75050

I'm Sending A Change of address
: First :
NNCC
P.O. BOX 7000
CARSON City NV 89702

FILED
APR 11 2018
ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY
DEPUTY CLERK

And

To Inform The Court's of The problem's That Has Happen Sent's, I placed This Lawsuite In The Court's.

And Now I'm At Another Prison N.N.C.C.

I get punished for Following Doctor's order, and Hoping That medical did not Tell N.N.C.C. medical To give me Another wrang med, This is A High Blood PRESURRER MED Something I (HAVE) To TAKE, BECAUSE of This Lawsuite I'm Supper Trying To Find A Way off BECAUSE I don't WANT ANY PROBLEMS That Could or Would Change my HEALTH To MAKE ME dependent of The STATE WHEN I'm RELEAST IN "2" YR's.

RECEIVED
APR 10 2018
ELIZABETH A. BROWN
CLERK OF SUPREME COURT
DEPUTY CLERK

Informing You (The Court's) of What's PROBLEM's.

Thank You

Jodie Craig #

18-13873

Case # PL-16-1044

Medical

Log Number _____

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE

NAME: Craig, Teddie I.D. NUMBER: 62269

INSTITUTION: LCC UNIT: 6-A-11-B

GRIEVANT'S STATEMENT: Please help me understand Why are you trying To kill me or give me a heartattack, stroke, trying To cause death. (Like before) or again. I've past out "5" time because of problem's with my High Blood pressure med's, Dr. Adams found And Fix The problem, I'm told I'll be on These med The Rest

CONTINUATION Form

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: _____ DATE: 4-8-18 TIME: 4:47 pm

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____ TIME: _____

GRIEVANCE RESPONSE: _____

_____

_____

_____

_____

CASEWORKER SIGNATURE: _____ DATE: _____

___ GRIEVANCE UPHELD ___ GRIEVANCE DENIED ___ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

_____ INMATE AGREES _____ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: CRAIG, TECHLIC I.D. NUMBER: 62269

INSTITUTION: LCC UNIT #: 6-A-11-B

GRIEVANCE #: _____ GRIEVANCE LEVEL: INFORMAL

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

of my Life, So Why would You End These same Med's 4-18-18 after Seeing The Doctor in JAN 2018? ATENOLOL is The ONE The Dr. Fixed and Now All other's med are ended Lisinopril, Hydrochlorothiazide, ACETAMIN. IF The Doctor and Nurse's Both State I'LL (HAVE) To Take These med The REST of my Life; Why would They Be Ending "4" month after my ANNUAL Visit? (Every 30-Days are already away's late) COULD: IT Be BECAUSE of The LAW SUITE CASE PI-16-1044 - Where The past NURSE call Custody and stated "my passing out was FAKE" Till Dr Adams came in and stated IT was The med's He prescribed and The NURSE was not giving Them To ME?

PLEASE!!! PLEASE!!! This medical (HAS) KILLED my Friend and gave other Im's The wrong med's causing stroke's and TBI, plus has also gave me The wrong med again. I'm BEGGING PLEASE, PLEASE DON'T KILL ME!!! I've done 20 ye's and only have 2½ ye's left; May I PLEASE have The med's The Doctor order? ATENOLOL, LISINOPRIL, HydroChlorothiazide, and ACETAMIN for The Headache of my Head Bouncing on The Floor.

Original: Attached to Grievance
Pink: Inmate's Copy