DRAFT CLIENT STATUS LETTER

People v. Marcus Hale (fictional) | Plain-language case status and Faretta discussion | Document 07

Drafted by VdVLaw, Legal Support Services, for counsel review | August 20, 2026

Fictional demonstration matter. Method and format are VDVLAW's actual work product standard; all case facts, persons and identifiers are invented.

DRAFTING NOTE FOR COUNSEL (not part of the letter): This draft is written in counsel's voice for counsel to review, adapt, and send or withhold (DEC-003). It states facts only as the reviewed production supports them, takes no position on the self-representation choice, gives no legal advice from VdVLaw, and reveals no defense strategy beyond what counsel has already discussed with the client. Every factual line traces to the audit registries. Statements of intention (records requests going out, preservation letters, expert retention, mitigation planning) are written as counsel's intended next steps; confirm each against counsel's actual decisions (DEC-001 to DEC-005) before sending. Remove this note before any use.

To	Marcus Hale, CDCR No. CT-2210, Sierra Valley State Prison (fictional)
From	Elena R. Castillo, Attorney at Law (fictional)
Matter	People v. Marcus Hale, Case No. 26CR00412, County of Lassen (fictional)
Marking	Attorney-client communication; confidential; legal mail

Why I am writing this

You told me you are worried that not enough is being done, and that you are thinking about asking the court to let you represent yourself. You are entitled to raise that question, and you deserve a straight explanation of what is happening before you decide. This letter explains, in plain words, what the prosecution appears to rely on, what has already been reviewed, what records are being pursued, and what work remains. It does not reveal every part of the defense plan, and it is not a promise about the outcome. It is a status report, so you can see the work, tell me anything I have wrong, and understand what the case still requires.

1. What the other side is saying, and how it is being answered

The prosecution case leans heavily on the first autopsy. That pathologist concluded that Renee died from manual pressure to the neck, based mainly on small hemorrhages in the eyes and bleeding in neck tissue. They may also point to the fact that the two of you were alone in the family-visiting unit, to the difference between the transcripts of your two interviews about how much you moved her head or jaw after finding her, to stress in the relationship, and to a possible insurance motive if they can prove the policy facts.

The answer is not a slogan. The medical evidence is being tested one part at a time: whether the eye and neck findings were documented correctly, whether they are specific to strangulation, and whether emergency treatment and postmortem changes affect how those findings should be interpreted. Those are questions for qualified experts working from original materials, not for anyone to answer from paper. The daytime medical episode and the overnight emergency also have to be placed on one reliable timeline.

CASE FOCUS: The most important issue is medical causation. The records from the daytime medical response may matter most of all, because they were created before Renee died and before anyone had a homicide theory.

2. Favorable points already found in the evidence

1. Nothing in the transcripts of the calls and interviews reviewed so far contains a confession by you, a direct threat by you, or a statement that Renee planned to end the relationship. The original recordings still have to be verified against the transcripts.
2. In the recorded calls, as transcribed, Renee talked before the visit about palpitations, dizziness, nausea, medication issues, fatigue, and reduced intake, and reported a home reading with a fast pulse and high blood pressure. That does not prove how she died, but it makes the medical records important.
3. Renee chose to travel to the prison, stayed in contact on the way, and discussed the visit and the dinner plans without any recorded expression of fear. The special dinner was talked about before the visit, so the candles, the table runner, and the dinner setup were not invented after her death.
4. The transcripts of your two interviews match on the major events: she got sick, medical staff came, hospital transport was recommended, she declined, you had dinner, you went to bed, you stood for the overnight count, you later found her, and you called for help. One detail differs, about how you touched her after finding her; the original recordings and the responder observations are needed before anyone can fairly call that an inconsistency.
5. The later independent examination could not assign a specific cause of death, and it documented significant heart disease. The original first-autopsy body diagram, which should map exactly where the claimed neck findings were, has not been located in what was turned over.
6. No laboratory result or other physical evidence in what has been turned over independently proves an assault.

3. Work that is already done

Done	What it means for you
Evidence sorted	The discovery has been organized so original evidence, transcripts, indexes, duplicate copies, and work product are separated. Two duplicate call files were identified and set aside so nothing is counted twice.
Calls and interviews	The prison calls and all eight interviews have been searched and compared through working transcripts, including your two interviews line by line; checking key passages against the original recordings is part of the next phase.
Medical timeline	A timeline now runs from Renee's symptoms before the visit, through the daytime medical response, to the overnight emergency.
Autopsy comparison	The first autopsy, the supporting materials that are not in what we received, the later examination, the toxicology, and the treatment-artifact issues have been compared point by point.
Photographs indexed	The autopsy, emergency-response, family-unit, and evidence photo groups are cataloged and ready for expert review.

Done	What it means for you
Motive review	The relationship messages, the insurance reference, and the account-access questions have been separated from speculation: a reference to insurance is not a policy, and no policy documents are in what has been turned over.
Priority-record map	The records most likely to confirm or disprove the central facts have been ranked, with a request plan for each.

4. Records being pursued right now

You said Renee was evaluated during the visit, had an abnormal pulse and blood pressure, was advised to go to a hospital, and declined. The paperwork from that response (the patient-care report, the vital signs, any heart tracing, the signed refusal, and the dispatch and gate records) has not been located in what was turned over; a request for it is drafted and ready to go out. So are requests for the complete first-autopsy support package including the body diagram, the original recordings of your interviews, the complete logs for the overnight, the insurance policy documents, certified records of the prior conviction the prosecution alleges, and the original photographs with their timing data. Preservation letters are drafted for every office that holds originals, asking each to preserve whatever remains and to say what has already been exported or overwritten, so nothing more is lost while the case is pending.

5. Court and expert work that may still be needed

Decisions are pending on retaining a forensic pathologist and a heart specialist, who must work from original materials rather than summaries. The prosecution has also alleged a special circumstance based on a claimed prior conviction, and it has not announced whether it will seek the death penalty. Because of that, I am planning on the assumption that everything must be ready either way, and the claimed prior will be verified against certified court records rather than taken at face value; the same claimed prior is also the basis of the other prior and strike allegations, so verifying it is a priority. The preliminary hearing is set for October 15, 2026.

6. What representing yourself would actually require

The decision whether to ask the court to represent yourself is yours. The law respects it, and if you make that request the court will take it seriously, ask you questions to make sure you understand the risks, and expect you to decide with your eyes open. My job is to make sure you decide with a clear picture of what it involves, so here it is, respectfully and without exaggeration.

If you represent yourself, you take on the whole case personally: the discovery requests and follow-up on every record listed above, the preservation letters, the expert selection and instruction, the medical and pathology literature, the preliminary-hearing examination of the pathologist and the responders, every motion and every deadline, and, if the prosecution seeks death, a penalty phase with its own rules and its own preparation. You would do this from custody, where self-representation usually comes with substantial practical restrictions on library time, phone access, investigation, and contacting witnesses; if you want, I will explain the specific restrictions that would apply in your situation. The court will not simplify the case because a defendant is self-represented. If the court appoints standby or advisory counsel, the scope of that role is decided by the court, and there is no right to split the case between you and a lawyer, so you should assume the work would be yours.

None of that means you cannot ask. It means the choice should be made against the real size of this case, which is a contested medical-causation case with a potential death exposure, not a simple one. If you want, we can go through this letter together at our next visit, item by item, and you can tell me which parts of the work you want explained in more detail before you decide anything.

7. What you can do now

Write down anything in this letter that you believe is wrong or incomplete, especially about the visit, the dinner, the daytime medical response, and the overnight. Do not discuss the case on the phone or in the dayroom; the calls are recorded, and the prosecution reads them. Send me the names of anyone Renee spoke with about her health in the months before the visit. And keep this letter with your legal papers; it is confidential attorney-client mail.

Sincerely,
Elena R. Castillo
Attorney at Law (fictional)