FILED

MAURICE PIERRE OLIVIER
FULL NAME

COMMITTED NAME (if different)

CALIPATRIA STATE PRISON - 7018 BLAIR
FULL ADDRESS INCLUDING NAME OF INSTITUTION

ROAD - P.O. BOX 5002 - CALIPATRIA, CA 92233

F83603
PRISON NUMBER (if applicable)

2008 NOV -7 PM 12:22

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

BY:

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

MAURICE P. OLIVIER, (550)

PLAINTIFF,

v.

L.A. CTY. BRD. OF SUPV. GLORIA MOLINA, ET. AL
L.A. CTY. SHERIFF DEPT. LEROY BACA
L.A. CTY. CENTRAL JAIL, POLICARPIO ENRIQUEZ M.D.

DEFENDANT(S).

CASE NUMBER CV08-7169 JFW (SHJ)
To be supplied by the Clerk

CIVIL RIGHTS COMPLAINT PURSUANT TO *(Check one)*

☒ 42 U.S.C. § 1983
☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☒ Yes ☐ No

2. If your answer to "1." is yes, how many? ONE

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

THE COUNTY OF LOS ANGELES OFFICIAL POLICY OF PROSECUTING FEDERAL CITIZENS BY INFORMATION FOR AN INFAMOUS CRIME PURSUANT TO PENAL CODE SECTION 682, WAS ACTION UNDER COLOR OF LAW.

LODGED

2008 OCT 30 AM 9:53
CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES
BY:

RECEIVED
CLERK, U.S. DISTRICT COURT
OCT 24 2008
CENTRAL DISTRICT OF CALIFORNIA
BY DEPUTY

a. Parties to this previous lawsuit:
Plaintiff MAURICE P. OLIVIER

Defendants COUNTY OF LOS ANGELES

b. Court UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA WESTERN DIVISION

c. Docket or case number CV-07-2961-JFW

d. Name of judge to whom case was assigned JOHN F. WALTER

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) YES - 28 U.S.C. §2253(c)(2) - YES - YES No. 07-56106

f. Issues raised: PENAL CODE SECTION 682 VIOLATES THE PRIVILEGES OF FEDERAL CITIZENS, AND THE EQUAL PROTECTION OF THE LAWS GUARANTEE PURSUANT TO THE FOURTEENTH AMENDMENT.

g. Approximate date of filing lawsuit: MAY 10, 2007

h. Approximate date of disposition PENDING IN THE NINTH CIRCUIT OF APPEALS

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No

2. Have you filed a grievance concerning the facts relating to your current complaint? ☐ Yes ☒ No

If your answer is no, explain why not COUNTY JAIL ADMINISTRATORS LACK AUTHORITY, STATUTORY OR OTHERWISE TO RESOLVE THE CONSTITUTIONAL ISSUE OF PRE-TRIAL DETAINEE RIGHTS. (SEE; EXHIBITS OF CLAIMS FOR DAMAGES TO PERSON OR PROPERTY AND DENIAL LETTER)

3. Is the grievance procedure completed? ☒ Yes ☐ No

If your answer is no, explain why not

4. Please attach copies of papers related to the grievance procedure.

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff MAURICE PIERRE OLIVIER (print plaintiff's name)

who presently resides at 7018 BLAIR ROAD - P.O. BOX 5002 - CALIPATRIA, CA 92233, (mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at LOS ANGELES COUNTY CENTRAL JAIL / LOS ANGELES, CALIFORNIA 90012 (institution/city where violation occurred)

on (date or dates) 09/12/06 Thru 09/17/06 (Claim I), 09/01/06 Thru 10/15/06 (Claim II), 09/18/06 Thru 01/23/07 (Claim III).

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant GLORIA MOLINA (full name of first defendant) resides or works at
500 WEST TEMPLE STR. ROOM 856 LOS ANGELES, CA 90012 (full address of first defendant)
BOARD OF SUPERVISOR, FIRST DISTRICT (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAX OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRAIL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING JAIL CONDITIONS.

2. Defendant YVONNE B. BURKE (full name of first defendant) resides or works at
500 WEST TEMPLE STR. ROOM 866 LOS ANGELES, CA 90012 (full address of first defendant)
BOARD OF SUPERVISOR, SECOND DISTRICT (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAX OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING JAIL CONDITIONS.

3. Defendant ZEV YAROSLAVSKY (full name of first defendant) resides or works at
500 WEST TEMPLE STR. ROOM 821 LOS ANGELES, CA 90012 (full address of first defendant)
BOARD OF SUPERVISOR, THIRD DISTRICT (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAX OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING JAIL CONDITIONS

4. Defendant DON KNABE resides or works at
(full name of first defendant)
500 WEST TEMPLE STR. ROOM 822 LOS ANGELES, CA 90012
(full address of first defendant)
BOARD OF SUPERVISOR, FOURTH DISTRICT
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAW OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING JAIL CONDITIONS.

5. Defendant MICHAEL D. ANTONOVICH resides or works at
(full name of first defendant)
500 WEST TEMPLE STR. ROOM 869 LOS ANGELES, CA 90012
(full address of first defendant)
BOARD OF SUPERVISOR, FIFTH DISTRICT
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAW OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING JAIL CONDITIONS.

6 4. Defendant LEROY BACA resides or works at
(full name of first defendant)
4700 RAMONA BLVD., MONTEREY PARK 91754-2169
(full address of first defendant)
LOS ANGELES COUNTY SHERIFF OF CUSTODY OPERATIONS
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAX OVERSIGHT OF JAIL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING CONDITIONS.

7. Defendant POLICARPIO F. ENRIQUEZ M.D. resides or works at
(full name of first defendant)
441 BAUCHET STREET, LOS ANGELES, CA 90012
(full address of first defendant)
MEDICAL DOCTOR L.A. CTY. CENTRAL JAIL
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:
LAX OVERSIGHT OF MEDICAL OPERATIONS, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, RESULTED IN TORTUROUS, INHUMAN, AND DEGRADING MEDICAL TREATMENT

D. CLAIMS*

CLAIM I

The following civil right has been violated:

THE PLAINTIFF'S PRE-TRIAL DETAINEE RIGHTS SECURED BY THE DUE PROCESS CLAUSE WAS VIOLATED BY THE DEFENDANTS IN THE OPERATION OF THE LOS ANGELES COUNTY CENTRAL JAIL.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

51.) GLORIA MOLINA ACTED WITH GROSS NEGLIGENCE, MALICE INTENT AND RECKLESS DISREGARD OF PLAINTIFF'S PRE-TRIAL DETAINEE RIGHTS. WHEN SHE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (See: THOMAS V. BACA 04-08448-DDP(SHx)) FROM 07/12/06 THRU 07/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL. THE PLAINTIFF WAS FORCED TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS. WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANKET, PILLOW, SHOWER, TOOTHBRUSH, TOOTHPASTE, SOAP, TOWEL, AND RAZORS. THIS HARSH, AND INJURIOUS TREATMENT RESULTED IN TERMINATE BACK PAIN TO THE PLAINTIFF, AND CHRONIC SHOULDER PAIN.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

[2.] YVONNE B. BURKE ACTED WITH GROSS NEGLIGENCE, MALICE INTENT, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS. WHEN SHE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (SEE: THOMAS V. BACA 04-08448-DDP(SHx). FROM 09/12/06 THRU 09/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL. THE PLAINTIFF WAS FORCED TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS. WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANET, PILLOW, SHOWER, TOOTH-BRUSH, TOOTHPASTE, SOAP, TOWELL, AND RAZORS. THIS HARSH, AND INJURIOUS TREATMENT RESULTED IN PERMANATE BACK PAIN TO THE PLAINTIFF, AND CHRONIC SHOULDER PAIN.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

(3.) ZEV YAROSLAVSKY ACTED WITH GROSS NEGLIGENCE, MALICE INTENT AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS, WHEN HE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (SEE THOMAS V. BACA, 04-08448-DDP(SHX) FROM 07/12/06 THRU 07/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL. THE PLAINTIFF WAS FORCED TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS, WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANKET, PILLOW, SHOWER, TOOTHBRUSH, TOOTHPASTE, SOAP, TOWELL, AND RAZORS. THIS HARSH, AND INJURIOUS TREATMENT RESULTED IN PERMANTE BACK PAIN TO THE PLAINTIFF, AND CHRONIC SHOULDER PAIN

If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

[4.] DON KNABE ACTED WITH GROSS NEGLIGENCE, MALICE INTENT AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS. WHEN HE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (SEE: THOMAS V. BACA 04-08448-DDP(SHx) FROM 07/12/06 THRU 07/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL. THE PLAINTIFF WAS FORCED TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS, WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANKET, PILLOW, SHOWER, TOOTHBRUSH, TOOTHPASTE, SOAP, TOWEL, AND RAZORS. THIS HARSH, AND INJURIOUS TREATMENT RESULTED IN PERMANATE BACK PAIN TO THE PLAINTIFF, AND CHRONIC SHOULDER PAIN.

If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

[5.] MICHAEL D. ANTONOVICH ACTED WITH GROSS NEGLIGENCE, MALICE INTENT AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS. WHEN HE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (SEE THOMAS V. BACA 04-08448-DDP(SHx) FROM 07/12/06 THRU 07/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL, THE PLAINTIFF WAS FORCED TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS, WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANKET, PILLOW, SHOWER, TOOTHBRUSH, TOOTHPASTE, SOAP, TOWEL, AND RAZORS. THIS HARSH AND INJURIOUS TREATMENT RESULTED IN PERMANATE BACK PAIN TO THE PLAINTIFF, and chronic shoulder pain

If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

[6.] LEROY BACA ACTED WITH GROSS NEGLIGENCE, MALICE INTENT, AND RECKLESS DISREGARD OF MY PRE-TRIAL DETAINEE RIGHTS. WHEN HE KNEW THAT THE LOS ANGELES COUNTY CENTRAL JAIL WAS UNDER FEDERAL COURT ORDER TO STOP FLOOR SLEEPING, AND FAILED TO INITIATE ANY REGULATIONS TO PREVENT IT. (SEE THOMAS V. BACA 04-08448-DDP (SHx) FROM 07/12/06 THRU 07/17/06 IN THE MEDICAL INTAKE AREA OF THE LOS ANGELES COUNTY CENTRAL JAIL. THE PLAINTIFF WAS TO LIVE, AND SLEEP ON A CONCRETE FLOOR FOR SIX DAYS, WITHOUT ACCESS TO BASIC HUMAN NEEDS SUCH AS A BED, BLANKET, PILLOW, SHOWER, TOOTH BRUSH, TOOTH PASTE, SOAP, TOWEL, AND RAZORS. THIS HARSH, AND INJURIOUS TREATMENT RESULTED IN PERMANATE BACK PAIN TO THE PLAINTIFF, AND CHRONIC SHOULDER PAIN.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

CLAIM II

D. CLAIMS:

THE FOLLOWING CIVIL RIGHT HAS BEEN VIOLATED:

THE PLAINTIFF'S PRE-TRIAL DETAINEE RIGHTS SECURED BY THE DUE PROCESS CLAUSE WAS VIOLATED BY NONFEASANCE ACTION BY THE DEFENDANT IN THE OPERATION OF THE LOS ANGELES COUNTY CENTRAL JAIL.

SUPPORTING FACTS:

[1.] LEROY BACA'S GROSS NEGLIGENCE, MALICE INTENT, AND LAX OVERSIGHT OF CUSTODY OPERATIONS AT THE LOS ANGELES COUNTY CENTRAL JAIL RESULTED IN PLAINTIFF'S MALICIOUS INJURIES. ON 09/01/06 COUNTY SHERIFF EMPLOYEES ASSIGNED THE PLAINTIFF TO LIVE IN MODULE 2500 CELL # 20. INSIDE THIS JAIL CELL THE PLAINTIFF WAS LIVING AMONG ABUNDANT COMINGS, AND GOINGS OF RATS, MICE, ROACHES, AND RED ANT INFESTATION. FURTHERMORE, INSIDE THE CELL RATS WERE LIVING, AND BREEDING AROUND THE TOILET AREA. IN ADDITION, THE PLAINTIFF CONTACTED LICE FROM THE MATTRESS HE WAS SLEEPING ON. THAT CAUSED PERMANENT SKIN DISCOLORATION AROUND THE PLAINTIFF'S INNER THIGH GROIN AREAS. THE PLAINTIFF WAS FORCED TO LIVE IN THESE HORRID CONDITIONS FOR 45 DAYS. UNTIL THE ACLU FORCED THE COUNTY JAIL ADMINISTRATORS TO CLEAN, SANITIZE, AND EXTERMINATE THE DIRT, AND RODENTS INSIDE THE CELL, AND MODULE.

CLAIM III

D. CLAIMS:

THE FOLLOWING COURT RIGHT HAS BEEN VIOLATED:

THE PLAINTIFF'S PRE-TRIAL DETAINEE RIGHTS SECURED BY THE DUE PROCESS CLAUSE WAS VIOLATED BY MISFEASANCE ACTION BY THE DEFENDANT IN THE OPERATION OF MEDICAL SERVICES AT THE LOS ANGELES COUNTY CENTRAL JAIL.

SUPPORTING FACTS:

[1.] PO1 RICARDO F. ENRIQUEZ'S GROSS NEGLIGENCE, MALICE INTENT, AND LAX OVERSIGHT IN FAILING TO VERIFY THAT THE APPROPRIATE HEALTH CARE DEPARTMENTS TIMELY FOLLOW-UP ON HIS ORDERS RESULTED IN MALICIOUS INJURIES. ON 09/18/06 THE PLAINTIFF WAS MEDICALLY EVALUATED BY DOCTOR ENRIQUEZ IN WHICH HE PRESCRIBED A MONTHLY DISTRIBUTED MEDICATION PROGRAM FOR THE PLAINTIFF TO HAVE DAILY MEDICATION FOR AILMENTS OF HIGH BLOOD PRESSURE, DIABETES, AND ACID REFLUX DISEASE. HOWEVER, THE PLAINTIFF DID NOT RECEIVE ANY MEDICATION FOR THESE MEDICAL CONDITIONS FOR 43 DAYS. FURTHERMORE, DURING THIS EVALUTION THE PLAINTIFF INFORMED THE DOCTOR ABOUT GLASSES BEING DESTROYED, AND A LEFT END TOOTH FILING FALLING OUT. IN JANUARY OF 2007 BY COURT ORDER TO THE DENTAL DEPARTMENT THE PLAINTIFF WAS GIVEN ORAL SURGERY REMOVING THE TOOTH, BECAUSE IT HAD ABSCESSED, AND DECAYED

Claim III

Supporting Facts continued:

Due to the lack of prompt treatment. In addition, this Court order also allowed the plaintiff access to an eye care physician. which resulted in the plaintiff finally receiving glasses on March 3, 2007.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

THE DEFENDANTS ACTED WITH GROSS NEGLIGENCE, AND MALICE INTENT DEPRIVING THE PLAINTIFF OF FEDERALLY PROTECTED PRE-TRIAL DETAINEE RIGHTS. THE PLAINTIFF RESPECTFULLY REQUEST COMPENSATORY, AND CONTINUING DAMAGES OF THIRTY-THREE THOUSAND DOLLARS. IN ADDITION, THE PLAINTIFF REQUEST PUNITIVE DAMAGES OF THREE-HUNDRED AND THIRTY-THREE THOUSAND DOLLARS.

10/21/08
(Date)

(Signature of Plaintiff)

EXHIBIT COVER PAGE

A

EXHIBIT

Description of this exhibit:

COURT MEDICAL ORDER, DENTAL LETTER, AND CLAIMS FOR DAMAGES TO PERSON OR PROPERTY SUBMITTED TO THE COUNTY OF LOS ANGELES.

Number of pages to this Exhibit: 14 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☑ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury

MEDICAL ORDER 07-119

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

PEOPLE OF THE STATE OF CALIFORNIA, PLAINTIFF

Vs

MAURICE OLIVER, DEFENDANT

CASE NO. SA060812

BKG# 9121486

[redacted] DISTRICT

DEPARTMENT B

TO THE SHERIFF OF THE COUNTY OF LOS ANGELES, AND MEDICAL SERVICES, LOS ANGELES COUNTY JAIL:

WHEREAS, the above-named defendant has moved this court for an order requiring a medical examination or specific medical treatment.

NOW, THEREFORE, the above-named defendant appears to need the following:

☒ Medical Examination ☒ Dental Examination

Specify treatment: EXAMINATION FOR GLASSES AND CAVITY

☐ HIV Testing (pursuant to 1202.1, 1202.6 P.C., 199.96, 199.97, 199.99 H&S).

☐ AIDS Education Class to be completed on or before _____(date).

☒ The Court does wish to be advised of the results on or before _____(date).

☐ The Court does not wish to be advised of the results.

DEFENDANT ORDERED TO RETURN TO COURT: _____(date).

GOOD CAUSE APPEARING THEREFORE, IT IS ORDERED.

DATED: 1-12-07 JUDICIAL OFFICER: Robert P. O'Neill

Signature/Stamp

ROBERT P. O'NEILL

Court Address:

Department LX- B
Airport Branch Court
11701 S. LaCienega Blvd.
Los Angeles, CA 90045

SUPERIOR COURT LOS ANGELES COUNTY CALIFORNIA

FAX TRANSMITTAL DATE:_____ By: _____

FAX to Sheriff's Department, Medical Records: FAX# (213) 620-1308 or [illegible] *Place form in Court file after FAX transmittal.*

(Rev 11/02 S.C.)

COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL
648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

TELEPHONE
(213) 974-1913
FACSIMILE
(213) 687-8822
TDD
(213) 633-0901

RAYMOND G. FORTNER, JR.
County Counsel

May 14, 2008

Maurice Olivier #F83603
C.S.P. Bldg. B-5 Cell 107
P.O. Box 5002
Calpatria, California 92233

Re: Claim Filed: January 16, 2007
File Number: 07-1050420*001

Dear Claimant:

This letter is to inform you that the above-referenced claim which you filed with the Los Angeles County Board of Supervisors was rejected on **May 13, 2008.**

An investigation of this matter fails to indicate any liability on the part of the County of Los Angeles. Accordingly, your claim was rejected on that basis and no further action will be taken on this matter.

STATE LAW REQUIRES THAT YOU BE GIVEN THE FOLLOWING "WARNING":

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. SEE GOVERNMENT CODE SECTION 945.6.

This time limitation applies only to causes of action for which Government Code sections 900 - 915.4 required you to present a claim. Other causes of action, including those arising under federal law, may have different time limitations.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

RAYMOND G. FORTNER, JR.
County Counsel

By
H. ANTHONY NICKLIN
Principal Deputy County Counsel
General Litigation Division

HAN:jm

DECLARATION FOR SERVICE BY MAIL

STATE OF CALIFORNIA
County of Los Angeles

I am and at all times herein mentioned been a citizen of the United States and resident of the County of Los Angeles, over the age of eighteen years and not a party to nor interested in the within action; that my business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, City of Los Angeles, County of Los Angeles, State of California.

That on the 14TH day of May 2008, I served the attached "Notice of Denial" of claim upon claimant by depositing a copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in a United States mailbox in Los Angeles, California addressed as follows:

Maurice Olivier #F83603
C.S.P. Bldg. B-5 Cell 107
P.O. Box 5002
Calpatria, California 92233

and that the person on whom said service was made resides or has his/her office at a place where there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 14TH day of May 2008 at Los Angeles, California.

Jennifer Moon
Signature

COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL
648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

TELEPHONE
(213) 974-1841
FACSIMILE
(213) 617-7182
TDD
(213) 633-0901

RAYMOND G. FORTNER, JR.
County Counsel

June 12, 2008

Maurice P. Oliver F83603
CSP-BLDG B5 #107
P.O. Box 5002
Calipatria CA 92233

Re: Your Request for Documents Received May 23, 2008

Dear Mr. Oliver:

In reply to your undated request for documents which was received on May 23, 2008, enclosed please find the following:

1. A copy of your claim filed January 14, 2008, and multiple amendments thereto.

2. A copy of our letter to you dated May 14, 2008.

The other items requested by you are exempt from disclosure under Government Code section 6254, subd. (k), as they are protected by the attorney-client privilege and attorney work product doctrine.

Very truly yours,

RAYMOND G. FORTNER, JR.
County Counsel

By H. Anthony Nicklin by RBR
H. ANTHONY NICKLIN
Principal Deputy County Counsel
General Litigation Division

APPROVED AND RELEASED:

RAYMOND G. FORTNER, JR.
County Counsel

HAN/sb

Enclosures

HOA.529868.1

DECLARATION FOR SERVICE BY MAIL

STATE OF CALIFORNIA
County of Los Angeles

I am and at all times herein mentioned been a citizen of the United States and resident of the County of Los Angeles, over the age of eighteen years and not a party to nor interested in the within action; that my business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, City of Los Angeles, County of Los Angeles, State of California.

That on the 14TH day of May 2008, I served the attached "Notice of Denial" of claim upon claimant by depositing a copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in a United States mailbox in Los Angeles, California addressed as follows:

Maurice Olivier #F83603
C.S.P. Bldg. B-5 Cell 107
P.O. Box 5002
Calpatria, California 92233

and that the person on whom said service was made resides or has his/her office at a place where there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 14TH day of May 2008 at Los Angeles, California.

Jennifer Inoon
Signature

COUNTY OF LOS ANGELES

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

6 11:36

07-1177

TIME STAMP OFFICE USE ONLY

INSTRUCTIONS:
1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S MAIL TO:
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012

(213) 974-1440

1. ☒ Mr. ☐ Ms. ☐ Mrs. LAST NAME: OLIVIER FIRST NAME: MAURICE

2. ADDRESS OF CLAIMANT/ ATTORNEY: 1649 So. ORANGE Dr. Street; LOS ANGELES City, State; CA 90019 Zip Code

HOME TELEPHONE: ( ) BUSINESS TELEPHONE: ( )

3. CLAIMANT'S BIRTHDATE: 02-21-60

4. CLAIMANT'S SOCIAL SECURITY NUMBER: 391-94-6316

5. DATE AND TIME OF INCIDENT: 07-12-06 1615 THRU 07-17-06

6. WHERE DID DAMAGE OR INJURY OCCUR?
L.A. MEN'S CENTRAL JAIL MEDICAL AREA
Street: 441 BAUCHET ST. City, State: LOS ANGELES, CA Zip Code: 90012

7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:
ON 07-12-06 THRU 07-17-06 I WAS FORCED TO LIVE ON THE FLOOR IN THE JAIL MEDICAL AREA FOR SIX DAYS. THIS WILLFUL AND WANTON MISCONDUCT BY THE JAIL STAFF, RESULTED IN ME HAVING TO SLEEP ON THE FLOOR, WITH NO ACCESS TO SHOWERS (CONTINUED)

8. WERE POLICE OR PARAMEDICS CALLED? YES ☐ NO ☒

9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER:
DATE OF FIRST VISIT: 07-12-06 THRU 07-17-06 PHYSICIAN'S NAME: N/A
PHYSICIAN'S ADDRESS: L.A. MEN'S CENTRAL JAIL PHONE: ( )

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?
I WAS ARRESTED AND PLACED IN THE COUNTY WHICH IS OBLIGATED TO TREAT HUMANS, HUMANE, AND PROVIDE A BED.

11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
NAME: DEPT: MEDICAL DEPT.
NAME: DEPT:

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:
NAME: PHONE:
ADDRESS:
NAME: PHONE:
ADDRESS:
NAME: PHONE:

13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate).

TOTAL DAMAGES TO DATE: $

TOTAL ESTIMATED PROSPECTIVE DAMAGES: $

THIS CLAIM MUST BE *SIGNED*

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING

- **CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURENCE. (GOVERNMENT CODE SECTION 911.2)**
- **ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)**
- **SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**
- **IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**

14. PRINT OR TYPE NAME: MAURICE PIERRE OLIVIER DATE: 01/11/07

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT:

REVISED 4/06

(Continued)

07-117

Basic Necessary Items, or Hot Meals. This Negligent Action By The Men's Central Jail Staff Resulted In Physical, And Mental Distress For Six Days Until I was Finally Treated. This Action is A Result of Gross Negligence, And Malice Intent, when They were Aware That These Horrid Conditions Existed.

Maurice P. Olivick
BK. No. 912 1486
Dorm 2500-A / Bed-20
L.A. Co. Men's Central Jail
441 Bauchet Street
Los Angeles, CA 90012

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES

INSTRUCTIONS:
1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S MAIL TO:
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012
(213) 974-1440

TIME STAMP OFFICE USE ONLY
07-119

1. ☒ Mr. ☐ Ms. ☐ Mrs. LAST NAME: Olevick FIRST NAME: Maurice

2. ADDRESS OF CLAIMANT/ATTORNEY
L.A. County / Men's Central Jail
Street: 441 Bauchet St. City, State: L.A., CA Zip Code: 90012

HOME TELEPHONE: ( ) BUSINESS TELEPHONE: ( )

3. CLAIMANT'S BIRTHDATE: [illegible] 1965

4. CLAIMANT'S SOCIAL SECURITY NUMBER: 399-94-6312

5. DATE AND TIME OF INCIDENT
09-14-07 approx 09

6. WHERE DID DAMAGE OR INJURY OCCUR?
L.A. Co. Men's Central Jail - Medical
Street: 441 Bauchet St City, State: LA, CA Zip Code: 90012

7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:
I have health problems of high blood pressure, hypertension, and acid reflux. I was seen by a Doctor Polycarpio P. Enriquez on 09-9-07. The Doctor prescribed me Metformin HCL, Adrenal prednisone, and Nexium 40mg. (one month)

8. WERE POLICE OR PARAMEDICS CALLED? YES ☐ NO ☒

9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER
DATE OF FIRST VISIT: 09-9-07 PHYSICIAN'S NAME: Polycarpio P. Enriquez M.D.
PHYSICIAN'S ADDRESS: L.A. Men's Central Jail PHONE: ( )

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?
As a pre-trial detainee I am also claiming under the 14th Amendment clause of adequate medical care services while confined.

11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
NAME: N/A DEPT:
NAME: DEPT:

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:
NAME: N/A PHONE:
ADDRESS:
NAME: PHONE:
ADDRESS:
NAME: PHONE:

13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate):
N/A

TOTAL DAMAGES TO DATE: $
TOTAL ESTIMATED PROSPECTIVE DAMAGES: $

THIS CLAIM MUST BE *SIGNED*

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING

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- **SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**
- **IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**

14. PRINT OR TYPE NAME: Maurice P. Olevick DATE: 01/11/07

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT:

REVISED 4/06

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07-119

(NXT. PAGE)

HE PLACED ME ON THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT SELF-MEDICATION PROGRAM ON THAT DATE. HOWEVER, I DID NOT RECEIVE ANY MEDICATION FOR MY HEALTH PROBLEMS VIA SELF MEDS UNTIL 10-30-06. THIS ACTION CONSTITUTES GROSS NEGLIGENCE ON THE PART OF THE ADMINISTRATION OF THIS PROGRAM. FURTHEMORE, THIS LAPSE IN TIME OF OVER A MONTH, CAUSED ME SEVERE PAIN, AND SUFFERING.

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

3

07-118

COUNTY OF LOS ANGELES

INSTRUCTIONS:
1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S MAIL TO:
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012

2007 JUN 14 AM 11:36

TIME STAMP OFFICE USE ONLY

07-118

(213) 974-1440

1. [X] Mr. [ ] Ms. [ ] Mrs. LAST NAME: Olivera FIRST NAME: Maurice

2. ADDRESS OF CLAIMANT/ ATTORNEY: 1649 So. Orange Drive
Street: Los Angeles City, State: CA Zip Code: 90019

HOME TELEPHONE: ( ) BUSINESS TELEPHONE: ( )

3. CLAIMANT'S BIRTHDATE: February 24, 1960

4. CLAIMANT'S SOCIAL SECURITY NUMBER: 564-44-6816

5. DATE AND TIME OF INCIDENT: September 1, 2006 3:00 PM
Thru October 1, 2006

6. WHERE DID DAMAGE OR INJURY OCCUR?: L.A. Co. Men's Central Jail 2600-A/6-20
Street: 441 Bauchet St City, State: LA, CA Zip Code: 90012

7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:
I was placed in the Disciplinary Module (A.K.A. The Hole) after being given Pro-per status by the Court on 09-01-06. Inside the Disciplinary Module Dorm 2600-A 6-20, There were numerous Torturous, Degrading, [see Att. Pg. I

8. WERE POLICE OR PARAMEDICS CALLED? YES [ ] NO [X]

9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER:
DATE OF FIRST VISIT: 09-11-06 PHYSICIAN'S NAME: Policarpio F. Enriquez
PHYSICIAN'S ADDRESS: L.A. Men's Central Jail PHONE: ( )

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?: As a Pre-Trial Detainee I have a Right under Due Process to a Clean, and Sanitary Living Space.

11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
NAME: N/A DEPT.
NAME: DEPT.

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:
NAME: N/A PHONE
ADDRESS
NAME: PHONE
ADDRESS
NAME: PHONE

13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate):
N/A

TOTAL DAMAGES TO DATE: $
TOTAL ESTIMATED PROSPECTIVE DAMAGES: $

THIS CLAIM MUST BE *SIGNED*

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING

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- **IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**

14. PRINT OR TYPE NAME: Maurice P. Olivera DATE: 1-11-07

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT:

REVISED 4/06

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[Ext. 26.]

07-118

AND INHUMAN CONDITIONS, SUCH AS ROACH, AND RED ANT INFESTATION, TOILET KNAT, AND LICE INFESTATION, TOILET INFECTIOUS BACTERIA BUILD-UP INSIDE THE RIM OF THE TOILET. RATS, AND MICE ROAMING INSIDE THE CELLS, AND WALLS, ASBESTOS, AND LEAD PAINT PEELING AROUND THE VENTS, AND FLOOR. THE RED ANTS WERE CRAWLING ALL OVER MY BED, AND CELL BARS, THEY WERE GETTING INSIDE MY BAR, HAIR, AND UNDERWEAR. ON 09-09-06 THE MEDICAL STAFF GAVE ME NYSTATEN AND TRIAMCINOLONE ACETONIDE CREAM, FOR THE ANT BITES, AND RASHES ON THE INSIDE OF MY THIGHS, AND SELENIUM SULFIDE LOTION FOR THE LICE INFESTATION INSIDE MY HAIR. THE M.D. A MR. ENRIQUEZ GAVE THE NURSE A FORM FOR HER TO INSPECT MY CELL, BUT THE DEPUTY WOULD NOT LET HER.

07-119

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES

INSTRUCTIONS:
1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S MAIL TO:
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012

(213) 974-1440

07-119 TIMESTAMP OFFICE USE ONLY

1. ☑ Mr. ☐ Ms. ☐ Mrs. LAST NAME: Olivier FIRST NAME: Maurice

2. ADDRESS OF CLAIMANT/ATTORNEY: L.A. County Men's Central Jail
Street: 441 Bauchet St. City, State: LA, CA Zip Code: 90012

HOME TELEPHONE: ( ) N/A BUSINESS TELEPHONE: ( ) N/A

3. CLAIMANT'S BIRTHDATE: February 20, 1980

4. CLAIMANT'S SOCIAL SECURITY NUMBER: 569-74-6316

5. DATE AND TIME OF INCIDENT
09-18-06 8:00 A.M.
07-12-06 4:00 P.M.

6. WHERE DID DAMAGE OR INJURY OCCUR?
L.A. Co. Men's Central Jail
Street: 441 Bauchet St. City, State: LA, CA Zip Code: 90012

7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:
On 09-18-06 I informed Dr. Enriquez that my left end tooth filling had fell out, and that my glasses were destroyed. In December 2006, and January 2007, I reported these medical problems to the 2000 floor clinic to a nurse (cont)

8. WERE POLICE OR PARAMEDICS CALLED? YES ☐ NO ☑

9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER:
DATE OF FIRST VISIT: 09-18-06 PHYSICIAN'S NAME: Dr. Enriquez M.D.
PHYSICIAN'S ADDRESS: L.A. Men's Central Jail PHONE: ( ) N/A

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?
As a Pre-Trial Detainee I have a right to adequate efficient medical care.

11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
NAME: N/A DEPT.
NAME: DEPT.

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:
NAME: N/A PHONE:
ADDRESS:
NAME: PHONE:
ADDRESS:
NAME: PHONE:

13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate):
Dental work $ 700.00
Glasses $ 120.00

TOTAL DAMAGES TO DATE: $ 820.00
TOTAL ESTIMATED PROSPECTIVE DAMAGES: $ N/A

THIS CLAIM MUST BE *SIGNED*
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING

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14. PRINT OR TYPE NAME: Maurice P. Olivier DATE: 01-25-07

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT:

REVISED 4/06

07-119

(CONT'D

BY THE LAST NAME OF LINPONE ON 01-12-07 I WAS FORCED TO INFORM THE JUDGE THAT MY PAIN, AND TOOTH WERE AT A BREAKING POINT, AS WELL AS THE HEADACHES FROM NOT HAVING GLASSES. BECAUSE A DEPUTY STEPED ON THEM ON 07-12-06, AND THEY WERE DESTROYED.

THE COURT ISSUED A MEDICAL ORDER ON 01-12-07 TO OBTAIN EMERGENCY SERVICES. ON 01-19-07 AT 04:30 P.M. I RECEIVED ORAL SURGERY TO REMOVE THE TOOTH DUE TO THE FACT IT DECAED RAPIDLY. THEN ON 01-23-07 I WAS EXAMINED BY A EYE DOCTOR, TO POSSIBLY RECEIVE SOME CHEAP GLASSES.

THE COST OF THE DENTAL TO CAP THE TOOTH THAT WAS REMOVED COST ME OVER $700.00 IN DENTAL WORK, AND MY GLASSES COST OVER $120.00. IN WHICH I EXPECT TO BE COMPENSATED FOR LOST, AS WELL AS THE PAIN, AND SUFFERING WAITING 4 MONTHS FOR EMERGENCY SERVICES.

VERIFICATION

STATE OF CALIFORNIA
COUNTY OF IMPERIAL

(C.C.P. SEC.446 & 201.5; 28 U.S.C. SEC. 1746)

I, Maurice P. Oliver DECLARE UNDER PENALTY OF PERJURY THAT: I AM THE Person IN THE ABOVE ENTITLED ACTION; I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF AND THE SAME IS TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRU..

EXECUTED THIS 23rd DAY OF: October 2008 AT CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA #92233-5002

(SIGNATURE) _____
(DECLARANT/PRISONER)

PROOF OF SERVICE BY MAIL

(C.C.P. SEC.1013 (a) & 2015.5; 28 U.S.C. SEC.1746)

I, William K. Lancaster AM A RESIDENT OF CALIPATRIA STATE PRISON, IN THE COUNTY OF IMPERIAL, STATE OF CALIFORNIA. I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM (NOT) A PARTY OF THE ABOVE-ENTITLED ACTION. MY STATE PRISON ADDRESS IS: P.O. BOX 5002. CALIPATRIA, CALIFORNIA #92233-5002.

ON 21 Oct 2008 I SERVED THE FOREGOING: 42 U.S.C. §1983 Forms; Exhibit Cover Page "A"

(SET FORTH EXACT TITLE OF DOCUMENTS SERVED)

ON THE PARTY (S) HEREIN BY PLACING A TRUE COPY (S) THEREOF, ENCLOSED IN A SEALED ENVELOPE (S), WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED AT CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA #92233-5002.

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
312 NORTH SPRING STREET
ROOM G-8 ATTN: PRO/SE CLERK
LOS ANGELES, CA 90012

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: October 21, 2008

_____
(DECLARANT/PRISONER)

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION
312 North Spring Street, Room G-8 Los Angeles, CA 90012
Tel: (213) 894-7984

SOUTHERN DIVISION
411 West Fourth Street, Suite 1053
Santa Ana, CA 92701-4516
(714) 338-4570

EASTERN DIVISION
3470 Twelfth Street, Room 134
Riverside, CA 92501
(951) 328-4450

TERRY NAFISI
District Court Executive
and Clerk of Court

Friday, November 07, 2008

MAURICE PIERRE OLIVIER
F-83603
P.O. BOX 5002
CALIPATRIA, CA 92233

Dear Sir/Madam:

A Complaint for Civil Rights was filed today on your behalf and assigned civil case number CV08- 7169 JFW (JWJ)

Please refer to this case number in all future communications.

Please Address all correspondence to the attention of the Courtroom Deputy for:

☐ District Court Judge _____

☒ Magistrate Judge **Jeffrey W. Johnson**

at the following address:

☒ U.S. District Court
312 N. Spring Street
Civil Section, Room G-8
Los Angeles, CA 90012

☐ Ronald Reagan Federal
Building and U.S. Courthouse
411 West Fourth St., Suite 1053
Santa Ana, CA 92701-4516

☐ U.S. District Court
3470 Twelfth Street
Room 134
Riverside, CA 92501

The Court must be notified within fifteen (15) days of any address change. If mail directed to your address of record is returned undelivered by the Post Office, and if the Court and opposing counsel are not notified in writing within fifteen (15) days thereafter of your current address, the Court may dismiss the case with or without prejudice for want of prosecution.

Sincerely,

Clerk, U.S. District Court

By: JSZABO
Deputy Clerk