

MAY 24 2004

## INMATE/PAROLEE

## APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. CAL-B-

1. 04 620

16

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
GRAVES, R.	B-99193		B4-208L

A. Describe Problem: Pursuant to CCR, Title 15, § 3084.2(f) this is a group appel as it affects similarly situated inmates in untold numbers. This appeal challenges the adverse denial of due process-guaranteed to prisoner's by the 5th and 14th Amendments of the United States Constitution - in taking restitution from affected Inmate Trust Accounts by the Department of Corrections (D.O.C.). The process is prescribed in California Pen. Code's § 2085.5 in taking restitution; Pen. Code § 2085.5(b) entitles and orders the Director of Correction to deduct Restitution Orders "up to a maximum of 50 percent from the wages and trust account deposits of a prisoner," and further . . . (Continued on "Attachment Page")

If you need more space, attach one additional sheet.

B. Action Requested: That the violations of due process by CDC - described above - stop, and, the money wrongfully taken be returned, with interest, including the administrative fee taken by C.D.C.; That C.D.C. alert the State government of the questions of law and urge an order to stop taking, and for the return of, money to family and/or friends.

Inmate/Parolee Signature: Rickie DeavesDate Submitted: 5-20-04

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

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

04 620