



JUNE 29, 2011
Wednesday

Hello Bloggers!
How R U?

SAT SRI AKAL
↳ a Sikh greeting
MEANING "Truth is
the Timeless One"

A) This Symbol is called KHANDA → MEANING → IT STANDS FOR SPIRITUAL & WORLDLY POWER; SYMBOL OF Khalsa. Middle sword - double-edged - means belief in ONE God; THE CIRCLE (CHAKRA) - SYMBOLIZES ONE GOD.

B) Certificates (8) - ON VARIOUS GROUPS I've PARTICIPATED & COMPLETED.

C) GRADES from college classes I completed (ALL A's) before the PRISON cut the PROGRAM due to budget issues.

B&C - Hopefully they show that not everyone who is locked up is doing/engaged in negative endeavors.

D) Program Status Report (PSR) whenever prison is locked down - the PSR, is used to inform the PRISON population re: what the day(s) schedule will be.

E) Visit Form (CDC 106) in California, the visit form has to be signed by the inmate & sent to the prospective visitor who then mails it in; approval takes 2-3 weeks.

* on/oc about 5/12 - cl posted "Will You Marry Me?" - just to see who would respond. BLOGGERS - please ask me - or let me know if there's anything about PRISON life, conditions or policy you'd like 2 hear about.

Thanks
Sincerely,

Michael
Anjeet Singh

STATE OF CALIFORNIA
VISITING QUESTIONNAIRE
 CDC 106 (Rev. 01/03)

DEPARTMENT OF CORRECTIONS

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by officials of the California Department of Corrections (CDC) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of visiting. Please mail this form directly to the visiting office of the institution where the inmate is confined.

1. NAME OF INMATE YOU WANT TO VISIT (LAST FIRST MIDDLE) Singh, Michael Manjeet			INMATE'S CDC NUMBER T-22165	
2. YOUR NAME (Print your name exactly as indicated on the photo identification you will be using)			SUFFIX (Jr., Sr., etc.)	HOME TELEPHONE NUMBER ()
3. MAIDEN NAME (If applicable)		HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST		RELATIONSHIP TO INMATE: (Spouse, Son/Daughter, other)
4. DATE OF BIRTH (Mo/Day/Yr)	AGE	GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE (City County State Country)	
5. ID NUMBER	ID TYPE (Check one) <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> USINS CARD <input type="checkbox"/> MCAS <input type="checkbox"/> PASSPORT			
OFFICIAL USE ONLY EXPIRATION DATE:	ISSUED BY (County State Country)			6. SOCIAL SECURITY NUMBER
7. CURRENT RESIDENCE ADDRESS: STREET ADDRESS Apt. # (If Applicable)			CITY	STATE ZIP CODE
8. MAILING ADDRESS: (If different from Residence Address)			CITY	STATE ZIP CODE
9. PREVIOUS ADDRESS WITHIN PAST TWO YEARS: Apt. # (If Applicable)			CITY	STATE ZIP CODE
10. ACCOMPANYING MINOR(S) (If Any): NAME, DOB, RELATIONSHIP TO INMATE				
1.		2.		3.
10. Continued				
4.		5.		6.
11. HAVE YOU EVER VISITED ANOTHER INMATE(S) IN A CALIFORNIA PRISON? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Item 11A. Attach additional sheet(s) if more than two inmates.				
11A. INMATE NAME		CDC NUMBER	INSTITUTION WHERE YOU VISIT INMATE	RELATIONSHIP TO INMATE
1.				
2.				
12. HAVE YOU EVER BEEN DETAINED, ARRESTED, OR CONVICTED OF A CRIME? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Item 12A. List all detentions, arrest and/or convictions. Failure to list all requested information may result in denial of visiting. Attach additional sheet(s) if necessary.				
12A. OFFENSE		APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)	COUNTY STATE
13. ARE YOU ON PROBATION? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, answer 13A.		ARE YOU ON PAROLE OR CIVIL ADDICT OUTPATIENT STATUS? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, answer 13A.	HAVE YOU BEEN INCARCERATED IN A STATE ADULT/JUVENILE CORRECTIONAL FACILITY? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, read 13B	14. ARE YOU CURRENTLY UNDER ANY TYPE OF COURT IMPOSED PROGRAM? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain on additional sheet and attach to this form.
13A. TYPE: (Court, Formal, Informal, etc.)		SUPERVISING AGENCY	NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:	
			COUNTY STATE	

13B. If you were discharged from an institution or discharged from parole or outpatient status within the last twelve (12) months, you must have prior written approval of the Warden before visiting will be permitted. You will also need to provide a copy of your discharge paperwork.

CONTINUED ON BACK PAGE

PROGRAM STATUS REPORT

PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

INSTITUTION MULE CREEK STATE PRISON	EFFECTIVE DATE OF PLAN May 13, 2011	PROGRAM STATUS NUMBER: N/A
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<input type="checkbox"/> NORMAL PROGRAM	<input checked="" type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> STATE OF EMERGENCY
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE	<input type="checkbox"/> CLOSURE	

RELATED INFORMATION (CHECK ALL THAT APPLY)

AREA AFFECTED	INMATES AFFECTED	REASON
<input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> FACILITY: _____ <input type="checkbox"/> HOUSING UNIT: _____ <input type="checkbox"/> VOCATION: _____ <input type="checkbox"/> EDUCATION: _____ <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> ALL INMATES <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/> _____	<input type="checkbox"/> BATTERY <input type="checkbox"/> DEATH <input type="checkbox"/> RIOT / DISTURBANCE <input type="checkbox"/> GROUPING <input checked="" type="checkbox"/> OTHER: Memorial Services

MOVEMENT	WORKERS	DAYROOM
<input type="checkbox"/> NORMAL <input type="checkbox"/> ESCORT ALL MOVEMENT <input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT <input checked="" type="checkbox"/> MINIMAL MOVEMENT <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> CRITICAL WORKERS ONLY <input checked="" type="checkbox"/> CULINARY NORMAL <input type="checkbox"/> PLANT OPERATIONS <input checked="" type="checkbox"/> PIA MEAT PLANT/CRITICAL WORKERS ONLY <input type="checkbox"/> CANTEEN <input type="checkbox"/> CLOTHING ROOM <input type="checkbox"/> RESTRICTED WORK PROGRAM <input type="checkbox"/> PORTERS <input type="checkbox"/> NO INMATE WORKERS	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES /CELL BLOCKS <input checked="" type="checkbox"/> MODIFIED: MSF & GYMS Minimal Dayroom Movement
		RECREATION <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RECREATIONAL YARD ACTIVITIES <input type="checkbox"/> MODIFIED: _____

FEEDING	SHOWERS	CANTEEN
<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> CELL FEEDING <input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM <input type="checkbox"/> HOUSING UNIT/DORM AT A TIME <input type="checkbox"/> DORM POD AT A TIME <input type="checkbox"/> TIER AT A TIME <input type="checkbox"/> HOUSING UNIT SECTION AT A TIME <input type="checkbox"/> SACK MEAL BREAKFAST <input checked="" type="checkbox"/> SACK MEAL LUNCH <input type="checkbox"/> SACK MEAL DINNER	<input type="checkbox"/> NORMAL <input type="checkbox"/> ESCORTED <input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER <input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER <input type="checkbox"/> DORM SHOWERING BY GROUP <input type="checkbox"/> CRITICAL WORKERS ONLY <input checked="" type="checkbox"/> NO SHOWERS	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO CANTEEN <input type="checkbox"/> MODIFIED: _____
		PACKAGES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PACKAGES <input type="checkbox"/> MODIFIED: _____

DUCATS	MEDICAL	PHONE CALLS
<input type="checkbox"/> ALL DUCATS HONORED <input checked="" type="checkbox"/> MEDICAL and MENTAL HEALTH only <input type="checkbox"/> CLASSIFICATION DUCATS <input checked="" type="checkbox"/> PRIORITY DUCATS ONLY	<input checked="" type="checkbox"/> NORMAL MEDICAL PROGRAM / REDUCED <input type="checkbox"/> PRIORITY DUCATS <input type="checkbox"/> MTA CONDUCT ROUNDS IN UNITS <input type="checkbox"/> INMATES ESCORTED TO SICK CALL <input checked="" type="checkbox"/> EMERGENCY MEDICAL ONLY <input checked="" type="checkbox"/> OTHER: MENTAL HEALTH / REDUCED	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PHONE CALLS <input type="checkbox"/> MODIFIED: _____

VISITING	LEGAL LIBRARY	RELIGIOUS SERVICES
<input type="checkbox"/> NORMAL VISITING <input type="checkbox"/> NON-CONTACT ONLY <input checked="" type="checkbox"/> NO VISITING <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO LIBRARY	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RELIGIOUS SERVICES <input type="checkbox"/> MODIFIED: _____

REMARKS:
 On Friday, May 13, 2011, Mule Creek State Prison will be placed on modified program in order to allow staff members to attend a memorial service. No Education or Vocational Workers will be released. PIA meat will operate with a reduced inmate crew. Culinary Workers will have a normal release. Morning and evening feeding will be normal. At the conclusion of the morning feeding the institution will be placed on a modified (minimal movement) program at approximately 0930 hours. All Medical, Mental Health and Priority Ducats have been reduced and will be honored. Inmates housed at the Minimum Support Facility and in the Gymnasiums will have minimal dayroom program. **At the conclusion of the 1600 count, the institution will resume to a normal program.**

PREPARED BY: B. Holmes, Correctional Captain	DATE 5/12/11	NAME / SIGNATURE (WARDEN) W. Knipp, Warden	DATE 5/12/11
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PROGRAM STATUS REPORT

PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

INSTITUTION MULE CREEK STATE PRISON	EFFECTIVE DATE OF PLAN Friday, April 15, 2011 and Monday, April 18, 2011	PROGRAM STATUS NUMBER:
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<input type="checkbox"/> NORMAL PROGRAM	<input checked="" type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> STATE OF EMERGENCY
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE	<input type="checkbox"/> CLOSURE	

RELATED INFORMATION (CHECK ALL THAT APPLY)

AREA AFFECTED	INMATES AFFECTED	REASON
<input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> FACILITY: _____ <input type="checkbox"/> HOUSING UNIT: _____ <input type="checkbox"/> VOCATION: _____ <input type="checkbox"/> EDUCATION: _____ <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> ALL <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/> _____	<input type="checkbox"/> BATTERY <input type="checkbox"/> DEATH <input type="checkbox"/> RIOT / DISTURBANCE <input type="checkbox"/> GROUPING <input checked="" type="checkbox"/> OTHER: Annual TB Skin Test
MOVEMENT <input type="checkbox"/> NORMAL <input type="checkbox"/> ESCORT ALL MOVEMENT <input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT <input checked="" type="checkbox"/> CONTROLLED MOVEMENT <input type="checkbox"/> OTHER	WORKERS <input type="checkbox"/> CRITICAL WORKERS ONLY <input checked="" type="checkbox"/> CULINARY: Main Kitchen workers only <input type="checkbox"/> CLERKS <input checked="" type="checkbox"/> VOCATION/EDUCATION: PIA Warehouse, Meat Plant, Sewing, and Laundry workers only <input type="checkbox"/> CANTEEN <input type="checkbox"/> CLOTHING ROOM <input type="checkbox"/> RESTRICTED WORK PROGRAM <input type="checkbox"/> PORTERS <input type="checkbox"/> NO INMATE WORKERS	DAYROOM <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES <input type="checkbox"/> MODIFIED: RECREATION <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES <input type="checkbox"/> MODIFIED: CANTEEN <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO CANTEEN <input type="checkbox"/> MODIFIED:
FEEDING <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> CELL FEEDING s <input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM <input type="checkbox"/> HOUSING UNIT/DORM AT A TIME <input type="checkbox"/> DORM POD AT A TIME <input type="checkbox"/> TIER AT A TIME <input type="checkbox"/> HOUSING UNIT SECTION AT A TIME <input type="checkbox"/> SACK MEAL BREAKFAST <input checked="" type="checkbox"/> SACK MEAL LUNCH <input type="checkbox"/> SACK MEAL DINNER	SHOWERS <input type="checkbox"/> NORMAL <input type="checkbox"/> ESCORTED <input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER <input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER <input type="checkbox"/> DORM SHOWERING BY GROUP <input type="checkbox"/> CRITICAL WORKERS ONLY <input checked="" type="checkbox"/> NO SHOWERS	PACKAGES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PACKAGES <input type="checkbox"/> MODIFIED:
DUCATS <input type="checkbox"/> ALL DUCATS HONORED <input type="checkbox"/> MEDICAL DUCATS ONLY <input type="checkbox"/> CLASSIFICATION DUCATS <input checked="" type="checkbox"/> PRIORITY DUCATS ONLY	MEDICAL <input type="checkbox"/> NORMAL MEDICAL PROGRAM <input type="checkbox"/> PRIORITY DUCATS ONLY <input checked="" type="checkbox"/> RN/ LVN CONDUCT ROUNDS IN UNITS <input type="checkbox"/> INMATES ESCORTED TO SICK CALL <input checked="" type="checkbox"/> EMERGENCY MEDICAL ONLY <input type="checkbox"/> OTHER:	PHONE CALLS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PHONE CALLS <input type="checkbox"/> MODIFIED:
VISITING <input type="checkbox"/> NORMAL VISITING UNDER ESCORT <input type="checkbox"/> NON-CONTACT ONLY <input checked="" type="checkbox"/> NO VISITING <input type="checkbox"/> OTHER:	LEGAL LIBRARY <input type="checkbox"/> NORMAL <input type="checkbox"/> APPROVED COURT DEADLINES	RELIGIOUS SERVICES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RELIGIOUS SERVICES <input type="checkbox"/> MODIFIED

Mule Creek State Prison (MCSP) will be conducting annual TB Skin Tests for MCSP Inmates on Friday, April 16, 2011 and results will be read on Monday, April 18, 2011. Feeding for these days will be conducted as normal. Inmates assigned to the Main Kitchen, PIA Warehouse, Sewing, Meat Plant, and Laundry will report to their assignment at their regularly scheduled times. At the completion of the morning medication line and feeding, all inmates with the exception of the aforementioned will return to their assigned housing. Noon medications will be delivered to the housing units. Upon completion of the TB Skin Testing, each facility will notify the Watch Commander prior to returning to normal program. No other Inmate movement is authorized without Watch Commander approval.

PREPARED BY: H. HETTEMA, MCA Captain (A)	DATE April 06, 2011	NAME / SIGNATURE (WARDEN) W. KNIPP, Warden (A)	DATE April 06, 2011
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11460 Warner Avenue, Fountain Valley, CA 92708-2597
Ph: 1 (714) 546-7600 Web: coastline.edu

March 2010

Michael Singh
PO Box 409020
Ione, CA 95640-9020

Dear Michael Singh:

On behalf of the faculty and staff at Coastline Community College, I congratulate you on making the Honors List for the 2009 Fall Semester. This achievement recognizes completion of at least 6.0 to 11.9 units (excluding summer) in courses awarding letter grades and in which a GPA of 3.75 to 4.0 is earned.

In today's world it is not easy to achieve academic excellence while balancing work, family, educational, and other commitments. Your accomplishment is due to your effort, dedication, and commitment to the future.

I wish you continued success in your academic pursuits, and I hope you will continue to look to Coastline Community College for help in achieving your educational goals.

President, Academic Senate

/ko

Coast Community College District

Board of Trustees: Mary L. Hornbuckle, Walter G. Howald, Jim Moreno, Jerry Patterson, Lorraine Prinsky, Ph.D., and Robert Lane, Student Trustee • Chancellor: Dr. Ding-Jo H. Currie



Student Name: Michael Singh	Student ID: C02092528	Messages: Message 1: The student bears responsibility to contact the instructor regarding grade issues.
Michael Singh Inmate T-22165 (A1-226) Mule Creek State Prison PO Box 409020 Ione, CA 95640-9020 <p style="text-align: center;">RETURN SERVICE REQUESTED</p>		

Course Name	Course Number	Section	Campus	Course Title	Grade	Credit Hours	Earned Hours	GPA Hours	Grade Points	Term GPA	
HLTH	C100	005	C	Health	A	3.00	3.00	3.00	12.00		
PSYC	C115	002	C	Child Growth/Development	A	3.00	3.00	3.00	12.00		
Total							6.00	6.00	24.00	4.00	

Major	Academic Standing
Business Administration	CCC Good Standing
Level	Term
Coastline Undergraduate	CCC Fall 2009

Cumulative	18.00	18.00	72.00	4.00
Transfer				
Overall	18.00	18.00	72.00	4.00

EXPLANATION OF GRADES	
A -- Outstanding B -- Good C -- Average D -- Deficient F -- Failed W -- Withdrawal I -- Incomplete In order to become passing grades, incompletes must be fully satisfied by the end of the next semester.	L -- Listener/Auditor O -- Official Withdrawal *AE *BE *CE *SE *RE (*Not included in GPA)



Coastline Community College

OFFICE OF THE REGISTRAR

Student Grade Mailer

Student Name: Michael Singh	Student ID: C02092528	Messages: Message 1: The student bears responsibility to contact the instructor regarding grade issues.
Michael Singh Inmate T-22165 (A1-226) Mule Creek State Prison PO Box 409020 Ione, CA 95640-9020 <p style="text-align: center;">RETURN SERVICE REQUESTED</p>		

Course Name	Course Number	Section	Campus	Course Title	Grade	Credit Hours	Earned Hours	GPA Hours	Grade Points	Term GPA	
COMM	C100	002	C	Intro Mass Communication	A	3.00	3.00	3.00	12.00		
Total							3.00	3.00	12.00	4.00	

Major	Academic Standing
Business Administration	CCC Good Standing
Level	Term
Coastline Undergraduate	CCC Spring/Intersession 2009

Cumulative	12.00	12.00	48.00	4.00
Transfer				
Overall				



Coastline Community College

Student Grade Mailer

OFFICE OF THE REGISTRAR

Student Name: Michael Singh	Student ID: C02092528	Messages: Message 1: The student bears responsibility to contact the instructor regarding grade issues.
Michael Singh Inmate T-22165 (A1-226) Mule Creek State Prison PO Box 409020 Ione, CA 95640-9020 <p style="text-align: center;">RETURN SERVICE REQUESTED</p>		

Course Name	Course Number	Section	Campus	Course Title	Grade	Credit Hours	Earned Hours	GPA Hours	Grade Points	Term GPA	
COUN	C105	005	C	Succeeding In College	A	3.00	3.00	3.00	12.00		
PHIL	C100	003	C	Intro To Philosophy	A	3.00	3.00	3.00	12.00		
							Total	6.00	6.00	24.00	4.00

Major	Academic Standing
Business Administration	CCC Under 12 cumulative u
Level	Term
Coastline Undergraduate	CCC Fall 2008

Cumulative	9.00	9.00	36.00	4.00
Transfer				
Overall	9.00	9.00	36.00	4.00

EXPLANATION OF GRADES	
A -- Outstanding B -- Good C -- Average D -- Deficient F -- Failed W -- Withdrawal I -- Incomplete In order to become passing grades, incompletes must be fully satisfied by the end of the next semester.	L -- Listener/Auditor O -- Official Withdrawal *AE *BE *CE *SE *RE (*Not included in GPA)



Student Name: Michael Singh	Student ID: C02092528	Messages: Message 1: The student bears responsibility to contact the instructor regarding grade issues.
Michael Singh Inmate T-22165 (A1-226) Mule Creek State Prison PO Box 409020 Ione, CA 95640-9020 <p style="text-align: center;">RETURN SERVICE REQUESTED</p>		

Course Name	Course Number	Section	Campus	Course Title	Grade	Credit Hours	Earned Hours	GPA Hours	Grade Points	Term GPA	
PSYC	C100	002	C	Intro To Psychology	A	3.00	3.00	3.00	12.00		
							Total	3.00	3.00	12.00	4.00

Major	Academic Standing
Business Administration	CCC Under 12 cumulative u
Level	Term
Coastline Undergraduate	CCC Summer 2008

Cumulative	9.00	9.00	36.00	4.00
Transfer				
Overall				

EXPLANATION OF GRADES	
A -- Outstanding B -- Good C -- Average D -- Deficient F -- Failed W -- Withdrawal I -- Incomplete In order to become passing grades, incompletes must be fully satisfied by the end of the next semester.	L -- Listener/Auditor O -- Official Withdrawal *AE *BE *CE *SE *RE (*Not included in GPA)

Certificate of Achievement

Is awarded to

MICHAEL SINGH

T22165

For the successful completion of the group

FAMILY ISSUES

And is hereby honored for achievina this commendable goal.

4/14/08

DR. IMMOOS PH.D.

MULE CREEK STATE PRISON

State Of California

Creekside Adult School

Certificate of Completion

awarded to

MICHAEL M. SINGH

who has successfully completed the following certification

A.03.02

FRAMEWORK FOR BREAKING BARRIERS

and is hereby honored and congratulated for achieving this commendable goal.



June 8, 2007
Date

ACA0171/#T-22165

Log#

Supervisor of Academic/Vocational Instruction

Certificate of Achievement

Is awarded to

MICHAEL SINGH

T22165

For the successful completion of the group

ANGER MANAGEMENT

And is hereby honored for achieving this commendable goal.

5/12/08

MULE CREEK STATE PRISON

Certificate of Achievement

Is awarded to

MICHAEL SINGH

T22165

For the successful completion of the group

ADVANCED ANGER MANAGEMENT

And is hereby honored for achieving this commendable goal.

8/09/08

MULE CREEK STATE PRISON

Friends Outside

Awards this certificate to

Michael M. Singh

in recognition of completion of

Creative Conflict Resolutions

A comprehensive, three-day training in anger management and conflict resolution.

Erika Warner, Lead-Facilitator

Melissa DeJesus, Co-Facilitator

Gretchen Newby

Gretchen Newby, Executive Director

June 26, 2009

Date

*This certificate is printed in black ink on parchment paper with blue and gold border, and only the original is valid as proof of completion of the program.
Friends Outside, PO Box 4085, Stockton, CA 95204*

Certificate of Recognition

This is to recognize that the below named individual has completed a 15-session class titled

Good Intentions/Bad Choices

through **Creekside Adult School, Pre-Release Education.**

This course included video instruction, class group discussion and work and individual work/journaling. The class covered the following topics:

Unrealistic Expectations of the New Parolee

Relapse Prevention

Relationship Problems

Ownership Attitude

Power Orientation

Relationship Abuse

Fantasy of Uniqueness

False pride

Consequences of Crime

Empathy

Manipulation

Developing a Plan of Action to Prevent Recidivism

Michael Manjeet Singh

DATE: December 10, 2009

K. SPENCER, PRINCIPAL (A)



Certificate of Recognition

This is to recognize that the below named individual has completed a 15-session class titled

Anger Management

through Creekside Adult School, Pre-Release Education.

This course included video instruction, class group discussion and individual work. The class covered the following topics:

Definitions of Anger and Violence

Physical Indicators of Anger

Body Language

Anger Diffusion Techniques

Assertive Language

Listening Skills

Physiology of Anger

Affirmation Process

Michael M. Singh

DATE: January 29, 2010

V. FairAmitani, Vice Principal, Academics



Certificate of Achievement

Is awarded to

MICHAEL SINGH

T22165

For the successful completion of the group

ART THERAPY

And is hereby honored for achieving this commendable goal.

3/1/2010

MULE CREEK STATE PRISON