

## RULES VIOLATION REPORT - PART C

PAGE 2 OF 4

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 checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

Subject is charged with Attempted Homicide, a Division A1 offense. The charge was read to the Subject. He stated he understood the charge and entered a plea of "NOT GUILTY"

## INMATE'S STATEMENT:

I do not understand why I can not have Inmate GAMEZ present he is key to my defense and will tell you 3 other inmates attacked us. There were also staff present at the incident that will tell you this. I explained to Inmate CAMPA Inmate GAMEZ does not have to participate in the hearing if he does not wish to and informed him Inmate GAMEZ did provide a statement to the IE. I asked Inmate CAMPA if he could identify any of the staff members. Inmate CAMPA said no because they were not present on the B2. Inmate CAMPA stated three unidentified inmates rushed into their cell and assaulted him and his cellie. Inmate CAMPA stated they "hit Inmate GAMEZ because he was a child molester and those people don't make it in here." Inmate CAMPA stated they hit me to but there main focus was on Inmate GAMEZ. FALSE.

## WITNESS (ES) STATEMENT:

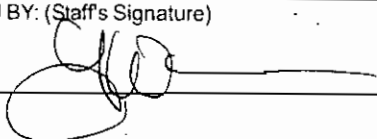
No questions for the witness present. : FALSE.

**FINDINGS:** All evidence was considered during this hearing. The preponderance of that evidence as described herein supports a finding of GUILTY of Violation of CCR §3005(d)(1), Specific Act: Attempted Murder.

## The preponderance of evidence includes:

- Officer K. Joseph's written report which states in part, "NKSP Investigative Services Unit concluded our investigation on the Attempted Homicide of Inmate GAMEZ AK1456. The investigation revealed that Inmate CAMPA committed an assault with a deadly weapon on Inmate GAMEZ. The information received Inmate CAMPA and Inmate GAMEZ were cellmates 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 to have lost consciousness and eventually slipped into a coma."
- Officer G. Cranmer's 837C supplemental report which states in part, "I conducted numerous interviews which determined Inmate CAMPA committed an Assault with a Deadly Weapon on Inmate GAMEZ. The assault occurred in Facility D Building 3 cell 118. Interviews revealed Inmate CAMPA utilized his wooden cane to strike Inmate GAMEZ repeatedly until he was rendered unconscious. Inmate GAMEZ received extensive head injuries as a result of this incident which required brain surgery. Immediately after Inmate GAMEZ was discovered by NKSP Custody Staff he lost consciousness and eventually slipped into a coma for several weeks."
- Inmate GAMEZ statement which was documented on the IE report which states, "My old cellie, Inmate CAMPA did not want to be in the 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."

## CDCR 115 HEARING CONTINUED ON RVR - PART C

SIGNATURE OF WRITER <b>S. SMITH, Correctional Lieutenant</b>		DATE SIGNED <b>2/21/12</b>	
GIVEN BY: (Staff's Signature) 		DATE SIGNED <b>3-3-12</b>	TIME SIGNED <b>1945</b>
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT	<input type="checkbox"/> OTHER

FINDINGS (Continued):

- D. Confidential information received by Officer G. Cranmer and documented on a confidential memorandum dated 12/23/11. The confidential memorandum states, "The confidential informant stated he could hear Inmate CAMPA hitting Inmate GAMEZ with his cane. The Confidential Informant said while Inmate CAMPA was striking Inmate GAMEZ with his cane he could see the cane coming back and then going forward. The confidential informant could not see if the cane was actually striking Inmate GAMEZ but felt just from the sound and thump Inmate CAMPA was striking him. The Confidential informant could hear Inmate GAMEZ yelling trying to defend himself a few minutes later he could hear sounds like CAMPA was choking Inmate GAMEZ and then could hear the cane striking inmate GAMEZ. The informant stated he could see the cane coming back through the cell window and he just kept hitting him. This confidential informant was deemed reliable by this SHO as more than one source. *FALSE*:"
- E. Confidential information received by Officer G. Cranmer and documented on a confidential memorandum dated 12/23/11. The Confidential memorandum states, "The CI stated in the morning hours he heard someone scream. The CI was able to hear CAMPA utilizing a cane to strike what he thought was GAMEZ, and heard other inmates telling CAMPA to continue the assault. *FALSE*:"
- F. Confidential information received by Officer G. Cranmer and documented on a confidential memorandum dated 12/23/11. the confidential memorandum states the CI heard approximately three thumps as if someone was hitting something, so he got off his bunk and went to the cell door window. He then observed inmate CAMPA standing at the cell door window saying why didn't you guys tell me he was a CHO MO (Child Molester). The CI then states CAMPA then turned around and began striking Inmate GAMEZ with his cane. The CI stated he could see CAMPA utilizing his cane to strike inmate GAMEZ on the separate occasions. The CI thought Inmate GAMEZ might have been on the cell floor unconscious due to no other movement in the cell other then CAMPA. *FALSE*:"
- G. The photographs taken by ISU Officer L. Joseph. These photographs are listed as KJ-049 in her supplemental 837 report. These photographs depict the injuries sustained by Inmate GAMEZ and the crime scene.
- H. The photographs taken by ISU Officer C. Norris. These photographs are listed as CN-001 through CN-022 in his supplemental 837 report. These photographs depict the crime scene and the weapon used by Inmate CAMPA.
- I. The Photographs taken by ISU Officer S. Castrejon. These Photographs are listed as SC-001 through SC-016 in his supplemental 837 report. These photographs depict the injuries on Inmate CAMPA.
- J. Inmate GAMEZ 7219 Medical Report of Injury which lists several injuries which are consistent with being the victim of a Battery with a weapon.
- K. After review of all evidence this SHO believes it was Inmate CAMPA who committed the act of Battery on an Inmate with a Weapon on Inmate GAMEZ. This SHO believes the injuries suffered by Inmate GAMEZ were GBI in nature and if prompt medical treatment was not provided, would have lead to death. Therefore, based on the above evidence Inmate CAMPA is guilty of Attempted Homicide.

CDCR 115 HEARING CONTINUED ON RVR - PART C

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>S. SMITH, Correctional Lieutenant</b>	DATE SIGNED <b>2/21/12</b>
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>3/3/12</b>

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 checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**DISPOSITION:**

Ⓚ Assessed 360 days Forfeiture of Credits consistent with a Division A1 offense. Inmate CAMPA was assessed the high end of credit forfeiture in compliance with Title 15 section 3323 Disciplinary Credit Forfeiture Schedule. Subject was unable to provide a defense which would warrant lower credit forfeiture.

**ENEMY CONCERNS:** After review of all the evidence, the Senior Hearing Officer has determined that Inmate GAMEZ AK1456 should be listed as a non-confidential enemy on the CDC 812 located in Subject's Central File.

Subject is to be retained in Administrative Segregation pending Institutional Classification Committee housing review.

**Classification Referral:** Refer to Institutional Classification Committee (I.C.C.) for a Program/Custody Review, Possible Security Housing Unit (SHU) term, and Possible Transfer.

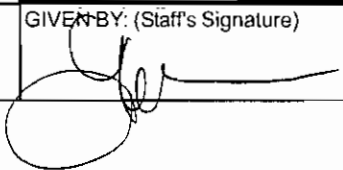
**SHO NOTES:**

After reviewing the circumstances surrounding this Rules Violation Report there is sufficient information to conclude this incident was not RACE or GANG RELATED.

Subject has been apprised of the finding and that he will receive a completed copy of the Rules Violation Report (including any documented modifications) upon final audit by the Chief Disciplinary Officer.

Subject was warned, reprimanded and counseled regarding future behavioral expectations.

Subject has been advised of his appeal rights per CCR § 3084.7(b). Subject has been informed that per CCR Section 3327(a)(1) no credit shall be restored for any serious disciplinary offense punishable by a credit loss of more than 90 days. These offenses include Divisions A-1, A-2, B and C.

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>S. SMITH, Correctional Lieutenant</b>	DATE SIGNED <b>2/14/12</b>
	GIVEN BY: (Staff's Signature) 	DATE SIGNED <b>3-3-12</b>

2.9

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

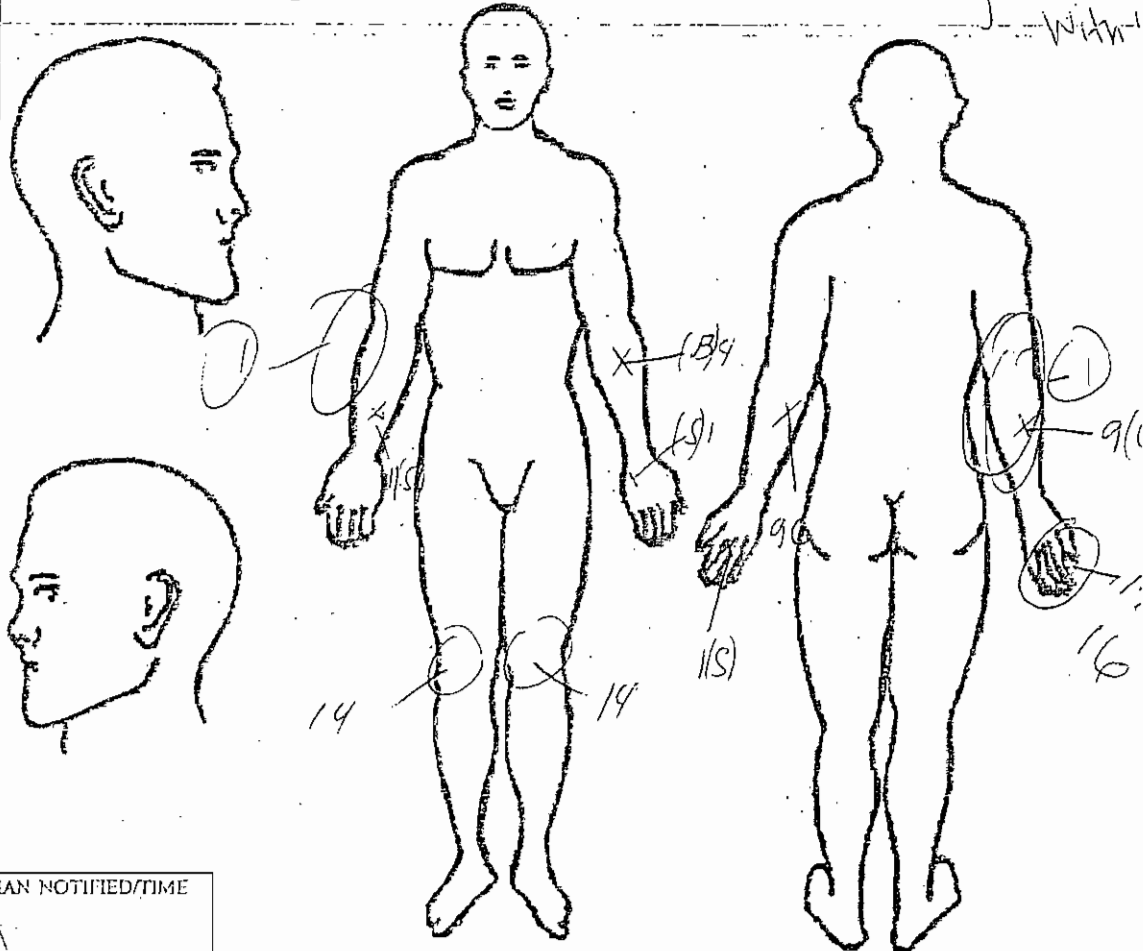
MEDICAL REPORT OF INJURY OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <b>AKSP</b>	FACILITY/UNIT <b>D3</b>	REASON FOR REPORT (circle) USE OF FORCE	INJURY UNUSUAL OCCURRENCE	ON THE JOB? (circle) PRE AD/SE6 ADM/ISS	DATE <b>12/22/11</b>
THIS SECTION FOR INMATE ONLY	NAME LAST <b>Campa A.</b>	FIRST	CDC NUMBER <b>43585</b>	HOUSING LOC. <b>D3-118L</b>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/POs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOE	OCCUPATION
HOME ADDRESS		CITY		STATE	ZIP
PLACE OF OCCURRENCE <b>D3-118L</b>		DATE/TIME OF OCCURRENCE <b>11/00</b>		NAME OF WITNESS(ES) <b>N/A</b>	
TIME NOTIFIED <b>1100</b>	TIME SEEN <b>1615</b>	ESCORTED BY <b>Schnef/cb</b>	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE	WHEELCHAIR
AGE <b>31</b>			RACE <b>Hisp</b>	SEX <b>M</b>	

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

"I need my scratches cleaned" "don't know why they cut me with"

INJURIES FOUND? (YES/NO)	YES	NO
Abrasion/Scratch	1	
Active Bleeding	2	
Broken Bone	3	
Bruise/Discolored Area	4	
Burn	5	
Dislocation	6	
Dried Blood	7	
Fresh Tattoo	8	
Cut/Laceration/Slash	9	
O.C. Spray Area	10	
Pain	11	
Protrusion	12	
Puncture	13	
Reddened Area	14	
Skin Flap	15	
Swollen Area	16	
Other	17	
	18	
	19	
O.C. SPRAY EXPOSURE?	YES	NO
DECONTAMINATED?	YES	NO
Self-decontamination instructions given?	YES	NO
Refused decontamination?	YES	NO
Q 15 min. checks		
Staff issued exposure packet?	YES	NO



RN NOTIFIED/TIME <b>1100</b>	PHYSICIAN NOTIFIED/TIME <b>N/A</b>
TIME	DISPOSITION <b>return to custody @ 1630</b>

REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <b>[Signature]</b>	BADGE #	RDOs <b>[Signature]</b>
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(Medical data is to be included in progress note or emergency care record filed in UHR)



## NORTH KERN STATE PRISON

2737 West Cecil Avenue  
P. O. Box 567  
Delano, California 93216



May 21, 2012

Anthony Campa, CDCR #T43585  
Facility D Building 6-126L  
North Kern State Prison

Inmate Campa:

SECOND LEVEL APPEAL RESPONSE LOG NUMBER: NKSP-D-12-00459

M. Rocha, Correctional Counselor (CC) II reviewed this matter on my behalf.

ISSUE:

You submitted this appeal relative to California Department of Corrections and Rehabilitation (CDCR) Form 115, Rules Violation Report (RVR) Log#FD-12-01-0003 dated January 04, 2012 for Attempted Murder.

You contend the Senior Hearing Officer (SHO) did not insure your rights and procedural safeguards were followed during your hearing. You claim you were denied witnesses, the alleged victim Inmate Gamez (AK1456) whom you claim if you were allowed to question, would prove your innocence and the Correctional Officers who first entered the building. You contend your due process was violated because Correctional Officer Lorenzo escorted the alleged victim to medical for evaluation, falsified statements and was present during your Investigative Employee (IE) interview. You claim you requested Officer Lorenzo not to be present during the IE interview. You claim the fact he remained present violated your due process. You contend there was a violation of time constraints. You claim Investigative Services Unit (ISU) completed their investigation on January 4, 2012 and you did not receive a copy of the RVR within the 15 day time limit. You also contend you did not receive your California Department of Corrections and Rehabilitation (CDCR) 1030 forms until February 1, 2012 after the IE interview. You claim this information was critical to your case and because you did not receive this information prior to your IE interview it hampered your defense. You request the RVR be dismissed, all credits be restored and the Security Housing Unit (SHU) term be dismissed or RVR be reissued/reheard.

INTERVIEWED BY:

On May 16, 2012 CC II M. Rocha interviewed you at the Second Level of Review. You have a Test of Adult Basic Education (TABE) score of 10.3. You are not a participant in the Mental Health Services Delivery System (MHSDS). It is noted you are not a participant in either the Armstrong Remedial Plan (ARP) or the Clark Remedial Plan (CRP). During the interview you reiterated the concerns identified in your appeal.

### REGULATIONS:

The rules governing this issue are the California Code of Regulation (CCR), Title 15 Sections:

- 3005(d)(1) Conduct
- 3315, Serious Rule Violations
- 3320, Hearing Procedures and Time Limitations

### REVIEWER'S RESPONSE:

All documents submitted by you have been considered and reviewed in accordance with departmental policies and institutional procedures. A review of the RVR indicates all due process mandates were afforded and time constraints were met. Your hearing was conducted on February 13, 2012. You are not a participant in the MHSDS. Your behavior was not deemed bizarre, unusual or uncharacteristic. A CDCR 115 Mental Health Assessment request was not completed. You have a TABE score of 10.3. You were not assigned a Staff Assistant pursuant to CCR, Title 15, Section 3315(d) (2) (A). The Senior Hearing Officer (SHO) documented you did meet the criteria for an IE pursuant to CCR, Title 15, Section 3315(d) (1) (A). Correctional Officer S. Schnell was assigned as your IE. The SHO documented your witnesses. You acknowledged receiving a copy of all pertinent documentation at least 24 hours prior to the hearing. The SHO documented you pled "guilty" and declined to make a statement.

*FALSIFIED BY C. J. ROCHA  
(SEE RPT)*

The SHO found you guilty of the offense of CCR, Title 15, Section 3005(d) Attempted Murder. You were assessed 360 days forfeiture of credit consistent with a division 'A-1' offense. The SHO based his findings on the following preponderance of evidence.

- a) Officer K. Joseph's written report which states in part, "NKSP Investigative Services Unit concluded our investigation on the Attempted Homicide of Inmate Gamez AK1456. The investigation revealed that Inmate Campa committed an assault with a deadly weapon on Inmate Gamez. The information received Inmate Campa and Inmate Gamez were cellmates 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 Gamez was discovered to have lost consciousness and eventually slipped into a coma".
- b) Officer G. Cranmer's 837C supplemental report which states in part, "I conducted numerous interviews which determined Inmate Campa committed an Assault with a Deadly Weapon on Inmate Gamez. The assault occurred in Facility D Building 3 cell 118. Interviews revealed Inmate Campa utilized his wooden cane to strike Inmate Gamez repeatedly until he was rendered unconscious. Inmate Gamez received extensive head injuries as a result of this incident which required brain surgery. Immediately after Gamez was discovered by NKSP Custody Staff he lost consciousness and eventually slipped into a coma for several weeks.
- c) Inmate Gamez statement which was documented on the IE Report which states, "My old cellie, Inmate Campa did not want to be in the 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".

- d) Confidential information received by Officer G. Cranmer and documented on a confidential memorandum dated December 23, 2011. The confidential memorandum states, "The confidential informant stated he could hear Inmate Campa hitting Inmate Gamez with his cane. The Confidential informant said while Inmate Campa was striking Inmate Gamez with his cane he could see the cane coming back and then going forward. The confidential informant could not see if the cane was actually striking Inmate Gamez, but felt just from the sound and thump Inmate Campa was striking him. The Confidential informant could hear Inmate Gamez trying to defend himself a few minutes later he could hear sounds like Campa was choking Inmate Gamez and then could hear the cane striking Inmate Gamez. The informant stated he could see the cane coming back through the cell window and he just kept hitting him. This confidential informant was deemed reliable by this SHO as more than one source".
- e) Confidential information received by Officer G. Cranmer and documented on a confidential memorandum dated December 23, 2011. The Confidential memorandum states, "The CI stated in the morning hours he heard someone scream. The CI was able to hear Campa utilizing a cane to strike what he thought was Gamez, and heard other inmates telling Campa to continue the assault".
- f) Confidential Information received by Officer G. Cranmer and documented on a confidential memorandum dated December 23, 2011. The confidential memorandum states the CI heard approximately three thumps as if someone was hitting something, so he got off his bunk and went to the cell door window. He then observed inmate Campa standing at the cell door window saying why didn't you guys tell me he was a CHO MO (Child Molester). The CI then states Campa then turned around and began striking Inmate Gamez with his cane. The CI stated he could see Campa utilizing his cane to strike Inmate Gamez on the separate occasions. The CI thought Inmate Gamez might have been on the cell floor unconscious due to no other movement in the cell other than Campa".
- g) The photographs taken by ISU Officer L. Joseph. These photographs are listed as KJ-049 in her supplemental 837 report. These photographs depict the injuries sustained by Inmate Gamez and the crime scene.
- h) The photographs taken by ISU Officer C. Norris. These photographs are listed as CN-001 through CN-022 in his supplemental 837 report. These photographs depict the crime scene and the weapon used by Inmate Campa.
- i) The photographs taken by ISU Officer S. Castrejon. These photographs are listed as SC-001 through SC-016 in his supplemental 837 report. These photographs depict the injuries on Inmate Campa.
- j) Inmate Gamez 7219 Medical Report of Injury which lists several injuries which are consistent with being the victim of a battery with a weapon.



- k) After review of all evidence this SHO believes it was Inmate Campa who committed the act of battery on an inmate with a weapon on Inmate Gamez. This SHO believes the injuries suffered by Inmate Gamez were GBI in nature and if prompt medical treatment was not provided, would have lead to death; therefore, based on the above evidence Inmate Campa is guilty of attempted homicide.

The concerns you have identified in this appeal have been reviewed and evaluated. You contend you were denied witnesses, the victim Inmate Gamez whom you claim if you had the opportunity to question would prove your innocence. Upon review of the RVR Inmate Gamez declined to participate in the hearing; however, he did provide a statement to the IE Officer. During your interview you claimed your due process was violated because you were not allowed to question Inmate Gamez directly, which you claim is your right. It should be noted Gamez is not required to testify due to the fact he provided a statement as documented and allowed in the hearing. It should be noted the IE Report is final. Upon review of the IE Report and statements provided by the victim your contentions that cross examining by you would prove your innocence is unlikely. You have provided no proof or reasonable explanation that would mitigate the testimony provided in the IE Report by the victim.

You also claimed to have requested the Officers who first entered the building as witnesses. During the interview you could not provide names of the Officers, but you claim both you and Gamez told them you both were assaulted by unknown inmates. You claim you wanted the Officers to be witnesses as to the statement made by Inmate Gamez. Upon review of the RVR the SHO documented you could not identify the alleged Officers. Based on the fact you could not identify the alleged Officers and upon review of the rest of the report regardless of what Inmate Gamez stated to the alleged officers, the fact you were in the vicinity, Inmate Gamez would have legitimate safety concerns not to inform staff of the circumstances of the assault in the presence of you and other inmates in the housing unit.

You also contend your due process was also violated because Officer Lorenzo escorted the victim to medical for evaluation, falsified statements and was present during the IE interview, which you claim this violates CCR, Title 15 Section 3320(h). After review of all the documentation and CCR, Title 15 Section 3020(h) which partially states "...have a predetermined belief of the inmate's guilt or innocence shall not hear the charges or be present during deliberations to determine guilt or innocence and disposition of the charges". You have not provided any proof Officer Lorenzo falsified statements and whether or not Officer Lorenzo was present during the IE interview is irrelevant. There is no documentation and you have provided no proof that Officer Lorenzo was present during deliberations by the SHO of innocence or guilt and disposition of the charges.

You contend time constraints were violated because the ISU completed their investigation on January 4, 2012 and yet you did not receive a copy of the RVR within the 15 day time limit. Upon review of the RVR it is documented you were given your copies of the RVR on January 14, 2012, which is within the prescribed time limit. You also claim during your interview Officer Lorenzo attempted to give you the CDCR Confidential 1030's during your interview with the IE Officer. You claim you refused to sign for the CDCR 1030's and because you did not have the CDCR 1030's in your possession prior to the IE interview, this hampered your defense. Upon review of the RVR, IE Report and CDCR 1030 forms, it is documented the 1030's were issued on February 1, 2012.

Regardless if in fact you signed or did not sign for copies of the CDCR 1030's they were made available to you and if you refused to accept or sign for the CDCR 1030's you had the opportunity to use the information provided to assist in your defense.

Pursuant to CCR, Title 15, Section 3320(I), CDCR utilizes a preponderance of evidence as its standard when adjudicating an RVR. The SHO at your hearing used a preponderance of evidence. The preponderance of evidence supports the findings by the SHO which are appropriate and are in accordance with the rules, regulations and policies of this institution.

DECISION:

Your appeal is **denied** at this Level of Review.

You are advised this issue may be submitted for a Director's Level of Review, if desired.


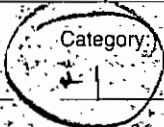
4)   
STEVE TREVINO  
Chief Deputy Warden

DOUBLE SIDED

STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL  
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

 <p style="text-align: center;">T43585</p>	IAB USE ONLY	Institution/Parole Region: Log # NKSP-D-12-00459	Category: 
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You are appealing a Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>CAMPA - A.</u>	CDC Number: <u>T43585</u>	Unit/Cell Number: <u>DG-126C</u>	Assignment:
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DUE PROCESS RIGHTS VIOLATED

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): Appellant contends that N.K.S.P. SHO<sup>LD</sup> WITH DID NOT INSURE THAT THE APPELLANT'S RIGHTS + PROCEDURAL SAFEGUARDS WERE IN PLACE BEFORE ADJUDICATING + FINDING THE APPELLANT GUILTY OF THIS RVR (SEE ATTACHED). THERE WAS NO GOOD ~~REASON~~ CAUSE FOR THE SHO TO PROCEED W/ THE HEARING FOR

B. Action requested (If you need more space, use Section B of the CDCR 602-A): (1) Attached RVR Be dismissed because my rights were violated. (2) Sho Term Imposed + 360 day credit forfeiture be dismissed (3) Re-Issue + Re-Hear Attached RVR + Insure I Have A Fair Hearing Per CCR title 15 guidelines

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

(ALL HIS DOCUMENTS) PROVIDED TO ME ARE ENCLOSED  
TOTAL OF 48

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

Inmate/Parolee Signature: Anthony Campa Date Submitted: 3.6.12

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



INMATE APPEALS BRANCH  
 JUN - 4 2012  
 RECEIVED

C. First Level - Staff Use Only Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:  
 Bypassed at the First Level of Review. Go to Section E.  
 Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter) Date: \_\_\_\_\_  
 Accepted at the First Level of Review.

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

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

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

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

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

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

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

BYPASS

DOUBLE SIDED

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

**BYPASS**

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

**E. Second Level - Staff Use Only**

Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:

By-passed at Second Level of Review. Go to Section G.  
 Rejected (See attached letter for instruction) Date: 3/29/2012 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Cancelled (See attached letter)

Accepted at the Second Level of Review

Assigned to: APPEALS COORDINATOR Title: \_\_\_\_\_ Date Assigned: 4/9/2012 Date Due: 5/21/2012

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 5/16/2012 Interview Location: FAC D, BUILDING 6

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: M. ROCHA Title: CC-IT Signature: \_\_\_\_\_ Date completed: 5/17/2012

Reviewer: G. RIVERA Title: CDWA Signature: \_\_\_\_\_

Date received by AC: 5/21/12

AC Use Only  
Date mailed/delivered to appellant 5/21/12

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

CCIT - ROCHA FAILED TO POINT OUT MY TRUE CONCERN & THE RIGHTS DEPRIVED OF APPELLANT. INCIDENT IN QUESTION OCCURRED 9/22/11. I SA STATES THEIR INVESTIGATION WAS CONCLUDED ON 1/4/12. IISA WAS ISSUED 1/4/12. SEC CCR 3320.(a)(1) GO INTO EFFECT BY RIGHT ON 1/6/12. NO WRITTEN REQUEST WAS EVER INDICATED AN MORE IMPORTANTLY ALL PH WITH THE EXCLUSION OF IISA, I.E SUPPLEMENTS IIS C, 10303, CRIME REPORT WAS NOT AFFORDED IN ACCORDANCE TO SAID PROVISION UNTIL 2-1-12. THE DAY OF THE INTRO. ALL DOCS RELIEVED/RELEASD TO SUP. CHARGE CAME OUTSIDE 3320.(a) PROVISION.

Inmate/Parolee Signature: [Signature] Date Submitted: 5-28-12

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

This appeal has been:

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

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

Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only  
Date mailed/delivered to appellant AUG 15 2012

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

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

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

DOUBLE SIDED

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region: Log #: <b>NKSP-D-12-00459</b>	Category: <b>1-1</b>
FOR STAFF USE ONLY		

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

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

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

Name (Last, First): <b>CAMPA, A.</b>	CDC Number: <b>743585</b>	Unit/Cell Number: <b>DG 126 C</b>	Assignment:
---	------------------------------	--------------------------------------	-------------

**A.** Continuation of CDCR 602, Section A only (Explain your issue): THE following facts: ① I Requested witnesses, Specifically the Alleged Victim (3/M BAMEZ) & THE Yo's who first Entered the Building for the Prunc Sweep, I Have the Right, Pursuant to ccr title 15 § 3315(e), I was Denied By the Sho To Have these witnesses Present Or On Speaker, Violating ccr title 15 § 3315(e). In Denying Me these witnesses It violates ccr title 15 § 3315(e), (5) & (6) & § 3318 (a)(C). The denial Of these Rights Does Not Insure Me w/ A Fair Hearing. If Allowed to Question Said witnesses the Appellant would Have Proven His Innocents. ② Due Process Was Violated By %Lorenzo, HE Escorted the Alleged Victim To Medical For Evaluation. %Lorenzo falsified statements, Handled Paperwork Of Attached RVR, & Set In my I.E Interview. I Requested That %Lorenzo Not be Present during My I.E Interview As His Involvement Would Jeopardize My defense & Outcome Of RVR. Instead Of leaving Him SIT In My I.E Interview. Clearly %Lorenzo Has Violated Appellants Due Process Pursuant to ccr title 15 § 3320 (h). ③ THERE IS A violation OF Time Constraints, ISU Stated: THEY completed withere Investigation on 1-4-12. I did Not Recieve A copy OF this RVR w/In the 15 day Time Limit Pursuant to ccr title 15 § 3320 (a), Further I didnt Recieve Confidential Info In Form OF CDE 1030's & Additional Supplemental Info Until 2-1-12 Well After My I.E Interview. By Not Recieving this Critical Info Befor My I.E Interview does Not Insure I had A fair Hearing & Hampers My defense. CDC Violates My Right Pursuant to ccr title 15 § 3320 (a)(4) (b)(c)

Inmate/Parolee Signature: *Anthony Campa*

Date Submitted: **3-6-12**

**NKSP**  
 MAR 29 2012  
 APPEALS  
 RECEIVED  
 JUN -4 2012  
 INMATE APPEALS BRANC

**B.** Continuation of CDCR 602, Section B only (Action requested): ① N.K.S.P c/o's & Sho Follow Its own Rules & Regulations As described In the D.O.M of CCR title 15.

Inmate/Parolee Signature: *Anthony Campa*

Date Submitted: **3-6-12**

2-17  
DOUBLE SIDED

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Handwritten text area for Section D, mostly blank with some faint markings.

RECEIVED  
MAY 11 2013  
MAY 11 2013  
MAY 11 2013

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

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

EXCEEDING 54 DAYS FROM INCIDENT REPORTED  
WAS BARING CREDIT FORFEITURE PERIOD - ISSUE #2 - CCR 3320 (F), (1) (2) WERE NOT APPLIED AS DUE REMEDY - #3  
UNDER THE DCM PROVISIONS 54100-20-3 IT SPECIFICALLY STATES UNDER ORDER OF REHEAR IF: THE ACCUSED WAS NOT ALLOWED TO SPEAK  
OR PRESENT DEFENSE (SEE CCR 15 SEC 3315 (E), (G)) DOCUMENTATION IN THEIR OWN DEFENSE OR THE HEARING OFF. FAILED TO AS  
ICULATE THE DEFENDANTS STATEMENT MADE AT THE TIME OF THE HEAR IN BODY OF RPT. WHAT IS INDICATED IS NOT WHAT I VOICED OR SAID. SPECIFICALLY I R  
QUESTED I.E.'S PRESENCE AS HIS REPORT INDICATED V. GAMEZ MADE INCRIMINATING STATEMENT AND YET HE WAS NOT MADE AVAILABLE BY SPEAKER  
I ONE SPECIFICALLY AS REQUESTED. I TOLD SMO SMITH THESE STATEMENTS WERE UNFOUNDED & MERRITED PERSONAL APPEARANCE OR TO BE MADE  
AVAILABLE AS SUCH IN 3315 (E)(G). I WAS TOLD GAMEZ WAS STILL IN ACOMP THAT WAS WHY HE COULD NOT BE MADE AVAILABLE. HOWEVER THE DISPOSITI  
TES DIFFERENT, GAMEZ CHOSE NOT TO PARTICIPATE. I SPECIFICALLY REQUESTED REPORTING OFFICER SGT GONZALEZ BE MADE AVAILABLE AS HE FALSIFY  
TED IN RPT. THAT GAMEZ BLAMED ME. THAN AGAIN LORENZO'S PRESENCE WAS REQUESTED AS HE ALSO FALSIFIED A STATEMENT INCRIMINATING ME  
WHICH CONTRADICTS ONE OF ISU. JOSEPH'S REPORT WHERE IN AT 1800 HR<sup>3</sup> ON THE DAY IN QUESTION SHE WAS ADVISED AT HOME VIA CELLPH. OF THE  
INCIDENT. AT THAT POINT IN TIME SHE DID NOT INDICATE GAMEZ HAD MADE ANY STATEMENT REGARDING INCIDENT ONLY THAT GAMEZ WAS CODE 3. AND  
ST. SMO SMITH FAILED TO ADDRESS THAT TRUTH AS WELL & DENIED ME ALL DEFENSE IN DOING SO. WHEN I ADDRESSED HOW I GATHERED THIS ST. TIME  
IT IN LE DEPT. HE COUNTERED SAYING THE I.E WAS JUST DOING HIS JOB. HENCE ALL 3 WITNESSES WERE DENIED, UNFOUNDED STATEMENT WERE  
LIED ADD J TO DETERMIN DISC. IDERANCE OF EVIDANCE. WHAT'S MORE IS THAT THE 1030<sup>2</sup> IN QUESTION ARE MORE THAN LIKELY FROM ONE (INDIVIDUAL)  
THE SOURCE WHO MADE FALSE TESTIMONY TO W/ HIS DISCU HIDE, AND MOST RECENTLY MY 602<sup>4</sup> <sup>WAS</sup> RETURNED WITHOUT THE ORIGINAL DCS. I  
RELEASED. THESE ARE PHOTOCOPIED. MOREOVER I SENT IN 48 DOCS. ONLY 42 WERE RETURNED.

Inmate/Parolee Signature: Anthony Campa TH3525 Date Submitted: 5-22-12

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF APPEALS  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**THIRD LEVEL APPEAL DECISION**

Date: **AUG 15 2012**

In re: Anthony Campa, T43585  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93215-0567

TLR Case No.: 1115502

Local Log No.: NKSP-12-00459

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Briggs, Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** The appellant is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR), Log #FD-12-01-0003, dated January 4, 2012, for Attempted Murder. It is the appellant's position that the Senior Hearing Officer (SHO) did not ensure his rights and procedural safeguards were followed during his hearing. The appellant claims that he was denied witnesses, the alleged victim Inmate Gamez (AK1456) whom the appellant claims if he was allowed to question would prove the appellant's innocence and the Correctional Officers (CO) who first entered the building. The appellant contends that his due process was violated because CO Lorenzo escorted the alleged victim to medical for evaluation, falsified statements, and was present during his Investigative Employee (IE) interview. The appellant claims that he requested CO Lorenzo not be present during the IE interview. The appellant claims the fact that CO Lorenzo remained this violated his due process. The appellant also contends that there was a due process violation of time constraints. The appellant claims that the Investigative Services Unit (ISU) completed their investigation on January 4, 2012, and he did not receive a copy of the RVR within the 15 day time limit. The appellant also contends that the appellant did not receive his CDC Form 1030, Confidential Information Disclosure Form(s) forms until February 1, 2012 after the IE interview. The appellant claims this information was critical to his case and because he did not receive this information prior to the appellant's IE interview, it hampered his defense. The appellant requests the RVR be dismissed, all forfeited credits be restored, and the Security Housing Unit term be dismissed or RVR be reissued/reheard.

**II SECOND LEVEL'S DECISION:** The reviewer found that the appellant was appropriately found guilty of the RVR charge. The reviewer considered the appellant's concerns; however, determined that his explanation does not justify his request. In regard to the appellant's claim that if he had the opportunity to question the witness he would have been able to prove his innocence, the reviewer noted that upon review of the RVR the victim declined to participate in the hearing; however, he did provide a statement to the IE. During the interview the appellant claimed his due process was violated because he was not allowed to question the victim directly, the reviewer noted that the victim was not required to testify due to the fact that the victim provided a statement as documented and allowed in a hearing. Furthermore, it should be noted the IE report is final. The appellant has provided no proof or reasonable explanation that would mitigate the testimony provided in the IE report by the victim.

In regard to the appellant's claim to have requested the Officers who first entered the building as witnesses, the reviewer noted that during the interview the appellant could not provide names of the Officers, but claims both he and the victim told the Officers that they both were assaulted by unknown inmates. In regard to the appellant's claim that he wanted the Officers to be witnesses as to the statement made by the victim, the reviewer noted that upon review of the RVR the SHO documented that the appellant could not identify the alleged officers. Based upon the fact that the appellant could not identify the alleged Officers and upon review of the rest of the report, regardless of what the appellant stated to the alleged officers, the fact that the appellant was in the vicinity, the victim would have legitimate safety concerns not to inform staff of the circumstances of the assault in the presence of the appellant and other inmates in the housing unit.

In regard to the appellant's contention that his due process was violated because CO Lorenzo escorted the victim to medical for evaluation, falsified statements, and was present during the IE interview, the reviewer noted that after review CCR 3020(h) (should be 3320(h)) the appellant has not provided any proof that CO Lorenzo falsified statements and whether or not CO Lorenzo was present during the IE interview is irrelevant. Furthermore, there is no documentation and the appellant has provided no proof that CO Lorenzo was present during deliberations by the SHO of innocence or guilt and disposition of the charges.

In regard to the appellant's contention that time constraints were violated because the ISU completed their investigation on January 4, 2012, yet he did not receive a copy of the RVR within the 15 day time limit, the reviewer noted that documented evidence indicates the appellant was given copies of the RVR on January 14, 2012, which is within the prescribed time limit. In regard to the appellant's claim that during his interview CO Lorenzo attempted to give him a CDC Form 1030, during his interview with the IE officer, yet refused to sign the CDC Form 1030, because he did not have the CDC Form 1030, in his possession prior to the IE interview, the reviewer noted that the RVR, IE Report, and CDC Form 1030, documents the CDC Form 1030, were issued on February 1, 2012. The reviewer informed the appellant that regardless if in fact the appellant signed or did not sign for copies of the CDC Form 1030, they were made available to the appellant and if he refused to accept or sign for the CDC Form 1030, he had the opportunity to use the information provided to assist in his offense.

The reviewer informed the appellant that pursuant to CCR 3320(i), CDCR utilizes a preponderance of evidence as its standard when adjudicating an RVR. The reviewer noted that the SHO at the hearing used a preponderance of evidence. The preponderance of evidence supports the finding by the SHO, which are appropriate and are in compliance with the rules, regulations, and policies of the institution. The reviewer affirms that the presented evidence supports the guilty finding and that the appellant was afforded all procedural due process. The appeal was denied at the Second Level of Review (SLR).

### III THIRD LEVEL DECISION: Appeal is granted in part.

**A. FINDINGS:** The documentation and arguments are persuasive that the appellant has supported his appeal issues with sufficient evidence or facts to warrant a modification of the SLR. Pursuant to California Code of Regulations, Title 15, Section (CCR) 3321(b)(2), Any document containing information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of reason why the information or source is not disclosed. The Third Level of Review (TLR) note that the RVR does not document each sources reliability or give a brief statement of the reason as to why the SHO deemed the confidential memorandums and confidential informants reliable. Based upon the aforementioned, the TLR finds good cause to intervene.

### **B. BASIS FOR THE DECISION:**

CCR: 3001, 3005, 3084.1, 3084.5, 3270, 3312, 3315, 3320, 3321, 3323.

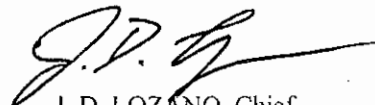
**C. ORDER:** The North Kern State Prison (NKSP) shall reissue and rehear RVR, Log #FD-12-01-0003, dated January 4, 2012, for Attempted Murder ensuring that the evaluation of the reliability of each confidential source and the information that they provide is clear. Staff shall also ensure the information is disclosed pursuant to the provisions of California Penal Code Section 2932(c)(1) and CCR 3321(b)(2).



No contact made with CDW after fax: A discussion of this issue was provided to the CDW via fax.  
This decision exhausts the administrative remedy available to the appellant within CDCR.

*R.Briggs, pc*  
R. BRIGGS, Appeals Examiner  
Office of Appeals

cc: Warden, NKSP  
Appeals Coordinator, NKSP

  
J. D. LOZANO, Chief  
Office of Appeals

State of California

Department of Corrections and Rehabilitation

# Memorandum

Date: August 15, 2012

To: Mark Stevens  
Facility "D" Captain

Subject: MOD ORDER PURSUANT TO APEAL NO. 12-00459 RELATIVE TO RVR NO. FD-12-01-003 IS ORDER RE-ISSUED/RE-HEARD

Per 3<sup>rd</sup> level Appeal decision, RVR # FD-12-01-003 shall be ordered reissued/reheard to ensure that the evaluation of the reliability of each confidential source and the information they provided is clear.

The violation is pursuant to the California Department of Corrections and Rehabilitation, California Code of Regulation, Title 15, Article 5, Inmate Discipline, Section 3321 Confidential Material, which states in part... any document containing information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of reason why the information or source is not disclosed.

Please ensure all due process provisions are adhered to and are in compliance with CCR Title 15, Section 3315 Serious Rules Violations and Section 3320 Hearing procedures and Times Limitations.



R. Lopez  
Associate warden  
North Kern State Prison

RULES VIOLATION REPORT

CDC NUMBER <b>T43585</b>	INMATE'S NAME <b>CAMPA</b>	RELEASE/BOARD DATE <b>08-09-2012</b>	INST. <b>NKSP-RC</b>	HOUSING NO. <b>FDB6-126L</b>	LOG NO. <b>12-01-0003R</b>
VIOLATED RULE NO(S). <b>CCR §305(d)(1)/PC664</b>		SPECIFIC ACTS <b>187 ATTEMPTED HOMICIDE</b>	LOCATION <b>FDB3 ASIDE</b>	DATE <b>08-06-12</b>	TIME <b>1904</b>

CIRCUMSTANCES

On AUGUST 06, 2012 Rules Violation Report Log# 12-01-0003 is being ordered RE-ISSUED/RE-HEARD per 3<sup>RD</sup> Level Appeal Decision, to ensure that the evaluation of the reliability of each confidential source and the information they provided is clear. Please provide the information is disclosed pursuant to the provisions of P.C. Section 2932(c)(1) and CCR 3321(B)(2). The new Rules Violation Report Log# FD-12-01-0003R.

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 Cell 118. 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) <b>K. JOSEPH, CORRECTIONAL OFFICER</b>	DATE <b>8-21-12</b>	ASSIGNMENT <b>251115</b>	RDO'S <b>SA/SU</b>
REVIEWING SUPERVISOR'S SIGNATURE <b>E. R. GONZALES, CORR. SGT.</b>	DATE <b>8-21-12</b>	INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: <b>"N" 187.360</b>	DATE <b>8/21/12</b>	CLASSIFIED BY (Typed Name and Signature) <b>[Signature]</b>
HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> ASHO <input type="checkbox"/> SC <input type="checkbox"/> FC			LOC.

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>	DATE <b>8/21/12</b>	TIME <b>10:30</b>	TITLE OF SUPPLEMENT <b>7519 X 2 "M: 743515 / AK1456"</b>
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER: <b>12-01-0003R</b>	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>	DATE <b>8/21/12</b>	TIME <b>10:30</b>	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>

HEARING  
 2 CW (88) photos 4/22/12 10:30  
 copy of 1030 dated 12/23/11 and 1030 dated 12/27/11 4/22/12 10:30  
 copy of 1030 dated 12/20/11 4/22/12 10:30

1725

REFERRED TO <input type="checkbox"/> CLASSIFICATION <input type="checkbox"/> BPT/NAEA	ACTION BY: (TYPED NAME)	SIGNATURE	DATE	TIME
REVIEWED BY: (SIGNATURE)	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE	TIME
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE)	DATE	TIME	

**SERIOUS RULES VIOLATION REPORT**

CDC NUMBER <b>T43585</b>	INMATE'S NAME <b>CAMPA</b>	VIOLATED RULE NO(S) <b>CCR § 3005(d)(1)PC 654</b>	DATE <b>08-15-12</b>	INSTITUTION <b>NKSP-RC</b>	LOG NO. <b>FD-12-01-00036</b>
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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 <i>[Signature]</i>	DATE <b>8-21-12</b>
<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	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE	DATE

**STAFF ASSISTANT**

STAFF ASSISTANT	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	<i>[Signature]</i>	<b>8-21-12</b>
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON <i>[Handwritten Reason]</i>	

**INVESTIGATIVE EMPLOYEE**

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE	DATE
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	<i>[Signature]</i>	<b>8-21-12</b>
<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)

REPORTING EMPLOYEE  STAFF ASSISTANT  INVESTIGATIVE EMPLOYEE  OTHER  NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED	NOT GRANTED
<i>[Handwritten Name]</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<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.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	INVESTIGATOR'S SIGNATURE <i>[Signature]</i>	DATE <b>8/21/12</b>
--	---	--	------------------------

CDC NUMBER <b>T43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003R</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>09-06-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

(IE-Continued from 115A)

**INMATE'S STATEMENT:** "As I understand it the D.L.R deemed the information unreliable & unusable. Specifically, the 1030's did not meet the provisions of Penal Code Section 2932(c) and Title 15 CCR 3321(b)(2). Furthermore, an order of rehearing was based on Due Process violation CCR sections noted at D.L.R level also include, CCR 3001, 3005, 3084.1, 3084.5, 3270, 3312, 3315, 3320, 3321, 3323. I would like these facts noted on I.E Report as a matter of record for order of rehearing."

**INMATE'S WITNESS(S):**

Questions for Inmate WHITE AG-8738:

- Q1.** Do you recall an incident on 12-22-11 involving both inmates in FDB3-118? **A1.** Yes.
- Q2.** What cell were you in? **A2.** FDB3-117
- Q3.** Can you provide any information about that day? Please explain your observations. **A3.** I remember a couple of inmates threatening CAMPA and GAMEZ with death threats and telling CAMPA they had a certain amount of time to get out of the building, they were being forewarned. I did not go to breakfast but my cellie went to the law library. I heard noises from the cell next door. All I heard was a rumble. I could tell somebody was getting their ass whooped. I believe somebody rushed into that cell but I could not confirm, but I do know that I heard multiple voices. I do not believe one of them did not speak English.
- Q4.** At least how many C/O's do you recall being present at the time both inmates walked out of their cell? **A4.** I say about 13 Correctional Officers were in the building searching. I did not see CAMPA and GAMEZ walk out of the building. I was facing forward on the dayroom benches.

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER. <b>T. WALKER, CORR. OFFICER</b>	DATE SIGNED. <b>9-11-12</b>
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>9-11-12</b>

RULES VIOLATION REPORT - PART C Typed by: AC

CDC NUMBER <b>T42585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003R</b>	INSTITUTION <b>MKSP-RC</b>	TODAY'S DATE <b>09-06-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

REPORTING EMPLOYEE STATEMENT: NONE

STAFF WITNESS:

Questions for Correctional Lieutenant C Arce:

Q1. Ask Lt. Arce why he failed to include all E1's of the officers present when on 12-22-11 both inmate CAMPA and GAMEZ notified all officers present during the "wine sweep" that they both had been attacked?

A1. All staff that were involved were included on the E1's

Q2. You state you were present during discovery of inmate GAMEZ and inmate CAMPA. Why didn't you record in your statement that both inmates had reported the incident to you as one of the officers present?

A2. Both did not state that they were attacked. Inmate CAMPA was the only one at the cell door talking. Inmate GAMEZ was sitting on the lower bunk holding his head and leaning against the wall

Q3. Did you see either inmate engaged in attack?

A3. No.

Questions for Correctional Sergeant E.R. Gonzalez:

Q1. Do you recall the incident of 12-22-11?

A1. I was not a part of it, but I do recall

Q2. You previously stated in your report that during Medical Evaluation of inmate GAMEZ he told you inmate CAMPA was the attacker?

A2. No answer

Q3. If this was true how come it is not noted on the 7219?

A3. No answer.

Q4. Can you explain why none of the medical personnel noted this alleged statement in their E1's?

A4.

Questions for Correctional Officer A. Lorenzen:

Q1. Do you recall an incident on 12-22-11?

A1. Yes

Q2. You previously stated that during medical evacuation of inmate GAMEZ, that he allegedly reported to you through medical staff that inmate CAMPA attacked him. If this is true, can you explain why it is not noted on the

A2. 7219 had already been completed. It was during a follow-up medical evaluation when GAMEZ made that comment.

*FALSE: 7219 WAS DONE AT TTA IN HIS PRESENCE. NOT PREVIOUSLY*

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>T. WALKER, CORR. OFFICER</b>	DATE SIGNED <b>11/19/12</b>	
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>11/19/12</b>	TIME SIGNED <b>1:35</b>

CDC NUMBER <b>T43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003R</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>09-06-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

7219? For that is where such statements are to be noted.

**Q3. How is it possible that you gathered this alleged statement while you are not bilingual and inmate GAMEZ is Spanish speaking?** **A3. The nurse was bilingual.**

**Q4. Can you please explain why this alleged statement was not noted in any B2 of medical personnel which you say assisted you at the time in question, if this was true?** **A4. Statements do not go on B2's.**

**Q5. Did Sgt. Gonzalez ask you to falsify that statement?** **A5. No.**

Questions for Correctional Officer I. Sunderland conducted on 09-08-12 at 1720 hours via institutional telephone:

**Q1. Do you recall an incident on 12-22-11 where you stated that both inmates came out of FDE3 118 willingly and reported to you and other involved staff at the time that they were in fear of their lives and were both attacked earlier that day?** **A1. Yes, that is what you stated to me.**

**Q2. Do you have any idea why you were the only staff who made that omission in your report if there were 8 other C/O's present?** **A2. I placed that statement of you being in fear of your life in my report, and your statement of being attacked in my report**

**Q3. Can you recount exactly what steps you took with inmate GAMEZ once you reached D yard nurse station?** **A3. I escorted and turned you over to other yard staff at Delta clinic.**

**Q4. Did you remain with GAMEZ while he was being evaluated?** **A4. No.**

**Q5. If no, why not?** **A5. There is an Officer at D clinic and I needed to return back to my posted position.**

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>T. WALKER, CORR. OFFICER</b>	DATE SIGNED 9-11-12
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 11/12

**RULES VIOLATION REPORT - PART C** Typed by: AC

CDC NUMBER <b>T43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0003R</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>09-06-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**I.E. NOTE:**  
NONE

**REQUEST PRESENCE:**

<b>REPORTING EMPLOYEE</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>INVESTIGATIVE EMPLOYEE</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>INMATE WITNESSES</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>STAFF WITNESSES</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**WITNESS (S)**

**STAFF**

1. LIEUTENANT C. ARCE
2. SERGEANT E. R. GONZALEZ
3. OFFICER A. LORENZEN
4. OFFICER L. SUNDERLAND

**INMATE**

1. WHITE AG-8738
- 2.
- 3.
- 4.

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>T. WALKER, CORR. OFFICER</b>	DATE SIGNED 11/12
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 9/11/12



**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME) (FIRST NAME) <b>CAMPA, A</b>		CDC NUMBER: <b>T43585</b>	SIGNATURE: <i>Anthony Campa</i>
HOUSING/BO NUMBER: <b>DG-1264</b>	ASSIGNMENT: <b>9.23.12</b>	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>RE HEARING ORDER</b>

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

*MR. STEVENS THIS REQUEST FOR INTERVIEW IS IN REGARDS TO A MEMORANDUM YOU RECEIVED ON 8.15.12 VIA R. LOPEZ, ASSOCIATE WARDEN. THE ISSUE IN QUESTION IS THAT THE TIME CONSTRAINTS HAVE NOT BEEN MET ON A RE-HEARING ORDER VIA D.L.R. R.V.R. FD-12-01-003. THE PURPOSE BEHIND THIS NOTICE IS TO BRING THIS MATTER TO A CLOSSURE AS SOON AS POSSIBLE. PER CCR 3320 TIME CONSTRAINTS HAVE NOT BEEN MET FOR THE SECOND HEARING AS WELL AS THE FIRST. PLEASE SEE ME. THANK*

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

SENT THROUGH MAIL: ADDRESSED TO: CAPTAIN STEVENS, D FACILITY DATE MAILED:    /   /     
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <b>C/O S PINEDA</b>	DATE: <b>9-23-12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <input checked="" type="radio"/> YES <input type="radio"/> NO
---	-------------------------	----------------------------------	---

IF FORWARDED - TO WHOM: <b>FACILITY D CAPTAIN STEVENS</b>	DATE DELIVERED/MAILED: <b>9-23-12</b>	METHOD OF DELIVERY: (CIRCLE ONE) <input type="radio"/> IN PERSON <input checked="" type="radio"/> BY US MAIL
--	--	---

**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME: <b>M. Stevens</b>	DATE: <b>9/25/12</b>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <b>9/25/12</b>
---	-------------------------	----------------------------------	----------------------------------

*Inmate Campa, you are absolutely correct, time constraints have been lost. However, the Rules Violation Report can still be heard, but if found guilty no time can be taken. I am having ISU OFFICER CRAMER Amend the rcr 1030 and you will be issued a corrected copy, I anticipate all matters being concluded by 10-5-12.*

**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:
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**2ND REQUEST FOR HEARING**

**SECTION A: INMATE/PAROLEE REQUEST**

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

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

**MR. STEVENS, THIS FACILITY FAILS TO RECOGNIZE DUE PROCESS. PER D.L.R YOU WERE SPECIFICALLY DIRECTED TO RE ISSUE, REHEAR HIS LOG# FD-12-01-003. SAID MOD ORDER STATED YOU SHALL FOLLOW ALL TIME CONSTRAINTS AND ENSURE ALL PROCEDURAL SAFE GAURDS ARE MET. NKSP FAILED TO MEET THIS ORDER IN WHICH THE MOD ORDER WAS BASED ON VIA D.L.R. 1) STAFF TOOK 62 DAYS FROM MOD ORDER TO ISSUE 1030'S. 2) SHD / CPT: D YARD FAILED TO FOLLOW HEARING REQUIREMENTS. IN DOING SO I HAVE BEEN DEPRIVED OF DUE PROCESS TWICE ON THE SAME PUR.**

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

SENT THROUGH MAIL: ADDRESSED TO: **CPT. STEVENS. D YARD** DATE MAILED: **10/8/12**

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

RECEIVED BY: PRINT STAFF NAME: <b>Payne</b>	DATE: <b>10-8-12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input type="radio"/> NO <input checked="" type="radio"/>
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input type="radio"/>	

**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME: <b>M. Stevens</b>	DATE: <b>10/12/12</b>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <b>10/12/12</b>
---	--------------------------	----------------------------------	-----------------------------------

**Mr. Campa, your CDCR-115 for "Attempted Murder" is being reviewed in preparation to being adjudicated. The 1030's CONFIDENTIAL disclosures were amended per the order of the CDW S. Trevino, and re-issued to you on 10/10. I concur Time Constraints have been lost, but the disciplinary process will continue. Your CDCR-115 will be heard prior to 10-19-12.**

**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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STATE OF CALIFORNIA  
CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

**CONFIDENTIAL INFORMATION DISCLOSURE FORM**

INMATE NUMBER: T-43585

INMATE NAME: Campa, Anthony

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated January 4, 2012 submitted by

ISU Officer K. Joseph  
STAFF NAME, TITLE

b) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated \_\_\_\_\_

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a)  This source has previously provided confidential information, which has proven to be true.
- b)  This source has participated in and successfully completed a polygraph examination.
- c)  More than one source independently provided the same information.
- d)  This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e)  Part of the information provided by the source(s) has already proven true.
- f)  Other (EXPLAIN):

3) Disclosure of information received.

On December 23, 2011, I conducted an interview with a confidential informant (CI) who gave the following information regarding the attempted murder of Inmate Gamez, AK-1456, FDB3-118U (Victim) the suspect has been identified as Campa, T-43585, FDB3-118L. The attempted murder occurred on December 22, 2011, in FDB3-118. The CI stated in the morning hours he heard someone scream so he got off of his bunk and banged on his cell door in order to get the attention of the inmates out on the dayroom floor. The CI said he quit banging on the cell door due to not wanting to be a victim of a physical assault himself. The CI was able to hear Campa utilizing his cane to strike what he thought to be Gamez, and heard other inmates yelling telling Campa to continue the assault. I asked CI if he could identify the other inmates who were giving Campa advice. The CI heard inmates housed in FDB3-114, FDB3-115 and FDB3-117, telling him to strike him with his shower shoes. It should be noted this CI has been established as reliable due to other CI's have provided the same information regarding the Attempted Murder of Inmate Gamez.

4) Type and current location of documentation, (for example: CDC 128-B of 5-15-86 in the confidential material folder).

5) **Confidential Memorandum dated December 23, 2011, authored by ISU Officer G. Cranmer, located in the confidential section of your Central File.**

  
STAFF SIGNATURE, TITLE

10/8/12  
DATE DISCLOSED

Distribution: WHITE – Central File; GREEN – Inmate; YELLOW – Institution Use

STATE OF CALIFORNIA  
CDC 1030 (12/86)

Z-30

DEPARTMENT OF CORRECTIONS

CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: T-43585

INMATE NAME: Campa, Anthony

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated January 4, 2012 submitted by  
ISU Officer K. Joseph

STAFF NAME, TITLE

b) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated \_\_\_\_\_

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

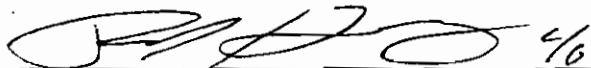
- a)  This source has previously provided confidential information, which has proven to be true.
- b)  This source has participated in and successfully completed a polygraph examination.
- c)  More than one source independently provided the same information.
- d)  This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e)  Part of the information provided by the source(s) has already proven true.
- f)  Other (EXPLAIN):

3) Disclosure of information received.

On December 23, 2011, I conducted an interview with a confidential informant regarding the attempted murder of Inmate Gamez, AK-1456, FDB3-118U (Victim) the suspect has been identified as Campa, T-43585, FDB3-118L. The attempted murder occurred on December 22, 2011, in FDB3-118. The confidential informant stated Inmate Gamez began yelling at approximately 1100 AM. The confidential informant stated he could hear Inmate Campa hitting Inmate Gamez with his cane. The confidential informant said while Inmate Campa was striking Inmate Gamez with his cane he could see the cane coming back, and then going forward. The confidential informant could not see if the cane was actually striking Inmate Gamez but felt, just from the sound and thump Inmate Campa was striking him (Inmate Gamez). The confidential informant also had heard from inmates in the building Inmate Gamez was a child molester. The confidential informant was asked to describe what he observed. The confidential informant said Inmate Campa came to the cell door and yelled out, "Hey bro, I am getting out of here." It was approximately ten (10) minutes later when confidential informant could hear Inmate Gamez yelling trying to defend himself from Inmate Campa. The confidential informant said a few minutes later he could hear Inmate Gamez making sounds like Inmate Campa was choking him and then could hear the cane striking Inmate Gamez. The confidential informant stated, "I could see the cane coming back through the cell window and he just kept hitting him." It should be noted this CI have been proven reliable due to he has provided the same information other CI's have provided regarding the Attempted Murder of Inmate Gamez.

4) Type and current location of documentation, (for example: CDC 128-B of 5-15-86 in the confidential material folder).

5) Confidential Memorandum dated December 23, 2011, authored by ISU Officer G. Cranmer, located in the confidential section of your Central File.



STAFF SIGNATURE, TITLE

10/8/12

DATE DISCLOSED

Distribution: WHITE – Central File; GREEN – Inmate; YELLOW – Institution Use

STATE OF CALIFORNIA  
 CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

**CONFIDENTIAL INFORMATION DISCLOSURE FORM**

INMATE NUMBER: T-43585

INMATE NAME: Campa, Anthony

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated January 4, 2012 submitted by  
ISU Officer K. Joseph

STAFF NAME, TITLE

b) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated \_\_\_\_\_

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a)  This source has previously provided confidential information, which has proven to be true.
- b)  This source has participated in and successfully completed a polygraph examination.
- c)  More than one source independently provided the same information.
- d)  This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e)  Part of the information provided by the source(s) has already proven true.
- f)  Other (EXPLAIN):

3) Disclosure of information received.

On December 27, 2011, I conducted an interview with a confidential informant regarding the attempted murder of Inmate Gamez, AK-1456, FDB3-118U (Victim) the suspect has been identified as Campa, T-43585, FDB3-118L. The attempted murder occurred on December 22, 2011, in FDB3-118. The confidential informant stated it was approximately an hour to an hour and a half (1130 AM) later before staff came into the building to conduct searches when he heard someone scream out. The confidential informant heard approximately three (3) thumps as if someone was hitting something, so he got off of his bunk and went to the cell door window. When the confidential informant got to the window he observed Inmate Campa standing at the cell door window and saying "Why didn't you guys tell me he was a Cho-mo (Child Molester)." The confidential informant observed Inmate Campa talking to an inmate housed in FDB3-115, suddenly Inmate Campa turned around and began striking Inmate Gamez with his cane. Inmate Campa came back to the cell door window and asked the inmate in FDB3-115 if he had seen what he did. The confidential informant witnessed Inmate Campa utilizing his cane to strike Inmate Gamez. The confidential informant indicated Inmate Campa produced some type of paperwork and sent it over to the inmate in FDB3-115. The confidential informant said he heard Inmate Campa telling the inmate in FDB3-115, Inmate Gamez had flushed the first page. The confidential informant stated he heard the inmate in 117, yell out "Fuck him up do what you got to do."

While the confidential informant was looking out of his cell door window he could see Inmate Campa utilizing his cane to strike Inmate Gamez on two (2) separate occasions. During the assault the confidential informant indicated Inmate Campa was yelling at the inmate in FDB3-115, asking him if he could see him striking Inmate Gamez with the cane. The confidential informant thought Inmate Gamez might have been on the cell floor unconscious due to no other movement in the cell other than Inmate Campa.

CDC 1030-Campa T-43585  
Page 2

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STATE OF CALIFORNIA  
CDC 1030 (12/86)  
Page 2

DEPARTMENT OF CORRECTIONS

**CONFIDENTIAL INFORMATION DISCLOSURE FORM**

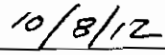
INMATE NUMBER, **T-43585**

INMATE NAME: **Campa, Anthony**

The confidential informant heard the inmate housed in FDB3-117, make two (2) statements of, "Fuck him up, put your finger in his butt" and "If you feel you have to do it, then do it." Based on the above listed statements made by the inmate in FDB3-117, it was the opinion of the confidential informant the inmate in FDB3-117 was telling Inmate Campa to murder Inmate Gamez.

- 4) Type and current location of documentation, (for example: CDC 128-B of 5-15-86 in the confidential material folder). **Confidential Memorandum dated 12/23/2011 authored by Investigative Services Unit Officer G. Cranmer located in the Confidential Material Folder of this inmate's Central File.**

  
 STAFF SIGNATURE, TITLE

  
 DATE DISCLOSED

Distribution: **WHITE** – Central File; **GREEN** – Inmate; **YELLOW** – Institution Use



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CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: T43585

INMATE NAME: Campa

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated January 4, 2012 submitted by  
K. Joseph, Correctional Officer (ISU)  
STAFF NAME, TITLE

b) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated N/A

2) Reliability of Source. **The CI was deemed to be reliable.**

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

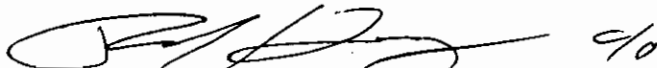
This information is considered reliable because:

- a)  This source has previously provided confidential information, which has proven to be true.
- b)  This source has participated in and successfully completed a polygraph examination.
- c)  More than one source independently provided the same information.
- d)  This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e)  Part of the information provided by the source(s) has already proven true.
- f)  Other (EXPLAIN):
- g) Disclosure of information received.

**On January 4, 2012, information was received that you Inmate Campa, T43585, committed an Attempted Homicide on Inmate Gamez, AK1456 your former cell mate on Facility D, Building 3, Cell 118.**

3) Type and current location of documentation, (for example: CDC 128-B of 5-15-86 in the confidential material folder).

4) **Confidential Memorandum dated January 4, 2012, authored by ISU K. Joseph, located in the confidential section of your Central File.**



STAFF SIGNATURE, TITLE

10/8/12

DATE DISCLOSED

Distribution: WHITE = Central File; GREEN = Inmate; YELLOW = Institution Use



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**RULES VIOLATION REPORT - PART C**

**ANNEXED**

PAGE \_\_\_ OF \_\_\_

CDC NUMBER <i>T02686</i>	INMATE'S NAME <i>CAMPA</i>	LOG NUMBER <i>111 02 04 0002</i>	INSTITUTION <i>MCCSB 07</i>	TODAY'S DATE <i>10-24-12</i>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**REPORTING EMPLOYEE STATEMENT: NONE**

**STAFF WITNESS:**

Questions for Correctional Lieutenant C. Arce

Q1. Ask Lt. Arce why he failed to include all BE's of the officers present when on 12-27-11 both inmate CAMPA and GAMEZ notified all officers present during the "vine sweep" that they both had been attacked?

A1. All staff that were involved were included on the BE's

Q2. You state you were present during discovery of inmate GAMEZ and inmate CAMPA. Why didn't you record in your statement that both inmates had reported the incident to you as one of the officers present?

A2. Both did not state that they were attacked. Inmate CAMPA was the only one at the cell door talking. Inmate GAMEZ was sitting on the lower bunk holding his head and leaning against the wall.

Q3. Did you see either inmate engaged in attack?

A3. No

Questions for Correctional Sergeant E.R. Gonzalez

Q1. Do you recall the incident of 12-27-11?

A1. Yes, I recall the incident on 12-27-2011

Q2. You previously stated in your report that during Medical Evaluation of inmate GAMEZ he told you inmate CAMPA was the attacker?

A2. This is not a question.

Q3. If this was true how come it is not noted on the 7219?

A3. Inmate GAMEZ told me. I have no knowledge if he told medical staff 7219 is a medical form.

Q4. Can you explain why none of the medical personnel noted this alleged statement in their BE's?

A4. BE's are for staff involved in an incident, not comments from staff

Questions for Correctional Officer A. Lorenson

Q1. Do you recall an incident on 12-27-11?

A1. Yes.

Q2. You previously stated that during medical evacuation of inmate GAMEZ, that he allegedly reported to you through medical staff that inmate CAMPA attacked him.

A2. 7219 had already been completed. It was during a follow-up medical evaluation when GAMEZ made this

*Signature*

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>I. WALKER, CORR. OFFICER</b>	DATE SIGNED <i>10-24-12</i>
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <i>10-24-12</i>
		TIME SIGNED <i>1945</i>

APPENDIX III FALSE POSTING, DOUBLE JEOPARDY

1 R.V.R DOCUMENTS IN SUPPORT OF ACTION →

2 EX. 2.B: PROPERTY RECEIPT - EVIDENCE. 1.10.12

3 EX. 2.C: R.V.R: POSS. OF CONTROLLED SUBSTANCE: 1.17.12

4 EX. 2.D: R.V.R PART C.

5 EX. 2.E: R.V.R PART C CON.

6 EX. 2.F R.V.R I.E REPORT: 1.20.10

7 EX. 2.G R.V.R I.E CONT: 1.20.10

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EX 2.B

STATE OF CALIFORNIA REAL PROPERTY INVENTORY CDC 1083		CDC NUMBER: T4356	BUILDING AND CELL FDB6-126L	INSTITUTION: <b>NKSP</b>	DATE: 1-10-12
PROPERTY ACQUIRED BY: NKSP		TITLE INVESTIGATOR	UNIT: <b>ISU</b>	REASON FOR INVENTORY: <b>INVESTIGATION</b>	# OF BOXES: 2 BAGS
<b>CONFECTIONARIES</b> <input type="checkbox"/> ALMONDS <input type="checkbox"/> BAGS OF ALMONDS <input type="checkbox"/> TUNA <input type="checkbox"/> CANNED MEAT <input type="checkbox"/> DILL PICKLE <input type="checkbox"/> CAN OF TUNA <input type="checkbox"/> BOX SWEETS <input type="checkbox"/> HOT CHOCOLATE <input type="checkbox"/> CAN OF MILK <input type="checkbox"/> SPICES <input type="checkbox"/> MAYONNAISE <input type="checkbox"/> REFRIED BEANS <input type="checkbox"/> GARDOLAS <input type="checkbox"/> REFRIED BEANS <input type="checkbox"/> CANDY <input type="checkbox"/> CANDY BAGS <input type="checkbox"/> BAGS OF RICE <input type="checkbox"/> CHIPS <input type="checkbox"/> TOILET PAPER  <input type="checkbox"/> STATIONARY PENS <input type="checkbox"/> PENCILS <input checked="" type="checkbox"/> STAPLER <input type="checkbox"/> GRITTY TOILET PAPER  <input type="checkbox"/> BOWL <input type="checkbox"/> FINGER NAIL CLIPPER <input type="checkbox"/> THREE WAY RAZOR		<b>PERSONAL ITEMS</b> <input type="checkbox"/> PHOTO ALBUMS <input type="checkbox"/> CASSETTE TAPES <input type="checkbox"/> COMPACT DISC <input type="checkbox"/> RELIGIOUS MEDALLION <input type="checkbox"/> CHAIN G S IN COLOR <input type="checkbox"/> WATCH G S IN COLOR <input type="checkbox"/> RING G S IN COLOR <input type="checkbox"/> PRESCRIPTION GLASSES <input type="checkbox"/> GROOMING KIT <input type="checkbox"/> ADDRESS BOOK <input type="checkbox"/> PERSONAL PAPERS <input type="checkbox"/> SHOE BRUSH  <b>HYGIENE ITEMS</b> <input type="checkbox"/> RAZORS DISPOSABLE <input type="checkbox"/> TWEEZERS <input type="checkbox"/> SHAVING CREAM <input type="checkbox"/> CONDITIONER <input checked="" type="checkbox"/> FOOT POWDER <input type="checkbox"/> BABY POWDER <input type="checkbox"/> AFTER SHAVE <input checked="" type="checkbox"/> SOAP DISH/LID ONLY <input type="checkbox"/> TANNING LOTION <input type="checkbox"/> MOUTHWASH <input type="checkbox"/> BABY OIL <input checked="" type="checkbox"/> SHAMPOO 1  <b>CLOTHING</b> <input type="checkbox"/> BATH MAT <input type="checkbox"/> BELT <input type="checkbox"/> WATCH CAP <input type="checkbox"/> HOOPS/BEINGS <input type="checkbox"/> SWEAT PANTS <input checked="" type="checkbox"/> TENNIS SHOES/NICK <input type="checkbox"/> THERMAL TOP <input type="checkbox"/> THERMAL BOTTOM <input type="checkbox"/> SHOES  <input type="checkbox"/> BELT <input type="checkbox"/> GLOVES <input type="checkbox"/> SLIPPER <input type="checkbox"/> SWEAT SHIRT <input type="checkbox"/> TEE SHIRT W/ G <input type="checkbox"/> UNDERWEARE		<b>NON-EXPENDABLE</b> <input type="checkbox"/> TELEVISION <input type="checkbox"/> A/C ADAPTER OPERATIONAL Y/N MODEL _____ SR/N: _____  <input type="checkbox"/> CD/CASSETTE PLAYER <input type="checkbox"/> A/C ADAPTER OPERATIONAL Y/N MODEL _____ SR/N: _____  <input type="checkbox"/> RADIO <input type="checkbox"/> A/C ADAPTER OPERATIONAL Y/N MODEL _____ SR/N: _____  <input type="checkbox"/> MUSICAL INSTRUMENT OPERATIONAL Y/N TYPE _____ MODEL _____ SR/N: _____  <input type="checkbox"/> FAN MODEL _____  <input type="checkbox"/> LAMP <input type="checkbox"/> ELECTRIC SHAVEN <input type="checkbox"/> CALCULATOR  <b>CONSECATED ITEMS:</b> TUBE TRIACENOLONE ACETONIBL RETURNED TO MEDICAL	
I HEREBY CERTIFY THAT THE ABOVE LISTED ITEMS CONSTITUTE ALL MY PROPERTY DATE: 1-10-12		I HEREBY REFUSE TO SIGN RECEIVING INSTITUTION:		DATE:	

Ex. 2.c

ON: BY:

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	RELEASE/BOARD DATE	INST. <b>NKSP-RC</b>	HOUSING NO. <b>FDB6-126L</b>	LOG NO. <b>FD-12-01-0032</b>
VIOLATED: RULE NO(S) <b>CCR §3016(a)</b>		SPECIFIC ACTS <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>	LOCATION <b>FDB6 CELL 126</b>	DATE <b>1/17/12</b>	TIME <b>1230 HRS</b>

CIRCUMSTANCES

On January 17, 2012, at approximately 1230 hours, results from the Kern Regional Crime Laboratory (KRCL) were received on submitted evidence discovered on December 27, 2011. The results indicated the green leafy substance tested positive for Schedule 1 Marijuana. Specifically on December 27, 2011, at approximately 1140 hours, I conducted a search of Facility D Building 6 (FDB6) Cell 126, I discovered a green leafy substance located on the top bunk. The green leafy substance was located at the head of the bed located near the back window of the cell. The inmate housed in this cell was identified as CAMPA T-43585 (FDB6-126L), it should be noted Inmate CAMPA is the sole inmate who occupied this cell on December 27, 2011, and was out of his cell due to an outside medical appointment. Utilizing the Digital Camera I exposed a total of five (5) photographs labeling them as GC-001 through GC-005 and listed them in chronological order:

CDCR 115 CIRCUMSTANCES CONTINUED ON RVR - PART C

REPORTING EMPLOYEE (Typed Name and Signature) <b>G. CRAMER, ISU Officer</b>	DATE <b>1-20-12</b>	ASSIGNMENT <b>ISU #9 2/H</b>	RDO'S <b>S/S/H</b>
REVIEWING SUPERVISOR'S SIGNATURE <b>L. HAVENS, ISU Sergeant</b>	DATE <b>1/20/12</b>	INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: <b>B</b>	DATE <b>1/20/12</b>	CLASSIFIED BY (Typed Name and Signature) <b>T. MATSON</b>
			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 checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>	DATE <b>1-20-12</b>	TIME <b>1130</b>	TITLE OF SUPPLEMENT <b>1/M VIEWED 9 EVIDENCE PHOTOS (GC-1, JPA TO GC-9, JPA)</b>
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER <b>NKSP FACD-12-01-0024</b>	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>	DATE <b>1-20-12</b>	TIME <b>1130</b>	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>
		DATE <b>1-20-12</b>	TIME <b>1130</b>	DATE <b>1-20-12</b>

HEARING HELD ON: January 30, 2012 at 0955 Hours.

INMATE PLEA: Not Guilty

FINDINGS: Not Guilty

DISPOSITION: Charges Dismissed in the interest of Justice.

**SEE ATTACHED RULES VIOLATION REPORT - PART C FOR FULL DISPOSITION**

REFERRED TO <input type="checkbox"/> CLASSIFICATION <input type="checkbox"/> BPT/NAEA	ACTION BY: (TYPED NAME) <b>R BREWSTER, LIEUTENANT</b>		SIGNATURE <b>[Signature]</b>	DATE <b>2/23/12</b>	TIME <b>1300</b>
REVIEWED BY: (SIGNATURE) <b>V. ADAMS, CAPTAIN</b>	DATE <b>2/24/12</b>	CHIEF DISCIPLINARY OFFICER'S SIGNATURE <b>R. LOPEZ, CDO</b>		DATE <b>2-27-12</b>	
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE) <b>[Signature]</b>	DATE <b>3-1-12</b>	TIME <b>0900</b>		

## RULES VIOLATION REPORT - PART C

PAGE \_\_\_ OF \_\_\_

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0032</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>01-30-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

PLEA: NOT GUILTY FINDING: NOT GUILTY

On 02-15-12, at 0955 hours, Inmate **CAMPA T-43585** appeared before this Senior Hearing Officer (SHO) for this disciplinary hearing. Inmate **CAMPA** stated he was in good health. Inmate **CAMPA's** T.A.B.E score is 10.3 which is below 4.1. Inmate **CAMPA** stated he has received his GED. Inmate **CAMPA** states he does read, speak and/or understand the English language. The SHO was able to establish effective communication with Inmate **CAMPA** by speaking slowly, explaining and allowing Inmate **CAMPA** to ask questions. Inmate **CAMPA** stated he understood the specific charge and any lesser-included offenses were also discussed with Inmate **CAMPA** at the time of this hearing. Inmate **CAMPA** is not an inmate participant in the Mental Health Services Delivery System (MHSDS) at any level of care. Inmate **CAMPA's** alleged behavior was not deemed bizarre, unusual, or uncharacteristic. A CDC-115MH was not completed.

TIME CONSTRAINTS

In accordance with Title 15 §3320(a) this disciplinary was served on Inmate **CAMPA** within 15 days of discovery, and per CCR §3320(b) this hearing is being held within 30 days of that service. Inmate **CAMPA** acknowledged that per CCR §3320(c)(2) he received a copy of all reports to be considered at this hearing more than 24 hours before this hearing. The reports consist of copies of the Rules Violation Report, Log # FD-12-01-0032, CDC 115-A, and CDC 837 Crime Incident Report, Log Number NKSP-FACD-12-01-0024. All time constraints have been met. There are no Due Process issues prohibiting forfeiture of credits. This matter has not been referred to the local District Attorney for Criminal Prosecution. Inmate **CAMPA** stated that he was prepared to proceed with this hearing.

This matter has been referred to the local District Attorney for Criminal Prosecution. Inmate **CAMPA** did not request this hearing be postponed pending outcome of referral for prosecution and stated that he was prepared to proceed with this hearing. Inmate **CAMPA** was notified that any information provided at this hearing could be utilized against him in a court of law. Inmate **CAMPA** with these rights in mind, elected to proceed with this hearing.

STAFF ASSISTANT:

Inmate **CAMPA** did not meet the criteria for a Staff Assistant per CCR §3315(d)(2)(A) and was not assigned a Staff Assistant.

INVESTIGATIVE EMPLOYEE:

Per CCR § 3315(d)(1), Inmate **CAMPA** does meet the criteria for assignment of an Investigative Employee. That report was completed and issued on 01-24-12.

WITNESSES:

Inmate **CAMPA** did not request any witnesses before or during the hearing. Inmate **CAMPA** willingly waived all of his rights to such and his request was granted and documented on the CDCR 115-A.

DEFENDANT'S PLEA AND STATEMENT:

Inmate **CAMPA** is charged with POSSESSION OF A CONTROLLED SUBSTANCE, a Division 'B' Offense, which is in direct violation of CCR §3016(a). The circumstances of the violation were read to Inmate **CAMPA**. He acknowledged understanding the charges filed against him and he pled 'NOT GUILTY' to that charge.

SHO NOTES: SHO advised Inmate **CAMPA** that he was still under the protection of his Miranda rights, advised him that he did not have to speak/talk to the SHO regarding this incident.

Inmate **CAMPA** stated, "I never knew where it was located until they showed me the pictures, and I told them that there was property left there."

<input checked="" type="checkbox"/>	COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>R. BREWSTER, CORR. LIEUTENANT</b>	DATE SIGNED <b>2/23/12</b>
		GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>3-1-12</b>
		TIME SIGNED <b>0900</b>	

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0032</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>01-30-12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER _____				

**EVIDENCE PRESENTED**

The evidence taken into consideration for this hearing consists of the following:

- 1.) Copies of the Rules Violation Report; Log Number FD-12-01-0032, authored by Correctional Officer G. Cranmer.
- 3.) CDCR 837 Crime Incident Report; Log Number NKSP-FACD 12-01-0024.

**FINDINGS:**

All evidence was considered during this hearing. The preponderance of that evidence supports a finding of **NOT GUILTY** of violation of **CCR §3016(a) POSSESSION OF A CONTROLLED SUBSTANCE.**

Inmate **CAMPA** has been apprised of the finding and that he will receive a completed copy of the Rules Violation Report (including any documented modifications) upon final audit by the Chief Disciplinary Officer.

**DISPOSITION:**

Charge **DISMISSED IN THE INTEREST OF JUSTICE** due to: A review of the Cell Search Log indicates that cell 126 was not searched prior to Inmate **COMPA's** placement in the cell and the review of the 114 ASU folder indicates that an Exhibit B was not completed. Furthermore, a review of the CDCR-114A Inmate Segregation Record does not show or indicate that cell 126 was inspected prior to Inmate **CAMPA** being placed in it.

**ATTENTION RECORDS:**

Pursuant to CCR §3328(2), Records of Disciplinary Matters, remove the CDC-115 from the Central File, provide Inmate **CAMPA** with a completed copy of the report and file, one completed copy in the Register of Institution Violations. All other copies of the CDC-115 and all supplemental reports shall be destroyed.

<input checked="" type="checkbox"/>	COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>R. BREWSTER, CORR. LIEUTENANT</b>	DATE SIGNED <b>1/23/12</b>
		GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>3-1-12</b>
		TIME SIGNED <b>0900</b>	

VIOLATION REPORT

Case 1:12-cv-01897-AWI-MJS Document 1-1 Filed 11/19/12 Page 39 of 67

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	VIOLATED RULE NO(S) <b>CCR §3016(a)</b>	DATE <b>1/17/12</b>	INSTITUTION <b>NKSP-RC</b>	LOG NO. <b>FD-12-01-0032</b>
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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 <i>Anthony Campa</i>	DATE <b>1-20-12</b>
<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
---------------------------------	-------------

<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE	DATE
--	--------------------	------

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE <i>Anthony Campa</i>	DATE <b>1-20-12</b>
<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE		
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON <b>WAIVED BY I/M</b>	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE <i>Anthony Campa</i>	DATE <b>1-20-12</b>
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE <b>1-20-12</b>	NAME OF STAFF <b>C/O S. SCOTT</b>
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:  
**CHECK CELL SEARCH LOG BOOK - SEE WHEN CELL 126 WAS LAST SEARCHED**

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)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<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 January 20, 2012, I (Correctional Officer S. SCOTT) was assigned as the Investigative Employee (I.E.) pertaining to a CDCR-115, Log Number FD-12-01-0032, submitted on the above named inmate for violation of CCR § 3016(a), "Possession of a Controlled Substance," authored by ISU Officer G. CRAMMER. I contacted the above named inmate and informed him of my assignment as his I.E. regarding the aforementioned CDCR-115. I asked him if he had any objections to my being his Investigating Officer. He stated he had no objections.

INMATE'S STATEMENT: (CAMPA, T-43585, FDB6-126L); Inmate CAMPA stated that his cell was not properly searched before he moved in on 12/22/11. He said that the previous occupant of Cell 126 in ASU had left some of his property (medications, shower shoes, personal items, etc.) that was not removed before he (CAMPA) was placed into the cell. CAMPA stated that the Marijuana found in his cell was not his and was probably left there by the previous occupant."

[I.E. REPORT CONTINUED ON RVR - PART C]

COPY GIVEN TO INMATE BY: *C/O S. SCOTT*  
TIME: **1230** DATE: **1-24-12**

INVESTIGATOR'S SIGNATURE <i>OFFICER S. SCOTT</i>	DATE <b>1-24-12</b>
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<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) <i>CAMP/SCOTT</i>	TIME <b>1130-</b>	DATE <b>1-20-12</b>
--	--	----------------------	------------------------

CDC NUMBER <b>T-43585</b>	INMATE'S NAME <b>CAMPA</b>	LOG NUMBER <b>FD-12-01-0032</b>	INSTITUTION <b>NKSP-RC</b>	TODAY'S DATE <b>1/20/12</b>
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:		<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING
			<input checked="" type="checkbox"/> IE REPORT	<input type="checkbox"/> OTHER

**I.E. NOTE:** Inmate CAMPA requested this I.E. obtain the Cell Search Log Book and check when the cell (FDB6-126) was last searched. This I.E. obtained Cell Search Log Book ("B" side) which showed that Inmate CAMPA's cell (FDB6-126) was searched on December 16, 2011.

**INMATE'S WITNESS(ES):** None.

**REPORTING EMPLOYEE:** G. CRAMMER, Correctional Officer, ISU #9, Second Watch, stated that the Marijuana found in CAMPA's cell (FDB6-126) was not hidden and was next to CAMPA's personal items, papers and other belongings. Officer Cranmer stated that Inmate CAMPA must have known about the Marijuana.

**STAFF WITNESS(ES):** None.

**REQUEST PRESENCE OF:** REPORTING EMPLOYEE.....NO  
 INVESTIGATING EMPLOYEE.....NO  
 INMATE WITNESS(ES).....NO  
 STAFF WITNESS(ES).....NO

<input checked="" type="checkbox"/>	COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <b>S. SCOTT, Correctional Lieutenant (I.E.)</b>	DATE SIGNED <b>1-24-12</b>
		GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <b>1-24-12</b>
			TIME SIGNED <b>1230</b>



Name: ANTHONY CAMPA

Address: NKSP, A6-126

PO BOX 5000, DELANO CA

93216

CDC or ID Number: T43585

**ENDORSED**

FILED  
SUPERIOR COURT, METROPOLITAN DIVISION  
COUNTY OF KERN

OCT 25 2012

KERN COUNTY  
SUPERIOR COURT

KERN COUNTY SUPERIOR COURT

(Court)

PETITION FOR WRIT OF HABEAS CORPUS

<u>ANTHONY CAMPA, T43585</u> Petitioner vs. <u>NKSP WARDEN:</u> <u>PENNYWELL 2-DIRECTOR OF ADULT</u> Respondent <u>INSTITUTIONS:</u> <u>T. McDONALD</u>
--

No. HC013341A  
(To be supplied by the Clerk of the Court)

INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.

- Read the entire form *before* answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the superior court, you only need to file the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal and you are an attorney, file the original and 4 copies of the petition and, if separately bound, 1 set of any supporting documents (unless the court orders otherwise by local rule or in a specific case). If you are filing this petition in the Court of Appeal and you are *not* represented by an attorney, file the original and one set of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and 10 copies of the petition and, if separately bound, an original and 2 copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court (as amended effective January 1, 2007). Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

This petition concerns:

- Conviction  Parole
- Sentence  Credits
- Jail or prison conditions  Prison discipline
- Other (specify):

NICSP DEPRIVED APPELLANT A-1-A STATUS / PRIVILEGE GROUP FROM HIS ARRIVAL ON 12-2-11 VIA A-1-A. APPELLANT WAS DEPRIVED OF HIS MAIL QUARTER DUES PACKAGE AND MAILING STATUS AND PRIVILEGE (S. 2) JISLAT 0.1.11

1. Your name: ANTHONY CAMPA

2. Where are you incarcerated?: W-3-P

3. Why are you in custody?  Criminal conviction  Civil commitment

Answer items a through i to the best of your ability.

a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

CRIMINAL POSS. OF CONTROLLED SUBSTANCE W/ 3 PRISON PRIORS.

b. Penal or other code sections: 11377A H.S.

c. Name and location of sentencing or committing court: S.B.C.J HOLLISTER CA SUPERIOR COURT.

d. Case number: CR09-00530

e. Date convicted or committed: JULY 27, 2009

f. Date sentenced: 3-11-09

g. Length of sentence: 6 YEARS

h. When do you expect to be released? 4.00.13

i. Were you represented by counsel in the trial court?  Yes  No If yes, state the attorney's name and address:

AURTHOR CANTU

4. What was the LAST plea you entered? (Check one)

Not guilty  Guilty  Nolo contendere  Other: NO CONTEST

5. If you pleaded not guilty, what kind of trial did you have?

Jury  Judge without a jury  Submitted on transcript  Awaiting trial

6 GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "The trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page 4. For additional grounds, make copies of page 4 and number the additional grounds in order.)

GROUND 1) APPELLANT/PETITIONER VOLUNTARILY PARTICIPATED IN MANDATORY REALIGNMENT (SEE EXHIBIT: 80) UNDER THE CONDITION THAT HE WOULD BE PLACED ON A YARD, GP LEVEL III AT N.K.S.P AND RETAIN HIS WORK PRIVILEGE GROUP A-1-A AT RECEIVING FACILITY. THIS MEMORANDUM WAS AUTHORED BY THE ACTING DIRECTOR, T. McDONALD.

THE RELIEF REQUESTED IS NOT UNREASONABLE - 1) GRANT PETITIONER TO ORDER AN RECEIVE ONE PACKAGE NOT COUNTED AS ANNUAL PACKAGE. AD SEG INMATES ARE ALREADY ENTITLED TO ONE ANNUAL PACKAGE

AND 2) HOLD DEPARTMENT EMPLOYEES RESPONSIBLE FOR THE VIOLATIONS CITED HEREIN, AND IN ACCORDANCE TO PENAL SEC. 5058.4 AND ANY OTHER APPLICABLE LAW THAT ENSURES ACCOUNTABILITY TO THE DEPARTMENT IN THOSE EMPLOYED THEREIN.

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts on which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel, you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is, who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.)

WHILE IN P.U.S.P B. YARD, GP LEVEL III WORK PRIVILEGE GROUP A1A. I WAS SEEN BY CCI CHAVEZ ON OR AROUND 10.24.11 WHO ASKED ME IF I WOULD BE WILLING TO VOLUNTARILY TRANSFER TO NKSP GP LEVEL III A YARD PER MANDATORY REALIGNMENT. I WAS ASSURED I WOULD NOT FOR FIT ANY OF MY A1A PRIVILEGES. IE QUARTERLY VENDOR PACKAGES AS SUCH. AND THAT IF I VOLUNTEERED I WOULD GO TO NKSP MAINLINE AND RETAIN ALL PRIVILEGES OF THE A1A WORK PRIVILEGE GROUP PER WRITTEN DIRECTIONS OF THE DEPARTMENT'S DIRECTOR T. MC DONALD. PETITIONER WAS TO TRANSFER OUT WITHIN 30 DAYS OF THAT NOTICE IF HE WAS TO PARTICIPATE IN MANDATORY REALIGNMENT.

PETITIONER DID AGREE TO THESE TERMS AND WILLINGLY VOLUNTEERED. THUS HAVING 30 DAYS TO GET HIS AFFAIRS IN ORDER. AS SUCH, PETITIONER HAD TO CANCEL 4TH QUARTER VENDOR PACKAGE TO AVOID RE-STOCKING FEES SHOULD THE PETITIONER TRANSFER PRIOR TO THE 4TH QUARTER PACKAGE BEING ISSUED BY SAID FACILITY. HOWEVER, AND CONTRARY TO WRITTEN DIRECTION BY THE DIRECTOR (SEE EXHIBIT: 80) UPON ARRIVAL AT RECEIVING FACILITY N.K.S.P OFFICIALS ELECTED NOT TO PLACE PETITIONER ON A YARD GP, INSTEAD PLACING HIM ON RIC STATUS. THUS DEPRIVING PETITIONER OF MAINLINE STATUS AND ALL A1A PRIVILEGES WHICH INCLUDE THE RIGHT TO ORDER AN RECEIVE QUARTERLY PACKAGES AND POSSESS HIS MAINLINE PROPERTY. PETITIONER WAS DEPRIVED OF THESE RIGHTS AND PRIVILEGES THROUGH NO FAULT OF HIS OWN.

PETITIONER ARRIVED TO NKSP AROUND 12.8.11. FROM RIC STATUS PETITIONER WAS NOT PERMITTED TO MAKE THE ORDER FOR HIS 4TH QUARTER VENDOR PACKAGE. PETITIONER ATTEMPTED TO RESOLVE THE MATTERS IN QUESTION THROUGH THE CDCR 22 FORM REQUESTING PLACEMENT ON A YARD GP LEVEL III AND A1A STATUS IN ACCORDANCE TO WRITTEN DIRECTION BY T. McDONALD. HOWEVER THIS WAS NOT MET WITH A REPLY. PETITIONER ALSO SUBMITTED A 2ND REQUEST FOR THE OPPORTUNITY TO ORDER 4TH QUARTER PACKAGE AND OR TO BE RETURNED TO P.U.S.P GP MAINLINE OR PLACED ON A YARD GP MAINLINE. NEITHER REQUEST WAS MET WITH A REPLY.

THE PETITIONER FELT THAT HIS LIFE & WELL BEING WAS IN JEOPARDY IN RIC DUE TO INMATES HOSTILITY TOWARDS HIS PRESENCE AMONGST THEM IN RIC. IT IS WELL KNOWN STANDARD PRACTICE THAT INMATES OF DESIGNATED GROUPS CHECK NEW ARRIVALS PAPER WORK TO ENSURE HE IS NOT AN INFORMANT OR A MEDICABLE. DUE TO THESE INMATE PRACTICES THE PETITIONER IMMEDIATELY FELT UNDER QUESTION FOR NOT HAVING ANY PAPER WORK. THE PETITIONER'S PROPERTY VIA P.U.S.P MAINLINE WAS RETAINED IN A R.C. CUSTODIES HANDS. AS THE TENSION AND HOSTILITY DEVELOPED IT BECAME APPARENT HE WOULD BE ATTACKED IF HE REMAINED IN RIC ANY LONGER. SO ON THE MORNING OF 11.17.12 PETITIONER REPORTED HE FELT HE WAS NOT SAFE IN RIC AND REQUEST TO SRGT THOMAS THAT HE BE PLACED IN AD SEG PENDING TRANSFER TO A MAINLINE. HOWEVER PETITIONER WAS COUNTELED THAT IN ORDER TO EXPEDITE A SPEEDY TRANSFER TO A MAINLINE OR A RETURN TO PUSP HE WOULD BE BETTER OFF SIGNING AN S.N.Y CHRONO. (SEE EXHIBIT: 81)

(CONTINUED SEE MEMORANDUM OF POINTS AND AUTHORITIES)

SEC: A CONTINUATION:

b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page)

PETITIONER HAS NOT BEEN SUCCESSFUL IN TRACKING DOWN RELATIVE CASE LAW

TO SUPPORT ADDITIONAL CLAIMS OR CITINGS.

\* UNCONSTITUTIONAL FOR NKSP TO TREAT ME DIFFERENTLY THAN SIMILARLY SITUATED INMATES UPON OUR ARRIVAL TO NKSP ON / AROUND 12.8.11

\* ALL REFERENCES UNDER D.O.M 54100.33\*

PETITIONER IS ENTITLED TO INJUNCTIVE RELIEF DUE TO ADMINISTRATIVE REMEDIES

HAVING BEEN EXHAUSTED WITH NO RELIEF. PETITIONER WAS DEPRIVED THE OPPORTUNITY TO PROGRAM ON A YARD GP. AND WAS DEPRIVED OF ALL A1A PRIVILEGES THROUGH NO FAULT OF HIS OWN. PETITIONERS INTENTIONS WERE WELL AND WITHIN THE BEST INTREST OF THE DEPARTMENT WHEN HE VOLUNTEERED TO PARTICIPATE IN REALIGNMENT.

PETITIONERS POSITION IS NOTHING MORE THAN HAPPENSTANCE. HAD PETITIONER STAYED IN A1A GP. MAINLINE HE WOULD HAVE MAINTAINED POSSESSION OF HIS PROPERTY AND RECIEVED 4TH QUARTERS PACKAGE AS WELL

a. Supporting facts:

- 1) NKSP OFFICIALS ELECTED ON THEIR OWN TO PLACE ME R/C STATUS, CONTRARY TO THE CONDITIONS OF THE MANDATORY REALIGNMENT UNDER DIRECTOR AUTHORITY.
- 2) THIS ACTION DEPRIVED PETITIONER SPECIFIC PRIVILEGES ENTITLED TO AN INMATE.
- 3) PETITIONER ATTEMPTED TO RESOLVE THE ISSUES IN QUESTION AND NKSP SOUGHT TO COMPLICATE THE MATTERS IN ORDER TO DISCOURAGE PETITIONER FROM PERSUING THE VIOLATION OF THE VOLUNTARY NONADVERSE TRANSFER
- 4) PETITIONERS APPEAL RIGHTS HAVE BEEN COMPLETELY DISREGARDED BY NKSP.
- 5) PETITIONER WAS PLACED IN AD SEG BY HAPPENSTANCE. HAD NKSP HONORED THE WRITTEN DIRECTION OF THE ACTING DIRECTOR I WOULD HAVE BEEN PLACED ON MAINLINE NOT R/C.
- 6) PETITIONER IS ENTITLED TO RECIEVE THE 4TH QUARTERLY PACKAGE THAT WAS FORFITTED THROUGH NO FAULT OF HIS OWN.
- 7) PETITIONER WAS PLACED IN AD-SEG AT LEAST 20 DAYS AFTER HIS ARRIVAL INTO R/C STATUS. HAD HE BEEN PLACED IN MAINLINE THAT WOULD HAVE BEEN A MORE THAN SUFFICIENT AMOUNT OF TIME TO HAVE ORDERED AND RECIEVED SAID PACKAGE. THE SAME APPLIES IF THE PETITIONER WOULD HAVE BEEN PERMITTED TO ORDER AN RECIEVE PACKAGE WHILE IN R/C.
- 8) THE R.U.R WHICH PLACED ME IN AD SEG HAS BEEN OVERTURNED DUE TO VIOLTTIONS OF DUE PROCESS AND PETITIONERS INNOCENCE.
- 9) NKSP WAS DIRECTED VIA 3<sup>rd</sup> LEVEL REVIEW PER APPEAL, TO RE ISSUE RE-HEAR SAID R.U.R DATED 12-22-11 AND TO FOLLOW ALL DUE PROCESS REQUIREMENTS AND ENSURE ALL PROCEEDURAL SAFE GAURDS ARE MET AND AGAIN NKSP FAILED TO MEET THAT ORDER. HENCE THE R.U.R WILL ULTIMATELY BE DISMISS-ED SO NKSP CAN NOT CLAIM I FORFITTED SAID PRIVILEGES DUE TO A FINDING OF GUILT. SEE \* EXHIBIT Q
- 10) NKSP SHOULD HAVE BEEN REASONABLE AND PROVIDED CONSENT TO RECIEVE SAID PACKAGE EARLY ON. IT WAS SUCH A SIMPLE REMEDY HAVING VIOLATED THE PETITIONERS RIGHT TO RECIEVE/RETAIN A1A STATUS AND BE PLACED ON SAID GP MAINLINE, NOT IN R/C. HAVING WILLINGLY AIDING/ACCOMADATING THE DEPARTMENT BY VOLUNTARILY PARTICIPATING IN RE-ALIGNMENT.
- 11) PETITIONER <sup>HAD BEEN</sup> ~~WAS~~ MAINLINE STATUS SINCE AROUND 2-09-10
- 12) PETITIONER ARRIVED TO NKSP WITH A BUS LOAD OF SIMILARLY SITUATED INMATES WHO PARTICIPATED IN THE MANDATORY RE ALIGNMENT AND YET NKSP OFFICIALS ELECTED TO SINGLE OUT PETITIONER ALONE AND NOT PERMIT HIM THE OPPURTUNITY TO PROGRAM ON A YARD G.P LEVEL III. ENSTEAD WITHHOLDING PROPERTY AN PLACING PETITIONER IN R/C.

b. Supporting cases, rules, or other authority:

SOME OF THE RULES N.K.S.P HAS VIOLATED ARE: D.O.M 54100.1, 54100.2, 54100.3, 54100.4, 54100.6, 54100.10, 54100.12, 54100.13-2, 54100.13.3, 54100.15, 54100.16.

APPLICABLE:

\* TITLE 15 3044 (d) (G), 3190, 3022

\* PENAL CODE SEC. 19572, 19583-5, 19635 § 5058. (a) (A) apply.

\* SEE PEOPL V. FLOWER (APP-2 DIST. 1976) 133 CAL-RTR. 455, 62 CAL. APP. 3D 904.

## SEC A CONTINUATION : 1

PETITIONER DID NOT WISH TO BECOME S.N.Y STATUS BUT CHOSE TO SIGN THE CHRONO DUE TO 1) NOT WANTING TO BECOME A VICTIM AND 2) PETITIONER DID NOT WISH TO DELAY HIS RETURN BACK TO P.U.S.P OR PLACEMENT ON ANY GIVEN MAINLINE. PETITIONER WAS NEVER AFFORDED BY N.K.S.P STAFF TO PLACE AN ORDER FOR HIS 4TH QUARTER PACKAGE OR TO RECIEVE HIS MAINLINE PERSONAL PROPERTY WHICH CUSTODY WAS IN CONTROL OF, THAN ON THE DAY OF 12-22-11 PETITIONER WAS PLACED IN AD SEG. PENDING THE INVESTIGATION AND OUTCOME OF AN R.V.R. RULES VIOLATION REPORT. PETITIONER WAS FALSELY ACCUSED OF ATTEMPTED MURDER OF HIS CELLMATE. APON PLACEMENT IN AD SEG PETITIONER AGAIN SOUGHT RELIEF THROUGH THE CDCR 22 FORM SUBMITTED AROUND 2-00-12 REQUESTING THE OPPURTUNITY TO ORDER MY 4TH QUARTER PACKAGE AND AN ENTERTAINMENT APLIANCE: TELEVISSION. I WAS THAN INTERVIEWED AND TOLD BY LT. BROOSTER & SRGT. THOMAS THAT I WAS R/C STATUS AND THAT 1) BECAUSE OF "R/C STATUS" I DONT HAVE ANY MAINLINE PRIVLEGES ANYMORE RECARDLESS OF WHAT PRISON I CAME FROM. AND 2) THAT I WAS PLACED IN AD SEG FOR DISOPLINARY REASONS. PETITIONER THAN FILED A GOZ (SEE EXIBITS A THROUGH ~~APP~~) CITING RELEVANT D.O.M AND TITLE 15 SECTIONS REQUESTING THE OPPURTUNITY TO ORDER AND RECIEVE 4TH QUARTERS PACKAGE AND TV. THIS GOZ WAS SUBMITTED DIRECTLY AFTER THE CDCR 22 WAS EXHAUSTED. APROXIMATELY 3-00-12. INCLUDED WITH THE GOZ WERE RECIEPTS OF BOTH CDCR 22 REQUESTS SUBMITTED & SIGNED BY R/C STAFF WHILE IN R/C FROM 4-8-11 THROUGH 11-22-11. ALSO INCLUDED WAS THE CDCR 22 RECIEPT FROM REQUEST MADE IN AD-SEG...

PETITIONER WAS ASSIGNED A LOG # FOR HIS APPEAL. (SEE EXIBITS: ~~B-K~~) WITH A DUE DATE OF 5-3-12. CONCIQUENTLY N.K.S.P APPEALS OFFICE FAILED TO MEET THIS DATE WITH ANY FORM OF REPLY SO PETITIONER FILED A SECOND GOZ FOR DUE PROCESS VIOLATION CITING D.O.M POLICY. THIS WAS SUBMITTED 5-8-12 TO NO AVAIL. PETITIONER REPEATEDLY REQUESTED REMEDY FOR BOTH APPEALS HOWEVER NKSP OFFICIALS CONTINUED TO DEPRIVE PETITIONER OF HIS DUE PROCESS AND THE ACTIONS REQUESTED THEREIN. (SEE EXIBITS A-M) ON 6-13-12 THE PETITIONER WAS INFORMED THAT ONE OF THE APPEALS WAS CANCELED AND RE-ASSIGNED AS A GROUP APPEAL, PARTIALLY GRANTED AT THE 2ND LEVEL. HOWEVER PROPER NOTIFACATION WAS NOT AFFORDED AND PETITIONERS APPEAL WAS NEVER RETURNED OR ACCOUNTED FOR. ALL THE ORIGINAL RECEITS VIA R/C AND AD SEG REQUEST WERE LOST TO NKSP OFFICIALS. NEITHER THE 1ST OR SECOND APPEAL WAS RETURNED TO THE PETITIONER SO A 3<sup>rd</sup> GOZ APPEAL WAS SUBMITTED ON 6-19-12 REQUESTING A RETURN OF ALL DOCUMENTS... BY 7-13-12 NKSP OFFICIALS STILL REMAINED SILENT ON ALL MATTERS. THIS LEAD PETITIONER TO RAISE THE ISSUE WITH LT. BROOSTER WHO THAN CONTACTED THE APPEALS OFFICE VIA TELEPHONE. THE APPEALS OFFICE THAN FAXED 2 DOCUMENTS (SEE EXIBITS H-I) WITH SOME OTHER INMATES NAME. TO WHICH BROOSTER AND APPEALS COORDINATOR ROCHA CONTEND EXHAUSTS PETITIONERS REMEDIES. HOWEVER IT IS THE APPELLENTS DUE PROCESS APPEALS RIGHT TO APPEAL THROUGH THE 3<sup>rd</sup> LEVEL AND WITH THINGS THE WAY THEY WERE THE PETITIONER WAS FORCED TO RECREATE THE ORIGINAL COMPLAINT FOR RELIEF, AND SUBMIT IT AT THE 3<sup>rd</sup> LEVEL SO THE DIRECTOR CAN BE MADE AWARE OF THE WANTON DISREGARD TORWARDS APPELLANTS RIGHTS AND CONCERNS. THIS WAS MAILED ON 7-16-12 TO WHICH THE DIRECTOR LEVEL REVIEW ASSIGNED A LOG # AND REJECTED IT FOR A RETURN AND SUBMIT TO NKSP APPEALS OFFICE ON 8-17-12. PETITIONER THAN SUBMITTED THE APPEAL WITH LOG # VIA 3<sup>rd</sup> LEVEL TO NKSP APPEAL COORDINATOR MR. ROCHA ON 8-21-12 (SEE EXIBIT: G-M) ON 9-23-12 A CDCR 22 REQUEST WAS SUBMITTED TO ENQUIRE (EXIBIT: N)

2.

OF THE APPEAL SUBMITTED ON 8-21-12 (SEE EXHIBIT N) THE NEXT DAY THE PETITIONERS APPEAL WAS RETURNED AND REJECTED (SEE EXHIBIT O) WITH A PRIOR DATE OF 9-11-12. THAN THE FOLLOWING DAY 9-25-12 THE PETITIONERS CDCR 22 REQUEST WAS RETURNED WITH A REPLY (SEE EXHIBIT N) (SEE EXHIBIT M) FOR 3<sup>d</sup> LEVEL REQUEST FOR PROCESSING... PETITIONER HAS NO OTHER ADMINISTRATIVE REMEDIES AND ANY FURTHER DELAY IN TAKING UP THIS ACTION IN PROPER WILL RESULT IN INREPAIRABLE DAMAGE. THE DEPARTMENT HAS THE OBLIGATION TO ADOPT A CODE OF CONDUCT FOR ALL EMPLOYEES THEREIN. AND TO CONDUCT ONESELF IN A WAY THAT DOES NOT CONTRADICT A CERTAIN WORK ETHICK OR IMPED E THE ADVANCEMENT OF ANY PENOLOGICAL GOALS. CLEARLY THIS DOES NOT APPEAR TO BE THE CASE HERE IN NKSP. THE APPEALS COORDINATOR MR. ROCHA WENT AS FAR AS INDICATING ~~#~~ APPELLANT WROTE LOG #<sup>40</sup>. HE COULD AND MOST LIKELY DID VERIFY THE # ON GOZ EXHIBIT A, B ) WAS PLACED BY 3<sup>d</sup> LEVEL REVIEW AND YET THE PETITIONER WAS WROTE OFF UNJUSTLY AGAIN. THIS PROCESS HAS DRUG OUT FOR THE BETTER PART OF A YEAR NOW. PETITIONER SIMPLY PRAYS FOR RELIEF.

#### VERIFICATION

I AM THE PETITIONER IN THIS ACTION. I HAVE READ THE FOREGOING PETITION FOR WRIT OF HABEAS CORPUS AND THE FACTS THEREIN ARE TRUE OF MY KNOWLEGE, EXCEPT TO MATTERS THAT ARE THEREIN STATED ON MY OWN ~~BASED~~ BELIEF INFORMATION AND BELIEF, AND AS FOR THOSE I BELIEVE THEM TO BE TRUE.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS DECLARATION WAS EXECUTED AT NKSP DELANO, CA ON 10-17-12

Anthony Campa

743585

4

8 Did you appeal from the conviction, sentence, or commitment?  Yes  No If yes give the following information:

a. Name of court ("Court of Appeal" or "Appellate Division of Superior Court"): \_\_\_\_\_

b. Result: \_\_\_\_\_ c. Date of decision: \_\_\_\_\_

d. Case number or citation of opinion, if known: \_\_\_\_\_

e. Issues raised: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

f. Were you represented by counsel on appeal?  Yes  No If yes, state the attorney's name and address, if known.

9. Did you seek review in the California Supreme Court?  Yes  No If yes, give the following information:

a. Result: \_\_\_\_\_ b. Date of decision: \_\_\_\_\_

c. Case number or citation of opinion, if known: \_\_\_\_\_

d. Issues raised: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

10. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:

11. Administrative review:

a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500.) Explain what administrative review you sought or explain why you did not seek such review:

PETITIONER EXHAUSTED ADMINISTRATIVE REMEDIES TWICE. ACCORDING TO  
APPEALS COORDINATOR 602 WAS PARTIALLY GRANTED AT 2ND LEVEL. AN ATTEMPT  
TO RE APPEAL THRU THE 3<sup>rd</sup> LEVEL WAS REJECTED. PETITIONER HAS NO AVAILABLE  
ADMINISTRATIVE REMEDIES TO CONSIDER. SEE:

- 1) OGO ASSOCIATES V. CITY OF TORRANCE (1974) 37 CAL. APP 30 830, 834 (112 CAL. RPTR. 761).
- 2) GLENDALE CITY EMPLOYEES ASSN. INC. V. CITY OF GLENDALE (1975) 15 CAL. 30 328, 342-343 (124 CAL. RPTR. 25).
- 3) IN RE DEXTER (1979) 25 CAL 30 921 (160 CAL. RPTR. 118);

b. Did you seek the highest level of administrative review available?  Yes  No Attach documents that show you have exhausted your administrative remedies.

12. Other than direct appeal, have you filed any other petitions, applications or motions with respect to this conviction, commitment, or issue in any court?  Yes If yes, continue with number 13.  No If no, skip to number 15.

13. a. (1) Name of court: \_\_\_\_\_  
 (2) Nature of proceeding (for example, "habeas corpus petition"): \_\_\_\_\_  
 (3) Issues raised: (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (4) Result (attach order or explain why unavailable): \_\_\_\_\_  
 (5) Date of decision: \_\_\_\_\_
- b. (1) Name of court: \_\_\_\_\_  
 (2) Nature of proceeding: \_\_\_\_\_  
 (3) Issues raised: (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (4) Result (attach order or explain why unavailable): \_\_\_\_\_  
 (5) Date of decision: \_\_\_\_\_

c. For additional prior petitions, applications, or motions, provide the same information on a separate page.

14. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result:

\_\_\_\_\_

15. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

IN RE MUSZALSKI (1975) 52 CAL. APP. 500, 503 (125 CAL. PTR. 286)

16. Are you presently represented by counsel?  Yes  No If yes, state the attorney's name and address, if known:

\_\_\_\_\_

17. Do you have any petition, appeal, or other matter pending in any court?  Yes  No If yes, explain:

PENDING TRIAL FOR R.V.B.

18. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court:

N/A

I, the undersigned, say, I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief and as to those matters, I believe them to be true.

Date:

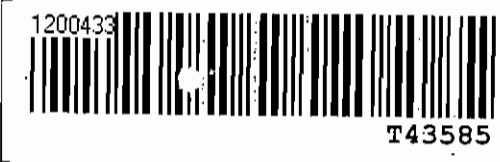
Anthony Camas  
(SIGNATURE OF PETITIONER)



STATE OF CALIFORNIA  
**INMATE/PAROLEE APPEAL**  
 CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1



IAB USE ONLY		
Institution/Parole Region: <b>NKSP</b>	Log #: <b>12359</b>	Category: <b>5</b>
<b>NKSP-D-12-02858</b> FOR STAFF USE ONLY		

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

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

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

Name (Last, First): <b>CAMPA, A</b>	CDC Number: <b>T43585</b>	Unit/Cell Number: <b>DC-12GL</b>	Assignment:
--	------------------------------	-------------------------------------	-------------

State briefly the subject of your appeal (Example: damaged TV, job-removal, etc.): **PRIVILEGE GROUP (4TH QUARTER PACKAGE)**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): **APPELLANT CONTENTS THAT N.K.S.P HAS DEPRIVED THE APPELLANT OF HIS 4TH QUARTER PACKAGE**

**APPROX HIS ARRIVAL AT NKSP AS A NON ADVERSE TRANSFER VIA P.W.S.P III GP MAINLINE. AS THE APPELLANT WAS ENTITLED TO HIS 4TH QUARTER PACKAGE**

B. Action requested (If you need more space, use Section B of the CDCR 602-A): **APPELLANT BE AFFORDED THE OPERTUNITY TO ORDER & RECIEVE HIS 4TH QTR. PACKAGE AND HAVE IT NOTED SEPERATELY FROM ANUAL PACKAGE. 2. APPELLANT BE PERMITTED TO ORDER & RECIEVE HIS TELEVISION APPLIANCE IN AD SEG.**

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

**2 ORIGINAL APP. NOTIFICATIONS W/SAME LOG # NKSP D-12-00357. 4 CDCR 22 FORMS. 1. SPECIAL REV. CHRONO 2 DOC'S LABELED EXHIBITS A, B \*9 DOCUMENTS TOTTAL**

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

Inmate/Parolee Signature: **Anthony Campa** Date Submitted: **7-16-12**  
 By placing my initials in this box, I waive my right to receive an interview. **ORIGINALLY SUBMITTED ON 8-12-12**



INMATE APPEALS BRANCH  
 RECEIVED  
 JUL 27 2012  
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**C. First Level - Staff Use Only**

Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:

- Bypassed at the First Level of Review. Go to Section E.
- Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
- Cancelled (See attached letter) Date: **9/11/2012**
- Accepted at the First Level of Review.

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

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

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

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

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

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

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

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

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

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

This appeal has been:

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

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

Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached Third Level response.

**Third Level Use Only**

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

Inmate/Parolee Signature: *Anthony Campa* Date Submitted: *2-16-12*

*APPELLANT CONTENDS THAT ALL STAFF OFFICIALS, INCLUDING APPEALS COORDINATOR ROCHA CONTAIN E TO CONDUCT THEMSELVES WITH POOR MORAL & WORK ETHICS. THE APPEALS OFFICE ELECTED TO REASSIGN THIS APPEAL THREE SEPARATE TIMES WITHOUT ONCE PROVIDING A LATER REVIEW. ON 5-8-12 APPELLANT SUBMITTED A SEPARATE GO2 REGARDING THE EXCESSIVE FOR A VIOLATION OF DUE PROCESS, APPELLANT'S AND VIOLATION OF TIME CONSTRAINTS, AS THE EXCESSIVE APPEAL HAD BEEN OVERDUE SINCE 5-3-12.*

F. If you are dissatisfied with the Second Level response, explain the reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

**E. Second Level - Staff Use Only**

This appeal has been:

By-passed at Second Level of Review. Go to Section G.

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

Cancelled (See attached letter)

Accepted at the Second Level of Review

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

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

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

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

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

**AC Use Only**

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

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

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



6

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

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

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

PROCESSED ON RETURN THE 2ND COMPLAINT, THEREFORE I UTILIZED THE CDCR 22 FORM TO REQUIRE OF THE BOTH APPEALS TO NO AVAIL. THEN ON 6-18-12 I FINALLY RECEIVED FEED BACK REGARDING ONE APPEAL VIA: CDCR 22 RESPONSE STATING THAT M. ROCHA - NKSP APP. COORDINATOR CALLED MY APP. LOG # NKSP-D-12-00357 AND RENEGED IT AS A GROUP APP. LOG # NKSP-D-12-00435, AND THAT SAID APP. WAS PARTIALLY GRANTED AT THE 2ND LEVEL. AT THIS POINT I STILL HAD NOT RECEIVED MY 602 BACK WHICH CONTAINED SUPPORTIVE DOCUMENTS INCLUDING CDCR 22 REQUESTS WHILE HOUSED IN RC B5. HENCE I SUBMITTED A 3rd 602 ON 6-19-12 FOR A RETURN OF ALL DOCUMENTS FOR A DIRECTOR'S LEVEL REVIEW. I ALSO SUBMITTED A 3rd 602 TO NO AVAIL. HENCE I RAISED THE ISSUE WITH LT. BROOSTER WHO LATER INTERVIEWED ME ON 7-13-12 TO WHICH HE CONTACTED THE APP. OFFICE TO ENQUIRE OF MY PLAIN AND OF WHAT SPECIFICALLY WAS PARTIALLY GRANTED. IN RESPONSE (SEE RESPONSE IN EXHIBIT B, B, THESE 2 DOCS WERE FAXED TO LT. BROOSTER. AS I EXPLAINED TO THE LT THESE DOCS HAVE NOTHING TO DO WITH MY APPEAL NOR IS THAT MY NAME ON THEM. I ALSO EXPRESSED TO ALL PARTIES INVOLVED THAT I DRAFTED UP SAID APP. ON MY OWN BEHALF. I AM NOT A PARTICIPANT IN ANY OTHER ACTION, NOR IS IT ACCEPTABLE FOR NKSP AUTHORITIES TO WRITE ME OFF AS THEY HAVE DONE. M. ROCHA'S WASTON BEHAVIOR SPEAKS FOR ITSELF. I HAVE NO OTHER OPTION AT THIS POINT OTHER THAN TO RECREATE ORIGINAL DRAFT & FORWARD IT AS SUCH FOR 3rd LEVEL REVIEW. ROCHA HAS FAILED TO RESPOND OR RETURN 3 CONSECUTIVE 602'S WHICH HAVE STEMED FROM THE INITIAL COMPLAINT.

Inmate/Parolee Signature: Anthony Compa  
Date Submitted: 7-16-12

NAME: CAMPA

CDCR #: T43585

BED: B5-129L

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. Mc Donald, Acting Director (Divison 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	PS/LEVEL	WG/PG & EFF. 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

*K. Cerimier, FC (A)*  
CHAIRPERSON

MEMBERS  
G. Duran, CCI - J. Lourenco, CCI

*G. Chavez*  
G. Chavez, CCI  
RECORDER

Committee Date: 10/26/2011

SPECIAL REVIEW (ABSENTIA)

Committee: B102611GXCI

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

PLEASANT VALLEY STATE PRISON

Classification-Chrono CDCR 128C (Rev: 10/07)

STATE OF CALIFORNIA  
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE  
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME) <b>CAMPA. A.</b>	(FIRST NAME)	CDC NUMBER: <b>743585</b>	SIGNATURE: <i>Anthony Campa</i>
HOUSING/BED NUMBER: <b>DG-1261</b>	ASSIGNMENT: _____	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT, PAROLE, ETC.): <b>GO2 LOG# NKSP-D-1200357 00357 25 DAYS OVERDUE</b>

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

**ON OR AROUND 5-8-12 I SUBMITTED A GO2 FOR A VIOLATION OF DUE PROCESS - DOM 54100-16, 54100-17 THRU 54100-4 WHERE IN GO2 LOG# NKSP-D-1200357 WITH DUE DATE OF 5-3-12, WAS NOT MET WITH A RESPONSE OR REMEDY. THEREFOR A 2ND APPEAL WAS SUBMITTED ON THE VIOLATION TO WHICH YOU WERE ALSO PROVIDED A CDCR COPY W/ GO2 & 6 DAYS NOTICE REQUESTING INTERVIEW. PLEASE TRACK DOWN THESE APPEALS AS SOON AS POSSIBLE. I HAVE BEEN PATIENT BUT THE DELAY IN BOTH APPEALS IS UNREASONABLE.**

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

SENT THROUGH MAIL: ADDRESSED TO: **MR ROCIA, APP. COORDINATOR** DATE MAILED: **5/31/12**  
 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 NO
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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**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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**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME) <b>CAMPA, A</b> (FIRST NAME)		CDC NUMBER: <b>T43585</b>	SIGNATURE: <i>[Signature]</i>
HOUSING/BED NUMBER: <b>D6-1264</b>	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>APP. COMPLAINT</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: *OK NOW HOW COME THIS CONTINUES TO BE AN ON GOING ISSUE AS YOU FAIL TO PROCESS MY GOZ? OR PROVIDE RESPONSE TO MY REQUESTS. ON 2-8-12 A GOZ WAS SUBMITTED FOR A VIOLATION OF THE PROCESS WHERE IN GOZ LOG # NK SP 3-1200357 HAS BEEN OVERDUE SINCE 5-3-12. I REQUESTED SIMPLE REMEDY FOR SUCH A LARGE AREA OF CONCERN & YET YOU FAIL TO CARRY OUT UR DUTIES AS NK SP APPEALS COORDINATOR. SO AGAIN PROCESS MY COMPLAINT AND RETURN SAID APPEAL FOR 2ND LEVEL REVIEW. YOUR COOPERATION WILL BE APPRECIATED. I'M HAVING THE SAME PROBLEM WITH NK SP I/C APPEALS AS WELL. THIS IS MY 4TH TIME GETTING AT YOU SIR?*

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

SENT THROUGH MAIL: ADDRESSED TO: **APPEAL COORDINATOR** DATE MAILED: **1/1**

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

RECEIVED BY: PRINT STAFF NAME: <b>T. Yoder</b>	DATE: <b>6/6/12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <b>YES</b> NO
IF FORWARDED - TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <b>BY US MAIL</b>

**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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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <b>Campana, A</b> (FIRST NAME)		CDC NUMBER: <b>T43585</b>	SIGNATURE: <b>Anthony Campana</b>
HOUSING/BED NUMBER: <b>DG-1264</b>	ASSIGNMENT: _____	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>GOZ RESPONSE DUE PROCESS</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: MR. ROYIA YOU NOTIFIED ME THAT YOU CANCELLED GOZ LOCK # NK SP-D-12-00357 & REASSIGNED IT AS A GROUP APPEAL ON 4.2.12 LOG # NK SP-D-12-00435. THIS MAKES NO SENSE. FOR ONE I AUTHORED THAT GOZ ONLY OWN BEHALF & SECONDLY THERE WAS NO APPELLANTS MENTIONED IN SAID APPEAL OTHER THAN MYSELF. AND LASTLY, THE APPEAL WAS NEVER RETURNED TO ME NOR WAS A 1ST OR 2ND LEVEL INTERVIEW AFFORDED. YOU STATE APP. WAS PARTIALLY GRANTED AT 2ND LEVEL ON 5.2.12 BUT ITS ALREADY THE 18TH OF JUNE SO PLEASE CE ABOUT RETURNING THE GOZ FOR A DIRECTOR'S LEVEL REVIEW PLEASE. I DONT KNOW HOW YOU CAME TO ASSIGN MY APPEAL AS A GROUP GOZ SIR, MORE OVER, ON 5.8.12 A GOZ WAS CONCLUQUENTLY SUBMITTED DO TO SAID APPEAL BECOMING OVER DUE BY A WHOLE WEEK. AT THIS POINT I HAVE STILL NOT RECEIVED PROPER NOTIFICATION VIA: G45 / ORIGINAL NOTICE, NOR DO I UNDERSTAND WHY YOU HAVE NOT SIMPLY PROVIDED ME WITH MY GOZ RESPONSE & ORIGINAL DOCUMENTS. THE ISSUE WAS DUE ON 5.3.12 AND I WOULD LIKE MY 2ND COMPLAINT PROCESSED. YOU DID RECEIVE IT OVER 48 HRS AGO? WHY DOES NKSP DELAY & COMPLICATE THE PROCESS SIR? PLEASE JUST GIVE ME ALL MY PLS BACK.

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

SENT THROUGH MAIL: ADDRESSED TO: \_\_\_\_\_ DATE MAILED: 1-1

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

RECEIVED BY: PRINT STAFF NAME: <b>Genevieve</b>	DATE: <b>6/17/12</b>	SIGNATURE: <b>[Signature]</b>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input checked="" type="radio"/> NO <input type="radio"/>
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IF FORWARDED - TO WHOM: <b>Appeal Core Room</b>	DATE DELIVERED/MAILED: <b>6/17/12</b>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input checked="" type="radio"/>
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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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SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <b>CAMPA. A</b>	(FIRST NAME)	CDC NUMBER: <b>T43585</b>	SIGNATURE: <i>[Signature]</i>
HOUSING/BED NUMBER: <b>DG-1264</b>	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>APP. COMPLAINT</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **OK NOW ROCIA THIS CONTINUES TO BE AN ON GOING ISSUE AS YOU FAIL TO PROCESS MY GOZ'S, OR PROVIDE RESPONSE TO MY REQUESTS. ON 5.8.12 A GOZ WAS SUBMITTED FOR A VIOLATION OF DUE PROCESS WHERE IN GOZ LOG # NKSP D-1200357 HAS BEEN OVERDUE SINCE 5.2.12. I REQUESTED SIMPLE REMEDY FOR SUCH A LARGE AREA OF CONCERN & YET YOU FAIL TO CARRY OUT UR DUTIES AS NKSP APPEALS COORDINATOR. SO AGAIN PROCESS MY COMPLAINT AND RETURN SAID APPEAL FOR 2ND LEVEL REVIEW. YOUR COOPERATION WILL BE APPRECIATED. I AM HAVING THE SAME PROBLEM WITH NKSP I/C APPEALS AS WELL. THIS IS MY 4TH TIME GETTING AT YOU SIR.**

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

SENT THROUGH MAIL: ADDRESSED TO **APPEAL COORDINATOR** DATE MAILED: **1/1**  
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <b>T. Yoder</b>	DATE: <b>6/6/12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <b>YES</b> NO
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <b>BY US MAIL</b>
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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**BYPASS**

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): <b>M. ROCHA</b>	DATE: <b>6/13/2012</b>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <b>6/13/2012</b>
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**BE ADVISED APPEAL NUMBER NKSP-D-12-00357 WAS CANCELLED ON 4/2/2012 AND WAS RE-ASSIGNED AS CHAIR APPEAL LOG # NKSP-D-12-00435. PLEASE NOTE THIS APPEAL WAS PARTIALLY GRANTED AT THE 2ND LEVEL ON 5/2/2012.**

STATE OF CALIFORNIA - DEPARTMENT OF CORRECTIONS AND REHABILITATION

EDMUND G. BROWN JR., GOVERNOR

**DIVISION OF ADULT INSTITUTIONS****NORTH KERN STATE PRISON**

2737 West Cecil Avenue

P.O. Box 567

Delano, CA 93216



May 2, 2012

Eduardo Lebron, CDCR# J-87760  
Facility D Building 6 -145  
North Kern State Prison

Inmate Lebron:

SECOND LEVEL APPEAL RESPONSE LOG NUMBER: NKSP-D-12-00435

R. A. Brewster, Correctional Lieutenant (Lt.) FDB6-ASU Reception Center, reviewed this matter on my behalf.

ISSUE:

You and numerous other ASU inmates are requesting to be allowed privileges associated with D2 Status inmates, and receive all the privileges associated with Security Housing Unit (SHU) housing.

INTERVIEWED BY:

R. A. Brewster, Lt., interviewed you on April 16, 2012, at the Second Level of Review.

REGULATIONS:

The rules governing this issue are Department Operations Manual (DOM) Sections:

- 54030, Inmate Property
- 54030.10.6, Appliances/Musical Instruments
- O. P. 101, ASU
- O. P. 112 Inmate Marriages

REVIEWER'S RESPONSE:

You are housed in North Kern State Prison (NKSP) Administrative Segregation Unit (ASU) as a Privilege Group D inmate on Security Housing Unit (SHU) status pending transfer to a SHU.

~~EXHIBIT A~~

Eduardo Lebron CDCR# J-87760  
NKSP-D-12-00435  
Page 2

Per Department policy a Privilege Group D inmate housed in ASU is permitted to acquire one personal property package a year not to exceed 30 pounds. Eligibility to acquire a personal property package commences one year after the date of Privilege Group D assignment.

Departmental Policy states inmates assigned to ASU may not possess any appliances or musical instruments. NKSP ASU is not a SHU or PSU housing unit.

Per NKSP policy ASU provides a television on both A and B side dayrooms. The television is available for viewing for 2 hours in the morning, 2 hours in the evening, and during all major sporting events regardless of time of event.

Per NKSP Policy only general population inmates housed on Facility A and Facility M are allowed to have marriage ceremonies.

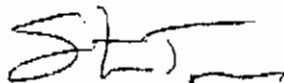
All inmates, regardless of housing status, are afforded medical and dental care. If you have any health issues you are to advise one of the ASU staff members and they will get you the proper request forms and notify the medical staff of your issue.

Inmates housed in NKSP ASU are permitted to acquire one personal property package per year not to exceed 30 pounds in accordance with Departmental policy. Eligibility to acquire a personal property package commences one year after the date of Privilege Group D assignment. Additionally, all inmates are afforded access to care regardless of their housing. Your request for appliances and marriages is denied per Departmental Policy.

DECISION:

Your appeal is **partially granted** at the Second Level.

You are advised this issue may be submitted for a Director's Level of Review, if desired.



STEVE TREVINO  
Chief Deputy Warden  
North Kern State Prison

3084-6 (a) (b) 123

**INMATE APPEAL ASSIGNMENT NOTICE**

To: INMATE CAMPA, T43585  
Current Housing: D 006 1126001LP

Date: March 22, 2012


From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: NKSP-D-12-00357

ASSIGNED STAFF REVIEWER: AW-SS/CCIII RC  
APPEAL ISSUE: CUSTODY/CLASS.  
DUE DATE: 05/03/2012

*F. JORDAN CCIII R/c*

Inmate CAMPA, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.



M. ROCHA  
Appeals Coordinator  
North Kern State Prison

**INMATE APPEAL ASSIGNMENT NOTICE**

To: INMATE CAMPA, T43585  
Current Housing: D 006 1126001LP

Date: March 28, 2012

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: NKSP-D-12-00357

ASSIGNED STAFF REVIEWER: AW-RC/ FAC D  
APPEAL ISSUE: CUSTODY/CLASS.  
DUE DATE: 05/03/2012

Inmate CAMPA, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.



M. ROCHA  
Appeals Coordinator  
North Kern State Prison

1200433

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <b>CAMPA. A</b>		(FIRST NAME)	CDC NUMBER: <b>T43585</b>	SIGNATURE: <i>Anthony Campa</i>
HOUSING/BED NUMBER: <b>DG-126L</b>	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>30 LEVEL REVIEW</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **I AM SENDING THIS GOZ BACK UR WAY FOR 30 LEVEL REVIEW. NKSP APPEALS OFFICE IS UNABLE TO STICK TO THE RULE OF LETTER. IN DOING SO I HAVE BEEN DEPRIVED ANY FORM OF REMEDY. 5 GOZS HAVE BEEN SUBMITTED BUT ONLY ONE HAS BEEN PROCESSED & NONE HAVE BEEN RETURNED. M. ROCHA ELECTED TO WRITE ME OFF BY RE ASSIGNING MY ORIGINAL APP. AS A GROUP GOZ DISPIE ALL INDICATION I AUTHORED GOZ LOG # NKSP D-12-002 ON MY OWN BEHALF SPECIFICALLY BASED ON A SPECIAL TRANSFER MEMORANDUM DRAFTED BY DIRECTOR OF ADULT INSTITUTIONS; T. McDONALD. NKSP FAILED TO HONOR THE CONDITIONS OF THAT TRANSFER. WHERE IN APPEALS OFFICE NKSP CONTINUES TO DO ALL WITHIN THEIR REACH TO DEPRIVE ME OF THE ACTION REQUESTED BY REASSIGNING MY APP AS SOMETHING IT IS NOT & THEIR FAILURE TO RETURN ANY OF MY LOGS AND ORIGINAL DOCS HAS LEFT ME NO REMEDY OR OPTION AS SUCH I HAVE RE DRAFTED AN IDENTICAL APP FOR 30 LEVEL REVIEW, AS IT IS MY RIGHT TO EXHAUST ALL LEVELS OF REVIEW. PLEASE TRY TO IDENTIFY WITH DIFFICULTIES AN FRUSTRATION FORCED UPON ME HERE AT NKSP. METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED\*\*****

SENT THROUGH MAIL: ADDRESSED TO: **ALL IN ASKING IS FOR SIMPLE REMEDY ALTHOUGH I HAVE MAILED: THE ISSUE HAS RAISED GREAT AREAS OF CONCERN FOR NKSP APP PROC.**

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

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: <b>INMATE APPL. BRANCH D.L.R</b>	DATE DELIVERED/MAILED: <b>7.17.12</b>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <b>BY US MAIL</b>
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: <i>L. Hoagland</i>	DATE: <b>7/27/12</b>	SIGNATURE: <i>L. Hoagland</i>	DATE RETURNED: <b>7/30/12</b>
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*Appeal has been received - will be reviewed for acceptance in the order it was received.*

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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OFFICE OF APPEALS

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



August 17, 2012

CAMPA, ANTHONY, T43585  
North Kern State Prison  
P.O. Box 567  
Delano, CA 93215-0567

RE: TLR# 1200433 NKSP-12-00357 PROPERTY

The Office of Appeals, California Department of Corrections and Rehabilitation (CDCR) acts as the third level of review as established in California Code of Regulations (CCR) Title 15, Article 8. The Office of Appeals examines and responds to inmate and parolee appeals, after the institution or parole region has responded at the Second Level of Appeal.

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(15). You have submitted the appeal for processing at an inappropriate level bypassing required lower level(s) of review.

RE SUBMIT TO  
CCTI ROCHA

AUG. 21ST. 2002

J. D. LOZANO, Chief  
Office of Appeals

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.

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) <b>CAMPA - A</b>		CDC NUMBER: <b>T43585</b>	SIGNATURE: <i>Anthony Campa</i>
HOUSING/BED NUMBER: <b>DG-1264</b>	ASSIGNMENT: <b>_____</b>	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>APPEAL PROCESSING</b>

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

**AUG. 21<sup>ST</sup> I SUBMITTED A 602 TLR # 12-00433 VIA: D.L.R DUE TO YOUR UNORTHODOX METHODS MR ROCHA. PLEASE PROCESS MY APPEAL WITHOUT FURTHER DELAY & DO NOT REMOVE ANY OF MY DOCUMENTS OR RE-ASSIGN IT AS A GROUP APPEAL. YOU ARE EXPECTED TO PROCESS INMATE APPEALS WITHIN 5 DAYS OF RECEIPT SIR. IT IS BEYOND 14 AT THIS POINT. ? NEXT STOP IS O.I.G YOU KNOW WHAT UR DOING TO ME IS WRONG. GOOD DAY SIR.**

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

SENT THROUGH MAIL: ADDRESSED TO: **APPEAL OFF - 910 MR ROCHA** DATE MAILED: **9/23/12**

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

RECEIVED BY: PRINT STAFF NAME: <b>VETTERICK</b>	DATE: <b>9/23/12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <b>YES</b> NO
IF FORWARDED - TO WHOM: <b>APPEALS</b>	DATE DELIVERED/MAILED: <b>9/23/12</b>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <b>BY US MAIL</b>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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**BYPASS**

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): <b>M. ROCHA</b>	DATE: <b>9/25/12</b>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <b>9/25/2012</b>
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**PLEASE CLARIFY WHICH APPEAL ARE YOU REFERRING TO? PLEASE FOLLOW DIRECTIONS OF PRIOR SCREENOUT. PLEASE NOTE THIS OFFICE MUST FOLLOW POLICY & PROCEDURE AS YOU DO.**

**A**



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

September 11, 2012

CAMP, T43585

D 006 1126001LP

06 126

PROPERTY, Unallowable items, 09/11/2012

Log Number: NKSP-D-12-02858

(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 has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(15). You have submitted the appeal for processing at an inappropriate level bypassing required lower level(s) of review.*

~~*Be advised you are requesting to be permitted order and receive a television in ASU and have the opportunity to receive a 4th quarter package. Be advised the issue of allowing television in ASU has already been addressed per group appeal log # NKSP-D-12-00435. Please note per departmental policy inmates in ASU may not possess any appliances. In regards to your package issue please submit a form 22 to the property issue regarding your request. It appears you may be attempting to appeal this issue from last year due to your statement this appeal was originally submitted on 3/12/2012. Please note you wrote and placed a log number on in the box which is reserved for staff only and you wrote in section 'F' bypassing levels. It appears this is an attempt by you to circumvent the appeals process. Please use the appeal process as designed in order for your issues to be addressed. Be advised time constraints have passed. Thank you*~~



Appeals Coordinator

North Kern State Prison

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.

20

NAME: CAMPA

NUMBER

T-43585

CELL:

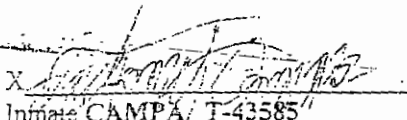
FBB5-132L


DD: 12/17/11 473

On December 17, 2011, I interviewed inmate CAMPA T-43585 FBB5-132L 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   
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

\* 2ND REQUEST FOR HEARING

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <b>CAMPA-A</b>	(FIRST NAME)	CDC NUMBER: <b>T43583</b>	SIGNATURE: <i>Anthony Campa</i>
HOUSING/BED NUMBER: <b>DG-126L</b>	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>MOD. RE HEARING</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:  
**MR. STEVENS, THIS FACILITY FAILS TO RECOGNIZE DUE PROCESS. PER D.L.R YOU WERE SPECIFICALLY DIRECTED TO RE ISSUE. RE HEAR HIS LOG# FD-12-01-CC3. SAID MOD ORDER STATED YOU SHALL FOLLOW ALL TIME CONSTRAINTS AND ENSURE ALL PROCEDURAL SAFE GUARDS ARE MET. NK SP FAILED TO MEET THIS ORDER IN WHICH THE MOD ORDER WAS BASED ON VIA D.L.R. 1) STAFF TOOK 62 DAYS FROM MOD ORDER TO ISSUE 1030'S. 2) SHG / CPT D YARD FAILED TO FOLLOW HEARING REQUIREMENTS. IN DOING SO I HAVE BEEN DEPRIVED OF DUE PROCESS TWICE ON THE SAME PUR.**

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

SENT THROUGH MAIL: ADDRESSED TO: **CPT. STEVENS. D YARD** DATE MAILED: **10/8/12**

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

RECEIVED BY: PRINT STAFF NAME <b>Payne</b>	DATE: <b>10-8-12</b>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input type="radio"/> NO <input checked="" type="radio"/>
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input type="radio"/>
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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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