

EXHIBIT 1



VIRGINIA DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801\_F3\_7-12

Offender Request

JUN 19 2016

DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box

- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Whitten	ANTWON	A.	1138537	A2-203
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	D. ROSE	1-14-16		

- TO:  Unit Manager  Medical  Personal Property  Law Library  Security
- Treatment  Mental Health  Education  Enterprise Shop  Accounting
- Chaplain  Assistant Warden  Warden  Other

CHECK PURPOSE  Appointment Request  Question/Statement

I ~~AM~~ HAVE PSYCHOLOGICAL ISSUES WITH HOW MY PHYSICAL SCARS FROM THE K-9 DOG ATTACK HAVE LEFT ME FEELING AND LOOKING. THE DREAMS ARE GETTING WORSE AND IT NOT NIGHT DREAMS ONLY. ALL DAY LONG WHILE AWAKE I CAN VISUALIZE THAT ATTACK. THIS IS SOMETHING I FELT I'D OVERCOME BUT MY SYMPTOMS ARE NOW BEYOND MY CONTROL (MENTALLY). ALSO I HAVE HEAD TRAUMA. LARGE RINKLE LIKE LINES HAVE SURFACED FROM THE BACK TO THE FRONT OF MY HEAD/FACE AREA. I AM FEELING REALLY TERRIBLE AND UNEASY ABOUT NOW. ANY HELP VERBALLY OR OTHER WISE IS HIGHLY APPRECIATIVE.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE. THANK YOU! A.W.

RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

You are being sent a stress packet. Please work on the exercises

Offender seen  Yes  No

Blexino, MA

Official Responding

Date of Response