

Guide to Alameda County Sheriffs Forms

This guide is available online at caitlinkellyhenry.com/acso. Anything underlined below is also available for download. This pamphlet does not create an attorney-client relationship or provide individualized advice. It is your responsibility to ensure the law applies to you and is current. Send additional forms or suggested changes to: Caitlin Kelly Henry, Esq. Attorney at Law, ckh@caitlinkellyhenry.com SBN #287949, 1201 MLK Jr. Way, Suite 200, Oakland CA 94612.

PART ONE: Background & Why Forms are Required for a Lawsuit

Why Fill Out Forms? “Exhaustion”

The Alameda County Sheriff’s Office (“ACSO”) and courts require incarcerated people to fill out a number of forms to get things done in jail to “exhaust” in order to be eligible to sue. The legal term “exhaustion” means to file all complaints and appeals possible with the original authority before having your claims reviewed by a new authority or court. You can file the forms below to complain about an action taken (or not taken) or any policy, procedure, or condition that affects you (see examples below). This guide is for general assistance addressing abuses and conditions inside Alameda County jails. In extreme cases of abuse, neglect, and threats to your safety and security, contact an attorney familiar with jail protection practices. This handout is designed to familiarize you with the following documents and forms (the ^ mark means it’s attached, underlined means it’s available via hyperlink online):

ACSO Forms

- Message Request^
- Medical Request^
- Disability Accommodations Request^
- Program Request^
- Legal Information Request^
- Canteen Discrepancy^
- Inmate Grievance^
- Grievance Supplemental Information^
- Inmate Property Release^
- Inmate Disability Evaluation Form^
- Disability Tracking Form^
- ADA Coordinator Review Form^
- ADA Coordinator/Inmate Record of Contact^
- Accommodations for Hearing Impaired^
- Explanation of the Booking Process^
- Addendum to Pre-Booking Medical Screening Hearing Impaired Inmate Services^
- Text Telephone (TDD) Check-Out Log^
- Petition for Return of Prosthesis^
- Video Tablet Check-Out Log^

Other Forms

- Alameda County Tort Claims^
- Habeas Corpus Lawsuit
- Civil Rights “1983” Lawsuit

Courts won't hear complaints from an incarcerated person unless they complete an administrative appeal process (also known as "exhausting administrative remedies") before asking a court to step in. There are only a few exceptions:

1. If the action cannot be granted by an administrative appeal.
2. If ACSO policy makes it clear that it will deny any grievance.
3. If there's an emergency that could cause great harm.
4. If staff make the grievance process unavailable.

This means that any issues raised in a grievance (including appeals that are rejected or cancelled) must be started, and ideally presented to all levels of review up through the highest level of review, even if it seems pointless. This guide is to help you make the record so you can present your issue to a court.

Log

It is helpful to keep a personal log of the **date** and **time** and **name** of the person you requested the form from and to whom you turned it in. You can reference this later if staff say that forms disappeared or if they don't meet deadlines. It is equally helpful to keep a log of people, events, behavior, circumstances, etc. that lead to the grievance. Use the "5 Ws" (Who? What? When? Where? Why?) to show specifics to the support your grievance.

Policies and Rules to Mention in Forms

When you file a complaint, you want to identify what rule the government is breaking. In Alameda jails you will likely need to list *state and local rules* you think staff are breaking based on how they are treating you. Include as many specific facts as possible to show to how the rules are being broken or violated. Below are some examples of such rules.

State Level: California Code of Regulations, Title 15, Minimum Standards for Local Detention Facilities, Division I, Chapter 1, Subchapter 4 (Adult [Standards](#), [Minors](#) in adult facilities, [Juveniles](#)), Title 24, Minimum Standards for the Design and Construction of Local Detention Facilities Regulations, Part 2, Section 1231 ([Adult](#), [Juvenile Part 1](#), [Juvenile Part 2](#)).

County Level: This [Table of Contents](#) indexes all ACSO "Detention and Corrections Policies." The # mark means the ACSO refuses to release this policy, claiming it is exempt from the Public Records Act. The following selected Policies are relevant to conditions:

- [ACSO Inmate Handbook](#) (10/17)
- [1.14](#) Americans with Disabilities Act¹
- [2.02](#) Inmate Fund Accounts
- [2.07](#) Inmate Welfare Fund
- [9.01](#) Disciplinary Isolation
- [9.02](#) Administrative Segregation
- [9.03](#) Protective Custody Inmates
- [9.04](#) Mentally Disordered Inmates
- [9.05](#)[#] Juvenile In-Custody
- [9.06](#)[#] High Profile Inmates
- [9.07](#)[#] Deprivation of Authorized Items or Activities
- [9.09](#) Special Inmate Management Plan
- [11.02](#) Intake Procedure
- [11.03](#)[#] Inmate Body Cavity Searches
- [11.04](#) Accepting Injured Inmates
- [11.16](#) Inmate Property
- [11.26](#) Federal Holds
- [11.41](#) Issuing Blankets in Intake, Transfer & Release
- [11.48](#) Inmate Jewelry
- [11.49](#) Artificial Hairpieces
- [11.50](#) Bureau of Prisons Inmates
- [11.58](#) Inmate Access to Case Record Information
- [12.01](#)[#] Intake Classification
- [12.02](#)[#] Re-Classification

¹ More disability policies are in [LSPC v. Ahern](#) settlement.

- [12.03](#) Classification PREA requirements
- [12.04](#) SRJ - Housing Unit Classification
- [12.05](#) Classification Records
- [13.01](#) Medical & Mental Health Care
- [13.02](#) Inmate Medical/Health Appraisal Screening
- [13.03](#) Sick, Dental & Pill Call
- [13.06](#) Suicide Prevention
- [13.07](#) Sexual Assault Protocol for Victims
- [13.17](#) Wheelchairs
- [14.01](#) Food Service Program
- [14.02](#) Inmate Meal Service
- [14.03](#) Inmate Special Diets
- [14.04](#) Alternative Meal Service for Disciplinary Actions
- [15.03](#) Inmate Hygiene
- [15.04](#) Linen/Clothing Issue & Exchange
- [15.05](#) Contaminated Clothing, Bedding & Linen
- [15.06](#) Cleaning & Storage of Inmate Personal Clothing
- [15.07](#) Trash Procedure & Schedule
- [15.08](#) Housing Unit Cleaning Chemical Procedures
- [16.01](#) Disciplinary Procedure
- [16.02](#) Inmate Rules & Information
- [16.03](#) Inmate Grievance Procedure
- [16.04](#) Inmate Writs
- [16.05](#) Protection from Harm
- [17.01](#) Inmate Correspondence & Mail Regulations
- [17.03](#) Inmate Visiting
- [17.04](#) Inmate Telephone Access
- 17.05# Inmate Message Requests
- [17.06](#) Inmate Newspaper Subscriptions
- [18.06](#) Commissary Procedure
- [18.07](#) Religious Programming²
- [18.08](#) Library Services
- [18.09](#) Educational Program Planning
- [18.10](#) Vocational Training Programs
- [18.11](#) Social Service Programs
- [18.12](#) Recreation³ & Inmate Activity Program⁴
- [18.13](#) Inmate Entertainment Systems
- [18.18](#) Notary Public Services
- [18.19](#) Pro-Per Inmates
- [18.21](#) Legal Assistance Program
- [18.22](#) Inmate Marriages
- [18.23](#) Inmate Tape Players & MP3 Players
- [18.25](#) Inmate Welfare Credit Card

PART TWO: How to Exhaust

FORMS TO FILL OUT BEFORE GRIEVANCES: *You must complete all the following forms that apply to your complaint before filing a grievance. Choose the forms that are related to your issue – this may be more than one form if there are multiple issues. Follow the rules for the forms even if they are unfair, so the court can say you properly “exhausted.”*

Disability Accommodations

Policies governing this include D&C [1.14](#) ADA, [13.17](#) Wheelchairs, and the settlement agreement in *LSPC v. Ahern*. ACSO provides accommodations such as sign language and tactical interpreters, TTY’s, video relay service, and Braille. If you need accommodations fill out the [Disability Accommodations Request Form](#) (DD538) and turn it into the ADA Coordinator. If you have problems with English or reading or writing, note that and ask for staff assistance.

Sealed Envelope

The Inmate Handbook notes that you can communicate directly with jail administrators in writing by sending a sealed envelope addressed to a specific administrator. When writing to administrators, be sure to reference request forms already filed and grievance form tracking numbers. A chronological timeline is strongly encouraged to show the complaint from start to present.

² Additional information about Religious Programming is [here](#).

³ Additional information about Recreation is [here](#).

⁴ Additional Information about Programming is [here](#).

Message Request Form

Per D&C Policy 17.05⁵ you can file a message request [form](#) (ML-76) to staff in booking, commissary, inmate services, classification, or other departments to ask for an interview with a staff member and to ask staff to do or stop doing something. The Inmate Handbook lists who to contact for what. This is a half-page, white double-sided form. You can request the form through a deputy. Unlike a grievance, *the message request form does not exhaust for the court*, it just provides proof of a request. Fill out all the blanks in the form and turn it into a deputy. The deputy must sign upon receiving request. You should receive the form back with the responding person's name and response written on the back. Don't wait for a response before meeting the grievance deadlines.

You can fill out a message request to ask for a form so you that have a record showing you asked for a form. For example, if you are having difficulty obtaining a grievance form, you can make a paper trail that proves staff won't give you the grievance despite your requests.

Medical Request Form

D&C Policies [13.01](#) Medical and Mental Health Care, [13.03](#) Sick, Dental and Pill Call, and Inmate Handbook Section 18 describe medical policies. Fill out all blanks (date, name, date of birth, PDF, location, why you want to see health care staff), the three-layer carbon copy Medical Request [Form](#) and hand to a medical staff member or place into the medical service (sick call) box in the dining area. After that, the visit staff should give you the yellow copy of the form. Copies of your records are available but cost \$15 and are only released to you after release transfer. Due to these conditional terms, you should keep your carbon copies as reference. You can also verbally notify a deputy or medical staff member. You may be charged \$3.00 for the visit but will not be denied services due to lack of funds. If you aren't satisfied with the response, fill out a grievance and state that you filled out the Medical Request Form. When grieving medical, mental, dental, and other health issues, keep a personal log of Inmate Request Slips, medical sick calls, actual appointments, any treatments, and other important events, with dates.

*If you or someone else is experiencing a health emergency **notify someone verbally immediately**, you don't need to wait for the form and the sheriff cannot charge you.*

Sexual Misconduct Reports

ACSO states that all staff are trained in taking reports of sexual harassment under the Prison Rape Elimination Act (PREA). D&C [12.03](#) is the PREA policy and is the [13.07](#) Sexual Assault Protocol for Victims. You can call *89 from any inmate telephone and be connected on a confidential (not recorded) line with a rape crisis center. You can submit a sick call, message request, or grievance. If you are filing a grievance against a staff member for sexual assault or harassment, *you are not required to submit the grievance to the involved staff member*, nor shall the assaulted person be referred to them for any reason. You can write "emergency" on the grievance and deputies are required to take immediate action and interview you and any witnesses and notify the Watch sergeant and Watch Commander. If you have Internet access, you or someone else, can either fill out a non-anonymous form⁶ or an anonymous form.⁷

Programs/Classes Request Form

You can ask a deputy for a class request form or program request form to participate in education or programs. The forms all look different. (Example of Glenn Dyer Five Keys participation

⁵ ACSO Refuses to Release Under Public Records Act

⁶ https://www.alamedacountysheriff.org/dc_preamessage.php

⁷ https://www.alamedacountysheriff.org/dc_preanonmessage.php

request [form](#).) Programs are limited based on housing unit and sentencing status. Submit a Request Form to enroll or be placed on the waiting list.

Property/Money Release Form

D&C policy [11.16](#) governs Inmate Property and [2.02](#) governs Inmate Fund Accounts. Property Form PD-132: Obtain three Property Release [Forms](#) from a deputy, complete all three forms, return to deputy, allow 7 days for release of property or money.

Legal Information Request Form

Relevant D&C policies include [18.19](#) Pro-Per Inmates and [18.21](#) Legal Assistance Program. Fill out ACSO Inmate Legal Information Request Form⁸ ([Glenn Dyer Form](#)) to request materials for legal research and information. If you aren't satisfied with the response, fill out a grievance and state that you filled out the Legal Information form. ACSO prioritizes responses for people who the court certifies as "pro per" or "pro se" (representing themselves instead of a lawyer) with immediately upcoming court dates. ACSO limits you to only requesting *5 items on each form*. The rules specifically say *not to write in the margins*.

Canteen Discrepancy Form

D&C policy [18.06](#) is the Commissary Procedure. To complain about Canteen/Commissary use the [Canteen Discrepancy Form](#) which should be available in the housing unit or from a deputy (you can file a message request to get it). Give to the Housing Unit deputy for processing. If you aren't satisfied with the response, fill out a grievance and mention that you filled out the Canteen Discrepancy Form. Grievances should also be used when making complaints about Canteen/Commissary so that the department is also held responsible.

Tort Claims Form to Request Monetary Damages

[Alameda County Tort Claims Form](#) is the form to turn in (most claims require submission within 6 months) after you sustain injury caused by a government entity or employee to preserve your right to [sue for monetary damages](#). You can request and turn in the form at Clerk, Board of Supervisors Office, Administration Building, 1221 Oak Street, Room 536 Oakland, CA 94612 Phone: (510) 208-4949.

⁸ Please send a copy of Santa Rita Legal Information Request Form if you have one.

THE 3-LEVEL GRIEVANCE PROCESS

Per D&C policy 16.03 Inmate Grievance Procedure and Inmate Handbook, you must complete each level of review before moving on to the next; you must complete all 3 grievance levels in order to go to court.

START

OBTAIN & COMPLETE INMATE GRIEVANCE FORM (ML51)

- Log the **time, date** and **name** of deputy you got the grievance from
- Only **one** complaint/issue per form; if multiple, complete a form for each complaint
- Fill out the form ASAP after the incident; write legibly
- If it's an emergency, write "emergency" on the form and explain why
- Be as detailed as possible (e.g. include time, date and name of deputy involved), and **cite** any rule (CCR Title 15 or 24), ASCO Policy (cite number if you know it), state or federal law that applies
- Log the **time, date** and **name** of deputy you submitted the completed form to

LEVEL

1

DEPUTY RESPONSE

- The deputy should sign the form with the date and name of the deputy receiving the grievance
- The deputy should give you the pink carbon copy of the grievance form (if they don't, make a note of this)
- If the deputy cannot resolve the grievance themselves, they are to give you a grievance tracking number



2

GRIEVANCE UNIT RESPONSE

- If the deputy cannot resolve the grievance, the Grievance Unit (GU) investigates and is required to respond **within 21 business days** after receiving the grievance. (Keep track of how many days pass after your grievance is filed. If the deadline is close to approaching, request status updates by using message request or grievance forms.)
- The GU will give you a new piece of white paper with a **grievance tracking number** at the top, and staff will check a box noting its status: affirmed/denied/unresolved/resolved/referred.
- If your grievance is **affirmed**, staff will provide a paragraph explaining the corrective action taken. If **denied**, they will provide a paragraph explaining why, and at the bottom of the form, check "Yes" next to "Hearing requested to state"



3

APPEAL OFFICER RESPONSE

- Appeal Officer makes a recommendation and explains if they are affirming or denying your grievance for any reason apart different from the Level 1 appeal
- The Commanding Officer or their designee reviews Appeal Officer's finding. The Commanding Officer decisions are final.



ALL 3 LEVELS EXHAUSTED

- One you have received the Commanding Officer's response, you have exhausted all 3 levels of grievance and can **file in court**.

The Three-Level Grievance Process

This process is per D&C policy 16.03⁹ Inmate Grievance Procedure and the Inmate Handbook section 28. You *must complete each level of review before moving on* to the next level or your grievance will be rejected. Generally, you must complete all three levels before you to go to court. Grievances are supposed to be resolved as soon as reasonably possible within **90 days**.

1. Obtain Inmate Grievance [form](#) (ML51) from a deputy.
 - a. *Ask for a grievance and make note in your log of the date, time, and deputy involved.*
2. Fill in the “Grievance Details” section with **one** complaint/issue per grievance. If you have multiple complaints, you must obtain and complete multiple forms, otherwise your grievance may be refused. You can’t turn in a grievance on someone else’s behalf unless it is about sexual misconduct. Fill out the form as soon as possible (the Handbook and Form don’t have specific timelines, so sooner it better). Fill out all the blanks on the front of the form completely and legibly. State the exact nature of the grievance (the problem you want solved). Cite any rule (CCR Title 15 or 24), or ACSO Policy (cite the number if you know it), or state or federal law that applies to your situation. Then list as many specific facts as possible to show to how the rules are being broken or violated. Provide as much detail as you can about date, time, place, names, witnesses, and related paperwork you can describe to substantiate the complaint or help describe the action you want taken. Don’t just state a conclusion without explanation (for example, don’t only say “My rights were violated” without further detail). Be specific and name the date and time and the person who took the action and the policy number that was violated. Note if you are attaching any additional paperwork to the grievance form. There is no limit to how many forms you can use as multiple pages to submit for one grievance tracking number. If you need to use multiple forms, write the page number on the top right of each page with the total number of pages on the bottom (such as “1/3,” “2/3,” “3/3” if completing three forms). Deputies can reject grievances that contain profanity or derogatory remarks. If you need to describe profane or derogatory words that were spoken to you or someone else, use only the language used.
 - a. *If it is an emergency, write “emergency” and explain why.*
 - b. *Make a note if you don’t consent to waiving your HIPAA rights or custody staff reviewing medical records related to the investigation.*
 - c. *See the instructions below for the different forms to use for sexual harassment (PREA), canteen, medical, disability accommodation, programs, property, and legal information.*
 - d. *If you are appealing discipline, make sure to make reference to the documentation you have such as the Report number, and specifics in the [Report](#), [Supplemental Report](#), [Interview](#), and [Hearing Record](#). Also reference D&C policies [16.01 Disciplinary Procedure](#) and [16.02 Inmate Rules and Information](#).*
 - e. *If you are appealing mail that is returned, make specific reference to the Return to Send [Form](#) you should have received.*
3. Return the completed grievance form to a deputy.
 - a. *If your grievance is about a deputy who is one shift, wait until the next shift starts before you submit your grievance in order to minimize retaliation.*
4. DEPUTY LEVEL RESPONSE (FIRST LEVEL) The deputy is supposed to sign the form with the date and name of the deputy receiving the grievance and should give you the pink

⁹ ACSO Refuses to Release Under Public Records Act

carbon copy of the grievance form. The grievance unit has 21 days to respond unless it files a Notice of Extension form and gives you an opportunity to sign the Notice.

- a. *Resolved*: If you believe the deputy resolved the grievance the deputy is allowed to check the “Resolved” box and does not need to assign a tracking number. You should then sign next to the line that says, “Inmate Acceptance” and receive a copy.
 - b. *Unresolved*: If the deputy is unable to resolve the grievance to your satisfaction, the deputy should give you a grievance tracking number.
 - c. *Make note in your personal log if you are not provided a pink carbon copy of the grievance along with the deputy’s name, the time and date.*
5. The deputy should document the discussion on an Inmate Grievance Supplemental form (ML-53) and then submit the Grievance Form and the Supplemental Response before the end of the shift. ACSO has three days to respond.
- a. *At Glenn Dyer* the deputy receiving the Grievance Form should forward it along with a Response Form to the on-duty watch Sergeant, who will forward to the Administrative Sergeants, who will forward to the Grievance Unit.
 - b. *At Santa Rita* the deputy should place the Grievance and Response Form in the Grievance Unit box.
6. **GRIEVANCE UNIT RESPONSE (SECOND LEVEL)** If the deputy cannot resolve the grievance, the Grievance Unit investigates. The Grievance Unit is supposed to respond within 21 business days once the grievance has been received. You will receive a new white form Inmate Grievance Response (ML-52) that has the grievance tracking number on the top right, and staff will check a box noting the status (affirmed, denied, unresolved, resolved, referred). Staff will write a paragraph summary of the procedure, including staff interpretation of the problem and the timeline. Then staff will write a paragraph with a more substantive response of corrective action taken if affirmed or reason if denied. The Grievance Unit Investigating Supervisor will sign and date the form.
- a. *Keep track of how many days pass from when your grievance is filed. Use message request forms or grievance forms to request status updates if the length of time is becoming long.*
7. If denied, the grievance should be appealed to the third and final level (Appeals Officer).
- a. *Check the box on the bottom next to Hearing Requested to state “Yes,” to request your hearing.*
8. **APPEAL OFFICER RESPONSE (THIRD LEVEL)** The Appeal Officer makes a recommendation and explains if they are affirming or denying for any reason that differed from the first level appeal. Then the Commanding Officer or their designee reviews the Appeal Officer’s finding. Commanding Officer decisions are final. If you disagree with the final decision, write a formal letter directed to the Commanding Officer describing your grievance and request their response in writing.
9. **EXHAUSTED** When you receive the Commanding Officer’s response, you have exhausted all three levels of grievance and can file in court.

Special Circumstances

- **Transfer**: If you are transferred from one ACSO facility to another all procedures remain applicable and the Grievance Unit will forward your forms to the new facility. You do not have to start over.
- **Release**: The Grievance Unit continues processing the packet. If you are released the grievance will be automatically appealed to the Appeal Officer. You can write to the

Grievance Unit with a self-addressed envelope for a copy of the final disposition of the grievance.

- Return to Custody After Release: If you are released and return to custody prior to receiving the Grievance Unit's response, you should write a Message Request to the Grievance Unit to obtain a copy of your forms.
- Grievance Restriction: ACSO can restrict your grievance rights if you (1) continually submit grievances containing issues already in process or previously addressed, (2) submit false grievances, or (3) the Commanding Officer determines you are abusing the grievance process. Staff must deliver a "Conditions of Grievance Restriction" memorandum to you.

DRAFT

PART THREE: How to File Suit After You Have Exhausted

1983 Civil Rights Suit (Federal) (for Jail Conditions)

Northern District of California (Federal) Court [Forms](#) to File A Suit Related to Jail Conditions. You may file a civil rights action under 42 U.S.C. § 1983 to challenge federal constitutional or statutory violations by state actors which affect the conditions of your confinement.

To file a § 1983 action, you must submit: (1) an original, completed complaint form; and (2) a check or money order for \$400.00, or an original, completed Prisoner's Application to Proceed In Forma Pauperis. To request instructions and forms, mail Clerk, U.S. District Court for the Northern District of California, 450 Golden Gate Avenue, Box 36060, San Francisco, CA 94102. Ask for the packet titled Instructions for Filing A Civil Rights Complaint by A Prisoner Under 42 U.S.C. § 1983 and Instructions for Filing an Application to Proceed In Forma Pauperis by a Prisoner under 28 U.S.C. § 1915.

Habeas Corpus (State) (for Jail Conditions or Sentence)

Write to Prison Law Office for the [State Habeas Corpus Manual](#) at: Prison Law Office General Delivery, San Quentin CA 94964. State habeas corpus allows incarcerated people to challenge their convictions and sentences via [State Habeas Corpus Form](#) MC-275 (6 pages) (file in Alameda County court). Mail to: René C. Davidson Courthouse Department 1, 1225 Fallon Street Oakland, California 94612, Phone (510) 891-6000

Federal Habeas Corpus (for Sentence)

Northern District of California (Federal) Court [Forms](#) to File A Suit Related to sentence. If you wish to challenge a state court sentence or conviction, ask for the 5-page packet titled Instructions for Filing a Petition for a Writ of Habeas Corpus by a Person in State Custody under 28 U.S.C. § 2254. Mail: Clerk, U.S. District Court for the Northern District of California, 450 Golden Gate Avenue, Box 36060, San Francisco, CA 94102. A federal habeas petition can only challenge a conviction or length of a sentence (including some issues involving denial of prison sentence credits or parole). Write to Prison Law Office for the [Federal Habeas Corpus Manual](#) and guide to [Collateral Attacks on Criminal Convictions by State and Federal Petitions for Writ of Habeas Corpus](#) (Spanish available).

PART FOUR: Self Help Guides

- [The California State Prisoners Handbook](#), Fourth Edition & 2014 Supplement by Heather MacKay & the Prison Law Office. \$40 (includes California sales tax, shipping & handling). Separate Supplement \$15. If you are paying by credit card, check or trust account money order, mail a request to Chroma Graphics 440 Tesconi Circle, Santa Rosa, CA 95401
- [Prison Legal News Publishing](#) P.O. Box 1151 Lake Worth, FL 33460
 - Disciplinary Self-Help Litigation Manual (2015) \$49.95 Paperback, 368 pages. By Daniel Manville.
 - Prisoners' Self-Help Litigation Manual, 4th Edition \$39.95, Paperback, 928 pages. By John Boston and Daniel Manville
 - Prison legal news magazine 1 Year Print Subscription \$30
- [Jailhouse Lawyer's Manual](#) 11th Edition main volume is \$30. The Immigration & Consular Access Supplement is \$5 Columbia Human Rights Law. Mail Attn: JLM Order, 435 W. 116th St., New York, NY 10027 along with a check or money order.
- [Jailhouse Lawyer's Handbook](#), National Lawyers Guild—Prison Law Project, \$2, 132 Nassau Street, Rm 922 New York, NY 10038

ALAMEDA COUNTY SHERIFF'S OFFICE
DETENTIONS AND CORRECTIONS DIVISION

**DISABILITY
RELATED**

MESSAGE REQUEST

DATE: _____

SRJ UNIT # _____
GDJ FLOOR# _____
POD/CELL # _____ RETURN
TO INMATE _____

() BOOKING () COMMISSARY () INMATE SERVICES () CLASSIFICATION () OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: _____

INMATE NAME: _____ PFN: _____ DATE OF BIRTH: _____

DEPUTY RECEIVING REQUEST: _____ DATE RECEIVED : _____

SEE BACK FOR RESPONSE

RESPONSE:

PERSON RESPONDING: _____

ALAMEDA COUNTY SHERIFF'S OFFICE Medical Request Form

[Forma de la Petición de los Servicios Médicos]

- **Inmate – do not write in shaded area.** [El interno – no escribe en área sombreada.]
- **Place this form in the sick call box or give it to medical staff.** [Poner esta forma en la caja enferma de la llamada o darla al personal médico.]
- **If you do not complete all information, your appointment may be delayed.** [Si usted no termina toda la información, su cita puede ser retrasada.]
- **A copy will be given to you after the visit.** [Una copia le será dada después de la visita.]
- **You may be charged \$3.00 for each health care visit.** [Usted puede ser cargado \$3.00 para cada visita del cuidado médico.]

DATE [FECHA]	NAME [NOMBRE]: LAST [PASADO]	FIRST [PRIMERO]	MIDDLE [MEDIO]	DOB [NACIMIENTO]	PFN [ID]
HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA]					
SRJ: UNIT [UNIDAD]		POD/CELL [CELULA]		GDGF: FLOOR [PISO] POD/CELL [CÉLULA]	
CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF					
1. _____ Patient not seen: _____ NIC _____ DUPLICATE _____ NO SHOW _____ REFUSED _____ OTA					
2. _____ Visit was for diagnosis or treatment of communicable disease condition.					
3. _____ Visit was for a follow-up requested by the clinician.					
4. _____ Visit was NOT exempt from co-payment. Send ORIGINAL WHITE page to Accounting.					
CLINICIAN'S SIGNATURE			CLINICIAN'S NAME (Print/Stamp)		DATE
Inmate's Signature [Firma Del Interno]			Patient Refused to Sign <input type="checkbox"/>		Witness if Patient Refused to Sign

Date of Triage: _____ Signature and Print/Stamp _____ Disposition:
<input type="checkbox"/> Sick Call <input type="checkbox"/> Specialty Clinic <input type="checkbox"/> Other

RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]		
I am refusing sick call due to [Estoy rechazando la llamada enferma debido a]: _____		
Date [FECHA] _____	Inmate's Signature [Firma Del Interno] _____	Refused to Sign [Rechazado para Firmar] <input type="checkbox"/>
CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know. [Decimos abajo porque usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]	
Do you want an HIV test at this appointment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

WHITE: Accounting

PINK: Health Services File

CANARY: Inmate/Patient

Revised 09/15/16

Disability Request for Accommodations

Inmate's Name/Nombre: _____	PFN/# de PFN: _____
Module/Modulo: _____	Date/Fecha: _____

Section A: Inmate Request for Accommodation (Describe Disability)
Solicitud del Preso para acomodar una invalidez (Describe la Invalidez)

Section B: Reason for Accommodation Requested
Razon Para Acomodar la Invalidez

Section C: Reason for Accommodation not being granted
Razon por Negar la Solicitud

Inmate's Signature/Firma del Preso: _____

Officer's Signature: _____
Name & ID#

Sergeant's Signature: _____
Name & ID#

Medical Staff's Signature: _____

Distribution: White -- Medical Staff Yellow -- Classification Pink -- ADA Coordinator
Policy Procedure 1.14
Attachment 3
Revised 6/17

DD538



PROGRAMS FOR MEN

Glenn Dyer Detention Facility Jail offers the following programs to enrich your life and further your education. Please take a moment to fill out this form neatly and completely, and return it to Inmate Services.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

PFN: _____ Housing Unit: _____ Date: _____

ARE YOU A COUNTY OR LOCAL STATE INMATE _____

ARE YOU? **FEDERAL / COUNTY INMATE (CIRCLE ONE)**

ARE YOU A VETERAN? **YES / NO** HIGH SCHOOL DIPLOMA **YES / NO**

ARE YOU SENTENCED LONGER THAN A YEAR? **YES / NO**

ARE YOU COVERED UNDER THE AMERICAN DISABILITY ACT? **YES / NO**

ARE YOU SENTENCED IN ANOTHER COUNTY? **YES / NO**

Circle the subject(s) you would be interested in taking. See other side for a description of each program.

ANGER MANANGEMENT

HIGH SCHOOL DIPLOMA

A.S.E./HiSET/GED

PARENTING INSIDE OUT

SUBSTANCE ABUSE

Thinking for a Change

You will be assessed once this form has been reviewed. If you are accepted into a class, you will be expected to attend each class, respect the staff and fully participate in order to receive credit. Do something for YOU!

___ DENIED DUE TO:			
___ Disciplinary	___ No Time	___ Classification	___ KSF in Class
___ Poor Work History/Refused Program Prior	___ 3056 P.C. Only		

FORMS THAT CAN'T BE READ WILL BE DISCARDED!

(Revised 9-15-16)

GLENN DYER JAIL - LEGAL INFORMATION REQUEST

GDJ

FORMS THAT CANNOT BE READ, HAVE NO PFN, IJU, TORN OR SOILED WILL BE DISCARDED

PLEASE PRINT IN ENGLISH AND AS DARK AS YOU CAN: (READ THE BACKSIDE CAREFULLY)

ARE YOU COURT CERTIFIED PRO PER IN YOUR CASE? YES NO

INMATE NAME: _____
LAST FIRST INITIAL

PFN _____ HOUSING UNIT # _____

REQUEST DATE: ___/___/___ NEXT COURT DATE: ___/___/___

WHO SENT YOU TO THIS JAIL? U.S. MARSHALL ICE/INS CDC FED. BUREAU OF PRISONS
 LOCAL LAW ENFORCEMENT AGENCY OTHER (SPECIFY) _____

HAVE YOU BEEN SENTENCED? YES NO

DO YOU HAVE A LAWYER REPRESENTING YOU IN THIS CASE? YES NO

IS YOUR LAWYER? PUBLIC DEFENDER COURT APPOINTED PRIVATE

WHAT KIND OF CASE IS IT? (CHECK ALL THAT APPLY)

CALIFORNIA CRIMINAL CALIFORNIA CIVIL FEDERAL CRIMINAL FEDERAL CIVIL

OTHER STATE (SPECIFY) _____ ADMINISTRATIVE

IMMIGRATION (ICE) OTHER (SPECIFY) _____

WHAT INFORMATION WOULD YOU LIKE TO RECEIVE? (YOU MAY REQUEST UP TO FIVE (5) ITEMS PER REQUEST FORM). IF YOU REQUIRE MORE THAN FIVE ITEMS, PLEASE FILL OUT A SEPARATE REQUEST FORM. YOU WILL ONLY BE PROVIDED THE FIRST FIVE ITEMS REQUESTED ON EACH FORM:

1. _____
2. _____
3. _____
4. _____
5. _____

Tracking No.		FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE		IDX
CR CV FAM	Form Memo Other	Desc.	_____	Pgs _____
CR CV FAM	Form Memo Other	Desc.	_____	Pgs _____
CR CV FAM	Form Memo Other	Desc.	_____	Pgs _____
CR CV FAM	Form Memo Other	Desc.	_____	Pgs _____
CR CV FAM	Form Memo Other	Desc.	_____	Pgs _____
Received	<input type="text"/>	Sent	<input type="text"/>	TOTAL PAGES

DISCREPANCY FORM

Santa Rita

Glenn Dyer

TO: CANTEEN CORPORATION

FROM: _____ PFN#: _____

DATE: _____ POD: _____

HOUSING UNIT: _____ CELL: _____

MACHINE NUMBER INVOLVED: _____

REASON FOR DISCREPANCY: _____

USE SEPARATE DISCREPANCY FORM FOR EACH MACHINE

DATE RECEIVED: -

RECEIVED BY:

FOR OFFICE USE ONLY

APPROVED

DENIED (STATE REASON)

BY:

DATE:

**INMATE GRIEVANCE RESPONSE
SUPPLEMENTAL INFORMATION**

[Redacted]	
INMATE NAME	PFN:
DATE OF GRIEVANCE	TRACKING#
[Redacted]	

**THIS DOCUMENT IS SUBJECT TO SUBPOENA. PLEASE PREPARE IN A NEAT AND CONCISE
FASHION.**

SIGNATURE	DATE:
-----------	-------

Policy & Procedure 16.03
Attachment 1
Revised 06/17

INMATE PROPERTY RELEASE

ALAMEDA COUNTY JAIL
PD-132 (REV. 6/07)

Inmates Full Name _____ Please Print _____

PFN # _____ Housing Unit / Pod _____ Date _____ Time _____ Approved By _____

PLEASE RELEASE:

ALL PROPERTY / EXCEPT CLOTHING

ALL CLOTHING (JURY TRIAL OR SENTENCED TO PRISON ONLY)

MONEY \$ _____ (EXACT AMOUNT TO BE RELEASED)

MY _____ TO PRISON HEALTH SERVICES.

FROM MY PROPERTY ACCOUNT TO: _____ INMATES SIGNATURE: _____

DEPUTY FINGER PRINTING AND CONFIRMING INMATE I.D. _____



I RECEIVED THE ABOVE PROPERTY: _____

SIGNATURE: _____ PLEASE PRINT _____

ADDRESS: _____

DRIVERS LICENSE NO: _____

DELIVERED BY: _____ BADGE # _____ DATE: _____ TIME: _____

THIS PROPERTY RELEASE IS VOID AFTER 60 DAYS

DA

CLAIM AGAINST THE COUNTY OF ALAMEDA

PLEASE TYPE OR PRINT

Please complete the form, retain one (1) copy for your records.

Return the signed original:

Clerk, Board of Supervisors Office,
Administration Building, 1221 Oak Street, Room 536
Oakland, CA 94612

Phone: (510) 208-4949

Please provide a copy of all attachments supporting your claim
(estimates, bills, receipts, police report, etc.)

CBS CLAIM NO. _____

FOR CLERK'S USE ONLY

**FOR FUTURE INFORMATION ON YOUR CLAIM PLEASE CONTACT:
Risk Management Services (877) 638-8612**

1. Claimant's Name: _____
(Last, First, Middle Initial)

1.5 Claimant's PFN (if applicable): _____

2. Address: _____
(Number, Street, City, State & Zip Code) (Phone Number)

3. Address to which notices are to be sent, if different from 1 & 2:
Name: _____
Address: _____
(Number, Street, City, State & Zip Code) (Phone Number)

*4. Total Amount of Claim: \$ _____

5. Date of Accident/Loss: _____

6. Location of Accident/Loss: _____

7. Describe How Accident/Loss Occurred: _____

8. Describe Injury/Damage/Loss: _____

9. Name of Public Employee(s) Causing Injury/Damage/Loss, if known: _____

10. Itemization of Claim (List items totaling the amount in line #4). (Use separate sheet for additional items.)

ITEM DESCRIPTION	AMOUNT	ITEM DESCRIPTION	AMOUNT
_____	\$ _____ / _____	_____	\$ _____
_____	\$ _____ / _____	_____	\$ _____
		*TOTAL AMOUNT OF CLAIM	\$ _____

11. Signed by or on behalf of claimant: _____ Date: _____

NOTICE: Section 72 of the Penal Code provides:

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand (\$1,000), or by both such imprisonment and fine; or by imprisonment in the state prison, or by a fine not exceeding ten thousand (\$10,000), or by both such imprisonment and fine."

P:\Claims\CLAIM

Inmate Disability Evaluation Form

Inmates Name:		DOB:		PFN:		Date:
----------------------	--	-------------	--	-------------	--	--------------

Medical Staff _____ Name	Time: _____
Deputy Notified _____	Time: _____

Section A: Reason for Initiation of Form (Check all that apply).

<input type="checkbox"/> Inmate Self-Identified	<input type="checkbox"/> Intake Generated	<input type="checkbox"/> Staff Observation
<input type="checkbox"/> Mental Health Staff	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Third Party Request
<input type="checkbox"/> Classification File	<input type="checkbox"/> Medical File	

Section B: Categories of Disability

<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Other	<input type="checkbox"/> Hearing Impaired	

Section C: Disabilities Affecting Placement

<input type="checkbox"/> Wheelchair User	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Non-Ambulatory	<input type="checkbox"/> Mentally Impaired	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Other		

Section D: Activities of Daily Living
List assistance needed with daily living activities(walking, seeing, caring for oneself, etc)

Medical Staff's Name:	Signature:	Date:
------------------------------	-------------------	--------------

Section E: Classification Action

Class Review:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessible Housing Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Classification Officer's Signature: _____	Date: _____	
Classification Sergeant's Signature: _____	Date: _____	
ADA Coordinator's Signature: _____	Date: _____	

Section F: Staff Comments/Observations

Distribution: White – Medical Yellow – Classification Pink – ADA Coordinator
 Policy Procedure 1.14
 Attachment 1
 Revised 6/17

Disability Tracking Form

Inmates Name: _____ PFN: _____
 Pre-Booking Medical/ M.H. Screening by: _____ Date: _____

ITR Sergeant: _____ Notification Time: _____
 Name & ID # _____
 Booking Officer Assigned to Track: _____ Notification Time: _____
 Name & ID # _____

Sign Language Interpreter called by: _____ Time: _____
 (Response time within 3 hours)
 Interpreter Name: _____ Arrival Time: _____
 If Interpreter does not arrive within three hours explain why below:

Telephone (TDD/TTY) made available
 If telephone was not available, explain why below. YES NO

Write in the completion date and time for each of the following areas
 Write n/a in the space if not applicable

Intake Process	_____	ADA Req. for Accommodations Form	_____
Explanation of Booking Process	_____	Medical Evaluation	_____
Arrestee receives written notices	_____	Inmate Orientation Video	_____
Finger Printed	_____	Inmate Rule Book	_____
Photograph	_____	Inmate Disability Evaluation Form	_____
Mental Health Screening	_____	Classification Completed	_____
	_____	Moved to Housing Unit	_____

Additional Comments:

Officer's Signature: _____ Date/Time: _____
 Name & ID # _____
 ADA Coordinator's Signature: _____ Date/Time: _____
 Name & ID # _____

If a Hearing Impaired Inmate comes in that requires a Sign Language Interpreter and there is no one on staff who is qualified, the ITR Sergeant will arrange for services.

Policy Procedure 1.14 Distribution: White – Medical Staff Yellow – ADA Coordinator
 Attachment 2
 Revised 6/17

DD534

Accommodations for Hearing Impaired

Alameda County Sheriff's Office Americans with Disabilities Act (ADA) Policy

No inmate who is a qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or be denied benefits of services, programs, or activities of the jail or be subjected to discrimination.

If an inmate is requesting accommodation in order to participate in a service, program or activity provided by the jail, the inmate shall notify his or her Housing Unit Deputy of the request. If an inmate believes that he or she has not been provided with a reasonable accommodation, the inmate may file a formal grievance. Instructions for submitting a formal grievance can be found in the Inmate Rules.

County of Alameda's ADA Complaint Procedure

If an inmate believes that the County of Alameda, or any of its Offices, including the Sheriff's Office has failed to comply with and/or carry out its responsibilities under the American With Disabilities Act, the inmate may contact the following person to make a complaint: The Alameda County Equal Employment Opportunity Commission at 1301 Clay Street, Suite 1170, Oakland, CA 94612-5217 (800) 669-4000 or TTY 800-669-6820.

Evidence Code 754

Any party or witness to a civil or criminal proceeding who is hearing impaired is entitled to a sign language interpreter or other auxiliary listening device during the proceedings. Evidence Code 754 provides that:

(b) In any civil or criminal action, including, but not limited to, any action involving a traffic or other infraction, any small claims court proceeding, any juvenile court proceeding, any family court proceeding or service, or any proceeding to determine the mental competency of a person, in any court ordered or court-provided alternative dispute resolution, including mediation and arbitration, or any administrative hearing, where a party or witness is an individual who is deaf or hearing impaired and the individual who is deaf or hearing impaired is present and participating, the proceedings shall be interpreted in a language that the individual who is deaf or hearing impaired understands by a qualified interpreter appointed by the court or other appointing authority, or as agreed upon.

(n) In any action or proceeding in which an individual who is deaf or hearing impaired is a participant, the appointing authority shall not commence proceedings until the appointed interpreter is in full view of and spatially situated to assure proper communication with the participating individual who is deaf or hearing impaired.

If you need a sign language interpreter or auxiliary listening device for a criminal proceeding, please notify your Housing Unit Deputy.

Contact Numbers for Services of the Deaf or Hearing Impaired

14895 E. 14th Street, Suite 200

Forward to ADA Coordinator

EXPLANATION OF THE BOOKING PROCESS

The following information is what will happen over the next few hours.

Once you have been pat searched and all of the initial paperwork is completed you will enter the booking area of the jail. You will not be allowed to keep any personal property or money when you enter the booking area of the jail.

You will be placed into a holding cell. A holding cell is an enclosed area with a telephone, bench, toilet and sink. You will be placed in a holding cell by yourself.

The booking clerks will enter your information into the computer. Once that has been completed you will be notified as to exactly what your charges are (what you have been arrested for) and how much your bail is.

If you have a bail, you will have the opportunity to bail out of jail. (There are some exceptions) There are bail bond company phone numbers on the wall. We cannot recommend a bail bond company to you. You will pay approximately 10% of the total of your bail. (Example: If your bail is \$1,000, you will pay the bond company approximately \$100) It is your responsibility to work the terms out with your bail bond company, not the jails.

- **If you are eligible for release with a citation, you will still be processed then offered the opportunity to be released upon your written promise to appear in court (citation). If you refuse to sign the citation, you will stay in jail until you go to court.**
- **If you do not have money to bail out and you are not eligible for cite release, you will stay in jail until you go to court.**
- **If you do not have a bail, you will stay in jail until you go to court.**

After your information has been entered in to the computer system a booking deputy will take your picture and your fingerprints. After that has been completed and if you are not going to bail out, a booking deputy will contact you to ask a series of questions. You need to be honest when answering the questions.

When those steps are complete, a booking deputy will escort you to the dress out area. The booking deputy will issue you jail clothing and all your personal clothing will be stored until you get out of jail. You may be subject to a strip search based upon jail policy and procedure.

The booking deputy will escort you to your assigned housing unit. The booking process will take anywhere from 4 to 12 hours.

You are allowed to make as many phone calls, as you need to. Local calls are free and long distance calls will be collect. At any time if you have questions, ask a deputy he or she will assist you.

Inmate Signature

White: Inmate Yellow: ADA Coordinator

ALAMEDA COUNTY SHERIFF'S OFFICE

ADDENDUM TO PRE-BOOKING MEDICAL SCREENING
HEARING IMPAIRED INMATE SERVICES

Inmate Name: -----	
Booking date: -----	PFN: _____
1. Are you hearing impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you deaf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you know sign language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you need a sign language interpreter to communicate effectively?	Yes * <input type="checkbox"/> No <input type="checkbox"/>
5. Level of hearing loss?	
6. Type of hearing services utilized: _____	
Hearing aid	
Type of battery used in hearing aid if known: _____	
Assisted listening device (s)	
Type(s): _____	
7. Will you need an interpreter or an assisted listening device when you go to court?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Deputy's Signature: -----	-----
	Name & ID#
Medical Staff's Signature: _____	_____
	Name & ID#

Upon completion, attach original to Pre-booking Medical Screening Questionnaire.

If inmate responds "yes" to number 4, a sign language interpreter shall be called immediately.

Distribution: White – Medical Yellow – Classification Pink – ADA Coordinator

DO 541

Policy & Procedure 1.14

Attachment 8

Revised 6/17

ALAMEDA COUNTY DETENTIONS AND CORRECTIONS
PETITION FOR RETURN OF PROSTHESIS

FACILITY: [] SRJ [] GEDDF

On _____ I, _____, received
(Date) (Commanding Officer)

a Request for the return of an orthopedic or prosthetic appliance, namely:

_____ from inmate
(Type of Prosthesis)

(Inmate's Name)

I have refused the request for the following reasons:

The inmate wishes to petition the court for an order to return the prosthesis.

(Commanding Officer's Signature)

(Inmate's Signature)

Policy & Procedure 1.14
Attachment 10
Revised 6/17

