Reassigned from MCSP ART# 089399. CMC ART # is 091971 received on 01/30/25.

STATE OF CALIFORNIA
GRIEVANCE
CDCR 602-1 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MCSP

STAFF USE ONLY	OGT Log No: 089399 Date Received: JAN 30 2025 Decision Due Date: Categories: OOG

Claimant Name: Shawn Rodriguez **CDCR #:** V16387

Institution/Parole Region: MCSP **Current Housing/Parole Unit:** A1-220

STAFF USE ONLY

This Is my Complaint about Stolen MCCs, They regurgitated The problem, Then Nathan Gaughan at CMC Said its great.

Use this form to file a complaint with the Departmen

In order for the Department to understand your c **questions:**

- *What is the nature of your complaint?*
- *When and where did the complaint occur?*
- *Who was involved?*
- *Which specific people can support your comp*
- *Did you try to informally resolve the complain*
- *What rule or policy are you relying on to mak*
- *What specific action would resolve your com*

NOTE: Attach documents that help support y *not have them).*

On 12-6-24 I received The Attached Paper, which took away an MCC I earned.
It Says That I only Did 158.5 hours of CBI at CMC.
This is Sorta EFFING Insane.
This has to be Political, with Some Angry Anti Inmate, Anti Progress, Anti Rehabilitation Super-Pro CCPOA Person wearing a Giant Belt Buckle behind it.
Let me be Very Clear: I wrote 6A-22's and 602's to get into That Program.
I Never Missed a Single Minute I was Assigned, except for Visits, Family Visits, and The Delays Caused by working in PIA, behind a workchange Gate I often had to wait for retrit to run The 9 Sock Producing Lonati Machines I operated. (I even filed written Complaint about my

Supervisor, Simon Hon, not letting me leave quickly enough.

I Spoke to The DRP offices about This.

I wrote Assignments and asked to be transferred to a PM DRP Class... And got told No.

I had to get retrif for my 9 machines, Turn in tools, Strip Search, get Through work change, Through Turnstiles and across a prison That Constantly requires every inmate to Sit on The ground for The Energency Response Vehicle twice per hour on Average...

Before Graduation, I Told my Facilitator, Rich, As WELL AS His Boss, Mo Salas to let me know if I needed to Make up Any time, which may be short.

They Both Told me "No"

I have a 128 Signed by Mo Salas and CC3 J. Stoskel to The effect That I completed all my required hours.

I want my Milestone Credit Back.

And if you want me to Sit in a DRP CBI Class for 90 minutes to Justify it, FINE; Tell me when and where and Dont prevent me from getting There, and I will be There.

This is Outrageous, and a waste Of California Taxpayer Resources.

Claimant Signature: _____ Date Signed: 1-27-25

Rodriguez V16387
B8-108

STATE OF CALIFORNIA
Rescinding of Program Credits
CDCR 128-B-RPC (01/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Inmate Name	CDCR Number	Housing	Date
Rodriguez, Shawn M.	V16387	CCI B8-A108L	12/04/24

It has been determined that the following credits were awarded in error and are therefore being rescinded:

MILESTONE COMPLETION CREDITS (MCC)		
Date of Completion	Course Code	# of Days/Class Value
02/14/24	CBPH003-CBI	1 week/01

REHABILITATIVE ACHIEVEMENT CREDIT (RAC)	
Date of Completion	Achievement Credit # (1-4)

EDUCATIONAL MERIT CREDIT (EMC)	
Entry Date	Achievement Type

MCSP
JAN 30 2025
OOG

The above noted program credit(s) are being rescinded for the following reason(s), and may result in a change to your Release Date:

During an internal audit it was determined Rodriguez should have received a total of 1 MCC due to accumulating a total of 158.5 hours of CBI. On 12/04/2024, it is requested one (1) MCC for CBI be rescinded to correct this administrative error. (MCC entered by CMC, date prepared is noted as 7/23/2024.)

Approved By:

L. Lantz, CCIII — Name and Title
12/04/24 — Date
CCI — Institution

___Copy to Inmate
___Copy to Case Records

For CCRA Use:
___Credit transaction voided in SOMS
___Barcode/Indexing completed for scanning to ERMS

STATE OF CALIFORNIA
GRIEVANCE
CDCR 602-1 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
MCSP

STAFF USE ONLY

OGT Log No: 6893399 Date Received: JAN 30 2025
Decision Due Date:
Categories: OOG

Claimant Name: Shawn Rodriguez CDCR #: V16387
Institution/Parole Region: CCI Current Housing/Parole Unit: 4B-2A-105

STAFF USE ONLY

The Next 10 pages were Different Staff Complaints... They attached Them to The 602 are and Never answered, like it Never happened.

Use this form to file a complaint with the Department.

In order for the Department to understand your complaint, please:

- *What is the nature of your complaint?*
- *When and where did the complaint occur?*
- *Who was involved?*
- *Which specific people can support your complaint?*
- *Did you try to informally resolve the complaint?*
- *What rule or policy are you relying on to make your complaint?*
- *What specific action would resolve your complaint?*

NOTE: Attach documents that help support your complaint (identify the documents if you do not have them).

This is a report of Safety Concerns and request for Appropriate Housing to address Such.
I recently received a Somewhat Anonymous Missive Informing me that My life is in Danger, Apparently from Members of The "Independent Riders" SNY Prison Gang.
That "Kite" is attached.
The Author Sent it to me to help me protect myself. and Specifically asked me Not to Implicate him, as he fears This would Cause a Threat to his Safety.
I went to The 4B program and attempted to be placed in Ad-Seg for Safety Concerns.
I gave Staff The kite.
I was told That without a Name,

My Concerns are NOT Valid.
I am being told That unless I Implicate another Inmate in STG Miscorduct or expose him as a leak in his gang and Jeapordize his safety, I cannot Vindicate my Right to be Safe from Harm.
This Violates CDCR Policy as well as Farmer V. Brennan.
I am NOW Stuck Hiding In my Cell, afraid to leave it for anything. No meds, NO medical or Mental health Treatment, Nothing.
I DO NOT want to hurt anyone and I DO NOT want to be Hurt.
My Wife has NOW emailed The warden Twice about This.
I need help.
The "Kite" Is attached... Though I fear it will be available to ~~SE~~ random Staff to Read when This Grievance is on its way back to me...

Claimant Signature: _____ Date Signed: 11-30-24

ADA Accessible

STATE OF CALIFORNIA
GRIEVANCE
CDCR 602-1 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
MCSP

STAFF USE ONLY	OGT Log No: 689399 Date Received: JAN 3 0 2025 Decision Due Date: Categories: OOG

Claimant Name: Shawn Rodriguez CDCR #: V16384

Institution/Parole Region: MCSP Current Housing/Parole Unit: A1-220

STAFF USE ONLY

Use this form to file a complaint with the Department.

In order for the Department to understand your complaint, please answer all of the following questions:

- *What is the nature of your complaint?*
- *When and where did the complaint occur?*
- *Who was involved?*
- *Which specific people can support your complaint?*
- *Did you try to informally resolve the complaint?*
- *What rule or policy are you relying on to make your complaint?*
- *What specific action would resolve your complaint?*

NOTE: Attach documents that help support your complaint (identify the documents if you do not have them).

On 11-29-24 I received a written Note from Another prisoner, It Stated, Without Ambiguity, That I was going to be stabbed by Multiple Inmates at CCI-4B. The information Provided led me to Conclude it was From a Member of The Independent Riders Prison Gang, who was alerting me That other Members of That gang were planning to stab me to Death, To Collect The Bounty On my life offered By Correctional Officers at RJ Donovan in San Diego, after I videotaped Them Committing Crimes and other Miscorduct, and Provided The Video to Various Parties including Law Enforcement. On 11-30-24, at about 1pm, I attempted to be Placed into RHU for Safety Concerns at CCI. I provided the Note to staff, who put me in a Holding Cell.

I was Taken to a Sergeant Named Mumby, who had the Note
He asked me why Someone would want to kill Me, I tried to keep it Superficial to Avoid Implicating Staff Members at this Stage, because I have (continuously experienced CDCR Staff attempting to Cover for other CDCR Staff.
Sgt. Mumby elected to turn off his BodyCam. He kept asking, eventually I broke it Down and told him.
He Dropped his Pen on his Pad of paper and Quit ~~the~~ taking Notes. He clearly would NOT Document my Truth.
He Told me to bring in The Name of an inmate to blame, and he would lock me up.
Him, another Sergeant (a woman who Appeared Asian) and a Lieutenant (A blonde Female) all agreed to Make me go Walk back Through the Inmates at yard and continue to live in that population with a clear, written threat to my life, which they kept a copy of (the Scanned and emailed himself a copy.)
They Refused to Document my Safety Concerns because they Implicated other CDCR Staff, and encouraged me to lie and give them The Name of an inmate they could implicate in gang Activity and/or Misconduct.
(Later that Night I was Placed in RHU after My Spouse began contacting Senior CDCR officials about it)

Claimant Signature: _____ Date Signed: 4-28-25

STATE OF CALIFORNIA
GRIEVANCE
CDCR 602-1 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MCS

STAFF USE ONLY	OGT Log No: 689399 Date Received: JAN 30 2025 Decision Due Date: Categories: OOG

Claimant Name: Shawn Rodriguez CDCR #: V16387

Institution/Parole Region: MCSP Current Housing/Parole Unit: A1-220

STAFF USE ONLY

Use this form to file a complaint with the Department.

In order for the Department to understand your complaint, please answer all of the following questions:

- *What is the nature of your complaint?*
- *When and where did the complaint occur?*
- *Who was involved?*
- *Which specific people can support your complaint?*
- *Did you try to informally resolve the complaint?*
- *What rule or policy are you relying on to make your complaint?*
- *What specific action would resolve your complaint?*

NOTE: Attach documents that help support your complaint (identify the documents if you do not have them).

On 11-29-24 I received the attached Note. It Details a plot to Stab me to Death, among The "Independent Riders" SNY Prison gang members at Col 4B. It was a warning The People named are members of That gang, all from The Same area. The bounty Spoken of is a $25k bounty Taken out against me by Correctional Officers at RJ Donovan in 2017 after I recorded Staff committing felony Crimes and turned the film over to Law Enforcement Agencies and lawyers. My Actions made Prison Safer, Helping Get Bodycams and changing The Appeals System.

I tried to be placed in Ad-Seg on 11-30-24. A Sgt named Mowby made me return to my Cell after he read This Note. (Another Complaint of That issue is already filed.)

Later That Night, after my Support System made calls and Sent emails to Senior Officials within CDCR, I was removed from my Cell and interviewed by Sgt. A. Pena, who took This Note and made a copy.

I was given the attached Lockup Order and 1030.
I Detect a Gross, and Very Serious Departure from the Facts Here, as well as an attempt to lie about me and Paint me as a gang member or at least gang adjacent.
Firstly, Read the Note... It Says Zero about me having an reason to Comply with Their Gangs Policies. Nore.
This is a fabrication on its Face.
Next: Watch Mr. Pena's body Cam footage from That Night. He tried to torn it off and I Said NO, because of The Actions of The other Sergeant, earlier in The Day.
I Did Detail, on his Camera, That I knew This was from an Independent Rider Due to The Names Mentioned. I told him I am The reason he was wearing a body cam, and my whistle-blowing activities made me a target from Corrupt CDCR employees, and That is what is being referenced in The Note.
Sergeant Pena Signaled his understanding, asked why I would feel Safer on a 2700 Level 4, Indicated he understood, and promised to investigate, starting with interviewing my Cellmate, Ezra Williams, "to determine if You guys have an issue".
Less Than 5 Days later, He came to my Celldoor late, after I went to Sleep, and asked me to Sign Some paper - I Still have NO copy of it. It Seemed to recite Some, but Not even Most of what I told him.
Ezra Williams has literally Never been Questioned.
Later, ICC tried to Say There are NO Safety Concerns, while Still Transferring me Due to Safety Concerns.
This is a Very Naked effort by Staff at CCI to Cover up my Safety Concerns and avoid reporting Them Due to Them being rooted in STAFF MISCONDUCT.
They are Covering up for other Staff and Perpetuating a risk to my Safety to Punish me for being a Whistle blower.

Claimant Signature: _____ Date Signed: 1-28-25

ADA Accessible

"SUSPECT" ~ AYE HOMIE LOOK: WE NEVER MET, BUT I KNOW WHO YOU ARE FROM MY BROTHERS YOU DID TIME WITH BEFORE... PUPPET, MONKEYBOY, + HUBCAP. THEY ALL SPEAK WELL OF YOU, SO I'M GIVING YOU A HEADS-UP, BECUZZ I DON'T LIKE DOING JANKY SHIT TO GOOD PEOPLE.

MY BROTHERS HERE ARE GETTING READY TO GET ON YOU OVER SOMETHING ABOUT WHEN YOU WERE IN SAN DIEGO. THEY SAY THERE'S A PRICE ON YOUR HEAD. I SAY THAT'S BULLSHIT, AND IF THEM FOO'S WANNA HIT YOU, THEY NEED TO HANDLE IT THEMSELVES. SO LOOK G, THERE AIN'T NO SHAME IN LEAVING. WE ALL KNOW YOU WANNA GO HOME. IF YOU STAY, THESE FOO'S ARE GONNA COME STRAPPED, AND THEY WANT YOU TO LEAVE IN A BAG. THEY ARE TRYING TO FIND THE HITTERS AS SOON AS POSSIBLE. I WANT TO SEE YOU LEAVE WITH YOUR LIFE. STAY STRONG HOMIE. PLEASE KEEP THIS TO YOURSELF, OR I WILL BE IN THE SAME POSITION YOU ARE FOR GIVING YOU A HEADS-UP.

C/R "C"

#689399

MCSP
JAN 30 2025
OOG

CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CONFIDENTIAL INFORMATION DISCLOSURE FORM

CDC NUMBER: V16387 **INMATE NAME:** RODRIGUEZ, SHAWN M. **INSTITUTION:** California Correctional Institution

1) Use of Confidential Information.

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

a) ☑ Rules Violation Report (log number ___) dated __ submitted by

__. ___.

STAFF NAME **TITLE**

b) ☑ Order and Hearing for Placement in Restricted Housing dated ___.

c) ☑ Validation Package as a ___ of the __ Security Threat Group.

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:

MCSP
JAN 3 0 2025
OOG

a) ☑ This source has previously provided confidential information which proved to be true.

b) ☑ Other confidential source has independently provided the same information.

c) ☑ This source participated in and successfully completed a Polygraph examination.

d) ☑ The information provided by the confidential source is self-incriminating.

e) ☑ Part of the information provided is corroborated through investigation or by information provided by non-confidential sources.

f) ☑ Other (Explain)

3) Disclosure of information received.

The information received indicated the following:

Confidential Information regarding Inmate Rodriguez's safety concerns specifically with inmates housed at CCI's Level IV (180/SNY) Facility B.

4) Type and current location of documentation, (i.e., CDC Form 128B of 5/15/2010 in the confidential section of the central file).

CM dated 11/30/2024, Located in RODRIGUEZ, SHAWN - CDCR# V16387 Confidential ERMS DF Section

A. Pena

SGT 11/30/2024

STAFF SIGNATURE **TITLE** **DATE DISCLOSED**

CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

RESTRICTED HOUSING UNIT PLACEMENT NOTICE

INSTITUTION NAME	INMATE'S NAME	CDC NUMBER
CCI-Facility B	RODRIGUEZ, SHAWN M.	V16387

REASON(S) FOR PLACEMENT *(PART A)*

MCSP

JAN 3 0 2025

OOG

☑ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS

☑ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY

☑ ENDANGERS INSTITUTION SECURITY ☐ RETAINED IN RHU AS NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:
On Saturday, November 30, 2024, at approximately 1930 hours, you, Incarcerated Person RODRIGUEZ, SHAWN M. (V16387, B2A-105L), are being placed in Restricted Housing Unit (RHU) pending an investigation into possible safety concerns.

Precisely, on the aforementioned date, confidential information was received indicating you (RODRIGUEZ) may be targeted for an assault due to your unwillingness to comply with prison politics set forth by the STG II Independent Riders Incarcerated Population. Therefore, an investigation is being conducted to determine if safety concerns can be substantiated. Correctional Sergeant A. Pena will generate the Confidential Inmate Safety Closure Report (CISCR).

Based on the aforementioned information your presence on Facility B, Sensitive Need Yard (SNY) presents an immediate threat to the safety and security of self and endangers institution security. You will be retained in RHU pending Administrative Review, which may elect to retain you pending review by Institutional Classification Committee (ICC). As a result of this placement, your Credit Earning, Privilege Group, Visiting Status, and Custody Level may be affected. Furthermore, you will appear before the ICC within ten (10) days for review of your case factors for appropriate program and housing needs.

A review of your (RODRIGUEZ) current case factors and housing needs indicate you are a participant in the Mental Health Services Delivery System (MHSDS) at the Correctional Clinical Case Management System (CCCMS) level of care. Your current Reding Level is 10.5.

☑ IF CONFIDENTIAL INFORMATION USED, DATE INFORMATION DISCLOSED: 11/30/2024

DATE OF RHU PLACEMENT	AUTHORITY'S PRINTED NAME	SIGNATURE	TITLE
11/30/2024	L. Briseno	L. Briseno	Lieutenant

DATE NOTICE SERVED	TIME SERVED	PRINTED NAME OF STAFF SERVING RHU PLACEMENT NDTICE	SIGNATURE	STAFF'S TITLE
11/30/2024	19:30:00			Lieutenant

☑ INMATE REFUSED TO SIGN	INMATE SIGNATURE	CDC NUMBER
		V16387

ADMINISTRATIVE REVIEW *(PART B)*

The following to be completed during the administrative review by Captain or higher on the first working day following placement

STAFF ASSISTANT (SA)			INVESTIGATIVE EMPLOYEE (IE)		
IS THIS INMATE:					
LITERATE?	☑ YES	☐ NO	RHU IS FOR DISCIPLINARY REASONS	☐ YES	☑ NO
FLUENT IN ENGLISH?	☑ YES	☐ ND	EVIDENCE COLLECTION BY IE IS UNNECESSARY	☑ YES	☐ NO

STATE OF CALIFORNIA

NOTIFICATION OF DISAPPROVAL FOR MAIL/PACKAGES/PUBLICATIONS

CDCR 1819 (Rev. 07/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE'S NAME	CDCR NUMBER	HOUSING
RODRIGUEZ, SHAWN	V16387	B-8A-108L 481

A) MAIL / PACKAGES SECTION (Complete for mail or package cases only)

☑ INCOMING MAIL/PACKAGE ☐ OUTGOING MAIL/PACKAGE

LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA

First-Class Mail Piece Item weight: 13.40 OZ

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

First-Class mail item exceeds the weight limit of 13 ounces.

CCR, Title 15, Section 3133(a)(1)(4), The maximum weight for a First-Class letter is 13 ounces.

B) PUBLICATIONS SECTION (Complete for publication cases only)

TITLE OF PUBLICATION (Include issue/date)	PUBLISHER	PAGE(S) WHICH MEET DISAPPROVAL CRITERIA

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

INITIAL REVIEW (Must be completed in all cases)

PRINTED NAME OF STAFF	SIGNATURE OF STAFF	DATE SIGNED	DATE FORWARDED TO CAPTAIN
T. WHITE, OA		12/5/24	12/5/24

CAPTAIN REVIEW ALLOW ☐ DISALLOW ☒ FORWARD FOR WARDEN/DESIGNEE REVIEW ☐

PRINTED NAME OF CAPTAIN	SIGNATURE OF CAPTAIN	DATE SIGNED	DATE FORWARDED TO INMATE
B. SKAGGS		12-6-24	12/6/24

FINAL DECISION ALLOW ☐ DISALLOW ☒ (Must be completed in all cases)

PRINTED NAME OF WARDEN/DESIGNEE	SIGNATURE OF WARDEN/DESIGNEE	DATE SIGNED	DATE FORWARDED TO INMATE
B. SKAGGS, OPERATIONS CAPT.		12-6-24	12/6/24

ALLOW/DISPOSITION

☐ RETURNED TO INMATE_____ (Date)

DISALLOW/INMATE'S REQUEST

☐ HOLD PENDING INMATE APPEAL

☐ RETURN TO SENDER/DESIGNEE_____ (At Inmate's Expense) (Date)

☐ DESTROY/ DATE DESTROYED_____

SENDER/DESIGNEE INFORMATION

FIRST NAME: ANGELA COTELLESSA

ADDRESS (NUMBER AND STREET): 6200 ROLLING

ADDRESS (CONTINUED): PO BOX 523142

CITY: SPRINGFIELD, VA 221

This is for your Records. The papers to steal or refuse writing Packets.

*INMATE HAS THIRTY (30) CALENDAR DAYS, AFTER NOTIFICATION IS FORWARDED TO MA

*ALL APPEALS REGARDING MAIL/PACKAGES SHALL BE REFERRED

**ALL APPEALS REGARDING PUBLICATIONS SHALL BE R

PRINTED NAME OF INMATE	SIGNATURE OF INMATE

DISTRIBUTION: A)

1. Mailroom/R&R staff completes **White** (original) upon initial review the
2. Captain completes **White** (original) then forwards to Warden/Designe
3. Captain/Warden/Designee provides final decision to Allow/Disallow -
4. Inmate provides response, retains **Canary**, and returns **Goldenrod/P**
5. Mailroom retains **Goldenrod** copy with **White** (original) and forwards

DISTRIBUTION: B)

1. Mailroom/R&R staff completes **White** (original) upon initial review the
2. Captain completes **White** (original) then forwards to Warden/Designee if decision cannot be made - **Green** copy to inmate.
3. **Headquarters renders final decision within 30 days.**
4. Captain forwards Headquarter's decision to Allow/Disallow to Inmate on **Goldenrod/Pink/Canary** copies.
5. Inmate provides response, retains **Canary**, and returns **Goldenrod/Pink** copies to Mailroom/R&R.
6. Mailroom retains **Goldenrod** copy with **White** (original) and forwards **Pink** copy to Sender/Designee.

STATE OF CALIFORNIA

NOTIFICATION OF DISAPPROVAL FOR MAIL/PACKAGES/PUBLICATIONS

CDCR 1819 (Rev. 07/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE'S NAME	CDCR NUMBER	HOUSING
RODRIGUEZ, SHAWN	V16387	B-8A-108L 487

A) MAIL / PACKAGES SECTION (Complete for mail or package cases only)

☑ INCOMING MAIL/PACKAGE ☐ OUTGOING MAIL/PACKAGE

LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA

First-Class Mail Piece Item weight: 14.20 OZ

DESCRIPTION OF MATERIAL THAT MEETS DISAPPRDVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTIDN

First-Class mail item exceeds the weight limit of 13 ounces. RETURNED TO SENDER BY FACILITY UNOPENED

CCR, Title 15, Section 3133(a)(1)(4), The maximum weight for a First-Class letter is 13 ounces.

B) PUBLICATIONS SECTION (Complete for publication cases only)

TITLE DF PUBLICATION (Include issue/date)	PUBLISHER	PAGE(S) WHICH MEET DISAPPROVAL CRITERIA

DESCRIPTION OF MATERIAL THAT MEETS DISAPPRDVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTIDN

INITIAL REVIEW (Must be completed in all cases)

PRINTED NAME OF STAFF	SIGNATURE DF STAFF	DATE SIGNED	DATE FORWARDED TO CAPTAIN
T. WHITE, OA		12/11/24	12/11/24

CAPTAIN REVIEW ALLOW ☐ DISALLOW ☒ FORWARD FOR WARDEN/DESIGNEE REVIEW ☐

PRINTED NAME OF CAPTAIN	SIGNATURE OF CAPTAIN	DATE SIGNED	DATE FORWARDED TO INMATE
B. SKAGGS		12-12-24	12/13/24

FINAL DECISION ALLOW ☐ DISALLOW ☒ (Must be completed in all cases)

PRINTED NAME OF WARDEN/DESIGNEE	SIGNATURE DF WARDEN/DESIGNEE	DATE SIGNED	DATE FORWARDED TO INMATE
B. SKAGGS, OPERATIONS CAPT.		12-12-24	12/13/24

ALLOW/DISPOSITION

☐ RETURNED TO INMATE_____ (Date)

DISALLOW/INMATE'S REQUEST

☐ HOLD PENDING INMATE APPEAL

☑ RETURN TO SENDER/DESIGNEE 12/13/24 (Date) (At Inmate's Expense)

☐ DESTROY/ DATE DESTROYED_____

SENDER/DESIGNEE INFORMATION

FIRST NAME: ANGELA MI: LAST NAME: COTELLESSA

ADDRESS (NUMBER AND STREET): 6253 ROLLING SPRING CT

ADDRESS (CONTINUED):

CITY: SPRINGFIELD STATE: VA ZIP CODE: 22152

*INMATE HAS THIRTY (30) CALENDAR DAYS, AFTER NDTIFICATIDN IS FDRWARDED TO MAKE A REQUEST, OTHERWISE MATERIAL WILL BE DESTROYED.
*ALL APPEALS REGARDING MAIL/PACKAGES SHALL BE REFERRED TO THE WARDEN'S DESIGNATED STAFF.
**ALL APPEALS REGARDING PUBLICATIONS SHALL BE REFERRED TO THE CAPTAIN.

PRINTED NAME OF INMATE	SIGNATURE DF INMATE	DATE SIGNED

DISTRIBUTIDN: A)

1. Mailroom/R&R staff completes **White** (original) upon initial raview then forwerds to Captain for decision.
2. Captain completes White (original) then forwards to Warden/Designaa if decision cannot be mede - **Green** copy to inmate.
3. Captain/Warden/Designee provides final decision to Allow/Disallow - **Goldenrod/Pink/Canary** copies to inmate.
4. Inmate provides response, retains **Canary**, and returns **Goldenrod/Pink** copies to Mailroom/R&R.
5. Mailroom retains **Goldenrod** copy with **White** (original) and forwards **Pink** copy to Sender/Designee.

MCSP

DISTRIBUTION: B)

1. Mailroom/R&R staff completes **White** (original) upon initial review then forwards to Captain for decision.
2. Captain completes **White** (original) then forwards to Warden/Designee if decision cannot be made - **Green** copy to inmate.
3. **Headquarters renders final decision within 30 days.**
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FEB 06 2025

OOG

V108