ASHLEY DIAMOND,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civ. Action No. 5:15-cv-00050 (MTT)
	)	
BRIAN OWENS, et al.,	)	
	)	
Defendants.	)	

I, A. Chinyere Ezie, hereby declare and state as follows:

1. I am an attorney at the Southern Poverty Law Center, and I am counsel for Plaintiff in this case. I submit this declaration in support of Plaintiff's Consolidated Opposition to Defendants' Pre-Answer Motions to Dismiss.

2.

Plaintiff's Emergency Motion for a Temporary Restraining Order, Diamond v. Owens et al, 5:15-cv-00050 (MTT)	
Grievance No. 184215 and Related Documents	J
Georgia Department of Corrections Mental Health Progress Notes of Dr. Stephen Sloan	K

3. Copies of the grievance documents, many of which were previously provided as exhibits by counsel for Defendants, are provided here in order to include text inadvertently cut off at the margins.

4. On March 30, April 8, and April 27, 2015, I was also contacted by an inmate in the custody of the Geo0 1s0-70132 72.00039 488.4 Tm /TT2 1 Tf [(t) -2 (he) 4 ( ) -70 3(0 17) -2 (a)9the ounse(

Exhibit A

[redacted]

tachment 4 A
IIB05-0001 SOP

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: **Diamond, Ashley** Grievance Number: 163506

ison GDC #: **1000290565** Facility: **Rutledge State Pr**

RESPONSE TO GRIEVANCE:

Denied

nature (date)

E RECEIPT OF THE ABOVE RESPONSE ON THIS DATE. ACKNOWLEDG

nder's signature (date) Offe

even (7) calendar days within which to appeal this response to your Grievance Coordinator. You neve s
y is not a business day at your institution, you may file it on tha next day that is a business. If the last da
day.

ATTACHMENT 2
SOP IIB05-0001

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: Rutledge State Prison

DATE: December 19, 2013

GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: Tonia Singleton

OFFENDER NAME: Diamond, Ashley

is medical needs. He says that he
treatment for gender identity
done at this facility.

DATE:

es: No: ☐

Concur with Staff

Grievance Coordinator

produced locally)

(Re

Grievance

upon

this form

! "#$%&'(&)*+),,,&,)-..%%%/0*12$34%56)5%%%789$:%,&;*<;(&%%%=">$%&%0?%6

ATTACHMENT 2

[redacted]

PARTMENT OF CORRECTIONS GEORGIA DE

RUTLEDGE STATE PRISON
7175 Manor Road
Columbus, Georgia 31907
Information (706) 568-2340

Brian Owens
Commissioner

Nathan Deal
Governor

MEMORANDUM

DATE: SUNDAY, DECEMBER 15, 2013

DR. THOMPSON

EY DOUGLAS GRIEVANCE COORDINATOR RETURN TO: COURTN

E SHELTON, DEPUTY WARDEN OF CARE & TREATMENT THRU: RUTH

CMENT FOR GRIEVANCE PROCEEDING RE: STATE

MPLAINT OR GRIEVANCE PROCEEDING OR PROCEEDING IN THE FOLLOWING

THANK YOU FOR YOU HAVE BEEN NAMED IN THE

CAPACITY. PLEASE RESPOND WITH A COMPLETED FORMAL STATEMEN

YOUR ATTENTION TO THIS MATTER.

INMATE NAME: DIAMOND, ASHLEY ID# 1000290565

INCIDENT DATE AND DESCRIPTION:

al needs. He says he Inmate alleges that he is not receiving proper treatment for his serious medic

ntity disorder and he in reading treatment for gender ide

[illegible] with you and Dr. Silver in regar

[illegible]

[illegible] RESPONSE

[illegible] RESPONSE

[illegible] RESPONSE TO YOU

FOR ME TO HAVE YOUR TIME AND ACCURATE STATEMENT FORM THAT IT IS IMPORTANT

GRIEVANCE S.O.P. IB05-0001 REQUIRED BY THE

() 1ST REQUEST

() 2ND REQUEST

() 3RD REQUEST

RUTLEDGE STATE PRISON:

CONSTRUCTIVE CHALLENGES STRENGTHENING VALUES

RECOGNIZING CHOICES

Attachment 1

SOP IB05-0001

GRIEVANCE FORM (Facsimile)

INSTITUTIONAL USE ONLY

OFFENDER NUMBER

OFFENDER

GRIEVANCE

DATE

CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES

OR INCIDENTS

Date

Do Yes or No? If the answer is No, please explain why.

Exhibit B

! "#$%&'(&)*+),,,&,)-..%%%/0*12$34%56)&%%%7%%$:%,&;(<;(&%%%=">$%?%0%%%<

G2
31

Nathan Deal
Governor

Brian Owens
Commissioner

GRIEVANCE APPEAL RESPONSE

Ashley Dunsmorth 173 40

OFFENDER NAME ID NUMBER GRIEVANCE NUMBER

NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances a full [illegible] indicating a desire for appeal [illegible] warded to the next level. However, to allow sons [illegible] review of all issues the grievant wishes considered, he or she should state these rea [illegible] Statements [illegible] as not an issue on appeal [illegible] in general review [illegible] submitted to [illegible] your Coun [illegible]

Attachment 1
SOP 13B05-0001

Offender GRIEVANCE FORM (Facsimile)

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME Ashley Diamond OFFENDER NUMBER 1000290565

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT:

5-22-1

Date

If the answer is No, please explain why is this grievance being filed within the 10 day time limit? Please answer: ◉ Yes or ○ No

[redacted]

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:	Ashley Diamond	Grievance Number:	173610
GDC #:	1000280665	Facility:	Valdosta State Prison

RESPONSE TO GRIEVANCE:

[redacted]

[illegible] calendar days within which to appeal this response to your grievance coordinator. [illegible] You have se[illegible] may be it on the next day that is a business [illegible] If the last day is not a business day at your institution, you [illegible]

5. Inmates/probationers shall be encouraged to report sanitation violations in the barber/cosmetology shop to the Sanitation & Safety Officer and/or the Warden. The Sanitation & Safety Officer and/or the Warden shall maintain a record of the reported violation and any action taken to address the violation.

D. Appointment Procedures for Cosmetology Services

1. Inmates/probationers shall be provided with a Cosmetology Request Form. All inmates/probationers must have the designated staff member complete the form and sign it. The detail form must include inmate name, ID number, date, [illegible] housing assignment and [illegible] of days/[illegible] permanent, haircut, etc. services requested.

E. Inmates/Probationers Hair Care Guidelines (CM Ma

a. Hair shall not be longer than three (3) inches.

b. Hair shall not extend beyond a point, which would reach the collar on an ordinary shirt.

c. Hair shall not cover any part of the ears or eyebrows.

Inmates may wear sideburns no longer than a point even with the bottom of the ear lobe. [illegible] hair may be permitted but shall not extend beyond [illegible] and [illegible] acial, and similar [illegible] 4. Goa unless medically

F. Hair Guidelines for Female Inmates/Probationers:

If [illegible] must be clean, well groomed and neat. must look natural, matching natural color.

5-21

ATTACHMENT
SOP IB05-0[illegible]

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: Valdosta State Prison DATE: May 28, 2014

[redacted]

CONFIDENTIAL

Offender GRIEVANCE FORM (Facsimile)

Attachment 1
SOP IIB05-0001

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME Ashley Diamond OFFENDER NUMBER 1000290565

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DATE OF INCIDENT:

RESOLUTION

Ashley Diamond 4

OFFENDER SIGNATURE

Please [illegible] YES ○ NO ○ If the answer is No, please explain why. Is this [illegible] being filed within the 10 day time limit? E

Exhibit C

FAX NO. : 4704454499 Nov. 26 2014 02:09PM P2

JD-63

Georgia Department of Corrections

Office of Investigations and Compliance

Inmate Affairs Unit

[redacted]

FROM : FAX NO. : P4

FILED

Attachment 4
SOP IIB05-0001

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: Ashley Diamond

GDC #: 1000290565

Facility: Valdosta State Prison

RESPONSE TO GRIEVANCE:

Ms Emmons, you have not provided the names of any [illegible] are housed [illegible] the [illegible] of the Youtube videos [illegible] and information you [illegible] involved in the ma[illegible] [illegible] view and [illegible] staff [illegible] wish [illegible] in order to Internal [illegible] Investigations [illegible] Affi[illegible]

Warden's/Superintendent's signature

9-19-14
(date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

Offender's signature

10 9 4
(date)

[illegible] calendar days within which to app[illegible] this response to your Grievance Coordinator. [illegible] business day at your institution. You have seven (7) [illegible] If the last day is not [illegible] you may file it on the next day that is a bus[illegible]

5 180025

D. NUMBER GRIEVANCE NUMBER

I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as follows:

E t osta

d

ic

or

rests with the grievant.

indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal. All issues such as "not satisfied" or "appeal further" will result only in a general review. If for Statements along with the grievance form, or Grievance Coordinator.

INMATES

(Reproduced locally)

RETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office.

! "#$%&'(&)*+),,,&,)-..%%%/0*12$34%56)7%%%8%:$;%,&<(=<(&%%%>"?$%7%O%%(A

Offender GRIEVANCE FORM (Facsimile)

SOP IIB05-0002

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME	Ashley Diamond	OFFENDER NUMBER	1000290565
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER	150035
DATE COMPLETED FORM RECEIVED FROM OFFENDER		BY	
DATE APPEAL RECEIVED	10/11/14	BY	M. Alexander

Attachment 4

SOP HB05-0001

WARDEN'S/SUPERINTENDENT'S FIRST LEVEL RESPONSE

Ashley Diamond — Grievance Number:

Offender's Name

1000290[illegible] — Facility: Macon State Prison

RESPONSE TO GRIEVANCE:

You are housed in Tier 1 at this time. According to Mr. Brunson, [illegible] staff involved in the making of the Youtube videos. We would be happy to provide any information you wish to give to Internal Affairs for their review and investigation.

Warden's/Superintendent's signature

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

n to appeal this Response to your Grievance Coordinator. You have seven (7) calendar days within which on; you may file it on the next day that is a business day. If the last day is not a business day at your institution

Inmate alleges [illegible] his personal safety [illegible] SP and fears retaliation b[illegible] [illegible]use of the pending [illegible] tube. Inmate stated there can be fatal consequences [illegible] move him and do a full investigation of th[illegible]

SUMMARY OF INVESTIGATION

[illegible] violations for using a cell phone to place videos at Valdosta SP on you tube [illegible] inmate is housed with one of the inmates who appeared in the video with him. Inmate [illegible]

Offender GRIEVANCE FORM (Facsimile) SOP IIB05-0001

[redacted]

[redacted]

RESOLUTION REQUESTED

[redacted]

Date

! "#$%&'(&)*+),,,&,)-..%%%/0*12$34%56)7%%%8!:$;%,&<(=<(&%%%>"?$%(,%0@%(A

WITNESS STATEMENT

PLACE

DATE 9 14 TIME 1400

FILE NUMBER

FIRST NAME, MIDDLE NAME

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Inmate is in Tier 1

a cell phone to place videos

STATEMENT

PAGE 1 OF 12 PAGES

INITIALS OF

THE BOTTOM OF

! " #$%& '(&)*+), , ,&,) - . . %%% / 0*1 2 $34%56)7%%%8!:$; %, &<(=<(&%%%> "?$%((%O@%(A

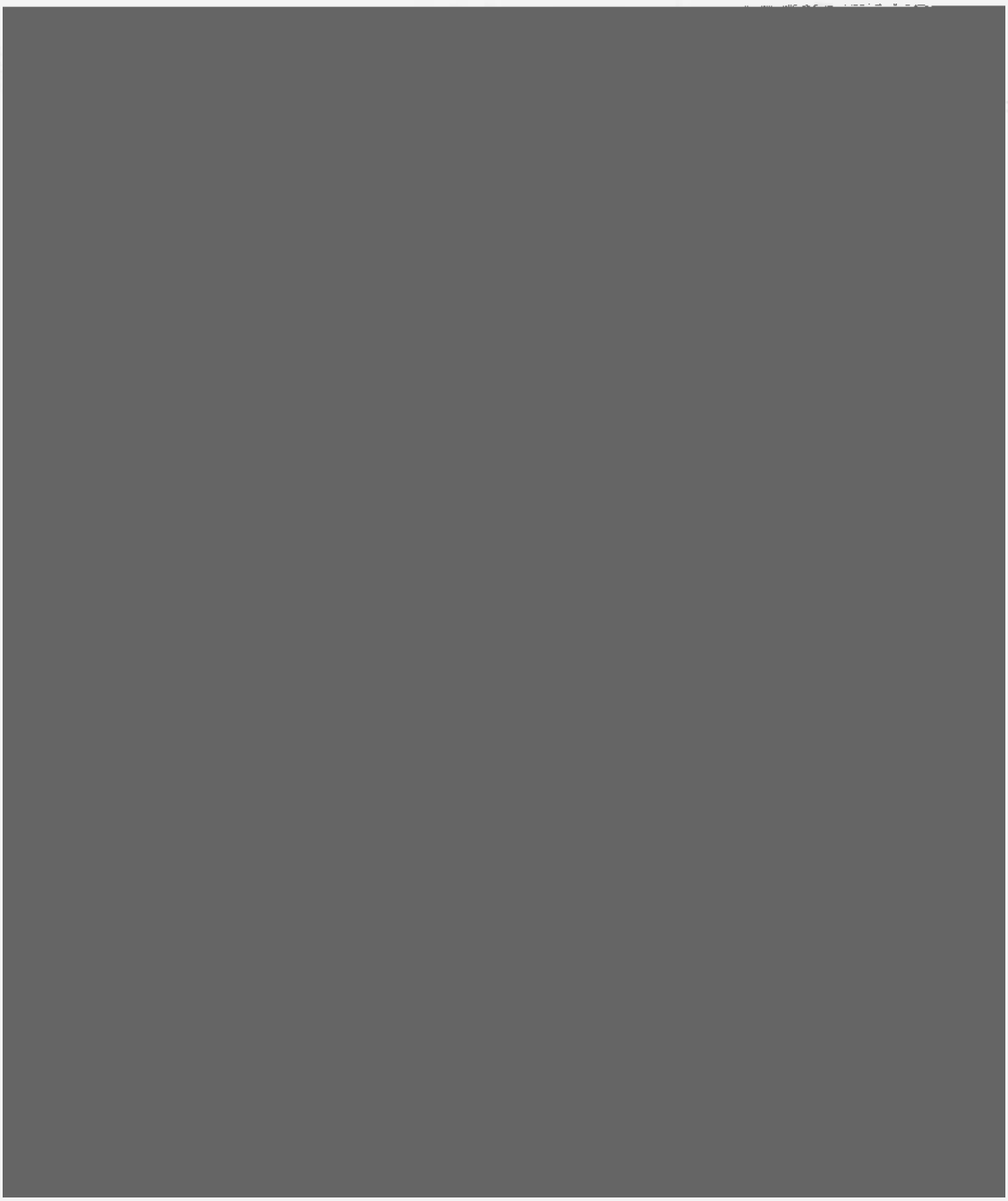
ATTACHMENT 3
SOP IB05-0001
5/15/2005

ATEMENT (Continued)

AFFIDAVIT

I, ... HAVE READ OR ... TO ME THIS ... BEGINNING WHICH ... ON ... OF THE ... ENTIRE THE ... AGE, I AND ... TRUE.

Upon completion, if this form, it will be placed in a file in the Grievance Coordinator's office



GRIEVANCE FORM (Facsimile)

INSTITUTIONAL STAFF USE

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES AND HOUSING

OF PERSONS INVOLVED AND DATES

RESOLUTION REQUESTED:

Date

Yes No If the answer is No, please explain why

Yes No If the answer is No, please explain why

Exhibit D

GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Pri

Deputy Warden of Care & Treatment

Post Office Box 219

Nathan Deal

Commissioner

MEMORANDUM

TO: Walker, Waterman E. SDCI# 1998 2700

FROM:

Cherie Price Deputy Warden of Care and Treatment

DATE:

2/4/15

SUBJECT:

Grievance Rejection

Per SOP IIB0

9001, this grievance has been rejected and returned to you for the following reason:

More than one issue per grievance

Grievance filed out of time frames as outlined in policy

Exceeded grievance filing limit

Grievance includes offensive, profane or abusive language

Non-grievable issue

Does not affect the offender personally

Parole Decision

Issue outside the Department's control

Disciplinary referral

Disciplinary hearing procedure, punishment, fee

f. Transfer of offender between Institution

g. Routine housing assignment

h. Involuntary assignment to Administrative Segre

Subject to [illegible] assignments or work assignments unless there is an alleged threat to the offender's health or safety

CP/bd

"Committed to Excellence"

12/175 CONFIDENTIAL Attachment 1

(Rev. 4-1-04) SOP IIB05-0001

Georgia Department of Correc

INMATE NUMBER 1000495615 NAME Ashley Hargrett

Facility Name Department of Corrections

! "#$%&'(&)*+), , ,&,) - . . %%% / 0*1 2 $3 4%56)7%%%8 9:$; %, &<(=<(&%%%>"?$%5%0@%6

Offender Grievance

DIAMOND, ASHLEY ALTON-GDC ID 1000290565

Grievance No: 143820 - Status: PENDING RESOLUTION

Click here for printer friendly version

RISON

Grievance Type: FORMAL

Facility Grievance Against: BALDWIN STATE

Form Received Date: 01/22/2013

Grievance Date: 01/14/2013

Grievance Category: STAFF NEGLIGENCE

Have Exceeded Grievance: Yes No

Response Due Date: 03/03/2013

Complaint/Resolution: 1/7/13-I was called ut to meet w/Captain Gottrell & asked about a PREA report in which I responded accordir ly. He then by acting w/deliberate indifference to a prison condition that was spotted to Mental health staff pertaining to a PREA allegation has exposed me to an unreasonable risk of serious harm, by informing the accused, is the author of a PREA report against me. The accused is a convicted killer.

Click here to Add a Person

Date:

Status:

Comments:

Send your system questions and recommendations to

! "#$%&'(&)*+), , ,&,) - . . %%% / 0*1 2 $3 4% 56)7%%%8 9:$; %',&<(=<(&%%%>"?$%&%0@%6

SOP IIB05-0001
Attachment 10
6/01/04

Georgia Department of Corrections
Nathan Deal, Governor
Brian Owens, Commissioner
7100 Loving Grove Rd
Phone: 478-445-6160
FAX: 478-445-2792

Memorandum

Date: 7/24/13

To: Dr. Sloan

From: Deputy Warden of Care & Treatment, Cherie Pate

Re: Informal Grievance

Attached is an informal grievance from inmate [illegible]. The attached informal grievance was received in my office and requests the following action(s) be taken:

Meet with inmate and explain standard operating procedures regarding sick call.

5/96)

ATTACHME

WITNESS STATEMENT

DATE [illegible] TIME [illegible] FILE NUMBER [illegible]

MIDDLE NAME | SOCIAL SECURITY ACCOUNT NO. | STATE SERIAL NO. | NAME, FIRST NAM

[redacted] [illegible]

Baldwin State Prison

SWORN STATEMENT

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Was Present when [illegible] Mental Health

[illegible]

GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison
100 Laying Farm Rd
Phone: 478-445-5130
FAX: 478-445-2792

Nathan Deal
Governor

Brian Owens
Commissioner

Memorandum

Date: 1/24/13

To: Area Supervisor [illegible]

From: Deputy Warden of Care & Treatment [illegible]

Re: Informal Grievance

[illegible] informal grievance [illegible] was [illegible] following action(s) be taken:

Meet with inmate and explain standard operating procedures regarding HIV tests.
Schedule and meet with this inmate and discuss the status of his request.
[illegible] follow up and provide documentation of follow up.
[illegible] process.

[illegible] (5) days from receipt). The inmate should sign and date below. 1/24/13

Matter discussed [illegible]

[illegible] asked about a PREA report. Tim [illegible] to an unreasonable [illegible]

[illegible] above was discussed [illegible]

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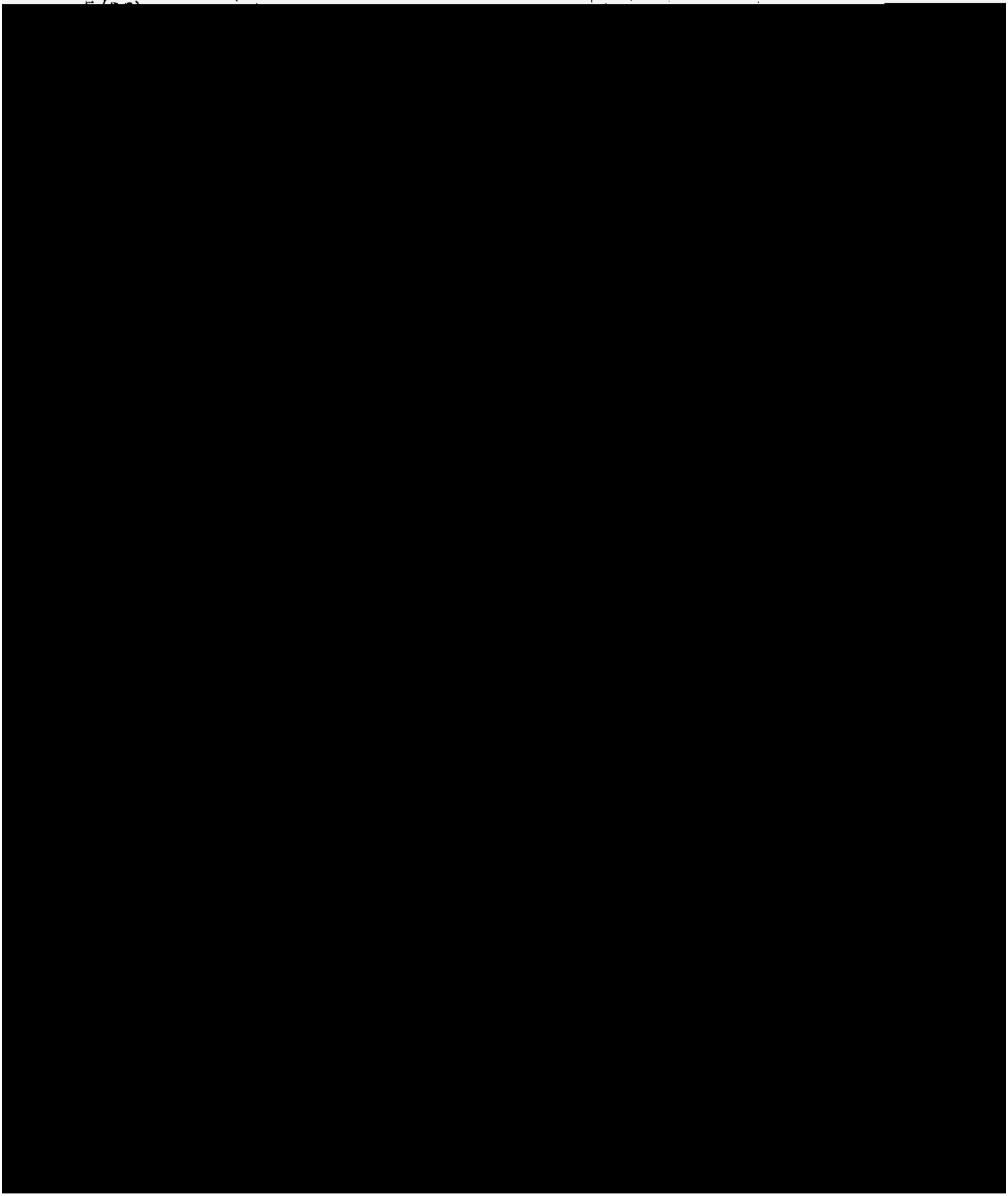

Exhibit E

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FAX NO. :4784454937 Feb. 03 2015 04:52PM P2

Office South at Tift College

DIAMOND, EY ALTON 1000290565
BALDWIN ST PRISON

FROM: **MCKINNON, SA**
VALDOSTA PRISON

01/01/2014

was filed on **01/01/2014**. Upon [redacted] to your attendance [redacted] At the [redacted] review, it [redacted] Corrections Internal [redacted] Review Unit will determine what action [redacted] result, this letter [redacted] investigation [redacted]

Dr. [redacted]

1242

ATTACHMENT
SOP IIB05-0

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

VALDOSTA DATE 2/05/ INSTITUTIO

GRIEVANCE COORDINATOR TO GRIEVANCE COORDINATOR/ALTERNA

FROM: Brockington

OFFENDER NAME Diamond, ley GRIEVANCE#18

GDOC #: 1000290566

INMATE'S BASIC ALLEGATION OF COMPLAINT

CIVIL LOW

e was ly assaulted by an inmate at Valdosta State Prison in Tier program. Inmate alleges on 1/01/14 i

on his face and he was sleeping when the inmate began masturbating and rubbed his pene

buttocks.

rwarded to

SUMMARY OF INVESTIGATIO

Recommend grievance be ter

SIGNATU DATE

Concur With Staff Finding Yes No

Grievance Coo

DA

inator:

TE

(Reproduced locally)

ETENTION SCHEDULE: Upon comp of this form, it will be placed in a file in the Grievance Coordinator's office

ATTACHMENT I
SOP IIB05-0001

ONAL STAFF USE ONLY

OFFENDER NAME

OFFENDER 7 05b5

INSTITUTION

GRIEVANCE NUMER

DATE COMPLETED FORM RECEIVED OFFENDER

DATE APPEAL RECEIVED BY

EVANCE TO INCLUDE

THIS FORM MUST BE COMPLETED IN INK. T INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRI
DATES, NAMES OF PERSONS INVOLVED AND

DATE & DESCRIPTION OF INCIDENT:

Prison

MMISONER

Ashley Diamond

his grievance being filed within the 10 day

Yes

please explain why

Health Nationalist

Printed By: KNOWLES, GAIL
Mar 10, 2015 07:14 AM

GEORGIA DEPARTMENT OF CORRECTIONS

STATE OF GEORGIA

Incident Report

Brian Owens
Commissioner

Nathan Deal
Governor

Number:

MAJOR

SEXUAL

Use of Force

Nature of

Wireless De

Incident Lo

Fire NO

Chemical Incident:

Facility Mechanical Brea : NO

Incident Video Taped by

Damage Amount

Damage Description

Warden's Recomm./Comments:

Forward per PREA Policy

Summary of Incident

Grievance dated 12/19/14 rec ved from Chief Counselor Woods written by Inmate Diamond, Ashley GDC#1000290565, that 1/1/14 while at Valdosta State Prison he was sleeping when

Staff

GONZALEZ	ROLANDO	1063139									
Reviewed			Use of Force	Taken	Involvement	Rec	Weapon Reason	Weapon Serial No	Weapon Cert Date		
Video											
No				No	No	No					

DIRECTLY INVOLVED

Inmate Diamond, Ashley being sexually assaulted on 1/1/14.

MCCRACKEN, WILLIAM DAVID 6736

[redacted]

Prison In Comments: Approximately on 1/1/14 I was sexually assaulted by an inmate at Valdosta State Tier Program. I was sleeping on the bottom bunk when the inmate unclothed behind lockdown reported to Counselor Gonzales and asked [illegible] and rubbing his penis on my face and but unwanted sexual contact. I also wrote the statement with Mrs. [illegible] this was a

! "#$%&'(&)*+),,,&,)-..%%%/0*12$34%56)7%%%8%:$;%,&<(7<(&%%%=">$%?%O@%(7

INCIDENT REPORT

COPY

Incident ID#:
Type Report:
Major Incident: X Minor Incident
Facility: VSP
Date of Occurrence (M/D/Y)
Time:
Use of Force:
Type of Weapon:
Location:

II. A. Inmates Involved:

Disp Filed?

Number
Name
Medical Complaint

B. Medical Findings (To be completed within 24 hours)

C. Staff Involved
Name
Sex
Employee ID Number

Witnesses
Name
Number/Title

Name
Number/Title

Video Equipment Utilized: Yes No
Name of Camera Operator:

B. Name/Agency Notified

Type
Serial #
Weather:
Lighting

5. Stop Fight
Accidental discharge
7. Other
4. Wa
Prop
If yes

Superintendent
Warden

PI-515

ATTACHMENT 3
SOP IIB03-0001
5/15/03

WITNESS STATEMENT

PLACE	DATE	TIME	FILE NUMBER
Austin Sp	2-4-15	1100	

LAST NAME, FIRST	NAME MIDDLE NAME	EMPLOYEE ID NUMBER	INMATE GDC NUMBER
Sutton Tonza	P	10124169	

K

I,

EXHIBIT INITIALS OF MAKING STATEMENT

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HALS G "STATE EN TAKEN AT DATED E M T O ED CONTINUES BOTTOM OF EACH ADDITIONAL PAGE THE OF AN ... STATEMENT ... INITIALS TO BE INITIALED ... PAGES ... TH STATEMENT ... SEPARATE ... PAGES." WHEN ADDITIONAL PAGE

ATTACHMENT 3
SOP TI605-0001

STATEM (Continued)

[redacted]

STITUTION OR ADDRESS

before me, a person authorized by law
20 IN

(Signature of Person Administering Oath)

(Printed Name of Person Administering Oath)

TURES OF PERSON MAKING STATEMEN

Attachment 3 (SOP IIB08-0001) 1/15/2012

PALO ALTO State Prison

Mental Health

Report/Stat

received

4. Signature of Warden/Designee:

GEORGIA DEPARTMENT OF CORRECTIONS

Nathan Deal
Governor

Commissioner

IN ENT REPORT SUMMARY

TO Warden

FROM: CRACKER

RE:

Signature

! "#$%&'(&)*+), , ,&,) - . . %%% / 0*1 2 $34%56)7%%%8%:$; %, &<(7<(&%%="">$%(?%0@%(7

[redacted]

___ DATED
PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES" WHEN
ADDITIONAL PAGES ARE UTILIZED, THE BACK OF 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE

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(Reproduced locally)

ATTACHMENT

SOP IIB05-0001
8/15/01

TATEMENT (Continued)

Dm Dm

Dm Dm

Dm

Dm Dm

AFFIDAVIT

PAGE 1 AND ENDS ON PAGE 1
S TRUE. I HAVE INITIALED ALL
HAVE MADE THIS STATEMENT FREELY
CION, UNLAWFUL INFLUENCE, OR

CORRECTIONS AND HAVE INITIALED THE BOTTOM
ITHOUT HOPE OF BENEFIT OR REWARD,
UNLAWFUL INDUCEMENT.

TO ME THIS STATEMENT WHICH BEGINS ON
STATEMENT MADE BY ME THE STATEMENT
EACH PAGE CONTAINING THE STATEMENT. I
THREAT OF PUNISHMENT, AND WITHOUT COER

(Signature of Person Making Statement)

WITNESS

to administer oaths, this _____ day of

INSTITUTION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

INSTITUTION OR ADDRESS

(Authority To Administer Oath)

TIALS OF PERSON MAKING STATEMENT

ATTACHMENT

SOR2UP08-0001(209 04)

1/10/2015

WITNESS STATEMENT

DATE

TIME

12/15

Smond, Ashley

#1000 29066

EXHIBIT

PAGE 1 OF PAGES

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

THE BACK

! "#$%&'(&)*+), , ,&,) - . . %%% / 0*1 2 $34%56)7%%%8 9:$; %, &<(7<(&%%%=">

[redacted]

(Signature of Person Administering Oath)

Person Administering INSTITUTION OR ADDRESS of

Administer

INITIALS OF PERSON MAKING STATEMENT

OF PAGES PAGE

TENTION SCHEDULE:

Exhibit F

[redacted]

ATTACHMENT

(Reproduced locally)

of this form, it will be placed in a file in the Grievance Coordinator's office