

MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER MSP - 04 - 163

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

Your ARP was forwarded to me for a response. You alleged in your ARP that you were subjected to cruel, unusual + inhuman treatment by being housed @ Unit 32. Your charges are unfounded.

2-3-04 Date 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

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SECOND STEP RESPONSE FORM (SUPERINTENDENT)

Type or use ball point pen. You must respond to the offender within 25 days of receipt of the offender's request.

TO: Offender's Name and Number 32-C Housing Unit MSP
FROM: Superintendent Institution

An investigation has been conducted into your complaint, which was received in our office on February 26, 2004, concerning the conditions at Unit 32-C.

ACA standards for lighting, air quality, temperature, and noise levels are designed to preserve the health and well-being of inmates and staff members and to promote institutional order and security. New standards have been approved for lighting conditions at Unit 32 and other units. These new standards should be completed by September 1, 2004.

3-4-04

Date

Superintendent's Signature

If you are not satisfied with this response, you may go to STEP 3 by filling out the third step section of ARP-1 and sending the light yellow copies of ARP-1, ARP-2, AND ARP-3 to the Commissioner, Mississippi Department of Corrections. These forms must reach his office within 5 days of the date of this response.

INSTRUCTIONS TO SUPERINTENDENT: Send original and STEP 3 copy to the inmate. Keep Superintendent's Copy.

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

OFFENDER'S ORIGINAL

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THIRD STEP RESPONSE FORM
(COMMISSIONER)

You must respond to the OFFENDER within 40 days of receipt of the appeal of the STEP 2 Response.

TO: _____ 32-C
Offender's Name and Number Housing Unit

Your request for Administrative Remedy involves a complaint to the effect that housing conditions at Unit 32-C has placed your health and safety at risk.

The staff of the Administrative Remedy Program has received and investigated your grievance and the following determination has been made:

Improvements are constantly being made throughout the institution and should be complete during the upcoming months.

Therefore, based upon the facts outlined above, your request for further relief is hereby denied.

4/13/04 _____
Date Signature

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

IF YOU ARE NOT SATISFIED WITH THIS RESPONSE, YOU MAY WITHIN THIRTY (30) DAYS AFTER RECEIPT OF THIS DECISION, SEEK JUDICIAL REVIEW.

OFFENDERS ORIGINAL

CERTIFICATE

RE: ARP# MSP 04 163 CLASS: Housing Conditions

Inmate states that living conditions at Unit 32-C puts his health and safety at risk. Inmate has been informed that improvements are constantly being made throughout the institution and should be complete in the upcoming months.

This document is to certify that Inmate, _____, MSP# _____, has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Third Step Response.

A copy of the Third Step Response Form must be attached to this certificate in order to file in either State or Federal Court.

This, the 13 day of April, 2004.

Administrator
Administrative Remedy Program

1000
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