

OCT 29 2008

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state, number, and address):

TERRY ALEXANDER

FILED IN FORMA PAUPERIS (CP 0035)
PER ORDER DATED _____
AMOUNT RECOVERABLE PURSUANT (8042)
TO 88511.3 GC \$ _____
PLUS A ONE TIME ADMINISTRATIVE FEE UPON JUDGMENT
IF THE PARTY BECOMES A JUDGMENT CREDITOR.

FOR COURT USE ONLY

FEE WAIVER

DELANO, CA. 93216

TELEPHONE NO:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

IN PRO PER

NAME OF COURT:

SUPERIOR COURT OF LOS ANGELES COUNTY

STREET ADDRESS:

111 N. Hill STREET

MAILING ADDRESS:

LOS ANGELES, CA. 90012

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF:

TERRY ALEXANDER

DEFENDANT:

ARNOLD SCHWARZENEGGER
GOVERNOR. CA. / CDC

DOES 1 TO

3

COMPLAINT—Personal Injury, Property Damage, Wrongful Death

AMENDED (Number):

Type (check all that apply):

MOTOR VEHICLE OTHER (specify):

Property Damage Wrongful Death

Personal Injury Other Damages (specify):

Jurisdiction (check all that apply):

ACTION IS A LIMITED CIVIL CASE

Amount demanded: does not exceed \$10,000

exceeds \$10,000, but does not exceed \$25,000

ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)

ACTION IS RECLASSIFIED by this amended complaint

from limited to unlimited

from unlimited to limited

CASE NUMBER

BC399963

FILED
LOS ANGELES SUPERIOR COURT

OCT 14 2008

JOHN A. CLARKE, CLERK
BY D.M. SWAIN, DEPUTY

Case assigned to Judge

1. PLAINTIFF (name): TERRY ALEXANDER

alleges causes of action against DEFENDANT (name): ARNOLD SCHWARZENEGGER / CDC

This pleading, including attachments and exhibits, consists of the following number of pages: 2

Each plaintiff named above is a competent adult

a. except plaintiff (name):

(1) a corporation qualified to do business in California

(2) an unincorporated entity (describe):

(3) a public entity (describe):

(4) a minor an adult

(a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed

(b) other (specify):

(5) other (specify):

b. except plaintiff (name):

(1) a corporation qualified to do business in California

(2) an unincorporated entity (describe):

(3) a public entity (describe):

(4) a minor an adult

(a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed

(b) other (specify):

(5) other (specify):

Information about additional plaintiffs who are not competent adults is shown in Complaint—Attachment 3.

SHORT TITLE:

ALEXANDER v GOVERNOR ARNOLD
STATE PRISON, CDC

FILE NUMBER:

4. Plaintiff (name):

is doing business under the fictitious name (specify): NO

and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person

a. except defendant (name): C.D.C. PRISON

(1) a business organization, form unknown

(2) a corporation

(3) an unincorporated entity (describe):

(4) a public entity (describe): C.D.C. PRISON

(5) other (specify):

c. except defendant (name):

(1) a business organization, form unknown

(2) a corporation

(3) an unincorporated entity (describe):

(4) a public entity (describe):

(5) other (specify):

b. except defendant (name):

(1) a business organization, form unknown

(2) a corporation

(3) an unincorporated entity (describe):

(4) a public entity (describe):

(5) other (specify):

d. except defendant (name):

(1) a business organization, form unknown

(2) a corporation

(3) an unincorporated entity (describe):

(4) a public entity (describe):

(5) other (specify):

Information about additional defendants who are not natural persons is contained in Complaint—Attachment 5.

6. The true names and capacities of defendants sued as Does are unknown to plaintiff.

7. Defendants who are joined pursuant to Code of Civil Procedure section 382 are (names):

8. This court is the proper court because

a. at least one defendant now resides in its jurisdictional area.

b. the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.

c. injury to person or damage to personal property occurred in its jurisdictional area.

d. other (specify):

9. Plaintiff is required to comply with a claims statute, and

a. plaintiff has complied with applicable claims statutes, or

b. plaintiff is excused from complying because (specify):

08/15/08

10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a. Motor Vehicle
- b. General Negligence
- c. Intentional Tort
- d. Products Liability
- e. Premises Liability
- f. Other (specify):

11. Plaintiff has suffered

- a. wage loss
- b. loss of use of property
- c. hospital and medical expenses
- d. general damage
- e. property damage
- f. loss of earning capacity
- g. other damage (specify):

12. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. listed in Complaint—Attachment 12.
- b. as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. PLAINTIFF PRAYS for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) compensatory damages
- (2) punitive damages
- b. The amount of damages is (you must check (1) in cases for personal injury or wrongful death):
- (1) according to proof
- (2) in the amount of: \$ 100,000.00

15. The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

Paragraph 6

Date: 11/15/88

TERRY ALEXANDER
(TYPE OR PRINT NAME)

Terry Alexander
(SIGNATURE OF PLAINTIFF OR ATTORNEY)

First CAUSE OF ACTION - General Negligence Page 7
(number)

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

GN-1. Plaintiff (name): TERRY Alexander

alleges that defendant (name): STATE PRISON of California / Governor Arnold

Does: 1 to 2

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on (date): January-26, 2008

at (place): Wasco State Prison

(description of reasons for liability):

1. I told Dr my Problems and he told me he can't get me out the central Valley.
2. So I put in 202 Appeal Form. I still never got out the central Valley.
3. the medical dont care. a Prisoner dont get the care they need in here.
4. Riath now im really doing Bad From the Valley Fever.

10/15/08

SHORT TITLE: T. Alexander v. Governor of State California

CASE NUMBER

CAUSE OF ACTION—Fraud

Page

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

FR-1. Plaintiff (name): TERRY Alexander

alleges that defendant (name): Arnold Schwarzenegger

on or about (date): 8-29-08 defrauded plaintiff as follows:

FR-2. Intentional or Negligent Misrepresentation

a. Defendant made representations of material fact as stated in Attachment FR-2.a as follows:

b. These representations were in fact false. The truth was as stated in Attachment FR-2.b as follows:

c. When defendant made the representations,

- defendant knew they were false, or
 defendant had no reasonable ground for believing the representations were true.

d. Defendant made the representations with the intent to defraud and induce plaintiff to act as described in item FR-5. At the time plaintiff acted, plaintiff did not know the representations were false and believed they were true. Plaintiff acted in justifiable reliance upon the truth of the representations.

FR-3. Concealment

a. Defendant concealed or suppressed material facts as stated in Attachment FR-3.a as follows:

b. Defendant concealed or suppressed material facts

- defendant was bound to disclose,
 by telling plaintiff other facts to mislead plaintiff and prevent plaintiff from discovering the concealed or suppressed facts.

c. Defendant concealed or suppressed these facts with the intent to defraud and induce plaintiff to act as described in item FR-5. At the time plaintiff acted, plaintiff was unaware of the concealed or suppressed facts and would not have taken the action if plaintiff had known the facts.

(Continued)

CAUSE OF ACTION—Premises Liability

(number)

Page _____

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

Prem.L-1. Plaintiff (name): T. Alexander

alleges the acts of defendants were the legal (proximate) cause of damages to plaintiff.

On (date): 8-28-08 plaintiff was injured on the following premises in the following

fashion (description of premises and circumstances of injury): I'm in a wheel chair from the Valley Fever for life.

Prem.L-2. **Count One—Negligence** The defendants who negligently owned, maintained, managed and operated the described premises were (names):

Does _____ to _____

Prem.L-3. **Count Two—Willful Failure to Warn** [Civil Code section 846] The defendant owners who willfully or maliciously failed to guard or warn against a dangerous condition, use, structure, or activity were (names):

Does _____ to _____

Plaintiff, a recreational user, was an invited guest a paying guest.

Prem.L-4. **Count Three—Dangerous Condition of Public Property** The defendants who owned public property on which a dangerous condition existed were (names):

Does _____ to _____

- a. The defendant public entity had actual constructive notice of the existence of the dangerous condition in sufficient time prior to the injury to have corrected it.
- b. The condition was created by employees of the defendant public entity.

Prem.L-5. a. **Allegations about Other Defendants** The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were (names):

Does _____ to _____

- b. The defendants who are liable to plaintiffs for other reasons and the reasons for their liability are described in attachment Prem.L-5.b as follows (names):

SHORT TITLE: T. Alexander

Governor of State, LA

CASE NUMBER:

CAUSE OF ACTION—Breach of Contract

Page

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

BC-1. Plaintiff (name): TERRY Alexander

alleges that on or about (date): 8-28-08

a written oral other (specify):

agreement was made between (name parties to agreement):

A copy of the agreement is attached as Exhibit A, or

The essential terms of the agreement are stated in Attachment BC-1 are as follows (specify):

BC-2. On or about (dates):

defendant breached the agreement by: the acts specified in Attachment BC-2 the following acts (specify):

BC-3. Plaintiff has performed all obligations to defendant except those obligations plaintiff was prevented or excused from performing.

BC-4. Plaintiff suffered damages legally (proximately) caused by defendant's breach of the agreement

as stated in Attachment BC-4 as follows (specify):

BC-5. Plaintiff is entitled to attorney fees by an agreement or a statute

of \$ 25,000.
 according to proof.

BC-6. Other:

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INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE ALEXANDER, G02016
Current Housing: FHD100000000E08W ✓

Date: March 3, 2008

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: WSP-H-08-00309

ASSIGNED STAFF REVIEWER: AW-CP
APPEAL ISSUE: ADA
DUE DATE: 03/24/2008

Inmate ALEXANDER, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

Wasco State Prison-Reception Center

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INMATE REQUEST FOR INTERVIEW

DATE 1-16-08	TO M. URIAZ CC II	FROM (LAST NAME) Terry Alexander	CDC NUMBER G-02016
HOUSING H-1-1752	BED NUMBER	WORK ASSIGNMENT N/A	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) N/A			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

DEAR M. URIAZ I have Valley Fever and I am ask for a emergency transfer to CI or lab.

INTERVIEWED BY COT R. MARTINEZ	DATE 1/23/08
DISPOSITION I still have not recieved your C-File. When I do; you will be processed appropriately to meet you Medical & Case Factor needs.	

RECEIVED
CORRECTIONS
1-23-08

ADA REQUEST/RE-CATEGORIZATION AND CORRECTION FORM

To: Inmate Alexander, CDC#: G02016
Housed at ~~HL1-176~~, Wasco State Prison

January 8, 2008

Your request for an accommodation is being returned to you for the following reason(s):

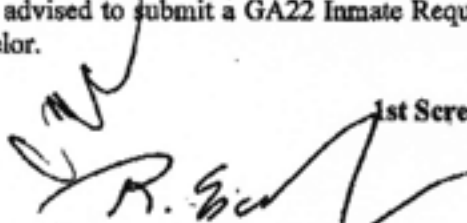
- You have already submitted a request on this same issue. Log #: WSP 07- . CCR 3084.3(c)(2)
- In your request, you are requesting a transfer solely for medical treatment. [ARP §IV.23.b]
- In your request, you are complaining about pain and you are requesting medical treatment with no indication that program access has been impeded. [ARP §IV.23.b]
- In your request, you are requesting medical treatment for a condition that does not substantially limit a major life activity as defined in the Armstrong Remedial Plan. [ARP §IV.23.b]
- You have submitted a request for A1/A status based upon your physical limitation. While your condition may fall under the Americans with Disabilities Act, it does not impact your placement. Pursuant to the Armstrong Remedial Plan, A1/A status is only available to inmates whose disability impacts placement and those who are undergoing dialysis treatment or those assigned to the Department's Developmental Disability Program. Qualifying inmates may file a CDC Form 1824 to request accommodation for an extended stay. Since you do not qualify for accommodation for an extended stay based upon your described disability, you are not qualified to request A1/A status.. [ARE §ILA]
- You are requesting a Second Formal Appeal Level review. However, you have not explained your dissatisfaction with the First Formal Appeal Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the first level response and suggest an appropriate resolution. [ARP §IV.23.e]
- Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Your non-ADA issue(s) has been recorded on a CDC Form 602, Inmate/Parolee Appeal Form. [ARP §IV.23.b]
- Misuse of CDC Form 1824. [ARP §IV.23.b] Your appeal was converted to a CDC Form 602, Inmate/Parolee Appeal Form.
- Please reattach your First Formal Appeal Level response and all related documents.
- Your appeal was not converted into a CDC Form 602, Inmate/Parolee Appeal Form, because it does not meet the criteria to be accepted as an appeal under the Inmate Appeals System pursuant to CCR §3084.1(a).

Remark(s): You arrived on January 3, 2007 and wrote your request for transfer three days later. You state you have medical problems and request emergency transfer to CIM. If you require medical treatment you may submit a CDC 7362 Health Care Service Request form directly to the medical department. Since you are currently undergoing reception center processing to determine the best facility to handle both your medical and case factor, your request for specific transfer is premature. If you wish to discuss your transfer needs, you are advised to submit a GA22 Inmate Request for Interview form to your assigned correctional counselor.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE!

Please correct the indicated problems and return your request.

Note: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with the above directives.

1st Screen Out


R. ESCALANTE CC II
Appeals Coordinator
Wasco State Prison - Reception Center

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY: 18. ADA
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2008 JAN -8 AM 9:13

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME(PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
TERRY ALEXANDER		N/A	N/A	

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: Wheel chair disabilities, I'm having medical problem in knees. I have Valley Fever.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

DESCRIBE THE PROBLEM:

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

A emergency transfers to C.I.M or C.R.H

Terry Alexander
INMATE/PAROLEE'S SIGNATURE

1-16-08
DATE SIGNED

