: EFFECTIVE COMMUNICATION FACTORS**

<input type="checkbox"/> Uses Sign Language Interpreter (SLI)	<input type="checkbox"/> Reads Braille	<input type="checkbox"/> Communicates with written notes	<input type="checkbox"/> Requires large print or magnifier
<input type="checkbox"/> Reads lips	<input checked="" type="checkbox"/> NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD		

<b>PHYSICIAN'S COMMENTS:</b> (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)			
<i>He walks well w/o any support and even w/o his hands.</i>			

PHYSICIAN'S NAME (Print) <i>Robby</i>	PHYSICIAN'S SIGNATURE <i>Robby</i>	DATE SIGNED <i>4/27/12</i>
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) <i>Mr. Robert Comay Jr.</i>	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE <i>Mr. Robert Comay Jr.</i>	DATE SIGNED <i>4/27/12</i>

**NOTE:** After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-HI for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record; Canary - C&amp;PR/CC-HI; Pink-CC-I; Gold-Inmate

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B.

INMATE NAME:	CDC NUMBER:	INSTITUTION:	HOUSING ASSIGNMENT:	DATE FORM INITIATED:
Sections A - B to be completed by licensed medical staff.				

## SECTION A: REASON FOR INITIATION OF FORM

Inmate self-identifies to staff.  Third party evaluation request.

Observation by staff.  Medical documentation or Central File information.

Sections C - G to be completed by a physician only.

## SECTION B: DISABILITY BEING EVALUATED

Blind/Vision Impaired.  Speech Impaired.

Deaf/Hearing Impaired.  Mobility Impaired.

## SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

1.  FULL-TIME WHEELCHAIR USER - DPW. Requires wheelchair accessible housing and path of travel.

2.  INTERMITTENT WHEELCHAIR USER - DPO. Requires lower bunk, wheelchair accessible path of travel and *does not require* wheelchair accessible cell.

3.  MOBILITY IMPAIRMENT With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM. Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.

4.  DEAF/HEARING IMPAIRMENT - DPH. Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.

5.  BLIND/VISION IMPAIRMENT - DPV. Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).

6.  SPEECH IMPAIRMENT - DPS. Does not communicate effectively speaking or in writing.

## SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

1.  NO CORRESPONDING CATEGORY

2.  NO CORRESPONDING CATEGORY

3.  MOBILITY IMPAIRMENT (Lower Extremities) - DNM. Walks 100 yards without pause with or without assistive devices.

No Housing Restrictions.  See HOUSING RESTRICTIONS in Section E.

Requires relatively level terrain and no obstructions in path of travel. **Do not place at:** CCI, CMC-E, CRC, CTF-C, FSP, SAC, SCC I or II, SOL, or SQ. (CDC 128-C).

4.  HEARING IMPAIRMENT - DNH. With residual hearing at a functional level with hearing aid(s).

5.  NO CORRESPONDING CATEGORY

6.  SPEECH IMPAIRMENT - DNS. Does not communicate effectively speaking, but does when writing.

## SECTION E: ADDITIONAL MEDICAL INFORMATION

## CSR ALERT:

Requires relatively level terrain and no obstructions in path of travel

Complex medical needs affecting placement.  CDC 128-C

## ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

Feeding or Eating.  Bathing.  Grooming.  W/C transferring

Toileting.  Other.  CDC 128-C(s) dated:

## HOUSING RESTRICTIONS:

Lower bunk.  No stairs.  No triple bunk. CDC 128-C(s) dated:

## HEALTH CARE APPLIANCE / IDENTIFICATION VEST

Cane.  Crutch.  Walker.  Leg/Arm prosthesis.  Vest

Other.  CDC 128-C(s) dated:

## OTHER DPP DESIGNATIONS:

NONE. CODE DATED. CODE DATED

VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_)

REMOVAL FROM A DPP CODE: Removal from previous DPP code. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_)

REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): 1-A1. (Explain in Comments Section and CDC 128-C dated: 1-A1)

## SECTION F: EXCLUSIONS

Uses Sign Language Interpreter (SLI).  Reads Braille.  Communicates with written notes.  Requires large print or magnifier.

Reads lips.  NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

## PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

PHYSICIAN'S NAME (Print)

PHYSICIAN'S SIGNATURE

DATE SIGNED

HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)

HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE

DATE SIGNED

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record; Canary - C&PR/CC-III; Pink-CC-I; Gold-Inmate

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parole Appeals

CDC 1824 Reasonable Modification or Accommodation Request

EX- E7

RE: Screening at the FIRST Level

May 03, 2012

**CAMPA, T43585**

D 006 1126001LP

ADA, Medical appliance - need, 05/03/2012

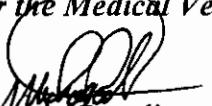
Log Number: NKSP-D-12-00523

(Note: Log numbers are assigned to all appeals for tracking purposes)

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

*Your appeal issue no longer warrants processing as a CDCR Form 1824 issue for the following reason(s):*

*Per the Medical Verification Process, your appeal has been cancelled.*

  
Appeals Coordinator  
North Kern State Prison



OVER DUE SINCE: 4-13-12

None of these orders were met. I received  
this OVER DUE today on 5-11-12

RN: CORTEZ FAILED TO ISSUE WALKING DEVICE.  
DR. ROBLES FAILED TO RECOGNIZE PERMINANT DISABILITY. DNM  
I HAVE PROVIDED NECESSARY DOCUMENTATION WHICH WAS  
DETACHED FROM THIS FORM BY H/C OFFICIALS

COMPLAINT: NKSP H/C.

CRIMINAL CONDUCT:

C.M.O IS AWARE OF ALL STAFF COMPLAINTS BUT  
FAILS TO ASSIGN THEM AS SUCH ~~████████~~

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

EX-F1

<input checked="" type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Expires on: _____	<input type="checkbox"/> Expiration Unspecified, review in 6 months
---	------------------------------------	--	---

<b>Level of Care Based on Patient Need'</b>		<b>Classification Factors</b>	
<input checked="" type="checkbox"/> OPO	<input type="checkbox"/> Acute Rehab	<input type="checkbox"/> Temporary Medical Hold*	<input type="checkbox"/> Long-Term Stay
	<input type="checkbox"/> Hospice	<input type="checkbox"/> Temporary Med Isolation*	<input type="checkbox"/> Override <sup>2+</sup>
<input type="checkbox"/> OHU	<input type="checkbox"/> SNF		
<input type="checkbox"/> CTC	<input type="checkbox"/> GACH/Outside Hospital		

**Intensity of Services**

<b>Proximity to Consult</b>	<b>Functional Capacity</b>	<b>Medical Risk</b>	<b>Nursing Care Acuity</b>
<input type="checkbox"/> No particular need	<input type="checkbox"/> Vigorous Activity	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Basic Nursing
<input type="checkbox"/> Infreq Basic Consultation	<input type="checkbox"/> Full Duty	<input checked="" type="checkbox"/> Medium Risk	<input type="checkbox"/> Uncomplicated Nursing
<input type="checkbox"/> Freq Basic Consultation	<input type="checkbox"/> Limited Duty*	<input type="checkbox"/> High Risk	<input type="checkbox"/> Low-Intensity Nursing
<input type="checkbox"/> Tertiary Consultations*	<input checked="" type="checkbox"/> Totally Disabled		<input type="checkbox"/> Medium-Intensity Nursing
<input type="checkbox"/> Community Placement*			<input type="checkbox"/> High-Intensity Nursing
			<input type="checkbox"/> Special Nursing

**Specialized Services**

Clinical Category 1 <input type="checkbox"/>	Therapeutic Diet <sup>1*</sup> <input type="checkbox"/>	Restricted – Altitude* <input type="checkbox"/>	Req. Electrical Access <sup>1*</sup> <input type="checkbox"/>
Clinical Category 2 <input type="checkbox"/>	Respiratory Isolation <input type="checkbox"/>	Restricted – Cocci Area* <input type="checkbox"/>	Requires Adaptive Eq <sup>1*</sup> <input type="checkbox"/>
Pregnancy Program <input type="checkbox"/>	Speech/Occupational Th* <input type="checkbox"/>	Restricted – No Stairs <sup>1*</sup> <input type="checkbox"/>	Req. Medical Transport* <input type="checkbox"/>
Transplant Center <input type="checkbox"/>	Physical Therapy <input type="checkbox"/>		
Hemodialysis <input type="checkbox"/>	Durable Med Equip <sup>1</sup> <input type="checkbox"/>		
Dementia <input type="checkbox"/>			

**Institutional-Environmental**

<sup>1</sup>See CDCR 1845 and 7410\*

**Comments (all \* items)**  
(non-confidential)

DRP

(medically-confidential)

Completed By (print name): <i>W. Cain</i>		CDC NUMBER, NAME (LAST, FIRST, MI), DATE OF BIRTH:	
Signature: <i>W. Cain</i>		<i>T43585</i>	
Title: <i>DCS</i>	Date: <i>3-16-10</i>	Name (Last, First, MI): <i>CAMPBELL, ANTHONY</i>	
Institution: <i>CMC-W</i>		Date of Birth: <i>9-2-80</i>	

**MEDICAL CLASSIFICATION CHRONO**

\* Include details in Comments

<sup>1</sup> Include detail in CDCR 1845 or CDCR 7410 as appropriate

<sup>2</sup> Regional Medical Executive only. State factors overridden in Comments

## Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 42 of 100

STATE OF CALIFORNIA  
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)  
CDC 1845 (Rev. 01/04)

EX-F2

DEPARTMENT OF CORRECTIONS  
CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME:	CDC NUMBER:	INSTITUTION:	HOUSING ASSIGNMENT:	DATE FORM INITIATED:
<i>Clampo Anthony</i>	<i>#43581-Cancel</i>		<i>1-10-12L</i>	<i>3-16-10</i>

Sections A - B to be completed by licensed medical staff.

## SECTION A: REASON FOR INITIATION OF FORM

## SECTION B: DISABILITY BEING EVALUATED

Inmate self-identifies to staff  Third party evaluation request  
 Observation by staff  Medical documentation or Central File information

Blind/Vision Impaired  Speech Impaired  
 Deaf/Hearing Impaired  Mobility Impaired

Sections C - G to be completed by a physician only.

## SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

## SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

- FULL TIME WHEELCHAIR USER - DPW  
Requires wheelchair accessible housing and path of travel.
- INTERMITTENT WHEELCHAIR USER - DPO  
Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell.
- MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM  
Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.
- DEAF/HEARING IMPAIRMENT - DPH  
Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.
- BLIND/VISION IMPAIRMENT - DPV  
Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).
- SPEECH IMPAIRMENT - DPS  
Does not communicate effectively speaking or in writing.

## 1. NO CORRESPONDING CATEGORY

## 2. NO CORRESPONDING CATEGORY

3.  MOBILITY IMPAIRMENT (Lower Extremities) - DNM  
Walks 100 yards without pause with or without assistive devices.

No Housing Restrictions  See HOUSING RESTRICTIONS in Section E.  
 Requires relatively level terrain and no obstructions in path of travel.  
Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: \_\_\_\_\_)

4.  HEARING IMPAIRMENT - DNH  
With residual hearing at a functional level with hearing aid(s).

## 5. NO CORRESPONDING CATEGORY

6.  SPEECH IMPAIRMENT - DNS  
Does not communicate effectively speaking, but does when writing.

## SECTION E: ADDITIONAL MEDICAL INFORMATION

## CSR ALERT:

Requires relatively level terrain and no obstructions in path of travel  
 Complex medical needs affecting placement  CDC 128-C \_\_\_\_\_

## HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

None  Crutch  Walker  Leg/Arm prosthesis  Vest  
 Other: \_\_\_\_\_  CDC 128-C(s) dated: *1-29-10*

## ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

Feeding or Eating  Bathing  Grooming  W/C transferring  
 Toileting  Other: \_\_\_\_\_  CDC 128-C(s) dated: \_\_\_\_\_

## OTHER DPP DESIGNATIONS:

NONE \_\_\_\_\_ CODE \_\_\_\_\_ DATED \_\_\_\_\_ CODE \_\_\_\_\_ DATED \_\_\_\_\_

HOUSING RESTRICTIONS:  Lower bunk  No stairs  No triple bunk. CDC 128-C(s) dated: *1-29-10*

## SECTION F: EXCLUSIONS

VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_).  
 REMOVAL FROM A DPP CODE: Removal from previous DPP code: \_\_\_\_\_ (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_).  
 REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): \_\_\_\_\_ (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_).

## SECTION G: EFFECTIVE COMMUNICATION FACTORS

Uses Sign Language Interpreter (SLI)  Reads Braille  Communicates with written notes  Requires large print or magnifier  
 Reads lips  NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

PHYSICIAN'S NAME (Print)

*W. Cain MD*

PHYSICIAN'S SIGNATURE

DATE SIGNED

*3-16-10*

HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)

*Wm. Cain*

HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE

DATE SIGNED

*3-17-10*

NOTE: After review by the Health Care Manager or Chief Physician &amp; Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&amp;PR/RC CC-HI for tracking and further distribution according to the instructions below.

EX-F3  
COMPREHENSIVE ACCOMMODATION CHRONO

**INSTRUCTIONS:** A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

**A. HOUSING**

None

1. Barrier Free/Wheelchair Access P/T \_\_\_\_\_  
 2. Ground Floor Cell  P/T 1/1/13  
 3. Continuous Powered Generator P/T \_\_\_\_\_

4. Bottom Bunk

 P/T 1/1/13

5. Single Cell (See 128-C date: \_\_\_\_\_)

P/T \_\_\_\_\_

6. Permanent OHU / CTC (circle one)

P/T \_\_\_\_\_

7. Other \_\_\_\_\_

P/T \_\_\_\_\_

**B. MEDICAL EQUIPMENT/SUPPLIES**

None

8. Limb Prosthesis P/T \_\_\_\_\_  
 9. Brace Lumbosacral  P/T 1/1/13  
 10. Crutches P/T \_\_\_\_\_  
 11. Cane: (type) Crutches  P/T 1/1/13  
 12. Walker P/T \_\_\_\_\_  
 13. Dressing/Catheter/Colostomy Supplies P/T \_\_\_\_\_  
 14. Shoe: (specify) P/T \_\_\_\_\_  
 15. Dialysis Peritoneal P/T \_\_\_\_\_

16. Wheelchair: (type) \_\_\_\_\_ P/T \_\_\_\_\_

17. Contact Lens(es) &amp; Supplies P/T \_\_\_\_\_

18. Hearing Aid P/T \_\_\_\_\_

19. Special Garment:  
(specify) \_\_\_\_\_ P/T \_\_\_\_\_

20. Rx. Glasses: \_\_\_\_\_ P/T \_\_\_\_\_

21. Cotton Bedding P/T \_\_\_\_\_

22. Extra Mattress  P/T 1/1/13  
23. Other \_\_\_\_\_ P/T \_\_\_\_\_**C. OTHER**

None

24. Attendant to assist with meal access P/T \_\_\_\_\_  
and other movement inside the institution.

Attendant will not feed or lift the inmate/patient  
or perform elements of personal hygiene.

25. Wheelchair Accessible Table P/T \_\_\_\_\_

26. Therapeutic Diet: (specify) P/T \_\_\_\_\_

27. Communication Assistance P/T \_\_\_\_\_

28. Transport Vehicle with Lift P/T \_\_\_\_\_

29. Short Beard P/T \_\_\_\_\_

30. Other \_\_\_\_\_ P/T \_\_\_\_\_

**D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS**

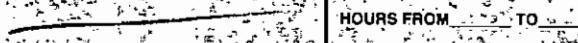
Based on the above, are there any physical limitations to job assignments?  Yes  No

If yes, specify: \_\_\_\_\_

INSTITUTION <i>P. 140</i>	COMPLETED BY (PRINT NAME) <i>A. L. G. A.</i>	TITLE <i>4</i>
SIGNATURE <i>A. L. G. A.</i>	DATE <i>12-7-11</i>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <i>CHAPNO, ANTHONY</i>
HCM/CMO SIGNATURE <i>12-5-11</i>	DATE <i>12-5-11</i>	
APPROVED (list the number of items approved) <i>24401122</i>		
DENIED (list the number of items denied) <i>0</i>		
COMPREHENSIVE ACCOMMODATION CHRONO		
Distribution:		

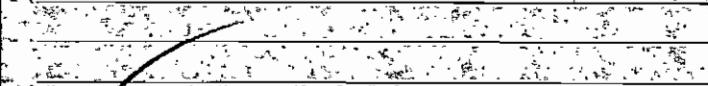
EX. G1

## SECTION A: INMATE/PAROLEE REQUEST

NAME (Print):* (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
CAMP A		T 43585	
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): HIC RESPONSE
DG - 126 L			

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

I HAVE BEEN WAITING ON AN HIC G02 RESPONSE FOR OVER 30 DAYS AND IT NEEDS TO BE TRACK DOWN PLEASE. I ALSO NEED THE LOG # FOR SAID HIC APPEAL ASAP. THE ISSUE IS LONG OVER DUE.



THANK

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

SENT THROUGH MAIL: ADDRESSED TO: MEDICAL APPEALS COORDINATOR  
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

DATE MAILED: 2/7/12

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
			<input type="checkbox"/> CIRCLE ONE: YES <input type="checkbox"/> NO

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
		<input type="checkbox"/> CIRCLE ONE: IN PERSON <input type="checkbox"/> BY US MAIL

## SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

## SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

SIGNATURE:	DATE SUBMITTED:

## SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

INMATE: CAMPA, ANTHONY

CDC NUMBER: 143585

HOUSING: D 006 1126001LP

MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. Requires relatively level terrain and no obstructions in path of travel. **REQUIRES LOWER BUNK, NO STAIRS, NO TRIPLE BUNK HOUSING. HIS DISABILITY DOES NOT IMPACT PLACEMENT.**

CC: C-File (Original)  
Medical File  
Assignment Lieutenant  
Unit Sergeant  
Housing Officer  
Inmate

PHYSICIAN: Dr. LEONG, A

ARRIVAL DATE: 12/9/2011

DATE: 12/23/2011

N K S P   M E D I C A L   C H R O N O

CDC-128-C

FINAL NOTICE \* DEPARTMENT OF CORRECTIONS  
HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR  MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: CAMPA - A CDC NUMBER: 743585 HOUSING: DC 1264

PATIENT SIGNATURE:  DATE: 3-1-12

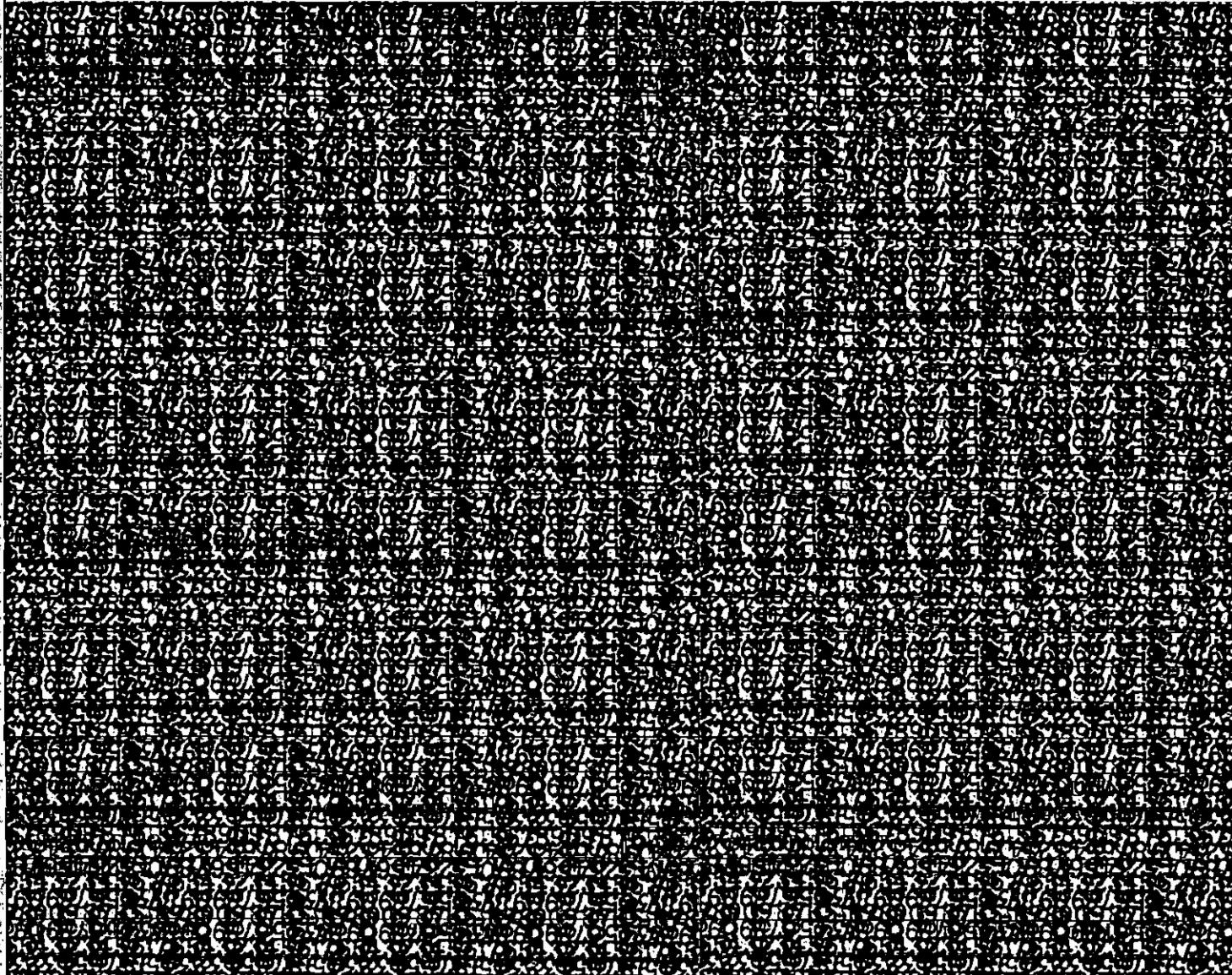
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) THIS IS MY 2ND REQUEST FOR AN OVER DUE H/C APPEAL N.K.S.P MEDICAL HAS FAILED TO PROVIDE ANY FORM OF RELIEF REGARDING SAID GRIEVANCE

AND NOW MEDICAL STAFF HAVE TOOK THE GOZ ISSUE BEYOND THE COERCIVE TIME CONSTRAINTS. FORWARD MY GOZ

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM WITHOUT FURTHER DELAY.

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office)



SECTION A: INMATE/PAROLEE REQUEST *Ex: G3*

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
CAMPA, A		T43585	
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (E-MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
DG-1264			VIOLATION OF ADA APPEAL

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

I HAVE NOT RECEIVED A RESPONSE ON ADA ISSUE NOR WAS I PROVIDED A CAIN.

THIS WAS DUE 4-13-12.

WHAT IS THE PROBLEM? ALL VERIFICATION WAS INCLUDED  
APPEAL LOG # NKSP-D-12-00523

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

SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED:

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

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
ASG Scott	5-4-12	<i>ASG Scott</i>	(CIRCLE ONE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
ASG Scott	5-4-12	(CIRCLE ONE) <input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> BY US MAIL	

## SECTION B: STAFF RESPONSE

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

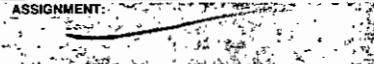
PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY-US MAIL. KEEP FINAL CANARY COPY.

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

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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## EX G4

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER	SIGNATURE
CAMPAGNA		743585	
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
DG-12G			H/C APP. VIOLATION

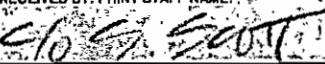
CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

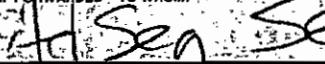
ON 3-28-12 I SUBMITTED AN H/C APPEAL WHICH WAS OVER 31 DAYS AGO AND H/C APPEALS OFFICE HAS FAILED TO PROVIDE A LOG # WHICH ONLY DELAYS THE PROCESS AND DEPRIVES APPLICANT RELIEF FROM STAFF MISCONDUCT!

WHAT IS THE HOLD UP? WHERE IS MY LOG # AT?

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

<input type="checkbox"/> SENT THROUGH MAIL - ADDRESSED TO:	DATE MAILED:
<input type="checkbox"/> DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)	

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE): YES <input checked="" type="radio"/> NO <input type="radio"/>
	5-4-12		

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE): IN PERSON <input checked="" type="radio"/> BY US MAIL <input type="radio"/>
	5-4-12	

## SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

## SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

SIGNATURE:	DATE SUBMITTED:

## SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:



1247479

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

EX-66  
HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR  MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: CIMA. A. CDC NUMBER: T43585 HOUSING: DG-126L

PATIENT SIGNATURE:  DATE: 5-18-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) I HAVE BEEN PATIENTLY WAITING FOR HIC TO REINSTATE MY CARAPENTIN TREATMENT AND A PAIN MANAGEMENT MEDICATION. WHAT IS THE DELAY? I AM SUFFERING FROM TOO MUCH PAIN FOR MONTHS NOW! EVER SINCE NISPA ELECTED TO TERMINATE TO TERMINATE MY PREVIOUS PAIN MANAGEMENT PLAN TO TRY OUT CYMBELTA. AND I CONTINUE TO INFORM DR. ROBLESTO DISCONTINUE CYMBELTA. I DON'T

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM: DR. ROBLESTO DISCONTINUE CYMBELTA. I DON'T

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT TAKES PLACE

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.) WHY ARE YOU ONLY DOING THIS TO ME?

## HEALTHCARE SERVICES REQUEST FORM

## **PART I: TO BE COMPLETED BY THE PATIENT**

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR MEDICAL / MENTAL HEALTH / DENTAL / MEDICATION REFILL

NAME \_\_\_\_\_ SCD NUMBER \_\_\_\_\_ HOUSING \_\_\_\_\_

743525 DCo-1262

PATIENT SIGNATURE DATE

8-31-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had It):  
The Problem) THIS IS MY 3D REQUEST UNACKNOWLEDGED. ISSUE #1 CM04 DR. ROBBIES  
HAVE MADE NO ATTEMPT TO TREAT MY INJURY OR ACKNOWLEDGE MY REQUESTS  
COMPLAINTS # 7-1 602 LOG # NKSD HC 120-20091-1515 DAYS OVER DUE AND  
LEVEL ISSUE # 7-1 I SUBMITTED STAFF COMPLAINT HIC G02 08/07/10 TO DR. YANG GO 09  
2-2-11 YOU STILL FAIL TO PROVIDE A LOG # OR RESPOND TO MY INQUIRIES WHICH  
IS THE PROBLEM IN THIS PLACE? ISSUE # 4 I SUBMITTED A SECOND STAFF  
COMPLAINT ON 5-2-11 AND AGAIN YOU FAIL TO PROVIDE LOG # AND PROCESS  
WITHIN SET PROVISIONS. AGAIN I ASK FOR RELIEF SO MY ORIGINAL ISSUE CAN BE MADE  
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON  
BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM ISSUED: ALSO I'M REQUESTING INTERNAL AFFAIR

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

**PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT**

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR  MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL NAME: CAMP A. CDC NUMBER: T43585 HOUSING: DG. 12 C CPATIENT SIGNATURE: AMK DATE: 5-26-12REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) I DONT KNOW WHY YOU CONTINUE TO RETURN MY H/C APPEAL WITHOUTMY SUPPORTING DOCUMENTS LOG # 12070891. COMPLAINT WAS ORIGINALLY ADDRESSED ON 1-2-12. PRIOR TO THAT I HAD REQUESTED H/C SERVICES MORE THAN 2X. AND PROVIDED RECEIPTS OF H/C REQ. WITH MY GO2. YOU SCREENED IT OUT & KEPT MY RECEIPTS. THEN I RESUBMITTED WITH MORE PIW AND YOU AGAIN REMOVED MY PIW. THE ORIGINAL GO2 WAS WITHHELD ALONG WITH H/C REQUEST. HENCE IT DRAFTED A NEW GO2 ON 3-31-12 AND YOU FAIL TO PROCESS SAD APPEAL. AND YOU ON 5-12-12 APP. APPEAL IS RETURNED FROM 2ND LEVEL REVIEW WITH OUT MY SUPPORT DOCS FROM MY MEDFILE. RETURN MY DOCS AND PROCESSNOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE TEAM MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM FOR INFO/RELIEF WHICH GOUN ANSWERD. ALSO THIS IS NOT A REQUEST FOR PROCESSING OF H/C LOG # 12070891. SAD APPEAL IS 5-8-12. H/C IS BEING DEPRIVED OF ME

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT FOR PROCESSING OF

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office) NO H/C LOG # 12070891. SAD APPEAL IS 5-8-12. H/C IS BEING DEPRIVED OF ME

H/C LOG # 12070891. SAD APPEAL IS 5-8-12. H/C IS BEING DEPRIVED OF ME

EX G9

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

URGENT NOTICE

## HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> DENTAL	<input type="checkbox"/> MEDICATION REFILL
NAME	CDC NUMBER			HOUSING
CAMP A 4	743585			D6126
PATIENT SIGNATURE				DATE
5-30-12				

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) I CONTINUE TO RESPECTFULLY REQUEST PROCESSING OF 2 SEPARATE H/C APPEALS IN DOING SUCH YOU ARE DEPRIVING ME ANY FORM OF RELIEF. ONE WAS SUBMITTED ON 3-31-12 AS STAFF COMPLAINT & ONE WAS SUB ON 5-2-12. FURTHER YOU ALLOWED SUPPORTING DOCS TO BE REMOVED ON BOTH 1ST & 2ND LEVEL OF REU. LOC # H/C 120798. RETURN MY DOCS & DO AN JOB PLEASE. NOT ONCE HAS ANY

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. EFFORT BEEN MADE TO PROVIDE REMEDY & STAFF HAS BEEN SINCE TOOK REASAL FOR THE FILING OF

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EX G10

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

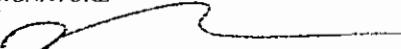
## HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL 

NAME Campa-A	CDC NUMBER T43585	HOUSING DG-12G L
PATIENT SIGNATURE 		DATE 5-2-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I CONTINUE REQUEST THE PROCESSING OF TWO H/C LOGS AND YOU FAIL TO ACKNOWLEDGE MY REQUEST OR DRIVE LOGS. IN DOING SUCH YOU VIOLATE THE PROCESS & DEPRIVE ME OF REMEDY AS THE ORIGINAL APPEAL CAN NOT BE RESOLVED UNTIL THE NEW ISSUE ARE ADDRESSED & CORRECTED. SUR: 3-31-12 & 5-2-12 H/C COMPLAINT

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM ACCOMPANIED WITH A RIGHTS/RESPONSE

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EX-61

1247481

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

## HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
CAMPA-A	T43585		DG-1266	
PATIENT SIGNATURE	DATE 6-7-12			

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I SUBMITTED AN APPEAL HIS CO. ON 3-77-12 & A SEPERATE ONE ON 5-8-12 & I HAVE NOT BEEN AFFORDED AN INTERVIEW OR LOC #3 AND THE MANAGER HAS NOT MADE ATTENDTS TO RESOLVE ISSUES IN ORDER TO RECIEVE HEALTH CARE SERVICES. I ALSO ASKED AT LEAST 4 TIMES TO TERMINATE AMITOININ I DONT TAKE IT. IT DOES NOTHING TO TREAT PAIN!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

## HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL NAME CAMPA - A CDC NUMBER T43585 HOUSING DG - 126PATIENT SIGNATURE  DATE 10-16-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I SUFFER FROM CHRONIC NEUROPATHIC PAIN WHICH H/C IS AWARE OF AND THE MEDICATION YOU ARE GIVING ME IS NOT TREATING PAIN AT ALL, I AM REQUESTING TO SEE A SPECIALIST FOR THIS SPIN INJURY. (BROWNS SYNDROME SYNDROME) TUE ALREADY BEEN THROUGH ALL WR POLICY FOR CHRONIC TREATMENT PAIN MED'S) TM IS TO MUCH PAIN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM FOR TO LONG.

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EX G13

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

## HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
CAMPAGNA	T43585		DG 120	
PATIENT SIGNATURE			DATE	
11-7-12				

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) AS MEDICAL IS SAYING THIS REQUIRES TREATMENT TO EFFECTIVELY TREAT MY SPINAL CORD INJURY. NK SP EFFECTED TO TERMINATE MY CHRONIC PAIN MANAGEMENT PLAN & GOALS & FAIL TO ISSUE A CAIN. I SUFFERED ANOTHER INJURY EACH TIME MY NERVE FAILS & MY LEGS GIVE OUT. I HAVE REPORTED FAILING ON 3 OCCASIONS AND STAFF DID NOT EVEN EXAMINE ME OR EXAMINING INJURIES. THE COMPLAINTS ON GOING I SUFFER FROM A SPINAL CORD INJURY WITH IS UNWELL DOCUMENTED. THIS MEDICAL NOT FAIL AND SUSTAINED INJURY AGAIN WHILE MEING ESCORTED BY 7 TO 10 GUARDS AND ROMERO. I AM REQUESTING A DA ACCOMODATION: CAIN & REINSTATEMENT OF CHRONIC PAIN MANAGEMENT PLAN ALSO TO BE SEEN BY A SPECIALIST FROM THE OUTSIDE

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM SINCE YOU GUYS ARE TAMPERING WITH MY FILE IN FORGING FALSE DOCUMENTS.

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) AS MEDICAL IS SAYING THIS REQUIRES TREATMENT TO EFFECTIVELY TREAT MY SPINAL CORD INJURY. NK SP EFFECTED TO TERMINATE MY CHRONIC PAIN MANAGEMENT PLAN & GOALS & FAIL TO ISSUE A CAIN. I SUFFERED ANOTHER INJURY EACH TIME MY NERVE FAILS & MY LEGS GIVE OUT. I HAVE REPORTED FAILING ON 3 OCCASIONS AND STAFF DID NOT EVEN EXAMINE ME OR EXAMINING INJURIES. THE COMPLAINTS ON GOING I SUFFER FROM A SPINAL CORD INJURY WITH IS UNWELL DOCUMENTED. THIS MEDICAL NOT FAIL AND SUSTAINED INJURY AGAIN WHILE MEING ESCORTED BY 7 TO 10 GUARDS AND ROMERO. I AM REQUESTING A DA ACCOMODATION: CAIN & REINSTATEMENT OF CHRONIC PAIN MANAGEMENT PLAN ALSO TO BE SEEN BY A SPECIALIST FROM THE OUTSIDE
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM SINCE YOU GUYS ARE TAMPERING WITH MY FILE IN FORGING FALSE DOCUMENTS.

EX. G 14

7362: #1797320. TO: CMO. VIA: CAMPA. A T43585.  
DT: 5-2-12. (HAND COPY) LAW LIBRARY REFUSES ASSIST.

TO CMO-OF N.K. S.P.: I AM TAKING THIS MATTER DIRECTLY TO YOU AS  
I HAVE 3 H/C GO2<sup>3</sup> OVERDUE AT THE 2ND LEVEL → WHAT'S MORE IS THAT MD  
ROBLES & MED STAFF ARE DOING ALL WITHIN THEIR POWER TO DISCRIMINATE AGAINST  
ME, DEPRIVING ME OF ANY ADEQUATE FORM OF RELIEF HAVING BEEN MADE AWARE  
OF MY INJURY IN NOC/DRN & YET I ALSO HAVE NOT BEEN ISSUED A CARD IN THIS FOL  
Y. I ARRIVED HERE ON 12-9-11 VIA PUSP MAINLINE. PRIOR TO ARRIVAL I WAS BEING  
TREATED WITH GABAPENTIN, BACLOFEN & MORPHINE 3X A DAY FOR OVER 2 1/2 YEARS  
DUE TO A PAINFUL CONDITION DOCUMENTED IN FILE (BROWN-SYKES-SYNDROME)  
IT'S A SPINAL CORD INJURY & YET RESP. H/C OFFICIALS ELECTED TO TERMINATE  
SAID CHRONIC PAIN MANAGEMENT PLAN TO TRY OUT CYMBALTA. I WAS PROMISED UNDER  
DR ORDERS THAT CYMBALTA WOULD WORK MORE EFFECTIVE TO TREAT PAIN IN 2  
WEEKS. IT WAS NOT, FOR ME, THE RIGHT FOR ME, CHANGES WOULD BE MADE. I HAVE SINCE  
BEEN APPEALING THE ISSUE FOR FORCING AN INEFFECTIVE MED ON ME. 2X IT WAS  
RE ORDERED AGAINST MY REQUEST TO TERMINATE IT. & ALL MY COMPLAINTS ON  
H/C GO2<sup>3</sup> ARE BEING REUGHT/ ADDRESSED BY THE SAME DR IN GIVING  
WHICH FURTHER DEMONSTRATES DISCRIMINANT & RECKLESS BEHAVIOR ON H/C STAFF  
THE SAME MD IS NOT SUPPOSED TO REVIEW A GO2 ON BETHLEHEM'S PERIOD. AS OVER  
SEER OF THE MEDICAL DEPARTMENT SOMETHING MUST BE DONE TO PREVENT  
THIS TYPE OF MISORDER & ENSURE H/C STAFF ARE HELD ACCOUNTABLE FOR ANY  
FORM OF MISCONDUCT IN THAT CDR GUIDELINES ARE MET & PATIENT IS  
PROVIDED QUALITY CARE & ADEQUATE RELIEF FOR EXISTING CONDITIONS.  
THIS IS GOING TO THE PRISON LAW OFFICE AS WELL.

Anthony Camper T43585

Ex. H1

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
CAMPA, A.		T43585	<i>Anthony Campa</i>
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
DG-126 L			INMATE WELFARE

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

*MR BREWSTER, UNDER PENALTY OF PERJURY, CAN YOU TELL ME WHO IS THE DESIGNATED HEALTH CARE APPEALS COORDINATOR PLEASE.*

*ALSO IT IS IMPERITIVE I ADDRESS CERTAIN ISSUES A SPECIFIC WAY WHICH REQUIRES ME TO KNOW THE THE IDENTITY OF NKSP'S COURT APPOINTED MEDICAL RECIEVER IN ADITION TO THE FORECLOSED REQUEST.*

*PLEASE CONTINUE TO ENJOY yr  
DAY, THANK YOU.*

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

SENT THROUGH MAIL: ADDRESSED TO: TO: LT. BREWSTER DATE MAILED: 11/1/12  
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input checked="" type="radio"/> NO <input type="radio"/>
BREWSTER, R	11/2/12	<i>Brewster, R</i>	
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input checked="" type="radio"/>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
BREWSTER	11/2/12	<i>Brewster, R</i>	11/2/12

*CME - CHIEF MEDICAL EXECUTIVE IS NDUKWE ODELUGA  
CEO - CHIEF EXECUTIVE OFFICER IS TED KUBICKI*

*APPEALS COORDINATOR MICHAEL ROCHA ALL APPEAL GO TO THIS OFFICE. I DONTKNOW THE NAME OF ANYONE OR ANY OFFICE THAT IS TITLED MEDICAL APPEALS COORDINATOR.*

SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
--------------------------------	-------	------------	----------------

## MEDICAL PROGRESS NOTE

**PATIENT NAME:** CAMPA, Anthony  
**DATE OF SERVICE:** 12/04/2009

**CDCR#:** T43585  
**HOUSING:** RC B5-223L

**BIRTH DATE:** 07/02/1980  
**PAROLE DATE:**

TIME: 1140 hours

**SUBJECTIVE:** This is a 29-year-old gentleman who came here to see me today for the followup. The patient has been trying to get MD line since he has arrived and he is supposed to see us in a couple of months and because of the tight schedule of the rescheduling the patient has been postponed. He is supposed to go to the California Men's Colony (CMC) transfer and somehow he has been scratched from the bus. He has a history of a stab wound in the neck in the beginning of this year. During that time, he developed left-sided weakness and also walking with a walking cane and gradually has improved, but he has extensive pain on the left upper extremity and the left lower extremity plus the right lower leg pain which is hot and the pain is constant, sometimes numb and sometimes shooting pain. He was on low-dose Neurontin, which has not improved his pain control. He stated he has the weakness on the left side of the body and he wanted to have a walking cane because he stated he has imbalance when he walks.

**REVIEW OF SYSTEMS:** Unremarkable, except for the weakness on the left side of the body with extreme pain on the right and also right leg cramp at nighttime frequently.

**SOCIAL HISTORY:** The patient drinks occasionally and he smoked weed. He smoked cigarettes, a pack a day, for 15 years.

**FAMILY HISTORY:** Diabetes in the grandma.

**MEDICATION LIST:** The patient is on Neurontin only. There is no pain medication at this time.

**OBJECTIVE: VITAL SIGNS:** Temperature 98.7, pulse rate 58, respiratory rate 18, blood pressure 132/63. Weight 221 pounds. Oxygen saturation 100%. **APPEARANCE:** A heavyset body built gentleman. A very muscular gentleman found walking and ambulating without any discomfort. Gait is normal. **HEENT:** Pupils equal, round, and reactive to light and accommodation. Extraocular movements intact. No jaundice. Oral hygiene good. **NECK:** Scar at left side of neck. Range of motion of neck normal. No JVD. No lymph node enlargement. **LUNGS:** Air entry equal and no wheezing or rhonchi. **HEART:** Rate, rhythm regular. S1, S2 appreciated. No extra sound. No murmur. **ABDOMEN:** Soft, benign. No mass. No guarding. Bowel sounds active. **EXTREMITIES:** No atrophy. No contractures found. No vesiculation noted. **NEUROLOGIC:** Awake, alert, oriented x3. Cranial nerves II-XII intact. Deep tendon reflexes brisk on left side biceps, brachialis, triceps, and knee reflexes compared with right side. Muscle strength weak on left side. **Sensation:** Hyperesthesia at right lower spine area noted and compared with left side. Slight numbness on left side was found. Plantars downgoing. Gait normal. Able to walk on heels. Not able to walk on toes because of weakness on left side.

**ASSESSMENT:**

1. Stab wound in the neck with left hemiparesis.

CAMPA A  
T435  
07/02  
RC  
Medica

2. Hyperesthesia at the right lower lumbar region, which is matched to the spinal cord injury at the cervical spine level.

PLAN:

1. Increase the Neurontin to 900 mg 3 times a day and add a pain medication with salsalate 500 mg 3 times a day and a muscle relaxant with Robaxin 500 mg 2 times a day for 7 days.
2. The patient will come back and see me in 4 weeks. There is no medical hold on this gentleman. Will consider doing an MRI of the cervical spine if the symptoms persist.

EDUCATION: Counseling and education are done. The patient understood well.

  
Andrew Leong, MD

AL/mb  
D: 12/04/2009 12:11:00 pm  
T: 12/04/2009 12:46:41 pm  
Job #: 19535

Patient Information:

CAMPA Anthony  
T43585  
07/02/1980  
RC B5-223L  
Medical Progress Note

EX. 53

DEPARTMENT OF CORRECTIONS  
FOLSOM STATE PRISON

SOAPE NOTE

T43585

CDC: T42585

PATIENT: CAMPA, ANTHONY

DATE OF BIRTH: 07/02/1980

DATE OF SERVICE: 01/06/2010

HOUSING UNIT:

PAROLE DATE: 2012/2013

DATE OF ARRIVAL:

VISIT TIME: 09:14

PAROLE DATE: He paroles either late 2012 or early 2013.

S: This patient is here today regarding seizure disorder. The patient's history was he had a stab wound to the left side of the neck on January 1, 2009 and got paralyzed from the waist down for 2 weeks. He was in the hospital. After, he had no control about his urination and bowel movement. He had seizures also at that time which lasted through June, and he has been on Neurontin. At the present time, he is on 900 mg 3 times a day. He was incarcerated after this incident due to drug possession of crystal methamphetamine.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

O:

VITAL SIGNS: BP is 138/76, temperature 98.8, pulse 60, respirations 14. He is 5 feet 7 inches, weighs 205 pounds.

GENERAL: He is alert and oriented x3. He is cooperative.

HEENT: Normocephalic and atraumatic. He is not pale nor jaundiced.

NECK: No adenopathy. He has a scar from the stab wound on the left lateral base of the neck supraclavicular region.

HEART: Within normal limits.

LUNGS: Within normal limits.

ABDOMEN: Soft. No tenderness.

EXTREMITIES: No edema.

NEUROLOGICAL: He has grip on the right side is 5/5 and on the left side is 3/5. His knee jerk reflex is hyperactive on the left side. His gastrocnemius is smaller than the right side. Knee extension and flexion is about 50% weaker than the right side. He walks by dragging his left leg partially.

A:

1. Seizure disorder.
2. Left hemiparesis secondary to stab wound to left side of the neck on January 1, 2009.

PLAN OF TREATMENT: We will obtain copies of his hospital record after the stabbing incident. I will increase his Neurontin from 900 mg 3 times a day to 1,200 mg 3 times a day. We will give him a back brace, and a chrono was

PATIENT: ANTHONY CAMPA

DATE OF SERVICE: 01/06/2010

Page 2

EX-54

filled out regarding. Will probably see him again about 2-3 weeks or after his medical files are back. The patient understands and agrees to the plan of treatment.

Cardeno

ISIDRO A CARDENO, M.D., FAAFP, CCHP

IAC/sts

D: 01/06/2010 09:14:00 EST

T: 01/09/2010 20:39:08 EST

Job #: 32904

Timothy L. Auran, M.D.  
 William C. Burnett, M.D.  
 Harry F. Corbett, M.D.  
 Michael P. Curran, M.D.  
 Arthur C. Duberg, M.D.  
 Stephen R. Holtzman, M.D.  
 Chang S. Kim, M.D.  
 Thomas L. Miller, M.D.  
 Erik M. Olson, M.D.  
 Jaywant P. Parmar, M.D.  
 William M. Russell, M.D.  
 Timothy D. Watson, M.D.  
 Donna E. Wixnigham, M.D.



[www.raslolimaging.com](http://www.raslolimaging.com)

Digital Medical Imaging (DMI)  
 522 East Plaza Drive, Santa Maria, CA 93454  
 PH: (805) 928-3673 FAX: (805) 928-9588

Five Cities Medical Imaging  
 921 Oak Park Blvd., Ste. 102, Pismo Beach, CA 93449  
 PH: (805) 779-7900 FAX: (805) 779-7910

MRI of San Luis Obispo  
 1064 Murray Ave., San Luis Obispo, CA 93465  
 PH: (805) 543-5674 FAX: (805) 543-5818

Radiology Diagnostic Center  
 1310 Las Tablas Road, Ste# 103, Templeton, CA 93465  
 PH: (805) 434-0829 FAX: (805) 434-0826

Patient Name: CAMPA, ANTHONY  
 Date of Exam: 03/18/2010 7:22  
 Referring MD: HENRY C. LEE M.D. 2595

Accession No: 0029503077RA4  
 Date of Birth: 07/02/1980  
 Patient ID: 621598

T43585

Authorization #: \_\_\_\_\_ Ins Code: \_\_\_\_\_ Class: 40

PROCEDURE: MRI BRAIN WITHOUT I.V. CONTRAST (SEIZURE PROTOCOL)

COMPARISON: None.

INDICATIONS: Increased headaches with left sided weakness.

TECHNIQUE: Sagittal T1, axial T2, whole-brain coronal FLAIR, axial DWI, axial T1, axial MPGR and coronal oblique magnified T2 high-resolution images through temporal lobes of the brain were obtained on a 1.5 Tesla MRI scanner.

**FINDINGS:**

VENTRICLES/SULCI:	• A cavum septum pellucidum et vergae is noted incidentally; otherwise unremarkable.
CEREBRUM:	• No intracranial hemorrhage, mass or mass effect. No heterotopic grey matter. No evidence of mesial temporal sclerosis.
CEREBELLUM:	• No mass or mass effect.
BRAINSTEM:	• Normal.
BASAL CISTERNS:	• Normal.
SKULL:	• Normal.
OTHER:	• Mild left maxillary and sphenoid sinus disease is noted incidentally.

**CONCLUSION:**

1. The intracranial contents appear within normal limits.
2. Incidental note of mild left maxillary and sphenoid sinus disease.

Dict: Thomas L. Miller, M.D., M.H.A. on 03/18/2010 at 9:45

Trans: UTTERBACK on 03/18/2010 at 10:00

This report was verified electronically by Thomas L. Miller, M.D., M.H.A. on 03/18/2010 at 11:32

## CDC Drug Formulary

## Health Care Services

## NONFORMULARY DRUG REQUEST (CDC Form 7374)

## TO BE COMPLETED BY PRESCRIBER:

1. This form must be completed before the pharmacy can acquire a nonformulary drug for dispensing.
2. A 24 to 48 hour advance notice may be required before approved nonformulary drug request items can be obtained by the pharmacy for dispensing. The pharmacy will notify the prescriber in all cases of delay.
3. A therapeutically equivalent agent may be available in the formulary. Please call your pharmacist for assistance in making this determination.

TO: Chief Medical Officer Chief Psychiatrist Chair, Pharmacy Services Committee or Chair, Pharmacy and Therapeutics Committee	FROM (Physician, Dentist or other authorized prescriber): Name: <i>W Cain</i> Signature: <i>OCa</i> Date: <i>10/10/04</i>
--	---

The inmate named below has therapeutic requirements that cannot be met by currently available standard stock resources, therefore, the acquisition of the following agent(s) is requested:

Patient's Name: <i>Conrad, A</i>	CDC Number: <i>T43585</i>	Housing:	
Medication Requested: <i>Brufen</i>	Strength: <i>10mg</i>	Dosage Form: <i>Tab</i>	
Indication: <i>Brown Sequent Syndrome</i>			
Expected Duration of Therapy: <i>Unkown - possibly 2 yrs</i>			
Formulary Medications Already Tried: <i>Cobrenil; magaine</i>			
Reason(s) Why Formulary Medications Are Not Suitable: <i>Rec by Dr. Lee</i>			

## AUTHORIZATION FOR ACQUISITION:

 APPROVED DISAPPROVED

Reason for disapproval:

Chief Medical Officer/ Chief Psychiatrist  
Chair of Pharmacy Services Committee/ Pharmacy and Therapeutics Committee

Date  
*10/10/04*

EX-37

STATE OF CALIFORNIA  
PRIMARY CARE PROVIDER PROGRESS NOTE  
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 3/16/11 TIME: 08:05 AGE: 28 UHR Present:  Yes  No MAR Present:  Yes  No

Temp: 98.9 Pulse: 51 BP: 110/60 RR: 16 Ht: 5'8" Wt: 205 BMI: 31

Chief Complaint: Tympanic Membrane

SUBJECTIVE:

Allergies:  NKASignature/Title: *W.Cain*

- Reg 1 dose for meal
- see Current note log 2-25-10  
→ odd bolofer
- no new sx.

OBJECTIVE:	WNL*		ABN	WNL*		ABN	STUDY RESULTS:
	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>less care</i>		<input type="checkbox"/>	<input type="checkbox"/>		
1. General	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Musculoskeletal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. HEENT/Neck	<input type="checkbox"/>	<input type="checkbox"/>		8. Skin/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cardio	<input type="checkbox"/>	<input type="checkbox"/>		9. Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>		10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
5. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>	
6. Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>		12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	

*see note 2-11-10 to P.E.*

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

*Alg - Bone segmental syndrome*  
*- NER bolofer 10g tis*  
*- 1845 done*  
*→ night dose of MS Contin 630mg*  
*- PCS P.J.*

PATIENT EDUCATION:  Patient able to verbalize understanding of A/P  Meds  Lab/Study Results  Diet  Exercise  Wt. Mgmt.  Smoking

Self Management Goal(s):

Next Visit: 1-2 mos

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

W. Cain, M.D.

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

T4358

CAMPB. ANTHONY

7/21/1980

j-10-12

STATE OF CALIFORNIA  
PRIMARY CARE PROVIDER PROGRESS NOTE  
CDCR 7230-MV(08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 3/26/10	TIME: 0805	AGE: 28	UHR Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MAR Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Temp: 98.1	Pulse: 50	BP: 112	RR: 16	Wt: 205
Chief Complaint: 64		Allergies: <input type="checkbox"/> NSAID <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin		BMI: 37
<p>SUBJECTIVE: Brown Seguad Synd. → (2) neck stab wound            Pts of P.M. Brown, pt to join P.R. today            see neuro consult 2-25-10            pt also pt reviewed to join Committee            but do not yet re narcotics for chronic            pain complaints  <u>Just Started on Soralafen per neurology recommendation</u></p>				

OBJECTIVE:	WNL*		ABN		WNL*		ABN		STUDY RESULTS:
	WNL*	ABN	WNL*	ABN	WNL*	ABN	WNL*	ABN	
1. General	<input type="checkbox"/>	<input type="checkbox"/>			7. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>		
2. HEENT/Neck	<input type="checkbox"/>	<input type="checkbox"/>			8. Skin/Ext.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Cardio	<input type="checkbox"/>	<input type="checkbox"/>			9. Neurological	<input type="checkbox"/>	<input type="checkbox"/>		
4. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>			10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>		
5. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>			11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>			12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>		

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

A/P-Brown Seguad Synd.  
 - lesion should join in centralized imaging  
 - await join comm. report.

PATIENT EDUCATION:  Patient able to verbalize understanding of A/P  Meds  Lab/Study Results  Diet  Exercise  Wt. Mgmt.  Smoking

Self Management Goal(s):

Next Visit: 14 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

OCA

1-10-12

743585  
 Camp A) Anthony  
 7/2/80

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

STATE OF CALIFORNIA  
PRIMARY CARE PROVIDER PROGRESS NOTE  
CDCR 7230-M (08/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 2/11/10 TIME: 1255 AGE: 28 UHR Present:  Yes  No MAR Present:  Yes  No

Temp: 97.6 Pulse: 51 BP: 111/67 RR: 198% HT: 8'7" Wt: 205 lbs BMI:

Pain: 2/3

(cc)

(5) Bkg. Stabbed in the neck, L side, base of neck on 1/11/09. Hospitalized at Santa Clara 7-10 days. After stabbing he was "paralyzed", could not walk, could move only R side. L side could not move. The PT was home at home and after 180 days was able to walk with a walker. He continued "to drag" the L foot. R foot-toe & R knee with a lot of pain R0 extremity is nl.

- L upper & lower extremity is weak and L lost 3 fingers on R

(6) Neuro examination

- L eye commissure smaller than R. Pupil size reflex present
- converging eye movements & present nl
- II-XII nl exp Tx - drag reflex absent
- L upper & lower extremity muscle atrophy
- L tonus & hypotension increased - flat on L side
- cannot abduct fingers on L side

INSTITUTION

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

## INTERDISCIPLINARY PROGRESS NOTES

Campa, A  
T 43585  
07/02/80

DATE

TIME

2/11/10

- OTD myofasci: Triaps, traps, stylo-rodiles could not be elicited
- absent L abd reflexes and L cremasteric reflex
- L knee exte. knee flexion limited a weakness
- L KCL reflex 6/4, R knee 2/4. Thigh L buttock, & limb
- diff gait stepping from L foot, OR R foot
- sensory non-articular limited L L & R foot infected
- light touch & pain R side & R foot dull, L side & L knee exte absent. Briskly on R foot drops

(Imp)

- (1) s/p stab wound at L knee neck 1/2009
- (2) L cervical radiculopathy at the level of cervical plexus
- (3) Pyramidal sy on L side suggesting a spinal cord lesion of pyramidal tract on the L at the level of C6-T1
- (4) Probably at the same level a involvement of spino-thalamic lat. tract on the L after resection of
- (5) Incomplete hemiparesis on the R side (6) neurologic pain

(Plan):

- (1) Review records from 6 months ago
- (2) neurology consultation view of cervical-thoracic spinal cord MRI & MRI L thoracic plexus
- (3) Refill medication
- (4) Pain committee referral M. Lucci MD

INSTITUTION  
EMC-W

HOUSING UNIT

1-10-12 L

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Comper

T-42585

## INTERDISCIPLINARY PROGRESS NOTES

HEALTH CARE SERVICES  
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME <i>Compa</i>	CDC NUMBER <i>T-43585</i>	INSTITUTION <i>CSC</i>
DATE OF BIRTH <i>7-26-80</i>	EPRD DATE <i>2013</i>	GENDER <i>M</i>
PRINCIPAL DIAGNOSIS <i>L neck stab wound with neuroleptic poison</i>	ICD - 9 CODE <i></i>	CPT. CODE(S) <i></i>
REQUESTED SERVICE(S) <i>Nursology</i>	# OF DAYS RECOMMENDED <i></i>	

Please circle all that apply: Diagnostic Procedure/Consultation      Outpatient/Inpatient      Initial/Follow-up

Requested Treatment/Service is: EMERGENT      URGENT      ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify: \_\_\_\_\_

Proposed Provider: \_\_\_\_\_ Anticipated Length of Stay: \_\_\_\_\_

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): \_\_\_\_\_

Medical Necessity (briefly describe the clinical situation, the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): *This pt of interest has uniparous left m clavicular**spontaneous partial hoarseness, L bronchial pain (ulnar n. involvement)**L of vocal and pharyngeal tracts after decannulation**and of the tracheal tube (larynx). His main concern is the**estimated time for service delivery, recovery, rehabilitation and follow-up: \_\_\_\_\_*Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): *No neuroleptic poison in need of pain**control*Comments (diagrams, risk factors, prognosis, alternative management, etc.): *2010-2-17*

REQUESTING PHYSICIAN PRINTED NAME <i>N. Lucco</i>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY <i>Sp. by Dr. P.E / Neurology</i>	DATE <i>2/10/10</i>
REQUESTING PHYSICIAN SIGNATURE <i>N. Lucco MD</i>	DATE <i>2/11/10</i>	Utilization management tracking #: <i>0910-011 157448</i>
DATE OF CONSULTATION <i>2/21/10</i>	PRINTED NAME OF CONSULTANT <i>Lee</i>	

FINDINGS: *24 yo ♂ Lp stab wound to neck. - SCI N leg after**chemo, - Initially paraplegic → improved, then minor**relief → improved, then persistent chronic neck pain since**injury, at Hosp in Hosp → IT. Hospital, pt in Neurology 600m T1D.**RECOMMENDATIONS: M.S. continue to improve. Then trial of procedure.**? New Bkfr. pain C-DM, ITU. Med, MS contd, Neurology. Allay pain ARA**nos H/O ST - Shaking + LOC, OIBA after QDTP, → ITU/ICU**FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: A) SCI - Proper Sequential Squat.**/ MRI brain. Review, Recov, r ER, MDR Backfr.*

CONSULTANT SIGNATURE <i></i>	DATE <i>2/21/10</i>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <i>T43585</i>
ETA RN SIGNATURE <i></i>	DATE <i>2-25-10</i>	
PCP SIGNATURE <i></i>	DATE <i>3-11</i>	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

## DISTRIBUTION:

ORIGINAL - FILE IN UHR  
 GREEN - TO UHR PENDING ORIGINAL  
 CANARY - CONSULTANT  
 PINK - UM  
 GOLD - SPECIALTY SCHEDULER

STATE OF CALIFORNIA

## PRIMARY CARE PROVIDER PROGRESS NOTE

CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 2/10/10

TIME: 7:00

AGE: 29

UHR Present:

 Yes No

MAR Present:

 Yes No

Temp: 97.1	Pulse: 50	BP: 117/68	RR: 18	HT: 5'7"	WT: 205	BMI: 32
------------	-----------	------------	--------	----------	---------	---------

S = "I only need to renew my MS Card 15/16  
Yabs. which will expire this February 11, 2010."  
OK - In stable condition & good U.S. and no  
no acute distress.

P: Will reschedule pt. appt. for 2/11/10 due to  
lack of time for today's appt. per DR. Lien.

CAMPBELL

HOUSING UNIT

WT-10/22

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

143585  
Campbell, A  
7/2/80

## INTERDISCIPLINARY PROGRESS NOTES



STATE OF CALIFORNIA  
PRIMARY CARE PROVIDER PROGRESS NOTE  
CDCR 7230-M (08/09)

EX-314 DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 1/29/10 TIME: AGE: 28 UHR Present:  Yes  No MAR Present:  Yes  No

Temp: 97.8 Pulse: 48 BP: 121/75 RR: 18 Ht: 5' 7" Wt: 203 BMI: 33

Chief Complaint: Allergies:  NKA  cleared  changed Signature/Title:   
 Ibuprofen, Tylenol, peanuts  Libosonian

## SUBJECTIVE:

**NEW** Stabbed, (2) neck Jan 1, 2009 - Weak on left, pain rt. leg, back of neck, (4) low back, (feel outside) "None of the gabu/m.s. Rx. has helped" in CDC since 9/09 "abcess" on stool → nausea. Dr. Griffin saw/join in pt. also briefly - Had R.T. for 3+ mos. in San Jose. No specific Rx. available for Brown - found type lesion. O2 RA: 100%.

OBJECTIVE	WNL*		ABN		WNL*		ABN		STUDY RESULTS: <i>near, Great</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1. General	<input type="checkbox"/>	<input checked="" type="checkbox"/>			7. Musculoskeletal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. HEENT/Neck	<input type="checkbox"/>	<input checked="" type="checkbox"/>			8. Skin/Ext.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Atrophic</i> <i>dry</i>
3. Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>			9. Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Weak</i> <i>hand</i>
4. Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>		<i>dn. gait</i>
5. Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>			11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>			12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>		

*Current meds continued*

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

*central cord damage w/ C7**Obesity**? Rx. Syg**? Depression - psych dep*PATIENT EDUCATION:  Patient able to verbalize understanding of A/P  Meds  Lab/Study Results  Diet  Exercise  Wt. Mgmt.  Smoking

Self Management Goal(s):

Next Visit: *1/11* DaysPrimary Care Provider (Print Name/Title): *W. Brown, MD*

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

Primary Care Provider Signature: *W. Brown, MD*

T43585  
Campa  
72-80

## CDC Drug Formulary

## Health Care Services

## NONFORMULARY DRUG REQUEST (CDC Form 7374)

## TO BE COMPLETED BY PRESCRIBER:

1. This form must be completed before the pharmacy can acquire a nonformulary drug for dispensing.
2. A 24 to 48 hours advance notice may be required before approved nonformulary drug request items can be obtained by the pharmacy for dispensing. The pharmacy will notify the prescriber in all cases of delay.
3. A therapeutically equivalent agent may be available in the formulary. Please call your pharmacist for assistance in making this determination.

TO: Chief Medical Officer Chief Psychiatrist Chair, Pharmacy Services Committee or Chair, Pharmacy and Therapeutics Committee	FROM (Physician, Dentist or other authorized prescriber): Name: <i>N. Luca MD</i> Signature: <i>N. Luca MD</i> Date: <i>3/17/10</i>
--	---

The inmate named below has therapeutic requirements that cannot be met by currently available standard stock resources; therefore, the acquisition of the following agent(s) is requested:

Patient's Name: <i>Compoa</i>	CDC Number: <i>T-40585</i>	Housing: <i>1-10-12L</i>
Medication Requested: <i>MS Contin 15 mg po TID, DOT, 30d</i>	Strength:	Dosage Form:
Indication: <i>maneupatic pain post op second to neck</i> <i>since still on reserpine &amp; gabapentin</i> <i>The injury involved brachial plexus demyelitic (Hanna)</i> <i>and collected at spinal cord</i> <i>continuous</i> <i>and scheduled with pain control</i>	<i>1/2009</i>	
Expected Duration of Therapy: <i>continuous</i>		
Formulary Medications Already Tried: <i>NSA, not effective</i>		
Reason(s) Why Formulary Medications Are Not Suitable:   		

## AUTHORIZATION FOR ACQUISITION:

 APPROVED DISAPPROVED

Reason for disapproval:

Chief Medical Officer/Chief Psychiatrist  
Chair, Pharmacy Services Committee, Pharmacy and Therapeutics Committee

Date



## MEDICATION ADMINISTRATION RECORD

NAME OF RN/LVN/LPT

INITIAL

NAME OF RN/LVN/LPT

INITIAL

NAME OF RN/LVN/LPT

INITIAL

E. Shiroko, CR

oe

AMITRIPTYLINE HCL 25 MG TAB UD (51079-0107-20) amitriptyline hcl

TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME "DOT"

Admin Time	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4
HB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

Fill Date: 9/17/2009 Orig Fill Date: 9/17/2009 Rx#: 6149875-1  
 Days Supply: 30 Expi Date: 10/17/2009 Doctor: A. AUSTRIA-MD

MUSTARD

PEANUT

Name: CAMPA, ANTHONY

DOB: 7/2/1980

Building: NKSP-B5

Housing

CDCR # T43585

Additional Pages In Use  
Yes No

## SUMMARY

## DECISION SUPPORT

## PATIENT EDUCATION/SELF MANAGEMENT



# CHRONIC PAIN: WHAT YOU SHOULD KNOW

## HOW IS A PATIENT WITH CHRONIC PAIN EVALUATED?

The medical provider:

Takes a history: to find out about how the pain started, where it is, what type of pain it is, what tests the patient has had before, what treatments have been tried before, what other medical conditions the patient has? The medical provider may ask the patient to describe his or her pain using a scale, such as 0 (no pain) to 10 (Worst pain), or use other scales such as the faces scale if the patient has difficulty communicating.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain



Examines the area of pain: To identify obvious physical damage or deformity. People with chronic pain can have old injuries/deformities/scars which have healed and should not be sending pain messages.

Asks about mental health concerns: is the patient feeling worried or hopeless? Does the patient have a history of drug or alcohol? Is the patient currently using drugs or alcohol? Prior substance abuse places a patient at higher risk for complications of opioid use. Medical Providers are not allowed by law to prescribe opioids to a person known to be abusing or giving them to others.

Asks about how well a patient is functioning:

- Are you able to participate in prison program? Work or education?
- Are you able to get in and out of your bunk?
- Does your pain affect your relationship with others? Are you irritable? Withdrawn?
- Do you have any hobbies that are affected by your pain?
- Is your sleep disturbed by pain? If so, how?
- Are you able to walk to meals? Participate in yard? Get down for alarms? Stand for counts?
- Self-care behaviors; do you have any limitations with showering? Dressing? Grooming? Toileting?

If possible the medical provider will give a diagnosis of the cause of the pain. Unfortunately many times in Chronic Pain there is no specific diagnosis. Because chronic pain is caused by messages that are mistakenly being sent over and over the original reason for the pain is no longer present.

## HOW IS A PATIENT WITH CHRONIC PAIN TREATED?

Both in the community and in CDCR medical providers are expected to follow certain approved guidelines as discussed above. The guidelines generally recommend using non-medication treatments first such as physical therapy, exercise, relaxation techniques and any specific injections or procedures that have been proven to help in specific conditions.

Non-medication treatments may stimulate natural painkillers, called endorphins, which are created within the body. In other cases, non-medication treatments work directly on nerves to interfere with the mistaken pain messages. Sometimes, it isn't clear why the pain stops.

The CPHCS Guidelines recommend that non-medication treatment be considered first. This includes:

- Educating the patient on what is causing pain (if known) and what can be expected.
- Exercise and/or physical therapy to help strengthen healthy parts of the body that can protect painful areas.
- Cortisone or pain blocking injections when medically indicated
- Relaxation techniques, positive thinking, psychological counseling (when medically indicated).

Medication treatments: In most cases medical providers do not try opioid (narcotic) medications first. This is because other medications are likely to be as effective and are safer in the long term. This policy follows the World Health Organization (WHO) guidelines.

The WHO guidelines were originally developed for relief of cancer pain, but they are now followed for noncancer pain as well. The WHO "ladder" recommends:

- Start with either:
  - Acetaminophen (Tylenol and other brand names) which interferes with pain messages.
  - Aspirin and ibuprofen (Advil, Motrin and others) which works in two ways:
    - 1) by interfering with pain messages, and
    - 2) by reducing inflammation, swelling and irritation that can make pain worse.
- If this is not enough add another type of medication from the "Adjuvant" family:
  - These are other medications such as anesthetics, antidepressants (nortriptyline, duloxetine), anticonvulsants (carbamazepine, gabapentin), and corticosteroids that work against certain types of pain.

If it is medically indicated the next step on the ladder is to add an opioid medication.

Opioid (Narcotic) pain relievers, such as codeine, methadone and morphine are the most powerful pain treatments. These usually are reserved for the most intense pain. They can cause serious side effects, can be addictive and often cause constipation.

NAME: CAMPA

CDCR #: T43585

BED: B5-129L

STATE COPY INMATE

## COMMITTEE ACTION SUMMARY

REFER TO CSR RX TX NKSP-III (NON-ADVERSE) NO ALT, RETAIN A1A UPON TX, DCC,  
PC 2933 INELIGIBLE, PC 2933.05 INELIGIBLE

## COMMITTEE'S COMMENTS

Inmate CAMPA waived his right to appear before Pleasant Valley State Prison's (PVSP's) Facility B Unit Classification Committee (UCC) today for his Special Review and therefore UCC was held in absentia. CAMPA did receive his 72-hour notice for the purpose of this review.

Per written direction authored by T. McDonald, Acting Director (Division of Adult Institutions) dated 8/5/2011, PVSP-III GP is instructed to refer eligible Level-III inmates to North Kern State Prison (NKSP), due to the conversion of Facility A from Reception Center (RC) beds to Level-III General Population (GP) beds. This transfer is based on the current departmental population needs and will be considered non-adverse in nature and he will retain WG/PG A1A if obtained prior to transfer. He expressed his desire to transfer to NKSP. UCC acknowledges and grants his request for voluntary transfer to NKSP Level-III GP. UCC's decision is based solely upon the current Departmental needs and the implementation of Mandatore Realignment.

Based on a thorough review of all case factors UCC elects to refer this case to the CSR for transfer considerations to NKSP-III (GP) with no alternate. This transfer is considered non-adverse in nature and he will retain WG/PG A1A, at receiving institution.

His custody was reviewed and he remains MEDA. His case was reviewed and determined to be cleared for Double Cell housing with an Integrated Housing Code (IHC) of RE. The following forms have been reviewed and updated: 812, 812C, 127, 840, and MSF. The Confidential folder is noted. He has a TB code of 22 per CDC-128C dated 4/27/11. Refer to CDC-128G dated 9/29/10 for Full Case Factors.

Core COMPAS needs assessment is complete and in the file in accordance with the June 16, 2011 memorandum. His COMPAS scores reflect Highly Probable for Substance Abuse 8, Unlikely Criminal Personality 5, Highly Probable for Family Criminality 8, Probable for Education Problems 6 and Unlikely for Employment Problems 5. His current programming is appropriate according to program availability at PVSP.

A review of the Disability Effective Communication System (DECS) reveals that you are not a member of the Armstrong Remedial Plan (ARP). Mental Health screening indicates he is clear for GP, per CDCR-128C dated 7/15/10. He is DNM-Mobility Impairment (Lower Extremities) which allows walks of 100 yards without pause or without assistive devices requiring relatively level terrain and no obstructions in path of travel. He has a cane and requires a lower bunk. During my Pre-UCC interview with CAMPA, effective communication was achieved by speaking simple English and by the comprehensive manner in which he repeated and verified his understanding of Committee's actions and the reasons for those actions.

Based upon a review of CAMPA'S Central File and case factors committee elects to: REFER TO CSR RX TX NKSP-III (NON-ADVERSE) NO ALT, RETAIN A1A UPON TX, DCC, PC 2933 INELIGIBLE, PC 2933.05 INELIGIBLE

At the conclusion of this review, CAMPA will be informed of his Appeal Rights with regards to this committee's actions.

## INMATE'S CASE FACTORS

CUSTODY	IPS/LEVEL	WG/PG & IEFF. DATE	RELEASE DATE	GPL	RECLASS	ETHNIC	PSYCH DATE 128C	NEXT BPT & DATE
MEDA	35/III	A1A - 10/5/2011	EPRD 8/9/2012	8.3 (R)	9/16/2012	MEX	Clear	N/A

## COMMITTEE MEMBERS

## MEMBERS

G. Duran, CCI - J. Lourenco, CCI

G. Chavez, CCI

RECORDER

Committee Date: 10/26/2011

## SPECIAL REVIEW (ABSENTIA)

Committee: B102611GXC1

Typed By: GXC - Distribution: C-File &amp; Inmate

PLEASANT VALLEY STATE PRISON

Classification Chrono CDCR 128G (Rev: 10/07)

EX-K2

11-128B

SNY

NAME: CAMPA

NUMBER

T-43585

CELL#

FBBS-132L

SNY

On December 17, 2011, I interviewed inmate CAMPA T-43585 FBBS-132L due to him handing staff a note and informing them that he had safety concerns while housed on Facility B. inmate CAMPA informed me that, while incarcerated here at North Kern State Prison he has disassociated himself from the Northern Hispanic's and wishes to be placed in protective custody. Although CAMPA has not been verbally threatened to this date, he feels that his actions are detrimental to his safety if he was to remain on general population.

Based on this information inmate CAMPA is being re-housed on Facility D. CAMPA was given clear program expectations with regards to his behavior while housed in an SNY Facility and that he may be housed with anyone with similar safety needs regardless of their commitment offense, race, prior gang association, sexual orientation or age while in this Facility. CAMPA has agreed to abide by these expectations. CAMPA was also informed that any discovery of gang activity or unacceptable/disruptive behavior on his part would be cause for review of his SNY status.

CAMPA acknowledged understanding the aforementioned expectations by affixing his signature to this 128B Chrono. Inmate CAMPA should remain on a Sensitive Needs Yard (SNY), pending transfer to another institution commensurate to his classification needs.

X Signature

Inmate CAMPA T-43585  
Original: Central File  
Cc: CC1  
Inmate

  
S. Thomas  
Correctional Sergeant  
North Kern State Prison

DATE: 12/17/11

SNY  
NORTH KERN STATE PRISON

GENERAL CHRONO

EX L1

STATE OF CALIFORNIA  
 INITIAL PAIN ASSESSMENT PATIENT COMPLETION  
 CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 5

Initial Pain Assessment  
 Patient Completion

Name: CAMPA ANTHONYDate: 10-1-10

What is the problem you would like me to help you with?

SPINAL CORD INJURY PAIN MANAGEMENT

Please use the following diagram to show us where you are experiencing pain and numbness:

Aching

Numbness

Pins and needles

Burning

Stabbing

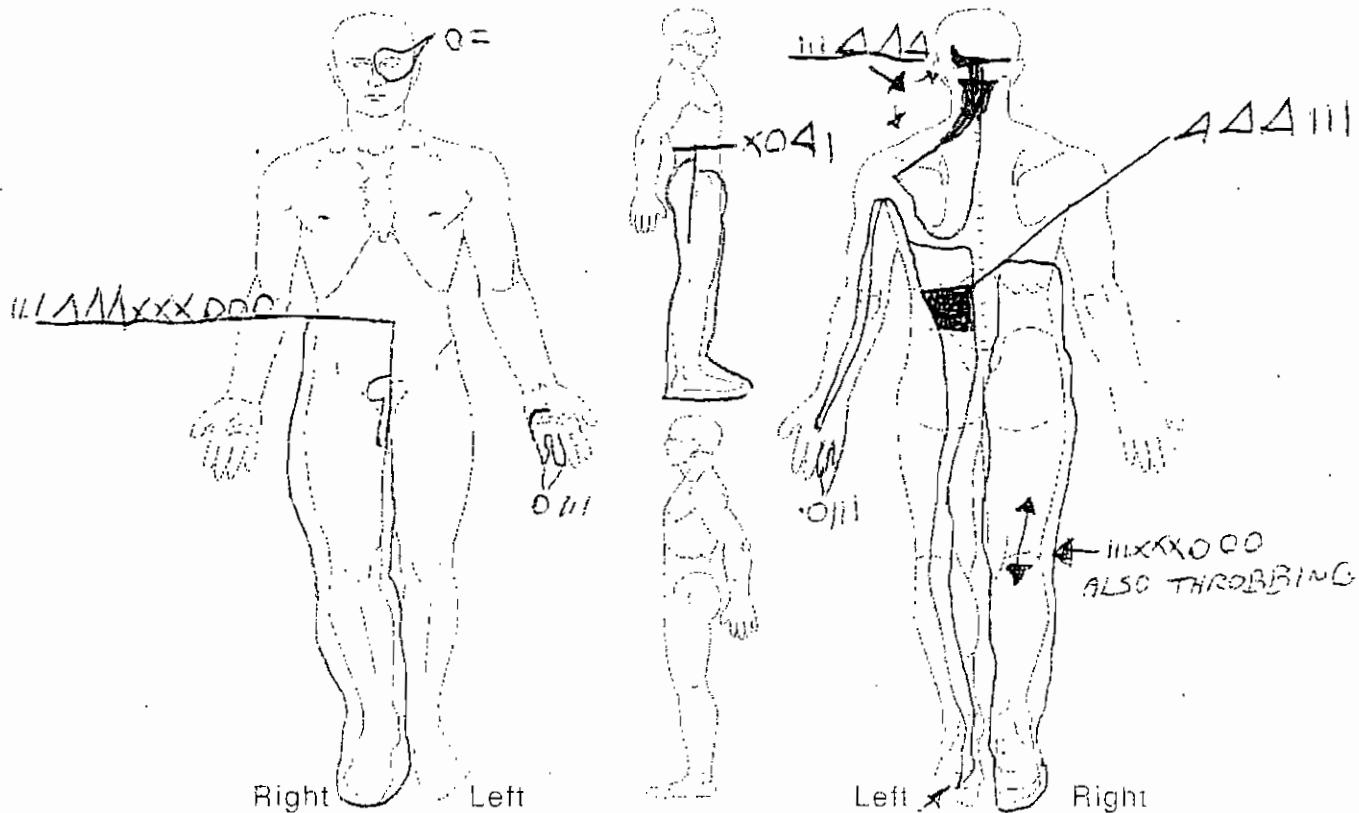
△△△

====

○○○

XXX

//



Right

Left

Left

Right

Circle all of the following words that describe your pain:

 Dull Shooting Throbbing Tingling Aching Electric Sharp

Other: \_\_\_\_\_

 Burning Cold Tight

COPY

EX. L2

STATE OF CALIFORNIA  
INITIAL PAIN ASSESSMENT PATIENT COMPLETION  
CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 5

## HISTORY OF PRESENT ILLNESS:

1. How long have you had this pain? JAN. OF 2009

2. Please mark the event or events that led to your present pain:

Accident       Approximate date  
 Cancer       Following an operation  
 Other disease       No obvious cause

Other injury      STARRED IN MY NECK, IT CHIN ERUSE AN poked  
MY SPINAL CHORD CO

3. How often does the pain occur?

Continuously (non-stop)  
 Several times a day  
 Once or twice a day  
 Several times a week  
 Less than 3 or 4 times per month

4. How has the intensity of the pain changed during the time you have had it?

Increased in INTENSITY       Decreased       Stayed the same

5. Which of the following affect your pain? Indicate better (+), worse (-) or no effect (0).

<input type="checkbox"/> Heat	<input type="checkbox"/> Cold	<input type="checkbox"/> Noise
<input type="checkbox"/> Standing	<input type="checkbox"/> Lying down	<input type="checkbox"/> Walking
<input type="checkbox"/> Cough	<input type="checkbox"/> Anxiety/emotions	<input checked="" type="checkbox"/> Sitting <u>NO LONGER THAN 15-20 MINUTES</u>
<input type="checkbox"/> Climate	<input type="checkbox"/> Massage/emotions	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Alcoholic beverage	<input type="checkbox"/> Caffeinated drinks	<input type="checkbox"/> Vibration
<input type="checkbox"/> Particular position or movement		

Explain STANDING OR SITTING LONGER THAN 15 MINUTES OR  
BENDING MY NECK TO LOOK DOWN TO READ OR WRITE

EX-13

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## INITIAL PAIN ASSESSMENT: PATIENT COMPLETION

CDCR 7471 (4/2/09)

Page 3 of 5

6. Please mark on the line below where you would rate your pain on average:

0

1

2

3

4

5

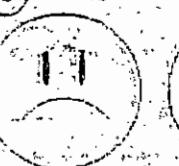
6

7

8

9

10



No Pain

Moderate Pain

Worst Possible Pain

7. Currently what effect does your pain have on the following life circumstances?

a. Sleep

0

1

2

3

4

5

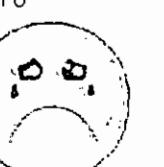
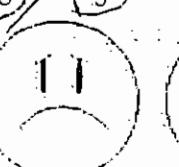
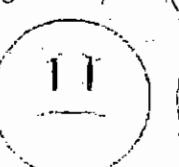
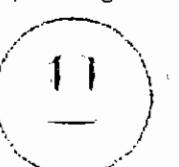
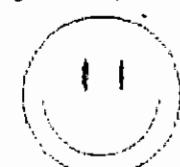
6

7

8

9

10



No Change

Moderate Effect

Major Decline

b. Walking ability

0

1

2

3

4

5

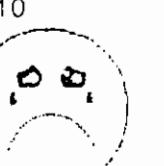
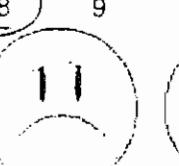
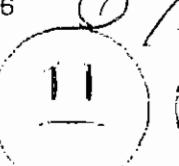
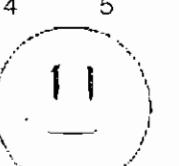
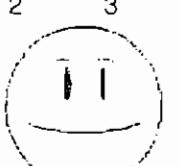
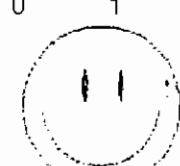
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No Change

Moderate Effect

Major Decline

c. Activities (prison job or education)

0

1

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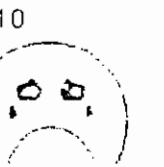
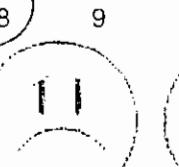
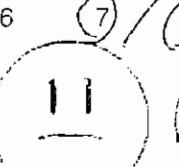
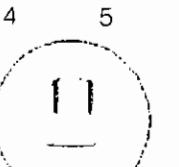
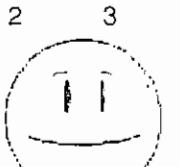
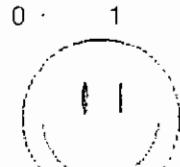
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No Change

Moderate Effect

Major Decline

8. What is your current job/program assignment?

UNASIGNED

9. Do you have a pending settlement about disability, workers' compensation or a legal matter related to pain/injury/condition?

Yes



No

If yes, briefly explain

EX 4

STATE OF CALIFORNIA  
 INITIAL PAIN ASSESSMENT PATIENT COMPLETION  
 CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 4 of 5

10. What treatments have you tried for your pain?

Surgery	Transcutaneous Electrical Nerve Stimulation (TENS) unit
<input checked="" type="checkbox"/> Exercise program	Trigger point injection
<input checked="" type="checkbox"/> Physical therapy	Acupuncture
<input checked="" type="checkbox"/> Relaxation training	Biofeedback
<input type="checkbox"/> Psychotherapy/counseling	Chiropractic
<input type="checkbox"/> Nerve block	Massage
<input checked="" type="checkbox"/> Other: <u>MEDICATION</u>	

11. What specialists have you seen for your pain? (orthopedic surgeon, neurologist, etc.)

NEUROLOGIST, NEURO SURGEON, PAIN MANAGEMENT DR'S.12. Were previous studies done? (date, area of body) YES OF BRAIN

<input checked="" type="checkbox"/> MRI	<u>MARCH 2010</u>
<input type="checkbox"/> CT	
<input type="checkbox"/> X-Ray	
<input type="checkbox"/> Sleep study	
<input checked="" type="checkbox"/> EMG	<u>APRIL 2010</u>

13. In the past what medications have you taken?

Drug	Dose
<u>MANY DIFFERENT MEDS THAT ARE INFFECTIVE</u>	

14. What medications are you currently taking?

Medication	Dose	Frequency
<u>MS</u>	<u>15 MG</u>	<u>3X DAILY</u>
<u>GABAPENTIN</u>	<u>1200 MG</u>	<u>3X DAILY</u>

COPY

EX LS

STATE OF CALIFORNIA  
 INITIAL PAIN ASSESSMENT PATIENT COMPLETION  
 CDCF 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 5 of 5

## ALLERGIES:

Do you have allergies?

 Yes \_\_\_\_\_ No \_\_\_\_\_

List all of your allergies:

ASPRIN

IBU.

METHADONE

Do you have any of the following: (circle all that apply)

Headaches	Stomach pain RIGHT SIDE	Chest pain	Fevers
Vision problems	Nausea	Shortness of breath	Chills
Hearing problems	Vomiting	Urinary problems PEZ ALOT	Night sweats
Dizziness	Diarrhea	Rashes	Appetite changes
Difficulty swallowing	Constipation	Swollen joints	Weight loss
Color changes in the feet or hands		Chronic fatigue	

## PAST SURGICAL HISTORY:

Please list all surgeries, surgeons and the dates of the surgeries:

Operation	Surgeon	Date

## SOCIAL HISTORY:

What is your education level?

GED. ASE CERTIFIED

What type of work did you perform?

MECHANIC &amp; ELECTRICAL WORK

## HABITS:

Do you smoke cigarettes?

 Yes  No

When did you quit?

16 MONTHS AGO

Do you use alcohol?

 Yes  No

How frequently?

QUIT

Do you use any "street drugs"?

 Yes  No

QUIT METH

COPY

## /PROVIDER-PATIENT AGREEMENT/

## CONSENT FOR OPIOID PAIN MEDICATION (English)

09)

EX-L6

## Chronic Pain Provider-Patient Agreement/Informed Consent for Opioid Pain Medication

This is an agreement between ANTHONY CAMPAGNA T43585 (the patient) and PVSP Medical Practice (the provider) concerning the use of opioid medications for the treatment of a chronic pain problem.

1. I understand that opioid medications are used as one part of a chronic pain treatment program and that they have risks and side effects involved with taking them. I have been informed of these risks and discussed them with my provider.
2. I understand that the medication will probably not eliminate my pain, but will be used to attempt to reduce my pain enough that I may become more active. Most patients see about a 30% decrease in their pain.
3. Chronic pain is a difficult problem that requires a team approach. I must keep all appointments (physical therapy, specialist clinicians, pain groups and counselors) that my pain management provider recommends for my treatment, or my opioid medication may be stopped.
4. I understand that treatment with opioid pain medications is being started on a trial basis. Adjustment in medications will be made depending on the benefits I show and also the problems that may develop.
5. In particular, I understand that opioid medications can cause physical dependence. If I suddenly stop or decrease the medication, I could have withdrawal symptoms (flu-like syndrome such as nausea, vomiting, diarrhea, aches, sweats, chills) that may occur within 24-48 hours of the last dose. I understand that opioid withdrawal is quite uncomfortable, but not a life-threatening condition.
6. Overdose on this medication may cause death by stopping my breathing; this can possibly be reversed by emergency medical personnel if they know I have taken opioid medications.
7. If the medication causes drowsiness, sedation, or dizziness, I understand that if my job requires, I must not drive a motor vehicle or operate machinery that could put my life or someone else's life in jeopardy.
8. I understand it is my responsibility to inform the provider of any and all side effects I have from this medication.
9. I agree to take this medication as prescribed and not to self diagnose, or demand the provider change the amount or frequency of the medication without a medical reason. Running out early, needing early refills, or increasing doses or more frequent dosing may be signs of misuse of the medication and may be reasons for the provider to discontinue prescribing to me.
10. Seeking opioid medication from other providers may be a reason for my provider to discontinue the opioids.
11. I agree not to sell, lend, or in any way give my medication to any other person. If I am found to be cheating my medicine, it will be stopped. If I am suspected of hoarding my medication, custody may be notified and a search of my housing may result.
12. I agree not to drink alcohol or take other non-prescribed mood-altering drugs while I am taking opioid medication.
13. My provider may request urine or blood drug screens from time to time to monitor my use of pain medications, and to detect improper use of medications not prescribed. I agree to submit to these tests and understand if I refuse the testing, my provider will need to stop my opioid medication. In the event that these tests indicate that my use of opioids or other medications presents a health risk to myself or to others, my provider may taper and stop the opioid medication. If my test results indicate a danger to myself or others, I authorize my medical provider to notify Custody. AC (pt. initial)
14. I understand that there is a risk that opioid addiction could occur. This means that I might become psychologically dependent on the medication, using it to change my mood or get high, or be unable to control my use of it. People with past history of alcohol or drug abuse problems are more susceptible to addiction. If this occurs, the medication will be discontinued.

I have read the above, asked questions, and understand the agreement. If I violate the agreement, I know that the doctor may discontinue this form of treatment.

Patient Signature: Anthony Campa  
 Provider Signature: MSK DAT  
 Date/Time: 10/1/10 10:30 AM

CDCR Stamp:

Patient Name: CAMPAGNA ANTHONY  
 CDCR#: T43585  
 DOB: 7-2-80

## DOUBLE SIDED

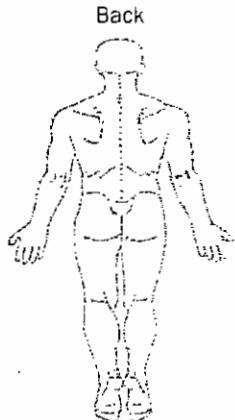
Chronic Pain Intake Sheet  
(Recommended questions to elicit accurate pain history)

Tell me about your pain - when did it start?

Pain started Jan 1<sup>st</sup> 2009  
after stabs in sheet

Mark the diagram below with the type of pain you have:

△△△ Aching  
==== Numbness  
○○○ Pins & Needles  
XXX Burning  
/// Stabbing



How did it start? Were you injured?

Stabbed in neck.  
Injur 66.

Where is it? Where does it go?

(1) UE / LE weakness.  
(2) Sided pain

What are your goals?

Get By-way  
Pain controlled

What have other doctors told you was causing your pain?

What tests have you had in the past? (results) N.C. M.R. B.L.B. (N)

Have you ever had surgery because of your pain? Yes  No  If yes, when?

Did it help?

What medications have you tried in the past for your pain and were they helpful? Side effects? What other medications are you currently taking?

See Master Assignment Roster (MAR) \_\_\_\_\_

Name

Effects

Side Effects

Morphine

&gt; Helps

None

Neurotin

What other treatments have you tried and when? Physical therapy Counseling TENS Other:

Were they helpful?

History of mental health disorder in past? Anxiety Depression Schizophrenia Personality Disorder Currently seeing mental health? Yes No

During the last 2 weeks have you felt down, depressed or hopeless? Yes  No Have you had little interest in doing things? Yes  No History of substance abuse/illegal drugs? Yes  No  Which drugs? Meth in past, Etch, Marijuana

Last use?

Route? Oral  Nasal  Injection 

What do you believe is causing your pain?

Stab surgery

What do you find makes your pain better (e.g. rest, medicine, etc.)? Medicine

What makes the pain worse (e.g. walking, lying, resting, etc.)?

For the following questions, use the Pain Rating Scale: 0 = No Pain 10 = Worst Pain

a. Please use the pain scale to describe your pain at its worst in the last week: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

b. Please use the pain scale to describe your pain at its best in the last week: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

c. Please use the pain scale to describe your pain on average: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

d. Please use the pain scale to describe your pain right now: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

CDCR Stamp:

Patient Name:

CDCR #:

DOB:

Champ  
T43585  
7/2/80

Can you do the following activities?			How much can you exercise? (minutes/days)			
a. Getting in or out of bunk/shower:	Yes	No	Sometimes	10 min/d.		
b. Transfer from/to floor:	Yes	No	Sometimes	Type of exercise?		
c. Self-care	Yes	No	Sometimes	Walking	Jogging	Other
(bathing, grooming, dressing, toileting, bed mobility)						

How does your pain affect your mood/relations with other people? None Some <b>Very Much</b>		
Is your pain worse when you are anxious, stressed, depressed or angry? None Some <b>Very Much</b>		
How does your pain affect your ability to work? None Some <b>Very Much</b>		
How does your pain affect your sleep? None Some <b>Very Much</b>		

Chart Review - significant past medical history, chronic conditions and medications:  
**None**

Physical Exam

Ht: 5'8" Wt: 200.4 BMI: BP: 108/63 P: 51

Exam of Area of Pain:

40x3, speech normal. Sust. atalgi i can.  
(C) UE weakness 4/5.  
i atrophy (C) Hand around hypothena emm.  
Strength 4/5... reflex hyperactive

Include

- Inspection
- Palpation
- Range of Motion
- Soft tissue
- Neuro
- Sensory exam
  - Light touch
  - Pinprick
- Other
- Reflexes
- Gait

A/P chronic pain due to (location and etiology):

Notes: Reviewed Neurology note 2/20/12

Ordered

- Referrals
- Diagnostics
- Mental Health Referral
- Physical Therapy
- Exercise Prescription/Diet
- Medications
- Patient Education
- Labs, UOT, Other

If Opioids Prescribed

- Pain Agreement Completed
- Referral to Pain Management Committee
- Meets medical criteria with Objective

Follow up in: 30 days

Provider (print name): **JK DAS R**

Provider (signature): **JK DAS**

Date: 10/11/12

CDCR Stamp:

Patient Name: **Campaa A.**

CDCR #: **T43585**

DOB: **7/2/80**

## LOCATION ADMINISTRATION RECORD (CONTROLLED SUBSTANCE)

INITIAL OF RN/LVN/LPT	NAME OF RN/LVN/LPT	INITIAL	NAME OF RN/LVN/LPT	INITIAL	NAME OF RN/LVN/LPT
<i>M. Smith</i>		<i>C.</i>			
<b>COTIN 5 MG TABLET (59011-0260-10) morphine sulfate</b> <b>FORMULARY APPROVED = TAKE 1 TABLET BY MOUTH 3 TIMES A DAY. INFA EXPIRES ON 07/18/10</b>					

**COTIN 5 MG TABLET (59011-0260-10) morphine sulfate**  
**FORMULARY APPROVED = TAKE 1 TABLET BY MOUTH 3 TIMES A DAY. INFA EXPIRES ON 07/18/10**

Ref# 2010287-1  
Rx# 2/24/2010  
Doctor: C. BARBER-MD

Fill Date: 2/24/2010 Orig Fill Date: 2/24/2010  
Days Supply: 30 Expire Date: 3/25/2010

ETAMINOPHEN  
IPROFEN  
STARD  
ANUT

	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C	C	C	C	C				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C	C	C	C	C				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C	C	C	C	C				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C	C	C	C	C				

name: **CAMPA, ANTHONY**

OB: **7/2/1980**

meds: **2/24/10**

Building: **CMC-West**  
CDCR # **T43585**

Housing  
**W1-10-12L**  
Additional Pages In Use  
Yes  No



EX- M3

## MEDICATION ADMINISTRATION RECORD

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

NAME OF RN/LVN/PT	INITIAL	NAME OF RN/LVN/PT	INITIAL	MONTH: M		
				1	2	3
Drug: Bactroban 10% Topical 3mL	DoT:					
Admin Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31						
A						
P						
D						

Additional Pages In Use  
 Yes  No

DDCR# T43585  
 T43585

Name: (P-A) A & H  
 DOB: 7-2-84

Housing  
 10-12C

Ex. ~ 1

Style Referral for Mental Health Services

Name: Campa Anthony J CDC# T43585 Housing U1-6-13L  
 Last  First  MI   
 Referred By: Dr. Hansen Title MD Phone:

Non English Speaking Primary language: English

Reason(s) for Referral: Please check the primary reason(s) and describe problem(s) on the lines below.  
 If not an emergency, send or deliver referral to Mental Health Services, D-Quad.

**Change in Behavior:** (e.g., socially withdrawn, agitated, easily provoked, increased or decreased appetite, disturbed sleep.)

**Communication Difficulties:** (e.g., unable to follow verbal instructions, unable to express himself, can't be understood, mute, unusual speech.)

**Change in Mood:** (e.g., depressed, hopeless; feelings of helplessness, fearful, angry outbursts.)

**Problems with Self-care:** (e.g., poor hygiene, seldom bathes, foul odor; wears dirty clothes, cell or sleeping area consistently dirty.)

**Change in Attitude:** (e.g., unrealistic about future, apathetic, overly optimistic, hostile, threatening.)

**Problems with Socialization:** (e.g., immature, childlike personality, easily victimized, easily upset, easily frustrated, poor awareness of personal safety.)

**Change in Mental Status:** (e.g., confused, forgetful, disoriented, unusual thoughts, violent thoughts.)

**Behaviors Suggestive of Suicidal Thinking/Planing.\*** (e.g., giving away possessions, saying goodbye to friends, talking about death or suicide.)

**Other** \_\_\_\_\_

Describe Problems: "Real Depressed."

Seen 2/5/10 by Dr Hake

\* **This is an emergency:**

During regular working hours, contact Mental Health Services at extension 7590/7952/7293 (D-quad) or 7323/7229/7578 (C-quad).  
 After 1630 hours, contact Mental Health Services MTA/Nurse in East Clinic at extension 7856.

Orig: Unit Health Record  
 cc: MH HRT/OA D-Q  
 Primary Clinician

Date: 1/29/10

JP

EX. #2

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
1-29-10			① Gabapentin 1200 mg. p.o. tid. P.D. KDF x 6000s ad nat
		②	Narcotic sheet <sup>for submitted</sup>
		③	Psych eval - "real depressed" <sup>for submitted</sup>
		④	Pain committee referral - <sup>for submitted</sup>
		⑤	RFS review <sup>for submitted</sup>
		⑥	128c - waiting <sup>for submitted</sup>
		⑦	AMVA trans - start now <sup>ad nat</sup>
			2 gtt BID. O.U. KDF x 6000s
		⑧	RTC 1-2 who - MBS (narcotics opiate 24s)
		⑨	ESS 10mg po tid KDF x 6000s ad nat
			<i>AMVA, Anthony</i>
			<i>TA 3585</i>
ALLERGIES:		INSTITUTION	ROOM / WING
Tylenol, morphine		F56	Unit 4-13 Bed 21-022

Confidential  
client information  
See W & I Code, Sections 4514 and  
5328

CDC NUMBER, NAME (LAST, FIRST, MI)

CAMVA, Anthony

TA 3585

## PHYSICIAN'S ORDERS

EX. ~3

10 f2

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)	
2/5/10	2:05	<p>"my health is messed up mentally I'm sound emotionally I'm distressed" Experiences pain due to having been stabbed in the neck a year ago my whole body's messed up" "I'm always in pain it ruins my day I'm not happy I'm sad." Sleep "not that good" attributes to pain Estimates 5 1/2 hours sleep per night - used to sleep "8-9" hours before stabbing. Appetite "not like I'd like to" reports eating 3 meals per day. Mood Rated as a "6" on a scale from "1" to "10(+)" reports as his normal mood. Denies SI/HT. Denies VH, AH. His greatest concern is his health/pain issues.</p> <p>① Appearance appropriate grooming &amp; hygiene walks w/ a limp, uses a cane. Speech normal in tone and rate. Behavior - calm, cooperative polite, good eye contact. Affect slightly blunted. Thought process logical &amp; goal directed. Equally effective communication established based on appropriate responses to interview questions and ability to paraphrase conversation &amp; ask appropriate questions (cont.)</p>	
INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CMC - W	C. Take		

## INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

Campa, Anthony  
T 43585

EX-#4

pg 2 of 2

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
2/3/10 - cont		<p>(A) - I/P reports emotional distress secondary to physical pain. However he reported a moderate mood 6 on scale from 10 to 100. He does not meet criteria for a major depressive disorder but does report some issues related to pain (feeling angry w/ self).</p> <p>(P) I/P states he is scheduled to be seen by a pain committee. It appears that he would be expected to feel better and have a more positive outlook if pain issues can be reduced or managed more successfully.</p> <p>I/P advised to request meeting w/ mental health if his mood worsens.</p>

C. Hale, PhD

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CMC-W	C. Hale		

## INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

Camp, Anthony  
T43585

II

1 R.V.R APPEALS APENDIX

2 EX. Z1: R.V.R 115 REPORT: 1.14.12

3 EX. Z2: RVR SUPPLEMENT RPT.

4 EX Z3: - 24: INVESTIGATIVE EMPLOYEE RPT. 2.7.12

5 EX 25. THRU Z28: R.V.R HEARING: 2.13.12

6 EX. Z9: Z219 BODY CHART: PETITIONER

7 EX. Z10: Z219 BODY CHART: GAMEZ.

8 EX. 211 THRU Z15: APP. REVIEW BY M.ROCHA. (Z12) FORGED. 2ND LEVEL: 5.21.12

9 Z16, Z17: GOLZ / APP: R.V.R: 3.6.12

10 EX Z18, Z19, Z20: 3D LEVEL REV. SEE Z19: SEC. A, B: 8.15.12

11 EX. Z22: MOD ORDER VIA: O-L-R TO WARDEN/ M.ROCHA: MARK STEVENS. CPT: D  
FACILITY: 8.15.12

12 Z.21, Z22. REISSUED R.V.R: 8.21.12

13 EX. Z23 THRU Z26: INVESTIGATIVE EMPLOYEE RPT. 9.11.12 (Z24) FORGED

14 EX. Z27: REQ TO CPT. STEVENS: R.V.R HEARING: MOD ORDER: 9.23.12

15 EX. Z28: REQ TO CPT. STEVENS: R.V.R / MOD ORDER: 10.8.12.

16 EX. Z29 THRU Z34: CONFIDENTIALS: 10.8.12

17 EX. Z35: " AMENDED / FORGED / ERPT. SEE Z24/Z35. GONZALEZ A: 1,2,3,4.10.24.12

18 R.V.R HEARING TOOK PLACE ON: 10.26.12: 1-A-D K O'DANIEL. FINAL COPIES HAVE  
19 NOT BEEN AFFORDED AS OF YET: 11.14.12

20

21

22

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26

STATE OF CALIFORNIA

## RULES VIOLATION REPORT

T.A.B.E. Score: 10.3

DEPARTMENT OF CORRECTIONS

CDC NUMBER	INMATE'S NAME	RELEASE/BOARD DATE	INST.	HOUSING NO.	LOG NO.
T43585	CAMPA	08-05-2012	NKSP-RC	FDB3-118!	FD-12 01-0003
VIOLATED RULE NO(S).	SPECIFIC ACTS	LOCATION		DATE	TIME

CCR §3005(d)(1)/PC664  
CIRCUMSTANCES 187 ATTEMPTED HOMICIDE FDB3 ASIDE 01-04-12 1912  
FORCED. 1-14-12

On Wednesday January 04, 2012 the North Kern State Prison (NKSP) Investigative Services Unit (ISU) concluded our investigation on the Attempted Homicide of Inmate Gamez, AK1456. Specifically the investigation revealed that Inmate CAMPA, T43585 committed an Assault with a Deadly Weapon on Inmate Gamez on Thursday, December 22, 2011 on Facility D Building 3 inside Cell118. The information I received also included that Inmates Gamez and CAMPA were cell mates and Inmate CAMPA used his wooden cane to attack Inmate Gamez. Inmate Gamez received extensive head injuries as a result of this incident which required brain surgery. Immediately after Inmate Gamez was discovered by custody staff he lost consciousness and eventually slipped into a coma. Inmate CAMPA is not an inmate participant in the Mental Health Services Delivery System (MHSDS) at any level of care. Inmate CAMPA's behavior was not deemed unusual, bizarre, or uncharacteristic. This incident does not appear to be gang related or racially motivated. Inmate CAMPA is aware of this report.

REPORTING EMPLOYEE (Typed Name and Signature)			DATE	ASSIGNMENT	RDO'S
► K. JOSEPH, CORRECTIONAL OFFICER			1-9-12	251115	SA/SU
REVIEWING SUPERVISOR'S SIGNATURE			DATE	INMATE SEGREGATED PENDING HEARING	
► F. R. GONZALES, CORP. SGT.			1/13/12	DATE	LOC.
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: A1	DATE 1-13-12	CLASSIFIED BY (Typed Name and Signature) ► J. Boston	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC	
COPIES GIVEN INMATE BEFORE HEARING					
<input type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE 1-14-12 2000	TIME	TITLE OF SUPPLEMENT 7219 PC	
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER: 20-01-12-04771	BY: (STAFF'S SIGNATURE) ► id	DATE 2-1-12 1450	TIME	BY: (STAFF'S SIGNATURE) ► ad/19	DATE 2-12 1450

HEARING: Viewed photos on 2-1-12 at 1940 by A. Lorenzen  
Issued Confidential's on 2-1-12 - at 1940 by A. Lorenzen  
Issued 7219 PC on report on 2-7-12 at 2000 by A. Lorenzen

HEARING HELD ON: February 13, 2012, at 1241 hours.

INMATE'S PLEA: "NOT GUILTY"

FINDING: Found GUILTY of violation of CCR § 3005(d), Specific Act: Attempted Murder

DISPOSITION: Assessed 360 Days Forfeiture of Credits consistent with a Division A1 Offense.

(SEE CDCR 115 HEARING IN ITS ENTIRETY ON RVR - PART C)

REFERRED TO  CLASSIFICATION  BPT/NAEA

ACTION BY: (TYPED NAME) S. SMITH, Correctional Lieutenant		SIGNATURE ►	DATE 2/11/12	TIME 1300
REVIEWED BY: (SIGNATURE) ► V. ADAMS, Captain		DATE 2/23/12	CHIEF DISCIPLINARY OFFICER'S SIGNATURE ► R. LOPEZ, S.D.O.	
COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE) ►	DATE 3/3/12	TIME 2000

RULES VIOLATION REPORT - PART C Typed by: AC

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>01-04-12</b>
<input checked="" type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

**SUPPLEMENTAL REPORT**

3005(d) (1) PC 864, 187 Attempted Homicide

On Wednesday, January 4, 2012, the North Kern State Prison (NKSP) Investigative Services Unit (ISU) concluded the investigation regarding the Attempted Homicide of Inmate GAMEZ, AK-1456.

Specifically I conducted numerous interviews which determined Inmate CAMPA (T-43585), committed an Assault with a Deadly Weapon on Inmate Gamez on December 22, 2011. The Assault occurred in Facility D Building 3 (FDB3) Cell 118. The Interviews revealed Inmate CAMPA utilized his wooden cane to strike Inmate Gamez repeatedly until he was rendered unconscious. The interviews further revealed the reason Inmate CAMPA assaulted Inmate Gamez was due to unidentified inmates in FDB3 told Inmate CAMPA, Inmate Gamez was a "child molester."

Inmate Gamez received extensive head injuries as a result of this incident which required brain surgery. Immediately after Inmate was discovered by NKSP Custody staff he lost consciousness and eventually slipped into a coma for several weeks.

Inmate CAMPA will be issued CDC 1030's for the interviews which contained details of the Attempted Homicide of Inmate Gamez. The 1030's will be issued upon receipt of this rules violation report.

*FALSE*

G. Cranmer, ISU Officer RDO: S/S/H

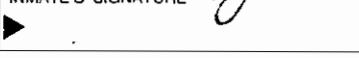
SIGNATURE OF WRITER		DATE SIGNED	
		1-5-10	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) 	DATE SIGNED	TIME SIGNED
		1-14-12	2010

SERIOUS RULES VIOLATION REPORT  
Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 98 of 100

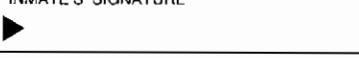
CDC NUMBER T43585	INMATE'S NAME CAMPA	VIOLATED RULE NO(S). CCR § 3005(d)(1)/PC554	DATE 01-04-12	INSTITUTION NKSP-RC	LOG NO. FD-12-01-0003
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT  YES  NO

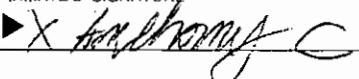
## POSTPONEMENT OF DISCIPLINARY HEARING

<input checked="" type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE 	DATE 1-14-12
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE 	DATE

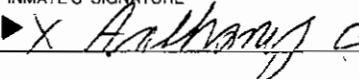
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION
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<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE 	DATE
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## STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE 	DATE 1-14-12
<input type="checkbox"/> ASSIGNED DATE NAME OF STAFF		
<input checked="" type="checkbox"/> NOT ASSIGNED REASON Dwmc 3315 1 (2) (A)		

## INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE 	DATE 1-14-12
<input type="checkbox"/> ASSIGNED DATE NAME OF STAFF		
<input type="checkbox"/> NOT ASSIGNED REASON		

EVIDENCE / INFORMATION REQUESTED BY INMATE:

## WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

<input type="checkbox"/> REPORTING EMPLOYEE <input type="checkbox"/> STAFF ASSISTANT <input type="checkbox"/> INVESTIGATIVE EMPLOYEE <input type="checkbox"/> OTHER	<input type="checkbox"/> NONE		
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER) Gomez AK1456	GRANTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 02-01-12, Correctional Officer S. Schnell was assigned as the Investigative Officer pertaining to a CDC-115, Log # FD-12-01-0003 submitted on Inmate CAMPA (T43585), FDB3-118L, for violation of Directors Rules, 3005(d)(1), specific act of 187 Attempted Homicide by Reporting Officer K. Joseph. I contacted Inmate CAMPA and informed him of my assignment as his Investigative Officer regarding the aforementioned CDC-115. I asked him if he had any objections to my being his Investigative Officer. He stated that he had no objections.

(CONTINUED ON THE PART C)

ISSUED ON 2-7-12 AT 2000 BY A. LARSEN

INVESTIGATOR'S SIGNATURE 	DATE 1-14-12	
COPY OF CDC 115-A GIVEN INMATE <input checked="" type="checkbox"/> BY: (STAFF'S SIGNATURE) 	TIME 2:00	DATE 1-14-12

## RULES VIOLATION REPORT - PART C

CDC NUMBER <b>T43505</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>02-01-12</b>
<input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

## (II-Continued from 115A)

**INMATE'S STATEMENT:** I still have not signed for any additional copies regarding confidential information and staff on sight on the day of this incident, where me and GAMEZ were attacked. I want (LE C/O Schnell) to confirm that we are both victims through speaking to him (GAMEZ). Such as was reported to staff on 12-22-11. I think it is unfair that ISU is deliberately violating due process in an attempt to place the blame on me for inmate GAMEZ's injuries. I was attacked as well. Said injuries should be logged as well in the reports that I have yet to sign for. Now because ISU is unable to place responsibility of this incident on those who are responsible. They are attempting to place the blame on me.

**INMATE'S WITNESS(S):** Inmate GAMEZ AK1456 -Q: Were you and CAMPA attacked by someone earlier that day? A: -No.

**GENERAL STATEMENT:** My old cellie, inmate CAMPA did not want to be in that building at all. On the day that the incident happened CAMPA wanted me and him to blame somebody else for what he did to me.

*FALSE*

**STAFF WITNESS:**

1. Q: for C/O Lorenzen( February2, 2012) Did you actually witness this incident? A: No.
2. Q: February 2, 2012 in your report you said that GAMEZ was receiving treatment and that he told you information about CAMPA, how is this possible when he went out code 3 and was unresponsive and "out of it?"  
A: Upon arrival to TTA inmate GAMEZ was still coherent and able to answer questions through a Spanish speaking staff member prior to going out of the institution code 3. *FALSE*

**Staff Witness: continued.**

1. Q: Why is there no "B2" for staff who witnessed when GAMEZ reported to all 8 staff in the Building that day that he and I (CAMPA) were both attacked? A: Because the Lieutenant completes the "B2's" not me as a Sergeant.
2. A: Because all C/O's and I as a Sergeant do not do or handle "B2's" for incident packages.

**REQUEST PRESENCE:**

REPORTING EMPLOYEE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATIVE EMPLOYEE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INMATE WITNESSES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
STAFF WITNESSES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**WITNESS (S)****STAFF**

1. SERGEANT E. R. GONZALEZ

**INMATE**

1. CAMPA

2. CORR. OFFICER. LORENZEN

SIGNATURE OF WRITER <b>S. SCHNELL, CORR. OFFICER</b>		DATE SIGNED <b>2/7/2012</b>	
GIVEN BY: (Staff's Signature) 		DATE SIGNED <b>2-7-12</b>	TIME SIGNED <b>2000</b>
COPY OF CDC 115-C GIVEN TO INMATE 			

## RULES VIOLATION REPORT - PART C

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>2/13/12</b>
<input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

On 12-13-12 at 1241 hours, inmate CAMPA T-43585, appeared before this Senior Hearing Officer (SHO). Subject stated he was in good health. Subject is not an inmate participant in the Mental Health Services Delivery System. Subject states he does read, speak and understands the English language. This SHO had Subject read the Rules Violation Report aloud to ensure that he could read, speak and understand the English language. Subject read the report aloud without any apparent difficulty. Subject's TABE score is 10.3, and was verified by the TABE Testing Coordinator. Subject stated to this SHO that he has completed his GED. Effective communication was established with the Subject by speaking slowly, explaining the RVR process, the charge, and the penalties regarding this case. The Subject was then allowed to ask questions. Subject then explained his understanding of the RVR to this SHO's satisfaction. Subject alleged behavior was not deemed bizarre, unusual or uncharacteristic. Subject was advised that this matter has been referred to the Kern County District Attorney for possible criminal prosecution. Subject has requested prompt hearing on this matter and does not wish to postpone his hearing pending District Attorney decision regarding prosecution, per CCR § 3316(c) as acknowledge by his signature on the CDC-115A. Subject has been advised that any information or statements obtained during this hearing may be used during criminal proceedings, should the District Attorney accept the case. I asked Subject if he still wished to proceed with this hearing and he stated yes.

Subject acknowledged receiving a copy of all pertinent documentation 24 hours prior to this hearing and is ready to proceed. FALSE; MOST B2'S WERE MISSING

A CDCR 115-MH was not completed.

**Staff Assistant:**

Subject did not meet the criteria for an STAFF ASSISTANT per CCR § 3315(d)(2)(A).

**Investigative Employee:**

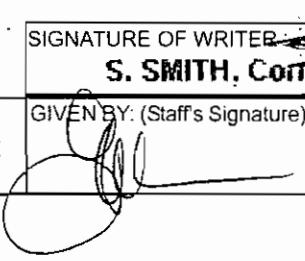
Subject did meet the criteria for an INVESTIGATIVE EMPLOYEE per CCR § 3315(d)(1)(A), and report was completed and issued on 02/07/12.

**Witness(es):**

Subject has requested the following witnesses Inmate GAMEZ, Officer K. Joseph, Officer A. Lorenzen, Sergeant E. Gonzalez, and Officer S. Schnell. Officer Joseph is present at the hearing. Inmate GAMEZ declined to participate in this hearing. However did provide a statement to the Investigative Employee (IE). Officer Schnell was not present during the hearing. When I asked Inmate CAMPA the reason for requesting his presence inmate CAMPA stated because he was the IE and I might have questions for him. I asked Inmate CAMPA if he had any questions for Officer Schnell Inmate CAMPA stated "no" therefore Officer Schnell's presence was not necessary at the hearing. Officer Lorenzen and Sergeant Gonzalez provided a statement to the IE and were not requested to be present at the hearing. FALSE. I SPECIFICALLY REQUESTED IE'S PRESENCE, AND THOSE OF STAFF INVOLVED.

Subject was advised that confidential information had been received and is being utilized in conjunction with this disciplinary hearing. The requirements of CCP Title 15, 3321 have been met to the satisfaction of this SHO and the confidential information has been accepted as reliable. More than one source independently provided the same information. Part of the information provided by the source(s) has already proven to be true. The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

**[CDCR 115 HEARING CONTINUED ON RVR - PART C]**

SIGNATURE OF WRITER <b>S. SMITH, Correctional Lieutenant</b>		DATE SIGNED <b>2/13/12</b>
GIVEN BY: (Staff's Signature) 		DATE SIGNED <b>B3-D</b>
COPY OF CDC 115-C GIVEN TO INMATE 		TIME SIGNED <b>1945</b>