

FILED

MAY 06 2013

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

EVERETT JEWETT

(Name of Plaintiff)

1655 West St

(Address of Plaintiff)

Redding Ca 96001

2:13-cv-882 A- (PC)

(Case Number)

vs.

COMPLAINT

California Forensic Medical Group

Shasta County Jail

Medical Director C.F.M.G DR Austin

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: Yes No

B. If your answer to A is yes, how many?: one Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff EVERETT Joseph Jewett

Defendants DENNIS Hawley SHARRON Denney P.H.S. Health CARE and Shasta County Jail

2. Court (if Federal Court, give name of District; if State Court, give name of County)

EASTERN DIST

3. Docket Number 06-1197 (I think maybe incorrect)

4. Name of judge to whom case was assigned LAWRENCE CARITEN

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)
Dismissed for Technical (change of address)

6. Approximate date of filing lawsuit NOV 2006

7. Approximate date of disposition 2010

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution? Yes No

B. Have you filed a grievance concerning the facts relating to this complaint?

Yes No

If your answer is no, explain why not _____

C. Is the grievance process completed? Yes No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant California Forensic Medical Group is employed as HEALTH CARE PROVIDER at Shasta County Jail

B. Additional defendants Shasta County Jail
and the Medical Director for the C.F.M.G. INC Doctor
AUSTIN.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

I AM CONSISTANTLY HOUSED WITHOUT REGARD TO MY DISABILITY. MY DISABILITY REQUIRES HANDICAP ACCESS TO ALL AREAS. Flat Ground only. And The Aid of A Mobility device (A CANE) I HAVE A CHRONIC CARE ISSUE REGARDING MY SPINE AND THE DAMAGE TO IT. IN JULY OF 2012 I WAS HOUSED ON A UPPER TIER ON A UPPER BUNK AND SUFFERED A FALL DOWN A FLIGHT OF STAIRS EVEN THOUGH MEDICAL IS AWARE THAT MY DISABILITY CALLS FOR A 'LOW TIER LOW BUNK FLAT GROUND ONLY' THEN I WAS AGAIN HOUSED ON A LOWER TIER UPPER BUNK AGAIN DISREGARDING MEDICAL ISSUES. THE WHOLE TIME UNTIL LAST WEEK I HAVE BEEN HOUSED IN HOUSING AREAS WITHOUT ANY HANDICAP ACCESS WITHOUT FLAT GROUND UNEVEN TERRAIN AREAS.

SEE ATTACHED ~~2/13~~

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

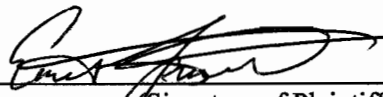
This Facility should be Federally inspected so I would like this facility to be put under RECEIVERSHIP. The facility inspected for civil rights violations of the Americans with Disabilities Act. I AM SEEKING ~~50~~ FIFTY THOUSAND DOLLARS IN DAMAGES. Plaintiff seeks an summary Ruling regarding all or partial issues especially in regards to overcrowding medical ward that the population "CAP" be applied to the amount of beds available in medical ward.

Signed this 24 day of February, 2013.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

4-24-13
(Date)


(Signature of Plaintiff)

Continued Statement
ASK

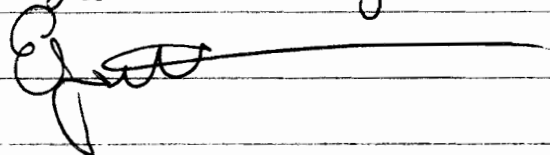
I would like to ~~have~~ the court make a summary judgment regarding the issue of ~~defining~~ placing the Administrative segregation classification on inmates who are housed in medical for medical issues. All other inmates ~~are~~ are classified and allowed the same basic inmate rights.

The use of Day Rooms the Televisions the Telephones showers and access to Hot water to cook food with and the basic ability to congregate amongst other people (inmates).

When a person is placed in Medical they place us on AD seg status and classify us Ad seg and subject us to 23 Hour per day lock down. The cells 1 to cell 7 are lock down cells. These cells are subject to a classification of Ad Seg for no other reason than a physical handicap.

The cells at the back of medical have a Day Room and a Television phone and access to hot water as well as a shower.

It's my hope that I can request the court for a summary judgment regarding this issue to try to alleviate some mental stress unfairly put on the handicap population of Shasta County Jail. I am a "Permanent Handicap Medically unassigned inmate according to Administration that makes me permanent Ad Seg."



SHASTA COUNTY DETENTION FACILITY

INMATE REQUEST FOR INFORMATION

To: ~~ASST~~ Jail Admin From: Sewell

Booking #: 474442 Booking Date: 1-1-13

Date: 4/29/13 Housing Assignment: Medical cell 4

Check One: () Request (X) Grievance

Request: Can you explain why being placed in medical for an injury or handicap issue places the inmate on ADMINISTRATIVE Segregation. This means that we ARE locked down 23 hours per day due to A Handicap issue.

Why Can we not be allowed Televisions in our cells since there is no Dayroom?

Date Rec'd: 4/29/13 Time: 1930 Rec'd By: 509 Name and Badge #

Routed To: ADMIN.

ANSWER: () APPROVED () DENIED (state reason)

TITLE 15 MINIMUM STANDARDS STATES AT LEAST ONE HOUR PER DAY. NO TV'S IN CELLS FOR THE JAIL ADMINISTRATION.

This Classification "AD SEG" is being placed on Handicap inmates ONLY!

By: LT. Dave Kent 4720 Date: 5/2/13

SHASTA COUNTY DETENTION FACILITY

INMATE REQUEST FOR INFORMATION

To: MEDICAL From: Jewett

Booking #: 404442 Booking Date: 1-7-13

Date: 2 16 13 Housing Assignment: D-3

Check One: Request Grievance

Request: I REQUEST A COMPLETE MEDICAL RECORD FROM CDC BE

MADE. I WANT ALL MEDICAL ISSUES BE DOCUMENTED FROM MY CALIFORNIA DEPT OF CORRECTIONS MEDICAL FILES. ALL MEDICAL RECORDS BE SENT FOR AND ALL HEALTH ISSUES DOCUMENTED THIS HAS NEVER BEEN DONE!

Date Rec'd: _____ Time: _____ Rec'd By: _____

Name and Badge #

Routed To: _____

ANSWER: APPROVED DENIED (state reason)

Contact CDC for your medical records

SEE REQUEST DATED 4-16-13

By: C Swafford-medical
White: Booking Folder Yellow: Reply to Inmate Pink: Kept by Inmate

Date: 2 17 13
(Request Form) Rev 08/09/11