

EXHIBIT - A

12-5297

OFFICE OF THE CLERK
COURT OF APPEAL
Third Appellate District
State of California

914 Capitol Mall
Sacramento, CA 95814-4814
916.654.0209
www.courts.ca.gov

ANDREA K. WALLIN-ROHMAN
Clerk/Executive Officer
COLETTE M. BRÜGGMAN
Assistant Clerk/Executive Officer

December 28, 2021

Michael Farrell, Senior Assistant Attorney General
Office of the State Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

Re: In re JEAN MAX DARBOUZE on Habeas Corpus
C095285

Dear Counsel:

A petition for writ of habeas corpus has been filed in the above case. Before acting on this matter, the court requests respondent serve and file with this court an informal written response to the petition by January 12, 2022. In its informal written response, respondent shall address all issues raised in the petition, including but not limited to whether prison officials are taking constitutionally inadequate preventive measures to prevent the spread of COVID-19.

Petitioner's reply to the informal written response, if any, is to be served on the Attorney General and filed with this court within 15 days after the filing of the informal written response.

Very truly yours,

ANDREA K. WALLIN-ROHMAN
Clerk/Executive Officer

David Welton

By: David Welton
Deputy Clerk

cc: See Mailing List

MAILING LIST

Re: In re JEAN MAX DARBOUZE on Habeas Corpus
C095285

Copies of this document have been sent by mail to the parties checked below unless they were noticed electronically. If a party does not appear on the TrueFiling Servicing Notification and is not checked below, service was not required.

Office of the State Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

Jean Max Darbouze
CDC #: BF9142
High Desert State Prison
P.O. Box 3030
Susanville, CA 96127-3030

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FILED
Clerk of the Superior Court
County of Lassen

SEP 23 2021

By

DEPUTY CLERK

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LASSEN

In the Matter of the Petition of) Case No. CHW3620
)
) ORDER DENYING PETITION FOR WRIT OF
 JEANMAX DARBOUZE,) HABEAS CORPUS
)
)
 For Writ of Habeas Corpus)
)

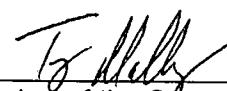
Petitioner, in the custody of the California Department of Corrections and Rehabilitation and incarcerated at High Desert State Prison (HDSP) in Susanville, filed a habeas corpus petition in Lassen County on April 30, 2021 – seeking a court order for his early release on the grounds that his continued incarceration by the California Department of Corrections and Rehabilitation (CDRC), amidst the recent COVID-19 pandemic and in light of his medical conditions, constitutes a violation of his Constitutional rights.

Neither the Petition nor the attachments thereto show that Petitioner has exhausted his administrative remedies or demonstrated that the court should find good cause to excuse the failure to exhaust administrative remedies.

A petitioner bears a heavy burden initially to plead sufficient grounds for relief. A petition for writ of habeas corpus should: (1) state fully and with particularity the facts on which relief is sought; and (2) include copies of reasonably available documentary evidence supporting the claim. (People v. Duvall (1995) 9 Cal. 4th 464, 474.)

1 Upon consideration of the Petition and attachments, the court finds that Petitioner has
2 failed to exhaust administrative remedies and has failed to show that further pursuit of
3 administrative remedies would not further the purpose of the exhaustion doctrine. (See *In re*
4 *Dexter* (1979) 25 Cal. 3d 921, 925-926.) Accordingly, the Petition is DENIED.
5
6

7 Dated: 9-23-21


8 _____
9 Judge of the Superior Court

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN
2610 RIVERSIDE DRIVE
SUSANVILLE, CALIFORNIA 96130

To: JEAN MAX DARBOUZE
PO BOX 3030 CDC#BF9142
SUSANVILLE CA 96127

RE: DARBOUZE, JEAN

Case No: CHW3620

NOTICE/AFFIDAVIT OF SERVICE OF

=====

YOU ARE HEREBY NOTIFIED THAT SERVICE OF THE FOLLOWING:

C.C.R.C. AGREEMENT/ORDER
 WRIT OF HABEAS CORPUS
 STATUS MEMO OF _____
 REPORT OF: _____

MINUTE ORDER OF _____
 OSC RE: _____
 OTHER *Order denying Writ*
 MINUTES OF _____

Was served by mail/email to the parties and or counsel listed below or served by hand delivery to Counsel/Agency to an in house mailbox box located at Lassen Superior Court Hall of Justice at 2610 Riverside Drive Susanville, CA 96130 on the date of: *9/24/21*.

CC: CCRC []

DATE: 9/24/21

CLERK OF THE SUPERIOR COURT

DEPUTY CLERK/SUPERVISOR/MANAGER
S. MOSS

Parties/Attorneys of Record:

LASSEN COUNTY DISTRICT ATTORNEY (530) 251-8283
ATTORNEY GENERAL-SACRAMENTO OFFICE (916) 210-7353
JEAN MAX DARBOUZE
JASON PICKETT

DECLARATION OF SERVICE BY MAIL. I declare that I served this notice by enclosing a true copy in a sealed envelope, addressed to each person whose name is shown above, and by depositing the envelope with postage fully prepaid, in the United States Mail at Susanville, CA. on the date shown above. COURT EXECUTIVE OFFICER, by S. MOSS

Name: JEAN MAX DARBOUZE
 Address: P. O. BOX 3030
SUSANVILLE, CA
96127
CDR # BF 9142
A-3-127

CDC or ID Number: BF 9142

SUPERIOR COURT, STATE OF
CALIFORNIA
COUNTY OF LASSEN

(Court)

JEANMAX DARBOUZE
 Petitioner
 vs.
JASON PICKETT
 Respondent

PETITION FOR WRIT OF HABEAS CORPUS

No. _____

(To be supplied by the Clerk of the Court)

INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.

• Read the entire form *before* answering any questions.

• This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.

• Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."

• If you are filing this petition in the superior court, you only need to file the original unless local rules require additional copies. Many courts require more copies.

• If you are filing this petition in the Court of Appeal, file the original of the petition and one set of any supporting documents.

• If you are filing this petition in the California Supreme Court, file the original and 10 copies of the petition and, if separately bound, an original and 2 copies of any supporting documents.

• Notify the Clerk of the Court in writing if you change your address after filing your petition.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court (as amended effective January 1, 2018). Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

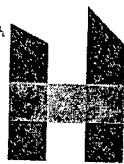


EXHIBIT # (1)

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: **APR 08 2022**

To: DARBOUZE, JEAN (BF9142)
C 013 1116001LP
Mule Creek State Prison
P.O. Box 409099
Ione, CA 95640

Tracking #: MCSP HC 22000226

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue

Issue: Medication
(Med Discontinued / Denied)
Issue: Scheduling
(Registered Nurse (RN) Triage)
Issue: Scheduling
(Follow-Up)

Description

You state MCSP doctors are refusing to refill Linzess for constipation.

You state you have made many requests regarding Linzess, with no response.

You report suffering with bad pain in abdomen every day due to infection in colon.

INTERVIEW

Pursuant to California Code of Regulations, Title 15, Section 3999.228(f)(1), an interview was not conducted as you did not request one by initialing the appropriate box on the CDCR 602 HC, Health Care Grievance.

INSTITUTIONAL LEVEL DISPOSITION

No intervention. Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. You are enrolled in the Chronic Care Program, where your medical conditions and medication needs are closely monitored. Progress notes indicate there is a plan of care in place and the primary care provider (PCP) has discussed the plan of care with you.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

A review of your medical records indicates you submitted a CDCR 7362 Health Care Services Request Form (7362) on December 30, 2021, regarding Linzess, and were seen by the Registered Nurse (RN) the following day. The RN deferred the issue to your upcoming PCP appointment to discuss irritable bowel syndrome (IBS).

Upon receipt of this grievance, Health Care Grievance Office staff submitted a 7362 on your behalf for complaint of abdominal pain and request to restart Linzess. You were seen by the RN on February 10, 2022, at which time the RN noted your history of chronic constipation that is only relieved with Linzess; however, you were not provided the medication upon transfer to MCSP in December. You submitted a 7362 reporting no bowel movement for four days on February 16, 2022, and were seen by the RN the following day, who notified the PCP of your request for Linzess. On February 17, 2022, the PCP placed an order for Linzess, and you were subsequently seen by the PCP on February 23, 2022, who noted your concerns had resolved since restarting Linzess. Your medication profile currently reflects an active order for linaclotide (Linzess) 290mcg daily, self-administered (KOP), with a stop date of August 16, 2022.

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.

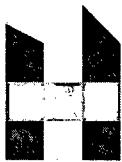
By [Signature]
M. Ullery, MD
Chief Physician & Surgeon
Health Care Grievance Office
Mule Creek State Prison

4/5/22
Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.



(3)

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: **MAY 17 2022**

To: DARBOUZE, JEAN (BF9142)
C 013 1116001LP
Mule Creek State Prison
P.O. Box 409099
Ione, CA 95640

Tracking #: MCSP HC 22000495

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Chronic Care (Asthma/COPD/Pulmonary)	To be provided a "breathing machine".
Issue: Chrono Issues (Single Cell)	To be provided single cell housing accommodation Chrono until a breathing machine can be provided.

INTERVIEW

On April 15, 2022, you were interviewed by M. Martinez, Health Care Appeals Registered Nurse, regarding this health care grievance. During the interview, you were allowed the opportunity to fully explain your health care grievance issue(s).

INSTITUTIONAL LEVEL DISPOSITION

No intervention. Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. You are enrolled in the Chronic Care Program, where your medical conditions and medication needs are closely monitored. Progress notes indicate there is a plan of care in place and the primary care provider (PCP) has discussed the plan of care with you.

A review of your medical records indicates you were seen by the Registered Nurse (RN) on March 11, 2022, for your CDCR 7362 Health Care Services Request Form requesting a "breathing machine" for asthma. The PCP co-consulted, noting that nebulizers are not available due to the current COVID-19 restrictions. You then

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

requested a single cell; however the PCP advised you to defer the request to your Correctional Counselor if it was in regard to safety concerns. Your medication profile currently indicates active orders for Dulera 200 mcg inhaler two puffs twice daily for asthma maintenance, and Xopenex HFA 45mcg inhaler one puff daily as needed for shortness of breath or wheezing.

Your providers did not document health concerns that would preclude housing you in a shared cell environment. Per the Health Care Department Operations Manual, Section 3.6.2, Comprehensive Accommodation, except for control of infectious disease or for mental health reasons as recommended by a Mental Health Interdisciplinary Treatment Team, housing (single cells, cell housing, dormitory housing) is not considered a medically necessary accommodation and will not be ordered by health care staff. Per California Code of Regulations, Title 15, Section 3269(f), "In cases where single cell status is recommended by clinical staff due to mental health or medical concerns, a classification committee shall make the final determination of an inmate's cell assignment." As such, it is recommended you address your concerns with your Correctional Counselor, other appropriate custody staff, or through the Institutional Classification Committee process.

Use of aerosol-generating procedures (AGP), including continuous positive airway pressure (CPAP) and nebulizer treatments, may increase the risk of COVID-19 transmission. As such, California Correctional Health Care Services is following recommendations to reduce AGP risk, including identification of viable effective alternative treatments and temporary discontinuation of non-essential use of AGPs during the COVID-19 pandemic. If AGPs are deemed medically necessary, staff will take necessary precautions to minimize the risk of COVID-19 transmission.

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically necessary health care services. It is apparent from the review of your health records that your treatment here at Mule Creek State Prison has been appropriate and timely. This institution's health care service endeavors to provide appropriate medical care treatment commensurate with the community health care standards.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

~~#~~ (5)

J.DARBOUZE, BF9142
MCSP HC 22000495
Page 3 of 3

headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.

5/16/22
M. Ullery, MD
Chief Physician & Surgeon
Health Care Grievance Office
Mule Creek State Prison

5/16/22
Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

STAFF USE ONLY

Expedited? Yes No

Tracking #:

MCSP-HC

#22000495#

M. Martinez, HCARN

Br18122

Staff Name and Title (Print)

Signature

Date

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Darbouze, Jean Max

CDCR #:

Unit/Cell #:

BFG9142

C-13-116

SECTION A:

Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

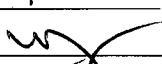
SEE ATTACHED
CDC-1824/602

Supporting Documents Attached. Refer to CCR 3999.227 Yes No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____	
<input type="checkbox"/> Withdrawn (see section E)	
<input checked="" type="checkbox"/> Accepted	Assigned To: HCGO Title: RN Date Assigned: 3/22/22 Date Due: 5/23/22
Interview Conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: 4/15/22 Interview Location: e Mod
Interviewer Name and Title (print): M. Martinez, HCARN Signature: 	Date: 4/15/22
Reviewing Authority Name and Title (print): M. Martinez Signature: 	Date: 5/11/22
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention	
HCGO Use Only: Date closed and mailed/delivered to grievant: MAY 17 2022	

1. Disability Code:	2. Accommodation:	3. Effective Communication:
<input type="checkbox"/> TABE score ≤ 4.0	<input type="checkbox"/> Additional time	<input type="checkbox"/> Patient asked questions
<input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD	<input type="checkbox"/> Equipment <input type="checkbox"/> SLI	<input type="checkbox"/> Patient summed information
<input type="checkbox"/> DPS <input type="checkbox"/> DNH	<input type="checkbox"/> Louder <input type="checkbox"/> Slower	Please check one:
<input type="checkbox"/> DDP	<input type="checkbox"/> Basic <input type="checkbox"/> Transcribe	<input type="checkbox"/> Not reached* <input type="checkbox"/> Reached
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other*	*See chrono/notes
4. Comments: 		

RECEIVED & COMPLETED
MCSP 05/17/2022
MAR 18 2022 IS MCSP
MAY 17 2022 USE ONLY
HCGO HCGO

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
MCSP-HC

#22000495#

Tracking #:

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? Yes No

This grievance has been:

Rejected (See attached letter for instruction): Date: _____ Date: _____
 Withdrawn (see section E) Accepted
 Amendment Date: _____

Interview Conducted? Yes No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter Intervention No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant:

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

RECEIVED
COMPLETED
MCSP MCSP
MAR 18 2022 MAY 17 2022
HCCG HCCG

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

STAFF USE ONLY

Tracking #:

MCSP-HC #22000495#

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

DARBOUZE, JENNIFER

CDCR Number:

Unit/Cell Number:

BF9142 C-13-116

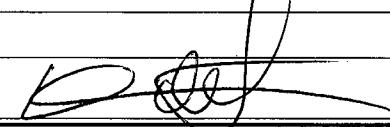
SECTION A: Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

SINCE DECEMBER, 22, 2022 I ASKED MY DOCTOR TO ISSUE ME A BREATHING MACHINE FOR MY ASTHMA/COPD. BUT THE DOCTOR STATED THAT CDCR'S OFFICIALS STOPPED ISSUE THOSE MACHINES TO INMATES. I TOLD HIM MY ASTH/COPD CAUSING PROBLEM WITH MY CELL MATE. THEY CLAIMED I KEPT THEM AWAKE EVERY NIGHT. I ASKED THE DOCTOR ON MARCH 12, 2022 TO RECOMMEND A SINGLE CELL FOR TEMPORARILY FOR ME. HE DENIED MY REQUEST FOR SINGLE CELL. I DO NOT HAVE ANY CONTROL OVER MY ASTHMA/COPD.

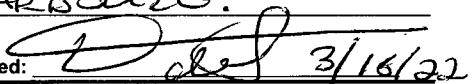
I REQUEST A SINGLE CELL BECAUSE THEY DO NOT HAVE BREATHING MACHINE ANY MORE, OR UNTIL THEY CAN GIVE ME ONE. I AM UNDERLYING MEDICAL HEALTH CONDITIONS.

RESPECTFULLY SUBMITTED
JENNIFER DARBOUZE.

Grievant Signature:



Date Submitted:

 3/16/22

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title: _____ Signature: _____ Date: _____

RECEIVED COMPLETED
MCSP MAR 18 2022 MCSP MAY 17 2022
HCGO HCGO

STAFF USE ONLY

MCSP-HC

Tracking # **#22000495#**

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

1998 SIGNALS AND SYSTEMS

藏文大藏经

• 170 •

Grievant Signature:

Date Submitted:

SECTION D: Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (If necessary at HQ Level).

Name and Title: _____ Signature: _____ Date : _____

Signature: _____ **Date :** _____

Date : _____

RECEIVED ~~COMPLETE~~ MCSP MCSP
MAR 18 2022 MAY 17 2022

STAFF USE ONLY

4CGO 4CGO

Distribution: Original - Returned to grievant after completed, **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

ADA/Effective Communication Patient Summary**As of: 03/18/2022 07:24****Patient Information**

NAME: DARBOUZE, JEAN
CDCR: BF9142.

Testing of Adult Basic Education (TABE)**TABE Score:** 04.6**TABE Date:** 10/04/2018 00:00**Disability Placement Program****Current DPP Code(s):**

DPP Verification/Accommodation Date: 02/23/22
13:56:44 PST

Current Housing Restrictions/Accomodations:

- * No Rooftop Work/Hazardous Restriction
- * Special Cuffing
- * Bottom Bunk
- * Ground Floor- Limited Stairs

Methods of Communication**SLI:****Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****Learning Disabilities****Learning Disabilities:****English Proficiency****LEP:** No**Primary Language:** English**Durable Medical Equipment****Current ISSUED DME:** Eyeglass Frames Permanent**Dental Prosthetic:****Dental Prosthetic Date:****MHSDS****MHLOC:** CCCMS

EMERGENCY 602 complaint

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Expedited? Yes No

Tracking #:

MCSP-HC

#22000226#

D MANTLE RW

Staff Name and Title (Print)

Signature

Date

2/9/22

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDR 602 HC A Health Care Grievance Attachment. Only one CDR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

DARBOUR JEANMAX

CDCR #:

BF9142

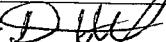
Unit/Cell #:

C-11-203

SECTION A:

Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

ON DECEMBER 13TH, 2021 I ARRIVED AT MULE CREEK STATE PRISON. I HAVE BEEN TAKING LINZESS FOR A BAD CONSTIPATION OVER 2 YEARS. THIS IS THE ONLY MEDICATIONS IS WORKING. BUT THE DOCTORS AT MULE CREEK'S FACILITY IS REFUSING TO REFILL MY MEDICATIONS FOR CONSTIPATION. I MADE MANY REQUESTS TO THEM NO RESPONSE. MY LAST 30 PILLS FINISHED SINCE JANUARY 12TH, 2021. NOW I AM SUFFERING WITH A BAD PAIN IN MY ABDOMEN EVERY DAY. BECAUSE I HAVE AN INFECTION MY COLON AND A CYST IN MY LIVER. I WOULD LIKE TO HAVE MY MEDICATIONS ASK

Supporting Documents Attached. Refer to CCR 3999.227 Yes NoGrievant Signature: 

Date Submitted: 2/10/22

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. 

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
This grievance has been:		
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____		
<input type="checkbox"/> Withdrawn (see section E)		
<input checked="" type="checkbox"/> Accepted	Assigned To: <u>HCGO</u>	Title: <u>TRN</u>
Interview Conducted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Interview: _____
Interviewer Name and Title (print):	Signature: _____ Date: _____	
Reviewing Authority Name and Title (print):	Signature: <u>M. Mullen MD</u> Date: <u>4/15/22</u>	
Disposition: See attached letter	<input checked="" type="checkbox"/> Intervention <u>85</u> <input type="checkbox"/> No Intervention	
HCGO Use Only: Date closed and mailed/delivered to grievant: <u>APR 08 2022</u>		

1. Disability Code:	2. Accommodation:	3. Effective Communication:
<input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	<input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*
Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>		
RECEIVED MARCH 10 2022 FEB 11 2022 MCSP APR 8 2022 STAFF USE ONLY HCGO HCGO		
4. Comments: <u>None</u>		

(10)

PART I: TO BE COMPLETED BY THE PATIENT												
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.												
REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input checked="" type="checkbox"/>								
NAME	CDCR NUMBER		HOUSING									
DARROUZE JEAN	BF 9142		C-13-116									
PATIENT SIGNATURE			DATE									
5/6/22												
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem)												
I AM OUT OF TYLENOL AND ACCID REFILL MEDICATIONS. AND ASTHMA/COPD.												
PLEASE REFILL THOSE MEDICATIONS.												
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM												
PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE												
Date / Time Received:	05/05/22	Received by:	K. Tabora RN BSN									
Date / Time Reviewed by RN:	15/9/22	Reviewed by:	AMB-BG									
S:	15/9/22	Pain Scale:	1	2	3	4	5	6	7	8	9	10
NO ACTIVE ORDER(S) ON FILE												
SEE MEDICATION NURSE												
O:	T:	P:	R:	BP:	WEIGHT:							
A:	JR											
P:												
<input type="checkbox"/> See Nursing Encounter Form												
E:												
APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) <input type="checkbox"/>	URGENT (WITHIN 24 HOURS) <input type="checkbox"/>	ROUTINE (WITHIN 14 CALENDAR DAYS) <input type="checkbox"/>									
REFERRED TO PCP:	DATE OF APPOINTMENT:											
COMPLETED BY	NAME OF INSTITUTION											
PRINT / STAMP NAME	SIGNATURE / TITLE			DATE/TIME COMPLETED								

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state law.

Distribution: Original - Health Record ; Copy - Patient

11

* Auth (Verified) *

10/8/2014 4:31:36 PM San Antonio Community Hospital 9099852811 Page 2 of 4

(CDC# BF9142)

San Antonio Community Hospital
999 San Bernardino Road, Upland, CA 91786 (909) 985-2811

Patient Name: DARBOUZE, JEANMAX

MRN: 2087487

FIN: 3578800

Patient Type: Outpatient

Attending: Ho M.D., Charles Y.

DOB/Age/Sex: 02/08/1977 37 years Male

Admit/Disch.: 10/07/2014 10/07/2014

Admitting:

Ultrasound

Exam	Accession Number	Exam Date/Time	Ordering Physician
US Abdomen Complete	US-14-0020594	10/07/2014 10:41 PDT	Ho M.D., Charles Y.

Report

Report: US Abdomen Complete

Clinical history: HEPATIC CYST

Comparison: CT abdomen without and with contrast September 30, 2014

Findings:

Liver: Normal in size shape and echotexture. There is no suggestion of hepatic mass or intrahepatic biliary dilatation. The 7 mm lesion in the left lobe of the liver that was seen by CT scan is not visible by ultrasound.

Portal vein: there is normal hepatopetal flow and wide patency of the portal vein

Gallbladder: There are no visible gallstones, pericholecystic fluid or gallbladder wall thickening

Common Bile duct: 4 millimeters

Pancreas: Obscured by bowel gas

Spleen: Normal findings

Inferior Vena Cava mostly obscured by bowel gas:

Aorta: Mostly obscured by bowel gas

Right Kidney: Normal findings

Left Kidney: Normal findings

Impression: The 7 mm cystic lesion left lobe of the liver that was seen in September 30, 2014 is not visible by ultrasound

dictated by: John C Goffigan M.D. on 10/7/2014 10:56 AM

***** Final Report *****

Dictated: 10/07/2014 10:56 Goffigan M.D., John C.

Electronically signed: 10/07/2014 11:06

Radiologist: Goffigan M.D., John C.

LEGEND:	c=Corrected	*=Abnormal	!=Critical	L=Low	H=High	f=Footnote	^=Interpretive Data
Chart Request ID:	6675555						Page 1 of 1
Printed by:	Pintor, Maria						Print Date/Time: 10/08/2014 16:06

RECEIVED OCT 09 2014

CONFIDENTIAL
COPY

STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST FORM
 CDCR 7362 (Rev. 03/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

PART I: TO BE COMPLETED BY THE PATIENT

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDCR NUMBER		HOUSING	
DARBOUR JESS	BF 9142		A-3-127	
PATIENT SIGNATURE			DATE	
<i>J. D. D.</i>			9/27/20	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem)

I AM REQUESTING A COPY OF MY M.R.T / ALTO SOUND FROM MY DOCTOR. MR. YOUNG AS SOON AS POSSIBLE. YOU HAVE IT IN YOUR RECORDS. THANK YOU!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received:	Received by:
7/30/2020 0647	<i>7/30/2020 0647</i>
Date / Time Reviewed by RN:	Reviewed by:
	<i>7/30/2020 0647</i>

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:
0 1 2 3 4 5 6 7 8 9 10

A:
0 1 2 3 4 5 6 7 8 9 10

P:
0 1 2 3 4 5 6 7 8 9 10

See Nursing Encounter Form
0 1 2 3 4 5 6 7 8 9 10

E:
0 1 2 3 4 5 6 7 8 9 10

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) <input type="checkbox"/>	URGENT (WITHIN 24 HOURS) <input type="checkbox"/>	ROUTINE (WITHIN 14 CALENDAR DAYS) <input type="checkbox"/>
------------------------------	---	--	---

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED
--------------------	-------------------	---------------------

* Auth (Verified) *

10/8/2014 4:31:36 PM San Antonio Community Hospital 9099852811 Page 3 of 4

(COC#BF9142)

San Antonio Community Hospital
999 San Bernardino Road, Upland, CA 91786 (909) 985-2811

Patient Name: DARBOUZE, JEANMAX

MRN: 2087487

FIN: 3576540

Patient Type: Outpatient

Attending: Ho M.D., Charles Y.

DOB/Age/Sex: 02/08/1977 37 years Male

Admit/Disch.: 09/30/2014 09/30/2014

Admitting:

Computed Tomography

Exam	Accession Number	Exam Date/Time	Ordering Physician
CT Abdomen w/ + w/o Contrast	CT-14-0020495	09/30/2014 14:35 PDT	Ho M.D., Charles Y.

Report

Report: CT Abdomen w/ + w/o Contrast

Clinical history: ABD PAIN LLQ

Technique: Axial images were obtained on a CT scanner. Coronal reformations were created from the axial images.

Contrast: 85 ml of Omnipaque 350. Oral contrast.

CTDI volume (mGy) = 46.2

DLP (mGy cm) = 1427.7

Comparison: none

Findings: The gallbladder, spleen, pancreas, adrenal glands, and kidneys appear unremarkable. No calcifications were demonstrated in the kidneys or visualized ureters. Urinary bladder was incompletely visualized. There is a fat-containing umbilical hernia. Multiple diverticuli appear in the colon. The appendix was not visualized. There is a small low-density lesion left lobe of the liver measuring approximate 7 mm in average density measurement of essentially zero Hounsfield units.

IMPRESSION: Small fat-containing umbilical hernia.

Diverticulosis.

Small liver hypodensity probably reflecting a cyst.

dictated by: James S Akamine M.D. on 9/30/2014 2:46 PM
***** Final Report *****

Dictated: 09/30/2014 14:46 Akamine M.D., James S.

Electronically signed: 09/30/2014 14:56

Radiologist: Akamine M.D., James S.

LEGEND:	c=Corrected	“=Abnormal	t=Critical	L=Low	H=High	f=Footnote	“=Interpretive Data
Chart Request ID:	6675556						
Printed by:	Pintor, Maria						

Page 1 of 1
Print Date/Time: 10/08/2014 16:06

Patient Name: DARBOUZE, JEAN MAX
Date of Birth: 2/8/1977

MRN: BF9142
FIN: 10000000312188618BF9142

* Auth (Verified) *

Darbouze, Jean
ID: BF9142
DOB: 02-Aug-1977
41yr, Male

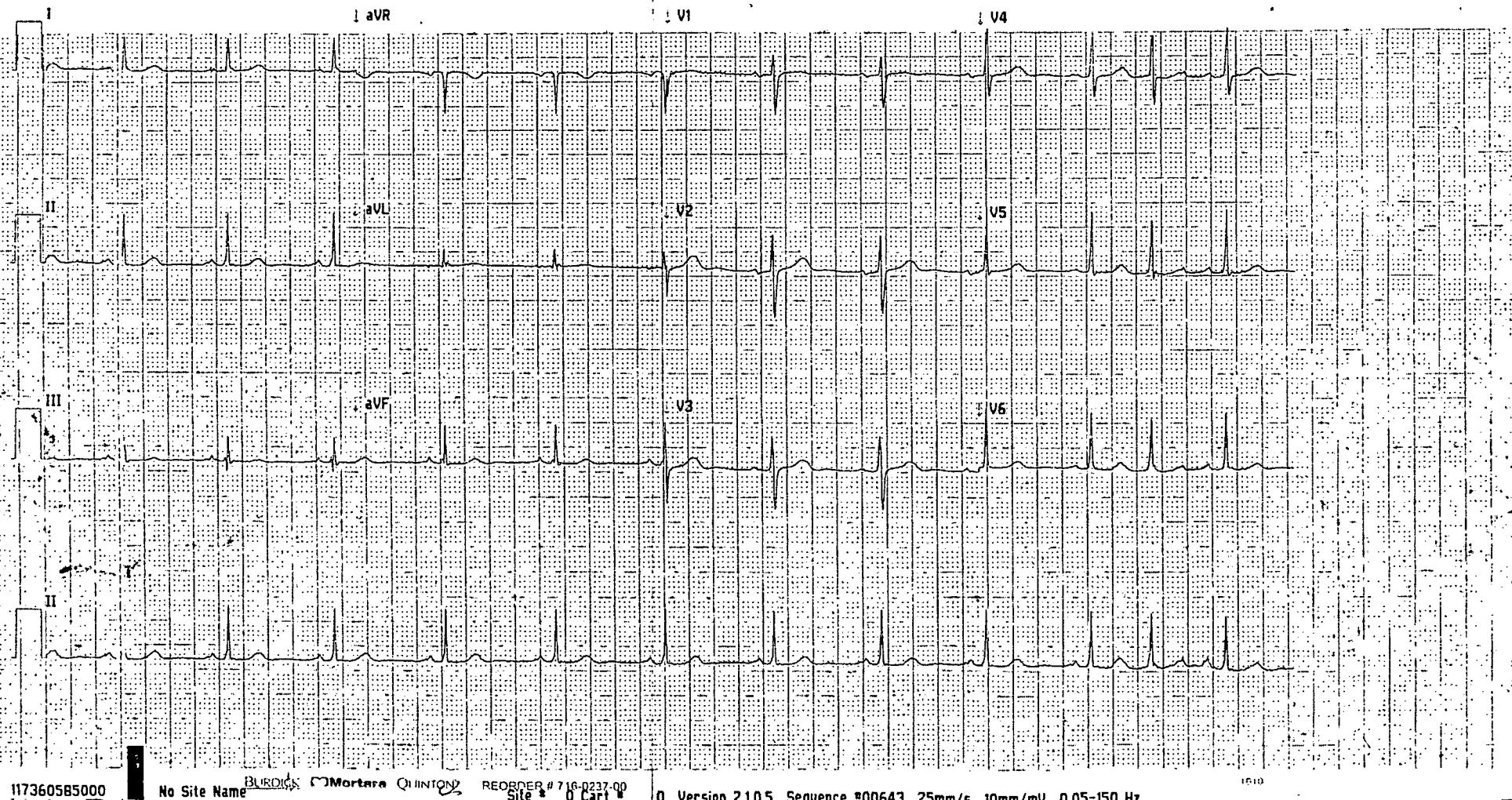
12-Apr-2019 12:26:29
Vent rate: 74 BPM
PR int: 159 ms
QRS dur: 80 ms
QT/QTc: 360/388 ms
P-R-T axes: 66 49 42

SINUS RHYTHM WITH OCCASIONAL SUPRAVENTRICULAR PREMATURE COMPLEXES
BORDERLINE ECG

UNCONFIRMED REPORT

KHM
4/12/19
bx
but n/o
no findings?

CONFIDENTIAL COPY



ETHB1 - C

JENAMAX DAIRYHOUSE #BF9142
MULLE CREEK STATE PRISON

P.O. BOX 409060

TOVNE, CA 95640

IN THE SUPREME COURT OF THE

STATE OF CALIFORNIA

APPELLATE DISTRICT, CASE NO:

C 095285

MOTION FOR 30 DAYS

EXTENSIION.

I, JENAMAX DAIRYHOUSE, DECLARE THAT I AM THE

PETITIONER TO THE ABOVE-REFERENCED MISTER,

THAT I AM REQUESTING 30-DAYS EXTENSION

TO ANSWER THE RESPONDENT PETITION.

BECAUSE I RECEIVED THE RESPONDENT'S

PETITION ON MARCH 22, 2022 AT 4:15PM

I NEEDED MORE TIME TO DO SOME RESEARCH

ABOUT THIS ISSUE. THE LNU LIBRARY IS CLOSE

DUCE TO MARCH TERM ARE SICK WITH

Covid-19 IN THE BUILDING #11. WE RECEIVED

ARE IN THE LOCKDOWN AGAIN. MAR 28 2022

CLERK SUPREME COURT

JENAMAX DAIRYHOUSE

EXHIBIT C

3/22/22

93671



JÉAN MAX DARBOUZE # BF 9142

MULE CREEK STATE PRISON

P. O. BOX 409060

IONE, CA 95640

C-13-116

ZIP CODE
94531-163000

To: SUPREME COURT OF
CALIFORNIA
350 MC ALLISTER STREET
SAN FRANCISCO, CA 94101

Exhibit - C

1st Court of Appeal

California Statewide Electronic Filing and Tracking System MAR 28 2022

Court of Appeal, Third Appellate District - No. C095285 Jorge Navarrete Clerk

S273522 Deputy

IN THE SUPREME COURT OF CALIFORNIA

En Banc

In re JEAN MAX DARBOUZE on Habeas Corpus.

The petition for review is denied.

This denial is without prejudice to petitioner filing in the Amador County Superior Court a petition for writ of habeas corpus challenging his current conditions of confinement. This court recognizes the recent surge in active cases of COVID-19 at Mule Creek State Prison, including over 400 cases in January. (Evid. Code, § 452, subds. (c), (h); Cal. Dept. of Corrections and Rehabilitation, Population COVID-19 Tracking (Mar. 28, 2022) <https://www.cdcr.ca.gov/covid19/population-status-tracking/> [as of Mar. 28, 2022].)

If such a petition is filed, the superior court is hereby reminded that, as set forth in prior orders of this court, it is to engage all available procedural tools to ensure the timely and fair resolution of the issues that may be presented. (See *Marshall v. Superior Court*, S263043, Supreme Ct. Mins., July 15, 2020, p. 908; *National Association of Criminal Defense Lawyers v. Newsom*, S261827, Supreme Ct. Mins., May 4, 2020, pp. 592–593.)

CANTIL-SAKAUYE

Chief Justice



Supreme Court of California

JORGE E. NAVARRETE
CLERK AND EXECUTIVE OFFICER
OF THE SUPREME COURT

EARL WARREN BUILDING
350 McALLISTER STREET
SAN FRANCISCO, CA 94102
(415) 865-7000

March 30, 2022

Jean Max Darbouze #BF-9142
Mule Creek State Prison
P.O. Box 409060
Ione, California 95640

Re: **S273522 – In re Jean Max Darbouze on Habeas Corpus**

Dear Mr. Darbouze:

Returned unfiled is your motion for extension of time, received March 28, 2022. The order of this court filed March 28, 2022, denying the above-referenced petition was final forthwith and may not be reconsidered or reinstated. Please rest assured, however, that the entire court considered the petition for review, and the contentions made therein, and the denial expresses the court's decision in this matter.

Very truly yours,

JORGE E. NAVARRETE
Clerk and
Executive Officer of the Supreme Court

By: F. Jimenez, Assistant Deputy Clerk

cc: Rec.

Enclosure



Supreme Court of California

JORGE E. NAVARRETE
CLERK AND EXECUTIVE OFFICER
OF THE SUPREME COURT

EARL WARREN BUILDING
350 MCALLISTER STREET
SAN FRANCISCO, CA 94102
(415) 865-7000

March 11, 2022

Phillip Lindsay
Senior Assistant Attorney General
Office of the Attorney General
P.O. Box 85266
San Diego, CA 92186-5266

Re: S273522 (C095285) — In re Jean Max Darbouze on Habeas Corpus

Dear Counsel:

The court has directed that I request an answer to the above referenced matter. The petition is enclosed as an email attachment. The answer is to be served upon petitioner and filed in this court on or before March 18, 2022. The answer must be electronically filed. Petitioner will then have seven (7) days in which to serve and file a reply to the answer.

Your answer should address the following: Whether petitioner has established a *prima facie* case for relief, such that this court should grant the petition for review, and transfer the matter to the Court of Appeal with instructions to issue an order to show cause. (Cal. Rules of Court, rules 8.500(b)(4), 8.528(d).) Please address the merits of each of petitioner's contentions.

Please be advised that the instant petition is a petition for review, and a ruling by the court is due on or before May 9, 2022. This request for an answer should be expedited by your office, and no request for extension of time is contemplated.

Very truly yours,

JORGE E. NAVARRETE
Clerk and
Executive Officer of the Supreme Court
/s/ J. Castillo
By: J. Castillo, Senior Deputy Clerk

Enclosures

cc: Jean Max Darbouze, petitioner
Rec.

EXHIBIT (A)

Court of Appeal, Third Appellate District
Andrea K. Wallin-Rohmann, Clerk
Electronically FILED on 2/25/2022 by B. Haskett, Deputy Clerk

IN THE

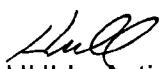
Court of Appeal of the State of California
IN AND FOR THE
THIRD APPELLATE DISTRICT

In re JEAN MAX DARBOUZE on Habeas Corpus.

Case No. C095285

BY THE COURT:

The petition for writ of habeas corpus is denied. To the extent petitioner challenges the conditions at High Desert State Prison, the petition is denied as moot. To the extent petitioner seeks to challenge the conditions at Mule Creek State Prison, including his personal risk of exposure to COVID-19, the petition is necessarily denied without prejudice to filing a new petition in the trial court supported by adequate documentation, and a showing of exhaustion of any available administrative remedies or excuse for failing to do so. (See *In re Muszalski* (1975) 52 Cal.App.3d 500; *In re Hillery* (1962) 202 Cal.App.2d 293, 294.)


HULL, Acting P.J.

cc: See Mailing List

IN THE
Court of Appeal of the State of California
IN AND FOR THE
THIRD APPELLATE DISTRICT

MAILING LIST

Re: In re JEAN MAX DARBOUZE on Habeas Corpus
C095285

Copies of this document have been sent by mail to the parties checked below unless they were noticed electronically. If a party does not appear on the TrueFiling Servicing Notification and is not checked below, service was not required.

Jean Max Darbouze
CDC #: BF9142
✓ Mule Creek State Prison
P.O. Box 409060
Ione, CA 95640

Office of the State Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

Krista L. Pollard
Office of the State Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

STATE OF CALIFORNIA
California Court of Appeal,
Third Appellate District

E-NOTICE

STATE OF CALIFORNIA
California Court of Appeal, Third Appellate District

Case Name: | **In re JEAN MAX DARBOUZE on Habeas Corpus**

Case Number: **C095285**

Lower Court Case Number:

My email address used to e-notify: **truefilingadmin@truefiling.com**

I notified by email a copy of the following document indicated below:

Title of papers e-notified:

C095285 - Order - ORDER DENYING PETITION FILED.
- 2/25/2022

PERSON SERVED	EMAIL ADDRESS	DATE / TIME
Office of the State Attorney General,	SacAWTTruefiling@doj.ca.gov	02-25-2022 10:20:26 AM
Service Tracking Id: f132781d2fa3424a90c7f139570c20d1		
Pollard, Krista	krista.pollard@doj.ca.gov	02-25-2022 10:20:26 AM
Service Tracking Id: 90de3b432c074f4b8fa7a293dbe8d01d		
B. Haskett, Court of Appeal, Third Appellate District	truefilingadmin@truefiling.com	02-25-2022 10:20:26 AM
Service Tracking Id: 21c0c0149cad42c48536c60072b63e0e		

This eNotice was automatically created, submitted and signed on my behalf through my agreements with TrueFiling and its contents are true to the best of my information, knowledge, and belief.

02-25-2022

Date

Andrea K. Wallin-Rohmann, Clerk

Clerk/Executive Officer

B. Haskett

Deputy Clerk

Court of Appeal, Third Appellate District

Court

COURT OF APPEAL, THIRD APPELLATE DISTRICT

Criminal C095285

In re JEAN MAX DARBOUZE on Habeas Corpus.

Judge:

Nature of Action: hc Habeas corpus

ATTORNEY - LITIGANTS

In propria persona

Petitioner
Jean Max Darbouze
BF9142
Mule Creek State Prison
P.O. Box 409060
Ione, CA 95640

Office of the State Attorney General (Bar No. SAGSAC-01)
P.O. Box 944255
Sacramento, CA 94244
SacAWTTruefiling@doj.ca.gov

Respondent
The People

Krista L. Pollard (Bar No. 00175603)
Office of the State Attorney General
P.O. Box 944255
Sacramento, CA 94244
(916) 210-7523
krista.pollard@doj.ca.gov

Respondent
The People

DOCKET EVENTS

12/01/2021
Petition for a writ of habeas corpus filed.

12/28/2021
E-filed document(s) attached.

Opposition requested.

Letter sent to respondent. Opposition to be served and filed by January 12, 2022. Reply if any, due 15 days thereafter.

01/12/2022

E-filed document(s) attached.

Informal response filed by:

The People, Respondent

Krista Pollard, State Attorney General

01/18/2022

Change of address filed for:

Petitioner from High Desert State Prison to Mule Creek State Prison.

01/31/2022

Requested - extension of time.

Reply filed to: Requested for 02/28/2022 By 32 Day(s)

Petitioner to 2/28/22 to file reply.

02/02/2022

E-filed document(s) attached.

Granted - extension of time.

Reply filed to: Due on 02/28/2022 By 32 Day(s)

Petitioner granted to 2/28/22 to file reply.

02/18/2022

Reply filed to:

informal response. By petitioner.

02/25/2022

E-filed document(s) attached.

Order denying petition filed.

The petition for writ of habeas corpus is denied. To the extent petitioner challenges the conditions at High Desert State Prison, the petition is denied as moot. To the extent petitioner seeks to challenge the conditions at Mule Creek State Prison, including his personal risk of exposure to COVID-19, the petition is necessarily denied without prejudice to filing a new petition in the trial court supported by adequate documentation, and a showing of exhaustion of any available administrative remedies or excuse for failing to do so. (See *In re Muszalski* (1975) 52 Cal.App.3d 500; *In re Hillery* (1962) 202 Cal.App.2d 293, 294.) HULL, Acting P.J.; HOCH, J; EARL, J.

02/25/2022

Case complete.

03/11/2022

Record transmitted to Supreme Court.

1 Vol.

03/11/2022

Petition for review filed in Supreme Court.

By Appellant (S273522).

03/14/2022

Service copy of petition for review received.
Petitioner's.

03/21/2022

Answer to petition for review received

07/15/2022

Received letter from:

Petitioner requesting a copy of the 02/25/22 denial order. Copy of order, proof of service, and docket mailed to petitioner.
