



July 21, 2010

**\*\*\* LEGAL MAIL \*\*\***

***\*\*Por favor contacte el ACLU para recibir una versión de esta carta y encuesta escrito en español. Use el sobre provisto.\*\****

To: All Current Jackson County Inmates  
From: ACLU of Oregon  
RE: Survey of Jail Conditions

The ACLU of Oregon is conducting a review of conditions and life in certain Oregon county jails. The ACLU believes independent reviews of jails and prisons make for better institutions. We believe it is helpful to collect information directly from inmates, such as you.

At this stage of our review, we seek solely to document conditions at the jail. We are not collecting this information as part of a current lawsuit. Instead, our overall goals are:

- to collect general information about conditions in the jail;
- to use this information to identify best practices, as well as problem areas;
- to share the results of our review of the information, along with our recommendations for improvement, with the Sheriff, the county's Board of Commissioners and the public at large; and
- to advocate for and seek improved conditions for prisoners.

We invite you to fill out the **enclosed survey and return it to the ACLU of Oregon.**  
**Our deadline for receiving completed surveys is August 12.**

Please understand that your participation in this survey does not mean that the ACLU is agreeing to provide you legal representation. However, we do assert that this and all other communications between you and the ACLU are confidential, legal mail communications. Therefore, your completion of this survey and subsequent communications with the ACLU about your incarceration may not be reviewed by jail staff.

We hope you will fill out and return the survey in the envelope provided.

Thank you for your assistance.

Sincerely,

*Kevin Díaz*

Kevin Díaz  
Legal Director  
ACLU Foundation of Oregon

**ACLU OF OREGON**  
**JACKSON CO. JAIL SURVEY**

*The information provided in this survey is provided voluntarily.  
It is understood that the parties receiving the completed survey are not medical experts.*

NAME: _____  SO# _____  DATE ENTERED JAIL: _____  EXPECTED RELEASE DATE: _____	TODAY'S DATE: ____/____/____  <b>OUT OF CUSTODY CONTACT INFO:</b> <i>Please give us a way to contact you once you are released from jail, such as your address and email or the name and phone number of a relative or friend who will know how to reach you.</i>  MY ADDRESS: _____ MY PHONE: (    ) _____ MY EMAIL: _____  RELATIVE/FRIEND NAME /ADDRESS/PHONE: _____ _____
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*It may be very helpful to our investigation to be able to talk to you once you are released from jail. Please give us a way to contact you once you are out of custody. Thank you.     →     →*

Please answer the following questions in as much detail as possible. Use additional paper if you need more space. **If possible, include dates of incidents, date of grievances and responses. Do not send us the originals of any documentation.**

1. Are you in custody awaiting trial?     Y     N
2. Are you in custody because of a parole or probation violation?     Y     N
- 2a. When you were arrested, did the officer(s) use force to make the arrest?     Y     N  
 If so, what type of force did the officer(s) use?  

a) Firearm	e) Flashlight
b) Taser	f) Hands
c) Pepper Spray	g) Other _____
d) Baton	
- 2b. Were you injured during your arrest?     Y     N  
 If yes, were you taken to the hospital prior to being booked at the jail?     Y     N
3. When you were booked into the jail, were you asked about your immigration status or where you were born?     Y     N
4. Were you visited by an immigration officer (ICE)?     Y     N

5. Have you been treated differently due to your race, nationality, ethnicity, religion or sexual orientation? Y N

If so, how?

6. Do you have an attorney representing or assisting you? Y N

Attorney name(s): \_\_\_\_\_

**GENERAL JAIL CONDITIONS:**

7. Have you ever requested assistance with interpreting information from jail staff? (i.e. language interpreter, reading assistance, other) Y N

8. Were you provided with such access? Y N  
If No, please explain:

9. Describe the physical condition of your cell: good adequate poor

Please describe any problem(s) (ie plumbing, lighting, temperature, access to clean water, clean air, basic hygiene items, etc.):

10. Do you have adequate access to:

- Exercise/physical activity: Y N
- Fresh air Y N
- Reading Materials Y N
- Legal materials Y N
- Counseling (drug, alcohol, etc.) Y N
- Other \_\_\_\_\_

If NO, please describe the access you do have and why it is not adequate:

11. Are you able to send and receive mail? Y N

Explain any problems:

11a. Are you able to utilize the phone system and make calls? Y N

Explain any problems.

12. Are you able to receive visitors? Y N

Explain any problems

13. Are you allowed to exercise your religious beliefs? Y N

If NO, explain:

14. Have you been mistreated in any way in the jail or by jail personnel? Y N

If YES, explain the incident and circumstances:

14a. Has any Jackson County jail employee used force on you since you were detained? Y N

If yes, what type of force was used?

- a) Taser
- b) Pepper Spray
- c) Baton
- d) Flashlight
- e) Hands
- f) Other \_\_\_\_\_

15. Have you experienced lock-downs or strip searches while in jail? Y N

Were you told why you were being locked-down or strip searched? Y N

16. Have you been disciplined while in the Jackson Co. jail? Y N

If YES, explain what you were disciplined for doing and what was the punishment:

17. Have you been assaulted by other inmates? Y N

If YES, explain the incident, whether you reported the incident to jail personnel and the outcome:

18. Describe the food served by the jail: \_\_\_\_\_ good \_\_\_\_\_ adequate \_\_\_\_\_ poor

Does the food meet basic nutritional standards? Y N

Is food prepared and served under sanitary conditions? Y N

19. Do you have any special dietary requirements? Y N

If YES, what are they and are they met?

**MEDICAL CONDITIONS**

20. Were you given a medical screening upon arrival at the jail? Y N

Date of medical screening: \_\_\_\_/\_\_\_\_/\_\_\_\_

21. Were you being treated for a medical condition *prior* to being jailed? Y N

If Yes, are you continuing to receive treatment (including prescription medication) while in jail? *(please explain to the extent you are willing to share this private information - we cannot guarantee your information will remain private):* Y N

22. Have you had any medical problems (new or continuing conditions) since you have been in jail? Y N

If YES, describe the medical problem and the treatment (including medications) you are receiving:

23. If pregnant, do you have access to prenatal care including: daily prenatal vitamins, extra milk, regular prenatal checkups, and ultrasounds? Y N

If NO, please explain:

24. Do you have other special health needs (may include dental, medical/dental prosthesis, alcohol or drug treatment, mental illness, wheelchair or walker, urinary catheter)? Y N

Have you received appropriate care? Y N

If NO, please explain. If YES, was it received in a timely manner?

25. If you have issues with mobility (i.e. severe injury, arthritis of the legs, surgery), have you had any difficulty with access to jail facilities or programs? Y N

If YES, please explain:

26. Have you been exposed to infectious diseases while in prison (such as MRSA, hepatitis, scabies, tuberculosis, strep throat)? Y N

Please specify:

26a. Did you receive medical treatment? Y N Please explain:

27. Since being jailed, have you needed emergency medical or dental care? Y N

If YES, please explain (injury due to assault or accident, heart attack, seizure, etc):

27a. Did you receive emergency care? Please explain:

28. Please describe any other jail problems or complaints you want to share with ACLU that have not been addressed in this survey:

29. Do you give the ACLU of Oregon permission to contact the jail on your behalf and to use your name?

Yes No

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you for completing this survey. Your responses will help the ACLU of Oregon identify areas potentially in need of corrective action.*

Please mail the completed survey in the envelope provided or mail to:

ACLU of Oregon  
PO Box 40585  
Portland, OR 97240

**LEGAL MAIL**

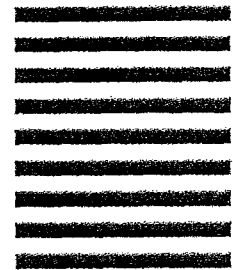


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