Exhibit C

EXHIBIT M

ATTACHMENT

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region | Log No. | Category

1. _____ 1. _____ _____

2. _____ 2. _____

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

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BEALER, A	F06798		3B02/110UP

A. Describe Problem: CDC Form 839, Classification Score Sheet. IT HAS me listed AS A member of a Blood STREET GANG member. I DISAGREED WITH THIS ACTION AND WAS INFORMED THAT AN COPY OF THIS INFORMATION would Be Requested. To DATE This Information HAS NOT Been Disclosed To me. Also There Is visiting Restrictions Based on Felonies I Did NOT Commit. I WAS Informed Also THAT A Police Report Of the Incident would Be Requested. Some of my family Called The Institution Expressing There Concern For My SAFETY. (See Attached sheet) I

REJECTED PER CCR 3084.3 (c)

If you need more space, attach one additional sheet.

B. Action Requested: AN Injunction For Relief of UNSafe Conditions, Violation of Rights And DISRESPECT. Also Money DAMAGES For Mental And Emotional Injury.

Inmate/Parolee Signature: Antwoine Bealer Date Submitted: 7/15/08

C. INFORMAL LEVEL [Date Received: _____]

Staff Response: _____

REJECTED PER CCR 3084.3 (c)

RECEIVED AUG - 1 2008 INMATE APPEALS BRANCH

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

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

Signature: _____ Date Submitted: _____

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

CDC Appeal Number: _____

Exhibit -

M

1

2/15/08

I WAS Called To TALK To A Mr. DIAZ, WHO I ASSUME IS An Counselor For Corcoran CDC.

I WAS Told By Mr. Diaz That if I DiDNT Tell My family To STOP Calling And Bugging Him, THAT He would make my living conditions WORSE THAN They ARE Now.

I Filed A 602 Concerning This Incident with Mr. Diaz Several months AGO. BUT I Never Recieved A Response.

ANTWOINE Beaker

EXHIBIT

N

ATTACHMENT 695 5/7/08 5/27/08

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______

Log No. 1. ______ 2. ______

Category ______

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

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BEALER, A	F-06798		3A03/245L

A. Describe Problem: On WED, April 30TH, 2008, I was coming Back from walk alone yard, after The maintenance that was being Done on the vents, were completed. upon my Return To Cell 245, which I occupy, I noticed, a Green sheet of paper, Taped To The outside of The Door, of the Cell I occupy (245). on The Paper, Along with my name (BEALER), was The words BLACK/Crip. I've never Done Any Time, In Any youth camps or Juvenile Facilities, and This is my First Time In Prison, So I'm NOT Familiar with The Politics ... for a while, I'm Aware That There are some. So, although I'm Proud To Be of African American Heritage, and I Don't Judge People By Their Skin ... of Certain Realities of Prison.

If you need more space, attach one additional sheet. (SEE ATTACHED SHEET)

REJECTED PER CCR 3084.3 (C)

B. Action Requested: updated and accurate Information In my C-File and MONEY DAMAGES.

Inmate/Parolee Signature: Dantwone Bealer Date Submitted: MAY 5TH 08

C. INFORMAL LEVEL (Date Received: 6/12/08)

Staff Response: Denied. Per your Central file and as indicated in the documents you provided. It STATES your Street gang affiliation is A Crip / Piru. See your attached ... dated 12/14/06

REJECTED PER CCR 3084.3 (C)

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL

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

RECEIVED AUG - 1 2008 INMATE APPEALS BRANCH

08 MAY - 7 AM 11:16

Signature: ______ Date Submitted: ______

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

CDC Appeal Number:

APPEALS OFFICE CSP - CORCORAN

①

IN

MAY 5TH 08

So, when ASKed, while In The Program office, waiting To Be Escorted to AD-SEG, who Do I WANT To live with, I SAID Black× But strictly for Safety REASONS× I Also Told Them, I DID NOT WANT To live With GANG Members× for Safety And conflict of interests REASONS×

On fri may 2nd 2008, I Seen C.O. Leal CHANGE The Paper on My Door, from Green To Blue× Im not Aware of what The Colors MEAN, But Im Aware That They MEAN Something× I Am not A CRIP× So Im Appealing This Action×

I feel That This is An Malicious And Deliberate Act, To Jepardize my Safety× And This HAS PUT An TremenDous Strain on My MENTAL HeAlth, Along With The other [redacted] Things That HAve Been Done To ME.

This Action Is in violation of CCR 3270 & 3271×

Enlwoige Bealer

EXHIBIT

M

ATTACHMENT

JMATE/PAROLEE
PPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category

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

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Beale, A	F06798		3B02/110UP

A. Describe Problem: CDC Form 839, Classification Score Sheet. IT HAS me listed AS A member of A Blood STREET GANG member. I Disagreed WITH THIS action AND was informed THAT A Copy of this information would Be Requested. To DATE This Information HAS NOT Been Disclosed To me. Also There is visiting Restrictions Based on Felonies I Did NOT Commit. I WAS Informed also THAT A Police Report Of this Incident would Be Requested. Some of my family called The Institution expressing There Concern for My SAFETY. (See attached sheet.)

REJECTED PER CCR 3084.2 (c)

If you need more space, attach one additional sheet.

B. Action Requested: AN Injunction For Relief of inhate Conditions, violation of Rights And Disrespect. Also Money Damages for Mental And Emotional Injury.

Inmate/Parolee Signature: Antwoine Beale Date Submitted: 1/15/98

C. INFORMAL LEVEL (Date Received: _____)

Staff Response:

REJECTED PER CCR 3084.3 (c)

Staff Signature: _____ Date Returned to Inmate: _____

RECEIVED
APPEALS BRANCH
FEB - 4 2000
CORRECTIONAL

D. FORMAL LEVEL

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

Signature: _____ Date Submitted: _____

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

CDC Appeal Number: _____

Exhibit "M"

1

2/15/08

I WAS Called To Talk To A mr. DIAZ, WHO I ASSUME IS An Counselor for Corcoran CDC.
I WAS Told By mr. DIAZ That if I DIDNT Tell My family To Stop Calling And Bugging Him, THAT He would make my living conditions WORSE THAN They ARE NOW.

I Filed A 602 Conterning This Incident with mr. DIAZ Several MONTHS AGO. BUT I never Recieved A Response.

ANTWOINE Beaker

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)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Bealer	A	F-06798	Antwoin Beal
HOUSING/BED NUMBER: Asu-1 1104	ASSIGNMENT:	HOURS FROM ____ TO ____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): Gang validation

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

Im requesting any and all pertinents Documents concern me Involved In any Gang activity.
Im requesting (2) copies of each documents.

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

☐ SENT THROUGH MAIL: ADDRESSED TO ________ DATE MAILED: __/__/__

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

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
J. WILSON	5/23/11	[signature]	(CIRCLE ONE) (YES) NO
IF FORWARDED – TO WHOM: LAMONICO		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
J. [illegible]	[illegible]/17/11	[signature]	[illegible]/17/11

You need to be more specific in your request, I need dates. I am not going to search your file, I don't have time to waste.

SECTION C: REQUEST FOR SUPERVISOR REVIEW Recieved 7/15/11 VIA INST. MAIL

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

I Don't know The Dates. I was told That I was an Pirul/Crip Per. to my C-file. I've never seen those Documents and I Don't know what They are talking about, so I Can't Give an Date. Im pass There are a lot of Documents to choose from. All is quite specific

SIGNATURE:	DATE SUBMITTED:
Antwoin Beal	~~[illegible]~~ 7-~~25~~ 08TH -11

SECTION D: SUPERVISOR'S REVIEW

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

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME: (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Beale	A	F-06798	Anthony A Beale
HOUSING NUMBER:	ASSIGNMENT:	HOURS FROM ___ TO ___	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT, ETC.):
B7-106			GANG ASSOCIATE Probation Report

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
I'm Requesting A Copy of Probation officers report Indicating that I am An Associate of PIRU.

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

☒ SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: ___/___/___

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

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF: (CIRCLE ONE) YES NO
R Mail NCT	10/3/11		
IF FORWARDED – TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY MAIL
Counselor Hill		10/3/11	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

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

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

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

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region — 1. _____ 2. _____

Log No. — 1. _____ 2. _____

Category 2

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

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Beaty, A	F-06798		A7/210

A. Describe Problem: CDC is in violation of CCR 3270. I specifically Requested to not Be Housed with Anyone Im not Compatible with especially any-one Associated or affiliated with an Gang or Disruptive Group. And to Be able to make the Decision on who I am Housed with.

If you need more space, attach one additional sheet.

B. Action Requested: To not Be Housed with anyone Associated or Affiliated with an Gang or Disruptive Group and to Be able to make the Decision on who I am Housed with.

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

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

Signature: _____ Date Submitted: _____

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

CDC Appeal Number:

0926652

F06798

STATE OF CALIFORNIA
NOTICE OF CRITICAL CASE INFORMATION-SAFETY OF PERSONS (Non-Confide... :Enemies)
CDC 812 (Rev 08/01)

DEPARTMENT OF CORRECTIONS

This non-confidential form is used to document inmates/parolees or potential inmates who should be kept separate and inmates/parolees suspected of affiliation wit a prison gang or disruptive group. If an inmate/parolee is identified with a prison gang, a Notice of Critical Information - Prison Gang Identification (Form CDC 812-A) shall also be completed. A form CDC 812-B shall be completed on Disruptive Group Affiliates. Indicate "NONE" under CDC number and/or grou section if there are no enemies and/or gang concerns. Refer to CCR 3378 for additional information.

NON-CONFIDENTIAL ENEMIES

CDC NUMBER	PRINT NAME	PRIMARY SUPPORTING DOCUMENTATION	DATE 2/17/06 CURRENT LOCATION	DATE 10-20-06 CURRENT LOCATION	DATE 11-19-07 CURRENT LOCATION	DATE 4/9/08 CURRENT LOCATION	DATE 7/3/08 CURRENT LOCATION	DATE 9/10/08 CURRENT LOCATION
None				NONE	none	none	none	NONE

DELETION OF PRIOR ENEMIES

CDC NUMBER	PRINT NAME	DOCUMENT DELETING ENEMY ISSUE	DELETE DATE	PRINT NAME, TITLE, INST / REGION, INITIALS OF PERSON DELETING

SUSPECTED GANG AFFILIATION

GANG	TYPE OF AFFILIATION (MEMBER/ASSOCIATE/DROPOUT)	DATE	PRIMARY SUPPORTING DOCUMENTATION
DISRUPTIVE GROUP Pirus	Associate	2/17/06	POR 12/04/05 pg 7
PRISON GANG			

STAFF COMPLETING UPDATE

PRINT NAME AND WRITE INITIALS		TITLE	INSTITUTION / REGION	DATE
M.B. LOGAN	M.B.L.	C.C.I.	R.J.D. R.C.	2/17/06
A. NANQUIL		CCI	RJDCF	10-20-06
M. Pacifico		C.C.I	CORCF	11-19-07
D.		CCI	Cor ASU	4/9/08
		CCI (A)	Cor ASU	7/3/08
		CCI	Cor ASU	9/10/08

DC NUMBER E-16798 INMATE / PAROLEE NAME Reeder

STATE OF CALIFORNIA
NOTICE OF CRITICAL CASE INFORMAT[illegible] SAFETY OF PERSONS (NON-CONFIDENT[illegible] E[illegible]MIES)
CDC 812 (REV. 8/01)

DEPARTMENT OF CORRECTIONS

The non-confidential form is used to document inmates/parolees or potential inmates who should be kept separate and inmates/parolees suspected of affiliation with a prison gang or disruptive group. If an inmate/parolee is identified with a prison gang, a Notice of Critical Information-Prison Gang Identification (Form CDC 812-A) shall also be completed. A form CDC 812C shall be completed on Disruptive Group Affiliates. Indicate "NONE" under CDC number and/or group section if there are no enemies and/or gang concerns. Refer to CCR 3378 for additional information.

NON-CONFIDENTIAL ENEMIES

CDC NUMBER	PRINT NAME	PRIMARY SUPPORTING DOCUMENTATION	DATE 10/3/08 CURRENT LOCATION	DATE 12-23-08 CURRENT LOCATION	DATE 3/24/09 CURRENT LOCATION	DATE 2-09-10 CURRENT LOCATION	DATE 11/9/10 CURRENT LOCATION	DATE 1-20-11 CURRENT LOCATION
None			None	None	NONE	NONE	NONE	none

DELETION OF PRIOR ENEMIES

CDC NUMBER	PRINT NAME	[illegible]	DELETED	[illegible]	CURRENT LOCATION

SUSPECTED GANG AFFILIATION

GANG	TYPE OF AFFILIATION (MEMBER/ASSOCIATE/DROPOUT)	DATE	PRIMARY SUPPORTING DOCUMENTATION
Piru	Associate	10/3/08	P.O.R. pg 7 DTD 12/6/05

STAFF COMPLETING UPDATE

PRINT NAME AND WRITE INITIALS		TITLE	INSTITUTION REGION	DATE
Cisneros	MTC	CCII	COR IV	10/3/08
D L De Azevedo	[illegible]	CCII	COR ASU	12-23-08
H. Mears	HM	CCI	KVSP IV	3/24/09
M.A. Hernandez	[illegible]	CCI (A)	KVSP IV	2/09/10
M.T. Chambers	MTC	CCI	KVSP	11/4/10
G. Garcia	[illegible]	CCII	KVSP IV	1-20-11

CDC NUMBER	INMATE/PAROLEE NAME	
F06798	BEALER	PAGE ___ OF ___ PAGES

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS

NOTICE OF CRITICAL CASE INFORMATION-SAFETY OF PERSONS (Non-Confidential Enemies)

CDC 812 (Rev 08/01)

This non-confidential form is used to document inmates/parolees or potential inmates who should be kept separate and inmates/parolees suspected of affiliation with a prison gang or disruptive group. If an inmate/parolee is identified with a prison gang, a Notice of Critical Information - Prison Gang Identification (Form CDC 812-A) shall also be completed. A form CDC 812-B shall be completed on Disruptive Group Affiliates. Indicate "NONE" under CDC number and/or group section if there are no enemies and/or gang concerns. Refer to CCR 3378 for additional information.

NON-CONFIDENTIAL ENEMIES

CDC NUMBER	PRINT NAME	PRIMARY SUPPORTING DOCUMENTATION	DATE 3-3-11 CURRENT LOCATION	DATE 5/19/11 CURRENT LOCATION	DATE 6/29/11 CURRENT LOCATION	DATE 6/9/11 CURRENT LOCATION	DATE 7/20/11 CURRENT LOCATION	DATE CURRENT LOCATION
			NONE	KUSP	KUSP	NONE	KUSP	

SUSPECTED GANG AFFILIATION

GANG	TYPE OF AFFILIATION (MEMBER/ASSOCIATE/DROPOUT)	DATE	PRIMARY SUPPORTING DOCUMENTATION
DISRUPTIVE GROUP: ARYAN	ASSOCIATE	12-6-05	PCR PG #7
PRISON GANG:			

STAFF COMPLETING UPDATE

PRINT NAME AND WRITE INITIALS	TITLE	INSTITUTION / REGION	DATE
C. CORCORAN 2	CCII	ENOR-IV	3-3-11
L. LOMONACO	CCI	KUSP	5/19/11
L. LOMONACO	CCI	KUSP	6/29/11
J. HEBERT	CCI	KUSP	6/9/11
J. HEBERT JH	CCI	KUSP	7/20/11

CDC NUMBER: F06798 | INMATE / PAROLEE NAME: BOEHLER