

695 5/7/08
5/19/08

**INMATE/PAROLEE
APPEAL FORM**
CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____
2. _____

1. _____
2. _____

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 YARDS, 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 ANYTIME, IN ANY, YOUTH CAMPS OR JUVENILE FACILITIES, AND THIS IS MY FIRST TIME IN PRISON. SO, I'M NOT FAMILIAR WITH THE POLITICS BUT BEING DISCRIMINATED FOR A WHILE, I'M AWARE THAT THERE ARE SOMEY SO, ALTHOUGH I'M PROUD TO BE OF AFRICAN AND AMERICAN HERITAGE, AND I DON'T JUDGE PEOPLE BY THEIR SKIN, BUT THEIR ACTIONS, I'M AWARE OF CERTAIN REALITIES OF PRISON.
If you need more space, attach one additional sheet. (SEE ATTACHED SHEET)

B. Action Requested: UPDATED AND ACCURATE INFORMATION IN MY C-FILE AND MONEY DAMAGES.

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

C. INFORMAL LEVEL (Date Received: 6/1/08)
Staff Response: Denial, per your Central file and as indicated in the documents you provided. It states your street gang affiliation is A CRIP / PIR. SEE your attached 128th dated 12/14/06

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

08 MAY 7 AM 11:16
APPEALS OFFICE
CDC Appeal Number: _____
APPEALS OFFICE

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. LENT CHANGE THE Paper ON MY DOOR, from
.. GREEN To BLUE* I'm NOT AWARE of what The colors MEAN, BUT I'm AWARE That
.. THEY MEAN SOMETHING* I AM NOT A CRIP* SO I'm APPEaling This ACTION*

.. I feel That This is AN Malicious And Deliberate Act, To Jeopardize my
.. SAFETY* And This HAS PUT AN Tremendous Strain on my MENTAL Health,
.. Along with The Other ~~Things~~ Things That HAVE BEEN DONE To ME*

.. This ACTION is in violation of CCR 3270 & 3271*

Ontwaige Bealer

STATE OF CALIFORNIA DEPT. OF CORRECTIONS & REHABILITATION

CDC-128 G

NO: F06798 NAME: BEALER, ANTWOINE 3B03-240 U ETH:

CLS: 43 REL DATE: MEPS 05/2035 NEXT ANNUAL DUE 12/07

ACTION: INITIAL/ANNUAL REVIEW. Release 3BGP estab cust at CLOA, D/C, visiting restrictions with minors apply, noted 02/15/06.

Inmate Bealer made a personal appearance before 3B UCC this date for his Initial/Annual Review. S stated he was in good health and ready to proceed. He received 72 hours advanced notification of his hearing.

PLACEMENT: S is currently endorsed COR III per 128 G dtd 11/14/06. S's endorsement is appropriate due to CLS.

CUSTODY: was reviewed and will be established at CLOA due to time to serve.

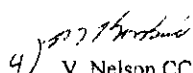
DOUBLE/SINGLE CELL REVIEW: His case meets criteria for double cell. He does not have a history of in cell violence.

CASE FACTORS: S is a 31 year old, 1st term received CDCR on 12/19/05 from San Diego county for the commitment offense of Robbery 2nd strike 3, serving a total term of 35 years to life. S arrived at CSP-COR on 12/06/06 from RJDCF due to mission change. CDC 812: clear. **Enemies:** none. **Street Gang:** Piru. **AKA:** none. **Confidential file:** clear. **Hold/Warrants/Detainers:** none. S is ineligible from MSF, CCF, CCRC, SAP, Camp and Restitution center placement due to VIO. **Mental Health Level:** CCCMS clear per CDCR 128C dated 10/31/06. **Medical Status:** F.D. **DPP:** NCF per CDCR 128C-2 dated 12/20/05. **Tube reading level:** 9.9 **Current TB code** is 22 per 128c dated 05/08/06. **Arson:** none. **Sex:** 10/04/96 PC288, PC266 (J) PC 266(H). **Escape:** none. **VIO review:** endorsed by CSR on 11/14/06. **S serious disciplinary history is:** clear. Noting adjust CLS to 43 due to annual review. **DOB:** 03/18/75 **Archives:** none.

COMMITTEE ACTION: Release 3BGP estab cust at CLOA, D/C, visiting restrictions with minors apply, W/G P/G established @ A2B effective 03/14/06.

INMATE COMMENTS: S understood and agreed with committee's action and appeal rights were explained.


K. Daveiga Facility Captain
CHAIRPERSON


V. Nelson CCII (A)
COMMITTEE MEMBER


A. Smith CCI (A)
RECORDER

DATE: 12/14/06

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/97)

Location: Institution/Parole Region

Log No.

Category

1. _____ 1. _____
2. _____ 2. _____

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NAME <u>Bealer, A</u>	NUMBER <u>F06798</u>	ASSIGNMENT	UNIT/ROOM NUMBER <u>3B02/1104P</u>
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A. Describe Problem: CDC Form 829, 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 1)

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: Antoine Bealer Date Submitted: 1/15/08

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 chronicle, 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:

1

2/15/08

I WAS CALLED TO TALK TO A MR. DIAZ, WHO I ASSUME
IS AN COUNSELOR FOR BORDEN CDC.

I WAS TOLD BY MR. DIAZ THAT IF I DIDNT TELL MY FAMILY
TO STOP CALLING AND BUCKING 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 RECEIVED A RESPONSE.

ANTWOINE BAKER