



**Broward Sheriff's Office
Department of Detention
Inmate Request Form**

(To be Completed by Inmate)

Inmate Name: <u>Lancelot Armstrong</u>	Arrest Number: <u>500408148</u>
Date of Request: <u>11/10/05</u>	Housing Location: <u>7-D-1-6</u>
Date of Birth: <u>7/29/05</u>	Case Number: <u>90-13414, etc. Civil Rights etc.</u>

NOTE: Medical requests must be completed on an "Inmate Medical Request Form".

NOTE: Law Library requests must be completed on a "Law Library Request Form".

(Nature of Request) **PRINT YOUR REQUEST:**

Regarding said pro-se. urgency quests! Under Brady v. Maryland, 83 S.Ct. 1194, 373 U.S. 830, And 42 U.S.C.A. § 1983; Fundamental Constitutional Rights to Access to Court And the Aid of B.S.O. Authorities to Assist inmates in preparation And Filing of meaningful legal papers, etc. There was A Request dated: 10/3/05, to Classification, Attention concerns my demonstration A.D.A. disability lost 2 1/2 Fingers & Severe-nerve damage in wrist & Fingers, etc. Please see: medical pass Attachment here, enclosed.

Inmate's Signature: <u>Lancelot Armstrong</u>	Date Signed: <u>11/10/05</u>
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*****DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY*****

Deputy's Review:

Inmate's request answered-no other action needed Request needs further action-routed accordingly

Deputy's Signature/CCN: <u>[Signature] 11588</u>	Date: <u>11/19/05</u>	Time: <u>2315</u>
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"ROUTING LIST" - Inmate Request Form to be sent to:

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| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Food Services |
| <input checked="" type="checkbox"/> Classification/Inmate Work Program | <input type="checkbox"/> Mail Room (Detention) |
| <input type="checkbox"/> Commissary/Inmate Banking | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Confinement Status | <input type="checkbox"/> Property (Detention) |
| <input type="checkbox"/> Community Control | <input type="checkbox"/> Pre-Trial |
| <input type="checkbox"/> Other (Specify): <u>To: official manager, CC # 5335</u> | |

Supervisor's Signature/CCN: <u>[Signature] 2127</u>	Date: <u>11-11-05</u>	Time: <u>0438 HRS.</u>
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*****Staff Response or Administrative Action (add additional sheets as needed)*****

DATE RECEIVED _____

Completed by:	CCN:	Date:
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Distribution: Original-Inmate, Yellow and Pink-Housing Deputy