

Prisoner Advocacy Network

National Lawyers Guild, San Francisco Bay Area Chapter

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PAN Intake Form For Correspondents

Important Information: PAN cannot work with every person who writes to us. We prioritize people who are activists and suffering extreme conditions, solitary, or emergency issues. We train and match advocates with correspondents twice a year (usually September & February). We will do our best to recruit a qualified advocate for you if your issues fit within PAN's scope. Please send legal mail to the address above. We will copy, scan, file, and return any original materials you send. NOTE: IT MAY TAKE UP TO 5 WEEKS FOR PAN TO PROCESS MAIL. PLEASE SEND PAN COPIES, EVEN IF HANDWRITTEN, INSTEAD OF ORIGINALS IF THE ORIGINAL IS NEEDED FOR A TIME SENSITIVE DEADLINE (e.g., due back to CDCR for a higher level appeal within 30 days of the day you mail the letter to PAN).

***This is not a commitment from PAN to match or assist you.
This is the first step to apply for an Advocate.***

Date Submitted: _____

Your Name: _____

Name you are incarcerated under (if different from above): _____

CDCR Number: _____

Prison Address and
Cell-bed: _____

Are you an activist who helps others or a jailhouse lawyer? (please
explain) _____

(Optional) List any demographic information you believe to be relevant to the issues you are facing,
(e.g., gender identity, sexual orientation, race, disability, HIV status, etc.)

Explain Details of Issue/Complaint(s) _____

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When did issue(s) start or incident(s) occur? How long has it/have they been going on? _____

Describe any action already taken to address this issue (CDCR staff will ask us this, and will try to screen out complaints if no 602 or other paperwork has been filed): _____

What is the requested action(s) from PAN? Check all that apply, feel free to make notes after.

☐ Write letters to or call prison official(s) _____

☐ Obtain medical or custody records for person in prison _____

☐ Obtain access to needed medical care _____

☐ Assist with CDCR forms _____

☐ Other _____

Provide additional details of what you need here (feel free to attach additional documents):

If the abuse or deprivation marked above is in retaliation for activism or helping other people or jailhouse lawyering, please detail here: _____

Our waiting list is often several months long. If your issue falls under a current class action, do we have permission to contact the attorney representing you in that class action about the issue in this form? (Yes or No) _____

I give the Prisoner Advocacy Network permission to assist me with my legal needs, if we match you.

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Sign _____ Date _____

