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Arkansas State Claims Commission

DEC 23 2014

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION

Of the State of Arkansas

RECEIVED

| | 1,2021100 |
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| ∯ Mr. □ Mrs. / | Do Not Write in These Spaces |
| □ Ms. | Claim No. 15-0484-CC |
| Miss 111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | Date Filed Dec 23, 2014 |
| vs. | (Month) (Day) (Year) |
| | Amount of Claim \$ 10,000,00 |
| State of Arkansas, Respondent DOC | Fund DOC |
| | Tailure to Tall |
| TERRY ELLO | 75G |
| (Name) the above named Claimant, of | P.O. BOX 400 Chap Ah 7164 (Street or R.F.D. & No.) |
| County of JNO | V represented by PBO SE |
| (State) Zip Zodie) (Daysime Phone No.) | (Street or R.F.D. & No.) represented by (City) (City) (City) |
| (Street of No.) (City) (State) | p (Phone to.) Fax No.) |
| State agency involved: | Amount sought: O O O |
| Month, day, year and place of inquient or service: | ALMPALINTY ALCM |
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| As parts of this complaint, the claimant makes the statements, and unswers the following questions, as | ndicated: 11 Has claim been recurred to any state department or 650 and |
| (Yes oy No) (Year); to whom? | //~ |
| : and that the following action was taken thereon: | (Dephetrefant) |
| nd that \$ was paid thereon: (2) Has any third person or corporation as | interact in this claim? |
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| (Name) add that the nature thereof is as follows: (Street or R.F.D. & No.) | (City) (Zip Code) |
| : and was acquired on | in the following manner: |
| THE UNDERSIGNED states on oath that he or she is familiar with the matters and th | ings set finds to the first |
| 17 17 1 E/ 1 - E | angs set form in the above complaint, and that he or she verily believes |
| (Print imint/Representative Name) | (St. street & S.C.) 155 |
| | (Signature of Claim nt/Representative |
| SWORN TO and subscribed before me at | (Cita) |
| EAL) on this day of | (City) (State) |
| (Date) | (Month) (Year) |
| DOROTHY HARRIS SMITH | Int. (rear) |
| | Notary Public) |
| Commission # 1238368* My Commission Expires: Ommission # 1238368* | 1-9-202 Modern Public) |
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| UNIT LEVEL GRIEVANCE FORM (Attachment I) | |
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| Unit/Center V.S.M (Attachment I) | FOR OFFICE USE ONLY |
| Name JEBAN TULIC | GRV. VSM14-970 |
| ADC# WOX Brks # 7-160 Ich And Co | Date Received: 03-14-14 |
| ADC# Brks # Job Assignment MAN GG | GRV. Code #: 313 |
| | |
| (Date) SEP Two: Formal Grievance (All complaints/concerns should | first be handled informally.) |
| (Date) IMERGENCY GRIEVANCE (An American and Annual Control of the | The property as |
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| involved and how you were affected. (Please Print): | te, place, name of personnel |
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IGTT410 **3GS**

Attachment III

INMATE NAME: Ellis, Jerry J.

ADC #: 078658B

GRIEVANCE #: VSM14-00970

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Ellis, you state, " On the morning of 3-1-014 at approx 8:40 am I asked CO I L. L. Sanders of (cc)shift to bring me the telephone which CO I L. L. Sanders of (CC shift) was assigned to iso 4 due to that I was on my last day of my 48 hour relief toward my phone privileges anyway due to the above situation CO I L. L. SAnders of (CC)shift advised me that Lt Plummer of (CC) Shift had told him that he could not leave the control booth of iso 4 which due to that I asked CO_LL. L. Sanders of (CC)shift to contact the (VSM) master control booth and advised Lt Plummer of (CC) shift that I needs to use the telephone which CO I L. L. Sanders of (CC)shift advised me that Lt Plummer of (CC)shift was cell block #6 conducting barbering services or those inmates of cell block #6 but that was not truth and cell block #6 surveillance camera will show that Lt Plummer of (CC) shift was negligence of the ADC regulation as of AD 12-24."

Staff advises that you never asked to use the telephone.

Therefore, I find this issue without merit.

Signature of Warden/Supervisor or Designee

APR 2 2 2014

INMATE'S APPEAL

INMATE GRIEVANCE SUPERVISOR ADMINISTE SUPERVISOR
If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? Inmate Signature ADC# INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#:VSM14-00970

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You state, on 3-1-14 staff refused to allow you to use the phone.

Based on the Warden's response in which he states in part, "Staff advises that you never asked to use the telephone.

Therefore, I find this issue without merit."

I find that I concur with the unit's response.

Appeal denied

Director

5-29-2014 Date

| UNIT LEVEL GRIEVANCE FORM (Attachment I) |
|--|
| Unit/Center SM FOR OFFICE USE ONLY 552 |
| Name 17.19.19 / Land |
| ADC# 78658 Brks # Job Assignment DM ST CRV Code # CRV C |
| (Date) STEP ONE: Informal Resolution |
| (Date) STEP TWO Formal Grievance (All complaints/concerns should first be handled informally.) |
| (Date) EMERGENC GRIJ ANCE An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the |
| attached emergency receipt. If an Emergency, state why: |
| Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental |
| BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel |
| involved and how you were affected. (Please Print): ON THE MILIT OF A PRINT AND SHOULD BE A PRINT OF THE MILIT OF A PRINT OF THE MILIT OF THE PRINT |
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| Innate Signature Date |
| If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designed |
| EHIS SECTION TO BE FILLED OUT BY STAFF ONLY |
| This form was received on (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name |
| of the person in that department receiving this form: |
| |
| Describe action taken to resolve complaint, including dates: RECEIVED Date Received |
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| APR 2 2 2014 |
| ADMINISTRA |
| Staff Standard & Date Returned Inmate Signature & Cot Ob BUILDIAN |
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| DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back |

1302-216 Attachment III

INMATE NAME: Ellis, Jerry J.

ADC #: 078658B

GRIEVANCE #: VSM14-00552

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Ellis, you state, " On the night of 1-28-14 at approx 8:45 p/m I yell out to CO I Brown of (DD) shift due to that I was on my last day of my 48 hour relief which I wanted him to advise the floor officer of ISO 4 CO II McCray to bring me the ISO 4 phone which CO Brown of (DD) shift advised me that Sgt Carmickle of (DD) shift and pulled CO II McCray from ISO 4 to help conduct medical jacket interviews which that was negligence of Sgt Carmickle due to that I was not allowed to use the ISO telephone toward my 48 hour relief period of 1-28-14 and on 1-27-14 I couldn't use ISO 4 telephone due to the phone wiring had been disconnected of ISO 4 telephone Sgt Perkins can verify the above and due to that I was not allowed any of my telephone privileged on my 48 hour relief per to AD 12-24 policy and procedure as if 11-28-14, 1-27-14, 12-20-13 and 12-21-13 due to the ISO 4 telephone wasn't working properly or not working at all."

Officer Brown advises that he was working in the control booth on 01/28/2014 and does not recall you asking him anything. There is no evidence the phone was not working. Also staff assignments are a management decision not an inmate's.

Therefore, I find this issue without merit. Signature of Warden/Supervisor or Designee RECEIVI APR 2 2 2014

INMATE'S APPEAL

INMATE GRIEVANCE SUPERVISOR

If you are not satisfied with this response, Wouldness appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate 创始 Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signa ure ADC# Date INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#:VSM14-00552

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You state on 1/28/11, you wasn't allowed to use the isolation #4 telephone due to the phone wiring had been disconnected.

According to my review, I didn't find where staff violated policy or procedure in this current complaint. It is your responsibility to advise staff when you want to use the phone on your 48hr. relief. The phone had been repaired at the time you wanted to use it. I find merit to your complaint.

Appeal denied

Director

5-29-2014

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| UNIT LEVEL GRIEVANCE FOR | RM (Attachmen(1) E V | TEN I | FOR OFFICE US | FONLY |
| Unit/Center V. 5 M | | 7 11)) | GRV. # 1/3 M-14 | 8E |
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DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back

IGTT400 3GR

IGTT400

Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Ellis, Jerry J.

FROM: Burchfield, Delania D

DATE: 01/17/2014

ADC #: 078658B

TITLE: ADC Inmate Grievance Coord

GRIEVANCE #: VSM14-00193

Please be advised, I have received your Grievance dated 01/11/2014 on 01/14/2014 .

Your grievance was rejected as either nonfgmevable, untimely, duplicative, frivolous, or vexatious.

Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information

INMATE'S APPEAL

requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below. Immate Signature MMATE GRIEVANCE SHOF-

Page 1 of 1

INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#:VSM14-00193

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Inmate Ellis, your Grievance VSM-14-00193 was rejected by the Unit Warden because it was considered untimely. According to my review this was done in accordance with AD 12-16. I find no merit to your complaint.

Appeal denied

Director

Date

Arkansas Claims Commission

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JERRY ELLIS (ADC 078658)

CLAIMANT

V.

NO. 15-0484-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER

COMES NOW the Respondent, Arkansas Department of Correction, and for its Answer, states and alleges as follows:

- 1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
- 2. The applicable account information required by the Commission is:

a. Agency number: 0480

b. Cost Center: HCA 0100

c. Internal Order:

340301

d. Fund Center: 509

WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,

Department of Correction Office of Counsel

LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 6th day of January 2015, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Jerry Ellis (ADC 078658) Varner Super Max PO Box 400 Grady, AR 71644-0400

BEFORE THE ARMINGS I ME CLAIMS COMMESSED TERRY ELLES # 18658 # 15- = 484-CC CLAIMAT MAKAN SAS DEPIMIMENT OF GORREGION PESPONDET

JIMS COMMISSION

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DOCUMENTS

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STATE JLAIMS COMMISSION DOCKET OPINION

10,000.00 **Amount of Claim \$** 15-0484-CC Claim No. **Attorneys** Jerry Ellis #078658 Claimant Pro se Claimant AR Department of Corrections Lisa Wilkins, Attorney Respondent State of Arkansas Respondent Date Filed December 23, 2014 Failure to Follow Procedure Type of Claim

FINDING OF FACTS

This claim was filed for Failure to Follow Procedure in the amount of \$10,000.00 against Arkansas Department of Corrections.

Present at a hearing June 10, 2015, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission hereby unanimously denies and dismisses this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Therefore, this claim is hereby unanimously dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously denied and dismissed this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

June 10, 2015

Date of Hearing

June 10, 2015

Date of Disposition

Chairman

Commissioner

**Appeal of any final Claims Commission decision is <u>only</u> to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated \$19-10-211.

Commissioner

BEFORE THE ARKANSAS STATE CLASITIS COMMISSION

ATKANSAS CIDIMS COMMERSON ELLIS # 18658

ATKANSAS CIDIMS COMMERSON ELLIS # 18658

H 15- 2484-CC

RECEMBRANSAS DEPARTMENT OF CORRECTION

DECEMBRANCE DEPARTMENT OF CORRECTION PESPONDENT ITIETION FOR BECONSTDERATION COME'S NOW THE CLAIMANT JEBBY ELLIST 18658 PRO, SE. MOVESTITES ANKINSAS -STATE CLAIMS COMMISSION TO VACATETHE ARBANSAS STATE CLATTIS COMMESSION SPINIS OF JUNE, 10, 2015 DUE TO THE FOLLOWS! 1. THE CLAIMANT STATES THAT THE MAKANSAS STATE-CLAIMS COMMISSION COMMITTEE MEMBER'S ASOF MB. H. T. MOORE, CHANDMY, MB. JIMM) SIMPSON COMMESSIONER AND ITTE, BELL LANCASTEB COMMESSIONER PRETUDIED HIS PROCEEDING OF HIS SCHEDLED HEADING OF TLINE 19, 2015 DLIETOTHE CLAIMANT WASNOT ALLOWED HIS BEDVESTED WITNESSES TOTE STUTY AND THIT-DENYLOG THE CLAIMANT IN FAIR AND IMPARTIAL HEALING, WHICH DLETSTIE ABOVE, THE ABBANSAS SPATE CLAIMS COMMISSION COMMETTE MEMBER'S OPINION OF JUNE 10, 2015 SIMILL BE VACITED SEE HUNTER V. MCDANKL LONSTBUCTION 62. 623 S. W.20 46 1981) PENNEY GON V. HABVETT FOOD ING 9 18 S.W. 21 485 1996) Bone V. Bone 671

217 1984) ABKANSIS DEPT S OF HUMIN SERVICE V. ExSTIEB, 898 S.W. 20 32 1995) REGISH HEALTH CARE FACILITHESTING, V. BOSE CARE TNC, 912 S.W.2014-29 1995) ZOBNIET V-PRATHEB CITAG SERVICE V. DILLES 354 U. S. 363 1957) 2. THE CLAIMANT SMESTHAT DEPTH ASSIST WARDIAN AMPIENS TETAMONY BEFORE THE MKANSAS STATE CLAIMS (SMMISSIN COMMITTEE MEMBER'S PREDICED HIS HEARING DROCCEDURG DLETSTAT DEPAT ASSIST LAMPON ANDREWS ALLEGED THAT FROM JAN, 215 THROUGH MAD, 1, 015 THE CLATIMAT HAD MADE DE PERSONALLY PHONE'S CALL'S BUT THE WASN'ST BUE BECALSE THE CLA-MAT PERSONLY ELADIFICE'S NUMBER HAD BORN DESTRUCT DUE > THE CLAIMANT WAS STAUNG CONSECTIVE PLINETINE SECHECATION PUNTALE AND DUE TO THAT THE PARAMAS STAKE MS COMMESSION COMMETTER MEMBES SPINION OF JUNE 1907 295 STAC CATED SEE MCCANN V. COLOHLIN, 698 17 127 21 CH 1983) POUT L VI WABD, -1201233 21 CIB 1976) CBNOTTV. PRATHA, 737 S.W. 20 459 4987) 3 WLES, 354 U.S. 363 1957) CTITUS TOWNSENDY

3. THE CLAIMIT SMESTIME DUE TO THE-SMIE CLAIMS COMMISSION CHAIRMIN TOB. H. WATSON CALLYNGE BEGONS SOF 4-11->4 AND -12-24 THAT PRETICE THE C Homint proceeding of proving Hos MR. GRANT HARBY RESponse of 5-29-214 Townson GALCHACEL -0>552 HAVE DESPUTED WARDAN MITTON BEDONE OF 4-11-014 AMS SHALL BE VACATIOD SEE ABRANCAS DEDT'S-OF HOMON SERVICE V. KISTLOB, 898 MEGY OML HEALTH CARE FACIL 917 S.W. 24 4 39 1995) PBATHEB 737 S. W. Hy 159 1987) SERVICE V-DULF 4. THE CLAIMAT SMES THAT DOOT ATSUST-MODEN AMORIANS TETEMON 9 13, CANTHARAS CHEF INECTOB MESPONSE > F5-29->14 T SMOUNCE # V. S. M-014-2255) AND DI THE / NAKANGAI STATE ATMS COMMICCIONI

SMMATTER MEMBERS SPINION OF JUNE 12, 2015 SHALL DE VACATED SEE ABKANSAI DATIS DE LUMAN SHAKE VAKASTLEB, 898 S. C. 21 32 495) FLICHAL HEALTH CAME PACOL ANTIV. PRATION, 737 S. W. 21 959 1987) GTING 2014 CE V. DILLES, 354 U.S. 363 1957 WHENEFORE THE CLAIMS I MAN THIS EN VACAGE HE ABKANGAI SME CLAMS COMMISSION COMMITTEE MAMPITATS SPINION OF TWELLS,) INS AND BE (CHEDULED A HEARING OF THE CODD CLAME 15- 2484-CC ASTEFICATE OF SERVICE OF THE CLAMPT MATINHAS 21 TIBS BRENDA WHOE, DINGERS KANSAS STATE CLAIMS COMMISSION Phy ELL # 1X65X . O. Bax 4 21/201, AB 71644

| STA Z CLAIMS CO OPI | MMISSION L NION | JCKET | |
|---|-----------------------------------|-----------------------------|--|
| Amount of Claim \$10,000.00 | | Claim No. 15-0484-CC | |
| Jerry Ellis, #078658 Claimant | Attorneys | Pro se Claimant | |
| Department of Corrections State of Arkansas Respondent | Lisa Wilkins, Attorney Respondent | | |
| Date Filed December 23, 2014 | Type of Claim | Failure to Follow Procedure | |
| The Claims Commission hereby unanterest Reconsideration" for the Claimant's failure to decision of the Claims Commission. Thereforemains in effect. | imously denies Clai | would change the prior | |
| IT IS SO ORDERED. | | | |

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's June 10, 2015, order remains in effect.

| Date of Hearing August 13, 2015 | |
|-------------------------------------|-------------------|
| Date of Disposition August 13, 2015 | Rech May Chairman |
| | Bill Lances |
| | Commissioner |

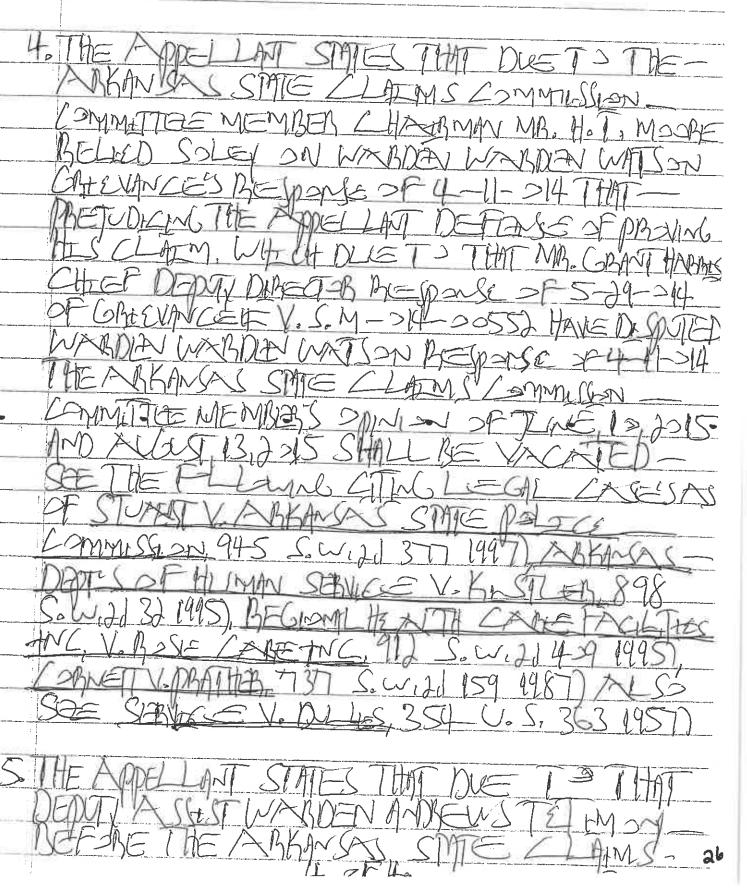
^{**}Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated \$19-10-211.

BEFORE THE ARKANSAS STATE GENERAL Arkansas Claims Commission SEP 09 2015 RECEIVED OM THE ABKANSAS STATE SSEMRL AMS. COMMISSION COMMITTEE JUNE, 19, 2215 AM / COUST LANT STATES THAT THE ABKANSAS STATE COMMISSION COMMITTEE MEMBERS 2, 0 > 15 AND ACCUST, 13, 2 > 15 HA S. W. 21 159 198 23

ABLANSAS STOTE POLICE COMMISSION 94 MMISSIFON COMMITTEE MEMBERY OPENIOF AT SIME THE ARBANAS-MS LOMMISSION CHAIRMAN MR. H. OOBE, COMMISSIONER MA. JIMMY the Sch = TWE, 10, 2015 V. BallE NATI

ENGLATIFICANC, V. BOSE CABO 912 S.W. 21409 1995) CORNE S.W. 21159 1987) AL SOS So saf 3,354 U.S,363 195 SERVING LONSE MS/DMMISSIAN 2FJWE 355 U. S. 46 1957) BIDSINC V. BYE AUTO SIPLY MYC LI 719 1986) NEXL V. WESON 737 Siwid 159 25

263 1957) SEBYICE V. DLLEG, 35+U, S.



COMMISSION COMMITTED MEMBERS WASH

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