

EXHIBIT 74

TO

DECLARATION OF KATHERINE CHAMBERLAIN
IN SUPPORT OF PLAINTIFF'S MOTION FOR
PARTIAL SUMMARY JUDGMENT ON CLAIMS FOR
DECLARATORY AND INJUNCTIVE RELIEF

COLUMBIA COUNTY SHERIFF'S OFFICE
INSTITUTION'S DIVISION

INMATE GRIEVANCE FORM

No 000306

INSTRUCTIONS: Follow the rules in the Inmate Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, but not additional forms. If you want to grieve more than one issue, use a separate form for each issue.

Reason for Grievance (check one):

- conditions of confinement medical care general classification procedures
- general discipline procedures participation in inmate programs
- religious practices telephone, mail and visiting procedures other (be specific)

Inmate's Name: Castro, Joshua SID: 12225965 Cell: E #16

Grievance: THE POST CARD SYSTEM IS A VIOLATION OF MY FREEDOM OF EXPRESSION BECAUSE IT LIMITS MY FORM OF COMMUNICATION TO WRITING ONLY. WITH THIS SYSTEM I CAN NO LONGER EXPRESS MYSELF THROUGH DRAWINGS WHICH IS MY FORM OF COMMUNICATION

Inmate Signature: J. CASTRO Date/Time: 1/29/10 - 1:45 PM

Receiving Deputy Signature: [Signature] DPSST# 49829 Date/Time: 1-30-10 0040

Deputy's

Response: This is not a grievable issue

1-30-10 rec. castro did not sign. 01:45 am
Deputy's Signature: [Signature] DPSST# 49829 Date/Time: 1-30-10 0045

Inmate's signature accepting deputy's resolution of grievance: _____ Date/Time: _____

Supervisor's Review:

No longer in our facility Date/Time Received: _____

Supervisor's Signature: _____ DPSST# _____ Date/Time: _____

Inmate's signature accepting supervisor's resolution of grievance: _____ Date/Time: _____

Administrators Review:

Date/Time Received: _____

Administrator's Signature _____ DPSST# _____ Date/Time: _____

Inmate's signature accepting deputy's resolution of grievance: _____ Date/Time: _____

Distribution: White - Administrator's Copy Canary - Inmate File Pink - Inmate Copy