



**Prisoner Advocacy Network**  
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<https://www.prisoneradvocacynetwork.org/covid-19.html>

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## **HOW TO FILE 602 & 602HC APPEALS**

### **REQUEST ACTIONS OR RELEASE DUE TO COVID-19**

*Regularly updated educational materials are at [prisoneradvocacynetwork.org/covid-19.html](https://www.prisoneradvocacynetwork.org/covid-19.html).  
Donate [Here](#) To Use These Materials & For Mail Costs If You're Not Incarcerated*

#### **Your Responsibility in Using this Guide**

PAN's COVID-19 Guides, including its Declaration Guide, 602 Appeals Guide, and Self-Help Litigation Guide, are not intended to give legal advice, but rather general legal information. No attorney-client relationship is created by using any information in this guide. You should consult an attorney for legal advice specific to your situation. When putting this Guide together, we did our best to give you useful and accurate information because we know that people who are currently or formerly incarcerated often have difficulty getting legal information. However, the laws change frequently and are subject to differing interpretations. The Prisoner Advocacy Network does not have the resources to make changes to this material every time the law changes. If you use this information, it is your responsibility to make sure that the law has not changed and applies to your particular situation.

#### **Purpose**

The purpose of this document is to explain why and how to file emergency 602 and 602HC appeals in response to COVID-19. At this time, due to COVID-19, and the opportunities for potential release due to the virus, we suggest you file a 602 and 602HC with an attached declaration and exhibits (1824s, CDCR-22s, CDCR Memos, 128s, chronos, medical records, custody records). You can use this paperwork to advocate for your release.

#### **Where to send requests for release due to COVID-19 (via LEGAL MAIL)**

- CDCR's COVID-19 response team. [COVID19@cdcr.ca.gov](mailto:COVID19@cdcr.ca.gov).
- J. Clark Kelso, Federal Medical Receiver (916) 739-7000 [ckelso@pacific.edu](mailto:ckelso@pacific.edu)
- Ralph Diaz, Secretary for CDCR (916) 324-7308 — press 4 [ralph.diaz@cdcr.ca.gov](mailto:ralph.diaz@cdcr.ca.gov)
- Diana Toche, Undersecretary - Health Care Services [diana.toche@cdcr.ca.gov](mailto:diana.toche@cdcr.ca.gov)
- Connie Gipson, Director, Division of Adult Institutions [connie.gipson@cdcr.ca.gov](mailto:connie.gipson@cdcr.ca.gov)
- If people have gone before the board and were found suitable, contact BPH and Governor to ask for expedited release [Jennifer.Shaffer@cdcr.ca.gov](mailto:Jennifer.Shaffer@cdcr.ca.gov)
- Write and call the [medical department at the prison](#).
- Reach out to the [Ombudsman](#) assigned to prison.



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- Ask a lawyer who is available to help or already working with you on the case to reach out to the prison's [Litigation Coordinator](#).
  - Contact facility's Warden [here](#)
  - If release date within 60 days and may qualified for [expedited](#) release James King [james@ellabakercenter.org](mailto:james@ellabakercenter.org)
  - If referred by CDCR under Penal Code section 1170(d)(1) for resentencing, contact [emily@ellabakercenter.org](mailto:emily@ellabakercenter.org).
  - [The Public Defender's office](#) and/or the private attorney that handled your criminal case to request resentencing under PC 1170(d)(1) from CDCR or the DA.
  - [Prison Law Office](#) (PLO) General Delivery, San Quentin, CA 94964 [office@prisonlaw.com](mailto:office@prisonlaw.com)
  - [Rosen, Bien, Galvan, & Grunfeld](#) (RBGG) 101 Mission St. 6th Fl, San Francisco, CA 94105 [Email](#)
  - Governor Gavin Newsom State Capitol, 1303 10th St., Suite 1173, Sacramento, CA 95814. [Submit](#) commutation application. Contact [kelli.evans@gov.ca.gov](mailto:kelli.evans@gov.ca.gov), [eliza.hersh@gov.ca.gov](mailto:eliza.hersh@gov.ca.gov).
  - The [superior](#) court where the prison is through a writ of habeas corpus/mandate.
  - The [federal](#) court where the prison is through a habeas/civil rights suit under 42 U.S.C. 1983.
  - The [legislators](#) representing your home / district you are incarcerated in.
  - Your loved ones. They can submit packages to advocate for your release. You should fill out medical and general release and authorization forms so they can obtain documents from CDCR and allow CDCR to speak to them. These forms include the [CDCR 1019/1021](#) custody records release, [CDCR 7385 \(health record release authorization\)](#) (updated October 2019 version), [CDCR 7421](#) Advance Directive for Health Care (updated June 2018 version).
  - Stanford Three Strike Project, Michael Romano, 650 736.8670, [mromano@stanford.edu](mailto:mromano@stanford.edu), Susan Champion 650 736.7757 [schampion@law.stanford.edu](mailto:schampion@law.stanford.edu), Milena Blake [milenab@stanford.edu](mailto:milenab@stanford.edu) Crown Quadrangle, 559 Nathan Abbott Way Stanford, CA 94305-8610
- Please note, if you send anything to PAN: PAN will not file anything in court, with CDCR, or with the Governor on your behalf. PAN is all volunteer-run, and with the shelter-in-place order we expect mail will be delayed 2-4 weeks. We can never return originals.

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2/37

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### **Note on How to Use this Guide's Templates**

Throughout this guide, whenever there is a bracket [ ], this is an indication that you should replace the bracket and the words inside it with information about your particular circumstances. The words in the bracket will let you know what you should add. Use your own personal experience and information, but use language that is similar to language in the template. Sometimes, the templates will include parentheses ( ) that suggest including exhibits. You can keep those parentheses in your 602s, but replace the internal brackets that suggest what sort of exhibits to include.

*For example:*

*Template: I am diagnosed with [disease/illness]. (See exhibit [medical files]).*  
*Your 602 form: I am diagnosed with asthma. (See Exhibit 128-C form).*

### **Why It Is Crucial to Immediately File Appeals**

#### **(1) Appeals are helpful to support requests for release.**

If you could qualify for release because of COVID-19, or if CDCR's response to COVID-19 caused a problem for you that needs to be addressed, you will likely need to create a paper trail. This guide is meant to help you make your case through the formal process recognized by courts. There are multiple ways that you can show decision-makers you qualify for release because of COVID-19. You need to immediately identify yourself as either someone who wants to be released due to one of the available reasons (see above). by CDCR (via the [Plata](#) decision) due to facility over-population, or as someone who wants to be released by the courts via resentencing, or as someone who wants to be released via the Governor's clemency and emergency powers. You need to immediately build a record to support your requests, and a 602 or 602HC is a crucial part of doing that because courts require it for "exhaustion". This guide along with the declaration guide (available here <https://www.prisoneradvocacynetwork.org/covid-19.html>).will help you present your evidence in a way that should be admissible for court and any other release process



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- **(2) Now is a good time to seek release because the PLO and RBGG have initiated an emergency action in federal court to advocate for your release due to over-crowding and the threat of COVID.**

On March 25, 2020, attorneys from the [Prison Law Office](#) (PLO) and the law firm of [Rosen, Bien, Galvan, & Grunfeld](#) (RBGG) filed an emergency motion in the [Coleman v. Newsom](#) and [Plata v. Newsom, overcrowding lawsuits](#). On April 5th, a three judge panel denied the motion on procedural grounds and instructed attorneys to file again in front of just one judge (rather than the three judge panel). On April 17, Judge Tigar held that the COVID-19 policies that the state presented to the court were constitutionally adequate. The court noted that it believes that the government has the ability to take additional steps to decrease the risk of spreading the disease, and noted it would continue to oversee the state's response.

The attorneys asked the judges to order CDCR to reduce the population because of COVID-19 by releasing to parole or post-release community supervision all people who

1. are at low risk as determined by CDCR's risk assessment instruments, or are serving a term for a non-violent offense,
2. are paroling within the year.
3. at high risk of COVID-19, including people who
  - a. are 65 years old and over;
  - b. have chronic lung disease or moderate-to-severe asthma;
  - c. have severe heart conditions;
  - d. have compromised or suppressed immune systems (*i.e.* due to cancer treatment, bone marrow or organ transplantation, immune deficiencies, undermanaged HIV or AIDS, or prolonged use of immune-weakening medications);
  - e. are severely obese;
  - f. (f) have uncontrolled diabetes;
  - g. (g) suffer from renal failure;
  - h. (h) have liver disease;
  - i. and (i) are pregnant.

The attorneys asked that, in the alternative, the judges order CDCR to release to parole or post-release community supervision as many people as is necessary to achieve safe social distancing in prisons and to create sufficient space for quarantines and isolation. In order to identify yourself as someone who wants to be released under this case you should file formal 602 and 602hc appeals. The more you can describe how you are at risk and are safe to release, the better.

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4/37

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- **(3) Now is a good time to seek release because Ralph Diaz has chosen a small category of people to release due to the threat of COVID, and you can argue you should be released too.**

On March 31, 2020, Ralph Diaz filed a declaration in the *Plata* case (ECF [3241](#)), directing the release of some inmates from CDCR's custody due to the threat of COVID-19. He went out of his way to note that the release was not because of the *Plata* case, but was under his emergency powers and "independent authority under California Government Code § 8658." He created [criteria](#), resulting in a group of 3,496 people to be released early. The criteria are:

- 60 days or less remaining on their sentences (as of March 30, 2020);
- not serving a current term of incarceration for a violent felony offense, as defined by California Penal Code § 667.5(c);
- not required to register under Penal Code § 290; and
- not serving a current term for a domestic-violence offense.

The group of 3,496 includes 1,751 people within 30 days of release and 1,745 people within 60 days of release. CDCR said that the group's release is "scheduled to begin as soon as practicable, including within the upcoming days and weeks."

For reference, the statute says:

§ 8658. "Removal of inmates from penal or correctional institution . . . In any case in which an emergency endangering the lives of inmates of a state, county, or city penal or correctional institution has occurred or is imminent, the person in charge of the institution may remove the inmates from the institution. He shall, if possible, remove them to a safe and convenient place and there confine them as long as may be necessary to avoid the danger, or, if that is not possible, may release them."



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## **Summary Of 6 Steps For Filing a COVID-19 Appeal**

**This guide breaks down the process needed to complain about COVID-19 into 6 steps:**

- Step 1: Understand the Filing Process & Its Pitfalls
  - Step 2: Gather Documents
  - Step 3: File The Initial Request Form (22, 7362, 1824).
  - Step 4: Draft An Appeals Form (602, 602HC).
  - Step 5: Submit The Form and Attachments.
  - Step 6: Copy Everything and Send to Officials and Advocates
- 

## **STEP 1: UNDERSTAND THE FILING PROCESS**

### **The Importance of Completing Forms**

File a 602 and 602 HC asking for immediate release. You must file separate appeals for each problem COVID-19 has caused you. Do not combine multiple issues on one appeal form. Follow every appeal to the final level of review. This is because CDCR requires you to “exhaust” the internal appeals process before filing a lawsuit. Make sure to keep paper copies of all of the forms and attachments you have filed. Keep a record of when and how you submitted the form, the log number, and how CDCR responded. If possible, send copies to a lawyer or trusted person outside who can contact a lawyer. or file them directly with the court in your pro se suit.

Because of the April 17th court order saying that the state’s COVID policies were thus far constitutional, it is more important than ever to make a record showing that the policies it claims are in place are not truly in place, or were so delayed to be meaningless or physically harmful to you. You are the one who will need to provide the proof that CDCR’s practices are different than what it claims are the policies. If you create the paper trail that proves this, the judge may change his mind and find that the practices are unconstitutional.



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## **How Best to Describe the Problem You are Experiencing and the Solution You are Requesting**

First of all, in order to bring a lawsuit against any government policy or action, like CDCR's response to COVID-19, you have to have something called "[standing](#)." Standing means that if you want to bring a suit to challenge the government, you yourself, personally, have to be either about to experience or have experienced some harm, whether that harm is a violation of rights or actual, physical/mental harm. Therefore, it's crucial to make it clear in your appeals that a violation of rights or threat of physical harm has affected you, specifically. You cannot bring a lawsuit about a general issue. It has to have affected you, specifically. Keep that in mind while you describe the problem.

Other than establishing "standing," the most important thing in describing the harm of COVID-19, is to note that COVID-19 causes the risk of death or grave bodily harm. Make sure you state this clearly in your appeal. In addition, it is causing many problems that affect each person's conditions slightly differently based on their housing assignment, program, job, staff, custody status, level, release date, etc. Make sure you only put one problem, or "issue" on each appeal form. For the first form, ask for release. That's an example of one issue, and it's the most important. In a second appeal, you could describe a policy, incident, event, or failure to act that has caused bad things to happen to you. Try to explain that everything you explain in one form came out of the same incident. If you don't word the form carefully to show that each form only contains one issue, CDCR is likely to reject the appeal because it contains multiple issues instead of addressing the actual complaint.

Finally, include as much information as possible. Include date, time, place, names & CDC No. (if possible), titles of staff involved, diagnosis, symptoms, injury, score, classification details, etc. You have to provide enough "notice" to CDCR about the problem you are asking them to respond to, and these details help meet that requirement. Give as much detail as you possibly can. The form can mention any rule or rights that you think CDCR violated, but it doesn't need to contain legal theories, case names, etc. You can include case names, Title 15 sections, or DOM sections, but you don't have to. The rules for completing forms are mostly listed in California Code of Regulations (CCR), Title 15 §§ 3084-3086, and CDCR Department Operations Manual (DOM) § 541. You can write the Prison Law Office for more [extensive guides](#), if you want.

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7/37

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## **Timeline for Filing Requests & Appeals**

### Requests

For a Form 22, CDCR has 3 work days to respond, and they have 7 calendar days to do the “supervisor’s review.” Because COVID-19 is an emergency, we suggest you go straight to emergency appeals at the same time that you file the 22.

### Non-Emergency Appeals (Not Recommended for COVID-19)

You have to appeal problems within 30 calendar days of the problem happening or after you get information about the problem. Each time you receive a response to your appeal, you also have 30 calendar days to appeal the response. You should state in each appeal that you are filing your appeal within 30 days of a particular harm, event, or response. If you are awaiting documents and time is running out, file the appeal and explain why you can’t yet attach documents. If you are filing late, explain why you could not file your appeal on time. For normal, non-emergency appeals, CDCR limits you to one every 14 calendar days.

### Emergency (We Recommend You Write EMERGENCY On All COVID Forms)

FILE EMERGENCY 602 AND 602HC FORMS REQUESTING RELEASE IMMEDIATELY. Write “Emergency” on the top of the form any form related to COVID. But COVID is an emergency. Emergency appeals skip the first level. There is no limit to how many you can submit in any period of time. CDCR must respond within **5 working days**. Explain that you need an immediate response within **5 working days** at the second and third levels because of the emergency. Explain that you face physical or mental harm or death within 5 days.

### CDCR’s Response Time

If CDCR fails to follow the time limits described, you should file another Form 22, and file a new appeal complaining about CDCR’s failure to meet its timing deadlines. In that appeal, state the log number of your original appeal, the date it was filed, and the date that you have not yet received a response by.



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## **STEP 2: GATHER DOCUMENTS**

### **Create and Organize Documents**

When you are filing an appeal with CDCR, find, create, and attach documents that prove “how” you have experienced harm or injury. Your forms should go into as much detail as possible. Think about what documents will show that you experienced physical effects and negative consequences from COVID-19. Then create or find those documents. These sorts of supporting documents are called “exhibits.”

#### **Examples of Supporting Documents, or, “Exhibits”**

Chronos; medical documents; custody documents (showing loss of privileges, denial of program access, change to release date, loss of job, etc.); Mental health documents; A declaration of facts from you; A witness declaration; CDCR policies; CDCR memos, 115 Rules Violation Report; 128-A Counseling Chrono; Incident Report; DA Referral; 602; 114-A (Detention/Segregation Records); 128-B (General); 128-C Medical/Psychiatric/Dental/Chrono; 128-G (Classification); 1858 Rights and Responsibilities Statement (attach to accuse a particular staff person of misconduct that violates law, regulation, policy or an ethical or professional standard); 7219 medical report of injury or unusual occurrence,

**Obtaining Records:** Check with records, Public Information Officer, or Ombudsman about changing to obtaining records due to COVID-19.

**Obtaining Medical Records to Attach:** People inside can fill out [CDCR 7385 \(health record release authorization\)](#) release forms for people outside to write to CDCR/CCHCS to request medical records. Write two copies. Put one 7385 form in an envelope and address it to “Health Records.” If you are in prison, you do not need to write a physical address and can use the in-prison mail system to send the form to Health Records. Mail the second to an advocate. If you are out of prison, you can mail the signed 7385 form to Health Records Center, P.O. Box 588500, Elk Grove, CA 95758 fax to (916) 229-0002 or [releaseofinformation@cdcr.ca.gov](mailto:releaseofinformation@cdcr.ca.gov). If you have authorized CDCR to communicate verbally or in writing with someone about your health care, they may request records or information by writing to the prison medical staff or leave a message on the prison’s Release of Information (ROI) Access line or the CDCR

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9/37

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Headquarters Patient Health Care Inquiry Hotline. Or write to: California Correctional Health Care Services, Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758. CPHCSCCUWeb@cdcr.ca.gov fax (916) 691-2406. If you ask to receive a copy of all of your medical records, you should not be charged for the copies. If you request specific documents, you will be charged \$.10 per page from your trust account; if you do not have any money in your trust account, then you will not be charged. If you request that records be sent to someone on the outside, you will be charged \$.10 per page, unless you have no money in your trust account. If you don't get a quick response file an emergency 602 citing the need for the records for COVID-19 legal purposes. Information about your rights to request copies and authorize release of your health care records and information is in the Title 15 regulations, §§ 3999.217 to 3999.219 and the Health Care Department Operations Manual §§ 2.2.2, 2.3.4, 2.3.14, 2.3.15.

**Obtaining Custody Records to Attach:** You can fill out release forms for people outside to write to CDCR to request your records using the [CDCR 1019/1021](#). Turn one into records and mail one to your outside advocate. It is helpful to send a 7385 too. Your advocate can contact your institution's [Public Information officer](#) and [ombudsman](#) to ask about your institution's process. A person inside can file a form 22 then a 602 emergency request due to COVID to be permitted to conduct an Olson Review. Sample Language "Due to COVID-19 emergency legal proceedings I request a copy of my C-File (SOMS/ERMS) sent to me and to [list outside person's name] at the earliest possible dates. DOM section 13030.16 "Access to Records" states that "Each individual has the right to inquire and be notified whether CDCR maintains a record about him or her. Any inquiry shall specify the name and title of the records system as filed with the OIP. Inmates are granted access and review of information pertaining to themselves under case law (Olson v. Pope (1974) 37 Cal.App.3d783, 112 Cal.Rptr.579) and this section. They may request an Olson review of their Central File (C-File) from their assigned Correctional Counselor(CC).The shall be permitted to inspect and obtain an "exact copy of all or any portion of any nonexempt personal information about themselves even when it might be kept under the name of another person, entity, event, or date or among other records systems." I am enclosing a 1019/1021 form and 7385 form to authorize release to a copy of my file to my advocate.



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## How to State Harm on your Forms

Courts need to see proof of COVID-19 causing bad things or “harm.” Though it may seem obvious, you still need to describe it, and, where you can, attach proof or “exhibits” of the fact you are stating. Every exhibit should describe how COVID-19 caused you to physically suffer. Include all of the following (Examples and sample language are in the boxes below.):

- Any high-risk factors that make you especially at risk of contracting COVID.
- If you have any CDCR Classification Codes that make you especially at risk.
- Even if you do not have any high-risk factors, explain that you are still at risk.
- Describe CDCR’s failure to maintain a safe environment from the risk of COVID

Use any of the examples mentioned in the boxes below if they apply to you.

### Examples: COVID-19 Symptoms

Fever, dry cough, fatigue, shortness of breath, sputum production (phlegm, thick mucus that is produced by the lungs), sore throat, headache, myalgia (muscle pain), arthralgia (joint pain), chills, nausea, vomiting, diarrhea, nasal congestion

### Examples: Potential Harms From COVID-19

Suffered physical manifestations of symptoms such as anxiety; fear; nervousness; paranoia; depression; insomnia; weight loss or gain; loss of appetite; problems eating; exhaustion; stress; suicidal thoughts; desire to harm self; PTSD (Post-Traumatic Stress Disorder) (describe the physical problems this caused); self-mutilation (cutting or hurting yourself); anguish; headaches; irritable bowels; digestion problems; hives/rashes; psychological distress; interference with hygiene; sleep problems; hearing; seeing; concentrating; thinking; communicating; working; learning; paranoia; agitation; social withdrawal; fatigue; hyper-vigilance; disorientation; perceptual distortions; hallucinations; sensitivity to noises; side effects from medications prescribed to help deal with these issues; inability to shower; inability to leave cell; inability to go on yard; inability to exercise; in ability to participate in programming; inability to work; etc.



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### Examples: COVID High-Risk Factors

Are you a member of any known COVID-19 high risk categories? Describe how they make you more at risk for COVID and need release: Age 50 and over; Asthma; Heart conditions; Valley fever; lung disease; Previous tuberculosis; severe heart conditions; diabetes; obesity (body mass index [BMI] greater than 40); Liver disease; renal failure; Current or recent Pregnancy; use of immune-weakening medications; blood disorders (e.g. sickle cell disease or on blood thinners); chronic kidney disease; endocrine disorders; chronic obstructive pulmonary disease; neurological, neurologic, and neurodevelopment conditions, including disorders of the brain, spinal cord, peripheral nerve and muscle such as cerebral palsy, epilepsy, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury; [Immunocompromised](#); bone marrow transplant; organ transplantation; immune deficiencies; HIV or AIDS; use of corticosteroids (such as hydrocortisone and prednisone to treat arthritis, allergies, rashes, lupus); Mental health conditions; Smoking; Methamphetamine usage; Previous or current cancer; or CDCR already classifies you as medically High risk (Chronic care of complicated, unstable, or poorly-controlled common conditions (e.g., asthma with history of intubation for exacerbations, uncompensated endstage liver disease, hypertension with end-organ damage, diabetes with amputation) of complex, unusual, or high risk conditions (e.g., cancer under treatment or metastatic, coronary artery disease with prior infarction). Implanted defibrillator or pacemaker. High risk medications (e.g., chemotherapy, immune suppressants, Factor 8 or 7, anticoagulants other than aspirin). Transportation over several day period would pose health risk, such as hypercoagulable state.

### Example: High-Risk CDCR Classification Codes

Describe: Describe how CDCR labeling you with these codes indicates you are more at risk for COVID and need release (attach paperwork showing the code): DLT Mobility Impaired, Level Terrain; DNH Hearing, Requires Auditory Aids; DNL Learning, Requires help to understand; DNM Mobility, walks with assistance; DNS, Speech Requires Speech Aids; DNV Vision Requires Visual Aids; DPH Hearing Deaf or Hearing Impaired; DPM Mobility, unable to walk; DPO Mobility Intermittent wheelchair user; DPS Speech Mute or Speech Impaired; DPV Vision Blind or Low Vision; DPW Mobility Permanently requires wheelchair; DEC DDP (Developmental Disability Program) (any cognitive and adaptive functioning limitation); DKD Dialysis; ICF Intermediate Care; ACUTE Acute Care; LD, Learning Disability; Enhanced Outpatient Program (EOP); Correctional Clinical Case Management System (CCCMS); Mental Health Crisis Bed (MHCB); Department of Mental Health or Department of State Hospitals (DMH/DSH); Psychiatric Inpatient Program (PIP).



**Examples: Dangerous CDCR Behavior that Has Put You in Harm's Way**

**Describe:** The specifics of what CDCR staff members did when implementing a policy or action. You can describe CDCR's actions as cruel and unusual punishment, or deprivation of life's necessities. Examples include: lack of medical care or personal safety, such as the ability to wash my hands regularly, disinfect surfaces, or maintain social distance under COVID-19 guidelines released by the Center for Disease Control, lack of appropriate hygiene and sanitation products to prevent infection and death from COVID-19.

**Sample Language: Describing Harm**

**For People over 50 Years Old:** *My age is [list age] and because of this age I am more at risk of infection and death from COVID-19.*

**For those with vulnerable medical conditions:** *I am diagnosed with [disease or illness]. The condition of [diagnosed disease/illness/disorder] puts me at risk for COVID-19 because [describe reasons]. I am enclosing the following documentation of my medical condition. (See exhibit [Try to attach paperwork proving this diagnosis]). The news and public health officials indicate this condition puts me at risk of death from COVID-19 if I remain incarcerated. My [health problems] cannot be treated easily inside a prison environment even without the challenge of COVID-19. A list of my chronic and serious debilitating medical conditions includes [list]. My advanced age of [age] is a risk factor because [reasons].*

**For those with COVID-19 symptoms:** *I suffer from the following symptoms: [list symptoms here]. (See exhibit [Try to attach paperwork proving you have these symptoms]).*

**For younger people:** *While older people with pre-existing conditions are the most vulnerable to COVID-19-related mortality, young people such as myself at age [age] without preexisting conditions have, also, died from COVID-19. So I am at risk of death or grave bodily harm.*

**For everyone:** *The conditions at [name of facility] include close, unsanitary quarters, lack of access to protective measures, and limited medical capacity and [list other reasons], all of which mean that I am at greater risk of infection if I remain in custody. This also means I pose a greater risk of needing extreme measures, such as ventilator access, to save my life, should I become infected. The action Officer [First Name] [Last Name] took because of COVID-19 is resulting in cruel and unusual deprivations of life's necessities because it is depriving me of "the minimal civilized measures of life's necessities," including [list items, which could be lack of medical care or personal safety, such as the ability to wash my hands regularly, disinfect surfaces, or maintain social distance under COVID-19 guidelines released by the Center for Disease Control, lack of appropriate hygiene and sanitation products to prevent infection and death from COVID-19]. While the deprivation of [state what is being taken away] might be tolerable for a few days, it is intolerably cruel for the [duration: days, weeks, or months] staff subjected me to it. CDCR caused deprivation of health on [date], by [name CDCR staff*



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*member] when the staff member took the action (or failed to act) of [state action] upon [name of person]. This resulted in the harm of [name person]. The deprivation of [item or thing] is, “serious” because [explain]. Where CDCR officer [name] failed to prevent harm of [name what is harmed] that occurred on [date], conditions that posed a substantial risk of serious harm included [state risks]. The official knew of the risk of serious harm because [name how you know they knew]. The official [name] in the position of [job] failed to take reasonable measures to stop or reduce it when official [name] took the action of [state action] and failed to act when [state action that required a response].*

### **How to Request Solutions**

The main way to prevent harm is release from incarceration. So make sure that you focus on this when describing how incarceration is causing you harm, and propose solutions to whatever problem you are asking CDCR to solve (such as by releasing you!). Make sure you state that there is no way to prevent COVID-19 transmission in CDCR prisons.

- Describe the reasons you are low-risk to public safety.
- Describe the release plan that will support you on the outside if you are released.

### **Sample Language for Requesting Release**

#### **Issue: There Is No Way To Prevent COVID-19 Transmission in CDCR**

**Describe:** Ask For Release & State Why You Are Low Risk to Public Safety If you are asking for release, then you should describe why it is safe to release you. Describe and attach evidence related to what CDCR or a court would consider in assessing your “risk” if released. Note any positives from: Security Level of Yard: I, II, III, IV; Placement/Classification score; Custody designation (Max, Close, Med A, Med B, Min A, Min B); COMPAS Risk Assessment Score; California Static Risk Assessment “CSRA” Score; BPH Comprehensive Risk Assessment Score; Commitment offense(s) and classification: Violent / Non-Violent; Years of incarceration completed; Time of incarceration remaining (if known, release date, if indeterminate, parole hearing or other proceeding date); Rehabilitation efforts

**Sample Language:** *I am requesting release. I am an excellent candidate for early release for the following reasons: [list reasons]. For the commitment offense(s) of [list offense(s)], I was sentenced to [length of your sentence]. The court did not sentence me to death, nor do I deserve to die. My point score is low, at [list score]. In my most recent risk assessment,*



*CDCR indicated I was [risk status]. I am unlikely to repeat my commitment offense(s) because [list reasons]. My release plan includes the following place to live at [place], which is a sober-living environment, and other support for my health including [list] and financial support of [list]. [Next include any of the following sentences that applies to you.]*

**Sample Language: If you already have proceedings under way I am requesting release. I am an excellent candidate for early release for the following reasons: [list reasons].**

- *I was already found suitable for release by [date] on [date of parole hearing], please release me immediately.*
- *I was found eligible for release under Prop [number].*
- *I have been re-sentenced pursuant to Penal Code section 1170.95 (SB 1437),*
- *I have been referred by [CDCR/the DA/my sentencing judge] for resentencing under 1170(d)(1), which indicates they think I may be entitled to discretionary or mandatory early release*
- *I have already applied for a commutation (See exhibit [Enclose if you can get copies]), and request release due to the merits in my application.*

### **Sample Statement For Every Issue to Describe Reentry Plans if Released**

**Describe** the release plan that will support you if you are released, including your housing, reentry support, work plan, potential school plan, general support, training for a job, financial support, and medical care. Make clear that if you are released, you will not contribute to the wider spread of COVID-19 because you will follow all Center for Disease Control recommendations. Be sure your release plans are solid and realistic. The parole board can and does sometimes check on letters of support and offers of assistance. Don't allow your plans to be discounted because they are vague or not verifiable. In mid-April, [CDCR says](#) the parole board will be able to conduct hearings via videoconference.

**Sample Language:** *My release plan includes a place to live at [place], which is a sober-living environment, and other support for my health at [through place or institution] and financial support of [families or organizations]. I have a plan to pursue employment that respects the social distancing limitations on the hiring process amid the COVID-19 crisis. [If you've already built a resume, attach a resume.] I have a relapse prevention plan; I know where and when addiction support groups will be meeting in my parole area [name of place] and I can contact them for information on digital meetups. I have both short-term plans for remaining safe and*



*stable during the COVID-19 crisis, including [items that could include getting identity cards or enrolling in remote school] and long-term plans for when the COVID-19 crisis is over. My short-term plan includes concrete ways that I can follow Center for Disease Control recommendations about mitigating the spread of COVID-19, including [ways I can obtain masks, safely shop for groceries, avoid impacting local hospitals]. I have family members that can support me, including [list family members and what they can provide].*

### **STEP 3: File The Initial Request Form (22, 7362, 1824, and/or 1858)**

#### **Form “22” (For Custody Issues)**

You can file a CDCR Form 22 Inmate/Parolee Request for Interview, Item or Service, to ask staff to answer a question, to have a conversation, to take action, or to stop doing something if CDCR is causing you harm through policy, decision, action, condition, or omission.

#### **Part A (Level 1)**

Describe in detail what you want to be done or what you want to stop being done, include a timeline of the problem, who you want to take action, and what action you want them to take.

**Sample Language:** *“I request sanitation and hygiene materials necessary to protect myself from infection and death from COVID-19: soap (liquid preferred); Hand sanitizer (alcohol-based hand sanitizer that contains at least 60% alcohol preferred); Gloves; Masks; Clean laundry [state how often you are requesting this]; Cleaning products [state how often you are requesting this]; Hand drying supplies (hand drying machines, disposable paper towels); Hot water; Tissues; Toilet paper; Other cough or sneeze covering products; More access to hand washing areas and supplies for hand washing; EPA approved disinfectant; Respirators; No touch trash receptacles; Water at 60–90 °C to wash laundry; Detergent to wash laundry; Extra clean clothes, bedding, towels; Increased laundry schedule; Fresh chlorine bleach solution at a 1:10 dilution mix.”*



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## Part C (Level 2)

Explain why the first response didn't do what you wanted it to do, explain how there was a failure to act, or why the action wasn't what you requested, or how it doesn't solve the problem.

**Sample Language:** *"CDCR did not give me appropriate hygiene and sanitation products to prevent infection and death from COVID-19."*

### 7362 Sick Call Slip (for Medical Issues)

If the problem is caused by medical staff or can be solved by medical staff, use this form. Do not use this form if a custody issue caused or can solve the problem. Under "Reason You Are Requesting Health Care Services", describe the problem with your physical or mental health or symptoms, the date it started, the current effects, and what you want done. If you've tried to get care for it before and haven't received a response or received a denial, describe what happened. *Example: "I request COVID-19 testing." "I request delivery of a 30 day supply of medication to my cell because of COVID 19, as it is unsafe to go to pill call line."*

### 1824 Disability Reasonable Modification or Accommodation Request

Use this yellow form to describe your diagnosis or medical or mental health issue, and what treatment, modification, accommodation, or assistive devices you need from custody or medical staff. See below for examples: Under "What Can't You Do / What is the Problem" say something like *"COVID-19 caused staff to transfer me to a new housing assignment and took away my bottom bunk chrono, but I can't climb on the top bunk or climb stairs."* Under "Why Can't You Do It" say something like *"I have arthritis in my knees."* Under "What Do You Need" say what would make things better. *Example: "Re-issue a bottom tier and bottom bunk chrono."*

### CDCR 1858 Form (Staff & Property Complaints)

For appeals about excessive force, staff misconduct, or property you must complete and attach CDCR Form [1858](#) Rights and Responsibilities Statement to the 602.



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#### **STEP 4: Draft an Appeals Form (602, 602HC)**

Typically, after you get a response to the initial request forms (22, 7362, 1824) (or after CDCR fails to respond by its deadline), you can begin the appeal forms. Because of the emergency nature of the COVID-19 pandemic, we recommend you file 602s at the same time labeled “emergency.”

#### **602 Custody Appeal Form**

We recommend filing all levels of 602 even if CDCR claims it is partially or fully granting your request so CDCR can't raise any challenges in court. Write on each level “emergency” due to COVID-19.

#### **602 Part A “Explain your issue”**

These three lines should be used to describe in a broad way the harm that was caused by the problem you are complaining about. (See Section 2, above, for how to describe the harm.) Describe the bad thing you don't want to be happening, and that it is CDCR's job to fix it. In the later 602A attachment, you will have more room and there you can cite any CDCR rule or state or federal law that applies to your situation, and give specific facts as to how the rules are being broken or violated. Try to be clear about what happened, when it happened, who did it, and what else you have already done to try to solve the problem. Write the problem out in a timeline in chronological order (you can attach a declaration written in a timeline format if that is easier to reference using [PAN's declaration guide](#)). Make clear what happened when, because of whom, and state what you want the prison staff to do in response. Describe what happened to your body. Describe the physical manifestations of symptoms you suffered. See the “harm” section above for examples. You must include every issue related to the problem or you will not be able to bring up the issue in the future. Do not give up your right to an interview.

#### **602 Part B “Action Requested”**

The action is your demand or the solution you identify that would address or improve the harm that CDCR caused you to suffer. **If you are asking for release in the 602B section, you should describe why it is safe to release you. You want to address three things: 1) The conditions in prison that make you vulnerable to die from COVID-19 (list conditions), 2) the medical risk you have that increases your chances of getting COVID-19 while**

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18/37

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**incarcerated, and 3) why you are a low risk to public safety if you are released.** Describe and attach evidence related to what CDCR or a court would consider in assessing your “risk” if released.

## Supporting Documents

Attach “exhibits” to 602s whenever possible. Like in court, these attachments are considered a type of “proof” or “facts” that you can use to prove the claim you make in the 602. The attachments are what you will use to prove that something bad happened, and to prove the details of the harm caused. If you have exhibits, check the box that says you have attached documents and list the documents in the space provided (see above for ideas of what kinds of documents to attach). If you are not attaching any supporting documents, you should check the box that says that and explain why (for example, if staff haven’t given you a copy of the COVID-19 memo or your medical records or if there simply aren’t any relevant documents).

## 602-A Appeal Form Attachment Part A and Part B

When you run out of room summarizing the problem and solutions on the main 602, write more details on the 602-A form and turn them in together. This is the chance to get into more detail and identify particular rules and rights and how you think they were violated, the harm caused, and the reasons you should be released.

## 602 Level 2 (Part D) and Level 3 (Part F)

Appeal through all three levels of the 602 process no matter what, describing whatever problems you find with the response. Never agree to withdraw. Always continue to appeal. If CDCR alleges there is a problem or claims there is a reason to “cancel” the appeal, correct the problem and re-submit the appeal within 30 days. If CDCR language makes it seem like they are granting or partially granting your request, appeal what is in fact a denial they are trying to disguise as a grant, and submit a separate appeal to complain about staff falsely characterizing denials as grants, while not giving you what you want. Show how the decision is not giving you what you asked for.

## “602-G” Appeal Form

To file a 602G group appeal, one person should fill out, sign, and submit the 602 form. Along with the 602 form, submit a CDCR Form 602-G Inmate/Parolee Group Appeal with the names, CDCR numbers, housing location, and signatures of all participating. The appeal response will

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19/37

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only be provided to the person who submitted the appeal, and that person is responsible for sharing the response with the other signatories. DO NOT COMPROMISE YOUR SAFETY TO DO THIS. STAY SIX FEET AWAY FROM PEOPLE DUE TO RISK OF COVID TRANSMISSION.

Part A Summarize the Issue in the Attached 602: Write a regular 602 but describe how it affects a group. Attach it. Summarize what the 602 asks in this form in part A. Then have people sign below.

Part B Summarize the Action Requested: This should mirror the attached individual 602 but also describe why it affects a group.

### **Sample Language To Appeal COVID-19 Causing Cruel and Unusual Group Punishment**

Here you can paste any language from the other boxes, like about hygiene or sanitation, and inability to distance, but write it for a group. Note that congregating with other people during COVID is not recommended, so this is not a good strategy due to the need to distance.

**602B Sample Language for 602-G:** *We [residents of yard name, participants in program name, work crew for job, etc.] ask that CDCR stop the COVID-19 policy of [describe policy] which is affecting us by [list effects]. The policy of [describe policy] is causing all of the signatories to suffer the harm of [list harms] . On the date of [date], CDCR staff member [Full Name] took the improper action of [describe action]. I am requesting [make request]. As a result of COVID-19 on [date] at [time], CDCR staff [list names if you have them] inflicted [list harms] upon our group. Since then, for [number of] days, we have been denied [list what you have been denied]. We have also been subjected to [list any other harms]. We are asking that CDCR act to rectify this situation. CDCR must provide all the signatories below with a [demand] by [date].*

### **More 602A & 602B Sample Language**

What follows is sample language for helping you fill out a 602 appeal with as much clarity as possible. This sample language will focus specifically on rights that may be violated by how COVID-19 is affecting your personal circumstances, and the general problems it has caused. Make sure you read over your 602 once you've finished to make sure it reflects your individual facts. There are many sample language templates below. The heading on top will explain which issue the sample language relates to, and will help you determine which one best addresses your problem. Even if a certain template matches your situation, not everything may be the same as in your case and you don't need to include material that doesn't apply to you. If you've

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20/37

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filed multiple appeals for the different aspects of COVID-19 affecting you, you will likely need to use multiple templates for multiple different 602 appeals.

**Issue: CDCR Not Following COVID-19 Protocols**

**Describe in 602 Part A:** How and when did people put CDCR on notice of COVID-19 protocols? Describe [videos](#), or loudspeaker announcement, or chronos, or meetings, or informational literature that the facility presented (Please mail us copies.) What are the protocols? Are there confirmed cases in your facility? Are there suspected cases in your facility? How and where is CDCR isolating people with symptoms and for how long (it should be 14 days)? Do those facilities have single cells with solid walls and a solid door that closes? Has CDCR put tape on any section of the floor or done anything else to designate quarantine or isolation areas? Has anyone been transferred to a hospital? Which one? Has CDCR posted signs for any isolation or quarantine areas? How and where is CDCR isolating people without symptoms? If you had close contact with someone diagnosed with or displaying symptoms of COVID-19, were you then isolated for 14 days (the recommended period)? Have you been deemed in “quarantine” or are you just “isolated”? Who has CDCR offered tests to? Who do staff say they will test and when? What is the test (a swab through nose to back of throat, or other method)? Are people administering the tests wearing protective gear (i.e. masks and gloves)? Have you had close contact (within 6 feet) with someone who reported symptoms, if so describe contact?

**Sample Language for 602 Part A to Show CDCR is Not Following CDC/WHO COVID-19 Protocol:** *[Full Name] brought me into contact with [number] different custody workers of [name of institution] and health care workers of [name of organization] in one week. And those same custody and health care workers are, of course, treating other patients — patients who, because those at the facility are ones with the highest degree of medical needs, are likely those coming in and out of the facility for medical treatments and risking exposure in the local hospitals and medical facilities. Because of my medical needs, I am brought into contact with incarcerated medical assistance companions “gold coats” [number] times a week. It is physically impossible for me to follow COVID-19 recommended protocol from the CDC and WHO to stay six feet away from others, thus increasing the risk I will be infected or killed. I was brought into contact with [number] different custody workers and [number] health care workers in one week.*



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**Sample Language for 602 Part B to Request Release:** *There is no safe way to house me here because of [reasons]. I request release. I am a low risk if released because [reasons]. My plans for a supported and successful reentry include [see parole plan template above].*

### **Issue: Six Feet Of Distance Is Not Possible Anywhere in CDCR**

**Describe:** Factors related to your in/ability to stay 6 feet away from other people. Have you had close contact (within 6 feet) with someone who reported symptoms? If so, describe the contact? (For instance, if you have been within approximately 6 feet of a COVID-19 case for a prolonged period of time, have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on), shared eating or drinking utensils, ridden in close proximity in the same transport vehicle, slept less than 6 feet away, were in an enclosed office together.) How many people share your housing? How many people pass by your cell in a given day and for what activities?

What activities do and don't allow you to maintain that space with other incarcerated people, medial staff, and/or custody staff? Do staff stay in one place or do they move between units to provide meals, medical care, mental health treatment, and security checks? How wide is the space between beds? How wide are the walkways? Have there been any changes in the way that staff interact with incarcerated people that are aimed at reducing transmission from staff coming from the outside world and transmitting it inside? Are yards changed to only people from the same housing area and less people at a time? Have cells or bunks been reassigned or moved?

**Sample Language for 602 Part A to Prove CDCR Not Allowing Me To Distance:** *It is physically impossible to follow COVID-19 recommended protocol to stay six feet away from other people, and thus it is increasing my risk of infection and death. On [day] at [time] in [location], I was within six feet of someone who reported symptoms named [name and CDCR # or job] and I could not avoid contact with them because of the physical restrictions of the prison, such as [list]. I share housing with [number] of people and our beds are [distance apart]. Walkways are only [number] feet apart.*

*It is physically impossible for me to follow COVID-19 recommended protocol from the CDC and WHO to stay six feet away from others, thus increasing the risk I will be infected or killed. I was brought into contact with [number] different custody workers and [number] health care workers in [time period].*



**Sample Language for 602 Part B to Request Release:** *There is no safe way to house me here because of the reasons outlined above, because the facility I am housed in does not allow me to be safely six feet away from all other people at all times. I request release. I am a low risk if released because [reasons]. My plans for a supported and successful reentry include [see parole plan template above on page 21].*

**Issue: CDCR Is Not Distributing Free COVID-19 Transmission Reduction Products**

**Describe:** What hygiene and sanitation products are or are not being offered by CDCR, including: Soap (liquid preferred); Hand sanitizer (alcohol-based hand sanitizer that contains at least 60% alcohol preferred); Gloves; Masks; Clean laundry [state how often this is provided]; Cleaning products [state how often this is provided]; Hand drying supplies (hand drying machines, disposable paper towels); Hot water; Tissues; Toilet paper; Other cough or sneeze covering products; hand washing areas and supplies for hand washing [state how many share these]; [EPA approved disinfectant](#); Respirators; No touch trash receptacles; Water at 60–90°C to wash laundry; Detergent to wash laundry; Extra clean clothes, bedding, towels; Increased laundry schedule; Fresh chlorine bleach solution at a 1:10 dilution.

**Sample Language for 602 Part A on Limited Sanitation Products:** *I understand some items can minimize the spread of COVID-19. CDCR is preventing me from taking recommended precautions to minimize the spread of the virus. I have limited access to CDC-recommended personal hygiene items such as [fill in with examples such as tissues, soap, disinfectant, or hot water, laundry, clothing]. [Explain your attempts to obtain and the response from CDCR] [Fill in information about any relevant hygiene items that may be available only to people with financial resources].*

*CDCR fails to offer reasonable opportunities for maintaining personal cleanliness. This deprivation of basic hygiene makes me feel [emotion]. This impairs my mental and physical well being because [reasons]. [Attach exhibit that demonstrates this issue]*

*CDCR is failing to provide adequate supplies, maintain fixtures and equipment, and organize cleaning activities. CDCR forced me to live in proximity to human waste on [date]. The units have fecal matter, urine, hair, blood, and food remnants on the floor.*

*CDCR forces people to live in filth and grime. Neither staff or incarcerated workers clean regularly. Staff do not regularly provide inmates cleaning supplies. People are forced to use personal hygiene soap and bathing towels to clean their cells. Staff track COVID-19-carrying matter on their shoes up and down halls and into cells. Because laundry is collected only [state frequency], this means I do not have access to the clean laundry that the CDC and WHO recommend. The shared mop and cleaning brush are never sanitized, this means I am*



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*exposed to germs. If I want to clean my cell I am forced to potentially expose myself. I have seen staff supervise cleaning of tiers and showers [number of times] in [number of months] and this is not enough.*

**Sample Language for 602 Part B Request for Release or Supplies:** *There is no safe way to house me here because these cleaning standards do not meet CDC and WHO recommendations. I request release. I also request the following [name supplies] free of charge with delivery every [number of hours/days]. Provide protective equipment, e.g. gloves and cleaning materials, and training to incarcerated people and staff who participate in prep or distribution of food or other goods, like laundry and supplies. Permit the distribution of weekly packages containing the following: Cleaning supplies (hand sanitizer, gloves, tissues, cleaning fluid and disposable paper towels), hygiene products (soap, toothpaste, shampoo, feminine hygiene products as appropriate), non-perishable nutritious food (e.g., trail mix, preserved meat, healthy soup packets), writing materials (wireless notebook), reading materials (books or magazines), indigent mail packets even to non-indigent people. Lift all fees for the following supplies [list supplies]. Provide me more of the following supplies [list supplies]. Reduce prices of all items including [list supplies]. Eliminate mark-ups of all items including [list supplies]. Remove limits on the number and amount of deposits or transfers to individual accounts. Eliminate all transfer and transaction fees associated with individual commissary accounts. Expedite money order transfers into accounts. Remove limits on number, type, weight of Quarterly Package and SPO.*

### **Issue: CDCR Not Allowing COVID-19 Transmission Prevention Hygiene**

**Describe:** any factors related to your in/ability to maintain personal hygiene. CDCR has stated: "The incarcerated population is being provided extra soap when requested." Have you requested it? What happened when you did? What kind of soap (liquid, bar) and how much volume? Was it free? Was it shared with other people? Is soap placed inside institution dining halls, work change areas, housing units, and where sinks/soap are not immediately available? Has the facility allowed you to practice good hand hygiene (e.g. regularly washing your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage)? (Note: it's important to avoid touching your eyes, nose, or mouth without cleaning your hands.) Has the facility allowed you to practice good cough etiquette (e.g. covering your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash



immediately after use)? Is CDCR allowing daily showers? Avoiding the use of shared handcuffs, waist chains, and leg irons? Avoiding use of shared mobility devices? Have they changed laundry protocols?

**Sample Language for 602 Part A on the inability to engage in recommended hygiene practices:** *CDCR is failing to provide adequate supplies, maintain fixtures and equipment, and organize cleaning activities. CDCR forced me to live in proximity to human waste on [date]. The units have fecal matter, urine, hair, blood, and food remnants on the floor. CDCR forces people to live in filth and grime. Neither staff or incarcerated workers clean regularly. Staff do not regularly provide inmates cleaning supplies. People are forced to use personal hygiene soap and bathing towels to clean their cells. Staff track COVID-19-carrying matter on their shoes up and down halls and into cells. Because laundry is collected only [state frequency] this means I do not have access to the clean laundry that the CDC and WHO recommend.. The shared mop and cleaning brush are never sanitized, this means I am exposed to germs. If I want to clean my cell I am forced to potentially expose myself to germs. I have seen staff supervise cleaning of tiers and showers [number of times] in [number of months] and this is not enough. When handcuffed, I am not able to cover my mouth and nose with my elbow (or ideally a tissue). I was forced to use unsanitized shared [handcuffs, waist chains, leg irons] or [date]. I am forced to use a shared mobility device. .*

**Sample Language for 602 Part B Request for Release or Remedy:** *There is no safe way to house me here because of the limitations on my ability to practice proper hygiene, as recommended by the CDC and WHO. I request release. I also request the following changes in sanitation [list changes requested]. Provide unlimited access to hot running water at any time. Provide unlimited access to free liquid soap. Provide unlimited access to paper towels. Provide unlimited access to touchless trash disposal. Eliminate cost of [list items]. Provide hygiene items such as [list items]. for free. Lift restrictions on SPO and quarterly packages and allow more weight and more frequency of ordering. Increase laundry service to [state desired frequency]. Provide all people with appropriate protective gear, including [list gear requested - i.e. disposable gloves, coveralls, and masks]. I request use of a private bathroom, shower, toilet, and sink. I request designated bathrooms for use by people who are symptomatic. I request that that the bathrooms, toilets, sinks, showers, etc. are sanitized multiple times daily. Provide access to showers at least every 24 hours. Conduct regular deep cleaning of showers, i.e. minimum three times daily. Better ventilation in all areas (includes opening windows, allowing fresh air). All people must have unlimited and unsupervised access to soap and clean running water. Access to clean tissues for wiping nose and for*



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*when coughing. These tissues should be discarded immediately. All cells and common areas should have no touch trash cans placed throughout. Trash cans must be emptied regularly by staff wearing gloves.*

**Issue: Indefinite “Lockdown” Modified Program**

**Describe:** any factors related to how indefinite lockdown or “modified program” will impact you. Describe any impacts on your liberty. Are you losing access to programs you need to earn parole? Are you losing access to time credits you need for your release date? Is the duration of not leaving your cell until COVID-19 might be contained (many months) an atypical hardship compared to the way you were living before? How has not being able to go outside the cell been harmful to you?

**Sample Language for 602 Part A on indefinite lockdown:** CDCR declared a lockdown at [facility name] the means the following changes to my day to day routine [describe]. I now only have access to leave my cell [describe when]. COVID-19 may be in the prisons for many months to come. So far I have lost access to the following [describe]. The loss of time credits will impact me by [ ]. The loss of programs will impact me by [ ]. My ability to be released is harmed by [describe] Other harm I experienced is [ ].



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**Issue: Unsanitary Food or Eating Environment**

**Describe:** factors related to receiving food in a sterile environment: Are meals being delivered to bed or cell? Are people going to the chow hall? Are people only eating from canteen if they can afford it? How far are food preparation areas from sinks and toilets? How far are microwaves (if any) from sinks or toilets? Has the facility allowed you to avoid sharing eating utensils, dishes, and cups? Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)? Provide meals inside housing units or cells?

**Sample Language for 602 Part A on Unsanitary Food or Eating Environments:** *I have the right to adequate and life sustaining nourishment in prison. I have the right to be free from death in custody. Congregating in line to wait for food puts my life at risk because of COVID-19. Traveling to the chow hall to eat puts my life at risk because of COVID-19. Eating food prepared by other people and placed in common areas puts my life at risk because of COVID-19. Food is being served in a [describe] setting. Because [number] people from [number] areas of the prison come in contact with the food, my risk of contracting COVID-19 is increased.*

**Sample Language for 602 Part B:** *I request the following sanitary measures be taken with regards to my food [list measures]. I request free food from [the canteen or other location]. I request food served at [your living space]. With respect to utensils and dishes and cups and trays I request [state request]. I request that all food be delivered to cell front or dorm bed. Distribute pre wrapped canteen food items for free. Lift restrictions on SPO and quarterly packages, and allow more weight and more frequency of ordering.*



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**Issue: CDCR Preventing Communication**

**Describe:** factors related to how you previously had contact with folks outside by phone, email, visits, or mail. Then explain what changed and what harm it caused you.

**Sample Language for 602 Part A on limited communication:** *I have the right to communicate with people. The California legislature mandates visiting, and recognizes that visiting is good for improving prison safety, maintaining meaningful connections with family and community, and preparing a person for successful release. The restriction of visitation imposes “an atypical and significant hardship on the inmate in relation to the ordinary incidents of prison life.” I have not received visits from my loved ones since [date] because of [name CDCR policy] related to COVID-19.*

*On the day of [date] I received notice that my [communication] for people on yard [list yard] would be cancelled for [number] period of time. CDCR staff member [name] said CDCR restricted visits at [name] facility because [list reasons given]. On [date] CDCR restricted my phone access from [date] to [date]. Here CDCR claims phone is restricted at [name of facility] facility because [list reasons]. CDCR fails to show a rational relationship because [list reasons]. CDCR regulations require prisons to provide telephone access. Courts have held that people in prison have some constitutional First Amendment right of access to telephones to maintain contact with friends, family, and attorneys.*

**Sample Language for 602 Part B on limited communication:** *Requiring our loved ones with little or money in times of increasing unemployment drains precious resources at a time when they are needed most. CDCR must provide free persona tablets. CDCR must provide free phone for individual personal use, not shared payphones. CDCR must provide free emails through j-pay. CDCR must provide free cell phones to reduce infection from shared phones. CDCR must provide free video visiting. CDCR must provide free and frequent updates to news, particularly on COVID-19. CDCR must work with contracting companies to eliminate all transfer and transaction fees associated with individual accounts. CDCR must work with contracting companies to remove limits on the number and amount of deposits or transfers to individual accounts. CDCR must conduct weekly meetings between prison leadership (including medical staff) and inmate advisory councils to update on developments and discuss logistical challenges.*



**Issue: Unsafe and Unfair Work Environment**

**Describe:** Any factors that are influencing your ability to work during the COVID-19 pandemic, or, if you are working, how your work is putting you at risk of close contact to other people against CDC and WHO recommendations. If relevant, answer: how your work has had to change in the face of the COVID-19 pandemic. Are incarcerated people being paid to clean? Are you working? Does the work put you at risk of close contact? How?

**Sample Language for 602 Part A on unsafe and unfair work environments:**

*COVID-19 is causing harm to my ability to work because [list reasons]. The effect of the action of [name policy] which interferes with work because [list reasons] causes the harm of [list harms]. Per 15 CCR § 3041.2 Inmate Pay Rates, Schedule and Exceptions for my job of [job] I am being paid [amount per hour]. Because of COVID-19 I am being forced to manufacture safety products of [list product(s)]. Because of COVID-19 I am being forced to disinfect facilities without [list missing equipment or supplies]. I am not being provided adequate training to conduct this work while protecting from the spread of COVID-19. The only training I received was [training given]. I did not get training on [list issues you require training on]. I am experiencing the unsafe working conditions of [list hazards]. I have not been offered sufficient protection equipment. The only protective equipment I received was [list equipment received].*

**Sample Language for 602B on unsafe or unfair working conditions:** *CDCR must pay for COVID-19 reponse work at the same rate as non-incarcerated workers. CDCR must eliminate requirements to perform tasks that put me at risk of contracting the disease and allow people to opt-out (cleaning, waste management, handling corpses/digging graves, etc). CDCR must provide me with appropriate protective gear (i.e. disposable gloves, coveralls, and masks).*

**Issue: Retaliation for Complaining About COVID-19**

**Describe:** how you are being retaliated against for complaining about COVID-19. "The First Amendment forbids prison officials from retaliating against prisoners for exercising the right of free speech." CDCR is prohibited from engaging in retaliation via threats, placement in segregated confinement, the filing of false disciplinary charges, confiscation or destruction of property, denial of or interference with medical care, transfer or denial of transfer, placement in a psychiatric facility, termination from or denial of jobs or programs, unfavorable classification, actions affecting parole prospects, and other forms of retaliation. CDCR is prohibited from punishing people because they disagree with a political belief, such as the impropriety of COVID-19. Guards are prohibited from hurting a plaintiff in retaliation for



pursuing their case. Staff are prohibited from issuing regulations to suppress criticism or mail related to the COVID-19 policy. All CDCR staff are prohibited from retaliating, not merely the staff being sued or named in 602s.

**Sample Language for 602 Part A:** *I complained to officer [full name] about my rights to have my health and safety protected from transmission of COVID-19. On the date of [date] through the method of [list forms, such as 22, 602, etc.], I informed CDCR of [action]. CDCR officer [name] engaged in threats on [date] at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [your action or complaint]. CDCR placed me in [type of confinement, such as segregated confinement], on [date] date at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [your action or complaint]. CDCR engaged the filing of false disciplinary charges on [date] at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [action or complaint]. CDCR engaged in confiscation or destruction of property, on [date] at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [your action or complaint]. CDCR engaged in denial of or interference with medical care, on [date] at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [your action or complaint]. CDCR engaged in transfer or denial of transfer, on [date] at [name of facility] facility. CDCR staff member [name] engaged in the action of [action] as retaliation for [your action or complaint]. The following facts are evidence that CDCR engaged in the three elements of a First Amendment retaliation rights violation: (1) the speech or conduct of [name] was protected, (2) CDCR took adverse action of [action] against [name], and (3) there was a causal connection between the protected speech and the adverse action because [list reasons].*

**Sample Language for 602 Part B:** *CDCR must stop retaliation against me and respect my First Amendment rights. CDCR must stop the following actions [list actions]. CDCR must take the following actions [list actions] in order to respect my First Amendment rights.*

### **“602 HC” Health Care Appeal**

Appeals related to medical, dental, or mental health care, which should be written on the blue (formerly pink) 602HC form that has 2 levels. 15 CCR §§ 3087-3087.11 outlines the rules.

#### Emergency

For all COVID paperwork write “Emergency” on top and note the need for an emergency timeframe.



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## 602 HC Part A (first level)

In Part A of the 602 HC, you must “Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy.” Unlike the custody 602 form that has a part “B” where you list what you want CDCR to do, on the 602 HC you write the “action requested” in Part A too. Similar to the other forms, we recommend describing how you are not getting medical, dental, or mental health care because of COVID-19. Be very detailed about the kind of medical attention you asked for and when and why you think COVID-19 affected it. Ask for an interview.

## Attachments

Always try to attach something, such as anything you submitted previously, such as a form 22, or 7362 health care services request, or 1824, or CDCR policy, or medical records. If you lack documents to attach, state why you did not attach any documents (staff have not provided any).

## 602 HC A Health Care Grievance Attachment

If you need more space, you can fill out and attach this form. Follow the instructions for the 602A form above, but focus the description on physical and mental health care.

## Part B (2nd and last level)

Always appeal and describe what is unsatisfactory about the response, and what you want that you didn't get in terms of treatment or procedure in the response.

### Sample Language To Appeal Denial of Medical Care

*The first level response was unsatisfactory because it only promised a future evaluation for treatment. I understand the waitlist for Dr. [name] to be weeks or months long, and I don't have an appointment. I haven't received the medication that I need right away because [list reasons] .*



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## 602HC Part A Sample Language Issue By Issue

Many of the suggested themes above for the custody 602 can also be used for the medical 602.

### **Issue: Personal Medical Risk to Request Release Due to COVID-19**

**Describe:** how CDCR's COVID-19 protocols have had an actual, harmful physical effect on your health and welfare that requires an administrative remedy.

#### **Sample Language for 602HC Part A for CDCR COVID-19 Policy Causing Medical Harm:**

*I have the following medical conditions: [fill in, prioritizing any medical conditions that are considered high-risk for COVID-19 -- See page 4]. (See Exhibit: CDCR Medical Record Dated [date]). I have the following risk factors for COVID-19: [list any factors you have from page 4]. (See Exhibit: CDCR Medical Record Dated [date]). CDCR is providing me the following treatment: [examples]. I have requested but am not receiving the following treatment: [fill in with examples]. I am suffering from the following symptoms: [list]. The news and public health officials indicate this condition puts me at risk of death from COVID-19 if I remain incarcerated. The close unsanitary quarters, lack of access to protective measures, and limited medical capacity in CDCR all mean that I would be at greater risk of infection if I remain in custody, and also pose a greater risk of needing extreme measures, such as ventilator access, to save my life should I become infected. I am enclosing the following documentation of my medical condition [example of custody documents that show medical conditions , example of medical documents that show conditions]. Release is the only thing that will save my life.*

### **Issue: Medical Care Delivered During COVID-19 Is Not Following CDC Standards**

**Describe:** Any factors related to receiving sterile and socially distant medical care, mental health care, and disability accommodations. Have they changed the pill line or medication protocols? Did they change your medication to "Keep on Person" (KOP) designation? Did you get 30 days of medication? Are they now administered cell front? Are medical and custody staff wearing protective equipment such as respirator, surgical mask, eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face), gloves, and disposable gown or coveralls? How are they tracking symptoms? Coming door to door and asking? Passing out 7362 (sick call slip) to 602HC? How are people with disabilities being accommodated?

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32/37

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**Sample Language for 602HC Part A on problems accessing COVID-19 medical care:**

*Because of COVID-19, I am not receiving adequate medical care. COVID-19 has negatively affected my medical care by [list reasons, which could include denial of care, switching of doctors, missed appointments, changed medication, harmful impact on treatment plan, etc.] As a result of the wrongful action of [describe action] by CDCR staff [full name], the following harm occurred to me: [describe physical harm]. I am requesting [list requests, which could include medication, treatment, appointment, assistive device, chrono, transfer.] I am requesting that CDCR eliminate charges for medical care. I am requesting that CDCR eliminate charges for medical equipment. I am requesting that CDCR provide access to adequate healthcare services of [list services you would like to access]. I am requesting that CDCR swab test me for COVID-19. I am requesting that CDCR provide 30-day supplies of medications to reduce contact and staff workload. I am requesting that CDCR house me in a single cell due to my risk factors of [list risk factors]. I have symptoms of COVID-19 and ask to be placed in an airborne infection isolation rooms (“AIR”). I have symptoms of COVID-19 and ask to be placed in “a private room with a solid, closed door.”*

**Issue: Necessary Medical Services Are Not Offered Because of COVID 19**

**Describe** any impact on access to medical care, including mental health care, and disability accommodations. What pending medical or dental procedures did you have scheduled that were postponed? How did this change your medical and mental health appointments and routine?

**Sample Language for 602HC Part A on Limited Medical Services:** *The facility’s medical facilities prevent me from taking recommended COVID-19 precautions because [fill in with examples]. The facility’s medical staff prevent recommended precautions from being taken by [list examples, which could include not giving adequate equipment or requiring you to stand within six feet of other people, etc.]. I have the following serious medical needs: [list]. I received a diagnosis of [name diagnosis] on [date]. This is documented in [exhibit]. CDCR had actual knowledge of the risk it caused to me because [list examples]. On [date], I filed a “Sick Call Slip - Form 7362”. Attached hereto as Exhibit [name of exhibit] is a true and correct copy of the Form dated [date]. Medical staffing is inadequate because [list reasons]. Training for how to best protect myself from COVID-19 is inadequate because [list reasons, perhaps that no training has been provided]. Facilities, Equipment, and Supplies are inadequate because [see many example sentences listing adequate facility, equipment, and supplies in many issue templates in pages above]. CDCR withholds [medical needs, such as medication] until payment and CDCR charged me [cost] for [item], but I am indigent and cannot pay. Staff*



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*[name] interfered with my access to medical care by [list how]. The delay between requesting treatment and receiving treatment is [duration of time]. Some staff fail to carry out the orders of other staff [list names]. There are not enough staff to effectively provide me the medical care I need. Staff are not trained to [list needs you have that staff are not trained to provide]. However, [list staff] are assigned to [accomplish task] despite not having training. This caused me pain [list how]. This interfered with daily activities because [reasons]. Sick call slips are a problem because [reasons]. Grievances are a problem because [reasons].(See Exhibit \_ )*

### **Issue: Disability Discrimination & Failure to Accommodate Disabilities**

**Describe:** how any policies of CDCR that are not in compliance with Title II of the ADA, which states: “[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

**Sample Language 602HC Part A Language on Disability Accommodations:** *I suffer from the physical and mental impairments of [list] which substantially limit the life activity of [list now, which could include my movement, the operation of a major bodily function, caring for myself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working]. CDCR’s policy of [describe it] interferes with my bodily functions including [list reasons including immune system, cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions]. I have the following disabilities [list. I need the following devices, supplies, medication, equipment, appliances, technology, aids, or modifications [list]. CDCR became aware of this through [name of form or incident] on [date]. I have the following conditions that the ADA and Armstrong decree recognized disabilities [list, which could include AIDS, and its symptoms; alcoholism; asthma; blindness or other visual impairments; cancer; cerebral palsy; depression; diabetes; epilepsy; hearing or speech impairments; heart disease; migraine headaches; multiple sclerosis; muscular dystrophy; orthopedic impairments; paralysis; thyroid gland disorders; tuberculosis; and loss of body parts; serious mental illness.] Because of this, I was previously housed [name of facility with ADA accommodations]. Because of COVID-19 CDCR changed my housing to [describe place]. This also negatively affected other conditions of life such as [list reasons]. CDCR is denying me the accommodation of [describe accommodation] because of COVID-19. CDCR is denying me access to the service of [list], program of [list], activity of [list]. CDCR is discriminating against me by denying me ADA accommodations because of the COVID-19 pandemic. On [date], CDCR transferred me from [place] to [place]. This was*

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34/37

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*discrimination because [list reasons this new place is not ADA compliant]. This caused [list consequences]. This caused the harm of [list physical harms]. COVID-19 deprived me of the assistive device of [name device] because [list reasons]. COVID-19 changed my disability code from [list, could include DLT, DNH, DNM, DNS, DNV, DPH, DPM, DPO, DPW, etc.] to [list new code] which caused harm by [list harms]. COVID-19 resulted in me losing a chrono for [lower tier, ground floor, single cell, etc.] because [list reasons]. COVID-19 is resulting in failure to accommodate disabilities of [name your disability] by [name reasons]. CDCR uses the “Other Safety Concerns” criteria to assign people to [list, for example: SNY status based on our increased likelihood of victimization due to our physical disability, which is denoted pursuant to the orders in the Armstrong case].*

#### **Issue: Cruel and Unusual Punishment for Failure To Treat Mental Illness**

**Describe** how COVID-19 is resulting in punishment of people because of their status as being classified by CDCR as having symptoms of mental illness.

**Sample Language for 602HC Part A for cruel and unusual punishment for failure to treat medical illness:** *I have a diagnosis of [list mental health diagnosis]. Because of COVID-19, CDCR staff took the action of [describe action] at [time] which started on [date]. This resulted in [list results] and harm of [name physical harms to you]. This lasted for [duration of time]. This is making the symptoms of [your diagnosis] worse because [list reasons]. This is causing the wanton and unnecessary infliction of pain. This interferes with my treatment because [list reasons]. CDCR is causing me harm by forcing all people who participate in the Mental Health Services Delivery System to miss crucial medical care. My diagnosis of [your diagnosis] leads to the symptoms of [list symptoms] and caused CDCR to designate me as EOP. I am particularly vulnerable due to this diagnosis and severe symptoms because [list reasons]. [Name of housing designation] housing is causing me harm such as [list reasons]. [CDCR policy] harms my treatment together by [describe how] and increases my risk of victimization by [describe how]. It decreases my ability to program by [describe how]. Due to my ongoing severe symptoms and unique needs, I should be protected from [name what you should be protected from] by CDCR. CDCR designated me as [list designation, such as (CCCMS, EOP, MHCB, DMH/DSH, ICF, ACUTE)] and then on the date of [date] changed my designation to [list new designation]. CDCR transferred me to [place you were transferred]. On [date], CDCR transferred me from [place] to [place]. This was discrimination because [list reasons]. This caused [list consequences]. This caused the harm of [list physical harms]. This puts me in danger because [list reasons]. This is treating me different than others because I am facing punishment for a mental health diagnosis beyond my control. I am now suffering from [list issue, such as (anxiety, mania, depression*



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*and suicidal tendencies, etc.)). This led to me not being able to receive treatment because [list reasons]. This deprivation of treatment is discrimination because [list reasons]. This is also disability discrimination because my diagnosis of [name diagnosis] and symptoms of [list symptoms] constitute a serious impairment affecting major life activities.*

### **Step 5: Submit The Form and Attachments**

When you are done filling out your forms, write a Form 22 noting you want to document the proof of the date and time that you are submitting a 602 or 602 HC. Submit the form 22 and your 602 or 602HC appeal form, and an envelope addressed to the Appeals Coordinator to a staff person and ask them to sign the Form 22 and give you the goldenrod copy. Put all the forms in the envelope, seal it, and place it for mailing. If you file the form 22, your form 22 serves as proof for the court that you submitted forms in a timely and proper manner in case prison staff “lose” your 602 or 602hc or do not answer it in a timely manner.

- 602 Level 1 and 2 = use a U Save Em and address to the Appeals Coordinator. SUBMIT EMERGENCY APPEALS HERE.
- 602 Level 3 = use regular mail and address to Chief, Inmate Appeals Branch, CDCR, PO Box 942883, Sacramento, CA 94283-001.
- 602HC Level 1 = address U Save Em to Health Care Grievance Office.
- 602HC Level 2 (there is no level 3) = use regular mail and send to Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758. SUBMIT EMERGENCY APPEALS HERE.

### **Step 6: Copy Forms & Send to Officials & Advocate**

Mail copies (because of emergency leading to denial of law library access consider handwriting or typing a copy) of your forms, and ideally with a declaration with more information and anything you think would be helpful for release VIA LEGAL MAIL to the organizations listed under the Purpose section at the top of this document.

### **Other Forms**

#### **Release & Authorization Forms**

You can fill out medical and general release and authorization forms so they can obtain documents from CDCR. These forms include the [CDCR 1019/1021](#) for custody records, [CDCR 7385 \(health record release authorization\)](#) (updated October 2019 version), [CDCR 7421](#)

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36/37

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[pan@nlgsf.org](mailto:pan@nlgsf.org)  
<https://www.prisoneradvocacynetwork.org/covid-19.html>

Advance Directive for Health Care (updated June 2018 version). [CDCR 7465 POLST](#)  
Physicians Orders for Life Sustaining Treatment to write wishes about end-of-life care.

#### **Citizen's Complaint Form**

People outside can file a citizen's complaint form [2142](#) to report staff misconduct.

#### **Government Claim**

One needs to file a government claim form within 6 months before filing a lawsuit against CDCR for personal injury, or to get compensation for property loss. [DGS ORIM 005: Fee Waiver Request](#) [DGS ORIM 006: Government Claim Form](#) <https://www.dgs.ca.gov/ORIM/FORMS>  
Office of Risk and Insurance Management, Department of General Services, 707 3rd Street, First Floor, West Sacramento, CA 95605.

#### **Medical Malpractice**

[Nurses](#) IComplete a [Complaint](#) form and mail to: Board of Registered Nursing Attn: Complaint Intake PO Box 944210 Sacramento, CA 94244-2100. [Doctors form](#) Medical Board of California, Central Complaint Unit, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815

#### **State Habeas**

[PLO guide](#) details instructions. Use form new [HC001](#) form to file claim about conditions.

#### **Federal Habeas & Civil Rights (1983) Forms**

- NDCA Forms Habeas [Under 28 USC § 2254](#); [Application to Proceed in Without Prepaying \(In Forma Pauperis\)](#); 1983 [Complaint under Civil Rights Act](#)
- CDCA Forms: Civil Rights Complaint ([form CV-66](#)) (if at facility participating in pilot program form [CV-66B](#) for electronic complaint); Request to Proceed Without Prepayment (Form [CV-60P](#))
- EDCA Forms: [Pro Se Packet](#), [Payment Waiver](#), [Civil Cover Sheet forms](#)
- SDCA Forms: ([Forms SD 1983](#), [CIV 66](#), [CIV 67](#), [CIV 68](#))

#### **Other Forms Are Referenced In Prison Law Office Guides**

Prison Law Office [California State Habeas Corpus Manual](#); [California State Petition of Writ of Mandate](#); [Federal Habeas Corpus Manual](#); [Lawsuits for Money Damages Against Prison Officials Manual](#); [Requesting CDCR Records](#).