EXHIBIT A

CORRECTIONAL MANAGED CARE CLINIC NOTES - NURSING

Patient Name: ZOLLICOFFER, JOSHUA TDCJ#: 1138161 Date: 03/29/2007 22:13 Facility: ALLRED

* e: 23 Years Race: B Sex: Male

st recent vitals from 02/20/2007: BP: 156 / 90 (Sitting); Wt: 193 Lbs.; Height: ; Pulse: 91 (Sitting); Resp: 18 / min; Temp: 98.8 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem: ALLEDGED SEXUAL ASSAULT

S: I/M STATES WAS SEXUALLY ASSAULTED BY ANOTHER I/M. STATES WAS ANAL PENETRATION ONLY

O: HEAD TO TOE ASSESSMENT DONE. DRIED SECRETIONS TO ANAL AREA NOTED. VERY SMALL ABRASION NOTED TO TOP OF HEAD. I/M TOLD CHAPLAIN HE IS HAVING SUICIDAL IDEATIONS.

A: TAO FOR ABRASION, SAMPLE AND CONTROL OF DRIED SECRETIONS TAKEN USING STERILE Q-TIP DIPPED IN STERILE NS.

Plan is as follows: SAMPLES GIVEN TO MS. DIAMOND, OIG, ON CALL PSYCH PHYSCIAN NOTIFIED.

Electronically Signed by REMMERT, LINDA J R.N. on 03/29/2007. ##And No Others##

Correctional Managed Care MENTAL HEALTH SELF HARM RISK ASSESSMENT

F 'II Most 98.8 (nt Name: ZOLLICOFFER, JOSHUA TDCJ#: 1138161 Date: 03/30/2007 10:52 ity: ALLRED ECB 23 Years Race: B Sex: Male recent vitals from 02/20/2007: BP: 156 / 90 (Sitting); Wt: 193 Lbs.; Height: ; Pulse: 91 (Sitting); Resp: 18 / min; Temp: (Oral) gies: NO KNOWN ALLERGIES
Pat	tient Language: ENGLISH Name of interpreter, if required:
SELF	F-HARM RISK ASSESSMENT (SHRA)
due te	PRIOR TO THE INTERVIEW: Summarize TDCJ self-harm gesture and threat history (particularly over the past year): Threats to harm self on 2/20/0 o LID issues. Patient was released the next day.
place	For the PAST MONTH, describe any evidence of the following: (1) Psychiatric decompensation, (2) Behavioral dyscontrol, (3) Significant stressors, (4) Self-harm ideations, threats or res. Patient somewhat distressed at the present time. Patient was allegedly sexually assaulted last night and was in psych observation as a precaution. Patient denies self harm ideations but does not feel comfortable returning with a cellie.
S)	INTERVIEW QUESTIONS: 1. Are you having any thoughts of hurting yourself now or in the future? NO (If "NO" then skip to: "Interview Evidence of Psychiatric Decompensation") YES (If "YES" then continue)
	2. What's causing you to think about hurting yourself?
(3. What would you use to hurt yourself? (Note if offender currently has access to means)
	4. Tell me about your plan, and when are you're planning on doing it?
	5. Are you planning on giving away any possessions?
	NO YES (If "YES" then ask, "Have you already given them away?", "Who did (will) you give them to?")
	6. Will you write a suicide note?
	NO YES (If "YES" then ask, "Have you already written it?", "Who did (will) you give it to?")
	7. What might happen that could keep you from hurting yourself? (Religion, family, or other reasons)
	8. What else you would like to tell me about your thoughts of hurting yourself?
	9. Will you agree to tell staff before you actually hurt yourself?
	Interview Evidence of Psychiatric Decompensation (Describe): Patient is alert and oriented. Behavior is erative and polite. Eye contact is good. Speech normal in rate but soft in volume. Mood is concerned. Affect cted. Thinking is clear and goal-directed. Insight and judgment is limited. Memory is intact.
A) return	Summary of Risk and Rationale for Recommendations: Patient denies thoughts of self harm but is scared abouting to a house with a cellie. His risk for self harm is low at this time.
P)	Specific Recommendations:
1	A more restrictive environment IS NOT NEEDED at this time A more restrictive environment IS NEEDED at this time.
stated	Other recommendations: Consulted with Lt. Otto, ECB staff, and advised of discharge and housing concerns. He is that he understands and at this time there is an OPI in progress. He expects patient to be moved to 11 building.

The following starf members were notified (If a more restrictive environment is recommended):

1 of 2

EXHIBIT D



Texas Department of Criminal Justice

OFFENDER STEP 1 GRIEVANCE FORM

Offender Name: Joshua J. Lolliwefell TDCJ # 1138/64 Housing Assignment: 57 Unit: Au Unit where incident occurred: AU

OFFICE USE	ONLY
Grievance #: 20140	40489
Date Received:	
Date Due: 12-1	6-13
Grievance Code:	9
Investigator ID #:	14:77
Extension Date://	one
Date Retd to Offender:	NOV 1 4 2013

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? 込みでき いんだっと いんとし When? バールーラン
What was their response? I DENY GOUR REQUEST FOR SAFE KEEPIND CO
What action was taken? 」しいいと
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate I had by the whole who is also openly none what or indee being in Prison in UAT space he oping
FILET UND MY SELLLE BY OFFICERS BECAUSE OF THE PROBLEMS IN WAVING . I'VE BEEN ASSAULTED & THREATENET
IN THE PLAST. All OF THESE THINGS HAVE BEEN DOCUMENTED . THE UNITS ADMINISTRATIONS HAVE REFUSED TO TAKE
ACTION TO ENSURE MY SAFETY. IN 1007 X WAS ASSAULTED IN ALLRED WHAT IN WARCH DIG HAD TO BEFORME
in JOLVET, THE RELISOR JULY I WAS ASSAULTED WAS BECAUSE I AM A HOMOSEXULL + PASSIVE. YET, I WAS
REFUSED SLEEKEEPING. ON ILH-13 ENLY TAKEN IN FRONT OF UCC HEADED BY MAJOR MAREZ FOR POSSIBLE
LIDSING IN STREKEEPING WE SAID THAT I "CLAIM TO SE HOMOSEXUAL" WHICH IS A STEREOTYPICAL + DESCRIPTION
MORY REMARK STATED AS TETLIEBE IS A CERTAIN WAY A HOMOSEXUAL IS SUPPOSED TO ACT OR LOOK TO BE DEFINED
MOMOSEKULL. YET, I AM GAY AND HAVE BEEN TAKEN ADVANTAGE OF IN THE PAST, ON RECORD INE HAD 12 OPIS
FILED ON MY BEYALF SINCE JULY 2011 + All HAVE HAD TO TO WITH D MY PRIOR GANG AFFILIATURAL D HOMO-
SEXULA DOTIVITY MY DORUMENTED ALIAS IS "PASSIOIL" WHICH IS NOT MASCHME AT All, All OF MY PROBLEMS STEIN
ERO M BEILS A LIBMOSE XULL IN ENERGE POPULATION OF DEFENTERS WILD HAVE CONSTANTIN ATTEMPTET TO
TAKE ADVANTAGE OF ME OR REQUEST SEXUAL FAVORS JONES J. DIAMOND 636 F.2D REA (SM CIR. 1991)
STATES: "WE HAVE FOUND, CONTENENT IN A PRISON WHERE TERROR REIGHS TO BE CRUEL & WILSUAL
RUNISHMENT, SPECIFICALLY, WE FOUND THAT FAILURE TO CONTROL OR SEPERATE PRISONLERS WHO ENDANGED
THE SAFETY OF OTLIERS CAN CONSTITUTE CRUELY WOUSUAL PUNISLAYENT THOMAS STOKES V. EUDA DELCAMBRE
TIO F. 27. 1120 (1983) PRISO IS KEY 13(1) STATES !! All TAILERS DUE CONSTITUTION LINU ROOTED TUTY TO THEIR
PRISO LERS TO PRIVITE THEM REASON AFTER PROTECTION FROM INTURY OF THE HANDS OF THEIR FELLOW
PR130-1ER3."
TURING MY TIME IN PRISON AFTER OPLS HAVE BEEN FILET I HAVE UNLY BEEN MOVED FROM 1907 TO ANOTHER
OR SEKTIBED IN GENERAL POPULATION WHERE THESE SAME OFFE, DERS + THEIR CHANGE AFFILIATED
LIOMEBOYS STILL HAVE FASY ACCESS TO GIET TO ME. TTO TOES NOT CONTROL THE GANG ENFLUENCED
ENEWERAL POPULATION - ENDOUGH TO ENSURE THE SAFETY OF HONDSEXUAL DEFENDERS SAFETY EROM STEINS

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RECTIFIED BY EXPOSITION ME MOUSING ON SAFE KEEPINGS	
	¥
	(H)
Action Requested to resolve your Complaint.	Le all & Dall rest land & - This !
ACTION REQUESTED TO PECIFICATE TECHNICATE TEND MESAFE KEEPING	AS WELL AS KERNETINET OF TOACET OR
SAFE KEEPINGS-	2.0
Offender Signature: Joshua D. Lell coffe	Date: 11.5-13
Grievance Response:	
You did not meet the criteria to be placed in safekeeping.	
tent did not meet the externa to be placed in safekeeping.	
	Bases & Colonia
BRIAN BI	LANCHARD NOV 1 4 2013
ASSISTAN	T WARDEN Date: 11/11/16/13
Signature Authority: If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigation.	Date: William
State the reason for appeal on the Step 2 Form.	
Returned because: *Resubmit this form when the corrections are made.	
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY Initial Submission UGI Initials:
3. Originals not submitted. *	Grievance #:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Recd from Offender:
6. No requested relief is stated. *	Date Returned to Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	2nd Submission UGI Initials:
8. The issue presented is not grievable.	Grievance #:
9. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Recd from Offender:
11. Inappropriate. *	Date Returned to Offender:
UGI Printed Name/Signature:	
OOI I Timed Hallicongulature.	
Application of the screening criteria for this grievance is not expected to adversely	3rd Submission UGI Initials:
Affect the offender's health.	3 rd Submission UGI Initials:
	3rd Submission UGI Initials: Grievance #: Screening Criteria Used:
Medical Signature Authority:	3 rd Submission UGI Initials:
Medical Signature Authority:	3 rd Submission UGI Initials: Grievance #: Screening Criteria Used: Date Recd from Offender:

Accept As Oxiginal

OFFICE USE ONLY

Grievance #:

UGI Recd Date:

Grievance Code: _

HQ Recd Date: NUV



Unit:

Offender Name: JOSUUL TO. LOULE COFFER TDCJ#1/38161

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Unit:	Housing Assignment: (11- PUT) - 10	Investigator ID#:
Unit where incident oc	curred: Au	Extension Date: 1/29
	the completed Step 1 Grievance that has been signed by y not appeal to Step 2 with a Step 1 that has been returned u	
	Be Specific). I am dissatisfied with the response at Step 1 b	
sell. IT is these sec	LONGIALLY. IN ELECT PROPOSITION LET AS WICH AS DONICIENTIAN TO ENSURE THE SLEETLY OF ITS OFFER. IN THE PAST (2007) THING SE KNAMY ASSAULT	DERS FROM THREAT, PULLSICAL WARM
FILE DIARROCK ING EACH I	and she was not and the little and the kies	DOLE TO FISURE THE MARTIER IN MORE.
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fender Signature: Joshun I. Latter file	Date: 11-15-13
ievance Response:	
- RA	
gnature Authority:	Date:
gnature Authority:	OFFICE USE ONLY
	OFFICE USE ONLY
turned because: *Resubmit this form when corrections are made.	OFFICE USE ONLY Initial Submission CGO Initials:
turned because: *Resubmit this form when corrections are made. 1. Grievable time period has expired.	OFFICE USE ONLY Initial Submission CGO Initials: Date UGI Recd:
turned because: *Resubmit this form when corrections are made. 1. Grievable time period has expired. 2. Illegible/Incomprehensible.*	OFFICE USE ONLY Initial Submission CGO Initials: Date UGI Recd:_ Date CGO Recd:_
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EXHIBIT E



Texas Department of Criminal Justice Whiten in Denay M OFFENDER STEP 1 GRIEVANCE FORM

Offender Name:	TOSLUG D. ZOLLLOFFER	TDCJ# 1138161
Unit: 34	Housing Assignmen	t: 11-PHD-10
Unit where incid	ent occurred: 2H	1 1 (0)

Extension Date: NOV 2 5 2013

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? When? 11 19-13 10:00 7.71
What was their response? " >>> detical to take Place"
What action was taken?
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate on the Date of 11-19-13 LW35TateN IN FRONT OF THE UNIT CLASSIFICATION
COLIMITTEE FOR JU OPI TUTOTIFILED ON 11-14-13 I ZIM J LIOMOSEXUJIL OFFENDER WIN
HAS BEEN PRESIDER PEOPOSITIONED BY 3 ETANG RELIGIED OFFENDER + LINS
HOT LEBOYS . I'LL SALL STEMPT TO FEED MIM FROM PRESSURING ME I TOLD FIRS
LIDHERMAS (THE CRIPS) THE HE WAS PRESSURING ME. IN TURN, THEY WENT TO
HIM OF THE DIVINE OF HIS IS EMPS TOPPENDED BY THIS OFFENDER OF CHURCHIL
MOLINAL WAS AND THE OLD BANK TOWN P WE TENNIS LETIL CITIZE
THAT SINCE HE GOT PAPEROTENES BY LIS LONGERTYS BROUT IT THAT I," BELONGE
TO PILL ; IN IN IN STREMPT DEMOKE HE " BIDE" (BUT LOS DEDIECION IL BONEN
SEXUAL FOURS) OR FIGHT. I TOLO LIM" NO" FON DREWMENT ENSUED
BETWEEN US. DURING THIS BROWNERST HIS CRIPLAMEBOUS SON THIS
SURROUNDED ME + TOLE ME TILAT THEY WERE GOND TO JUMP ON ME IF
I FOUGHT WITH THE REPORTED OF I FILED FOR OPI WHEN I WENT TO USE
IN FRONT OF CAPTAIN' SIGMUND, MB. WALTERS + WARDEN BLANCHARY. TLIEY
RECOMMENDED TURY NO BETION BETREEN. DISREGARDING THE FACT TURN
IZM J HOLIOSEXUZY WIND FUSS BEEN 355 JULIED IN THE PAST, THRESTENED
+ HAVE LIDD SEVERDI OPIS FIVED ON MY BELFALF BS IF TO TO STAY, " GO
FIGURE OFF YOUR PROBLEM." WHICH IS UNICONSTITUTIONTAL AS DEFINED IN
STOKES W. DA COMBRE TID FOD 1120 (1983) KEY 13(1) " DIL FOILERS ON E
CONSTITUTIONS Ally ROOTED DUTY TO THEIR PRISONERS TO PROVIDE THEM
REDSOLFABLE PROTECTION FROM INJURY 31 THE LIBNOS OF THEIR FALLOW
PRISOMERS. "

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The state of the s	
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910 - \$10-	
ction Requested to resolve your Complaint.	N + REQUEST LIOUSING ON SZE
reepiver.	
of and and and	Date: 11-19-13
ffender Signature: Jakhua VI halfiegfe	Date. IC-11 19
rievance Response:	a a
move to the next available cell in your custody.	N:
RENE MALI	
RENE MALI ignature Authority: Juntalization Out ASSISTANT you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inv.	DONADO WARDEN Date: 1/22/13
RENE MALI ignature Authority: January Submit a Step 2 (I-128) to the Unit Grievance Invented the reason for appeal on the Step 2 Form.	DONADO WARDEN Date: 1/22/13
gnature Authority: July ASSISTANT You are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investe the reason for appeal on the Step 2 Form. *Resubmit this form when the corrections are made.	DONADO NARDEN Date: 1/12/13 estigator within 15 days from the date of the Step 1 response.
RENE MALI gnature Authority: you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inverte the reason for appeal on the Step 2 Form. eturned because: *Resubmit this form when the corrections are made. 1. Grievable time period has expired. 2. Submission in excess of 1 every 7 days. *	DONADO WARDEN Date: 1/23/3 estigator within 15 days from the date of the Step 1 response. OFFICE USE ONLY
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I-127 Back (Revised 11-2010)



I-128 Front (Revised 11-2010)

RB 047 1516

Offender Name: TOSWOOD POLICIOFFER TDCJ# 1138161

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Grievance #:

UGI Recd Date:

HQ Recd Date:

Grievance Code:

Date Due: _

0 5 2013

(OVER)

Appendix G

Unit: Housing Assignment: To be Leave Unit where incident occurred:	Investigator ID#: Extension Date: 2/5
You must attach the completed Step 1 Grievance that has been signed be accepted. You may not appeal to Step 2 with a Step 1 that has been returned	ry the Warden for your Step 2 appeal to be I unprocessed.
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step I	
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TUEN HOVED FROM II BUILDING TO 3 BUILDING	LIEXE SILT. 1132 SZ CICY JA
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YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

ffender Signature: Jushua J. Lolling	Date: 11-26-13
rievance Response:	
You are currently assigned at the Robertson Unit due to a unit Investigation conducted on 11/20/13. Appropriately assigned No further action warranted by this office. B. Armstrong, Asst. F.	d.
gnature Authority:	Date:
	OFFICE USE ONLY
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EXHIBIT F

CORRECTIONAL MANAGED CARE CLINIC NOTES - NURSING

Patient Name: ZOLLICOFFER, JOSHUA TDCJ#: 1138161 Date: 11/20/2013 08:15 Facility: HUGHES

(AH)

Age: 30 year Race: B Sex: male

Most recent vitals from 11/20/2013: BP: 138 / 78 (Sitting); Wt: 175 Lbs.; Height: 68 In.; Pulse: 96 (Sitting);

Resp: 18 / min; Temp: 98.2 (Oral) BMI: 27

Allergies: (DO NOT USE RETIRED CODE)-TRAZODONE

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

<u>SERTRALINE 50MG TABLET</u>
1 TABS ORAL EVERY EVENING for 30 Days

ORDERING FACILITY: HUGHES (AH)
ORDERING PROVIDER: ALAM, SHANAWAR

COMPLIANCE: 20,90 % REFILLS: 5 / 11 EXPIRATION DATE: 5/23/2014 09:57:00AM

SCR INITIATED?		YES	Date Received:
SOK INITIATED!	XX	NO	

XX	Vital signs within normal limits
	Provider notified – vital signs outside of normal parameters as follows:
	Blood pressure less than 90/60 or greater than 180/110
	Pulse less than 50/min or greater than 110/min
	Temperature greater than 101 [™] (oral)
	Respirations greater than 22/min

Today's Problem: brought into medical by security due to lacerations to facial area

S: pt states he was walking to chow (breakfast this am) and someone cut him [it is believed to be a razor]

O: laceration to right facial area, 8 total with minimal depth, area cleansed, wet dressing applied, no other injuries noted, pt speaks in full and complete sentences, pt ambulated into clinic with even and steady gait, grips equal, PERRLA, Resp even and unlabored [pt instructed to take deep breaths in through nose and exhale slowly, pt complied] – pt in stable condition

facial area cleansed

lacerations to facial area, 5 requiring sutures, as described below:

- 1- top of right forehead, 5 1/2cm long, closed with 8 sutures
- 2- above right eyebrow, 5 1/4cm long, closed with 9 sutures
- 3- distal, outer edge of right eye, 4cm long, closed with 7 sutures
- 4- below right eye, 5cm long, closed with 8 sutues
- 5- below and to the right of #4, 5cm long, closed with 4 sutues

3 less serious requiring dermabond, as described below:

1 of 3

CORRECTIONAL MANAGED CARE **CLINIC NOTES - NURSING**

Patient Name: ZOLLICOFFER, JOSHUA TDCJ#: 1138161 Date: 11/20/2013 08:15 Facility: HUGHES (AH)

1- top of right head, <1cm, superficial laceration

2- top of right ear crease, 1 cm long, closed with dermabond

3- right check 1cm long, superficial laceration

Plan is as follows:

on call provider contacted V.O.// J. Burleson MD // M. Gribble RN provider informed of pt's lacerations and stable condition have pt seen by unit provider on their arrival consulted with unit provider [T. Nasiotis PA]

decision made to close lacerations with sutures

area cleansed and provider placed the above noted sutures to close lacerations and dermabond to close the less serious/severe lacerations, TAO applied and pt instructed to leave sutures in place and do not manipulate dermabond or sutures lines - pt voiced understanding to all refer to CID

last tetanus - 1-9-13

remove sutures x 6 days (Monday, November 25, 2013)

V.O. //T. Nasiotis PA // M. Gribble RN

Started Meds:

IBUPROFEN 600MG TABLET 16523934 11/20/2013 09:44

1 TABS ORAL BID PRN KOP

FINAL EXP. DATE: 12/20/2013 09:44:00AM REFILLS: 0 DURATION: 30 Days CONFIRMED VERBAL ORDER

New Reminders Added:

NURSING SUTURE/STAPLE REMOVAL VISIT Due on 11/25/2013 07:00(remove sutures to right facial area per T. Nasiotis).

pt did return to clinic stating he began to bleed - no active bleeding noted when pt arrived to clinic-no tx indicated

pt released to security and he ambulated out of clinic with even and steady gait Procedures Ordered:

Date Time Description Diagnosis Comments Special Instructions 11/20/2013 #NURSING LEVEL 3 COMPLETE VISIT laceration 10:07AM unspecified

Electronically Signed by GRIBBLE, MARY J. R.N. on 11/20/2013.

I-70 1 Attachment A Effective 10/12 Reviewed 07/13



(Not for use if mo	re specific consent form	s available – e g Consi	ent for HCV treatment)	
I, ZOLLICOFFER, JOSHUA, TD	CJ-ID Number <u>1138161</u>	request and consent to	the following services	and treatments
at the Texas Department of Crim	inal Justice-Institutional [Division		
outtare of lace	actures			
I understand the above documen	ted treatment(s) or medic	ation(s) are for the follo	wing condition(s)	
lacentins to (PHarial a			
Scarring Bleading				
I recognize that some risks to my and/or medications(s) may occur outcome(s) include but are not lin	Such effects have been	he form of adverse effe explained to me I unde	ects from the above tre	tment(s)
Impertur Reaction	Scarring pain	infection of	ilealing	
I have had the opportunity to ask have adequate knowledge on with medication(s) and accept the risk time. I also understand my provinformed consent to the provision	which to base informed of s involved I understand rider can discontinue tre	consent to the provision of the consent to the provision of the consent for clinical reactions.	on of the noted treat	ment(s) and/or
1 18/00		, amaior modiodisono(c)		
Justin Hora	1138161	11/20/2013		}
Signature of Offender /	TDCJ#	• Date		
morringa	M. Gribble	11/20/2013		
Signature of Witness		Date		
L				

1 of 1

EXLIBIT A PASIE 1

EXHIBIT G



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM	Grievance #: 2014049 24 Date Received: 11-21-13 Date Due: 12-31-13 Grievance Code: 014,000
Offender Name: Joshua D. Zolltcoffer TDCJ# 1138161	Investigator ID #:
Unit: AU Housing Assignment: 11-TRANSIT-5	Extension Date: NOV 2 6 2013 Date Retd to Offender:

You must try to resolve your problem with a staff member before you su	submit a formal complaint. The only exception is when	
appealing the results of a disciplinary hearing.	ODY 7	1
You must try to resolve your problem with a staff member before you su appealing the results of a disciplinary hearing. Who did you talk to (name, title)? SGT P. PICKET	When? LAST CLION 11.19-1	3
What was their response? THATS NOT MY PROBLEM!		2

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate DURING THEINVESTIGATION OF TRYING TO FORCE ME TO PAY OR PERFORM SEXUAL BLANCUARD, CADT. SIGMUND CLASSIFICATION I WAS SENT BACK TO GENERAL AS THE OFFENDER SGT. PICKET ASKED ME WHAT UCC DID AND AFTER TLIE Which GOES TO SCION THAT

THEM	
Company of the Compan	
	. ;
A. I.	194
Philip 2 11 Mark	
No. 10 Section 1997	. 4:
Action Requested to resolve your Complaint. [REQUEST TO BE Allowed TO	FILE AN OPI AND THAT I BE
PLACED ON SAFE KEEPING, I ALSO PROJESTO AN INDERNIEU	
Offender Signature: Joshua D. Lollicoffe	Date: 11-20-13
Grievance Response:	
S.A.V. Mines I Cosponato	
An Offender Protection Investigation was conducted on 11/22/13. You Classification Committee with the determination there was sufficient	ou were reviewed by Unit
RENE MAI	NOV 2 6 2013
Buttelanish AII ASSISTAN	ואשרום אזור ידי
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inv	TWARDEN Date: 11/2/6/13
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Invistate the reason for appeal on the Step 2 Form. Returned because: *Resubmit this form when the corrections are made.	TWARDEN Date: 11/2/6/13
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SUBMITTED AS STEP 2



What action was taken?

Texas Department of Criminal Justice

STEP 22 OFFENDER GRIEVANCE FORM

Offender Name: Joshua D	. Zollicoffer	TDCJ#_//38/6/
그런 그들은 그 어린다. 경기보다는 전 구조하는 기계를 하고 있다.	Housing Assignment:	12-A-26
Unit where incident occurred:	ALI	

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der:

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name title)?

What was their response.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate THE HUGUES UNIT ADMINISTRATION HAS CONSISTENTLY SHOWN I DELIBERATE DISREGARD TO I AM A HOMOSEXUAL BUILDING INSTANCE THAT THE CANA IOT CORRECTLU ASSESS 1 70 TO 50

"RATION "AllOWED IT TO HAPDEN.	TORIFO
The state of the s	· ·
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Action Requested to resolve your Complaint.	
TROIL LANGE	
	11 80 12
Offender Signature: / Joshua /) / Wooff	Date: 11.23.13.
Grievance Response:	
which there were no concerns noted. You have since been as of 12/06/13. No further action warranted by this office. B. Armstrong Asst. Regional Director Signature Authority: If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inventor	01/08/14 Date;
State the reason for appeal on the Step 2 Form.	and the other response
Returned because: *Resubmit this form when the corrections are made.	i.
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY
3. Originals not submitted. *	Initial Submission UGI Initials:
4. Inappropriate/Excessive attachments. *	Grievance #: Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Recd from Offender:
6. No requested relief is stated. *	
7. Malicious use of vulgar, indecent, or physically threatening language. *	Date Returned to Offender:
8. The issue presented is not grievable.	2 nd <u>Submission</u> UG1_Initials: UG1_Initials:
9. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Reed from Offender:
11. Inappropriate. *	Date Returned to Offender:
UGI Printed Name/Signature:	3 ^{cd} Submission UCI Initials:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Grievance #:
Medical Signature Authority:	Date Recd from Offender: Date Returned to Offender:
I-127 Back (Revised 11-2010)	<u> </u>

EXHIBIT H

FIETON WRITING IN RECORDS TO TOWN AND THREAT TO ANY LIFE AND TO RETWEST ASSETTANCE FROM YOUR OFFICE.

ON 3-29-07 ON THE ALLRED LIVE ENDS SEXUALLY ACAULTED BY ANDTHER OFFENDER ENDS THERE AND FORCED TO ENDAFEE OFFENDER ENDS THE THE ALL TO SEFECE AND WAS ACCOUNTED BY THIS IN ANAL SEX. I REFORTED THIS TO OFFICERS AND WAS ACCOUNTED BY THIS OFFICERS AND WAS ACCOUNTED BY THIS OFFICER AND FENERAL PROPERTS WITH OFFICER OFFENDERS BECAUSE OF THIS FACT. AFFER THE SEXUAL ASSAULT MY FAMILY AND FRIENDS MADE SEVERAL INFOADS AND PLEADED TO THE UNITS ADMINISTRATIONS TO HOUSE MED NOT SAFE KEEPING. IN WAS RECOMMENDED UNIT TRANSFER AND SENT TO THE SMITH UNIT.

ON THIS SMITH UNIT I HAD SEVERAL (IFTS FILTD ON MY BEHALF PONCERNING, CILIER CIFICNIFERS ATTENDED TO FORCE THEMSFLUES ON ME. SEED A THAT THE WITS ADAPTINISTRATION WOULD DO NOTHING TO ENJURE AND SAFFTY OTHER CIFIENDERS HAVE REPEATEDLY ABUSED ME. THIS HAS CONTINUED TO GO ON DURING ANY TIME IN TIDEJ BECAUSE OFFICERS AND ADMINISTRATION AUTHORITY FIC URES TEll ME TO REPORT MY PROBLEMS, YET AFTER REPORTING THE PROBLEMS THEY'VE ONLY GIVEN ALE INDUSING ASSIGNMENT (HUMCHES) OFFICE TIMES ON THE EXACT SAME OF IL

RECENTLY ON THE ALFRED DEFINELIES UNIT EWAS PROPOSITIONED BY
REDACTED

LESA ENOW BANG MEMBER LA CRIPTIER PORTED THIS ETIMONS TO THE

LESA ENOW ISTRATION AND REQUESTED HOUSING ON SAFE RECEINED, MY REQUEST

WAS DEVIED - SAPPEALED THE DECISION WITH ERITUMORY STEEPS 1+2.

APPROACLED ME MUDSAID I WAS WROND FOR REPORTING ON FIRST LAISE LINE ME A SMITCH AND I WAS TUREATENED I KEIVRIED THIS TO UTFICERS AND WROTE AN EMERGENCY CHRISTIAN ON 11-14-13 I WAS PLACED IN TRANSFENT STATUS TO AWAIT OPE INVESTIGNATION. WE DURING THIS INVESTIGNATION ON 11-15-13 I WAS TOLD TO SO AND FIGHT.

ON 11-19-13 I WENT TO VOLIN FRONT OF ASSISTANT WAKEN BRANCHINED, CAPTAN SIMMUND AND MIS WALTERS. I STRESSED TO THE THE SEVERITY OF MY COMPLAINTS AND THAT MY LIFE IS IN DANGER. THEY SAID THAT THEY FELT NO ACTION SHOULD TAKE PLACE AND NO EFFORT WAS MADE TO REEP ME FROM HARM. I WAS SENT PACK TO GENERAL FUFULATION AND HOUSED ON THE EXACT SAME PUD REDACTED VON MOINE TO LAST CHOW I SPOKE TO THE BUILDING SUPERVISOR SET PRICEFT EXPLAINING TO FIND THAT MY LIFE IS IN DANGER OUNTINED ON THE POD REDACTED

ON THE MICRNING OF 11-20-13 NOT EVEN Z4 HOURS AFFER GOING

TO CONTINUED AROUT THE THIREAT REDACTED

ACTACKED ALL WITLEA WEAPON ON THE WAY TO BREAKFAST WHILE CALLING A "SWITCHING FARMOT" I SUSTAINED SEVERAL LACERATIONS ACKOSS

THE FACE AND FORELIEAD REQUIRING 36 STITCHES AND ALLIOST COST AT THE

USE OF ALL RIGHTE EYE. I WAS TAKEN EACK TO UCCAND SAIPLURE COFFICIENT OF TO UCCAND SAIPLURE C

ON THE DATE OF 12-6-13 I WAS ITTANSFER PLID TO THE TRENCH RUBBETON OWIT WHILLIELD BERNOW TO THE FINDERS UNIT IN 2013. THERE ARE SEVERAL DIFFERIORS (ULIC KNOW HIM, A MULTINDE OF THEM ARE CRIPS AS WELL I FEAR FUR MY LIFE (, ISTANTLY NOW AND JUST RECENTLY IN BECON THREATONIN BY REDACTED REDACTED ON THE UNIT IN RECENTRIS TO WHITTER OR NOT I PRISS CHARES TRAVBATIZED BY THE UNIT IS REPRENCE I REQUEST LIELP.

YOUR INTERVENTINAL IS GREATLY NEEDED

JOSLINA D. ZOLLETOFFER #1138161

11/110:

EAM A FORTUSCRUAL OFFENDER WILL A FEMININE ALIAS BEFORE AND
ARRIAN ON THE FRENCH REPERTSON UNIT I WAS LOUTED ON THE ALFRED D.
FUELLES UNIT, I WAS TRANSFERRED DUE TO AN OFFENDER FROME FOR I INVESTIGATION
STYMANINE TRONS BENCE A VICTIM OF A SERIOUS ASSAULT WILL A

REDACTED

REDACTED

THE INCODENT WAS SIVEN AN INCODENT FRATEMENT FOR IT WITH

REDACTED

AFFORMENTS OFFICE TO ASSERT MAY RIGHTS AS A VICTIM OF A CRIME, AS PER
THE FEXAS CONSTITUTION REDACTED

WAS TRANSFERRED TO THE LIVELIES ON IS (S-6 MONTHS BEFORE THE 11-20-13
AFFACK I HE WAS LOUSED ON THE FRENCH ROBERTSON UNIT AND A LIVELIES TANDONE
NIEWISER OF THE CRIFS ON THE UNIT.

REDACTED HAD THIS CONFLICT. I DUNT KNOW HOW THEY GOT ALY IN-FORMATION BUT THEY HAVE IT AND INF REEN THREATENED BY THE AND APPROACHED AGERET SINGLY BY THEATT WAS A SENTENDED

IREDACTED

SCHOOLD WALL CUT MY TURORT AND THAT IF I TRY I I SAME LIESS OVER LITRE THEY WILL ENISH IN LAT LIE STARTED AND DEWLAT LIF SHOULD HAVE DID. I'VE BEEN TOLD TLUT INFOD TO FNO A KINN AND TUREATENED WITH RAPE I'M A DOCUMENTED VICTIM OF A SERVAL A SAVITIM THE PAST [3-29-07]. I FEAR FOR MY LIFE , THERE ARE LINNDREDS OF THEM AND ONLY I OF ME, THEREFORE THE MEJORITY OF THEM KNOW ME BY SIGHT WHERE AS I LIAVE NO REAL WAY OF KNOWNE WHO THEY ARE BY SIELE AND NAME TO AUDIO CONFLICT. BASICAHY, I AM IN A NO WIN SITUATION. I HAVE NOW LIETE FLEE TO TURN TO OR GO. I REQUEST LIOUSING ON SAFEKFERING, EMALINE I AND SEE PAROLE ASSAIN ON 10-22-14 5 JUST WANT TO SO HIDNE. IT REENSLIOWN THAT THE UNITS ADMINISTRATIONS AND SECURITY OFFICIALS SYSTEM WIDE IN NOT CONTROL THE GAME SUFFLENCED GENERAL PURLATION OF OFFENDERS FNONGLI TO PROTECT LOMOSE KULL OFFENDERS FROM ALSAULT, RAPE AND EXTORTION, I'M TIRED OF BEING FREYED UPON AND DON'T KNOW WHIST ELSE TO DO I FEEL THAT THE ONLY REASON : FACE THISE PRUPLENIS ES BECAUSE JAM A LOMOSEXUAL. LIELP!

> THANK YOU. JUSTIMA D. ZOLLECOFFER # 1138161

EXHIBIT I

COPY -- OF



Texas Department of Criminal Justice

OFFENDER STEP 1 **GRIEVANCE FORM**

Offender Name: Joshna D.	POLLICOFFER	TDCJ#=1138/61
Unit: RB	Housing Assignment:	11-SOL-22
Jnit where incident occurred:	RR	

	OFFICE USE ONLY
Griev	ance #: 2014/25239
Date l	Received: 4-9-2014
	Due: 5-19-2014
Griev	ance Code:
Invest	igator ID #: <u>I-2075</u>
Exten	sion Date: NA
Date F	Retd to Offender APR 2 4 2014

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? ASSISTANT WARDEN BONZALEZ When? 4-7-14 UCC
What was their response? YOU TONT MEET REQUIREMENTS ".
What action was taken? RECOMMENDATION FOR UNIT TRANSFER
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate on the DATE of Y-7-14 I went to use In Front of warden bonzalez in Research to And
OPI FILED ON MY BELIALF BY THE SAFE PRISONS OFFICE ON 3-27-14. THE OPI STEMMED FROM SEVERAL
INCIDENTS BEING REPORTED TO THE PREADMBUDSMAN OF EXTORTION, THREATS OF VIOLENCE & THRE
OF RAPE BY THE CRIPS ON THE ROBERTSON UNIT RETALATION FOR PRESSING CHARGES ON A
KNOWN CRIP WHO USED TO BE HOUSED ON THE ROBERTSON UNIT NAMED
FOR THE SERIOUS ASSAULT ON ME WITH A WEAPON ON 11-20-13, IN RETALIATION FOR REPORTING
ON WIM FOR ATTEMPTIMES TO FORCE ME TO HAVE SEX WITH HIM. (SEE INCIDENT # REDACTED
Also SEE STEP 1+ STEP 2 GRIFVAN CE #5 2014048625 AND 2014049246 RESPECTIVELY.) - UPON
GUING TO UCC IN FRONT OF WARDEN GONZAIF? I WAS TOLD THAT I DONT MEET REQUIREMENTS FUR
HOUSING ON SAFE KEEPING + MY REQUEST WAS DENIED FRONTHOUGH THE TOCT CLASSIFICATION
PLAN CLEARLY STATES THAT, "SAFEKEEPING LEVELS PI-PS WILL BE ASSIGNED TO OFFENDERS WHO
REQUIRE SEPERATE HOUSING IN GENERAL POPULATION BECAUSE OF THREATS TO THEIR SAFETY
DUE TO OFFENDER ENEMIES, A MISTORY OF SOON DEVIANT SEXUAL BELIAVIOR, A POTENTIAL FOR VICTIMI
PATIONOR OTHER SIMILAR REASONS "I AM A KNOWN HOMBEXVAL WHO WAS BEEN I A DUCUMEN
FD VICTIM OF SEXUAL ASSAULT 3-29-07 AN ASSAULT W/ A WEAPON 11-20-13 AS WELL AS NUMEROUS
OPIS FILED ON MY BEHALF, AIL ROOTED IN THE FACT THAT I AM A HOMOSEXUAL HOUSED IN THE
CHEROCOL GANG INFLUENCED GENERAL PUPULATION OF OFFENDERS. I WAS TOLD BY WARDEN
GONTALET THAT LISREASONS FOR NOT MAKING THE RECOMMENDATION WERE BEGAVEE OF DISCIPLA
ARY INFRACTIONS . OFFENDERSAFETY IS A RIGHT, NOT A PRIVILED OF AND THERE ARE SEVERAL
OFFENDERS WHO ARE HOUSED ON SAFE KEEPING WHO'VE HAD WAY MORE VIOLENT DISCIPLINARY
INFRACTIONS THAN MY MEAGER 3 FIGURES & 4 THREATENING AN OFFICER CASES IN 12 YEARS.

I HAVE BEEN THE VICTIM OF 2 DOCUMENTED CRIMES DURING MY CONFINEMENT. JUST RECOMMENT DING THAT I'BE TRINSFED TO ANOTHER UNIT WILLNOT EN SURE MY SAFETY, JUST AS IT DIDNOT

SFIFR THE 3-29-07 SEXUAL ASSAULT, NOR AFTER THE 11-20-13	ASSAULT WITHA WEAPON S. J. AM
AND OFFENDER WITH A "POTENTIAL FOR VICTIMIZATION", OTHER	
VICTIMIZED & TUREATENED BY OTHER DEFENDERS, WHICH	
A STATED REQUIREMENT FOR HOUSING ON SAFE KEEP	IVO.
ATRICE ARE	
	DATION BE MAIDETO HOUSE ME ON SAP
Offender Signature: Oshun D Tollruff	Date: 4-9-14
Grievance Response:	* .
Signature Authority: If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investate the reason for appeal on the Step 2 Form. Returned because: *Resubmit this form when the corrections are made.	Date:
 □ 1. Grievable time period has expired. □ 2. Submission in excess of 1 every 7 days. * □ 3. Originals not submitted. * □ 4. Inappropriate/Excessive attachments. * □ 5. No documented attempt at informal resolution. * 	OFFICE USE ONLY Initial Submission UGI Initials: Grievance #: Screening Criteria Used: Date Recd from Offender:
 ☐ 6. No requested relief is stated. * ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. * ☐ 8. The issue presented is not grievable. 	Date Returned to Offender: 2nd Submission UGI Initials: Grievance #:
9. Redundant, Refer to grievance #	Screening Criteria Used: Date Recd from Offender: Date Returned to Offender:
UGI Printed Name/Signature:	3rd Submission UGI Initials:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Grievance #: Screening Criteria Used: Date Recd from Offender:
Medical Signature Authority:	Date Returned to Offender:

OFFICE USE ONLY

Grievance #: 201418

UGI Recd Date:



Texas Department of Criminal Justice

SII	OFFENDER GRIEVANCE FORM	HQ Recd Date: MAY 0 4 2014 Date Due: 05-30-14
Offender Name: JESHVA D. Unit: RB	Zollscoffer TDCJ#_//38/6/ Housing Assignment: 4-50t-72 LK	Grievance Code: 00 /
Unit where incident occurred:		Investigator ID#: 10353 Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because... IN RESPONSE TO STEP I GRIEVANCER 2014125239 - AN OFFENDERS SAFETY AGAINST EXTORTION, RAPE & ASSAULT AT THE HANDS OF OTHER OFFENDERS IS A RIGHT PRIVELEDGE. I AM TOLD THAT I HAVE AN ASSAULTIVE DISCIPLINIARY HISTORY I WAS REFUSED A RECOMMENDATION FOR HOUSING ON SAFE KEEPING . WHEN IS ASSAULT SASE DURING MY WHOLF INSARCERATION WHICH WAS AGO YET DURING MY INCARCERATION HAD MY PROPERTY TAKEN FROM ME BY OFFENDERS, ASSAULTED WITLIA KNOWN GANG MEMBER AND TLIREATEND CONSTANTLY WITH MIGH BEING ROUTED IN THE FACT THAT I AM A LIOMOSEXUAL OFFENDER LIOUSED IN THE GANG POPULATION OF OFFENDERS. SIMPLY DOCUMENTING A PROBLEM + RECOMMENDING THAT I BE TRANSFERRED TO ANOTHER UNITS GENERAL POPULATION IS NOT ENOUGH TO RECTIFY THE PROBLEM WHICH HAS BEEN PREVALENT + DOCUMENTED THROUGHOUT MY TIME IN TOC. SAFEKEEPING HAS FOR THE REASON OF OFFENDERS WHO HAVE DISCIPLINGRIES + IS NO REASON THAT I CANT BE RECOMMENDED TO BE HOUSED THERE. TOCT IS SYSTEMATICALLY DISCRIMINATING AMERICAN OFFENDERS FROM BEING ASSAULTED, RAPED, TURFATENED WITH RADE AND HARM. HELP . I REQUEST tO BE HOUSED ON SAFE KEEPING.

		65.44	
		7	
1			
Offender Signature: John 1	Chroffe	Date: 4-25-14	
Grievance Response:	130	•	

A thorough investigation was conducted concerning your allegations. An Offender Protection Investigation was conducted concerning your allegations on 04/01/14. You were seen by UCC on 04/07/14 in which the committee recommend unit transfer due to potential victim of assault. Recommendation for unit transfer was submitted to SCC for approval; however, on 05/25/14, recommendation was denied. Investigation was reviewed by Warden Gonzalez in which there were no concerns noted.

No further action warranted by this office.

Asst. Regional Director	Date. 05/50/14
Returned because: *Resubmit this form when corrections are made. 1. Grievable time period has expired. 2. Illegible/Incomprehensible.* 3. Originals not submitted. * 4. Inappropriate/Excessive attachments.* 5. Malicious use of vulgar, indecent, or physically threatening language.	OFFICE USE ONLY Initial Submission CGO Initials: Date UGI Recd: Date CGO Recd: (check one)ScreenedImproperly Submitted Comments: Date Returned to Offender: 2nd Submission CGO Initials:
6. Inappropriate.*	Date UGI Recd: Date CGO Recd: Improperly Submitted Comments: Date Returned to Offender:
CGO Staff Signature:	Submission CGO Initials: Date UGI Recd: Date CGO Recd: (check one) Screened Improperly Submitted Comments: Date Returned to Offender:

EXHIBIT J

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

Unit Assignment, Transfer (Chairman of Classification, Administration Building) Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee). Request for Promotion in Class or to Trusty class (Unit Warden II approved) will be forwarded to the Director of Classification) Clemency-Pardon, parole, early out-mandatory supervision (Böard of Pardons and Paroles, 8610 Shbal Creek Blvd. Austin, Texas 78757)	5. Uvisiting List (Asst. Director of classification, Administration Building)	6. Parole requirements and related information (Unit Parole	7. Diprinate Prison Record (Request for copy of record, information on parole eligibility, discharge date, defairhers-Unit	8. Personali Interview with a representative of an outside agency (Treatment Division, Administration Building)
- α ε- α- α<td> Unit Assignment, Transfer (Chairman of Classification, Administration Building) </td><td> Bestoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) </td><td>3. Request for Promotion in Class or to Trusty glass (Unit Wardep-If approved, will be forwarded to the Director of Classification)</td><td>4. Clemency-Pardon, parole, early out-mandatory supervision (Böard of Pardons and Paroles, 8610 Shbal Creek Blvd. Austin, Texas 78757)</td>	 Unit Assignment, Transfer (Chairman of Classification, Administration Building) 	 Bestoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) 	3. Request for Promotion in Class or to Trusty glass (Unit Wardep-If approved, will be forwarded to the Director of Classification)	4. Clemency-Pardon, parole, early out-mandatory supervision (Böard of Pardons and Paroles, 8610 Shbal Creek Blvd. Austin, Texas 78757)

DATE: Ser. Jeort (Name and title of official) TO: SAFE PRISONS COBRIDINATOR

ADDRESS: RUKERTSON

PLEASE ACKNOWLE DESETHAT LIST PLEASE ACKNOWLE DESETHAT LAS PLIVING QUARTERS: 12-13-9 LIVING QUARTERS: 12-13-9 DISPOSITION: (Inmate will not write in this space)	SUBJECT: State briefly the problem on which you desire assistance. SLE-FUR YEARS ITS REED INCLUDED IN THE THAT THE DAY TO SAFEL ATTOM I THE
HE I ECRANALLY REQUEST THAT YOU HAVE RECLEVED THIS I-60 5-12 PLEASE ACKNOWLEDGE THAT YOU HAVE RECLEVED THIS I-60 Unit: A Name: Joshna Ta Rall COFFER Nork Assignment: TRANSSECT DISPOSITION: (Inmate will not write in this space)	SUBJECT: State briefly the problem on which you desire assistance. SLEFTUR YEARS ETS REED TOUCHER RATIONS IN SECURITY OF AGAINST A TRADESTANTANT OF THAT THE THE PARAMETER ATTURNS THAT THE THE PARAMETER ATTURNS THAT THE PARAMETER ATTURNS TO A TRADESTANTANTANTAL THAT THE PARAMETER ATTURNS TO A TRADESTANTANTANTAL THAT THE PARAMETER ATTURNS TO A TRADESTANTANTANTANTANTANTANTANTANTANTANTANTANT
No: 113816-1 Transser	SUBJECT: State briefly the problem on which you desire assistance. That he fill first date addition in the fermioner for the first day of the

EXHIBIT K

Copy - of



Texas Department of Criminal Justice

STEP 1 G

OFFENDER GRIEVANCE FORM

ice	OFFICE USE ONLY
	Grievance #: 3014140325
RM	Date Received: 5-14
	Date Due: 4-15-14
	Grievance Code:
	Investigator ID #:
K	Extension Date:
	Date Retd to Offender: MAY 1 5 2014

Offender Name: Jostica	D. ZOLLICOFFER	TDCJ# //38/6/
Unit: RB	Housing Assignment:	12-1-51 LK
2274 Company de	4 4	

Unit where incident occurred: RB

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Assistant warrend how rate (PERSONAL LETTER) When? 5-5-14

What was their response? NONE

What action was taken? ______E.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate "TOCI SHALL BE VIGILANT IN ESTABLISHING A SAFE FINIRON MENT FOR TDCJ SAFE PRISONS POLICY STATES DERS AT ALL CURRECTION AL FACILITIES. EVERY ATTEMPT SLUIL BE MAIDE TO REDUE I PROTECT OFFENDERS WHO ARE AT INCREASED RISK OF YARM BY OTHERS, TAKE APPROACH TO PREVENT SEXUAL AISUSE OF OFFENDERS ... WITH A FEMININE ALIAS WHO'S HAD SEVERAL ON GOING AND WELL DOCUMENTED PROBLEMS DURING MY PONFINEMENT IN TIDE! I'VE BEEN SEXULTED IN THE PAST, AS WELL AS ASSAULTED WITH A AFFICIATED OFFENDER ATTEMPTING TO EXTORT ME. ARISING IN THE FLYURE. ITS BEEN SHOWN THAT OFFENDER LIOUSED IN GENERAL POPULATION OF OFFENDERS ENDUGIN TO KEEP ME SAFE AND PAST EXPERIENCES AND FEAR REPEATING THEM. THIS CAN ONLY BE BY HOUSING ME ON SAFE KEEPING AWAY FROM THE BENERAL POPULATION OF OFFENDERS LOOKING TO TLIOUGUIAM NOW TRANSIENT STATUS AWAITING UNIT TRANSFER FOR A RECOMMEND-OF UNIT TRANSFER ON 4-7-14 THE PROBLEM IS NOT RECTIFIED. SAFE KEEDING HAS CUSTODY LEVELS GENERAL POPULATION HAS GI-GS TO LIOUSE RESTRICTIVE HOUSING DUE TO DISCIPLINARIES - 30, BARRING ME FROM HOUSING ON SAFE KEEPING DUE TO DISCIPLINARY INFRACTIONS MAKES NO SENSE, I AM A HOMO AND FEAR FURTL VICTIMIZATION AT THE LANDS OF GRAVE OF THAT FACT. I CANT FIGHT THEMAIL. AFFICIATED OFFERNOERS IN CHENERAL I FEAR THAT I WILL BE EXTORTED ASSAULTED + FORCED TO DUE THINGS SEXUALLY I DON'T WANT TO DO.

	10-30
	,
Ne .	
14 h	
action Requested to resolve your Complaint.	WARDED TO STATE CLASSIFICATION AND LE
HEM DECIDE WHETHER OR NOT I MEET REQUIREMENTS.	
Offender Signature: Joshum Dellacoff	Date: 5-6-/4
Grievance Response.	
Signature Authority: f you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Invo	Date: 5/15/14/ estigator within 15 days from the date of the Step 1 response.
Returned because: *Resubmit this form when the corrections are made.	
Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY
☐ 3. Originals not submitted. *	Initial Submission UGl Initials: Grievance #:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Recd from Offender:
6. No requested relief is stated. *	Date Returned to Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	2nd Submission UGI Initials:
8. The issue presented is not grievable.	Grievance #:
9. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Recd from Offender:
11. Inappropriate. *	Date Returned to Offender:
UGI Printed Name/Signature:	3rd Submission UGI Initials:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Grievance #:
Medical Signature Authority:	Date Recd from Offender:

JUN 1 8 2014 UK



Texas Department of Criminal Justice

STEP2

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY
Grievance #: 2014140325
Date Received: 05-19-14
MAY 2 7 2014
rievance Code: 061
nvestigator ID#: 10353
xtension Date:
ate Retd to Offender:
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

Offender Name: Jashva 1/2	LOLLICOFFER	TDCJ# 1/38161	In
Unit: RB	Housing Assignment:	12-13-9	Ex
Unit where incident occurred:	RB		D:

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is whe	n
appealing the results of a disciplinary hearing.	
Who did you talk to (name, title)? When?	
What was their response?	
What action was taken?	

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate IN RESPONDSE TO STEP I GRIEVANCE # 2014140325/ I AM DISSATISFIED WITH THE RESPONSE BEGAUSE THERE ARE SEVERAL POLICIES SET IN PLACE TO PROTECT OFFENDERS LIKE ME FROM VIOLENCE AT THE HANDS OF OTHER OFFENDERS, YET IN MY CASE THOSE STATED POLICIES ARE NOT BEING UPHELD IN MY HANDS OF OTHER OFFENDERS, AN ENGOING PROBLEM Is NOT RECTIFIED BY SIMPLY TRANSFERRING ME FROM UNIT TO UNIT IN GENERAL POPULATION WHEN I AM STILL BEING HOUSED AROUND THE OF OFFENDERS. PRISON OFFICIALS HAVE A CONSTITUTIONAL DUTY TO TAKE PRECAUTIONS TO KEED OFFENDERS FROM COMING TO HARM AT THE HANDS OF OTHERS, NOT JUST TODAY BUT THE FORSFEABLE FUTURE AS WELL KNOWING THAT THERE IS A PATTERN OF ON GOING LIFE TUREATENING ISSUES ROOTED IN THE FACT THAT I AM A HOMOSEXUAL WITH A FEMININE ALMS, TRANSBERNDER, LIOUSED IN THE GANG INFLUENCED GENERAL POPULATION OF OFFENDERS AND SIMPLY TRANSFERRING MEIN GENERAL POPULATION TO FACE THE SAME PROBLEMS 18 WROM COLLEN THAT THIS IS A PATTERN ITS SAFE TO SAY THAT OTHER PROBLEMS WILL ARISE AS LONG AS I AM HOUSED IN GENERAL POPULATION. I REQUEST TO BE HOUSED ON SAFE KEEPING TO AVOID FURTURE PAPE, ASSAULT & EXTORTIONS

	/ /
action Requested to resolve your Complaint.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date: 5-17-14
Offender Signature: Coshun Lelbroff	Date. 5 17-17
Grievance Response:	
were no concerns noted. You have filed numerous requests for and all issues have been investigated, reviewed and addresse	
were no concerns noted. You have filed numerous requests for and all issues have been investigated, reviewed and addresses. No further action warranted by this office. F. Fuster, Asst. Resignature Authority: You are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigated.	or safekeeping/ protective custody ed in previous grievances submitted Reg. Director June 06, 2014 Date:
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EXHIBIT L



Unit: RB

What action was taken? NONE-

Texas Department of Criminal Justice

Offender Name: JOSHUA D. ZOLLICOFFER TDCJ# 1138/6/

Housing Assignment: 4 Pho 4

OFFENDER **GRIEVANCE FORM**

Difference of the Control of the Con	rekas Departin
	10101
THE STATE OF	12A-20
A	STEP 1
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OFFICE USE ONLY

Grievance #: 2014 205 241

Date Received: 08 25 2014

Date Due: 10/04/2014

Grievance Code: 006/200

Investigator ID#: I - 226 7

Extension Date: N/A

Unit where incident occurred: RB	Date Retd to Offender: OCT 0 3 2014
You must try to resolve your problem with a staff member before you submit a form appealing the results of a disciplinary hearing.	nal complaint. The only exception is when
Who did you talk to (name, title)? WARDEN GONZALEZ What was their response? NO ACTION, WAIT ON THE DECISION FROM STA	When? <u>8-14-14</u>
THE DECISION FROM STA	TE CLASSIFICATION.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate I HAVE HAD SEVERAL ON GOING AND LIFE THREATENING ISSUES TAKE PLACE DURNIG MY INCARCER-ATION IN TIDEJ. I HAVE CONTINUALLY REQUESTED HOUSING ON SAFEKEEPING EWAY FROM THE GENERAL POPULATION OF SFFENDERS WHO KEED THREATENING AND CAUSING ME HARM, I'AM A VICTIM OF 2 SFRIOUS CRIEDES WHILE CONFINED IN TOCT. IN 7007 I WAS SEXNALLY ASSAULTED, IN 2015 I WAS ATTACKED WILLA JOFFENDER WHO WAS A MIGHER RISK FOR VICTIMIZATION I DENIFO BY ROBERTSON UNIT ON 12-17-13 47-14 AND 8-1-14. RESERVED SONO SILY-14, ROBERTSON UNITS DENY ME HOUSING ON SAFE EFEDING . WHITE OFFENDERS AND LISPANIC OFFENDERS ARE OFFERED SAFE KEEPING OFTEN TIMES WITH THE MERETUREAT OF HARM. I AM TRANSGENDER, THE VICTIM OF 2 SERIONS CRIPARS HAVE CONTINUAL CONFLICT WITH OTHER OFFENDERS JET I AM STILL NOT GRAVIET RECOMMENDATION FOR SAFE KEEPING. I FEEL THAT I AM BEING RACIALLY DISCRIMIN LATED AMAINIST BY WARDENS GONTALES, WEBR AND EMILY JACOBS OFCLASSIFICATIONS I WAS IN FRONT OF WARDEN 1 GONTALFT ON 8-14-14 HOUSING ON SAFE KEEPING JAYING PO TO WAIT FOR SEC TO ANGWER BACK DATION OF UNIT TRANSFER THAT WAS MADE ON 8-1-14. KNOWN OF THAT All OF MY PROBLEM COME FROM BEING TRANSGE JOER HOUSED IN GENERAL POPULATION, THEREFORE SHUTTING HE FROM I UNITTO ANOTHER IN SENJERAL POPULATION DOES ACAM OF HAVE SEX FOR PROFECTION. IAM NO LONGER WILLING MY SAFETY IN GENERAL DODULATION I AM AGAW REQUESTING & SAFE ICKEPING AND STUP BEING RACIALLY DISCRIMINATED AGAINST.

	7 7
	, , ,
	124.30
Annual Control of the	
1903 9 1 7 9	
Action Requested to resolve your Complaint. STOP BEING RACIALLY DISCRIMIN	LATED AGAINST AND LANGED ON
SAFE ICEEPING.	200 Surpanour and Filloged Co.
	Date: 8-16-14
Grievance Response:	
An investigation has been completed by unit administration. You	
UCC on 06/05/14, and recommended for safekeeping status. On	06/16/14, this request was
denied by SCC. You are being reviewed by the UCC in accordan	ce with TDCJ policy and
they are not discriminating against you due to your race.	
they are not thorimmaning against you are to your race.	
A Mall	
Signature Authority:	1817/11
	Date: 100214
f you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investate the reason for appeal on the Step 2 Form.	Date:
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Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Joshua D	. ZOLLICOFFER	TDCJ#_//38/16/
Unit: RB	_ Housing Assignment:	
Unit where incident occurred:	RB	

OFFICE	USE	ONLY
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Grievance #: 2014205241

UGI Recd Date: OCT 0 8 2014

HQ Recd Date: ____

Date Due:

Grievance Code: 006, 200

Investigator ID#: 10353

Extension Date:

You must attach the completed Step 1 Grievance accepted. You may not appeal to Step 2 with a Step 1

signed by the Warden for your Step 2 appeal to be returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because... I AM DISSATISFIED WITH GRIEVANCE #2014205241 RESPONSE BECAUSE ON 6-5-14 I WAS RECOMMENDED FOR HOUSING ON SAFEKEEPING - BETWEEN 6-5-14 AND HAVE ONLY GOTTEN WORSE, I AM STILL PREYED ON, SENAILY ASSAULTED IN THE WHU MY LIFE, FORCED INTO COERCED SEXUAL RELATION SLIPE WEAPON BY THAT BEING THE CASE ANY UCC I SHOULDING BEEN RECOMMENDED FOR HOUSING ON SAFE KEEPING BECAUSE THE CIRCUMSTANCES HAVE ONLY CHANGED IN THE SENSE THAT THEY'VE GOTTEN WORSE. THEREFORE THE RECOMMENDATION FOR 6-5-14 FOR SAFE KEEPING WAS UCC AND ROBERTSON UNITS ADMINISTRATION ACKNOWLEDGING THAT I AM AN OFFENDER WHO, IF FORCED TO REMAIN IN BENERAL POPULATION IS AN OFFENDER. THEREFORE WARDEN WEBBS REFUSAL TO HOUSE ME ON SAFE KEEDING AND WARDEN GONBALEZ REFUSAL TO CURRECT THE FLAGRANT DISREGARD OF MY SAFETY BY WARDEN WEBB, RECOMM ON 8-14-14 WAS RACIALLY MOTIVATED, NOT POLICE IF I'VE FLOR BEEN FLIGHBLE FOR A RECOMMENDATION FOR ON SAFEKEEDING THEN ITS BEEN ACKNOWLEDGED THAT GENERAL I IS NOT SAFE FOR ME BECAUSE THE CIRCUMSTAN DATION ARE LONG STANDING, PERVASIVE AN MEANING, VULNERABILITY DOESNIT DISSIPATE IN A PERIOD OF IAM LEFT TO FEELTHAT I AM BEING RACIALLY DISCRIMINATED SINCE ITS BEEN SHOWN THAT THE TREND ON THE ROBERTSON UNIT I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

AS A WHOLE IS TO AFFORD WHITE AND HIS PANIC OFFENDERS	MORE PROTECTION AT THE ME
TUREAT OF HARM. I REQUEST HOUSING ON SAFE ICEGS	DING AND TO STOP BEING
RACIALLY DISCRIMINATED AGAINSTO	
Offender Signature: Johnson Johnson	Date: 10-8-14
Grievance Response:	· 1050 gr
	(i) production of the contract
A thorough investigation was conducted concerning you appropriately addressed at the Step 1 Level. On 09/17/1 for transfer. Unit has submitted a DRB appeal on SCC de at this time. Investigation was reviewed by Warden Web concerns noted. You are currently housed on 12AC1-29 to No further action warranted by this office.	14, SCC denied OPI request nial that is currently pending bb in which there were no
F. Fuster Asst. Regional Director	11/05/14
Signature Authority: Susta, And	Date:
Returned because: *Resubmit this form when corrections are made.	OFFICE USE ONLY
	Initial Submission CGO Initials:
1. Grievable time period has expired.	Date UGI Recd:
2. Illegible/Incomprehensible.*	Date CGO Recd:Improperly Submitted
3. Originals not submitted. *	Comments:
4. Inappropriate/Excessive attachments.*	Date Returned to Offender:
☐ 5. Malicious use of vulgar, indecent, or physically threatening language.	2nd Submission CGO Initials:
☐ 6. Inappropriate.*	Date UGI Recd:
	Date CGO Recd:
	(check one)ScreenedImproperly Submitted Comments:
CCO Stoff Signatures	Date Returned to Offender:
CGO Staff Signature:	3rd Submission CGO Initials:
	Date UGI Recd:
	Date CGO Recd:
	(check one)ScreenedImproperly Submitted
	Comments:
	Date Returned to Offender:

EXHIBIT M

Texas D

Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when

Offender Name: Joshua D.	ZOLLICOFFER	TDCJ# <u>//38/6/</u>
Unit: RB	Housing Assignment:	3-A-67-B-LK
Unit where incident occurred:		

OFFICE USE ONLY	
Grievance #: 2114197421	
Date Received: 7-25-14	
Date Due: 9-3-11	
Grievance Code:	
Investigator ID #:	
Extension Date: NA	
Date Retd to Offender: AUG 2 7 2014	1

who did you talk to (name, title)? I SENT I-605 TO THE WARDEN AND OIG When? 7-70-14
What was their response?
What action was taken?
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate I AM A HOMOSEXUAL, WHOS KNOWN ALIAS IS PASSION' . 6 J 3-29-67 I was
SEXUALING ASSAULTED ANDON 11-20-13 IWAS ASSAULTED WITH A WEAPON BY A
UNIT ON 4-7-14 I WAS TAKEN TO V.C.C BECAUSE OF AN OPI DE TO
THREATS TO MY SAFETY THE TO THREATS MAIX BY CRIP GANG MEMBERS
RETALIATION FOR REDACTED
HOUSED ON ROBERTSON UNIT. UNIT TRANSFER WAS THE DECISION MADE ON
6-5-14 IWAS TAKEN TO U.C. CAND IT WAS RECOMMENDED THAT I BE MOUSED ON SAFE KEEPING DUE TO CONTINUED THREAT TO MY SAFETY BY GANG
MEMBERS. IWAS RELEASED BACKINTO GENERAL PUPULATION ON ROBERTSON
AND ING HAD VERBAL ALTERCATIONS. THEY HAVE MADE TUREATS AND I FEAR
FUR MY LIFE, REDACTED WHO LIVES ON THE POID WITH ME
IN 3-A-59B STEPPED IN ON MY BEHALF TO TRY TO STOP THE OTHER CRIPS
ONLY DO SO MUCH TO DEFEND MYSELF AGAINST THEM WHICH IS VERY
LITTLE . PRISO DEFICIALS DUE A CONSTITUTIONAL DUTY TO PROTECT OFFENDERS
ATTEMPT SHALL BE MADE TO REDUCE INCIDENTS OF EXTORTION PROTECT
OFFENDERS WHO ARE AT INCREASED RISKOF HARM BY OTHERS! IT HAS BEEN
SHOWN THAT I AM AN AT RISKOFFENDER . JIVE BEEN VICTIM OF 2 CRIMES IN TOUT;
AM ANTOPENLY MAMOSEXUAL OFFENDER WITLIAFEMINING ALIAS AND HAVE AGAIN

BEEN PLACED IN HARMS WAY: IT IS NOT OTHER OFFE	ENDERS DUTYTO PROTECTIME,
ET ISTLYE PRISON OFFICIALS TASKED TO DO SOS JOB.	IHAVE CURRENTLY BEEN
TLIREATENED, AND FEAR FOR MILLIFE OBVIOUSL	
ATMAND: I MAVE BEEN TOLID TO GAT I WILL BE KIT	
	TELD IT I KONNIN IN
POPULATION.	
Action Requested to resolve your Complaint.	
I REQUEST & IMMEDIA	TE FRE(p.
	/
Offender Signature: Joshun I Jolly off	Date: 7-2/-/4
Grievance Response:	
An investigation has been completed by unit administration. Y	on were reviewed by the UCC on
8/1/14. Their decision was to recommend a unit transfer. You	
until a decision has been received from the SCC in Huntsville.	
	POKIU
Signature Authority: If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigation.	Date: Officer of the Step 1 response.
State the reason for appeal on the Step 2 Form. Warden Webb	
Returned because: *Resubmit this form when the corrections are made.	
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY Initial Submission UGI Initials:
3. Originals not submitted. *	Grievance #:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Recd from Offender:
6. No requested relief is stated. *	Date Returned to Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	2nd Submission UGI Initials:
8. The issue presented is not grievable.	Grievance #:
9. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Recd from Offender:
11. Inappropriate. *	Date Returned to Offender:
UGI Printed Name/Signature:	· 3rd Submission UGI Initials:
Application of the screening criteria for this grievance is not expected to adversely	5.5 (2)
Affect the offender's health.	Grievance #:
	Screening Criteria Used:
M. P. al Company And and and	Screening Criteria Used: Date Recd from Offender:
Medical Signature Authority:	Screening Criteria Used:

OFFICE USE ONLY

UGI Recd Date: AUG 2 9 2014

Grievance #: 2014



12A-29

Texas Department of Criminal Justice

CTTD 7

OFFENDER

	GR.	IEVANCE FORM	HQ Recd Date: 10-03-14
Offender Name: <u>Tashja D.</u> Unit: <u>RB</u>		TDCJ#_//38/6/	Grievance Code: 001 Investigator ID #: 10353
Unit where incident occurred:	RB		Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because... TOM OPEDILY DISCOTISFIED WITH THE RESPONSE TER PROBLEMS 31 TINU TENJU SETTER FURTHER VICTIMIZATION. I REQUEST

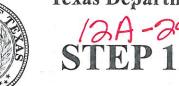
9CT 0 is 2014, \$\frac{1}{2}	
	MARIA MARIA
	(),
HOS es alla	
No. 1	
Albeit augustus transport and an annual and an annual and an	
A thorough investigation was conducted concerning your alleg	ations. An Offender Protection
108/01/14 in which the committee recommend unit transfer at	// 25/ Make: You were is gen by UCC on
status. No further action warranted by this office. F. Fuster, Asst. Re	eg. Director September 26, 2014
	3-(4)
Signature Authority: ARD	Dates
Signature Authority:	Date:
	OFFICE USE ONLY
Returned because: *Resubmit this form when corrections are made.	Initial Submission CGO Initials:
	Date UGI Recd:
1 Coincid to disconnection of the constant	Date CGO Recd: (check one)ScreenedImproperly Submitted
1. Grievable time period has expired.	Comments:
2. Illegible/Incomprehensible. *	Date Returned to Offender:
3. Originals not submitted. *	2 nd Submission CGO Initials:
4. Inappropriate/Excessive attachments. *	Date UGI Recd:
5. Malicious use of vulgar, indecent, or physically threatening language. *	Date CGO Recd:
6. Inappropriate. *	(check one)ScreenedImproperly Submitted
	Comments:
	Date Returned to Offender: 3 rd Submission CGO Initials:
COO St. 65 St A	Date UGI Recd:
CGO Staff Signature:	
-128 Back (Revised 9-1-2001)	Date CGO Recd:ScreenedImproperly Submitted

Date Returned to Offender.

EXHIBIT N

COPY. 1 OF Z

Texas Department of Criminal Justice



OFFENDER GRIEVANCE FORM

Offender Name: Joshua D. Zolltcoffer TDCJ # 1/38/6/
Unit: RB Housing Assignment: 1/-PHD-4

Unit where incident occurred: RB

OFFICE	TISE	ONLY
		VITELE

Grievance #: 2014196990

Date Received: 08/11/2014

Date Due: 09/20/2014

Grievance Code: 001

Investigator ID #:

Extension Date: _____

Date Retd to Offender: SEP 1 9 2014

You must try to resolve your problem with a staff member before you submit a formal complaint.	The or	ly exception is when	
appealing the results of a disciplinary hearing.		-	
Who did you talk to (name, title)? PERSUNAL LETTER TO WARDEN FOX	When?	7-78-14	
What was their response? NOVE			
What action was taken? べいくも			

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate I WROTE A LETTER TO WARDEN FOX REQUESTING HOUSING ON SAFEKEEPING FOR MY SAFETY. I RECIEVED NO RESPONSE - DURINIA MY CONFINEMENT IN TOCT DUE HAD SEVERAL ON HOIN IS AND WELL DOCUMENTED LIFE THREATENING ISSUES ALL ROUTED IN THE FACT THAT I AMAN AT RISK DEFENDER, TRANS CHENDER WITH AN ALIAS OF "PASSION" AND HOUSED IN THE GANG INFLUENCED GENERAL POPULATION I WAS SEXUALLY ASSAULTED ON 3-29-67 AND ASSAULTED WITLA WEAPON ON 11-20-13 BY A KNOWN 274 JO MEMBER, SINCE JULY OF LON THERE HAVE BEEN AT-LEAST 18 OPES FILED ON MY BEHALF. ON 8-1-14 I WAS TAKEN TO VEC FOR AN OPI AND SIMPLY RECOMMENDED UNIT TRANSFER. YET, TRANSFERRING ME FROM UNIT TO UNIT IN GENERAL POPULATION DOES NOTHING TO RECTIFY THIS PRUBLEM THAT IS PERVASILE, TOOT DOES NOT MONITOR OR CONTROL ITS BANG INFLUENCED GENERAL POPULATION FINANCIAL TO PROTECT ME FROM VIOLENCE AT THE HANDS OF CTHERS . AFTER BEING SEXUALI ASSAULTED IN 3-29-07 SIMILAR PROBLEMS PLACIUSD ME LAFTER THE 11-20-13 ASSAULT WITH A WEAPON. SIMILAR PROBLEMS PLAGUED ME, I HAVE BEEN TURFATENED WITH MY LIFE AS WELL AS TUREATENED WITH RAPE-HOUSING MEIN GENERAL POPULATION TO REPEAT THE SAME CYCLES WITH DIFFERENT OFFENDERS IS ABSURD. ESPECIALLY WHEN ITS BEEN SLOWN THAT I AM AN OFFENDER WITH A LIGHT POTENTAL FOR VICTIMIZATION. TDEJS SAFE PRIVONS POLICY EDOSOS CLEARLY STATES "FLERY ATTEMPT SHAMBE MADE TO RETUCE INCIDENTS OF EXTORTION, PROTECT OFFENDERS WHO ARE AT IN CREASED RISK OF LARM BY OTHERS, TAKE A PROACTIVE APROACH TO PREVENT SEXULL ABUSE OF OFFENDERS, AND ADRESS THE NEEDS OF OFFENDERS WHO HAVE BEEN SEXUALLY ASSAULTED. "- I HAVE BEEN SEXUALLY ASSAULTED IN THE PAST, ASSAULTED WITH A WEAPON. HET NOBODY HAS TAKEN PROACTIVE STEPS TO REDEAT TLESSETLINGS FROM LUPPENING. BOTH ARE CRIMES THAT LANGBEEN COMM TITED AGAINST ME IN TOQT. YET, NOBODY HAS TAKEN "PROACTIVE" STEPS TO PREVENT THESE THINGS FROM HAPPENING TO ME AGAIN. I FEAR FOR MY WELL BEING AND REDUEST HOUSING ON SAFE KEEPING OR PROTECTIVE CUSTODY. I HAVE HAID TO BE SENAILY ACTIVE IN THE PAST

AVOID HARM . KNOWING THIS YET DISPEGARDING THE FALT AN	D CONTINUING TO HOUSE ME IN
RENERAL POPULATION IS LIKE SAYING "GO HAVE SEX TO PROTECT	
TO BECOME ACTIONS IS & VIOLATION OF THE SAFE PRISONS PO	
TATES THAT THE GOALIS TO PREVENT THESE THINGS FROM	LABORA HALL
TATES TOAT TOE GOACTS TO TREVE VI TOURSE TOUR VESS TROSC	Crupps VIV CIO
	N. C.
2(9) E 96	
Action Requested to resolve your Complaint. I REQUEST HOUSING ON SAFE KEEPING OR PROTECTIVE (U.	тору.
Offender Signature: John D. Jolling	Date: 8-//- / 4
Grievance Response:	
from SCC in Huntsville. Signature Authority: If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inv	Date Description of the Step 1 response.
State the reason for appeal on the Step 2 Form. *Result this form when the corrections are made.	
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. * 3. Originals not submitted. * 4. Inappropriate/Excessive attachments. *	OFFICE USE ONLY Initial Submission UGI Initials: Grievance #:
5. No documented attempt at informal resolution. *	Screening Criteria Used:
6. No requested relief is stated. *	Date Recd from Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	Date Returned to Offender:
8. The issue presented is not grievable.	2 nd Submission UGI Initials:
9. Redundant, Refer to grievance #	Grievance #:
10. Illegible/Incomprehensible. *	Screening Criteria Used:
11. Inappropriate. *	Date Recod from Offender:
UGI Printed Name/Signature:	Date Returned to Offender:
	3 rd Submission UGI Initials: Grievance #:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Screening Criteria Used:
Medical Signature Authority:	Date Recd from Offender: Date Returned to Offender:

OFFICE USE ONLY

Grievance #: 2014 19699E

UGI Recd Date: SEP 2 9 2014

HQ Recd Date:



12A-29

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

	G.	RIEVANCE FORM	Date Due: 1//3
Offender Name: Joshua	D. ZOLLICOFFER	TDCJ# <u>//38/6/</u>	Grievance Code:
Unit: RB	Housing Assignmen	nt: 12-A-29	Investigator ID #: 10353
Unit where incident occurr	ed: <u>RB</u>		Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step.2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because... IAM DISSATISFIED WHU STEP 1 GRIEVANCE#2014196990 RESPONSE BERAUSE IT HAS BEEN SHOWN THROUGH SEVERALOPIS, SPANNING SEVERAL YEARS AND 2 SERIOUS CRIMES COMMITTED AGAINST ME THAT I AM A VULNERABLE OFFENDER. AS AN OFFENDER WHO HAS BEEN VICTIMIZED, TUREATENED, ASSAULTED AND WHO HAS A MISTORY OF SEXUAL VICTIMITATION IT IS UCCS RESPONSIBILITY TO TAKE ALL OF THIS INTO ACCOUNT WHEN MAKING ANY RECOMMENDATION, AS STATED IN THE TOCT SAFE PRISONS PLAN. GIVEN THE FACT THAT ALL THE THREATS, NOLENCE AND COERCED SEXUAL RELATIONSHIPS THAT I HAVE HAD TO ENDURE HAVE ALL BEEN ROOTED IN THE FACT THAT I AM TRANS CHENDER HOUSED IN THE GENERAL POPULATION OF OFFENDERS, RECOMMENDING ME TO BE TRANSFERRED TO ANOTHER UNITS GENERAL POPULATION TO FACE THE SAME PROBLEMS IS CONDONING THE ABUSE AND PROMOTING FURTHER VICTIMIZATION. NO UCC MAICES ANY RECOMMENDATION FOR UNIT TRANSFER UNLESS THERE IS OBJECTIVE IS SUBJECTIVE EVIDENCE SUBSTAINING THE NEED FOR PROTECTION. THEREFURE. LEAVING ME HOUSED IN GENERAL POPULATION WHILE KNOWING THAT GIVEN MY HISTORY OF RECEIVING TUREATS OF VIOLENCE AND HAVING VIOLENCE VISITED UPON ME THAT THERE IS A PROBLEM CAPABLE OF REPITITION AS LONG AS I AM HOUSED IN GENERAL POPULATION IS A VIOLATION OF THE TOWN SAFE PRISONE PLAN, I REQUEST HUUSING ON SAFEKEEPING OR PROTECTIVE CUSTODY TO PREVENT MY FURTL VICTIMIZATION HIGHLY CAPABLE OF REDITITION IN TOCTS GANG INFLUENCED GENERAL POPULATION.

White the unia	
	to the
MA7 8 6 JPS	
	
No further action warranted by this office. F. Fuster, Asst. A thorough investigation was conducted concerning your allegations. This is Level. On 09/17/14, SCC denied OPI request for transfer. Investigation was were no concerns noted. You are currently housed on 12AC1-29 transient so the further action warranted by this office. F. Fuster, Asst. Reg. Directors	ssue was appropriately addressed at the Step 1 s reviewed by Warden Webb in which there tatus.
Signature Authority: Ruster, ARD	Date:
Returned because: *Resubmit this form when corrections are made.	OFFICE USE ONLY Initial Submission CGO Initials:
Resulting because. Resulting form when corrections are made.	Date UGI Recd:
	Date CGO Recd:
1. Grievable time period has expired.	
2. Illegible/Incomprehensible. *	(check one)ScreenedImproperly Submitted
	Comments:
3. Originals not submitted. *	Comments:
3. Originals not submitted. * 4. Inappropriate/Excessive attachments. *	Comments: Date Returned to Offender: 2 nd Submission CGO Initials:
4. Inappropriate/Excessive attachments. *	Comments: Date Returned to Offender: 2 nd Submission CGO Initials: Date UGI Recd:
 4. Inappropriate/Excessive attachments. * 5. Malicious use of vulgar, indecent, or physically threatening language. 	Comments: Date Returned to Offender: 2 nd Submission CGO Initials: Date UGI Recd:
4. Inappropriate/Excessive attachments. *	Comments: Date Returned to Offender: 2 nd Submission CGO Initials: Date UGI Recd: Date CGO Recd:
 4. Inappropriate/Excessive attachments. * 5. Malicious use of vulgar, indecent, or physically threatening language. 	Comments: Date Returned to Offender: 2 nd Submission Date UGI Recd: Date CGO Recd: (check one) Screened Improperly Submitted Comments:
 4. Inappropriate/Excessive attachments. * 5. Malicious use of vulgar, indecent, or physically threatening language. 	Comments:
 4. Inappropriate/Excessive attachments. * 5. Malicious use of vulgar, indecent, or physically threatening language. 6. Inappropriate. * 	Comments: Date Returned to Offender: 2 nd Submission CGO Initials: Date UGI Recd: (check one)ScreenedImproperly Submitted Comments: Date Returned to Offender: 3 rd Submission CGO Initials: Date UGI Recd:
 4. Inappropriate/Excessive attachments. * 5. Malicious use of vulgar, indecent, or physically threatening language. 	Comments:

Date Returned to Offender:

EXHIBIT O

TO: STATE CLASSIFICATION P.O. BOX 99 HUNTSVILLE ITX 77342

REASON: REQUEST HOUSING ON SAFEKEEPING.

HEIIO:

I AM WRITING YOU TO REQUEST YOUR ASSISTANCE IN A VERY

SERIOUS MATTER.

MY NAME IS JUSTINA D. ZOLLICOFFER FIJ38161. I AM TRANSCIENDER AND MY KNOWN ALIAS IS PASSION. I AM WRITING BECAUSE I AM CURRENTLY ON TRANSIT STATUS ON THE ROBERTSON UNIT AWAITING REPLY FROM STATE CLASSIFICATION FOR A RECOMMENDATION OF UNIT TRANSFER ON 8-1-14 BY ASSISTANT WARDEN WEBB.

DURING MY INCARCERATION I HAVE CONSTANTLY BEEN PREYED ON BY OTHER OFFENDERS AND HAVE COME TO SERIOUS HARM BECAUSE NO UNITS ADMINIST-RATION HAS TAKEN THE STEPS TO PROTECT ME. ON 3-29-07 I WAS SEXUALLY ASSAULTED ON THE Allred Unit. I was Denied Housing on Safe REEPING AND SIMPLY TRANSFERRED TO ANOTHER UNITS CHENERAL POPULATION TO FACE THREATS AND ABUSE. I HAVE HAD TO BE SEXUALLY ACTIVE IN ORDER TO REMAIN RELATIVELY SAFE IN GREAT POPULATION. THAT SHOULD NOT HAVE TO BE THE CASE THOUGH.

ON 11-20-13 I WAS ATTACKED WITLIA WEAPON BY A KNOWN CANGE MEMBER. I WAS RUT ACROSS THE FACE AND FORELIEAD 8 TIMES WHILE BEING CALLED A SNITCHING FACEOUTH INTURIES REQUIRED 36 STITCHES. THIS HAPPENED AFTER I'D INTORMED THE HUGHES UNIT ADMINISTRATION THAT THIS SAME OFFENDER WAS TRYING TO FORCE ME TO BE WITH HIM. THE HUGHES UNIT ADMINISTRATION DISREGARDED THE THREAT, HOUSED ME ON THE EXACT SAME PUD AS HIM. ASIAIN! I REQUESTED HOUSING ON SAFE KEEPING. I WAS DENIED AND SIMPLED RECOMMENDED UNIT TRANSFER. I WOUND UP ON THE ROBERTSON UNIT AND NOW FACE THE THREAT OF SERIOUS HARM BY OFFENDERS WHO WERE CLOSE TO MY ATTACKER WHEN HE WAS HOUSED ON THE ROBERTSON UNIT. GMONTHS PRIOR TO THE 11-20-13 ATTACK ON ME.

I HAVE BEEN TUREATENED WHLI MY LIFE ITUREATENED WITH RAPE AND FEAR FOR MY WELL BEWEN. I'VE INFORMED THE UNITS ADMINISTRATION. WROTE SEVERAL GRIEVANCES, WROTE THE PREA OMBUDSMAN AND SPOKEN TO OLG TWICE: ON 4-7-14 I WAS RECOMMENDED UNIT TRANSFER. ON 6-5-14 THE SAFE PRISONS OFFICE FORWARDED A RECOMMENDATION TO HOUSE ME ON SAFE KEEPING. BOTH WERE DENIED BY STATE CLASSIFICATION. MY LIFE IS IN DANGER AND I NEED HELP. I HAVE BEEN THE VICTIM OF 2 VERY SERIOUS CRIMES AND

CONTINUE TO FEAR FOR MY WELL BEING.

SIMPLY TRANSFERRING ME FROM UNIT TO UNIT IN GENERAL POPULATION DOES NOTLING TO RECTIFY THE PROBLEMS THAT I AM HAVING . I REQUEST HOUSING ON SAFEKEEPING TO PREVENT FURTHER RAPE, EXTORTION AND ATTEMPTS ON MY LIFE. I REQUEST YOUR ASSISTANCE. THANK YOU.

JOSLIVA D. ZOLLI COFFER # 1/38161