

7178

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1824 (Rev. 10/06)

RODGERS, OTIS
CDC: V02538
DOB: 9/27/1941
ALLERGIES: NKT
Satisf-B

IN	REGION:	LOG NUMBER:	CATEGORY:
		14-00295	18 ADA

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NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

1-23-14 filled out mental health Referral Chemo and informed H/O about form.

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
RODGERS	V02538	SLAVE SCHOOL	1330 PM	B396-L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

AGED, AILING, TRIPLE CCCMS - MENTALLY ILL - FORCED TO EXIST IN A FISHBOWL

DORM W/DEMON. Will volunteer to be executed, ONE BULLET BETWEEN MY EYES

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

MEDICAL FILES

DESCRIBE THE PROBLEM:

I AM BEING FORCED TO LIVE IN A FISH BOWL/DORM WHERE DEMONS ARE ALWAYS WATCHING FORCED TO ATTEND THE WHITEMAN'S "UNCLE TOM" SLAVE SCHOOL, EXPERIENCING END OF LIFE TWILIGHT YEARS W/THOUGHTS OF BEING BURIED DEEP IN A COLD DARK GRAVE ALONE AND MAGGOTS ARE RUNNING IN AND OUT OF EVERY ORFICE OF MY BODY. LOUD VOICES ARE SCREAMING "YOU'RE DEAD, DEAD, THE DIRTY, LYING, RACIST WHITEMAN KILLED YOU." I see people who I know aren't there, little things are disappearing and I AM BEING TOUCHED. I AM SERIOUSLY DEPRESSED, NEGATIVE, HATE-FILLED FOR THE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

DOG ASS RACIST WHITES, NO FRIENDS. I CAN'T GET ALONG WITH ANYONE. PEOPLE JUST DON'T SEEM TO UNDERSTAND MY VALID, LEGITIMATE, OBSESSIVE VERBAL OUTBURST OF TIRADE FOR THOSE CONSIDERED LYING KUKULKLAN WHITE KILLERS WHO MURDERED ME (RIP IN MARTYRDOM ELDER OTIS LES RODGERS) * RELIEF SOUGHT: THAT I BE TRANSFERRED BACK TO A LEVEL 3 YAER, SINGLE-CELL. THATS THE REASON I STOP TAKING MY MEDS IN PROTEST.

[Signature]
INMATE/PAROLEE'S SIGNATURE

1-19-14
DATE SIGNED

SATF-B-14-00011