

RECEIVED

on this 22 day of October (City) 2014 (State)
(Date) (Month) (Year)
Wendy Smith
(Notary Public)
My Commission Expires: 3 9 21
(Month) (Day) (Year)



(white) Rejected -
Unit level
FOR OFFICE USE ONLY
GRV. # USM-13-03609
Date Received: 9/18/13
GRV. Code #: 800504

Unit/Center V.S.M
Name JERRY ELLES
ADC# 78658 Brks # 1-26 Job Assignment ADAM

8-30-13 (Date) STEP ONE: Informal Resolution
9-11-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: MR. CANTRELL V.S.M. PROBLEM

MAINTENANCE SUPERVISOR DESCRIBE PER T.O.M.S. CELL #20 OF CELL BLOCK #1 SHOWER
8-30-13 (Date) EMERGENCY GRIEVANCE: An emergency situation is one in which you may be subject to a substantial risk of physical harm. Grievances are not for primary problems that are not of a physical nature. If the grievance is not completed, it will be considered a problem with staff, and will be subject to an attached emergency receipt. If an emergency, state why: UNSAFE THREAT TO MY SAFETY

Is this Grievance concerning Medical or Mental Health Services? NO
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): AS OF 8-30-13 THROUGH 8-23-13 I HAVE ADVISED COSTI DENNIS OF (BB) SHIFT, COL WILSON OF (BB) SHIFT, MR. S.B. THOMAS OF (BB) SHIFT, SGT. LUNDY OF (BB) SHIFT AND LT. PLUMMER OF (BB) SHIFT. COL KING OF (BB) SHIFT, COL ALLEN OF (DD) SHIFT, COL WOODFORD OF (DD) SHIFT, COL DAVIS OF (DD) SHIFT, SGT. CARMECKE OF (DD) SHIFT AND LT. M. BROWN OF (DD) SHIFT THAT CELL #20 OF CELL BLOCK #1 SHOWER COME ON AT APPROX 6:30 P.M. AND RUNNER MAILED MR. CANTRELL V.S.M. MAINTENANCE SUPERVISOR AND REQUEST FOR INTERVIEW TOWARD CELL #20 OF CELL BLOCK #1 SHOWER COME ON AT APPROX 6:50 P.M. AND RUNNER UNEL APPROX 7:30 P.M. EVERY DAY WHICH ON 8-28-13 MR. CANTRELL V.S.M. MAINTENANCE SUPERVISOR CLAIMED THAT HE FIRED THE TIMER OF THE ABOVE SITUATION IS STILL OCCURRING AND DUE TO THAT IS AND SAFETY HAZARD TO MY HEALTH AND SAFETY DUE TO MR. CANTRELL V.S.M. SANITATION POLICY. A WELL DUE TO THAT MAINTENANCE CANNOT FIX THE ABOVE SITUATION OF CELL BLOCK #1 THEN I REQUEST TO BE MOVED IN AND SAFE HOUSING CELL DUE TO SEE BELOW

Inmate Signature CELL #20 OF CELL BLOCK #1 IS UNSAFE Date 8-30-13
If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

NAME OF A.D.L. OFFICER THIS SECTION TO BE FILLED OUT BY STAFF ONLY MRS. REFUSED TO
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: _____

Adrian Brien 9996 T. G. Brien Date 8-31-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received
Describe action taken to resolve complaint, including dates: Mr. Cantrell advised shower has been repaired several times.

RECEIVED
P. Agui 09.10.13 OCT 01 2013
Staff Signature & Date Returned Inmate Signature & Date Received 9-11-13

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two. SPT. ATION DAIL

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Ellis, Jerry J.
FROM: Burchfield, Delania D
DATE: 09/23/2013

ADC #: 078658B
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: VSM13-03669

Please be advised, I have received your Grievance dated 09/14/2013 on 09/18/2013.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

Delania Burchfield
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.

INMATE'S APPEAL

If you disagree with a rejection, 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. 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.

I OBJECT TO MRS BURCHFIELD'S M
GRIEVANCE COORDINATOR'S OPINION OF GRIEVANCE #13-03669 DUE TO
ELLIS 78658 9-24-13

Inmate Signature

ADC #

Date

THAT I SUBMITTED MY STEP (2) GRIEVANCE TO SGT B WEBB
SHIFT ON THE DAY OF SEPT 14, 13 PER T - AD-12-16 P 2:45 AND
PROCEDURES - F(PG) (7.) AND (PG) (8.) TOWARD SECTION (A) -
THEREFORE MY STEP (2) GRIEVANCE DATED 9-14-13 SHOULD HAVE
BEEN PROCESSED PER T - AD-12-16 P 2:45 AND PROCEDURES -
F(PG) (9.) TOWARD SECTION (3.)

RECEIVED

INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#: VSM13-03669

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Inmate Ellis your Grievance VSM-13-03669 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

17 M 7

Director

Date

11.7.13

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center V.S.M

Name JEFFREY ELLIS

ADC# 78658

Brks # 1-26

Job Assignment: ADMIN/SEC

9-10-13 (Date) STEP ONE: Informal Resolution

9-16-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why:

PROBLEM SOLVER NEVER ALLOWED MR. LAMM CANNELL V.S.M MAINTENANCE

(Date) EMERGENCY GRIEVANCE (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:

MY SUBMITTED COMPLAINT TO WHOM HIS ACTIONS

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 SEPT 1 2013 I SLIPPED AND FELL -
TO MY LOWER BACK TO WHOM MR. LAMM CANNELL V.S.M MAINTENANCE SUPERVISOR NEGLIGENCE OF
NEGLIGENT TO WHO FEELS THE SHOWERS TIMES OF CELL #26 OF
CELLS LOCK #1 AFTER HE HAD BEEN MADE AWARE OF THE SITUATION SEVERAL
TIMES AS OF AUG 26 13 AND AUG 28 13 BUT NO ACTION WAS TAKEN. WHICH EVERY DAY
AT APPROX 6:50 PM CELL LOCK #1 CELL #26 SHOWERS WOULD COME ON AND
BUNNIES CONTINUED UNTIL 1:30 PM WHEN ON AUG 28 13 SEPT 15 13
AND SEPT 16 13 MR. LAMM CANNELL V.S.M MAINTENANCE SUPERVISOR ADVISED
THAT HE HAD FILED THE ABOVE SITUATION BUT THAT UNFORTUNATELY BECAUSE
MR. LAMM CANNELL V.S.M MAINTENANCE SUPERVISOR NEVER TURNED THE SHOWERS
ON I COULD NOT GET TO SEE EVERYTHING. THE SITUATION WAS THAT NEEDS
TO BE FEEL I COULD NOT GET TO SEE EVERYTHING. THE SITUATION WAS THAT NEEDS
MAINTENANCE SUPERVISOR WAS GOING IN CELL LOCK #1 OF CELL #26
DID NOT TURN DOWN THE SHOWERS WITH PRESSURE AND WAS NEGLIGENT
OF NEGLIGENCE TO WHOM MR. LAMM CANNELL V.S.M MAINTENANCE SUPERVISOR TO FEEL

Inmate Signature THE ABOVE SITUATION AND ON 9-6-13 Date 9-13-13
If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS 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 of the person in that department receiving this form: _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name _____

Page 1 ID Number 39936 Staff Signature Page

PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint including dates:

See attached RECEIVED

9-13-13 OCT 01 2013

Staff Signature & Date Returned

This form was received on _____ (date) pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two. ON SEPT 1 2013 CELL #26 DUE THAT I SLIPPED AND FELL

(white) rejected routinely

FOR OFFICE USE ONLY

GRV. # V.S.M-13-63671

Date Received: 9/18/13

GRV. Code #: 504

RECEIVED

SEP 18 2013

VARNER UNIT GRIEVANCE

Date Received 9-11-13

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Ellis, Jerry J.
FROM: Burchfield, Delania D
DATE: 09/23/2013

ADC #: 078658B
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: VSM13-03671

Please be advised, I have received your Grievance dated 09/16/2013 on 09/18/2013.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

Delania Burchfield
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.

INMATE'S APPEAL

If you disagree with a rejection, 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. 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.

RECEIVED

OCT 11 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

I OBJECT TO MRS BURCHFIELD, V.S.M.
GRIEVANCE COORDINATOR PRESENT TO WARDEN GRIEVANCE # 13-03671 DE-
78658
Inmate Signature _____ ADC # _____ Date 9-24-13

T > THAT ON THE MORNING OF SEPT. 16, 13 I SUBMITTED (2) -
STEP (2) GRIEVANCE TO C. J. T. BROOKS FOR HENT -
PLACE IN THE V.S.M. LIAISON BY THEREFORE I MET THE
REQUIREMENT OF AD-12-16 P. 214 AND PROCEDURES OF (PG) (7) AND
(PG) (8) TOWARD SECTION (1) SO AD-12-16 P. 214 AND
PROCEDURES OF (PG) (9) TOWARD SECTION (3) SHOULD HAVE BEEN
LET OF MY STEP (2) GRIEVANCE BEING PROCESSED.

INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#: VSM13-03671

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Inmate Ellis your Grievance VSM-13-03671 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

17 mg

Director

11.7.13
Date

RECEIVED
SEP 26 2010
ADMIN
VARNER UNIT GRIEVANCE

GRV. Code #: 800

Assignment ADMINISTRATIVE
VARNER UNIT GRIEVANCE

(END OF STATEMENT)

RECEIVED

~~OCT 22 2013~~

Date _____

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

Date Received _____

Describe action taken to resolve complaint, including dates: Mr. Contrell advised non-tenable

Inmate Signature & Date Received

Date: _____

If forwarded, provide name of person receiving this form:

Date: 9-25-15

DISTRIBUTION: YELLOW & PINK -- Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Ellis, Jerry J.
 FROM: Burchfield, Delania D
 DATE: 09/26/2013

ADC #: 078658B
 TITLE: ADC Inmate Grievance Coord
 GRIEVANCE #: VSM13-03746

Please be advised, I have received your Grievance dated 09/25/2013 on 09/26/2013.
 Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

Delania Burchfield
 Signature of ADC Inmate Grievance Coord

RECEIVED

OCT 22 2013

INMATE GRIEVANCE SUPERVISOR
 ADMINISTRATION BUILDING

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.

INMATE'S APPEAL

If you disagree with a rejection, 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. 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.

I OBJECT TO MRS. BURCHFIELD, V.S.M. —
 GRIEVANCE COORDINATOR OPINION OF 9-26-13 DUE TO THAT I
 SUBMITTED MY STEP (1) GRIEVANCE PERT TO MRS. PIGGEE, V.S.M. PROBLEM —
 78658
 ADC #
 9-28-13
 Date

Inmate Signature

ADC #

Date

SOLVER DESCRIBE TO WARD MR. LARRY LANTREL OF 9-25-13 THAT
 FOR I MET THE (3) DAYS WORKING PERT TO WARD MRS. PIGGEE, V.S.M.
 PROBLEM SOLVER RETURNS STEP (1) PERT TO AD-12-16 P-224 AND
 PROCEDURES OF (PG) (8) TO WARD SECTION (11) ALSO DUE TO
 THAT MRS. BURCHFIELD, V.S.M. GRIEVANCE COORDINATOR REJECTED
 GRIEVANCE V.S.M-13-03746 AS UNTIMELY THEN WHY WASN'T GRIEVANCE
 V.S.M-13-03744 REJECTED AS WELL? WHICH THAT STEP (2) GRIEVANCE
 9

IGTT430
3GD

Attachment VI

INMATE NAME: Ellis, Jerry J.

ADC #: 078658

GRIEVANCE#: VSM13-03746

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Inmate your Grievance VSM-13-03746 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

l7m7

Director

Date

11-26-13

NOV 05 2014

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JERRY ELLIS (ADC 078658)

CLAIMANT

V.

NO. 15-0334-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 4 day of November, 2014, 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


LISA MILLS WILKINS Ark. Bar #87190

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



BRENDA WADE
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

November 5, 2014

Mr. Jerry Ellis, #078658
P.O. Box 400
Grady, AR 71644

Re: Jerry Ellis, #078658
Claim #: 15-0334-CC
Vs.
Department of Corrections

Dear Mr. Ellis:

Please be advised that the Respondent in the above-styled claim is disputing liability in an "answer" filed on your claim. This letter does not deal with any motions, discovery request or other matters related to this claim.

When liability is contested by the Respondent, the only alternative available to the Claimant is to appear before the Arkansas State Claims Commission at an oral hearing so testimony and evidence may be presented to refute the position of the Respondent. If you wish to attend a hearing on this claim, please notify this office in writing within fifteen (15) calendar days from the date of this letter and a hearing will be arranged.

If you fail to respond to this letter, or do not wish to pursue this claim at a hearing, this claim will be dismissed at the next meeting of the Claims Commission.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Wade".

Brenda Wade
Director

BW/

cc: Ms. Lisa Wilkins, Attorney Supervisor, DOC

STATE CLAIMS COMMISSION DECISION
OPINION

Amount of Claim \$ 25,000.00

Claim No. 15-0334-CC

Jerry Ellis, #078658

Attorneys Pro se

vs.

Claimant

Claimant

AR Dept. of Corrections

Lisa Wilkins, Attorney

State of Arkansas

Respondent

Respondent

Date Filed

October 27, 2014

Type of Claim

Personal Injury, Negligence,
Failure to Follow Procedure

FINDING OF FACTS

This claim was filed for property damage in the amount of \$25,000.00 against the Arkansas Department of Corrections.

The Claims Commission hereby unanimously denies and dismisses this claim for Claimant's failure to respond to a Claims Commission letter dated November 5, 2014.

Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously denied and dismissed this claim for Claimant's failure to respond.

Date of Hearing December 11, 2014

Date of Disposition December 11, 2014

Arnone
Chairman

McGee
Commissioner

Bill Zane
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.

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



BRENDA WADE
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

December 22, 2014

Mr. Jerry Ellis, #078658
P.O. Box 400
Grady, AR 71644

RE: Jerry Ellis, #078658
Claim #: 15-0334-CC
Vs.
AR Dept. of Correction

Dear Mr. Ellis:

This office is in receipt of your letter dated December 19, 2014 regarding the above-referenced claim. We will treat this letter as a "Motion for Reconsideration" which the Claims Commission will review in January. A copy of the letter you stated that you did not receive has been enclosed for your records.

Sincerely,

B. Wade

Brenda Wade
Director

BW/

MRS. BRYONDA WADE, DIRECTOR OF THE STATE
CLAIMS COMMISSION
101 EAST CAPITOL AVENUE
SUITE 410

12-19-14

LITTLE ROCK, AR 72201-3823

RE: CLAIM # 15-0334-CC

Arkansas
State Claims Commission
DEC 22 2014

RECEIVED

DEAR MRS. WADE MADAM

I SUBMIT THIS—
LETTER TO YOU IN RECEIPT OF YOUR LETTER
DATED 12-11-14 WHICH DUE TO THAT I NEVER
RECEIVED A COPY OF YOUR LETTER DATED 11-5-14
SO HOW CAN YOU HOLD ME TO THE RESPONSIBILITY
OF RESPONDING TO YOUR LETTER THAT I LI
NEVER RECEIVED? WHICH EX- STATE CLAIMS
COMMISSION DIRECTOR MR. NORMAN L. HOGESTAD
CAN VERIFY THAT I ALWAYS RESPOND TO HIS
LETTERS WHEN THE RESPONDENT DENIES LIABILITY
WITHIN (15) CALENDAR DAYS, WHICH I FOR-
WARDED TO HIM FROM YOU ABOUT THE ABOVE-
MENTIONED LEGAL SITUATION SON, THANK YOU
MAM.

RESPECTFULLY,
JERRY ELLIS #1865
P.O. Box 400
LARD, AR 71644 15

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 25,000.00

Claim No. 15-0334-CC

Jerry Ellis, #078658

Attorneys Pro se

vs.

Claimant

Claimant

AR Dept. of Corrections

Lisa Wilkins, Attorney

State of Arkansas

Respondent

Respondent

Date Filed October 27, 2014

Type of Claim Personal Injury, Negligence,
Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's December 11, 2014, order remains in effect.

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 was not previously available. Therefore, the Commission's December 11, 2014, order remains in effect.

Date of Hearing January 8, 2015

Date of Disposition January 8, 2015

Richard J. May
Chairman

Monica
Commissioner

Bill J. Jarama
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.

16

BEFORE THE ARKANSAS STATE GENERAL ASSEMBLY

JERRY ELLIS #78658
V.

#15-22334-CC

ARKANSAS DEPARTMENT OF CORRECTION

APPELLANT

APPELLEE

Arkansas Claims Commission

FEB 25 2015

RECEIVED

AN APPEAL FROM THE ARKANSAS STATE
CLAIMS COMMISSION

COMES NOW THE APPELLANT JERRY ELLIS #78658 PRO SE, SUBMIT THIS APPEAL PLASANT TO ACT 33 OF 1997 BEFORE THE ARKANSAS STATE GENERAL ASSEMBLY TOWARD THE ARKANSAS STATE CLAIMS COMMISSION OPINIONS OF JAN 8, 2015 AND DEC 11, 2014

1. THE APPELLANT STATES THAT THE ARKANSAS STATE CLAIMS COMMISSION OPINIONS OF JAN 8, 2015 AND DEC 11, 2014 HAS PRECOINED HIS DEFENSE TOWARD HIS CLAIM #15-22334-CC DUE TO - THAT HE NEVER RECEIVED A COPY OF MRS. BRENDA WADE, DIRECTOR OF THE ARKANSAS STATE CLAIMS COMMISSION LETTER OF NOV 5TH 2014 PER THE APPELLANT SUBMITTED LETTER OF DEC 19TH 2014 SEE CONLEY V. GIBSON, 355 U.S. 46 (1957) BIG A WHESE DISTRIBS INC V. BIE AUTO SUPPLY INC, 719 S.W.2D 716 (1986) NEAL V. WILSON, 873 S.W.2D 552 (1992) CONNETT V. PRATHE, 737 S.W.2D 159 (1987) SERVICE V. DILLER, 384

L. OF

U.S., 363 (1957) STUBB V. ARKANSAS STATE
POLICE COMMISSION, 945 S.W.2d 377 (1997) REGIONAL
HEALTH CARE INC V. ROSE CARE, 912 S.W.2d 842 (1995) CITING WRIGHT V. —
ARKANSAS STATE PLANT BOARD, 842 S.W.2d —
42 (1992) AND DUE TO THAT THE ARKANSAS STATE
CLAIMS COMMISSION OPINIONS OF JAN 8, 2015
AND DEC, 11, 2014 SHALL BE REVERSED,

2. THE APPELLANT STATES THAT MRS. BRANDA WARE,
DIRECTOR OF THE ARKANSAS STATE CLAIMS
COMMISSION VIOLATED RULE 1.9 DUTIES OF THE
DIRECTOR PERT TO THE ARKANSAS STATE CLAIMS
COMMISSION RULES MANUAL WHEN SHE CONSIDERED
THE APPELLANT LETTER OF DEC, 19TH 2014 A
MOTION FOR RECONSIDERATION BUT TO NO AVAL
SEE CONLEY V. GIBSON, 355 U.S. 46 (1957) NEAL
WILSON, 873 S.W.2d 557 (1994) BIG A WARE
RESTAURANT V. BIG AUTO SUPPLY INC, 714 S.W.2d
716 (1986) CORNETT V. PRATHER, 737 S.W.2d —
159 (1987) SERVICE V. DULLES, 354 U.S. 363 —
(1957) STUBB V. ARKANSAS STATE POLICE
COMMISSION, 945 S.W.2d 377 (1997) REGIONAL
HEALTH CARE INC V. ROSE CARE, 912 S.W.2d —
842 (1995) CITING WRIGHT V. ARKANSAS STATE
PLANT BOARD, 842 S.W.2d 42 (1992) AND DUE
TO THAT THE ARKANSAS STATE CLAIMS —
COMMISSION OPINIONS OF JAN 8, 2015 AND DEC,
2014

11, & 14 SHALL BE REVERSED,

3. THE APPELLANT STATES THAT MRS. BRANDA WARD DIRECTOR OF THE ARKANSAS STATE CLAIMS COMMISSION OPINION OF DEC. 22, & 14 TOWARD THE APPELLANT CLAIM # 15- > 334-CC AND THAT THEY COINED THE APPELLANT DEFENSE SEE CONLEY V. GIBSON, 355 U.S. 46 (1957) NEAL V. NELSON, 873 S.W.2d 552 (1994) BIG A WASH DESIGNS INC V. BIE AUTO SUPPLY 719 S.W.2d 716 (1986) CORNETT V. PRATHER, 737 S.W.2d 159 (1987) STANLEY V. DULLES 354 U.S. 363 (1957) STUBB V. ARKANSAS STATE POLICE COMMISSION 945 S.W.2d 377 (1997) BE GOML HEALTH CARE INC V. ROSE CARE 942 S.W.2d 842 (1995) CITING WRIGHT V. ARKANSAS STATE PLANT BOARD, 842 S.W.2d 42 (1992) AND DUE TO THAT THE ARKANSAS STATE CLAIMS COMMISSION OPINIONS OF JAN. 8, > 15 AND DEC. 11, > 14 SHALL BE REVERSED,

THEREFORE THE APPELLANT PRAYS THAT THIS - ARKANSAS STATE GENERAL ASSEMBLY REVERSE - THE ARKANSAS STATE CLAIMS COMMISSION - OPINIONS OF JAN. 8, > 15 AND DEC. 11, > 14 AND SET THE APPELLANT CLAIM # 15- > 334-CC FOR A - HEARING.)

CERTIFICATE OF SERVICE

I, JERRY ELLIS #78658 MD, SE, CERTIFY
THAT (5) COPIES OF THE APPELLANT APPEAL
HAS BEEN MAILED TO MRS. BRENDA WADE, DIRECTOR
OF THE ARKANSAS STATE CLAIMS COMMISSION
ON THIS 20TH DAY OF FEBRUARY 2015

MD, SE S L L
RESPECTFULLY SUBMITTED
JERRY ELLIS #78658
V. S.M
P. O. BOX 400
GARDEN AR 71644