

# EXHIBIT A

---

# INMATE REQUEST FOR ASSISTANCE FROM THE COURT

(Only for inmates who claim to have a disability)

Page 1 to be completed by the inmate (assistance may be provided if requested/needed)

Name: CHARLES KIRVIN CDCR# AN - 3903 Prison: C.S.P. - LAC

Yard/Facility: D3 Cell/Bed # 136

City: LANCASTER State: CA Zip code: 93539

Today's date: Jan. 6, 2020

Presiding Judge: The Honorable \_\_\_\_\_

Court name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dear Judge,

I am an inmate currently housed at C.S.P. - LAC  
(write name of prison/institution)

A. I have a case pending in your court: Please circle either Yes / No

Case name: CHARLES T. KIRVIN vs. L. GRANT, LEGAL Correctional Official, et al.  
(write the case name if there is a case pending in the court)

Case number: 2:18-CV-07998-AG-SS/9th Cir. CASE #19-55857  
(write the case number if there is a case pending in the court)

OR

B. I would like to file a case in your court: Please circle either Yes / No

MY CIVIL ACTION LAW SUIT WAS DISMISS FOR FAILURE TO PROSECUTE

AS AN RESULT OF DENIAL OF LAW LIBRARY which was beyond my control.  
(explain the reason(s) for wanting to file a case in the court)

I claim to have a disability covered under the Americans with Disabilities Act (ADA). This disability makes it hard for me to read, write, and/or understand material regarding my case. In order for me to proceed with my case, I ask the court to provide me:

ASSIGNMENT OF COUNSEL and/OR LEGAL ASSISTANCE

(explain what you're requesting from the court and/or what type of assistance is needed)

Respectfully,

Charles T. Kirvin AN - 3903  
(Inmate signature) (CDCR number)

This form shall not be modified

**Page 2 to be completed by a CDCR employee**

Presiding Judge: The Honorable \_\_\_\_\_  
Court name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inmate name: CHARLES T. Kirvin CDCR#: AN - 3903

This above named inmate was assisted in scribing this letter by:

S. BERMUDEZ LEUTENANT  
(print employee name) (print employee classification/position)

This assistance was given to satisfy obligations of the California Department of Corrections and Rehabilitation (CDCR) under the terms of two court ordered remedial plans. Both Armstrong v. Schwarzenegger and Clark v. California are federal civil rights actions brought pursuant to the Americans with Disabilities Act (ADA). Under the terms of the remedial plans, the CDCR is obligated to advise the court that the above inmate is claiming a disability and is requesting a reasonable accommodation under the ADA. This letter satisfies the Department's obligation.

The above named inmate is unable to effectively communicate with the court or fully prosecute this action due to his/her claimed disability.

**INMATE'S CLAIMED DISABILITY:**

(examples include low cognitive functioning, and visual impairment)

Low Cognitive Functioning due to Paranoia & Visual/Auditorial Hallucination  
(indicate the claimed disability)

**INMATE'S REQUESTED ACCOMMODATION(S):**

(some examples may include assignment of counsel, and large print materials)

I am REQUESTING LEGAL ASSISTANCE / COUNSEL  
(indicate the requested accommodation(s))

\_\_\_\_\_  
(employee printed name) (employee signature)  
S. BERMUDEZ / LT / S. Bermudez  
(employee classification/position)

**This form shall not be modified**