

Name: Robert A. Gibbs
 Address: 40 Shasta County Jail
1655 West st.
Redding, CA. 96001

CDC or ID Number Shasta Key #510503

Shasta County Superior Court
1500 Court St. Redding, CA. 96001
 (Court)

PETITION FOR WRIT OF HABEAS CORPUS

Robert A. Gibbs
 Petitioner
 vs.
 Entity known as "Shasta County", Shasta
 County Sheriff Tom Basenko, Capt. Dave Kent,
 Respondent California Forensic Medical Group, et al.

No. _____
 (To be supplied by the Clerk of the Court)

INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.

- Read the entire form *before* answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the Superior Court, you need file only the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal, file the original and four copies of the petition and, if separately bound, one copy of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and ten copies of the petition and, if separately bound, two copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.
- In most cases, the law requires service of a copy of the petition on the district attorney, city attorney, or city prosecutor. See Penal Code section 1475 and Government Code section 72193. You may serve the copy by mail.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court [as amended effective January 1, 2007]. Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

This petition concerns:

- A conviction
- Parole
- A sentence
- Credits
- Jail or prison conditions
- Prison discipline

Other (specify): Deliberate and indifferent denial of Medical Care

1. Your name: Robert A. Gibbs
2. Where are you incarcerated? Shasta County Jail
3. Why are you in custody? Criminal Conviction Civil Commitment pre-trial

Answer subdivisions a. through i. to the best of your ability.

a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

alleged Criminal threats

b. Penal or other code sections: 452 p.c.

c. Name and location of sentencing or committing court: Shasta County Superior Court
1500 Court St. Redding CA. 96001

d. Case number: UNK.

e. Date convicted or committed: Arrest Date = 9/11/2015

f. Date sentenced: N/A

g. Length of sentence: N/A

h. When do you expect to be released? UNK.

i. Were you represented by counsel in the trial court? Yes. No. If yes, state the attorney's name and address:

receiving only ineffective assistance of counsel

4. What was the LAST plea you entered? (check one)

- Not guilty
- Guilty
- Nolo Contendere
- Other: _____

5. If you pleaded not guilty, what kind of trial did you have?

- Jury
- Judge without a jury
- Submitted on transcript
- Awaiting trial

6. GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "the trial court imposed an illegal enhancement" (if you have additional grounds for relief, use a separate page for each ground. State ground 2 on page four.

For additional grounds, make copies of page four and number the additional grounds in order. "Shasta County Sheriff Tom Bosenko, Capt. Dave Kent and the California Forensic Medical group (hereafter: respondents) are deliberately and indifferently with-holding Medical care to this pre-trial defendant for twenty months by ignoring repeated written and verbal requests for reasonable diagnosis of symptoms and treatment for Difficulty swallowing, throat pain, inability to drink water, headaches, dizziness, blurry vision, mass in left hand, wart on right foot, undiagnosed mis-shapen moles on arm, etc.

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts upon which your conviction is based. If necessary, attach additional pages. CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *in re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is: who did exactly what to violate your rights at what time (when) or place (where). (If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.) Respondents

at the County Jail, are deliberately and indifferently ignoring and refusing to diagnose or treat serious and life-threatening symptoms in this defendant including Difficulty swallowing, throat pain, inability to drink water, headaches, dizziness, blurry vision, mass in left hand (all signs of cancer), wart (large, painful plate wart) on right foot and unknown mis-shapen moles on arm (also sign of cancer). All of these symptoms have been brought to the attention of Jail Doctors (California Forensic Medical group) and Doctors have refused to make diagnosis or to treat in any way ("Treated" my plate wart for 18 months with anti-fungal - not an appropriate treatment - There are appropriate medicines - was told by C.F.M.G. doctor that wart treatments are "too expensive") Relief Sought: I am seeking a complete physical and mental exam by non-C.F.M.G. Doctors, including a CAT scan and biopsies and appropriate medical treatment for symptoms.

b. Supporting cases, rules, or other authority (optional):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

8th Amend. to the U.S. Const., 14th Amend. to the U.S. Const. (right to be free of cruel and unusual punishment, right to Due process), Title 15 and California Const. - Authorities Cited

8. Did you appeal from the conviction, sentence, or commitment? Yes. No. If yes, give the following information:

a. Name of court ("Court of Appeal" or "Appellate Dept. of Superior Court"):

b. Result _____

c. Date of decision: _____

d. Case number or citation of opinion, if known: _____

e. Issues raised: (1) _____

(2) _____

(3) _____

f. Were you represented by counsel on appeal? Yes. No. If yes, state the attorney's name and address, if known:

9. Did you seek review in the California Supreme Court? Yes No. If yes, give the following information:

a. Result _____

b. Date of decision: _____

c. Case number or citation of opinion, if known: _____

d. Issues raised: (1) _____

(2) _____

(3) _____

10. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:

11. Administrative Review:

a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500 [125 Cal.Rptr. 286].) Explain what administrative review you sought or explain why you did not seek such review.

numerous grievances denied.

b. Did you seek the highest level of administrative review available? Yes. No.

Attach documents that show you have exhausted your administrative remedies.

12. Other than direct appeal, have you filed any other petitions, applications, or motions with respect to this conviction, commitment, or issue in any court? Yes. If yes, continue with number 13. No. If no, skip to number 15.

MC-275

13. a. (1) Name of court: _____

(2) Nature of proceeding (for example, "habeas corpus petition"): _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (Attach order or explain why unavailable): _____

(5) Date of decision: _____

b. (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (Attach order or explain why unavailable): _____

(5) Date of decision: _____

c. For additional prior petitions, applications, or motions, provide the same information on a separate page.

14. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result

15. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

no delays

16. Are you presently represented by counsel? Yes. No. If yes, state the attorney's name and address, if known:

17. Do you have any petition, appeal, or other matter pending in any court? Yes. No. If yes, explain:

Habeas Corpus for denial of mental health care

18. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court

I, the undersigned, say: I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date: May 13th, 2017

Robert A. Gibbs

(SIGNATURE OF PETITIONER)