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DM

MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER USP - 04 - 163

OFFENDER'S RELIEF REQUEST FORM

Type or use ball-point pen.

TO: _____ 32 _____
Location
FROM: _____ 32-C _____
Housing Unit

Date of Incident

- ACCEPTED. This request comes to you from the Legal Claims Adjudicator. See the attached request from the offender. Please return your response to this office within 10 days of this date.
- REJECTED. Your request has been rejected for

5-13-03
Date

Legal Claims Adjudicator

SECOND STEP (Pink Copies)

On 12 Feb., 04 (date), I received a written response to my First Step request. I am not satisfied with this response because

the Federal Court has already ruled that at least "some" of my complaints have merit. He has attempted to remedy "none" of my issues. opinion is irrelevant.

Therefore, I am commencing the Second Step by sending the pink copy of this form (ARP-1), the pink copy of the First Step response (ARP-2), to the Superintendent. This request must reach the Superintendent's office within 5 days of my receiving the First Step response.

13 Feb, 04
Date

Signature

THIRD STEP (Light Yellow Copies)

On 11 March, 04 (date), I received a written response to my Second Step request. I am not satisfied with this response because

stating that ACA standards are "designed to preserve the health and well-being of inmates" does nothing to change the fact that 32 conditions are unconstitutional & that MDOC has done nothing to improve conditions

I am commencing the Third Step by sending the light yellow copy of this form and the light yellow copies of my First and Second responses, to the Commissioner. This request must be sent within 5 days of my receiving the Second Step response.

11 March, 04
Date

Signature

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

OFFENDER'S ORIGINAL

MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER MSP - 03 - 1313

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 10 days of the date the request was initiated.

TO: _____ Offender's Name and Number _____ 32C Housing Unit
FROM: _____ Person to whom 1st Step is Directed _____ Dentist / unit 32 Title/Location

This request was filed in November of 2000. has been treated since this time. Any further treatment requests can be made through sick calls.

5-21-03 Date

C Signature

If you are not satisfied with this response, you may go to STEP 2 by filling out the second step section of Form ARP-1 and sending the pink copies of ARP-1 and ARP-2 to the Superintendent. It must be received in the Superintendent's office within 5 days of the date of this response.

INSTRUCTIONS TO RESPONDENT: Send original along with STEP 3 and STEP 2 copies to the Legal Claims Adjudicator. Keep Respondent's copy. NOTE: A copy of all documents referenced in the response must be attached and returned to the Legal Claims Adjudicator.

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

OFFENDER'S ORIGINAL