



PRISON LAW OFFICE
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LEGAL MAIL: CONFIDENTIAL

Contra Costa County Jail: PLO Referral Sheet

Name: _____ Booking Number: _____

Jail: _____ Housing Unit: _____

Charges: _____ ICE detainee?: _____

Arrest Date: _____ Release Date: _____

Contact Information Upon Release: _____

Housed at other jails during current incarceration? If so, what jails/dates?: _____

Please check any of the items below that you have had problems with in the Contra Costa County Jails, and next to each checked box write the date(s) that you experienced them:

- ☐ Solitary confinement: _____
- ☐ Mental Health: _____
- ☐ Medical: _____
- ☐ Dental: _____
- ☐ Disability Discrimination: _____
- ☐ Overcrowding: _____
- ☐ Excessive Force: _____
- ☐ Failure to Protect: _____
- ☐ Other: _____

Please add any additional information you think we should know about the above-listed issues below or on additional paper and mail to Prison Law Office, General Delivery, San Quentin, CA 94964:

Medical Care

Your diagnosis/medical conditions: _____

Do you take any medications? If so, do you currently have those medications?

What dates have you requested care for your medical issue? What care did you request?:

Have you met with a treatment provider yet? _____

Have you received medical care or medication? _____

If so, how long did it take to receive care or medication? _____

Did you feel the care was adequate? _____

Have you filed any grievances about medical care?

☐ 1st Level ☐ 2nd Level ☐ 3rd Level

☐ No, I have not filed any grievances. (If no, please explain why you have not filed a grievance):

Mental Health Care

Your diagnosis/mental health conditions: _____

Do you take any medications? If so, do you currently have those medications?

What dates have you requested care for your mental health issue? What care did you request?:

Have you met with a treatment provider yet? _____

Have you received mental health care or medication? _____

If so, how long did it take to receive care or medication? _____

Did you feel the care was adequate? _____

Have you filed any grievances about mental health care?

☐ 1st Level ☐ 2nd Level ☐ 3rd Level

☐ No, I have not filed any grievances. (If no, please explain why you have not filed a grievance):
