

PABLO PIÑA D-28079

2/27/14

P.O. BOX 7500 D-2 122 SHU.

CRESCENT CITY, CALIF 95531

Re: (update IN SHU) (POST): BOTH SIDES:

DRB: HEARING, AND NEXT PART OF STEPDOWN PROGRAM PROCEDURES.

Greetings,

Today 2/27/14 around 9:30 AM while I WAS WAITING FOR MY YARD PERIOD, THE COUNSELOR MS. VARGAS CALLED ME TO THE UNIT DOOR AND TOLD ME THAT SHE WAS HERE TO TELL ME THAT THE (DRB) WAS GOING TO BE HERE UNTIL THEY SEE ~~us~~ ~~us~~ THAT WERE SCHEDULED IN DECEMBER. SHE SAID I SHOULD BE THE FIRST ONE CALLED ON TUESDAY OR WEDNESDAY AND THAT THERE HAS BEEN NO NEW INFORMATION FILED AGAINST ME SO MY CHANCES ARE VERY GOOD THAT I MAY BE RELEASED FROM SHU.

I'VE HEARD THIS MANY TIMES ALREADY, SO I'LL BELIEVE IT WHEN I SEE IT.

ON THE OTHER SIDE OF THIS IS THE NOTICE THAT WAS GIVEN TO ME.



# NOTICE OF CLASSIFICATION HEARING

INMATE NAME <b>PINA, PABLO</b>	NUMBER <b>D28079</b>	DATE <b>2/27/14</b>
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YOU WILL APPEAR BEFORE A CLASSIFICATION COMMITTEE ON OR AFTER: 3/3/14 FOR CONSIDERATION OF A MAJOR PROGRAM CHANGE AS FOLLOWS:

- INITIAL REVIEW
- INTRA-FACILITY REVIEW
- OTHER (SEE BELOW)**
- INCREASE IN CUSTODY
- SPECIAL REVIEW**
- 180 DAY PROGRAM REVIEW
- DOUBLE CELL REVIEW
- POST BOARD REVIEW
- SUBSEQUENT REVIEW

You are scheduled to appear before the Departmental Review Board (DRB) for a case-by-case review of documentation related to your current prison gang (Security Threat Group) validation, along with any current STG related behavior (gang behavior) within the last four years, which serves as an active/inactive review, pursuant to the departmental STG Identification, Prevention and Management Pilot Program. If the DRB determines an absence of STG behavior, you may be release you to a Level IV (180) design, General Population (GP) and placed into the Step Down Program (SDP), Step 5, as an Inactive Monitored inmate. If the DRB determines existence of STG behavior within the last four years, you may be retained SHU indeterminate for placement into the SDP Steps 1 through 4, which will be determined based on an evaluation of the seriousness of your STG behavior, and date of occurrence as identified within the STG Pilot Program/STG Disciplinary Matrix. You will be afforded the opportunity to present any relevant information to DRB regarding your current/future housing in a SHU/GP to include placement in the SDP. All case factors including disciplinary history, enemy, safety concerns will be reviewed for consideration of appropriate transfer/retention. PINA was issued CDCR 1030's-Confidential Information Disclosure Forms disclosing STG behavior/information documented in Confidential Memorandums (CM) dated 10/26/12, 5/2/13. A copy of the CDCR handbook dated 10/11/2012 titled, "Security Threat Group Prevention, Identification System, and SDP", including attachments, and copies of the current CDCR 128-B2 and associated documents (ie., CDCR 128-B's, CDCR 1030's) were issued on 12/5/13.

**EFFECTIVE COMMUNICATION:**

- No disabilities requiring equally effective communication.
- You have been identified with a disability and as such a personal interview is being conducted on \_\_\_ in order to insure effective communication. After reviewing the DEC for primary method of communication and querying "S", the assistance noted below was provided.

"S" was identified with (check all that applies):  Hearing  Vision  Speech  Learning disability  TABE under 4.0 / no TABE  Developmental Disability  EOP  CCCMS  Foreign Language Speaking


Assistance provided to ensure effective communication (check all that applies):  Use of Text Magnifies  Large Print Material  Read Documents to "S"  Sign Language Interpreter  Lip Reading  Written Notes (see attached notes)  Language Interpreter  Simple English spoken slowly & clearly  "S" was wearing his hearing aid(s)  "S" stated he did not need any assistance for Effective Communication  Other: \_\_\_\_\_

Method used to determine communication was effective (check all that applies):  "S" reiterated in his own words, what was explained  "S" provided appropriate, substantive responses to questions asked  "S" asked appropriate questions regarding the information provided  "S" did not appear to understand the communication, even though the primary method of communication was used  Other: \_\_\_\_\_

Inmate waives right to Appear in Person: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate waives right to 72 hour notification: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Staff Assistant: \_\_\_\_\_ (e.g. when necessary for DDP, EOP, Foreign Language, etc.)

STAFF NAME (PRINT) <b>C. VARGAS</b>	TITLE <b>CCII</b>	INSTITUTION <b>PBSP-SHU</b>
Signature: 		

ROUTING INSTRUCTIONS: ORIGINAL: C-FILE COPIES: CLASSIFICATION COMMITTEE & INMATE



( POST: START ON THIS PAGE, THEN THE BACK AND CONTINUE TO NEXT PAGE ETC ).

NAME:

NUMBER:

INSTITUTION:

NOTICE OF CONDITIONS OF INACTIVE MONITORED STATUS

You are being scheduled for review by the Departmental Review Board (DRB) for a Security Threat Group (STG) case-by-case review. Based upon a review of STG related behavior/activity during the proceeding four years, the DRB may elect to conditionally release you from a Security Housing Unit (SHU) to a general population facility.

You are hereby notified that as a condition of your release to the general population, you will be required to submit to a photograph of all tattoos and body markings and you must refrain from participation in any gang activity or association with any known gang/STG affiliates.

Any future involvement in STG behavior such as a finding of guilt in two administrative rules violation reports within a 12-month period with an STG nexus; or one serious rules violation with a STG nexus as described on the STG Disciplinary Matrix; or involvement in confirmed behavior, activity or intelligence with a STG nexus as described in the STG Disciplinary Matrix with source items totaling at least 10 points within the past four years and identified subsequent to the validation process will result in your placement into the Step Down Program. The following are examples of behaviors listed in the Disciplinary Matrix:

1. Self-admission of STG involvement / association.
2. Any new tattoos or body markings deemed to be STG related.
3. Use of hand signs, distinctive clothing, graffiti, etc., which have been identified by STG coordinators/investigators as being used by and distinctive to specific STGs.
4. Possession of any material or document evidencing STG affiliation such as membership or enemy lists, constitutions, organizational structures, codes, training material, etc., of specific STGs.
5. Possession of individual or group photographs with STG connotations such as those which include insignia, symbols, or validated STG affiliates.
6. Documentation by staff of visual or audible observations, which reasonably indicate continued behavior and association with STG affiliates as outlined in the California Code of Regulations (CCR), Title 15, Section 3378(c).
7. Confidential information indicative of STG behavior or activity that meets the criteria set forth in the CCR, Title 15, Section 3321 that evidences STG behavior or activity with a STG.

You are advised to relinquish to prison staff any materials in your property that meet the above conditions of your release to the general population. Should any of these items be found in your property at any time, they will be viewed as potential evidence of current STG behavior.

I have read and understand the above conditions of my release to a general population facility. I understand that a serious violation or pattern of administrative violations may result in my being placed into a SHU Step Down Program.

In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of staff witness

\_\_\_\_\_  
Date

Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE: (NOTICE OF CONDITIONS OF INACTIVE MONITORED STATUS) CDC 128B STG1



SECURITY THREAT GROUP UNIT CLASSIFICATION COMMITTEE – NOTIFICATION OF HEARING

OFFENDER NAME (Last, FI):	CDCR Number:	Institution:
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PURPOSE OF COMMITTEE HEARING:

- Validation Hearing
  Confirmed STG Behavior or Intelligence
  Monitored, Inactive, Inactive-Monitored, or Drop-out Status

An official investigation into allegations that you are a Security Threat Group (STG) member or associate has been completed. Using multiple sources of weighted evidence, disciplinary reports, other evidentiary documentation, and/or confirmed STG behavior, the STG Unit Classification Committee will be convened to determine if sufficient evidence exists to validate you as a member or associate of the \_\_\_\_\_ STG. The CDCR has a zero tolerance for STG behavior, which represents a clear and present danger to staff and other inmates, the community, and the security of the institution.

OR

As a validated inmate who is living in the general population, you are expected to refrain from participating in STG related behavior or activities. Intelligence has been received and was corroborated that you continue to participate in confirmed STG behavior that has a direct nexus to the STG that you were previously associated with. Based on this information, you are being referred to the STG Unit Classification Committee who will determine if sufficient evidence exists to demonstrate on-going participation with the \_\_\_\_\_ STG.

OR

As a validated inmate on **monitored status/ inactive status/ drop-out status** living in the general population, you are expected to refrain from participating in STG related behavior or activities. **You have been found guilty of a rule violation that may have a direct nexus to the STG or Intelligence has been received and was corroborated that you continue to participate in confirmed STG behavior that has a direct nexus to the STG that you were previously associated with.** Based on this, you are being referred to the STG Unit Classification Committee who will determine if sufficient evidence exists to support a change in your validation status from **Monitored/ Inactive/ Inactive-Monitored/ Drop-out status** to Member/Associate of the \_\_\_\_\_ STG.

EVIDENCE TO BE INTRODUCED (Document Type/Date):

1.	2.
3.	4.
5.	6.
7.	8.

HEARING:

Be advised that a STG Committee Hearing has been scheduled on \_\_\_\_\_. Copies of all evidence to be used in support of this committee action are attached to this notice. Upon receipt of this notice, you will have at least 72 hours to prepare for this hearing, unless you waive the preparation time, in writing. Witnesses may be allowed to attend this hearing; however, an Investigative Employee will be assigned to assist in gathering the evidence that you request in the Evidence/Witness Statements being Requested by Offender Box. If you wish to have witnesses interviewed, you are required to provide the questions to be asked. In addition, a Staff Assistant may be assigned as required per CCR, Title 15, Section 3318-Staff Assistance.

STAFF ASSISTANCE:

Name/Title of Assigned Investigative Employee:	Date Assigned:
Name/Title of Assigned Staff Assistant:	Date Assigned:



**OFFENDER STATEMENT:**

<input type="checkbox"/> I will appear at the STG Committee Hearing	<input type="checkbox"/> I waive my right to appear at the STG Committee Hearing
<input type="checkbox"/> I waive assignment of an Investigative Employee	
<input type="checkbox"/> I request evidence and/or witness statements be gathered as documented below.	<input type="checkbox"/> I do not request any evidence or witness statements to be gathered.

**EVIDENCE/WITNESS STATEMENTS BEING REQUESTED BY OFFENDER:**

Staff Witness Name/Title:  _ Approved _ Denied – Reason:	Offender Witness Name/CDCR #:  _ Approved _ Denied – Reason:
Staff Witness Name/Title:  _ Approved _ Denied – Reason:	Offender Witness Name/CDCR #:  _ Approved _ Denied – Reason:
Staff Witness Name/Title:  _ Approved _ Denied – Reason:	Offender Witness Name/CDCR #:  _ Approved _ Denied – Reason:
Other Evidence:	Other Evidence:

**SIGNATURES:**

Offender's Signature:	Date:
Signature/Title of Staff who Served Notice:	Date:

Distribution: Original – Offender; Copies: Central File, Correctional Counselor, STG Investigator

NAME and NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**STEP DOWN PROGRAM PARTICIPANT NOTICE (STEP 1)**

Based upon your validation/STG Behavior, you have been assigned to the Security Threat Group (STG) Step Down Program (SDP). The SDP is a 5 Step program which allows offenders who have been validated as STG members or associates to remove themselves from STG activity and discontinue STG behavior; thus demonstrating to California Department of Corrections and Rehabilitation (CDCR) staff that they are no longer involved with the STG. This will afford offenders the opportunity to achieve designated privileges (see attachment) according to improvements and continuation of acceptable custodial adjustment.

As a participant in Step 1 of this program, you are required to meet the following expectations:

1. Participate in and successfully complete all mandated educational and cognitive instruction, as well as risk and educational assessment, as determined by the Institution Classification Committee (ICC).
2. Participate in all classification actions.
3. Follow all staff recommendations and directives.
4. Remain disciplinary free adhering to all departmental rules and regulations.
5. Cease any and all STG related activity including but not limited to; planning, organizing, recruiting, promoting, training, communicating in code, using known STG symbolisms, participating in and/or communicating STG activities.
6. Maintain proper hygiene and ensure living area is neat and orderly, including the bed being made when not in use.

ICC reviews will be completed after each 180 day period in the SDP. You will advance to the next step if the ICC determines you participated in the program in a sincere and significant manner and met all of the program expectations.

You may choose to enter the Debriefing Process at any time during your participation in the SDP, by notifying your counselor, Investigative Services Unit, or SDP staff.

You are advised to release to prison staff any materials in your possession which may be considered STG related. Should any of these items be found in your property at any time during your participation in the SDP, they will be viewed as evidence of continued STG behavior or other misconduct. You will be subject to appropriate disciplinary action.

If you choose not to progress through any step of the program, you may be returned to a previous step until you demonstrate both a desire and appropriate behavior for movement into the next step. Failure to maintain acceptable behavior and/or refrain from STG activity may result in the loss of privileges and/or regression to a previous step.

Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE: \_\_\_\_\_ (STEP DOWN PROGRAM NOTICE – STEP 1) \_\_\_\_\_ CDC 128B  
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NAME and NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**STEP DOWN PROGRAM PARTICIPANT CONTRACT (STEP 2)**

You have been approved by the Institution Classification Committee (ICC) for transition into Step 2 of the Security Threat Group (STG) Step Down Program (SDP). This Step will allow you to continue to demonstrate to CDCR staff that you are no longer involved with the STG. Movement into this step will afford you an opportunity to achieve expanded privileges (see attachment) according to acceptable custodial adjustment and positive programming.

Step 2 of the SDP will be administered from a Security Housing Unit (SHU). Meals will be consumed in your assigned cell. Showers will be allowed three times per week, except in situations of institutional emergencies. Programming during this phase will generally be conducted in the assigned cell.

As a participant in Step 2 of this program, you are required to meet the following expectations:

1. Participate in and successfully complete all mandated educational and cognitive instruction as determined by the ICC.
2. Attend all classification actions.
3. Follow all staff recommendations and directives.
4. Remain disciplinary free adhering to all departmental rules and regulations.
5. Cease any and all STG related activity including but not limited to; planning, organizing, recruiting, promoting, training, communicating in code, using known STG symbolism, participating in and/or communicating STG activities.
6. Maintain proper hygiene and ensure living area is neat and orderly, including the bed being made when not in use.

ICC reviews will be completed after each 180 day period in the SDP. You will advance to the next step if the ICC determines you participated in the program in a sincere and significant manner and met all of the program expectations.

You may choose to enter in the Debriefing Process at any time during your participation in the SDP, by notifying your counselor, Investigative Services Unit, or SDP staff.

Any items reflecting STG activity found in your property at any time during your participation in the SDP will be viewed as evidence of continued STG behavior or other misconduct. You will be subject to appropriate disciplinary action.

If you choose not to progress through any step of the program, you may be returned to a previous step until you demonstrate both a desire and appropriate behavior for movement into the next step. Failure to maintain acceptable behavior and/or refrain from STG activity may result in disciplinary action, the loss of privileges, and/or regression to a previous step.

If you elect not to participate beyond Step 2, you will be retained in Step 2 indefinitely, unless you display unacceptable behavior or participate in STG activity, which may result in regression to Step 1.

I have read and understand the above conditions of my participation in Step 2 of the SDP. In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE: (STEP DOWN PROGRAM CONTRACT – STEP 2) CDCR 128B SDP2

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NAME and NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**STEP DOWN PROGRAM PARTICIPANT CONTRACT (STEP 3)**

You have been approved by the Institution Classification Committee (ICC) for transition into Step 3 of the Security Threat Group (STG) Step Down Program (SDP). Transition into Step 3 will generally require an institutional transfer. This step will allow you to continue to demonstrate to CDCR staff that you are no longer involved with the STG. Movement into this step will afford you an opportunity to achieve expanded privileges (see attachment) according to acceptable custodial adjustment and positive programming.

Step 3 of the SDP will be administered from a Security Housing Unit (SHU). Meals will be consumed in your assigned cell. Showers will be allowed three times per week (except in situations of institutional emergencies). Movement to showers will be unrestrained and unescorted, with your cell partner. Programming during this phase may be conducted in the assigned cell and program areas utilizing individual treatment modules.

As a participant in Step 3 of this program, you are required to meet the following expectations:

1. Comply with double cell housing policy.
2. Attend, participate in, and successfully complete all mandated educational and cognitive instruction as determined by the ICC.
3. Attend all classification actions.
4. Follow all staff recommendations and directives.
5. Interact with offenders from other STGs in a cooperative and non-threatening manner.
6. Remain disciplinary free adhering to all departmental rules and regulations.
7. Cease any and all STG related activity including but not limited to; planning, organizing, recruiting, promoting, training, communicating in code, using known STG symbolism, participating in and/or communicating STG activities.
8. Maintain proper hygiene and ensure living area is neat and orderly, including the bed being made when not in use.

ICC reviews will be completed after each 180 day period in the SDP. You will advance to the next step if the ICC determines you participated in the program in a sincere and significant manner and met all of the program expectations.

You may choose to enter the Debriefing Process at any time during your participation in the SDP, by notifying your counselor, Investigative Services Unit, or SDP staff.

Any items reflecting STG activity found in your property at any time during your participation in the SDP will be viewed as evidence of continued STG behavior or other misconduct. You will be subject to appropriate disciplinary action.

If you choose not to progress through any step of the program, you may be returned to a previous step until you demonstrate both a desire and appropriate behavior for movement into the next step. Failure to maintain acceptable behavior and/or refrain from STG activity may result in the loss of privileges and/or regression to a previous step.

I have read and understand the above conditions of my participation in Step 3 of the SDP. In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE:

(STEP DOWN PROGRAM CONTRACT – STEP 3)

CDCR 128B SDP3

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NAME and NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**STEP DOWN PROGRAM PARTICIPANT CONTRACT (STEP 4)**

You have been approved by the Institution Classification Committee (ICC) for transition into Step 4 of the Security Threat Group (STG) Step Down Program (SDP). This step will allow you to continue to demonstrate to CDCR staff that you are no longer involved with the STG. Movement into this step will afford you an opportunity to achieve expanded privileges (see attachment) according to acceptable custodial adjustment and positive programming.

Step 4 of the SDP will be administered from a Security Housing Unit (SHU). Meals will be consumed either in your assigned cell or on the dayroom floor unrestrained with other SDP offenders. Showers will be allowed three times per week (except in situations of institutional emergencies). Movement to showers will be unrestrained and unescorted, with your cell partner. Programming during this phase will be conducted in the assigned cell, in a program area, utilizing individual treatment modules, and/or with small groups of unrestrained offenders in a dayroom setting. Work assignment within the housing units may be allowed.

As a participant in Step 4 of this program, you are required to meet the following expectations:

1. Comply with double cell housing policy.
2. Attend, participate in, and successfully complete all mandated educational and cognitive instruction as determined by the ICC.
3. Attend all classification actions.
4. Follow all staff recommendations and directives.
5. Interact with offenders from other STGs in a cooperative and non-threatening manner.
6. Remain disciplinary free adhering to all departmental rules and regulations.
7. Cease any and all STG related activity including but not limited to; planning, organizing, recruiting, promoting, training, communicating in code, using known STG symbols, participating in and/or communicating STG activities.
8. Maintain proper hygiene and ensure living area is neat and orderly, including the bed being made when not in use.

ICC reviews will be completed after each 90 day period in the SDP. You will advance to the next step if the ICC determines you participated in the program in a sincere and significant manner and met all of the program expectations.

You may choose to enter the Debriefing Process at any time during your participation in the SDP, by notifying your counselor, Investigative Services Unit, or SDP staff.

Any items reflecting STG activity found in your property at any time during your participation in the SDP will be viewed as evidence of continued STG behavior or other misconduct. You will be subject to appropriate disciplinary action.

If you choose not to progress through any step of the program, you may be returned to a previous step until you demonstrate both a desire and appropriate behavior for movement into the next step. Failure to maintain acceptable behavior and/or refrain from STG activity may result in the loss of privileges and/or regression to a previous step.

I have read and understand the above conditions of my participation in Step 4 of the SDP. In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

Signature of Inmate	Date	Signature of staff witness	Date
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Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE: \_\_\_\_\_ (STEP DOWN PROGRAM CONTRACT – STEP 4) \_\_\_\_\_ CDCR 128B SDP4

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NAME and NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**NOTICE OF CONDITIONS OF MONITORED STATUS**

You are being scheduled for review by the Institution Classification Committee as a validated Monitored Security Threat Group (STG) Member/Associate. Based on your newly designated monitored status, ICC may elect to conditionally release you from a Security Housing Unit (SHU) to a general population facility for Step 5 of the Step Down Program (SDP).

You are hereby notified that as a condition of your release to the general population, you will be required to submit to a photograph of all tattoos and body markings and you must refrain from participation in any STG behavior or patterned/repetitive association with any STG affiliates.

Participation in STG related behavior or activities as described on the STG Behavior Disciplinary Matrix shall be addressed through the disciplinary process and reviewed by a classification committee for removal from monitored status and return to the SHU Step Down Program. In addition, intelligence received that has been corroborated demonstrating continued participation in the STG will be reviewed by a classification committee for removal from monitored status and return to the SHU Step Down Program. It would be to your benefit to familiarize yourself with the STG Instructional Memorandum.

You are advised to release to prison staff any materials in your property that do not meet the above conditions of your release to the general population. Should any of these items be found in your property at any time, they will be viewed as evidence of active STG behavior or other misconduct. You will be subject to appropriate disciplinary action.

Upon your release to the general population, you are required to meet the following expectations:

1. Comply with double cell housing policy.
2. Comply with random urinalysis testing for 1 year.
3. Participate in all classification actions.
4. Follow all staff directives.
5. Remain disciplinary free adhering to all departmental rules and regulations.

You may choose to enter the Debriefing Process at any time, by notifying your counselor, Investigative Services Unit, or housing unit staff.

I have read and understand the above conditions of my release to a general population facility. I understand that violation of any of these conditions may result in my monitored status being revoked and I may be subject to return to the SDP program. In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

Signature of Inmate	Date	Signature of Staff Witness	Date
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Orig: Central File  
Cc: Receiving Institution  
Inmate



NAME:

NUMBER:

INSTITUTION:

NOTICE OF CONDITIONS OF INACTIVE MONITORED STATUS

You are being scheduled for review by the Departmental Review Board (DRB) for a Security Threat Group (STG) case-by-case review. Based upon a review of STG related behavior/activity during the proceeding four years, the DRB may elect to conditionally release you from a Security Housing Unit (SHU) to a general population facility.

You are hereby notified that as a condition of your release to the general population, you will be required to submit to a photograph of all tattoos and body markings and you must refrain from participation in any gang activity or association with any known gang/STG affiliates.

Any future involvement in STG behavior such as a finding of guilt in two administrative rules violation reports within a 12-month period with an STG nexus; or one serious rules violation with a STG nexus as described on the STG Disciplinary Matrix; or involvement in confirmed behavior, activity or intelligence with a STG nexus as described in the STG Disciplinary Matrix with source items totaling at least 10 points within the past four years and identified subsequent to the validation process will result in your placement into the Step Down Program. The following are examples of behaviors listed in the Disciplinary Matrix:

1. Self-admission of STG involvement / association.
2. Any new tattoos or body markings deemed to be STG related.
3. Use of hand signs, distinctive clothing, graffiti, etc., which have been identified by STG coordinators/investigators as being used by and distinctive to specific STGs.
4. Possession of any material or document evidencing STG affiliation such as membership or enemy lists, constitutions, organizational structures, codes, training material, etc., of specific STGs.
5. Possession of individual or group photographs with STG connotations such as those which include insignia, symbols, or validated STG affiliates.
6. Documentation by staff of visual or audible observations, which reasonably indicate continued behavior and association with STG affiliates as outlined in the California Code of Regulations (CCR), Title 15, Section 3378(c).
7. Confidential information indicative of STG behavior or activity that meets the criteria set forth in the CCR, Title 15, Section 3321 that evidences STG behavior or activity with a STG.

You are advised to relinquish to prison staff any materials in your property that meet the above conditions of your release to the general population. Should any of these items be found in your property at any time, they will be viewed as potential evidence of current STG behavior.

I have read and understand the above conditions of my release to a general population facility. I understand that a serious violation or pattern of administrative violations may result in my being placed into a SHU Step Down Program.

In signing this contract, I do not acknowledge or admit to the CDCR's documented validation of me as an STG Affiliate.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of staff witness

\_\_\_\_\_  
Date

Orig: Central File  
Cc: Receiving Institution  
Inmate

DATE: (NOTICE OF CONDITIONS OF INACTIVE MONITORED STATUS) CDC 128B STG1



STEP DOWN PROGRAM PROGRESS NOTES

<p><b>RATINGS:</b>                  1=Exceptional                  2=Above Average                  3=Satisfactory                  4=Below Average                  5=Unsatisfactory                  Comments: _____</p>	<p><b>ASSIGN RATINGS TO IDENTIFIED CATEGORIES:</b></p> <table border="0"> <tr> <td>_____ Demonstrated Skill &amp; Knowledge</td> <td>_____ Teamwork &amp; Participation</td> </tr> <tr> <td>_____ Attitude Toward Fellow Inmates &amp; Workers</td> <td>_____ Attitude Toward Staff</td> </tr> <tr> <td>_____ Quality of Completed Assignments</td> <td>_____ Degree of Participation</td> </tr> <tr> <td>_____ Quantity of Completed Assignments</td> <td>_____ Interest in Assignments</td> </tr> <tr> <td>_____ Effort Displayed in Completing Assignments</td> <td>_____ Complying with SDP Plan</td> </tr> </table>	_____ Demonstrated Skill & Knowledge	_____ Teamwork & Participation	_____ Attitude Toward Fellow Inmates & Workers	_____ Attitude Toward Staff	_____ Quality of Completed Assignments	_____ Degree of Participation	_____ Quantity of Completed Assignments	_____ Interest in Assignments	_____ Effort Displayed in Completing Assignments	_____ Complying with SDP Plan
_____ Demonstrated Skill & Knowledge	_____ Teamwork & Participation										
_____ Attitude Toward Fellow Inmates & Workers	_____ Attitude Toward Staff										
_____ Quality of Completed Assignments	_____ Degree of Participation										
_____ Quantity of Completed Assignments	_____ Interest in Assignments										
_____ Effort Displayed in Completing Assignments	_____ Complying with SDP Plan										

Inmate Assigned to Step: 1    2    3    4	Date Assigned to Step: _____	Date of this Review: _____
In Preparation for what type of Review: _____ 90 Day ICC Review _____ 180 Day ICC Review _____ Program Review	Recommendation: _____ Retain in Existing Step _____ Transition to Next Step _____ Other: _____	_____ Remove from SDP _____ Return to Beginning of Current Step

Inmate Name:	CDCR Number:	Institution:	Date:
Staff Name:		Staff Signature:	

Distribution: Original: Central File; Copies: Inmate, STG Investigator