

**Template 2- NOTICE OF DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL
NEEDS**

(Eighth Amendment to the United States Constitution)

Date:** _____

To:** _____

Title:** _____

Correctional Institution:** _____

From:** _____

Regarding Inmate:**

Name:** _____

Inmate Number:** _____

Housing Unit:** _____

FORMAL NOTICE

This correspondence serves as formal notice that the above-named inmate is believed to be suffering from a serious medical condition requiring immediate evaluation and appropriate medical care.

The Eighth Amendment to the United States Constitution prohibits cruel and unusual punishment. Courts have recognized that deliberate indifference to an inmate's serious medical needs may violate this constitutional protection.

This notice is intended to document concerns that the inmate's medical condition has not been adequately addressed and to respectfully request immediate review and appropriate action.

DESCRIPTION OF MEDICAL CONDITION

Diagnosis (if known):

Date diagnosed:

Current symptoms:

Treating physician(s), if known:

BASIS FOR THIS NOTICE

The following facts support this notice:

- ☐ Serious medical diagnosis
- ☐ Terminal illness
- ☐ Progressive medical condition
- ☐ Severe chronic pain
- ☐ Significant weight loss
- ☐ Difficulty breathing

- ☐ Loss of mobility
- ☐ Inability to perform activities of daily living
- ☐ Hospice recommendation
- ☐ Physician recommendation for specialized treatment
- ☐ Medication interruption
- ☐ Missed medical appointments
- ☐ Delay in receiving treatment
- ☐ Failure to follow physician recommendations
- ☐ Other:

FACTUAL STATEMENT

Please describe the circumstances that give rise to this notice.

Include dates whenever possible.

Please list previous requests for treatment, grievances, or communications regarding the inmate's medical condition.

Date	Person Contacted	Method	Response
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REQUEST FOR IMMEDIATE ACTION

The undersigned respectfully requests that the institution immediately:

- ☐ Conduct a comprehensive medical evaluation.
- ☐ Arrange examination by an appropriate specialist.
- ☐ Provide all medically necessary treatment.
- ☐ Review all prior medical records.
- ☐ Ensure continuity of prescribed medications.
- ☐ Evaluate the inmate for hospice or palliative care.
- ☐ Evaluate eligibility for compassionate or medical release under applicable law.
- ☐ Take any additional action necessary to protect the inmate's health and constitutional rights.

PRESERVATION OF RECORDS

Please preserve all records relating to the inmate's medical care, including but not limited to:

- * Medical records
- * Nursing notes
- * Physician notes
- * Medication administration records
- * Diagnostic testing

- * Hospital records
- * Incident reports
- * Sick-call requests
- * Grievances
- * Electronic communications relating to medical care

This request is made to preserve relevant evidence concerning the inmate's medical treatment.

SUPPORTING DOCUMENTS ATTACHED

- ☐ Physician Letter
- ☐ Medical Records
- ☐ Hospital Records
- ☐ Hospice Evaluation
- ☐ Medication List
- ☐ Alternative Care Plan
- ☐ Family Declaration
- ☐ Other:

REQUEST FOR WRITTEN RESPONSE

Please provide a written response regarding the institution's review of this matter and any actions taken.

CERTIFICATION

I certify that the information contained in this notice is true and correct to the best of my knowledge and belief.

Signature:

Printed Name:

Relationship to Inmate:

Address:

Telephone:

Email:

Date:

PROOF OF DELIVERY

Method of Delivery:

☐ Certified Mail

☐ Hand Delivery

☐ Institutional Mail

☐ Other:

Tracking Number:

Date Delivered:

Received By:
