

**ADDENDUM OF NONMONETARY TERMS OF
SETTLEMENT AGREEMENT AND RELEASE OF CLAIMS**

This Addendum sets forth the nonmonetary terms of the Settlement Agreement and Release of Claims between David Van Valkenburg, plaintiff, and the Oregon Department of Corrections, defendant, Ninth Circuit Case Nos. 17-35203 and 17-35255. It is the mutual desire of the parties to implement Department of Corrections Policy 40.2.11, "Effective Communications for Deaf/Hard of Hearing Inmates." The parties agree as follows:

Within 60 days of the effective date of this agreement, the department shall provide each inmate who is deaf or hard of hearing as that term is used in DOC Policy 40.2.11, and to each inmate identified as deaf by counsel for plaintiffs, the following documents: DOC Policy 40.2.11; Exhibit 1-3 attached hereto. In addition, upon the effective date of this agreement, the Department shall provide these Exhibits to each inmate identified or who self-identifies as deaf or hard of hearing during the intake process. The department shall also provide these Exhibits to each inmate at the annual meeting described in DOC Policy 40.2.11, Section IIIA.2.c. As to those inmates whose names are identified by plaintiff's counsel, the department shall confirm that each has received a copy of these Exhibits if they are currently in DOC custody.

Within one year of the effective date of this agreement, the department shall provide a written report to plaintiff's counsel, (currently Matthew Ellis and Shenoa Payne), regarding its progress in implementing this agreement and Policy 40.2.11, including the number of inmates who received a copy of DOC Policy 40.2.11; Exhibit 1 attached hereto; and Exhibits 2, 3 and 4 attached hereto within 60 days of the effective date of this agreement or at intake into DOC custody, and the number of inmates with whom the annual meetings described in Policy 40.2.11 have been held. If requested by plaintiff's counsel after receiving that report, the Inspector General (currently Craig Prins) and the ADA Coordinator (currently Marica Ventura) shall schedule a meeting with plaintiff's counsel to discuss the report.

Exhibit 1

NOTICE FOR DEAF AND HEARING-IMPAIRED INMATES REGARDING AUXILIARY AIDS AND SERVICES

The Oregon Department of Corrections (ODOC) makes its inmate programs, services, and activities available to inmate on an equal and nondiscriminatory basis, without regard to disability, in a manner that is consistent with applicable state and federal nondiscrimination laws.

The Department will provide deaf and hearing-impaired inmates access to auxiliary aids and services without cost to the inmate when required for “effective communication” in accessing and participating in Department programs, services, and activities. “Effective communication” means communication between ODOC and deaf and hearing-impaired inmates that is substantially as effective as communication with the general inmate population. We have created an Effective Communication Policy which you will be provided at Intake and at certain times thereafter.

Auxiliary aids and services may include the use of qualified interpreters. Inmates will not be used as qualified interpreters. Examples of other kinds of auxiliary aids and services include computer-aided transcription services, closed-caption decoders, open and close captioning, TTY/TTD, videotext displays, written materials, videophones, access to telephone relay services, and visual alert or alarm systems.

When an auxiliary aid or service is requested or needed by a deaf or hearing-impaired inmate for effective communication, the institution ADA Coordinator will consult with the inmate to assess what auxiliary aid(s) will be effective. Staff will give primary consideration to the inmate’s choice unless another equally effective means of communication is available, and provision of the auxiliary aid or service requested by the inmate would result in an undue financial or administrative burden, or a fundamental alteration of the Department’s program, service, or activity.

The kinds of Department programs, services, or activities this Notice concerns may include:

- Intake assessments and classification
- Institution admission and orientation presentations
- Medical and mental health services

- Substance abuse and other treatment programs
- Inmate work and education programs
- Program, housing, classification, sentence computation and release, and other status reviews
- Disciplinary hearings, grievance, discrimination complaint, and other administrative processes for review of decisions and actions by department staff affecting inmates
- Religious services, classes, program counselor meetings and any other programs and services offered at the prison.

**NOTICE FOR DEAF AND HEARING-IMPAIRED INMATES
REGARDING ANNUAL MEETING**

The Oregon Department of Corrections (ODOC) makes its inmate programs, services, and activities available to inmate on an equal and nondiscriminatory basis, without regard to disability, in a manner that is consistent with applicable state and federal nondiscrimination laws.

To help ensure deaf and hearing-impaired inmates have appropriate access to Department programs, services, and activities, at least once each year, an inmate will meet with the institution's ADA coordinator, the Services Coordinator for Deaf and Hearing-Impaired Inmates, and that inmate's correctional counselor, to review the inmate's programming and communications needs, and to discuss any issues of concern. At that meeting, the Department may use the services of a qualified interpreter or other auxiliary aids or services as required for effective communication with the inmate. You will also be provided with a copy of this notice as well as the ODOC Effective Communication Policy during that meeting.

Exhibit 2

Deaf or Hard of Hearing Communication Request Form

We ask this information so that we can communicate effectively with inmates and/or companions who are deaf or hard of hearing. All communication aids and services are provided FREE OF CHARGE when required for effective communication or when are otherwise medically necessary. Each person requesting communication aids should complete a separate form. If you need further assistance, or help in filling out this Form please contact _____.

Inmate's Name

Inmate SID#

Name of Person with Disability (if different from above) _____



Nature of Disability:

☐ Deaf ☐ Hard of Hearing ☐ Speech Impairment ☐ Other: _____

Relationship to Inmate:

☐ Self ☐ Family member ☐ Friend ☐ Other: _____

Please select the communication aid(s) you would like to assist you in communicating with ODOC. Your requests will be carefully addressed by ODOC staff.

<input checked="" type="checkbox"/> Interpreter on-site		<input type="radio"/> American Sign Language (ASL)	<input type="radio"/> Signed English	<input type="radio"/> Oral interpreter
<input checked="" type="checkbox"/> Video Remote Interpreter		<input type="radio"/> American Sign		

Language
(ASL)

- ☐ TTY/TDD (text telephone)
- ☐ Assistive listening device (sound amplifier)
- ☐ Telephone handset amplifier
- ☐ Telephone compatible with hearing aid
- ☐ Videophone
- ☐ Other. Explain: _____

☐ **No.** I do not use sign language and/or do not use interpreters.

☐ **No.** Please state other

reason: _____.

If you requested both an interpreter on-site and a video remote interpreter above, do you have a preference between the two?

☐ Yes, I prefer an interpreter on-site

☐ Yes, I prefer video remote interpreter

☐ No, I do not have a preference between the two

If you have any questions, please contact [ADA Coordinator].

Completed by: _____
(Please print name)

Signature: _____

Date: _____

Time: _____

**** If at any point during your incarceration, you wish to change any of the answers to the questions on this form, please notify [ADA Coordinator].**

Exhibit 3



Want a Sign Language Interpreter?

yes



no

