

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983

Action Number 1:12cv1199 LMB/IDD
(To be supplied by the Clerk of the District Court)

Please fill out this complaint form completely. The Court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all claims are addressed. Please print/write legibly or type.

RECEIVED
U.S. DISTRICT COURT
ALEXANDRIA, VIRGINIA
OCT 15 P 12:25

FILED

I. PARTIES

A. Plaintiff:

1. (a) ALFREDO R PRIETO (Name) (b) 1391143 (Inmate number)
SUSSEX STATE PRISON
(c) 24414 MUSSEL WHITE DRIVE (Address)

WAVERLY, Virginia 23891

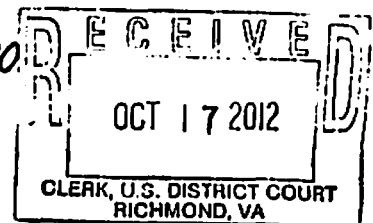
Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such changes, this action may be dismissed.

Plaintiff is advised that only persons acting under the color of state law are proper defendants under Section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment. Private parties such as attorneys and other inmates may not be sued under Section 1983. In addition, liability under Section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens, and sheriffs are not liable under Section 1983 when a claim against them rests solely on the fact that they supervise persons who may have violated your rights. In addition, prisons, jails, and departments within an institution are not persons under Section 1983.

B. Defendant(s):

1. (a) HAROLD C. CLARK (Name) (b) DIRECTOR (Title/Job Description)
(c) 1001 Obici Industria Blvd SUITE F (Address)

SUFFOLK, Virginia 23434-5480



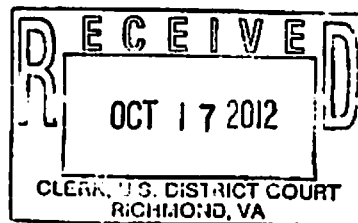
IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

INSTRUCTIONS FOR FILING COMPLAINT BY PRISONER UNDER
CIVIL RIGHTS ACT, 42 U.S.C. § 1983

1. This complaint must be legibly handwritten or typewritten and signed by the plaintiff. Any false statement of material fact may serve as the basis for prosecution and conviction for perjury. All questions must be answered concisely in the proper space on the form.
2. This packet includes three (3) copies of a complaint form and one (1) copy of an *in forma pauperis* affidavit.
3. In order for this complaint to be filed, it must be accompanied by the filing fee of \$350.00 (28 U.S.C. § 1914(a)). If you do not have the necessary filing fee, you may request permission to proceed *in forma pauperis*. Please complete the enclosed affidavit setting forth information establishing your inability to prepay the fees and costs.
4. When these forms are complete, they must be mailed to the Clerk of the United States District Court for the Eastern District of Virginia. The address is listed below:

United States District Court
Eastern District of Virginia
701 East Broad Street
Suite 3000
Richmond, Virginia 23219-3528

5. Complaints that do not conform to these instructions will be returned with a notation as to the deficiency.
6. **ALL COPIES OF THE COMPLAINT MUST BE IDENTICAL. DO NOT MAIL THE FORMS TO A SPECIFIC JUDGE.**



2. (a) A David Robinson (Name) (b) DEPUTY DIRECTOR (Title/Job Description)
 (c) 1001 Dabic Industrial Blvd SUITE F (Address)
SUFFOLK, VIRGINIA 23434-5480
3. (a) E. Pearson (Name) (b) WARDEN (Title/Job Description)
SUSSEX STATE PRISON
 (c) 24414 MUSSEL WHITE DRIVE (Address)
Waverly, Virginia 23891

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named.

Plaintiff MUST provide a physical address for defendant(s) in order for the Court to serve the complaint. If plaintiff does not provide a physical address for a defendant, that person may be dismissed as a party to this action.

II. PREVIOUS LAWSUITS

- A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment? Yes [] No []
- B. If your answer to "A" is Yes: You must describe any lawsuit, whether currently pending or closed, in the space below. If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.

1. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county):

3. Date lawsuit filed: _____

4. Docket number: _____

5. Name of Judge to whom case was assigned: _____

6. Disposition (Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?):

III. GRIEVANCE PROCEDURE

A. At what institution did the events concerning your current complaint take place: _____

SUSSEX STATE PRISON

B. Does the institution listed in "A" have a grievance procedure? Yes No []

C. If your answer to "B" is Yes:

1. Did you file a grievance based on this complaint? Yes No []

2. If so, where and when: SUSSEX S.P 2-1-2011, 3-14-11,

3. What was the result? UNFOUNDED.

4. Did you appeal? Yes No []

5. Result of appeal: 4-14-2011. UNFOUNDED

D. If there was no prison grievance procedure in the institution, did you complain to the prison authorities? Yes [] No []

If your answer is Yes, what steps did you take? _____

E. If your answer is No, explain why you did not submit your complaint to the prison authorities:

IV. STATEMENT OF THE CLAIM

State here the facts of your case. Describe how each defendant is involved and how you were harmed by their action. Also include the dates, places of events, and constitutional amendments you allege were violated.

If you intend to allege several related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.

1st 8th and 14th CONSTITUTIONAL AMENDMENTS
VIRGINIA DEPARTMENT OF CORRECTION RULES AND
REGULATIONS DOP 851.1 VISITING PRIVILEGES
DOP 861.1, 861.3, 862, 841.5, 830.1, TOP 822.1
I BELIEVE THAT IT IS UNLAWFUL FOR SUSSEX 1
ADMINISTRATION AND DEPARTMENT OF CORRECTION
TO DENY ME THE PRIVILEGE TO CONGREGATE WITH
EXTENDED FAMILY AND FRIENDS, CRUEL AND UNUSUAL
PUNISHMENT DUE TO A DEATH SENTENCE CONVICTION
WHICH IS UNDER APPEAL OR HABEAS CORPUS PETITION.
THE VADOC ENCOURAGES VISITING BY FAMILY, FRIENDS
AND CLERGY WHEN VISITS DO NOT POSE A THREAT
TO OTHERS OR VIOLATE ANY STATE OR FEDERAL LAW.
SUSSEX 1 ADMINISTRATION DEPUTY DIRECTOR AND
DIRECTOR ARE DISCRIMINATING AGAINST A DEATH ROW
INMATE EXTENDED FAMILY AND FRIENDS WITHOUT A
VALID REASON, WITHOUT REGARDS TO CONSTITUTIONAL
AMENDMENTS, AND VADOC RULES AND REGULATIONS
PLEASE NOTE ALL MY VISITORS ARE OVER 18 YEARS
OF AGE. ATTACHED SHEET

AR. COND. CLAIM. # 8th and 14th

DENIAL OF DEATH ROW CONTACT VISITS.

LINE 35. DEPARTMENT OF CORRECTION SUSSEX STATE PRISON CONTACT VISITS SHALL BE CONFINED TO IMMEDIATE AND CLOSE FAMILY MEMBERS AS DEFINED IN L.O.P 822.1

LINE 36 REQUEST FOR A FAMILY CONTACT VISIT SHOULD BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE OF THE DATE REQUESTED. CONTACT VISITS MAY BE CONSIDERED AT 90 DAY INTERVALS PROVIDED THE INMATE HAS NOT RECEIVED ANY INFRACTIONS OR DOCUMENTED DISRUPTIVE BEHAVIOR. NOTE: CONTACT VISITING DAY ARE MONDAY TUESDAY OR FRIDAY.

VIRGINIA DEPARTMENT OF CORRECTIONS

OPERATING PROCEDURE 851.1 PAGE 10 OF 17

b. OFFENDERS HOUSED IN DEATH ROW SHALL BE LIMITED TO NON-CONTACT VISITS, EXCEPT FOR

i. CONTACT VISITS WITH AN ATTORNEY AT THE REQUEST OF ATTORNEY

ii. CONTACT VISITS ALLOWED TO IMMEDIATE FAMILY MEMBERS

BY THE FACILITY UNIT HEAD. THE FACILITY UNIT HEAD SHALL PROPOSE A PLAN FOR DEATH ROW CONTACT VISITING INCLUDING

FREQUENCY AND RULES, TO THE REGIONAL DIRECTOR,

WITH FINAL APPROVAL OF THE DEPUTY DIRECTOR OF OPERATIONS.

INFORMAL COMPLAINT. 3-1-2009

REGULAR GRIEVANCE 3-19-2009

APPEAL 5-14-2009

INFORMAL COMPLAINT 1- -2012

REGULAR GRIEVANCE 1-11-2012 NO RESPONSE. SENT RECEIPT TO HAROLD C. CLARK ON 2-20-12 NO RESPONSE. TURNED IN TO % GADSON.

SUBJECT SPECIAL HOUSING. 861.3 PAGE 14 OF 16

A. OFFENDERS ON PRE-HEARING DETENTION OR ISOLATION WILL FORFEIT THE PRIVILEGE OF RECEIVING VISITS FROM RELATIVES AND FRIENDS. !

8th AND 14th CONSTITUTIONAL AMENDMENT

THIRD CLAIM. ILLEGAL SPECIAL HOUSING CONFINEMENT
WITHOUT ANY DISCIPLINARY VIOLATION OR A VALID
SECURITY RISK.

I'M BEING MAINTAIN IN A SINGLE CAGE 6X16
ILLEGALLY YEAR AFTER YEAR WITHOUT DUE PROCES
CLASSIFICATION AND IN VIOLATION OF THE 8th
AMENDMENT CRUEL AND UNUSUAL PUNISHMENT
I'M REQUESTING AN APPROPRIATE PROGRAM FOR
NONE DISCIPLINARY: INMATES, OUTSIDE RECREATION.

V. RELIEF

I understand that in a Section 1983 action the Court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for a writ of habeas corpus if I desire this type of relief. _____ (please initial)

The plaintiff wants the Court to: (check those remedies you seek)

_____ Award money damages in the amount of \$ _____

_____ Grant injunctive relief by _____

_____ Other REQUESTING JUDICIAL RELIEF BASED ON
CONSTITUTIONAL VIOLATIONS AND RULES.

VI. PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred during this period, list the date(s) of transfer. Provide an address for each institution.

VII. CONSENT

CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised of their right, pursuant to 28 U.S.C. § 636(c), to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the Fourth Circuit.

Do you consent to proceed before a U.S. Magistrate Judge: Yes No []. You may consent at any time; however, an early consent is encouraged.

VIII. SIGNATURE

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

Signed this 10th day of OCTOBER, 20 12.

Plaintiff Abrieta

SUSSEX STATE PRISON

DEATH ROW CONTACT VISITING REQUEST

In order for any inmate to receive a contact visit:

1. This request must be received by the Warden at least two weeks in advance of the requested visiting date.
2. The inmate must be at least 90 days charge free in order to receive a visit. Contact visits are for IMMEDIATE FAMILY ONLY.
3. The Warden must approve the request. Denials may be appealed through the Inmate Grievance Procedure.



TO: WARDEN E PEYSON

FROM: Inmate ALFRED R PRIETO Number 1391143 Building/ Bed: 3A43

I request a contact visit on 3-28-2012 and 3-29-2012

_____ at _____ with the person(s) listed below.

NOTE: Contact visits will only be approved once every 90 days for any inmate.

NAME	RELATIONSHIP	ADDRESS
REDACTED		

"REASON FAMILY TRAVELS OVER 2000 MILES

Date: 3-15-2012

AP: Prieto

Inmate's Signature

() APPROVED () DISAPPROVED

Reason for disapproval: Reason rejected

Hour Limit _____

Above "family travels over 2000 miles" does not constitute an imminent situation.

Date: 3/20/12

[Signature]

Warden's Signature

NOTE: For APPROVED requests send original to the Administration Entry Officer and copies to: Inmate, CCS, Support Commander, Master Control, Support Building Hallway Control, Support Building Control, Death Row Housing Unit Manager

For DISAPPROVED requests return original to inmate.

RECEIVED 3-28-12

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