FIRST AMENDED Complaint

Plaintiff's Name VANCE LEE BAKER
Inmate No. 1514522
Address P.O. BOX 872
Fresno, CA. 93712

FILED
SEP 12 2013
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

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

VANCE LEE BAKER (Name of Plaintiff)

1:13-CV-1020 MJS (PC) (Case Number)

vs.

FIRST AMENDED COMPLAINT

Civil Rights Act, 42 U.S.C. § 1983

Sheriff Margaret Mims
KAREN NUNEZ R.N.
DR. Alfredo RUVALCABA

(Names of all Defendants)

RECEIVED
SEP 12 2013
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

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

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

(PC) Baker v. Mims, et al. Doc. 8 Att. 1

B. If your answer to A is yes, how many? _____
Describe previous or pending lawsuits in the space below.
(If more than one, use back of paper to continue outlining all lawsuits.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if Federal Court, give name of District; if State Court, give name of County)

3. Docket Number _____ 4. Assigned Judge _____

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

6. Filing date (approx.) _____ 7. Disposition date (approx.) _____

II. Exhaustion of Administrative Remedies

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

Yes ✓ No ___

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

Yes ✓ No ___

If your answer is no, explain why not _____

C. Is the process completed?

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

Nothing was done at any level. The only treatment I have recieved was to be moved to a lower bed. **See Attached **

No ___ If your answer is no, explain why not.

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

III. Defendants

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

A. Defendant Margaret Mims is employed as Sheriff of Fresno County. at Fresno County Jail

B. Additional defendants Karen Nunez is a Registered Nurse in the Fresno County Jail

DR. Alfredo Rivaldaba is a physician in the Fresno County Jail

IV. **Statement of Claim**

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

I have made numerous Requests for medical treatment due to A painful hernia to my lower abdomen. I exhausted the inmate grievance procedure and still have not recieved medical treatment for the painful symptoms I continue to suffer from. Medical Staff has been deliberately indifferent to my medical needs. Medical treatment in this matter has been delayed, denied and intentionally interfered with by the above named defendants and my inadequate Medical Care Continues.

V. **Relief.**

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

That my medical needs be met. Also money damages recovered for un-necessary pain and suffering, that I may be able to provide myself with future treatment and be able to cover the costs of future medical care.

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

Date 9-9-13 Signature of Plaintiff Vance Baker

(revised 2/10/2006)

CV

CORRECTIONAL HEALTH

INMATE REQUEST FORM
Forma Medica Del Preso

NAME *Nombre:* VANCE BAKER DOB *Fecha de Nacimiento:* 05/29/69 DATE *Fecha:* 4/9/13

BOOKING # *Registro:* 1214739 JID # 15.4522 FLOOR *Piso* 5 POD *Seccion* C CELL *Celda* 29

FACILITY (Facilidad): ✔ REQUEST (Peticion): ✔

FACILITY				REQUEST		
___ MAIN JAIL *Carcel Principal*	___ SOUTH ANX *Carcel Sur*	X NORTH ANX *Carcel Norte*	___ SATELLITE *Satelite*	X MEDICAL *Medica*	___ DENTAL *Dental*	___ PSYCH TEAM *Psiquiatria*

WHY DO YOU WANT TO SEE THE HEALTH CARE STAFF?: X EMERGENCY
¿Por que quiere recibir atencion medica?: *(Emergencia)*

please help me get medical Attention! Been
trying for a month got a Hernia it just
need cut. I will Grieve it next! Help me
please

HOW LONG HAVE YOU FELT THIS WAY? ___1-2 DAYS ___3-4 DAYS X5+ DAYS
¿Cuanto tiempo tiene sentiendose de esta manera? ___*1-2 dias* ___*3-4 dias* ___*5+ dias*

YOU MAY BE CHARGED $3.00 FOR MEDICAL/DENTAL TREATMENT.
Es posible que se le cobre $3.00 por una visita o medica/dental tratamiento.

By filling out and submitting this form, I am consenting to a general medical assessment and prescribing of treatment by appropriate medical staff.
Al llenar y someter esta forma, estoy de acurdo a un examen médico, evaluacion, y receta de tratamiento por un empleado médico apropiado.

Vance Baker — 4-9-13

Inmate signature *Firma del preso* — Date *Fecha*

UNSIGNED OR INCOMPLETE REQUEST FORMS WILL BE RETURNED TO THE INMATE.
Formas que no estén Firmadas o incompletas seran regresadas al preso.

NO INMATE WILL BE DENIED MEDICAL CARE DUE TO A LACK OF FUNDS.
No se le negara cuidado medicó a ningun preso por falta de fondos.

Date received: 04/09/13 Officer: _____ Watch: 1 2 3

REFERRAL / DISPOSITION

DATE		PROVIDER
	☐ Not Seen – Referred to:	
	☐ Seen – Referred to:	
	☐ Not Seen – OTC's Recommended	
	☐ Seen and Treated	

HSS 1148 (10/12) Green – Division of Correctional Health White – Inmate

CORRECTIONAL HEALTH
INMATE REQUEST FORM
Forma Medica Del Preso

NAME *Nombre:* Vance BAKER DOB *Fecha de Nacimiento:* 05/29/69 DATE *Fecha:* 12/13/12

BOOKING # *Registro:* 1244738 JID # 1514522 FLOOR *Piso* 5 POD *Seccion* E CELL *Celda* 17

FACILITY (Facilidad): ✓ REQUEST (Peticion): ✓

___MAIN JAIL *Carcel Principal*	___SOUTH ANX *Carcel Sur*	___NORTH ANX *Carcel Norte*	___SATELLITE *Satelite*

X MEDICAL *Medica*	___DENTAL *Dental*	___PSYCH TEAM *Psiquiatria*

WHY DO YOU WANT TO SEE THE HEALTH CARE STAFF?: *¿Por que quiere recibir atencion medica?:*

X EMERGENCY *(Emergencia)*

major Swelling Large groth the size of 2 fist on my Lower Abdomen. in Lots of ~~Pain~~ Numin and pain Lots pain

HOW LONG HAVE YOU FELT THIS WAY? *¿Cuanto tiempo tiene sentiendose de esta manera?*

___1-2 DAYS *1-2 dias* ___3-4 DAYS *3-4 dias* X 5+ DAYS *5+ dias*

YOU MAY BE CHARGED $3.00 FOR MEDICAL/DENTAL TREATMENT.
Es posible que se le cobre $3.00 por una visita o medica/dental tratamiento.

By filling out and submitting this form, I am consenting to a general medical assessment and prescribing of treatment by appropriate medical staff.
Al llenar y someter esta forma, estoy de acurdo a un examen médico, evaluación, y receta de tratamiento por un empleado médico apropiado.

Vance Baker — Inmate signature / *Firma del preso*

12-13-12 — Date / *fecha*

UNSIGNED OR INCOMPLETE REQUEST FORMS WILL BE RETURNED TO THE INMATE.
Formas que no estén Firmadas o incompletas seran regresadas al preso.

NO INMATE WILL BE DENIED MEDICAL CARE DUE TO A LACK OF FUNDS.
No se le negara cuidado medico a ningun preso por falta de fondos.

Date received: 12/14/12 Officer: TB A312 Watch: (1) 2 3

REFERRAL / DISPOSITION

DATE		PROVIDER
	☐ Not Seen – Referred to:	
	☐ Seen – Referred to:	
	☐ Not Seen – OTC's Recommended	
	☐ Seen and Treated	

C.V.

CORRECTIONAL HEALTH

INMATE REQUEST FORM
Forma Medica Del Preso

NAME *Nombre:* VANCE BAKER DOB/ *Fecha de Nacimiento:* 5/29/69 DATE *Fecha:* 5/5/13

BOOKING # *Registro:* 1244738 JID # 1514522 FLOOR *Piso* 5 POD *Seccion* C CELL *Celda* 29

FACILITY (Facilidad): ✔ REQUEST (Peticion): ✔

___MAIN JAIL *Carcel Principal*	___SOUTH ANX *Carcel Sur*	X NORTH ANX *Carcel Norte*	___SATELLITE *Satelite*

X MEDICAL *Medica*	___DENTAL *Dental*	___PSYCH TEAM *Psiquiatria*

WHY DO YOU WANT TO SEE THE HEALTH CARE STAFF?: X EMERGENCY
¿Por que quiere recibir atencion medica?: *(Emergencia)*

I have A Groth on my stomach
I need surgery. Please help me!
It hurts BAD. Let me out I will
get surgery my self!

HOW LONG HAVE YOU FELT THIS WAY? ___1-2 DAYS: ___3-4 DAYS X 5+ DAYS
¿Cuanto tiempo tiene sentiendose de esta manera? ___*1-2 dias* ___*3-4 dias* ___*5+ dias*

YOU MAY BE CHARGED $3.00 FOR MEDICAL/DENTAL TREATMENT.
Es posible que se le cobre $3.00 por una visita o medica/dental tratamiento.

By filling out and submitting this form, I am consenting to a general medical assessment and prescribing of treatment by appropriate medical staff.
Al llenar y someter esta forma, estoy de acurdo a un exámen médico, evaluacion, y receta de tratamiento por un empleado médico apropiado.

Vance Baker
Inmate signature
Firma del preso

5-5-13
Date
Fecha

UNSIGNED OR INCOMPLETE REQUEST FORMS WILL BE RETURNED TO THE INMATE.
Formas que no estén Firmadas o incompletas seran regresadas al preso.

NO INMATE WILL BE DENIED MEDICAL CARE DUE TO A LACK OF FUNDS.
No se le negara cuidado medico a ningun preso por falta de fondos.

Date received: 5/5/13 Officer: 6435 Watch: (1) 2 3

REFERRAL / DISPOSITION

DATE		PROVIDER
	☐ Not Seen – Referred to:	
	☐ Seen – Referred to:	
	☐ Not Seen – OTC's Recommended	
	☐ Seen and Treated	

FRESNO COUNTY JAIL DIVISION

INMATE GRIEVANCE FORM

BAKER, Vance Lee | 1514522 | 1244738 | NT-5-C-3

Inmate's name as booked (last, first, middle) | JID Number | Booking Number | Facility/Floor/Cell

Name of Employee(s) (if involved in grievance): medical | Title/Rank

Name of Witness(es): | Housing Location - Facility/Floor/Cell

Date, Time and Location of Incident Relating to Grievance: 4-9-13
NT-5-C-29 10+28-12 Last Six Months

Type of Grievance. Limit one grievable issue per Grievance Form. Check one of the following:

☐ Classification	☐ Disciplinary	☐ Mail	☐ Mental Health	☐ Officer Conduct	☐ Telephone
☐ Clothing	☐ Food	☐ Maintenance	☐ Miscellaneous	☐ Property	☐ Visiting
☐ Commissary	☐ Law Library	☒ Medical	☐ Money	☐ Sanitation	

Filing repetitive, cumulative and/or frivolous grievances may result in the restriction of your right to file further grievances. You may not grieve the decision on a previous grievance regarding the same matter.

Provide a brief description of your grievance. Include any report numbers, as applicable:

I have A Growth the size of A Soft BALL on Stema they Looked At it. Dont know what it is gave me TRoxfine 800 for 2 weeks said they would follow up in two weeks it's Been five weeks medication Stoped three weeks Ago. I'm in/Late ... slips Once I've and Half months I need medical Att. this is crazy I'm A Human Being please write me the Medical Attention I Deserve Thank you

I CERTIFY THESE STATEMENTS TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, UNDER PENALTY OF PERJURY.

Signature of Inmate: Vance Baker Date: 4-9-13 Time Submitted: 5:10 PM

NOTE: If this form has not been properly completed, it will be returned to you for completion prior to the initiation of an investigation.

☐ I was able to rectify the inmate's grievance and took the following action:

Signature of Receiving Officer | Computer Number | Date | Time/Shift Received

☐ The above action is acceptable to me and I would like to withdraw my grievance:

Signature of inmate:

☒ I am unable to resolve the grievance at my level

Signature of Receiving Officer | 1294 Computer Number | 04/09/13 Date | 1742/B1 Time/Shift Received

J-105 (R 11/09)