Emegency

UNITED STATES DISTRICT COURT

FOR THE

Federal DISTRICT OF Colorado

UNITED STATES OF AMERICA

v.

Dejane Lattany 51090-510

Write your full name here.

Case No. 23-CR-00074

(write the number of your criminal case)

MOTION FOR SENTENCE REDUCTION UNDER 18 U.S.C. § 3582(c)(1)(A) (Compassionate Release)

(*Pro Se* Prisoner)

NOTICE

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Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☐ Yes

■ No

If you answered yes, please list the documents in section IV of this form.

I. SENTENCE INFORMATION

Date of sentencing: 11-28-2024

Term of imprisonment imposed: 2yrs

Approximate time served to date: 8 months

Projected release date: 11-28-2026

Length of Term of Supervised Release: 1yr

Have you filed an appeal in your case?

- [x] Yes
- [ ] No

Are you subject to an order of deportation or an ICE detainer?

- [ ] Yes
- [x] No

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES[1]

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons. (Please see attached document Exhibits (G)

[1] The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

- ■ Yes, I submitted a request for compassionate release to the warden on (date) 01/09/2024. (Please see attached document Exhibit 5(o)
- ☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

_____

_____

Was your request denied by the Warden?

- ■ Yes, my request was denied by the warden on (date): 02/28/2024.
- ☐ No. I did not receive a response yet.

III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you 70 years old or older?

- ☐ Yes.
- ■ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

■ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

☐ Yes.

■ No.

B. Do you believe there are other extraordinary and compelling reasons for your release?

■ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

■ I have been diagnosed with a terminal illness.

☐ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☐ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

■ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

■ There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

Where Dejane is currently serving time which is Carswell has had one death and several outbreaks of COVID, MRSA, STAPH, ECOLI, STREP-C, CLOSTRIDIUM DIFFICILE, FLU,SCABIES, HEPATITIS, DRUG OVERDOSES. Dejane is 8mos pregnant and is the sole provider for three children and the primary caretaker of her elderly grandmother. Dejane is considered a CARE LEVEL 4 and has developed "CARDOVASCULAR AV-BLOCK" during her incarceration (Please see attached document EXHIBIT 6(A). Dejane is currently being forced to take certain vaccinations that she has never taken during the birth of her three children. The doctor/nurse is forcing the pregnant inmates to have an induced labor delivery without providing the inmates the inmates the details as to why they are inducing their labor. Carswell is allowing MALE guards to be present during the delivery and this is causing Dejane stress and anxiety that will cause harm to her and the baby

IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?		Request to seal?	
Proposed Release Plan	☒ Yes	☐ No	☐ Yes	☐ No
Additional medical information	■ Yes	☐ No	☐ Yes	☐ No
	☐ Yes		☐ Yes	☐ No
	☐ Yes		☐ Yes	☐ No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me.

- ■ Yes
- ☐ No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

7-31-2024
Date

Signature

Jaraine Lattany on behalf of Dejane Lattany
Name

51090-510
Bureau of Prisons Register #

Federal Medical Center Carswell
Bureau of Prisons Facility

3000 I St, Ft Worth TX 76127
Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE

Federal DISTRICT OF Colorado

UNITED STATES OF AMERICA

v.

Case No. 23-CR-00074

(write the number of your criminal case)

Dejane Lattany 51090-510

Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☐ Yes

■ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

14475 Robins Dr. Denver Colorado 80239

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Floritta Lattany 14475 Robins Dr. Denver CO 80239
720-338-7343

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

Floritta Lattany- Grandmother 71, TL Son 11, NH -Daugther 8, RH -Son 2

If you have employment secured, provide the name and address of your employer and describe your job duties:

Full Time Caretaker for Floritta Lattany and Ovida Grove

List any additional housing or employment resources available to you:

Potientail private tutor for elementry students, and caretaker for additional senior family members.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

B. Medical needs

Will you require ongoing medical care if you are released from prison?

- [x] Yes
- [ ] No

Will you have access to health insurance if released?

- [ ] Yes
- [x] No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

- [x] Yes
- [ ] No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

- [x] Yes
- [ ] No

If yes, please include them with your motion. If no, where are the records located?

Please see attached Exhibit 6 (A), (B), (C), (D), (E), (F)

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently prescribed medication in the facility where you are incarcerated?

- [x] Yes
- [ ] No

If yes, list all prescribed medication, dosage, and frequency:

Please see attached documents EXHIBIT 6 (A), (B), (C), (D), (E), (F)

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

- [ ] Yes
- [x] No

If yes, list equipment:

Do you require assistance with self-care such as bathing, walking, toileting?

- [ ] Yes
- [x] No

If yes, please list the required assistance and how it will be provided:

Do you require assisted living?

- [ ] Yes
- [x] No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

- [x] Yes
- [ ] No

Do you have other community support that can assist with your medical needs?

- [x] Yes
- [ ] No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

TL- Son 11, NH-Daughter 8, RH-Son 2

Will you have transportation to and from your medical appointments?

- [x] Yes
- [ ] No

Describe method of transportation:

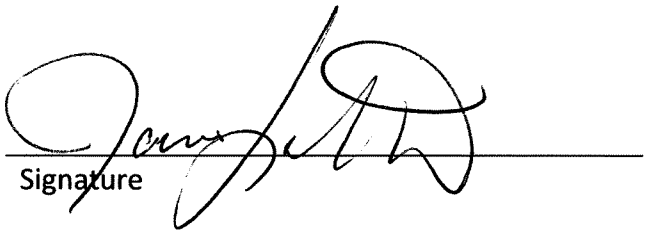
My grandmothers vehicle

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

07-31-2024
Date


Signature

Dejane Lattany
Name

51090-510
Bureau of Prisons Register #

Federal Medicial Center - Carswell
Bureau of Prisons Facility

3000 I St, Ft Worth Texas 76127
Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE

Federal DISTRICT OF Colorado

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v.

Dejane Lattany 51090-510

Write your full name here.

Case No. 22-CR-00074

(write the number of your criminal case)

MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION
In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you attach documents to this form that you believe should not be publicly available, you may request permission from the court to file those documents under seal. If the request is granted, the documents will be placed in the electronic court files but will not be available to the public.

Do you request that the attachments to this document be filed under seal?

☐ Yes

■ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

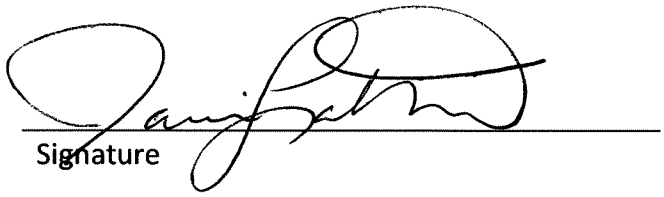
MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION

To the extent you have medical records or additional medical information that support your motion for compassionate release, please attach those records or that information to this document.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

7-31-2024
Date


Signature

Jaraine Lattany on behalf of Dejane Lattany
Name

51090-510
Bureau of Prisons Register #

Federal Medicial Center Carswell
Bureau of Prisons Facility

3000 I St, Fort Worth TX 76127
Institution's Address

EMERGENCY COMPASSIONATE RELEASE

This motion is being submitted on behalf of Dejane Lattany, by her mother *Jaraine Lattany* whom has been provided **Power of Attorney** to stand in her place to handle her State and Federal cases**. (Please see attached document EXHIBIT 1)**

1. **First Step Act**-(Section 301); place prisoners as close as possible to (and no more than 500 miles away from) their primary residence where practicable. (*The PSR that Dejane Lattany agreed to with the State of Colorado and the BOP and signed, was granted as agreed to per the PSR*). (**Please see attached document EXHIBIT 5B**).
2. **First Step Act-** (Section 202); prohibit the use of restraints on prisoners during pregnancy, labor and postpartum recovery, except where a health care provider determines otherwise or where the prisoner is an unreasonable flight risk or public safety threat *serious health condition.*
3. **First Step Act**-(Section 401); expand compassionate release (also "reduction in sentencing" or "RIS") for terminally ill patients and reauthorize the Second Chance Act of 2007 .

Dejane Lattany is currently 8 (eight) months pregnant and is the sole provider for three children and the primary caretaker of her elderly grandmother. Dejane is considered a **Care Level 4** and has developed **CARDOVASCULAR AV-BLOCK** during her incarceration. (**Please see attached document EXHIBIT 6(A**).

Dejane is currently being forced to take certain vaccinations that she has never taken during the birth of her three children. The doctor/nurse is forcing the pregnant inmates to have an induced labor delivery without providing the inmates the details as to why they are inducing their labor. Carswell is allowing MALE guards to be present during the time Dejane is to deliver her child which is very detrimental to Dejane and is causing her more stress and anxiety which can cause her and the baby harm.

With the FACTS that have been stated and documents provided, we are pleading for an **EMERGENCY *Compassionate of Release*** on behalf of Dejane Lattany to serve the remainder of her sentence in home confinement rather than prison and or reduction in sentencing.

We can promise that by granting Dejane Lattany this **EMERGNCY *Compassionate of Release*** will be a decision you will not regret. Dejane is an asset to her community and is valued for how knowledgeable and educated. This is the very first legal situation Dejane has ever experienced in her entire life and due to the inadequate representation she received from the attorney she hired "Jason Flores-Williams" by pleading guilty to charges from her State case placed her in a bracket with murders and drug dealers. The crime Dejane committed in her *Federal Case* should be considered a white-collar crime. Dejane has submitted a ***2255*** and a ***2254*** to her Federal Judge and a ***35C*** to her State Judge and will hopefully have the opportunity to have the plea removed and the case retried on the misrepresentation by her former attorney Jason Flores-Williams, which will change the dynamic on how she viewed sentenced regarding her Federal Case. Meaning Dejane would not be considered a previous offender which lowered her points to provide her better sentencing on her Federal Case.

Where Dejane is currently serving time which is Carswell has had one death and several outbreaks of ***COVID***, ***MRSA***, ***STAPH***, ***ECOLI***, ***STREP-C***, ***CLOSTRIDIUM DIFFICILE***, ***FLU*** ***SCABIES***, ***HEPATITIS***, ***DRUG*** ***OVERDOSES***, and other unhealthy airborne pathogens.

Dejane has letters that have been provided by other inmates whom have witnessed these HEALTH PANDEMIC ISSUES (**Please see attached documents EXHIBIT 2).**

Dejane Lattany has filed several Remedies for Resolution with FCC VictorVillle where she had rendered herself to begin serving her time, and by doing so there were forms of retaliation placed upon her. **(Please see attached document EXHIBIT 6)**

- Victorville /BOP transferred her to a high-risk detention center located in Los Angels MDC. After serving some time Dejane was again transferred to a detention center located in Oklahoma City, and the BOP proceeded to transfer her to Carswell where she is currently serving her time.
- Dejane was not notified of a detainer that was placed on her by the Denver Sheriff's Department with a invalid release date of 2027, which made her become ineligible for certain programs. **(Please see attached documents EXHIBIT 4)**
- Dejane had a medical hold placed on her, which was not detailed as to why which also kept her from being able to participate in certain programs.

- Dejane is being required to take DRUG CLASS, and she has NEVER tested positive, or has she indulged with any drugs in her entire life, and this is causing her anxiety and stress having to interact with individuals that have issues and addictions to drugs. **(Please see attached documents EXHIBIT 3)**
- Due to Dejane being transferred the BOP has taken ***56 DAYS*** FSA/FTC from her.

These situations clearly show some level of her being retaliated against by the BOP and listed Federal facilities. (**Please see attached documents EXIBIT 5**)

Exhibit 1 (A)

STATE OF TEXAS]
]
COUNTY OF TARRANT]

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, DeJane Reaniece Lattany, do hereby make, and grant POWER OF ATTORNEY to Jarraine Lattany who resides at 14475 Robins Drive Denver Colorado 80239. Concerning the matter(s) of:

All Criminal Cases in Both State And Federal Courts. To Speak to All Judges On my Behalf, Including Going Before All Judges Concerning All Aspects of All of my Criminal Cases. To make decisions And Ask Anything, Including Submission of motions on my behalf Concerning All Crimind Cases.

This POWER OF ATTORNEY is effective immediately and is to remain in full force and effect until so revoked by me.

This 14th day of the month of July of the year 2024.

By: _____, Grantor

Personally appeared before me, a Notary Public, in and for the STATE OF TEXAS, COUNTY OF TARRANT, an Adult, known to me, who having been duly sworn upon her OATH, SWORE TO, and SUBSCRIBED to the foregoing POWER OF ATTORNEY.

This 14th day of July, 2024 Witness my hand and Official Seal. N. Arterberry NOTARY PUBLIC

seal:

N ARTERBERRY
Notary ID #134566799
My Commission Expires
September 20, 2027

Exhibit 2 (A)

Confirmed Death Carswell FMC

Pamela Annette Bose
Bop Registration Number: 91633-379
Age 62
Black Female
Deceased 5/20/24

Last Names of Infected that Are known of Who Reside of NCC 4th Floor./or who Did Reside on The NCC 4th Floor where I Am Currently Housed.

- Marsh
- Johnson
- Boyd
- Maria Garcia

Whitness

* Petersenne Johnson -Randolph
* Vernelle lynn Badbear
* Pineda
- Darline Walker
- Sommer Ross
- Cromer
- Shay

exhibit 2(B)

FAQs
(frequently asked questions)

about

"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

This illustrates that Curswell is aware they are placing me and my unborn child in danger.

Co-sponsored by: SHEA, IDSA, American Hospital Association, APIC, CDC, The Joint Commission

Exhibit 26

FAQs
(frequently asked questions)

about
"Clostridium Difficile"

hat is Clostridium difficile infection?

ɔstridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also own as "*C. diff*" [See-dif], is a germ that can cause diarrhea. Most ses of *C. diff* infection occur in patients taking antibiotics. The ɔst common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

ho is most likely to get C. diff infection?

e elderly and people with certain medical problems have the eatest chance of getting *C. diff*. *C. diff* spores can live outside the man body for a very long time and may be found on things in the vironment such as bed linens, bed rails, bathroom fixtures, and edical equipment. *C. diff* infection can spread from person-to-rson on contaminated equipment and on the hands of doctors, rses, other healthcare providers and visitors.

n C. diff infection be treated?

s, there are antibiotics that can be used to treat *C. diff*. In some /ere cases, a person might have to have surgery to remove the ected part of the intestines. This surgery is needed in only 1 or 2 t of every 100 persons with *C. diff*.

nat are some of the things that hospitals are doing to prevent C. f infections?

prevent *C. diff*. infections, doctors, nurses, and other healthcare ɔviders:

Clean their hands with soap and water or an alcohol-based hand ·ub before and after caring for every patient. This can prevent C. *diff* and other germs from being passed from one patient to another on their hands.

Carefully clean hospital rooms and medical equipment that have ɔeen used for patients with *C. diff*.

Use Contact Precautions to prevent *C. diff* from spreading to ɔther patients. Contact Precautions mean:

- Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
- Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
- Visitors may also be asked to wear a gown and gloves.
- When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.

- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

ɔ-sponsored by:

IHEA IDSA American Hospital ADIP CDC

Exhibit 260

PROPER RESPONSE TO A BLOOD/BODY FLUID SPILL

NOTE: All blood and body fluids should be treated as though they are contaminated and should be dealt with accordingly.

Blood/Body Fluid Kit Location:
Medical Transport Equipment Rooms

STEPS TO FOLLOW:

1. **Secure and close the contaminated area off to all traffic.**

2. **Notify the Sanitarian, ext 4639 or by radio (channel 2), about the situation.**

3. **If after hours notify the Control Center.**

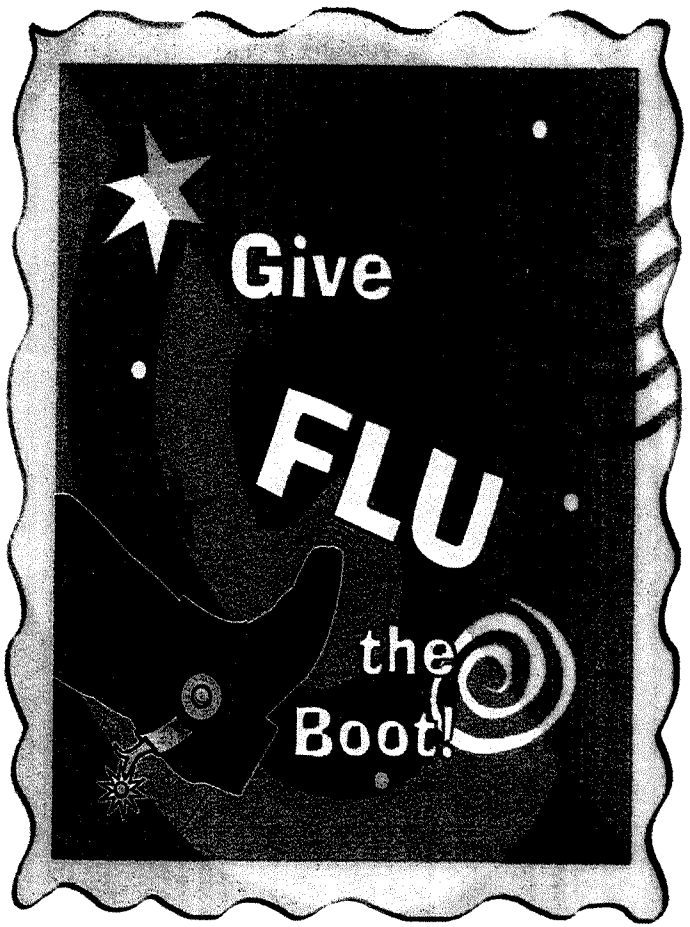
4. **The Sanitarian or Control will then send a trained inmate to clean and disinfect the contaminated area.**

5. **When the inmate arrives ensure that the spill kit is available.**

6. **Once area is disinfected traffic may proceed.**

7. **After clean up is complete ensure that a staff member then escorts the inmate to the Medical/Surgical Unit to dispose of the contaminant in the Bio-Hazard waste room.**

Flu Basics



What is influenza?
Influenza (flu) is a serious contagious disease that can lead to hospitalization and sometimes death.

How does flu spread?
Most experts think that flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. A person might also get flu by touching a surface or object that has flu virus on it and then touching their own eyes, mouth or nose. The influenza season typically runs from October through mid– May.

What are the symptoms of flu?

- fever*
- cough
- sore throat
- runny or stuffy nose
- body aches
- headache
- chills
- fatigue
- sometimes diarrhea and vomiting

*It's important to note that not everyone with flu will have a fever.

What can I do to protect myself from getting sick from flu?
Get vaccinated. This is an important first step toward fighting seasonal flu. It helps protect you and others. Vaccine is available for children [6 months and older] and adults. The flu shot takes about two weeks to become effective.

Keep your hands clean. Washing your hands often will help protect you from germs.

Cover your cough and your sneeze. Use a tissue or cover your mouth with your sleeve when you sneeze or cough. It may prevent those around you from getting sick.

Exhibit 26

NOTICE TO FORMER FCI DUBLIN POPULATION

** Applies only to Adults-in-Custody (AICs) who were designated at FCI Dublin on or after March 15, 2024, through the transfer of the last remaining FCI Dublin AIC to their receiving facility on May 1, 2024. **

- Former FCI Dublin AICs will be able to email the Special Master directly using the Request to Staff mailbox labeled Dublin Special Master located in the drop-down menu.

- Only the former FCI Dublin AICs may initiate emails to the Special Master. All email messages sent to the Special Master will include the name, register number, and housing unit of the AIC sending the email.

- The Special Master will not be able to respond to the former FCI Dublin AIC's email message.

- Emails will be non-viewable to the AIC nor searchable by BOP staff.

- Emails will not count against the AIC's daily email limit.

Exhibit 26

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

CALIFORNIA COALITION FOR WOMEN PRISONERS, ET AL.,

Plaintiffs,

v.

UNITED STATES OF AMERICA BUREAU OF PRISONS, ET AL.,

Defendants.

Case No.: 4:23-cv-4155-YGR

ORDER RE CLOSURE OF FCI DUBLIN & PRELIMINARY INJUNCTION

Re: Dkt Nos. 251, 256, 258, 262–63

Institutions matter. When successful, they provide the structure needed to promote and implement important policies. When they fail, the collapse not only harms those they were created to serve but also those who operated within them, whether or not they contributed to the demise. The Federal Correctional Institution in Dublin and satellite camp (collectively, "FCI Dublin") are now closed. No adults in custody ("AICs") remain. That said, closure is not synonymous with escape. Given the closure, issues of security no longer predominate. Thus, in this Order, the Court publicly summarizes the events which transpired (including some corrections to lawyers' representations) and outlines the necessary and continued monitoring of the Bureau of Prisons ("BOP").

* * *

Shortly after the Court issued a preliminary injunction to protect the constitutional rights of the AICs housed at FCI Dublin and appointed a Special Master to assist therewith, the BOP announced its decision to shutter FCI Dublin and relocate the population. BOP had advised the Court that it was considering closure, although no certainty existed, and noted that if it occurred, for security reasons, it would have to be conducted quickly.

Although it had as much time as needed to prepare, BOP's operational plan for closure of FCI Dublin was ill-conceived and, like Swiss cheese, full of holes. BOP regional staff worked the prior weekend hastily reviewing AIC case files to recommend placements. Arrangements were also made with the Justice Prisoner and Alien Transportation System ("JPATS") to halt all other

Exhibit 2(H)

NOTICE OF FEDERAL CLASS ACTION
FCI DUBLIN SAFETY AND CONDITIONS
California Coalition for Women Prisoners v. U.S.,
No. 4:23-CV-4155-YGR, 2024 WL 1290766 (N.D. Cal. Mar. 15, 2024)

The United States District Court for the Northern District of California has certified a class action lawsuit regarding conditions at FCI Dublin and the Camp. You can read the order in the law library by typing the following citation into the Westlaw search window: 2024 WL 1290766. You can also request a copy from the attorneys listed below.

The certified class consists of "All people who are now, or will be in the future, incarcerated at FCI Dublin and subject to FCI Dublin's uniform policies, customs, and practices concerning sexual assault, including those policies, customs, and practices related to care in the aftermath of an assault and protection from retaliation for reporting an assault." The Court also appointed a Special Master, Wendy Still, to assist the Court in addressing the following problems: (1) risk of staff sexual abuse; (2) inadequate medical and mental health care; and (3) risk of retaliation for reporting staff misconduct.

If you are incarcerated at FCI Dublin, you are automatically a member of the class. The Court certified the class for injunctive relief only. Injunctive relief means Court orders to change the way people are treated at FCI Dublin. The class action is not about money damages for past injuries. **As of April 15, 2024 the BOP announced plans to close FCI Dublin, potentially temporarily. If you are transferred you still have rights as a class member. If you have any concerns, you may reach out to the attorneys listed below.**

The certified class of people incarcerated at FCI Dublin and the Camp are represented by Rosen Bien Galvan & Grunfeld LLP (RBGG), Rights Behind Bars (RBB), the California Collaborative for Immigrant Justice (CCIJ), and attorneys from the law firm Arnold & Porter Kaye Scholer LLP.

You can communicate with class counsel by phone at (415) 433-6830, by CORRLINKS at kjanssen@rbgg.com, or by legal mail to one of the following addresses:

Rosen Bien Galvan & Grunfeld LLP
101 Mission Street, Sixth Floor
San Francisco, CA 94105-1738

Rights Behind Bars
416 Florida Avenue NW, #26152
Washington, DC 20001

BADBEAR, VERNELLE 17036046

Exhibit 26

Declaration of Vernelle Badbear 170360046

I make the following under the penalty of perjury that the following is true.

I am an inmate at the Federal Medical Center Carswell in Fort Worth Texas I reside on the 4th floor "NCC/Medical Surgical Unit." I reside in this unit with Ms. Dejane Lattany, and know first hand that there are 8 Active Contagious Infectious Diseases that are documented. These diseases include: 1.) MRSA 2) Staph 3.) E. Coli 4.) C. diff 5.) Strep C 6.) Scabies 7.) Covid 8.) Hepatitis. There are multiple hospitalizations and reported deaths. Most recently on May 24 2024 inmate Pamela Rose passed away from C diff after multiple hospitalizatio It is clear that the sanitation to kill and prevent the spread of this and other infectious diseases does not work despite "cleaning." We share multiple areas with those infected and are involuntarily exposed and forced to live in a hazardous enviornment.

I make this under the penalty of perjury.

July 1, 2024

Vernelle Badbear #170360046

Vernelle Badbear

Exhibit 2 (J)

Declaration of Petitsonne Johnson

I make the following under the penalty of perjury that the following is true.

I am an inmate at Carswell Federal Medical Center and reside on the 4th floor "MCC/Medical Surgical Unit." I reside on this unit with Ms. DeJane Lattany, and know first hand that there are 8 active contagious infectious diseases that are documented. These diseases include ① MRSA ② Staph ③ Ecoli ④ C-Diff ⑤ Strep C ⑥ Scabies ⑦ Covid ⑧ Hepititus. There are multiple hospitalizations and reported deaths. Most recently on May 20, 2024, inmate Pamela Rose passed away from C-Diff after multiple hospitalizations. It is clear that the sanitation to kill and prevent the spread of this and other infectious diseases does not work despite "cleaning". We share multiple areas with those infected and are involuntarily exposed and forced to live in a hazardous environment.

I Make this under the penalty of Perjury.

Petersen Johnson #35125-510 July 1, 2024

Fort Worth, Texas

Exhibit 2 (K)

Declaration of DeJane Reaniece Lattany

I make the Following under the penalty of perjury that The Following is true.

I am an inmate At Carswell Federal medical Center And Reside on the 4th Floor "NCC/medical Surgical Unit". The "NCC/medical Surgical Unit" Houses Both inmates that Are "Inpatient And Boarders". This consist of Care Levels 4 and 3. The Inpatients need Around the Clock nursing Care. The Boarders Consist of inmates that Are medically Vulnerable due to the Complexities of their Health issues And High Risk Pregnant Inmates. Both Cannot Be housed elsewhere for Health and safety issues. This Unit is considered The "ER" or emergency Room Because of the 24/7 nurse Care Staff that is present, NOt Just for the 4th floor Residents But To the entire Compound, that Almost 2,000 inmates Currently Are. There Are 8 Active Contagious infectious Disease that Are Documented on This Floor, which Are ①MRSA ②Staph ③Ecoli ④CDiff ⑤Strep C ⑥Scabies ⑦Covid ⑧Hepititus. In December of 2023, inmate Marsh passed away from CDiff. April 2024, inmate Maria Garcia Was Hospitalized multiple times for CDiff And Terminal Cancer And is in Hospice. May 20, 2024 inmate Pamela Rose passed Away from CDiff After multiple Hospitalizations. The pattern of those infected By the same infectious disease (CDiff) is obvious. It is clear that the sanitation to kill And Prevent the spread of this and other infectious diseases does not work despite "cleaning". I Share multiple Areas With those infected

Exhibit 2(4)

TV Rooms, Computers, And Laundry Washers And Dryers) Without Sanitation. I Am Involuntarily exposed and Forced To Live In a Hazard environment.

I make This Under the penalty of perjury.

51090-510 July 1, 2024
FortWorth, Texas

She passed in Victorville Custody.

Exhibit 2(m)

Tanya Eckroat

10-31-1957 to 1-8-2024

"God will wipe every tear from our eyes. There will be no more death or mourning or crying or pain."-Revelation 21:4

PSALM 23

The LORD is my shepherd, I shall not want.
He makes me lie down in green pastures,
he leads me beside still waters,
he restores my soul.
He guides me along paths of righteousness
for his name's sake.
Even though I walk
through the valley of the shadow of death
I will fear no evil,for you are with me;
your rod and your staff, they comfort me.

You prepare a table before me
in the presence of my enemies.
You anoint my head with oil; my cup overflows.
Surely goodness and mercy shall follow me all the days of my life,
and I will dwell in the house of the Lord forever.

Exhibit Z (M)

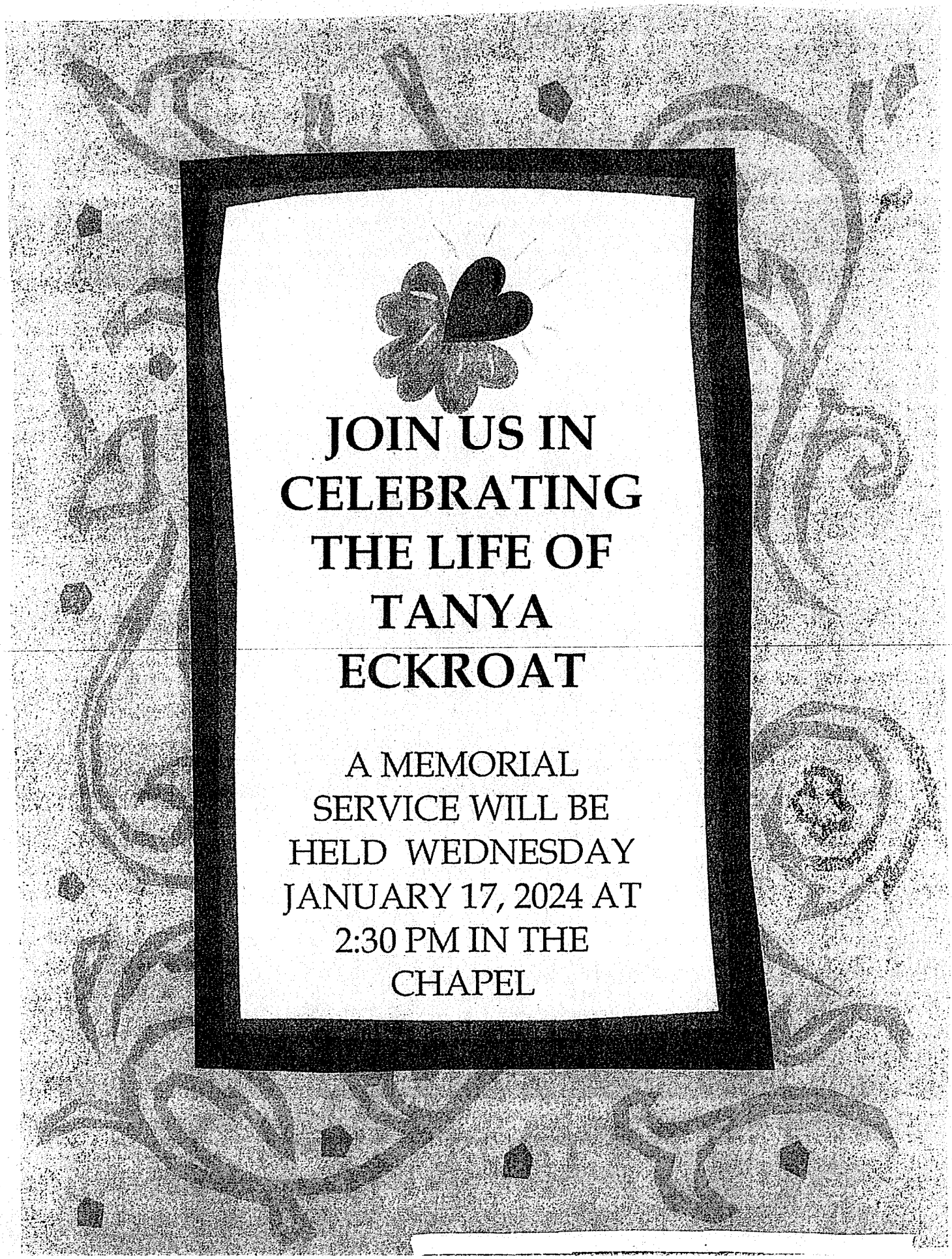

JOIN US IN CELEBRATING THE LIFE OF TANYA ECKROAT
A MEMORIAL SERVICE WILL BE HELD WEDNESDAY JANUARY 17, 2024 AT 2:30 PM IN THE CHAPEL

Exhibit 2 (o)

sacred status of women restored. To that end, we urge the U.S. government to reaffirm and support Indigenous protective systems by:

- Restoring the full authority of American Indian and Alaska Native Nations to protect Indigenous women, including through the support of VAWA 2021's expansion of Special Domestic Violence Criminal Jurisdiction for Indian nations.
- Recognizing and respecting Indigenous responses of Native Hawaiian communities and organizations to protect Indigenous women, including through the support of a Native Hawaiian Resource Center on Domestic Violence.
- Ensuring adequate resources for advocacy and services for Indigenous women, including by support of FVPSA 2021 tribal funding increases and establishment of a permanent, dedicated funding stream for tribes in the Victims of Crime Act (VOCA).
- Removing the systemic barriers facing families of MMIW including by supporting implementation of Savanna's Act and Not Invisible Act and the development and adoption of additional MMIW legislation in consultation with Alaska Native and American Indian Nations and Native Hawaiians.
- Implementing a thorough federal response to MMIW by requiring every federal department to develop action plans with meaningful consultation with American Indian Nations and Native Hawaiians to address MMIW.
- Recognizing that both land and Indigenous women are sacred and connected, and that both require legislative and policy actions to protect them from extractive industries and corporate interests, such as the passage of the *Save Oak Flat*, HR 1884/S.915.

From ***Restoration Magazine, Issue February 2021:***

COVID-19 Raises the Curtain of the Ugly Stage of Justice in the United States: Incarceration of Native Women

Andrea High Bear, a 30-year-old member of the Cheyenne River Sioux Tribe near Eagle Butte, South Dakota, died on April 28, 2020. She was the first woman in the

- She Died In Carswell FMC Custody. Exhibit 2 (P)
- Dr. Shackelford the OBGyn Here threatend me that I would Die Like Her If I didnt Get the covid vaccine.

United States to die of Coronavirus (COVID-19) while in federal prison custody. High Bear was convicted of a federal nonviolent drug offense and sentenced to 26 months in prison. Pregnant at the time of sentencing, she was sent to a federal prison in Texas, 900 miles away from her home in South Dakota during the COVID-19 pandemic—a death sentence.
Andrea High Bear's death from Coronavirus was avoidable. Why then did no one with the authority— judge or prosecutor—propose a more common-sense alternative for a high-risk, pregnant mother?

The COVID-19 Failed Response:
As of December 2, 2020, the CDC reported 513 American Indian and Alaska Native women had died from COVID-19. The mortality rate among American Indians and Alaska Natives from COVID-19 is 1.8 times higher than for white people. This statistic is even higher for Native Hawaiians, who are experiencing some of the highest coronavirus rates of any racial or ethnic group in the U.S. In Los Angeles County alone, Native Hawaiians and Pacific Islanders have rates of infection up to five times that of white people.
To address the COVID-19 crisis, Congress must act to challenge the long-standing structural barriers to meet the healthcare needs of Indigenous peoples. The U.S. Civil Rights Commission reports that Native American healthcare is vastly underfunded and primed for catastrophe. The U.S., despite signing treaties with Indian nations promising healthcare services, spends nearly three times as much per person on non-Indian medical care than on health services for Indigenous people.

The COVID-19 crisis only complicates and increases the harsh realities of incarcerated Native women. Andrea High Bear was aware of the threat COVID-19 posed. In addition to her high-risk pregnancy, High Bear had a pre-existing medical condition that the CDC lists as a risk factor for developing severe virus symptoms. Before being sent 900 miles away to the Federal Medical Facility Carswell, she voiced her concern to the U.S. Marshals about moving away from the doctors providing her with prenatal care. Yet they moved her anyway because FMC Carswell is the only federal medical prison for women in the U.S.

Andrea High Bear began showing symptoms of COVID-19 shortly after arriving at the prison. She gave birth to her daughter while on a ventilator on April 1. Three days after the birth of her baby, she was confirmed positive for COVID-19, and three and a half weeks later, she passed away. She never got the chance to meet or hold her daughter.

Exhibit 2(9)

A Racialized Justice System-

"The judge in her case had the complete discretion to suspend her sentence, given her pregnancy, or to order her to serve time at home; the prosecutor had the discretion to drop or lessen the charges; the Bureau of Prisons had the discretion to allow her to serve her sentence at home, for the sake of her health and her baby's. However, none of this happened. Instead, these system actors made the decision that punishment for a mother selling $850 of drugs to support her family warranted risking her life and the life of her baby."—Root and Rebound

Native American women are six times more likely to go to prison compared to their white counterparts. As in police shootings of Native women, the government paints a picture of criminals as violent, dangerous, depraved people who must be incarcerated. Bad choices, particularly for Indigenous women, are often interconnected with poverty, abuse, and government agencies. Many, like Andrea High Bear, committed a non-violent crime. Would their actions leading up to prison sentences have been different if poverty did not dictate how they lived, and, for so many incarcerated mothers, cared for their children?

Since 2015, the number of Native Americans incarcerated in federal prisons has increased by 27 percent. According to 2019 Prison Policy Initiative data in South Dakota, Natives make up roughly 50 percent of those imprisoned, despite making up only 8.7 percent of South Dakota's population. Similarly, they constitute about 25 percent of incarcerated individuals in Montana (which has a 6% Native population) and North Dakota (which has a 5% Native population).

Unfair treatment towards Indigenous peoples by federal and state justice systems is not an isolated incident; it reflects a pattern endemic to the structure of a racialized justice system that was never intended to serve its colonized peoples—American Indians, Alaska Natives, or Native Hawaiians.

The vulnerability of Native women to violence, crime, and poverty is an extension of the conquest of their nations. Federal policing—whether the military under the Department of War, U.S. Marshals, Indian agents, or the Bureau of Indian Affairs—was authorized by Congress to enforce federal laws made to eradicate and later assimilate Native peoples. In 1883, Congress passed the Code of Indian Offenses, effectively criminalizing Indigenous ways of life—language, spirituality, marriage, parenting, and more. Native Hawaiians also faced the overthrow of their government and criminalization of their Indigenous spiritual and cultural ways of life.

Exhibit 3(A)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: CRW-F-A

FROM: Warden
TO: 51090510
SUBJECT: RE:***Inmate to Staff Message***
DATE: 07/09/2024 04:32:03 PM

I have sent your E-mail to the appropriate departments.

From: ~^! LATTANY, ~^!DEJANE REANIECE <51090510@inmatemessage.com>
Sent: Tuesday, July 9, 2024 4:21 PM
Subject: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, CRW-F-A

To: Warden Rule
Inmate Work Assignment: Medical Idle/ no duty

-----LATTANY, DEJANE REANIECE on 7/8/2024 8:43 AM wrote:

>

Hello,

I have been assigned to attend a drug class this morning at 8:00am. I am basically 8 months pregnant and suffering from anxiety and too much stress here I also had a panic attack. The population that you have me in the class with is from the high rise (That environment is too stressful to me and my unborn child). This is too stressful for me and my baby.

I have no history of a drug case or any addiction. I don't tolerate drugs. I am here on a white collar case.

I am not Refusing I am simply requesting you to Please move me to the another class.

Exhibit 4(A)

Victorville placed a Detainer on I/M Lattany #51090-510 in Sentry on January 31, 2024. This inmate has a concurrent sentence running with Colorado Department of Corrections/Denver County Sheriff Department for case number 22CR6134. According to the information entered in Sentry by Victorville staff, the inmate still owes time with Colorado on her State sentence. According to the inmate herself she has a 2-year sentence running with Colorado. According to her the sentence is running concurrent to her federal sentence. Therefore, no one at this institution can legally remove the Detainer until Colorado DOC/Denver Sheriff sends us paperwork stating her time is finished with them and that they would like their Detainer to be removed. We have requested her file from Victorville, and we are currently waiting to receive it.

Exhibit # 4(B)

Denver Sheriff Department
Downtown Division Civil Unit

201 W. Colfax Avenue
Denver, CO 80202
p: 720-865-9556
f: 720-865-9590
www.denvergov.org/sheriff

SHERIFF DEPARTMENT
DENVER PUBLIC SAFETY

January 31, 2024

FCC Victorville
Attn: A Hatt
P.O. Box 5400
Adelanto, CA 92301

RE: LATTANY, DEJANE R. DOB: 6/30/1990
Denver District Case No.: 22CR6134
BOP # 51090-510

To Whom It May Concern:

We have been informed that Dejane Lattany is in your custody. This letter will serve as our lodging of a detainer against her for charges in Denver District Court.

Enclosed please find a copy of the court mittimus, to be lodged as a detainer for Dejane Lattany. Court mittimus issued by the Honorable Judge Christine Antoun, Denver District Court, Denver Colorado.

Dejane Lattany is a Black female, 5'6"tall, 199 lbs., brown hair, brown eyes,
DOB: 6/30/1990 SSN: unknown

We are requesting that you lodge our court mittimus as a detainer for this department and advise the subject of same.

Should you have any questions with regards to this request, please contact Disa Gibbens of the Denver Sheriff's Office Fugitive Warrants & Extradition Unit at (720) 865-8701.
Disa.Gibbens@denvergov.org.

Thank you for your cooperation in this matter.

Sincerely,

Sheriff Elias Diggins.

cc: Jessica Negrete, District Attorney's Office
Enclosure

Exhibit #4(C)

RID:D 62022CR006134-000044

District Court, Denver County, State of Colorado
Case#:D0162022CR006134 Div/Room: 5G
JUDGMENT OF CONVICTION, SENTENCE Amended
The People of the State of Colorado vs. LATTANY, DEJANE REANIECE
DOB 6/30/1990

The Defendant was sentenced on: 5/22/2023
People represented by...: BRECHBUHL, DANIEL
Defendant represented by: FLORES-WILLIAMS, JASON
UPON DEFENDANT'S CONVICTION this date of: 5/22/2023
The defendant pled guilty to:
Count # 3 Charge: MEDICAID-ALTER/FALSE/CONCEAL RECORD
C.R.S # 24-31-808(1)(g),(4) Class: F5
Date of offense(s): 11/09/2019 to 2/17/2021 Date of plea(s): 5/22/2023

IT IS THE JUDGMENT/SENTENCE OF THIS COURT that the defendant be sentenced to THE CUSTODY OF THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF CORRECTIONS
Department of Corrections 2.00 YEARS COUNT 3
5/22/23: 2 YEARS PAROLE. DEF'S SENTENCE IS TO BE SERVED CONCURRENTLY TO DEF'S SENTENCE IN FEDERAL CASE 23-CR-74-NYW. DEF'S SENTENCE IS TO BE SERVED IN THE BUREAU OF PRISONS.
STAY OF EXECUTION IS GRANTED UNTIL 8/29/23 AT 1 P.M. /MSA
09/06/2023 - STAY OF EXECUTION IS EXTENDED UNTIL 09/28/2023 AT 12:00 PM. /AKB
STAY OF EXECUTION GRANTED TO: 9/28/2023 @ 12:00 P
Plus a mandatory period of parole as required by statute.
Months on parole 0024

Assessed	Balance
$ 377,172.47	$ 377,172.47

THEREFORE, IT IS ORDERED the Sheriff of Denver County shall convey the DEFENDANT to the following department TO BE RECEIVED AND KEPT ACCORDING TO LAW COLORADO STATE DEPARTMENT OF CORRECTIONS DIAGNOSTIC CENTER

ADDITIONAL REQUIREMENTS

JUDGMENT OF CONVICTION IS NOW ENTERED, IT IS FURTHER ORDERED OR RECOMMENDED:

DATE 9/7/23 NPT *5/22/23 JUDGE/MAGISTRATE _____
CHRISTINE CATHERINE ANTOUN

Sheriff's Certificate of Completion
The court orders the sheriff to complete this certificate and return to the clerk of court upon the release of the defendant from their custody.
I certify that I executed this order as directed and released the defendant on_____ (Date).
Date_____ Sheriff_____
By Deputy_____

Exhibit # 4(D)

CRWDG 540*23 * SENTENCE MONITORING * 05-15-2024
PAGE 003 OF 003 * COMPUTATION DATA * 07:37:06
AS OF 05-15-2024

REGNO..: 51090-510 NAME: LATTANY, DEJANE REANIECE

---------- CURRENT DETAINERS: ----------

DETAINER NO..: 001
DATE LODGED..: 01-31-2024
JURISDICTION.: STATE OF COLORADO
AUTHORITY....: COLORADO DOC/ DENVER COUNTY SHEIRFF DEPT
CHARGES.....: INMATE OWES SENTENCE IN CASE NUMBER 22CR6134 TO THE DOC AND IT NOT EXPIRE UNTIL 09-28-27

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Exhibit 54(E)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: CRW-F-A

FROM: 51090510
TO: Lattany, Anezshe; Lattany, J; Lattany, Tenea
SUBJECT: Letter to Forward to Judge
DATE: 06/09/2024 09:35:55 AM

Dear Your Honor,

Can you please take a look my situation with the BOP and Victorville Federal Facility. There are some serious issues that must be addressed in regards to retaliation due to myself and other inmates following the procedures of "exhausting their remedies" prior to reaching out to the Judge. There is a form of retaliation that happens when inmates/adults in custody file administrative remedies such as BP8's, BP9's and etc....

I am Just one out of the many inmates that was transferred to several different facilities after I initiated my remedies at Victorville Federal Prison Camp (after finding out on my own that I was pregnant because I was not tested upon arrival). Victorville FPC has placed a detainer on me along with a medical hold to prevent me from entering into to the MINT program (A Federal Program in the BOP available for expecting mothers). All facilities I have been transferred to has been detrimental to my health and my unborn baby's health as I have been put in very stressful situations. I witnessed 1 death at Victorville, 1 death at MDC LA high rise facility, and 2 deaths at the current facility due to infectious disease in my unit.

I have submitted a motion/petition for counsel to be appointed in regards to this situation and will soon be entering in an Emergency motion for Compassionate Release.

I have never been in trouble. However, during the pandemic, under stress, I made a non-violent mistake and am now in a situation where I can possibly lose my life in this Federal Facility due to neglect and mismanagement.

Due to me having ineffective assistance of counsel for my State case, has caused me to miss out on the opportunity of being charged as a First-Time, Non-Violent offender.

There has been a 35(A) and 35(C) submitted to my state case out of courtroom 5G and a 2255/2254 submitted to you in reference to the ineffective assistance of counsel I received. I admit my wrong doing in regards to my Federal Case.

I really Hope you find this letter very concerning as to what is going on in the Federal facilities and the BOP to open an investigation in regards to my situation that will hopefully help others that are experiencing these and similar issues.

I do plan to submit an Emergency Compassionate Release petition here soon due to the seriousness of my situation, but in the meantime, any assistance you can provide to assist me truly means everything.

I am 7 months pregnant and well over 500 miles from my entire Family in Colorado. I am running out of time.

Thank you for your time and I Pray some type of action is taken.

sincerely,

DEJANE REANIECE LATTANY
BOP REGISTRATION NUMBER 51090-510

Exhibit 5 (A)

DEJANE REANIECE LATTANY on 5/11/2024 2:06:05 PM wrote
Dear Honorable Judge,

Thank you for taking the time out to address my concerns. I Understand that your position can be very demanding of your time. Therefore, I appreciate any assistance that you could provide to me. I am currently in custody at Carswell FMC in Fort Worth Texas as of mid April 2024. I Self surrendered to Victorville Women's Prison camp in California on Nov 30th 2023/ However, after exercising my civil rights to use administrative remedies, Sending documenation concerning my health care and unforeseen pregnancy (which I was not tested for upon arrival to Victorville FPC) to the Warden at Victorville and on January 30th, having a disagreement with Commander Harris (social worker at Victorville), Victorville Records Department entered in there system that I have a Detainer.

On January 31st 2024, I was told to get my stuff and to leave with no explanation. I was Transferred to Metropolitan Detention Center Los Angels with no answers for a week. I was later told that I was there for a "detainer" with no real proof of a detainer except for the computation sheet information that Victorville entered in themselves. Victorville Records entered in that the "CDOC (Colorado Department of Corrections) And the Denver Sheriffs Department placed a detainer on me for a sentence that I am supposed to be serving for the state of Colorado, until 2027".

The first issue with what Victorville Records entered is that the CDOC and the Denver Sheriffs Department both verified that there is no detainer. The social Workers here at Carswell FMC, Mrs.. Bahr and Mrs.. Griffin both verified that there I have no Detainer as well.

The Second issue is that Victorville staff entered in the system that I have a detainer for the Sate of Colorado until 2027. This makes no sense seeing that my state sentence is only 2-years and is already running concurrent with my 4-year Federal sentence, in the Federal Prison System, according to my state of Colorado Plea Agreement and my Federal and State judgement and commitment orders .

The state has no reason to ask the Federal Government to detain me, nor would they detain me past my 2-year state sentence in which I am supposed to report to state probation after the 2-year sentence is served for them.

With Victorville Federal Women's Prison Camp entering this "Detainer" in themselves, I have experienced severe hardship. I have been moved around 3 times, Lost 20 pounds, Lost 10 pounds in two days, experienced stress anxiety and chest pains All while being pregnant. I am now disqualified from programs that can help me such as the MINT program for pregnant women and mothers. I have also been removed from camp status all because Victorville staff entered in a "Detainer" that is not really there.

I have been very upset and stressed because I do not belong behind a fence with these type of populations. I have experienced drug addicts overdosing , fighting and inmates dying. This is too much stress on me while being pregnant and even if I wasn't pregnant. I am still suffering.

I feel that Victorville Records Department entered the detainer information in to retaliate against me. I also feel that Victorville social worker Harris, the Victorville acting warden and the Victorville records department, took advantage of their ability to do this without actual proof of a Real Detainer. Because of the emotional distress I am suffering, the BOP should take a closer look at things like this.

Every agency that Victorville states has a Detainer on me, verifies and has verified that I do NOT have any Detainers or pending charges. My state case is closed and is being ran concurrent in the Federal Prison System as agreed. In addition, I was already approved for the MINT program by Dr. Peikar (regional medical Director), at Victorville, based on my condition and Presentencing report information on January 22, 2024.

Please help me resolve this Detainer issue so that I could be placed back into minimum custody, camp status and I can go to the MINT program to have my baby in Arizona , closer to all of my family and children in Colorado. I am in need of my family support due to my last baby born in 2022 coming out not breathing. That was very traumatizing to me. However, I am more than

Exhibit 5(B)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: CRW-F-A

---

500 miles away from all my family and children and do to my suffering, stemming from a mistake with the BOP, I am requesting to be placed on home confinement to complete the remainder of my sentence if you can help.

Sincerely,
Dejane Lattany
BOP Registration Number: 51090-510

Exhibit 5 (d)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: VIM-G-S

FROM: FCI-I Associate Warden
TO: 51090510
SUBJECT: RE:***Inmate to Staff Message***
DATE: 01/19/2024 10:17:01 AM

You will be seeing the dentist today. The provider saw you yesterday and ordered lab tests and iron and prenatal vitamins. You also saw the provider on 1/12/24 who provided easy to chew diet options and ordered extra snacks x2 a day.

From: ~^! LATTANY, ~^!DEJANE REANIECE <51090510@inmatemessage.com>
Sent: Monday, January 15, 2024 12:14 PM
Subject: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, VIM-G-S

To: Warden
Inmate Work Assignment: Medical Idle

Thank you for taking the Time out to read into my expressed concerns. The purpose of this notice is to inform you of my current status here at this prison camp.

As instructed, I have see dental for both sides of my mouth. The right side has a cracked tooth and the left has a cracked tooth with an incomplete filling. I am unable to chew without severe pain. It is noted that dental cannot do anything at this time due to the need of an xray. My pregnancy prevents an xray to be done. In addition, dental will not be able to pull it do to the anastesia they would need to place me under in order to pull it. My pregnancy prevents that as well.

I seen Doctor Babalola and she also has done everything she could to make sure I am okay. She has written an order for soft foods and extra snacks. However, there is still not enough nutrition here and the options available at this camp are very limited and still cause me too much pain.

On top of that, I am a high risk when I am pregnant (this is without any external factors). You can see my PSI for more information.

There have not been any reports of covid in this facility that I am aware of. However there are many people in here very sick and with fevers and symptoms of covid. As far as my knowlege, there hasnt been any testing.

This serves as a notice.

Thank you very much. Have a blessed day.

Exhibit 5 (D)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: VIM-G-S

FROM: FCI-I Associate Warden
TO: 51090510
SUBJECT: RE:***Inmate to Staff Message***
DATE: 01/22/2024 12:02:01 PM

In reference to the administrative needs for RDAP and Substance abuse, the Pre-Sentence Report notated that you had a "history" of alcohol and last use was in January 2021. And that you tried marijuana at the age of 17. These are the reasons why you were keyed in the code Drug Program History, and DSCC also scored you as less than 5 years ago for Drug/Alcohol as it is scored as one. Please see your unit manager if you need further assistance.

From: ~^! LATTANY, ~^!DEJANE REANIECE <51090510@inmatemessage.com>
Sent: Wednesday, January 10, 2024 5:39 PM
Subject: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, VIM-G-S

To: Warden
Inmate Work Assignment: Medical Idle

Good evening,

Thank you for taking the time out to read into my concerns. I am writing you Under the seriousness stress of my current condition. I am pregnant and I now cannot eat because both sides of my teeth are breaking and sore due to inadequate nutrition in this prison camp. I was and am in need of fruits beside apples and pears. There are no oranges or other fruits available to me as I need vitamin C. I did pick up prenantal vitamins from the pill line. However, that is only a suppliment and not meant to be a complete substitude for food. I cannot chew the apples and pears at all. I was able to see the dentist on 1/9/24 and 7:30am as i was on the call out. However, they could not provide care because they needed to conduct xray imaging. Xray imaging would not be the solution due to my being pregnant. I was advised to just chew on the other side after they confirmed that my tooth was broken. I cannot chew on the other side either because there are now things wrong with that side. I did not come here with broken and sore teeth. I am in pain. I did not know that I was pregnant upon arrival. However, I am a high risk whenever I am pregnant and this facility will not be able to provide the proper care nor nutrition for my needs.

On 1/4/24 I submitted a BP8 for insufficiant medical care at this facility. On 1/5/24 i was taken out on a med trip due to my grievance. The doctor took notice that I am a high risk and has put in orders for preventative care.

I would like something to be done immediately more preferably to be moved to Denver Colorado where I have access to the proper medical care that i am currently in need of. I have taken responsibility for the crimes that I was charged with both the ones i did commit and the ones that I did not commit. By no shape or form am I attempting to ignore the seriousness of the crime, charges or the justice system. However, I was unaware that I was pregnant when I self surrendered to this facility. These unforseen circumstances warrent you to look into my requests as an individual and not just as a criminal. I would like something to be done without any form of retaliation.

(side note) on 1/8/24, someone administratively added needs for RDAP and Substance abuse. I never used drugs in my life and i never will use drugs. I am not in here on any drug crime and my PSI report speaks for it's self. I do not have any needs of such that this institution can assist me with. I took the surey and yeilded NO NEEDs as my result. The only reason I have needs listed now is because i signed up for FSA classes on my own. I do not know if Drug programs were added to my needs as a mistake but i need them to be removed immediately.

Thank you.

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSAS – Phone (913) 682-8700 ext. 465

Exhibit 5 (8)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Lattany, Dejane, R.	51090-510	G-South	FCC Victorville Prim Camp
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A– INMATE REQUEST Dear Warden. I Dejane Lattany, Am seeking Compassionate Release And Transfer to Home-rest In Accordance With 18.U.S.C 3582(C)(1)(A)(i) And Program Statement 5050.50. This Request Is rooted In the extraordinary Pelling Circumstances Brought About By the covid 19 pandemic, Rsv, And the Increase, particulary concerning myself. I am a high Risk ical Patient. I Face elevated Risk of complications Being here and if I contract covid 19, even with Vaccination. I fulfil Both 4 Criteria For compassionate Release And the U.S. Sentencing Guidins policy Statement 1B1.13 definition of extraordinary pelling "Under "Serious medical conditions" And other Reasons." Initially, I am Requesting that the Warden Reduce my Sentence Compassionate Release Under Appellate case 22-2210 Document 01611035472 Date Filed 7/11/23 page 23 3582(C)(1)(A). urthy, I am Also petitioning to Be transfered to home confinement, Pursuant to 12003(b)(2) of the CARES Act, And Relying on the Inner General's April 3 2020, memorandum Recognizing that COVID-19 emergency conditions materially Affect the Functioning of the of prisons. Despite the Recission of the CARES Act, the Bureau of Prisons, continues to adhere to COVID-19 protocols with Administrative . My Vulnerability to contracting covid-19, Rsv or ~~Stroke~~ having a stroke is Intensified By the Prison facility communal living, where maintaining lence, As recognized by the CDC is challenging. Furthmore my susceptibility to the potentially fatal effects of covid 19 persists due to tal Underlying health conditions: High risk pregnancy, High blood Pressure, hypertension, High Cholesteral, chronic migraine headaches to my Pre-Sentence Report for documentation). Moreover, I am the sole documented caregiver to my children, Ty Age 11, Nova and Blair Age 2. And my physically Incapacitated grandmother Flo Lattany age 70, whom I have Assumed all encompassing care bilities (As detailed in my PSR and Sentencing memorandum). The plea will Be presented Before the district court For compassionate Under 18 U.S.C. 3582(c)(1)(A), As Amended by the First Step Act of 2018. Pub L. No. 115-391, 603(b)(1), 132 Stat. 5194, 5239, set For receiving denial or no Response After 30 days from the Warden. The statute empowers the district court to Reduce a term of must After considering the Sentencing factors in 18.U.S.C 3553(a) if the court "finds that ... extraordinary and compelling Reasons warrant duction". and if "such reduction is consistent with applicable policy statements issued by the Sentencing Commission 3582(c)(1)(A)(i) Bears. Step act, only the Director of the Bureau of Prisons (BOP) could move for compassionate release on a defendant's Behalf. It was established in the le v Smarth, 129 F 3d 539, 541 (10th Cir. 1997), which claimed that a defendant is ineligible for compassionate Release. With out a motion by BOP section 603(b)(1) of the First Step act Amended 3582(c)(1)(A), granting defendants the right to file a motion for compassionate Relief on their own only After dual has fully exhausted all administrative Rights to appeal a failure of the BOP to Brg a motion on the defendant's Behalf or lapse of 30 days from ipt of such a request by the Warden of the defendant's facility, whichever is earlier. 3582(c)(1)(A)

01/17/2024
DATE

SIGNATURE OF REQUESTER

Part B– RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C– RECEIPT

Exhibit 5 (F)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: VIM-G-S

FROM: 51090510
TO: FCI-I Associate Warden
SUBJECT: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, VIM-G-S
DATE: 01/15/2024 12:14:42 PM

To: Warden
Inmate Work Assignment: Medical Idle

Thank you for taking the Time out to read into my expressed concerns. The purpose of this notice is to inform you of my current status here at this prison camp.

As instructed, I have see dental for both sides of my mouth. The right side has a cracked tooth and the left has a cracked tooth with an incomplete filling. I am unable to chew without severe pain. It is noted that dental cannot do anything at this time due to the need of an xray. My pregnancy prevents an xray to be done. In addition, dental will not be able to pull it do to the anastesia they would need to place me under in order to pull it. My pregnancy prevents that as well.

I seen Doctor Babalola and she also has done everything she could to make sure I am okay. She has written an order for soft foods and extra snacks. However, there is still not enough nutrition here and the options available at this camp are very limited and still cause me too much pain.

On top of that, I am a high risk when I am pregnant (this is without any external factors). You can see my PSI for more information.

There have not been any reports of covid in this facility that I am aware of. However there are many people in here very sick and with fevers and symptoms of covid. As far as my knowlege, there hasnt been any testing.

This serves as a notice.

Thank you very much. Have a blessed day.

Exhibit 5(G)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: LOS-G-S

FROM: 51090510
TO: FCI-I Associate Warden
SUBJECT: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, VIM-G-S
DATE: 01/30/2024 12:25:33 PM

To: Warden
Inmate Work Assignment: Medical Idle

Good Afternoon.

I was having chest pains since 1/23/24.I was not seen until today. Today I was seen by Dr. Babalola and she performed an EKG test on me and the machine came out with the results that I do have a AV Block. She is recommending me to see a cardiologist.

I was also recommended to see a specialist by the outside obgyn along with care by him aswell due ti my fluctuating heart rate and blood pressure.

I came in this prison at 255ibs and I am now down to 238ibs because I cannot eat without suffering tremendous pain.
1)-Dental cannot do anything because they cannot take an Xray due to pregnancy
2)-even if they do take an xray they cannot opperate due to the dangers of the anastesia to my baby.

I am suffering here in this prison in pain when i eat and I am being deprived of the nutrients here because what is avaiable is not soft enough and does not provide me with the nutrients needed.

I have informed the staff, Medical staff and the Warden now of my health conditions. I have also encouraged you all to refer to my PSR. I am telling you guys that I am high risk when pregnant. I was not expecting to be pregnant when i self surrendered however this is serious and if anything happens to me or my unborn child it will be at the fault of this facility and all the staff here. I am under your responsibilty.

on 1/22/24, have spoken to Dr. Peikar and he stated that he recommends me for compassionate release to home confinement under the NEW compasionate release guildelines. If you so not have a copy of them i can give you a copy of them. He stated

Under the instructions of my two attornies, I was instructed to request compassionate release.
In addition, I was instructed by Commander Harris to submitt the request to the Warden as well.

Please View my PSR and my health conditions here as they are becoming worse and faster than I have ever seen. Please understand that I am affraid for my life and need to be sent back to Denver.

My chest pains continue sparatically, I am under too much stress and my health is declining expoditiously while under your care. Please take consideration of me and my unborn child. I also have young babies and grandmother that I need to care for

Exhibit 5 (19)

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSAS

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Lattany, DeTane M | 51090-510 | 7-South | MDC-LA
LAST NAME, FIRST, MIDDLE INITIAL | REG. NO. | UNIT | INSTITUTION

Part A- INMATE REQUEST

As I Have Already Expressed that I Have Been Suffering Anxiety And Panic Attacks. I Have Only Been Offered psych Medications Which is Unsafe While I Am pregnant. The Anxiety And panic Attacks Are Not Good For my BaBy. MDC-LA continues to Fail to Help me Regulate these Attacks During And After Medical Trips. I Am Asking If You All can Stop/Refrain from Sending me on Medical Trips With Male Officers As I Suffer from Trauma From being molested. I Don't Feel Safe.

2-21-24
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Exhibit 5 (F)

U.S. Department of Justice

Federal Bureau of Prisons

Regional Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: LATTANY, DEJANE, R (LAST NAME, FIRST, MIDDLE INITIAL) | 51090-510 (REG. NO.) | 7-South G-South (UNIT) | MDC-LA (Custody) Victorville FCC (INSTITUTION)

Part A - REASON FOR APPEAL In Response to not Receiving An Answer on The Sensitive BP-9 I Wrote And sent to the Warden By means of Case Manager Blackford at Victorville Women's Prison camp And Unit Manager Aragon at Victorville. I am Asking that my Request- sidered in the next Step of the Administrative Process. On Febuary 9th 2024, Unit Manager n And Case Manager Blackford From Victorville Came to MDC-LA Without Answers Return the Sensitive BP-9. Additionally, on Febuary 14th, Matel (a Unit Manager) And so (The secretary) Both From Victorville Came Again to MDC-LA Without Answers or To rn the Sensitive BP-9. In conclusion, I have not Received my Sensitive BP-9 Rom the Warden At Victorville, Which is Time Sensitive. In Addition, I Have denied my Administrative Right To Proper means of Inquiry About my Sensitive . The Reason I Believe is Due to Retaliation towards me Because Victorville Unit Team . (Continued on Additional Attachments)

02/16/2024
DATE

SIGNATURE OF REQUESTER

Part B - RESPONSE

Received
MAR 21 2024
Western Regional Office

DATE

REGIONAL DIRECTOR

dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar ys of the date of this response.

RIGINAL: RETURN TO INMATE

CASE NUMBER: 1189474-R1

art C - RECEIPT

CASE NUMBER: _____

eturn to: _____ (LAST NAME, FIRST, MIDDLE INITIAL) | _____ (REG. NO.) | _____ (UNIT) | _____ (INSTITUTION)

SENSITIVE Exhibit 5(J)

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSAS

S. DEPARTMENT OF JUSTICE

deral Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

om: Lattany, Dejane R	51090-510	Med/Surg Unit NCC 4th Floor	Carswell FMC
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST Dear Warden Rule, I Dejane Renniece Lattany, am seeking Compassionate Release and/or e to home confinement in Accordance with 18 U.S.C § 3582(c)(1)(A) And program Statement 5050.50. This Request is Rooted "extraordinary And Compelling" circumstances Brought By Covid 19 pandemic, Particularly concerning myself. I face an elevated complications if I contract Covid 19, even with vaccination. I Fulfill both of the Statutory criteria for Compassionate Release US Sentencing Guidelines policy statement §1B1.13 definition of "extraordinary and compelling" under "Serious medical condition" er Reasons". Initially, I am Requesting the Warden to reduce my sentence Based on Compassionate Release under Appellate 2110 Document: 010110835472 Date Filed 7/11/23 page 2 > § 3582(c)(1)(A). Subsequently I am Petitioning to Be transferred to Home ment, Pursuant to § 12003(b)(2) of the CARES ACT And relying on the Former Attorney General's April 3, 2020, memorandum ing that covid 19 emergency conditions materially affect the Functioning of the Bureau of Prisons. Despite the Rescission CARES Act, The Bureau of Prisons continues to Adhere to Covid 19 protocols with Administrative Affairs. My vulnerability tracting Covid 19 is intensified By the prison Facility's communal living, where maintaining a safe distance as vided By the CDC is challenging. Furthermore. my susceptibility to the potentially Fatal effects of Covid persists due to documented ng health conditions: high risk pregnancy And other Health conditions Documented in my PSR and my Health conditions Developed [illegible] custody which is documented in the BOP system. Moreover: I am the sole documented caregiver to my children Ages 12, 3 and ld, And my physically incapacitated grandmother Age 70, whom I have assumed all-encompassing care Responsibilities in my sentencing memorandum. This plea will Be presented Before the district court for compassionate Release under 18 U.S.C (c)(1)(A) As Amended By the First Step Act of 2018, Pub L. No 115-391 § 603(b)(1), 132 Stat 5194, 5239, but only After Receiving d or no Response After 30 days from the Warden, The Statute empowers the district court to Reduce a Term of imprisonment dering the Sentencing factors in 18 U.S.C § 3553(a) if the court "Finds that Extraordinary And compelling Reasons Warrant Reduction" And if such a reduction is consistent with applicable policy statements issued By the Sentencing Commission. (c)(1)(A)(i). Before the First Step Act, only the Director of the BOP could move for compassionate Release on a defendant's behalf - the [illegible] United States v. Smartt, 129 F.3d 539, 541 (10th cir 1997) which clarified that a defendant is ineligible for compassionate Release without a Motion By BOP Director. Section 603(b)(1) of the First Step Act Amended § 3582(c)(1)(A) [illegible] to file a motion for compassionate Relief on their own Behalf only after defendant has fully exhausted all [illegible] a failure of the BOP to bring a motion in the defendant's behalf or lapse of 30 days from receipt of such Request by Warden of the Facility whichever is earlier 3582(c)(1)(A). Upon Release I will stay with my grandmother and children.

4-29-2024

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: ______

CASE NUMBER: ______

Part C- RECEIPT

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Exhibit 5(A)

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	Lattany, Desane	Register Number	~~05~~ 51090-510

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred. I am Requesting That my File From ~~Bec~~ Records At Victorville Federal Prison Camp Be Expedited Here to Carswell, To my ~~Unit~~ Unit-jim and To Mr. Bishop in Records, I am 6 months pregnant and Do not Have the time to Wait on Victorville To Send my File. My Civil Rights Are Being Violated Because I am Being Detained For a Detainer that Doesnt exist.

Briefly state the action you request to resolve your complaint. need the Records or my Detainer and property (including my Legal Papers) to be expedited from Victorville Federal Prison Camp in California. I have been gone from Victorville for 3 months. They are who entered in that I have a Detainer.

Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. Spoke with Records (Mr. Bishop and Mrs. Mallard) But they Refused To Request what is needed to Be Done. I Wrote Records, worked with Social Workers Mrs. Behr and Griffin To verify That the agencies in Colorado have no Detainer, my state sentence is 2 years and ~~Cou~~ is Ran Be concurrent with my 4 year Federal Sentence in the Federal Prison System This Includes Home confinement, I am still in Bop Custody on Home confinement

GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

E COMPLETED BY STAFF

Date Received by Counselor for Response 05/15/2024

Summary of investigation (place response on this form):

What actions were taken to resolve this matter informally (place response on this form):

Explain reasons for no resolution (place response on this form):

ie Issued BP 8.5 1:16pm 05/15/2024 Unit Team Member: mlitch

e Inmate Returned BP 8.5 3:32 pm 05/17/24 Unit Team Member: mlitch

e Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: _____

r/Camp Administrator Signature: _____

_____ (date), this issue was informally resolved.

_____ _____

ture Date

1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If OT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

Exhibit 5(4)

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSAS

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Lathany Deanna R (LAST NAME, FIRST, MIDDLE INITIAL) 51090-510 (REG. NO.) NCC 4th Floor (UNIT) Caswell FMC (INSTITUTION)

Part A– INMATE REQUEST Due to the panick Attacks and Anxiety Attacks I experance, Including the Traumd I Have Suffered And Am currently Suffering, I Have Requested Not To Be Taken on medical TRips By male officers. I Have Also Requested to Speak with psych. However, Nothing Has Been Done. I Have Also Spoken to you About this Matter Verbally In maintine. your Assistance Would Be greatly Appreciated.

5/24/24
DATE

SIGNATURE OF REQUESTER

Part B– RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C– RECEIPT

Exhibit 50 Mrs. Mallard Mr. Bishop Records.

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	LATANY, DeTane	Register Number	51090-510

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred. Regional provided A.W. Mr. Hess with the paperwork And Instructions to Justify the "Detainer" However, the paperwork states TO "Detain" me Based off of the attached mittimus For my 2 year Sentence that the state Imposed. There is NO paperwork Stating that I am TO Be Detained past my 2 year Sentence. How Are you ABLE to Detain me past the Legal Sentence without an order or paperwork Justifying it?

2. Briefly state the action you request to resolve your complaint. I Am Requesting that you Refer to the Legal paperwork Justifying the Detainer for my two year concurrent Sentence And fix the Date. I Started serving my 2 year State Sentence in 2023. Therefore it ends in 2025. OR produce Legal paperwork from the State of Colorado that gives you the Right to Detain me past my Legal State Sentence

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. I spoke With Regional along With Mr. Hess TO Get the paperwork sent Here to Justify Detainer; I went to Open House to Ms. Mallard. I explained that the date Matters Because you Are Detaining me UNTIL 2025 Illegally from a verbal phone call that contradics the paperwork sent to the Bop. I Am NOW Going to Hold you legally Responsible for your Failure TO Act.

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response 6.26.24

Summary of investigation (place response on this form):

What actions were taken to resolve this matter informally (place response on this form):

Explain reasons for no resolution (place response on this form):

Time Issued BP 8.5 6.26.24 Unit Team Member: MSmith

Time Inmate Returned BP 8.5 7.17.24 Unit Team Member: MSmith

Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: _____

nager/Camp Administrator Signature: _____

_____ (date), this issue was informally resolved.

_____ _____

ignature Date

on: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If t is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

Exhibit 5(M)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: VIM-G-S

Dear Warden,

I hope this letter finds you in good health. My name is Dejane Lattany, Registration Number: 51090-510, and I am reaching out to express my profound concerns regarding the lack of adequate medical care provided to me at Victorville Federal Institution Complex, designated as a Level 2 care facility.

Being pregnant, I find myself in a distressing situation where essential medical attention, as outlined in the established procedures for early pregnancies, has not been provided. Unfortunately, I have not undergone a thorough examination by medical staff, and critical components of prenatal care, including medications and prenatal vitamins, remain unaddressed. Additionally, there hasn't been a proper assessment to determine my delivery date.

Complicating matters, I have been assigned to work in the food service warehouse, involving physically demanding tasks such as bending, stooping, and lifting heavy boxes. Considering my pregnancy and medical history, this raises significant concerns about the potential risks to both my well-being and that of my unborn child.

With a documented history of high blood pressure and challenging pregnancies, it is crucial for me to receive proper medical care and be assigned to tasks that do not compromise my health and that of my baby. *Citing my Pre-Sentence Report that you have access to and can verify my medical and mental health history.

Alongside my urgent request for a thorough investigation, I implore your prompt intervention to facilitate a scheduled medical appointment, ensuring the necessary attention for my pregnancy. Furthermore, I kindly request the provision of pregnancy vitamins, specifically those unavailable for purchase through the commissary.

I appreciate your immediate attention to this matter and trust that swift action will be taken by the correctional facility to address these concerns and uphold the well-being of all inmates under your care.

Sincerely,

Dejane Lattany, Registration Number: 51090-510

Exhibit 5(a)

Name: LATTANY, Dejane Reaniece
Register No.: 51090-510
Unit: Metropolitan Detention Center (LOS) G05-702L

This is in response to your Request for Compassionate Release/Reduction in Sentence, based on extraordinary and compelling circumstances. Specifically, due to COVID-19 Pandemic, RSV, and other concerns, particularly your high-risk pregnancy.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with the general guidance.

A review of your circumstance indicates that you self-surrendered and began your sentence with the Bureau of Prisons on November 30, 2023. You were sentenced on August 15, 2023, to a 48-month sentence with a 3-year term of supervision for Wire Fraud. On January 31, 2024, The Colorado State of Corrections placed a detainer for a sentence you owe for Case Number 22CR6134, which will expire on September 28, 2027. Per Policy Statement 5050.50: "All detainers and holds should be resolved prior to the Warden's submission of a case under 18 U.S.C 3582 (c)(1)(A) or 4205 (g)." Your current projected release date with the Bureau of Prisons is April 5, 2027, via First Step Act Release.

The consideration criteria cited in your request were based on the Coronavirus (COVID-19). The BOP took and continues to take extraordinary measures to treat any infected inmates. We recognize that you, like all of us, have legitimate concerns and fears if exposed to a virus. However, your concern about potentially being exposed to, or possibly contracting, COVID-19, RSV, or any other viruses does not currently warrant an early release from your sentence. Therefore, your pregnancy or any medical concerns do not rise to the level of medical conditions that warrant consideration for a Compassionate Release/Reduction in Sentence. Additionally, FCC Victorville's Health Services Department reviewed your medical records and advised you are a 33-year-old female that does not have a documented medical diagnosis from a physician with a prognosis of life expectancy of 18-months or less. Your current medical diagnosis is being managed with medication, exams, evaluations, and treatment. You

Exhibit 5(p)

are not currently diagnosed with a terminal illness, and medical staff indicate you do not suffer a debilitating injury from which you will not recover at this time. You have full functional capacity as demonstrated in the Instrumental Activities of Daily Living assessment and are not confined to a bed or chair and are capable of self-care. Your pregnancy can be handled in a correctional facility, and your physical health does not diminish your ability to function in a correctional setting.

Based upon a review of all the factors discussed above, I do not find that there are "extraordinary or compelling circumstances" as required by the statute to recommend the Bureau make a motion before your sentencing court seeking a reduction in sentence. Your request for Compassionate Release/ Reduction in Sentence is denied. If you are not satisfied with this response to your request, you may commence an appeal of this decision via the Administrative Remedy process.

I trust this addresses you concerns.

E. Ricolcol, Warden

2/28/2024
Date

Exhibit 5 (9)

TRULINCS 51090510 - LATTANY, DEJANE REANIECE - Unit: VIM-G-S

FROM: 51090510
TO: FCI-I Associate Warden
SUBJECT: ***Request to Staff*** LATTANY, DEJANE, Reg# 51090510, VIM-G-S
DATE: 01/10/2024 05:39:09 PM

To: Warden
Inmate Work Assignment: Medical Idle

Good evening,

Thank you for taking the time out to read into my concerns. I am writing you Under the seriousness stress of my current condition. I am pregnant and I now cannot eat because both sides of my teeth are breaking and sore due to inadequate nutrition in this prison camp. I was and am in need of fruits beside apples and pears. There are no oranges or other fruits available to me as I need vitamin C. I did pick up prenantal vitamins from the pill line. However, that is only a suppliment and not meant to be a complete substitude for food. I cannot chew the apples and pears at all. I was able to see the dentist on 1/9/24 and 7:30am as i was on the call out. However, they could not provide care because they needed to conduct xray imaging. Xray imaging would not be the solution due to my being pregnant. I was advised to just chew on the other side after they confirmed that my tooth was broken. I cannot chew on the other side either because there are now things wrong with that side. I did not come here with broken and sore teeth. I am in pain. I did not know that I was pregnant upon arrival. However, I am a high risk whenever I am pregnant and this facility will not be able to provide the proper care nor nutrition for my needs.

On 1/4/24 I submitted a BP8 for insufficiant medical care at this facility. On 1/5/24 i was taken out on a med trip due to my grievance. The doctor took notice that I am a high risk and has put in orders for preventative care.

I would like something to be done immediately more preferably to be moved to Denver Colorado where I have access to the proper medical care that i am currently in need of. I have taken responsibility for the crimes that I was charged with both the ones i did commit and the ones that I did not commit. By no shape or form am I attempting to ignore the seriousness of the crime, charges or the justice system. However, I was unaware that I was pregnant when I self surrendered to this facility. These unforseen circumstances warrent you to look into my requests as an individual and not just as a criminal. I would like something to be done without any form of retaliation.

(side note) on 1/8/24, someone administratively added needs for RDAP and Substance abuse. I never used drugs in my life and i never will use drugs. I am not in here on any drug crime and my PSI report speaks for it's self. I do not have any needs of such that this institution can assist me with. I took the surey and yeilded NO NEEDs as my result. The only reason I have needs listed now is because i signed up for FSA classes on my own. I do not know if Drug programs were added to my needs as a mistake but i need them to be removed immediately.

Thank you.

Exhibit C(A)

Bureau of Prisons
Health Services
Health Screen

Inmate Name:	LATTANY, DEJANE REANIECE			Reg #:	51090-510
Date of Birth:	06/30/1990	Sex:	F	Race:	BLACK
Encounter Date:	01/31/2024 18:03	Provider:	Vrbka, C. RN	Facility:	LOS

Seizures: Denied

Diabetes: Denied

Cardiovascular:

- **Age of Onset:**
- **Hx of Shortness of Breath:** No
- **Hx of Rheumatic Fever:** No
- **Hx of Valvular Disease:** No
- **Hx of SBE Prophylaxis:** No
- **Hx of Chest Pain:** No
- **Hx of Murmur:** No
- **Hx of CAD:** No
- **Hx of CHF:** No
- **Hx of Blood Clot:** No
- **Pacemaker:** No
- **Defibrillator:** No
- **Edema:** No
- **Comments:** cardiac arrhythmia, borderline first degree AV block

CVA: Denied

Hypertension: Denied

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma: Denied

Allergies: Denied

Tuberculosis:

- **Hx of Previous Disease:** No
- **Blood-tinged Sputum:** No
- **Night Sweats:** No
- **Weight Loss:** No
- **Fever:** No
- **Cough:** No
- **Comments:** Up to date PPD, transferred from Victorville USP

Exhibit 6(B)

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	LATTANY, DEJANE REANIECE			Reg #:	51090-510
Date of Birth:	06/30/1990	Sex:	F Race:BLACK	Facility:	LOS
Note Date:	02/08/2024 07:20	Provider:	Toh, R. (MOUD) MD	Unit:	G08

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Toh, R. (MOUD) MD

HER FIRST PRENATAL CARE VISIT APPT ALREADY SCHEDULED BY IMS

CARDIOLOGY APPT STILL PENDING

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Toh, R. (MOUD) MD on 02/08/2024 07:21

Exhibit 6(C)

Inmate Name: LATTANY, DEJANE REANIECE
Date of Birth: 06/30/1990
Encounter Date: 01/12/2024 11:46
Sex: F Race: BLACK
Provider: Babalola, Esther (MOUD)
Reg #: 51090-510
Facility: VIM
Unit: G08

New Medication Orders:

Rx#	Medication	Order Date
	Ferrous SULFATE Tablet	01/12/2024 11:46
	Prescriber Order: 325mg Orally - daily x 90 day(s)	
	Indication: Anemia, unspecified	
	Cyanocobalamin Tablet	01/12/2024 11:46
	Prescriber Order: 500mcg Orally - daily x 90 day(s)	
	Indication: Anemia, unspecified	

Diet Orders:

Start Date: 01/12/2024 Cosign Provider: **Peikar, Nader (MOUD) MD/CD**

Special Diet Order:

Modified Consistency Exp Date:**08/12/2024**

Level: **Level 7 - Easy to Chew**

Snack:

Snack Indication: **Increased Calories**
Increased Calories: **1 cup milk and 1 serving cereal, any type**
Frequency: **2 x Daily**
Exp Date: **08/12/2024**

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed
Return Immediately if Condition Worsens
Return To Sick Call if Not Improved

Other:

Also instructed to f/u with the dentist.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
01/12/2024	Counseling	Plan of Care	Babalola, Esther	Verbalizes Understanding
01/12/2024	Counseling	Diet	Babalola, Esther	Verbalizes Understanding
01/12/2024	Counseling	Safety/Injury Prevention	Babalola, Esther	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Babalola, Esther (MOUD) DNP, FNP-BC on 01/12/2024 12:19

Requested to be cosigned by Peikar, Nader (MOUD) MD/CD.

Cosign documentation will be displayed on the following page.

Exhibit 6(D)

Individualized Needs Plan - Initial Classification (Inmate Copy)

SEQUENCE: 02344273
Team Date: 05-13-2024

Dept. of Justice / Federal Bureau of Prisons
Plan is for inmate: LATTANY, DEJANE REANIECE 51090-510

Facility:	CRW CARSWELL FMC	Proj. Rel. Date:	04-05-2027
Name:	LATTANY, DEJANE REANIECE	Proj. Rel. Mthd:	FIRST STEP ACT RELEASE
Register No.:	51090-510	DNA Status:	PREBOP TST / 08-28-2023
Age:	33		
Date of Birth:	06-30-1990		

Detainers

Detaining Agency	Remarks
COLORADO	INMATE OWES SENTENCE IN CASE NUMBER 22CR6134 TO THE NOT EXPIRE UNTIL 09-28-27

Inmate Photo ID Status

No Photo Id

Current Work Assignments

Facl	Assignment	Description	Start

NO ASSIGNMENTS

Current Education Information

Facl	Assignment	Description	Start
CRW	ESL HAS	ENGLISH PROFICIENT	12-01-2023
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	12-01-2023

Education Courses

SubFacl	Action	Description	Start	Stop

NO COURSES

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts

** *NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS* **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	12-18-2023
CARE4	MRC CARE REQUIRED	04-18-2024

Current Medical Duty Status Assignments

Assignment	Description	Start
HGT RESTR	NO LADDERS/NO UPPER BUNK	01-12-2024
LOWER BUNK	LOWER BUNK REQUIRED	01-12-2024
MED HOLD	MEDICAL HOLD - DO NOT TRANSFER	04-18-2024
MINTRPPINT	MINT/RES PARENT INTEREST	12-22-2023
MR MED YES	MINT/RES PARENT MED APPVL YES	01-02-2024
MRNOTIFIED	MINT/RES PARENT NOTIFIED OF	12-22-2023
NO PAPER	NO PAPER MEDICAL RECORD	12-12-2023
OTHER	OTHER MEDICAL RESTRICTION	04-18-2024
PRE-NATAL	PREG-IM NOTF'DRESTRAINTRESTRIC	12-22-2023
PREG EDD	PREGNANCY-EXPECTED DUE DATE	08-03-2024
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	04-18-2024
SOFT SHOES	SOFT SHOES ONLY	01-12-2024
WGT 15 LB	WEIGHT-NO LIFTING OVER 15 LBS	01-12-2024
YES F/S	CLEARED FOR FOOD SERVICE	12-06-2023

Current Drug Assignments

Assignment	Description	Start
DAP UNQUAL	RESIDENT DRUG TRMT UNQUALIFIED	01-09-2024
ED WAIT HX	DRUG EDUCATION WAIT-RQ HIST	01-03-2024

Exhibit 6(E)

Section 3. **MEDICAL CLASSIFICATION**

Medical Classification is the system of assigning a care level to each Bureau institution, and a medical and mental health care level assignment to each inmate. The system has four care levels. The Health Services Division (HSD) assigns institution care levels based on an analysis of the physical plant, community-based resources, local labor market, and impact on other correctional programs. HSD will increase staffing levels at institutions that have higher care level assignments.

Medical Care levels are:

- **Care Level 1** institutions house inmates that are generally healthy but may have limited medical problems easily managed by Health Services employees and supplemented by existing community resources.
- **Care Level 2** institutions house inmates that have stable chronic conditions managed by Health Services employees and supplemented by existing community resources. Care Level 2 inmates generally self-manage their conditions and need infrequent visits to medical specialists or community facilities.
- **Care Level 3** institutions house inmates having more complex medical conditions and are more fragile. They require frequent clinical contacts with Health Services employees and more visits to community medical specialists. They may also periodically require hospitalization to stabilize their conditions.
- **Care Level 4** institutions are the agency's MRC. Inmates housed at MRCs may require extensive medical and nursing care. Some inmates may require 24-hour nursing care including assistance with activities of daily living such as feeding, toileting, and dressing. These inmates may have frequent visits to medical specialists or hospitalizations for specialized medical care that isn't available in the MRC.

The CD or designee makes a care level assessment upon an inmate's arrival, and regularly reviews and revises medical care levels as the inmate's health needs change.. Each institution will develop a process for reviewing and updating inmate medical care levels. The Chief Psychologist or designee makes a mental health care level assessment upon an inmate's arrival, and regularly reviews and revises mental health care levels as inmate needs change. The Medical Director and Psychology Services Administrator will issue guidance regarding medical and mental health care level criteria.

Exhibit 6(F)

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	LATTANY, DEJANE REANIECE			Reg #:	51090-510
Date of Birth:	06/30/1990	Sex:	F Race:BLACK	Facility:	VIM
Note Date:	01/18/2024 10:47	Provider:	Peikar, Nader (MOUD)	Unit:	G08

Cosign Note - Lab Report Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE **1** Provider: Peikar, Nader (MOUD) MD/CD

lab is requested.

Renew Medication Orders:

Rx#	Medication	Order Date
648451-VIX	Ferrous SULFATE 325MG Tab	01/18/2024 10:47
	Prescriber Order: Take one tablet by mouth each day x 180 day(s)	
	Indication: Anemia, unspecified	
647440-VIX	Prenatal Oral Tablet 27-0.8 MG	01/18/2024 10:47
	Prescriber Order: Take one tablet by mouth daily for 30 days x 180 day(s)	
	Indication: Encounter for supervision of normal pregnancy	

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-CBC	One Time	01/26/2024 00:00	Routine

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Peikar, Nader (MOUD) MD/CD on 01/18/2024 10:50

Exhibit 6(G)

INMATE SICK CALL SIGN-UP SHEET

(Formulario y Registro para Atencion Medica de Confinados)

To obtain a sick call appointment, **personally** hand to the **Health Services Unit** between **6:45 a.m. – 7:15 a.m.** Monday, Tuesday, Thursday, Friday.

(Para obtener una cita de consulta médica, debe de entregar este formulario a la Unidad de Servicios de Salud entre las **6:45 am - 7:15 am** Lunes, Martes, Jueves, Viernes)

Name (Nombre) Dejane Lattany **Register Number (Numero de Registro)** 51090-510

Please Circle (Encierre en uncirculo): Medical (Medico) or Dental

Fill out this form completely, numbers 1-8. (Debe de llenar este formulario completamente, numerous 1-8.)

1. Work (Trabajo) f/s warehouse 2 Unit (Unidad) G-South 3. Date (Fecha) 12/27/23

4. Complaint (Queja), What is your problem? (Cual es su problema?)

I am Pregnant And I cannot Take An XRay. I Am In pain In Back and Feet. My Fingers And Feet Get Numb And Feet Get Too Swollen. I am Sick And Dizzy And Need Medical Relief. Paperwork.

PAIN ASSESSMENT SCALE (Escala de valoracion del dolor)

PAIN LEVEL: (Nivel de dolor):	WHAT THE NUMBERS MEAN ☺ 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 ☹
1	You feel no pain. (No dolor)
2	You feel very mild pain and are only aware of it when you focus on it.
3-4	The pain is tolerable and can be ignored. You are able to continue normal activities. (Doloroso)
5-6	The pain is distressful, causing difficulty carrying out some normal activities.
7-8	The pain is severe, hindering concentration and ability to carry out all but simple activities.
9-10	The pain is disabling, not allowing you to focus on anything but the discomfort. (Dolor intenso)

5. How long have you had this problem? (Durante cuanto tiempo ha tenido este problema?) Days (Dias)_____ Months (Meses)_____ Years (Anos) 7

6. Are you on any medication(s) at present? (Esta usted tomando alguna(s) medicinas actualmente?) NO

7. Signature (Firma) [signature]

TO BE FILLED OUT BY TRIAGE PERSONNEL/PARA SER LLENADO POR EL PERSONAL DE TRIAJE:

Notes: _____

Temp____ B/P____ HR____ R____ SPO2____% If diabetic B.S.____

INMATE SICK CALL SIGN-UP SHEET Exhibit 6 (H) Copy

(Formulario y Registro para Atencion Medica de Confinados)

To obtain a sick call appointment, **personally** hand to the **Health Services Unit** between **6:45 a.m. – 7:15 a.m.** Monday, Tuesday, Thursday, Friday.

(Para obtener una cita de consulta médica, debe de entregar este formulario a la Unidad de Servicios de Salud entre las **6:45 am - 7:15 am** Lunes, Martes, Jueves, Viernes)

Name (Nombre) Dejane Lattany **Register Number (Numero de Registro)** 51090-510

Please Circle (Encierre en uncirculo): Medical (Medico) or Dental

Fill out this form completely, numbers 1-8. (Debe de llenar este formulario completamente, numerous 1-8.)

1. Work (Trabajo) Medical Idle 2. Unit (Unidad) G-South 3. Date (Fecha) 1/24/24
4. Complaint (Queja), What is your problem? (Cual es su problema?)

I Am Experiencing Sharp Chest pains, Chest Tightness And Headaches Sporadically throughout the Day And Night. I need to see Dr. Peikar.

PAIN ASSESSMENT SCALE (Escala de valoracion del dolor)

PAIN LEVEL: (Nivel de dolor):	WHAT THE NUMBERS MEAN ☺ 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 ☹
1	You feel no pain. (No dolor)
2	You feel very mild pain and are only aware of it when you focus on it.
3-4	The pain is tolerable and can be ignored. You are able to continue normal activities. (Doloroso)
5-6	The pain is distressful, causing difficulty carrying out some normal activities.
7-8	The pain is severe, hindering concentration and ability to carry out all but simple activities.
9-10	The pain is disabling, not allowing you to focus on anything but the discomfort. (Dolor intenso)

5. How long have you had this problem? (Durante cuanto tiempo ha tenido este problema?) Days (Dias) 15 Months (Meses)_____ Years (Anos)_____
6. Are you on any medication(s) at present? (Esta usted tomando alguna(s) medicinas actualmente?) Yes.
7. Signature (Firma) [signature]

TO BE FILLED OUT BY TRIAGE PERSONNEL/PARA SER LLENADO POR EL PERSONAL DE TRIAJE:

Notes: _____

Temp_____ B/P_____ HR_____ R_____ SPO2_____% If diabetic B.S._____

Exhibit 67 (I) med. Insufficient med ca

Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION

INSTITUTION (CIRCLE ONE) FCI I FCI II USP (CAMP)

NOTICE TO INMATE: Be advised that before filing a Request for Administrative Remedy form BP-229 (except as provided in §542.13(b)), you shall attempt to informally resolve your complaint through your Correctional Counselor. Briefly state the complaint below and list what efforts you have made to resolve your complaint informally. State names of staff contacted.

1. **Complaint and resolution you expect:** Being Pregnant, I find myself in a Distressing Situation where essential Medical Attention, As outlined in The established procedures for Pregnancies, Has Not Been Provided. Unfortunately, I have Not e Through a Thorough examination by Medical Staff, And Critical Components of Prenatle care. There Has Not Been a proper ssment To determine my delivery date. Complicating Matters, The Assignment took Two weeks to Be changed from rding Warehouse Work due To Medical Staff Not Providing The proper Medical paperwork. I am still Suffering from Numb Fingers and Toes To the Unit temperatures. Considering my Pregnancies and Medical History, This Poses Significant Concerns about Potential Risks To Both my ving and that of my Unborn child with a Documented History of high Blood pressure And challenging Pregnancies. It is crucial For me to ure Proper ~~Medical~~ Medical Care And To Be in Regulated temperatures that do Not Compromise My Health and That of The Baby. g my Pre-Sentence Report that you have access To And Can verify my Medical And Mental Health History g side my Urgent Request For a Through Investigation, I Implore your prompt Intervention to schedule a Medical appointment, ensuring the necessary attention for my pregnancy.

2. **Efforts you have made to informally resolve:** I have Attended Sick Call Each Week, I have Written Sick Call Forms And Also Regularly Cop-outs. I have Also Tried Walk INs at Medical. None Of My efforts have Resulted in My Immediate Needs Being Met.

Delane Lattany — 51090-510 — 01/04/2024
Inmate's Name/Signature — Reg. No. — Date

****

FOR STAFF USE ONLY

Date Form Issued	Date Form Returned	BP-9 Issued	BP-9 Returned
1.4.2024	1.9.2024		

Steps taken to resolve complaint and conclusion: You were seen by the provider on 12.21.2023 and was provided medical duty restrictions. You have a pending OB/GYN appointment and waiting scheduling. You are on a call out for 1.11.2024.

Counselor Signature — 1.10.2024 Date

Unit Manager's Comments: CANCER WITH STEPS MADE TO RESOLVE YOUR COMPLAINT.

Unit Manager Signature — 1-10-2024 Date

Distribution: If complaint is NOT informally resolved - Forward this original form attached to BP-9 Form to the Administrative Remedy Clerk.

Exhibit 5 Insufficient med ca

Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION

INSTITUTION (CIRCLE ONE) FCI I FCI II USP CAMP

NOTICE TO INMATE: Be advised that before filing a Request for Administrative Remedy form BP-229 (except as provided in §542.13(b)), you shall attempt to informally resolve your complaint through your Correctional Counselor. Briefly state the complaint below and list what efforts you have made to resolve your complaint informally. State names of staff contacted.

1. **Complaint and resolution you expect:** Being Pregnant, I find myself in a distressing situation where essential Medical Attention, As Outlined in The Established Procedures For Pregnancies, Has Not Been Provided. Unfortunately, I have Not e Through a Thorough examination by Medical Staff, And Critical Components of Prenatal Care. There Has Not Been a proper ssment To determine My delivery date, Complicating Matters, The Assignment took Two weeks to Be changed from ording Warehouse Work due To Medical Staff Not Providing The proper Medical paperwork. I am still suffering from Numb fingers and toes To The Unit temperatures, Considering My Pregnancies and Medical History, This Raises Significant Concerns about Potential Risks To Both My ong and that of my unborn child, with a Documented History of High Blood pressure And challenging Pregnancies. It is crucial For me To eve Proper ~~Medical~~ medical care And To Be in Regulated temperatures that do Not Compromise My Health and That of The Baby. ng My Pre-Sentence Report that you have access To And can verify my medical And Mental Health History g side My Urgent Request For a Through Investigation & Implore your prompt Intervention To schedule a medical appointment ensuring the necessary attention for my pregnancy.

2. **Efforts you have made to informally resolve:** I have Attended Sick Call Each Week, I have Written Sick Call Forms And Also Regulars Cop-outs. I have Also Tried Walk Ins at Medical. None Of My efforts have Resulted In My Immediate Needs Being Met.

Delane Lattany — 51090-510 — 01/04/2024
Inmate's Name/Signature — Reg. No. — Date

****

FOR STAFF USE ONLY

Date Form Issued	Date Form Returned	BP-9 Issued	BP-9 Returned
1.4.2024			

Steps taken to resolve complaint and conclusion: _____

_____

_____

_____

_____ _____
Counselor Signature **Date**

Unit Manager's Comments: _____

_____

_____ _____
Unit Manager Signature **Date**

Distribution: If complaint is NOT informally resolved - Forward this original form attached to BP-9 Form to the Administrative Remedy Clerk.

Exhibit 7(A)

is warranted in this action. No discovery has been requested or authorized by the Court. Thus, Rule 8(c) and Rule 6(a) of the Rules Governing Section 2255 Proceedings for the United States District Courts do not require appointment of counsel at this juncture, and the Court exercises its discretion in considering the Motions.

Furthermore, the Court is not persuaded that appointment of counsel is necessary in the interests of justice. There is no indication that Applicant requires the assistance of counsel to identify the specific facts or set forth coherent arguments in support of her claims that Mr. Flores-Williams did not adequately represent her. Ms. Lattany is a well-educated person, though lacking in legal training, can identify facts to support her claim that Mr. Flores-Williams was ineffective in representing her. Rather, throughout these proceedings, Ms. Lattany has demonstrated an ability to present articulate, sophisticated, and well-reasoned arguments and respond to issues raised by the Court.

The Court also is unpersuaded that the nature and complexity of the § 2255 Motion supports appointment. The § 2255 Motion is fully briefed at this stage; Ms. Lattany filed and supplemented it without the assistance of counsel [Doc. 46; Doc. 62], the United States responded [Doc. 61], and Ms. Lattany replied [Doc. 65]. Indeed, on February 27, 2024, Ms. Lattany submitted a detailed "Response to Prosecution's Rebuttal / 2255 / Ineffective Counsel" [Doc. 65], which the Court construes as Applicant's Reply in support of her § 2255 Motion. The Reply demonstrates that Ms. Lattany can conduct legal research, identify relevant facts, and craft arguments.[2] *See generally* [*id.* (Ms. Lattany's

[2] The Court further observes that, pursuant to Rule 8(c) of the Rules Governing Section 2255 Proceedings for the United States District Courts, counsel will be appointed should the Court determine that an evidentiary hearing is warranted.

Exhibit 7 (B)

notably sophisticated Reply)]. Thus, the § 2255 Motion is fully briefed and ripe for a decision on the merits, which will be issued by the Court in due course.

Finally, the Court respectfully concludes that Ms. Lattany has not demonstrated exceptional circumstances warranting the appointment of counsel at this juncture of her post-conviction proceedings. Ms. Lattany requests counsel immediately because, in BOP custody, she has been relocated several times and "continue[s] to face challenges, along with [her] pregnancy and health concerns, that are impeding [her] ability to comply with the Court's directives, along with properly exhausting [her] administrative remedies in the BOP system." [Doc. 69 at 3]. In a letter dated June 11, 2024, Ms. Lattany also alleges hardships she has endured while in BOP custody. *See generally* [Doc. 72].

Insofar as Ms. Lattany asserts that her pregnancy and/or health concerns impede her ability to litigate this case, the Court declines to consider this argument absent additional information explaining how her health has impacted her ability to proceed pro se. And while the Court understands and acknowledges the inherent difficulties in litigating a case while incarcerated, those difficulties are—unfortunately—neither unique nor exceptional, and there is no constitutional right to counsel in post-conviction proceedings under § 2255. *See Swazo*, 23 F.3d at 333. Accordingly, the Court concludes that Ms. Lattany has not demonstrated exceptional circumstances warranting the appointment of counsel at this stage of the proceedings. *See Toevs v. Reid*, 685 F.3d 903, 916 (10th Cir. 2012) (explaining appointment of counsel is appropriate in "extreme case[s] where the lack of counsel results in fundamental unfairness.").

For all of these reasons, the Motions for Appointment of Counsel are respectfully **DENIED**.

The National Society of Leadership and Success

PRESENTS THIS CERTIFICATE
IN RECOGNITION THAT

Dejane Lattany

has successfully completed the NSLS Foundations of Leadership training program and committed to further personal development. In light of this accomplishment, membership has been conferred in the

University of Phoenix

Chapter of The National Society of Leadership and Success. As a member in good standing, the individual named above is entitled to all honors, benefits, privileges, and responsibilities of the NSLS, effective this date of

November 17, 2023

Gary Tuerack

Gary Tuerack, Chief Visionary and Founder

Exhibit 7(b)

University of Phoenix

Upon the recommendation of the Faculty,
University of Phoenix does hereby confer upon

Dejane R Lattany

the degree of

Bachelor of Science in Health Management

with all the rights, honors and privileges thereunto appertaining.

In witness whereof, the seal of the University and the signatures as authorized by the Board of Trustees, University of Phoenix, are hereunto affixed, this thirty-first day of August, in the year two thousand twenty-three.

Chairman, Board of Trustees

University of Phoenix

Christopher M. Lynne
President

Exhibit 7(E)

Certificate of Completion

The Recreation Department at FCC Victorville, CA Would Like to Acknowledge

DEJANE LATTANY

For Completing The FPC

TALKING WITH YOUR DOCTOR (FSA)

R.Meras 1/17/2024

R.Meras / Sports Specialist

Exhibit 7 (F)

There Are Extraordinary And Compelling factors

The 3553(a) factors that weigh in my favor, that make me entitled TO Relief, Whether through Compassionate Release or a reduction of Sentence in which I seek TO obtain a modification of my Sentence under the provision of the First Step Act of 2018.

3553(a)(1) Nature And Circumstance of the offense - The Nature And Circumstances that have Surrounded this offense Was Brought on By the Covid-19 pandemic, stress and pressures. I acknowledge the seriousness of the offense that I Committed. I deeply And Sincerely Regret my Conduct And I am Sorry to those that my conduct Affected. I Remain in a place of Repentance For my Actions. I will repay The Damages And I Have learned greatly from this experience. I will take What I have Learned to help others not to make the same mistake that I have.

3553(a)(1) History And Characteristics - I have Been a Law Abiding Citizen And would Have a Zero point Criminal History if it Were not for ineffective Assistance of counsel (At the Time of Sentencing). I am a 34 year old mother of 3 children And 1 that I am Currently Pregnant With. I Am a member of A National Honors Society, In which I was inducted into After Being federally Sentenced.

Exhibit 7(G)2

I Recieved my Bacheiors Degree in Health care management During sentencing As Well. I Am the Primary Care Taker of my Children. In Addition, I am the only Caregiver For my grandmother, Age 71, Who is now a Widow and suffers from different Health conditions that prevent her from Accomplishing Activites of Daily living. I Am Also A Big Sister And An Aunt Who Serves As a role model and Leader To them And those in my Community. I Have a Background In OBtaining my license As a Certified Nurses Assistant, Phlebotomist, Qualified medicaion Administration personal, An Insurance Broker And a Bail Agent / Surety Producer. Today, my Character Has developed into a more mature And Caring Woman. While incarcerated, I have worked to improve in All Aspects of my life. Most Importantly, I Have continued To pursue my faith As a Christian woman And Have Built A Closer Relationship With Our Heavenly father. From God, Ive learned to live a humble Life, To Be Patient, Understanding And Wise. I Have matured Spiritually in my Walk With the Lord. I have pursued To Understand my mental Health And physical health conditions through attempting to Speak With Health Care providers (very Limited While incarcerated), Programing And Counseling (Albeit the Bureau of Prisons is unable to meet like that of what I Recieved outside in the Community).

Exhibit 7(H)3

Mental Health And family Counseling is a needed continuance As I transition And Beintergrate into the community. Because I have Already obtained my associates And my Bachelor's degree, I sought to Obtain my Master's degree. However, The institutions Within the BOP Have failed To Allow that option For me. In the meantime, I have enrolled And completed FSA Courses And ACE Classes (That Are Designed to Bring Down my ricidivism points) Although I Am a minimum, The BOP (Bureau of Prisons) Have Used my State Case to Remove me from the camp custody level to place me in custody with violent offenders, Drug Addicts And in an overall Harsh environment. This Has made my incarceration more punitive. Currently, I am doing my Best to develop And enhance the life skills that I need to Be devoted As a Loving Mother. I will Do my Best to Have a positive impact On Society.

3553(a)(1)(a)(4) Mental And emotional Conditions – Since self surrendering, Being Ripped Away from my One And a half year old (At the time), And Finding Out that I Am pregnant After in Custody, I Have Suffered a Series of mental And emotional traumas Such As Anxiety, Panic Attacks And Developing A Cardiovascular AV-Block Due To the Bureaus of Prisons (BOP's) Neglect And Inability to place me In the Correct Environments With the correct care. I am Currently Suffering from Fear And Trauma Due

Exhibit 7(I)44

In Addition, I Was molested When I was 8 years old And I am Currently Being Forced to Be Confined With Actual male prisoners, People Charged with child molestation And People who are charged with killing children. In Addition, the person who Molested me was an Addict. I am also forced to Be surrounded By Addicts Due to the Bop Using my Concurrent State sentence to Place me in this environment. This Alone is So Very traumatizing to that of my mental Health And the Health of my Unborn child.

The Bureau of Prisons has Limited Services And Individual Resources For my Individual needs. With All that is going on With my Health and mental Health Spiking without treatment And is Severly Neglected.

3553 (a)(1)(a)(6) physical Condition - I am High Risk While pregnant, Have a Body Mass Index of 41, I Have high Blood pressure, High Cholesteral, I Am Pre Diabetic, Anemic And More (Please See my PSR). I have Developed While Incarcerated An Iron Deficiancy And A Cardiovascular AV-Block While in Bop Custody. These Conditions Are All Left Untreated even With recieving the Inadequate Medical Care offered.

Exhibit 7(j)5

3553(a)(1)(a)(10) Family Ties And Responsibilities
This Court knows that I Am the Primary Care taker for my children And Care giver for my grandmother. Hardship Has overtaken my family and is Straining for my Household. Having this next Baby that I am pregnant With will only Add to the Hardship For All of my Children And family. It is evident that my family Along With my soon to Be Newborn needs me to Be home

3553(a)(2)(D) To provide The Defendant With needed...
In the most effective manner.
Medical Care: this Court is Aware of my medical Conditions prior to Surrendering And Conditions developed While in Bop Custody for Both my State and Federal Sentences. I was only offered psychotropic medications or medical Trips that Worsened my Conditions and Resulted in No Help (in place of Sufficient Care) It is quite evident that my medical needs Are Being neglected. My UnBorn Child's and my own Well-being, Life, And Safety is Compromised By the Incredible Medical Indifferance And Neglect By the Prison System, Bureau of Prisons, And Without Judicial intervention By this Court, I fear for my Life.

my continued Incarceration will only effectuate irreparable Harms, Permanent damages And the High Possibility of my Death And or Death of my Unborn child. In This And In Combination Among others makes this Sentence greater than necessary.

Exhibit (K) 6

3553 (a)(3) The Kinds of Sentences Available - A Term of Supervised Release (A Term of imprisonment) open An Avenue To modify A Sentence By converting the Remaining Term of Imprisonment to Supervised Release.

In How This is implemented is Based upon the Sentencing court And the Type of Discretionary conditions that Are Applicable To the defendant, I Am pleading to this Court to utilize the Use of Substitutions For imprisonment. Part C U.S.S G § 5C1.1 imposition of a term of imprisonment U.S.S. G § 5C1.1 (e) schedule of Substitute punishments; 5C1.1 (e)(2) one Day of Community Confinement (Residence in a Community treatment Center, Halfway house or similar Residential Facility) For one day of imprisonment; 5C1.1 (e)(3) One Day of Home Detention for One Day of imprisonment.

Application of Subsection (e): Subsection (e) sets Forth A Schedule of Imprisonment Substitutes 6. Use of Substitutes For Imprisonment - The Use of Substitutes As provided in Subsection (c) And (d) is Not Recommended For most defendants With a Criminal History Catagory of III or Above. (I am a Catagory II).

Exhibit 7(L)

Part F Sentencing options.- U.S.S.G § 5F1.1 community confinement.
1. "Community Confinement means a Residence in a Community treatment Center, Halfway House, Restitution Center, mental Health facility, Alchohol or Drug Rehabilitation Center OR other Community facility.

5F1.2 Home Detention 1. "Home Detention" means a program of confinement And supervision that Restricts the defendant to his place of Residence continuously except for Authorized Absences enforced By Appropriate means of Surveillence By the Probation office.
5F1 3. Community Service.

I am Therefore pleading that this court will convert the Remainder of my Sentence To Home Confinement/Detention So that I may Alleviate some of the Hardships of my Children And family And Address my Health Crisis/Issues Properly.
The conversion of the remainder of my Sentence to home confinement will not only continue Promoting Respect to the Law And to the Court's Already Graciously Sentence, but will meet 3553 (a)(2)(D) To Provide the defendant with needed medical care in the most manner By Giving me the opportunity to fully Address and manage my Health conditions By obtaining a genuine Doctor who will address All of my Health problems And treat or refer me To Specialists Along With the much needed mental Health Care.

Exhibit 7(m)8

it Will Benefit my children And their Mental Health. It will help us to Begin on the path to Heal And Rebuild our Lives in a Healthy lifestyle. This will give me the Opportunity to serve my community And make a mense for the disappointment I have caused within my Center of Influence.

In Support that Home Confinement is appropriate, I Would Also like TO Address that this Court recommended me to Be placed in Colorado Where All of my children, Family And Support Are.

On January 22nd 2024, The Regional medical Director (Dr. Peikar At Victorville FPC) Approved me to Be Released to the MINT program for Mothers designed As An Out Custody facility Because of my High Risk Pregnancy And Risk of Contracting Covid. However, Dute to a conversation on January 30th 2024 with Social Worker Commander Harris At Victorville About Dr. Peikar's Recommendation for Home Confinement, the next Day January 31st Victorville FPC placed a Detainer on me in Sentry For my concurrent State Sentence causing me to Be ineligable For the MINT program or Home Confinement By the Warden. I filed Administrative Remedies And Was not Answered in 30 days from Victorville And Was not Answered At All By the Warden Here At Carswell FMC

Exhibit 7(N)9

I would like to point out that I am not a concern for Public Safety As I Have demonstrated this Completing Probation for Both the State And Federal Courts for Pretrial Release And I was allowed to Self Surrender.

I Pray This Court Will Seriously Consider to Convert the Remainder of my Sentence in to Home Confinement And Supervised Release.
By granting me a Reduction in Sentence will By no means Obstruct the sentence made By this Court, because of the Provisions the Second chance Act And the First Step Act, In which with FSA's, A year is Reduced with Earned Time Credits, This Changes my entire calculation of my Sentence.

As I have programmed And Committed TO Bettering myself, I will Be eligible to relieve these After I Finish the Administrative Remedy Process.

In Conclusion, I Have met the High Burden of Compassionate Release/Reduction of Sentence. I Have extraordinary And Compeling Reasons As this Court Has Acknowledged And the 3553 (a) Factors Do Seriously weigh in my favor. I pray this Court grants this Motion.

-Legal Mail-

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-Legal Mail-

-Legal Mail-

-Legal Mail-