

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission JUN 06 2014

F14

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Taurin Johnson, #102958 Claimant

vs.

State of Arkansas, Respondent Dept. of Corr.

Do Not Write in These Spaces Claim No. 14-0919-CC Date Filed June 6, 2014 Amount of Claim \$ 30,000.00+ Fund DOC

COMPLAINT

Claims 1 & 2) Loss of Property, Failure to Follow Procedure, Negligence, Mental Anguish, Pain & Suffering

Taurin Johnson, #102958 the above named Claimant, of POB 180 Brick Keys, Pine Bluff, AR 72320

County of Lee represented by (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Regional Correctional Officers Amount sought: (\$30,000.00) replace my headphones & radios \$15,000 on each claim

Month, day, year and place of incident or service: January 7th 2014, Max Works cell 10 Zone 2

Explanation: Major Lanner, Lt B. Lemon, Lt E. Terley, Lt Cheney & Lt Litzey come to conduct a major shake down on my cell & me. During this search they failed to follow the guidelines of the Policies & Procedures that governs the ARDC, by not coming with the proper paperwork & violating policies by destroying & confiscating my personal property that wasn't contraband & they claimed they tore up & took religious items, personal photos, headphones & radios, dismantled & took parts off my orthopedic knee brace and other very valuable items of mine. Abused me for items without proper cause causing mental, emotional, physical, spiritual & financial damages and distress. None of the sworn document were filled out & filed properly by any of the parties involved, to ensure the fact can be punished in every way possible over & beyond the appropriate standard policy & procedure requires.

On Jan 7th 2014 during this same incident Lt Cheney intentionally dismantled my prescribed orthopedic knee brace & confiscated several parts off it that wasn't even contraband while Major Lanner allowed him to do so, leaving me crippled & disabled with barely the ability to stand & move around without a stick help with the other 4 legs. Denied it happen but then had medical to take the brace & they told me I even had such brace. This was intentional destruction of medically issued prosthesis device as well as interference with prescribed medical treatment which shows deliberate & indifference. I am asking \$15,000 for this incident as well which has caused me great suffering & pain since being without the use of the orthopedic brace do to it being broken & then taken leaving me cripple & disabled.

When? Jan 9th & 13th, 2014 to whom? Department of Correction Grievances office

and that the following action was taken thereon: They denied all actions of wrong doing and pay merit to my grievances.

and \$ No was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

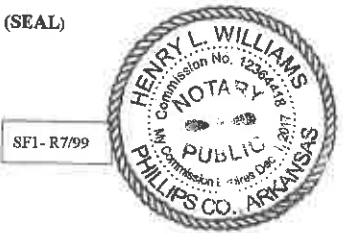
and that the nature thereof is as follows: I was punished behind the grievances, sent to the hole and placed behind the steel door and was acquired on only serve 60 days in the following manner: of being 150 days behind the steel door of maximum of 90 days status and restitution

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Taurin Johnson #102958 (Print Claimant/Representative Name) Taurin Johnson #102958 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Brick Keys, Ar (City) (State)

on this 3rd day of June 2014 (Date) (Month) (Year)



Henry L. Williams (Notary Public) My Commission Expires: Dec 01 2017 (Month) (Day) (Year)

SFI-R/799

UNIT LEVEL GRIEVANCE FORM (Attachment I)

M0116  
GRIEVANCE/RECEIVED

FOR OFFICE USE ONLY	
GRV. #	EAM14-0079
Date Received:	1-21-14
GRV. Code #:	600

Unit/Center E.H. Bull

Name Laurin A. Johnson

JAN 21 2014

ADC# 102053 Brks # Nx4-10 Job Assignment EAST AR REGIONAL UNIT

1.13.14 (Date) STEP ONE: Informal Resolution

1.19.14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: My orthopedic knee brace is broken

1.13.14 (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: I am in great pain without the use of this knee brace.

Is this Grievance concerning Medical or Mental Health Services? medical  
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):

I have been wearing an orthopedic knee brace for several years and must use it daily. During a shutdown on 1.7.2014 conducted by 4 DC's and a major, A Lt J Shaney dismantled the brace & confiscated several vital parts off it with no justified cause why. Nothing on it was contraband. It was approved by both the ADC and medical for me to have by orthopedic specialist Dr Felix and son who then work for and with the ADC concerning orthopedic limbs and braces. I am forced now to carry on daily in pain without the use of it for support, stability, aid in walking and standing for long periods of time. Now without it, I am forced endure daily pain and suffering without it until its fixed or replace. Now I am requesting to have my walking cane resigned back to me until otherwise.

L.A. Johnson  
Inmate Signature

1.13.14  
Date

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 1-15-14 (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:            Date           

St J Williams 36644 St J Williams 1-15-14  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates:             
Lt. Chaney will be questioned regarding the issue (for the others to be questioned, I must know their names. Please allow time for your knee brace to be ordered & the delivery process.  
            
Staff Signature & Date Returned            Inmate Signature & Date Received           

This form was received on 01-20-14 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No)  
Staff Who Received Step Two Grievance:            Date: 01-20-14  
Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 01-20-14  
If forwarded, provide name of person receiving this form: Grievance Office Date: 01-20-14

IGTT420  
3GH

Attachment IV

*Myke Call*

INMATE NAME: Johnson, Taurin A.

ADC #: 102958A

GRIEVANCE #: EAM14-00179

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) Your grievance states "During a shakedown on 1.7.2014 conducted by 4 Lt. and a major, A Lt. J Change dismantled the brace & confiscated several vital parts of it with no justified cause why".

Medical administration was made aware at the informal level that your brace had been confiscated and a new one was ordered at that time. Per the ADON your brace arrived at the unit on today and will be delivered to you. As you stated in your grievance, your brace was taken by security during a shake down, dismantled and several parts confiscated, therefore, you will need to address that issue with security. When reissued your new brace will be monitored periodically to make sure all parts remain intact. This grievance is without merit, per your statement your brace was confiscated by security not medical. A replaced has been ordered and received and will be delivered to you.

*Debra Horton*

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

LPN

02/19/2014

Title

Date

**INMATE'S APPEAL**

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 Deputy Director for Health & Correctional Programs 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 were 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.

RECEIVED DEPARTMENT OF CORRECTIONS  
CORRECTIONS DEPARTMENT  
OF CORRECTIONS

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Please understand how vital this situation is. Yes on 1-19-14 I was brought a replacement brace but it does not support my knee in the same fashion as the C-180 orthopedic knee brace I had before. This elastic brace do not give me the support and stability I once received for years while I used the Orthopedic brace the "C-180". The Elastic Brace doesn't stop all the unnecessary movements that cause me pain & aches as the C-180 did. The C-180 had side to side knee support. It stabilized my knee in place and because it had a lock or stop mechanism that prevented my knee from moving too far forward which also aided me in being able to stand for long periods of time without causing me any harm or stress on my knee as this elastic brace do. So I am basically left in the same situation I was without the Elastic brace because it gives me none of the support and stability I need. *by medical department*

*Taurin A. Johnson*

102958

2-20-2014

Inmate Signature

ADC#

Date

(Exhibit 1, 2 of 4)

here refuse to give me the proper medical attention & aid I need then who and how am I to receive the medical assistance ~~that~~ needed to prevent any further knee damage than what I'm already enduring. I'm on Chronic Care already for my knee and have been for years now. Are the medical department trying to cause my knee injury to worsen so I will have to have some kind of knee surgery?

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

MAR 4 2014

HEALTH & CORRECTIONAL PROGRAMS

(Exhibit 1, 3 of 4)

IGTT430  
3GD

Attachment VI

INMATE NAME: Johnson, Taurin A.

ADC #: 102958

GRIEVANCE#: EAM14-00179

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

Your complaint is during a shakedown on 1/7/2014, conducted by Major Connor, Lt. Lemons, Lt. Etherly, Lt. Litzsey, and Lt. Chaney, you claim Lt. Chaney dismantled your knee brace and confiscated several vital parts of it with no justified cause .

After reviewing your appeal and all supporting documentation, I find staff denies your allegations; you have failed to provide any evidence to substantiate your allegations that staff dismantled and confiscated parts from your knee brace. Records indicate a new knee brace was ordered, arrived at the unit and you should have received it. Due to the evidence submitted in your appeal, I find your appeal without merit.

Appeal denied

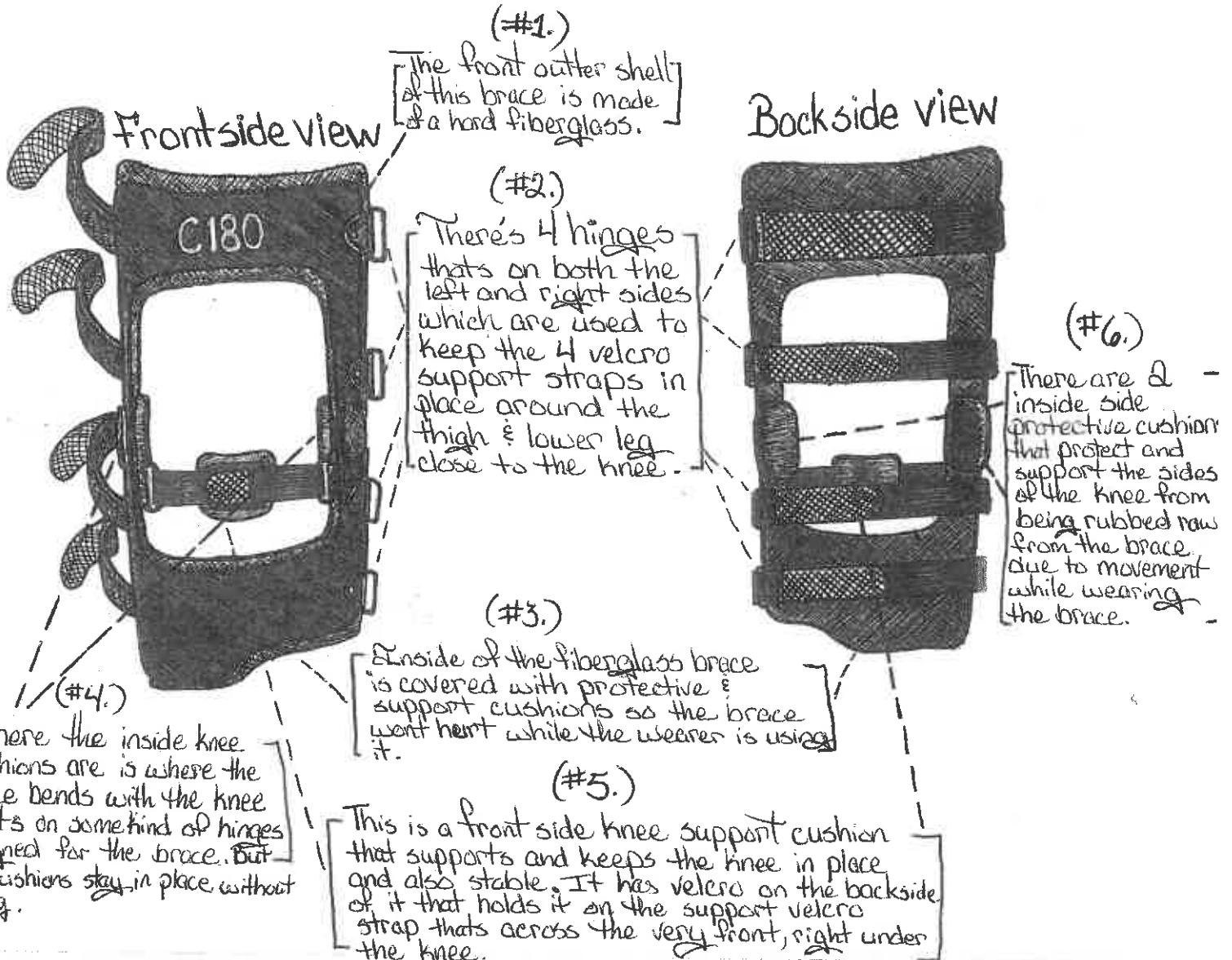
  
Director

4-17-2014  
Date

(Ex:bit 1, 4 of 4)

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# "Orthopedic Fiberglass Knee Brace"



- #1.) Shows the fiberglass shell the brace is made of.
- #2.) Shows the 4 hinges that runs down both sides of the brace that helps supports the 4 velcro straps.
- #3.) Shows the protective support cushions that covers the whole inside of the brace that will be against the leg.
- #4.) Shows where the 2 halves of the brace connects & bends on hinges specially designed for the brace where the knee bends when walking or moving.
- #5.) This shows the front side knee support cushion that's on a velcro strap that's designed to keep the knee in place and stable.
- #6.) This shows the inside side protective knee cushions that are designed to protect the sides of the knee/leg from being rubbed raw from the knee brace during any movements and held in place by velcro.

# Emergency Sick Calls (Chronic Care) (296.)

## ADC HEALTH SERVICE REQUEST FORM

MSF-202-C revised 2013

Name (Last, First, MI): <u>Johnson, Dawn</u>	ADC#: <u>102958</u>	Date of Birth: <u>8-1-75</u>	Barracks: <u>116-01</u>	Date of Request: <u>2-5-14</u>
---	------------------------	---------------------------------	----------------------------	-----------------------------------

Job Assignment:

Description of the problem:  
 Please explain why you haven't seen a Dr or provider for both this flu. I've been suffering with for 5 weeks and my left knee pain do to my orthopedic knee brace being broken by doc's. This is like the 5th emergency sick date on these same issue in like 6 weeks. Why can't I be treated for these medical issues?

I consent to be treated for the above problem. I understand that in accordance with the Department of Corrections policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.

INMATE'S SIGNATURE: Dawn Johnson DATE: 2-5-14

### FOR MEDICAL USE ONLY

FACILITY NAME: SM

DATE RECEIVED BY MEDICAL DEPT: 2/5/14

PRIORITY 1: See within 24 hours- emergent need  PRIORITY 3: See within 72 hours- routine request

PRIORITY 2: See within 48 hours- urgent need  PRIORITY 4: Face-to-face visit not needed; respond to request in writing

DATE TRIAGED: 2/5 TRIAGED BY: (NAME) C (TITLE) L

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_

Protocol Used:

Subjective:

Objective:

Assessment:

Plan:

Education:

Refer to:  Physician  Mid-level  Mental Health  Dental  Other (List):

Medical Staff Name:

Medical Staff Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date/time: \_\_\_\_\_ Unit: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ ADC #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Exhibit 3.)

# Emergency Sick Call

Off: T. Lohreh (297.)  
3-25-14

## ADC HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): <u>Johnson, Laurin A.</u>	ADC#: <u>102958</u>	Date of Birth: <u>8-11-75</u>	Barracks: <u>3/6-04</u>	Date of Request: <u>3-25-14</u>
--	------------------------	----------------------------------	----------------------------	------------------------------------

### Job Assignment:

### Description of the problem:

1) I've been suffering from symptoms of a cold for 3 months.  
 2) I have rashes in (9) different areas on my body.  
 I have severe left knee pains with swelling of my leg. Foot: The elastic knee brace isn't giving the stability I need to aid me in standing & walking.  
 Please do not throw this sick call away as my last few has been done.

I consent to be treated for the above problem. I understand that in accordance with the Department of Corrections policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.

INMATE'S SIGNATURE: Laurin A. Johnson

DATE: 3-25-14

### FOR MEDICAL USE ONLY

FACILITY NAME: EARLY  
 DATE RECEIVED BY MEDICAL DEPT: 3/26/14

PRIORITY 1: See within 24 hours- emergent need  PRIORITY 3: See within 72 hours- routine request   
 PRIORITY 2: See within 48 hours- urgent need  PRIORITY 4: Face-to-face visit not needed; respond to request in writing   
 DATE TRIAGED: 3/26/14 TRIAGED BY: (NAME) Majors (TITLE) UR

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_

Protocol Used: \_\_\_\_\_

Subjective:

Objective:

Assessment:

Plan: You placed on provider list to get evaluation

Education:

Refer to:  Physician  Mid-level  Mental Health  Dental  Other (List):

Medical Staff Name: Majors

Medical Staff Signature: \_\_\_\_\_ Title: LPN Date/time: 3/26/14 Unit: EARLY

Inmate Name: \_\_\_\_\_ ADC #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Exhibit 4.)

4-4115

8



# Inmate Request Form

This form is to be used by inmates to contact staff with request on issues they may have. You should allow five working days to receive a response to your request. This is the East Arkansas Regional Unit in house form.

Name: T. Johnson ADC Number: 1009531 Barracks: Max 604 Date: 2-5-14

Staff Directed to: Mr Hoffman Office: Infirmery

My request is directed to the following area: (check one)

- Chaplain
- Classification
- Commissary
- Assistant/Deputy Warden
- Issuance
- Food Service
- Hobby Craft
- General Library
- Law Library
- Laundry
- Mail Room
- Medical
- Mental Health
- Parole
- Property
- Records
- Security
- Visitation
- Warden
- Other:

Give a detailed reason for your request: Sir Late file 5 or 6 emergency sick call do to both having the flu and severe knee pains by not being able to have the use of my orthopedic knee brace because security had dismantled it & took several parts off. I need it daily to stand for long periods of times & walking. Now I suffer daily without it and can't get medical treatment for it or this. Can you please tell me why. Five weeks and no progress from medical on these issues. Can you please help me. I am in great pain & suffering from these illnesses sir. Thank you!

Have you talked to any staff about your request? Yes  No   
If yes, to whom did you speak with and when? Nurses David, Nurse Hibbs, Chew, Horton, Sherman, Reese / every other nurse who does pill calls.

T. Johnson  
Inmate Signature/ Date 2/5/14

Staff Responding: \_\_\_\_\_ Date: \_\_\_\_\_

Response: \_\_\_\_\_

I am referring this to: \_\_\_\_\_  
cc: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

(Exhibit 5.)

copy to MS. Hobb's, Infirmery

# East Arkansas Regional Unit Inmate Request Form

Inmate Name (Please Print): Laurin H. Johnson Date 2.20.14 ADC #: 100958

Housing assignment: W 604 GT Class: \_\_\_\_\_ Job Assignment: \_\_\_\_\_

Check the appropriate box for area of concern:

- Classification
- Mail
- Personal Hygiene
- Parole
- Mental Health
- Medical / Infirmery
- Bookkeeping (Inmate Money)
- GTL Phone System
- Law Library
- EARU Staff
- Visitation
- Commissary
- Property
- Job Assignment
- Housing Assignment
- Other: \_\_\_\_\_

Staff request to: Deputy Assistant Warden T. Bell Office: Max G. Gorden

Please give a detailed summary regarding your request:  
Sir yesterday 2.19.14 during classification you advise medical to see me concerning my orthopedic knee brace. They didn't see me but sent me an Elastic knee brace that does not give me any of the support or stability the C-180 orthopedic knee brace did. This Elastic brace leave me open to unnecessary injuries with no knee support. They say this is my new replacement brace because it's not their fault security confiscated parts off my other brace. Therefore sir if medical refuse to provide proper medical treatment in this facility then how & where can I receive it if not from this medical department? I'm in the same position as was in without a brace with this Elastic brace that gives no knee support & stability.

Have you previously spoken with any staff regarding your request: (Circle One) YES / NO  
If yes, please state who: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Signature: Laurin H. Johnson Date: 2.20.14

Staff Responding: R.T. Bell DO NOT WRITE BELOW THIS LINE Date: 2-20-14

I have reviewed your request and here is my finding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am referring this request to: please see MS. Hobb's, me about this.  
Staff Signature: T.H.S.

I consider this issue:  
 Resolved  
 Not Resolved

DIW Bell (Exhibit 6.)

(2910.)

Chaka C. Johnson  
Post Office Box 644  
Webb, MS 38966

March 6, 2014

East Arkansas Regional Unit  
Attn: Warden Ball  
Post Office Box 180  
Brickeys, AR 72320-0180

**RE: Taurin Johnson, #102958  
Medical Assistance/Knee Brace & Lack of Medical Treatment**

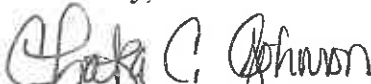
Dear Warden Ball:

I am the sister of Mr. Taurin Johnson, #102958. I am writing you this letter of concern as my official way of attempting to contact you. I have called and left several messages for you, but to date, no avail in contacting you. I received notification from Taurin that he is in need of medical attention. He has had the flu or a severe cold, and he had requested medical attention several times, but he has not been seen by any medical staff at this time. I did speak with Ms. Harris regarding him and his issues. I am requesting to know the procedures in order to be seen by medical, as it relates to this matter.

Nonetheless, I would also like to discuss Taurin's knee brace issue as well. He has had his original knee brace for the last 5-6 years without any problems or issues. The knee brace that he has been given does not suffice because it does not assist him with his medical needs. That knee brace is more of a barrier on him because it puts more pressure on his knee; in which it is already injured.

I do thank you for your time and cooperation with my request, as it is most appreciated.

Sincerely,

  
Chaka C. Johnson

Cc: East Arkansas Regional Unit H.S.A.  
Taurin Johnson, #102958

ARKANSAS DEPARTMENT OF CORRECTION (REV. 07/83)

MEDICAL RESTRICTIONS/ LIMITATIONS/SPECIAL AUTHORIZATIONS

MSF-207

PART 1 RESTRICTIONS: **RESTRICT INMATE FROM:**

ASSIGNMENTS REQUIRING STRENUOUS PHYSICAL ACTIVITY FOR PERIODS IN EXCESS OF \_\_\_\_\_ HOURS.

ASSIGNMENT REQUIRING PROLONGED CRAWLING, STOOPING, RUNNING, JUMPING, WALKING OR STANDING.

ASSIGNMENT REQUIRING HANDLING/LIFTING OF HEAVY MATERIALS IN EXCESS OF \_\_\_\_\_ POUNDS OR REQUIRING OVERHEAD WORK FOR A PERIOD IN EXCESS OF \_\_\_\_\_ HOURS.

*He is an MD with no assignment where sudden loss of consciousness*

PART 2 LIMITATIONS: **INMATE REQUIRES:**

\*  BED REST \_\_\_\_\_ DAYS REASON: *would be dangerous to self*

NO DUTY \_\_\_\_\_ DAYS REASON: *Other secondary to seizures*

NO YARD CALL \_\_\_\_\_ DAYS REASON: \_\_\_\_\_

NO SPORTS \_\_\_\_\_ DAYS REASON: *No assignment requiring full central visual acuity*

ONE ARM/HAND DUTY \_\_\_\_\_ DAYS

PART 3 SPECIAL AUTHORIZATIONS: **INMATE IS AUTHORIZED TO:**

REPORT TO THE INFIRMARY FOR SPECIAL TREATMENTS ( \_\_\_\_\_ ) TIME

SOAK: \_\_\_\_\_

EXERCISE: \_\_\_\_\_

OTHER: \_\_\_\_\_

BATHE IN THE INFIRMARY:

SITZ BATH

CAST

OTHER: \_\_\_\_\_

HAVE IN POSSESSION:

CANE

CRUTCHES

BRACE: (DESCRIBE BRIEFLY) \_\_\_\_\_

PRESCRIBED FOOTWEAR: \_\_\_\_\_

ORTHOPEDIC APPLIANCE: (DESCRIBE BRIEFLY) \_\_\_\_\_

OTHER: *May wear brace to left knee for support*

GO TO DINING/PILL WINDOW/SHOWER ONLY

THIS MEDICAL RESTRICTION(S)/LIMITATION(S)/SPECIAL AUTHORIZATION(S) STARTS: *3/24/04* *1100*

DATE TIME (MILITARY)

THIS MEDICAL RESTRICTION(S)/LIMITATION(S)/SPECIAL AUTHORIZATION(S) ENDS: *Permanent*

DATE TIME (MILITARY)

*Scott Johnson*

SIGNATURE OF MEDICAL STAFF

DISTRIBUTION

ORIGINAL - MEDICAL JACKET

PINK - SECURITY

YELLOW - CLASSIFICATION: *(Exhibit 8)*

NAME: *Johnson, Taurin*

DOB: *8-11-75* *12*

ADC#: *102 958*

ARKANSAS DEPARTMENT OF CORRECTION

**Medical Restrictions/Limitations/Special Authorization(s)**

**MSF-207**

**PART 1 - RESTRICTIONS:**      **RESTRICT INMATE FROM:**  
 Restrict assignment requiring strenuous physical activity for periods in excess of hours.  
 Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.  
 Restrict assignment requiring handling, lifting of heavy materials in excess of pounds or requiring overhead work for a period in excess of hours.

**PART 2 - LIMITATIONS:**      **INMATE REQUIRES:**  
 \*  Bed Rest    days. Reason:  
 No Duty    days. Reason:  
 No Yard Call    days. Reason:  
 No Sports    days. Reason:  
 One Arm/Hand Duty    days.

**PART 3 - SPECIAL AUTHORIZATIONS:**      **INMATE IS AUTHORIZED TO:**  
 Report to the Infirmary for Special Treatments( )  
 Soak:  
 Exercise:  
 Other:  
 Bathe in the Infirmary  
 Sitz Bath  
 Cast  
 Other:  
 Have in Possession:  
 Cane  
 Crutches  
 Brace: (describe briefly) L knee brace  
 Prescribed Footwear: Hi top tennis shoes  
 Orthopedic Appliance: (describe briefly)  
 Other: clipper shave per ADC policy  
 \*  Go to Dining/Pill Window/Shower Only

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 05/30/2013 10:24:00 AM

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 05/29/2014 10:24:00 AM

*Charles Conrad Schock*



**Name:** Johnson, Taurin A.  
**DOB:** 08/18/1975  
**ADC#:** 102958

Charles Conrad Schock

Distribution: Original - Medical Jacket

(Exhibit 9.)

UNIT LEVEL GRIEVANCE: JRM (Attachment D) **GRIEVANCE RECEIVED**

Unit/Center East Ark Regional

Name Laurin A. Johnson

JAN 14 2014

FOR OFFICE USE ONLY  
GRV. # EAM13-0011  
Date Received: 1/14/2014  
GRV. Code #: 512

ADC# 102958 Brks # 440 Job Assignment EAST ARK REGIONAL UNIT

1-8-14 (Date) STEP ONE: Informal Resolution

1-13-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step one, state why: Major Connor & his H's failed to conduct the shakedown in a professional manner with 401 form.

1-8-2014 (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: I've been physically harassed, robbed & mugged by C.O.S Major Connor & 4 of his Lieutenants & fear retaliation behind this grievance.

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 1-7-2014 at approximately 12:1 pm. The C.O.S Major Connors with (4) Lieutenants, Lt. Lemons, Lt. Ethaley, Lt. Litzsey & Lt. Chaney conducted a major shakedown on my person & personal property while both Sgt. Doyle & Sgt. Baxter secured me in both leg & arm restraints that was conducted in Max 401 cell B. Because of my left knee injury I was forced to wear an orthopedic knee brace. Therefore I was asked could I be allowed to put it on or to do any standing. Major Connor denied me the request & was forced to endure the pain of standing for over an hour without the use of my knee brace. As I stood & watched these etc's conduct this search & confiscate with Major Connor both assisting and supervising in the transcription I witnessed and allowed these Lieutenants to act inappropriately during the entire search. Lt. Chaney ripped off & broke several parts off my knee brace & confiscated them making the brace nearly unusable. He tore up my Book of Job, Hebrew, Holy Scriptures (Bible), too my Zitzit which are religious items of prayer, unrolled my deciderant & crumbled it for the floor & belongs in that area, he read & then dropped each pg of my father's obituary on the floor before stepping & standing on it as if it was trash, he open about 3 woodles & broke it up on the floor which he also stepped on, and open several containers of hygiene products leaving them to pour & leak out on my documents, clothing & other belongings. - Continuation -

Laurin A. Johnson  
Inmate Signature

January 8th 2014  
Date Part 1 of 3 parts

*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 1-8-14 (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:        Date       

William Ivory William Ivory 1-8-14  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Per Major Connors I'm was not wearing his knee brace when I approached the cell. I ordered him to submit to restraints for a cell search, to which he complied. the search was conducted in a professional.

Sgt. W. Ivory 1-13-14 L.A. Johnson 1-13-14  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 1-14-14 (date), pursuant to **Step Two**. Is it an Emergency?        (Yes or No). Staff Who Received Step Two Grievance:        Date: 1-14-14

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 1-14-14  
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 (Exhibit 10 of 9)

Max B/CBOT

Attachment III

IGTT410  
3GS

INMATE NAME: Johnson, Taurin A. ADC #: 102958A GRIEVANCE #: EAM14-00111

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Johnson, you grieve officers acted inappropriate during the search of your cell by destroying your personal property. Your complaint is noted. Staff stated they did conduct a cell search of your property and they did not destroy any of your property. They also stated the conducted the search in a professional manner and everything which was confiscated was deemed contraband and/or excessive property. I find no merit in your complaint.

[Signature]  
Signature of Warden/Supervisor or Designee

Warden  
Title

2/6/14  
Date

INMATE'S APPEAL

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?

In what way was that search professional when my belongings were destroyed & unrighteously & illegally confiscated in an attempt to provoke me into a fit or anger & rage. They never said what items were deemed contraband & or excessive property. There was no reason to confiscate several parts off my arthapedic knee brace and many of the other items purchased off the Inmate Pen Store. Why were items such as my watch, dominos, pen store laundry bag, reading glasses, toothbrush holders, radios, headphones, prayer clothes called Zitzits, 18 batteries, wrist bands, key chain w/ green clip, rubber ruler, or the fact they tore up my holy book of Yahweh, and left all my legal mail & other documents thrown & tossed all over the floor. The mattress was given to me by security staff & then holds me responsible for it. Why were they taken & considered contraband, when they weren't? They did it because they acted above the Policies & Procedures that govern the whole ADC & now trying to justify their unlawful actions.

Taurin A. Johnson  
Inmate Signature

102958  
ADC#

2.6.14  
Date

RECEIVED

FEB 11 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

(Exhibit 10, 2 of 9.)

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Lt Lemon

IGTT430  
3GD

Attachment VI

INMATE NAME: Johnson, Taurin A.

ADC #: 102958

GRIEVANCE#: EAM14-00111

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

Your complaint is on 1/7/2014, staff conducted a major shakedown and staff acted inappropriate during the search of your cell by destroying your personal property.

After reviewing your appeal and all supporting documentation, I find staff denies your allegations. According to Lt. Lemon there was a search conducted of Inmate Johnson property, during the search none of Inmate Johnson's property was destroyed by me or the other Officers that were present. All items that were confiscated were deemed contraband and or excessive. All staff was professional at all times during this search. You have failed to provide any evidence to substantiate your allegations. Due to the evidence provided in your appeal, I find your appeal without merit.

Appeal denied

  
Director

3-20-2014  
Date

(Exhibit 10, 3 of 9)

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Lock Here  
 WRITING ST  
 to other parts  
 (Page)  
 FOR OFFICE USE ONLY  
 GRV. # EAM14-0114  
 Date Received: 1/14/2014  
 GRV. Code #: 512

**UNIT LEVEL GRIEVANCE FORM (Attachment I) GRIEVANCE RECEIVED**

Unit/Center E.A.R.U.

Name Lauren A. Johnson

JAN 14 2014

ADC# 102958 Brks # 1x4:10 Job Assignment EAST AR REGIONAL UNIT

1.8.14 (Date) STEP ONE: Informal Resolution

1.13.14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Major Connor & his 4 Lieutenants failed to conduct the shakedown in a professional manner with also 401 form.

1.8.2014 (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: I've been physically harassed, robbed & vandalized by LOS Major Connor & 4 of his Lieutenants & fear retaliation behind this grievance.

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): Part 2 & Continuation of 1: Lt Chaney took every piece of paper regardless of if it was legal, religious and personal letters out of their proper places piece by piece then dropped each everywhere without care. Lt Lemons ripped the cushions off my living headphones the attempted to use a key of his personal ring to unscrew the cups from the frame. When it frustrated him, he just broke them apart with just his fingers & hands. So now they're tore up, he confiscated them with both my radios a Sony & Jensen. He confiscated every battery in my possession new & old that was & about connected to a radio. I had several in a cup, he took them too. He poured out all my letters legal, religious and personal document & allowed them to fall wherever they lay. Took my reading glasses the glass case, pillow, several pair of socks, boxes, all my thermos, my Black Granger watch, laundry bag purchased at this pen store and poured out a bag of coffee on some papers & other items on the table. And took my pen store bought Dominices. I watched both Lt Etholey & Lt Litzguy search my property but didn't take nor break anything they touched. There was no justified reason for Major Connor & his Lieutenants to vandalize, rob and harass me in the fashion they inflicted upon me by force. They failed to record and document all items destroyed & confiscated & label as contraband with either or video recorder

Lauren A. Johnson  
 Inmate Signature

Continuation - Part 2 of 3 parts  
 January 8th, 2014  
 Date

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 1-8-14 (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: William Ivory Date 1-8-14

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received  
William Ivory RECEIVED 1-8-14

Describe action taken to resolve complaint, including dates: FFB 13 2014

INMATE GRIEVANCE SUPERVISOR

ADMINISTRATION DIVISION

Staff Signature & Date Returned

Lauren A. Johnson 1.13.14  
 Inmate Signature & Date Received

This form was received on 1-14-14 (date), pursuant to Step Two. Is it an Emergency?      (Yes or No).

Staff Who Received Step Two Grievance: [Signature] Date: 1-14-14

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 1-14-14

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. 18 v. h. 10.4.14 p. 91

Maxwell/OBOA

Attachment III

EAM14-0114

IGTT410  
3GS

INMATE NAME: Johnson, Taurin A.

ADC #: 102958A

GRIEVANCE #: EAM14-00114

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Johnson, you grieve an issue which was addressed in EAM14-00111. Please refer to that grievance for your answer.

[Signature]  
Signature of Warden/Supervisor or Designee

[Signature]  
Title

2/0/14  
Date

INMATE'S APPEAL

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?

Nothing about this search was professional when these people destroy my fathers obituary, my Holy Book of Jehovah, forced me to stand over a hour without the use of my orthopedic knee brace and plus dismantled it as well as confiscated parts off it with no legit reason why, and open noodles, & left them rushed all over the floor with containers left open to leak out on documents & other property, poured out my coffee on the table & leaving it to stick to the paperwork that also were spreaded out on it to by these same staff. They abused & misused their authority and then justified it by the same Policies & Procedures they themselves violated doing the search. Then after I complained and filed these grievances about it, they retaliated by falsifying items of contraband that I didn't possess and supporting it with a major disciplinary that was signed off on by one of the same individuals who also work for. Taurin A. Johnson

Inmate Signature

ADC#

Date

RECEIVED

FEB 11 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

(Exhibit 10, 5 of 9)

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IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Johnson, Taurin A.

ADC #: 102958A

FROM: Harris, Grant E

TITLE: Deputy Director

RE: Receipt of Grievance EAM14-00114

DATE: 02/11/2014

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

Please be advised, the appeal of your grievance dated 01/08/2014  
was received in my office on this date 02/11/2014

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
  - (a) Parole and/or Release matter
  - (b) Transfer
  - (c) Job Assignment unrelated to medical restriction
  - (d) Disciplinary matter
  - (e) Matter beyond the Department's control and/or matter of State/Federal law
  - (f) Involves an anticipated event
- You did not send all the proper Attachments:
  - (a) Unit Level Grievance Form (Attachment 1)
  - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - (c) Did not give reason for disagreement in space provided for appeal
  - (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - (e) Unsanitary form(s) or documents received
  - (f) This Appeal was REJECTED because it was a duplicate of EAM14-00111 , or was frivolous or vexatious

(Exhibit 10, 6 of 9)

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2019

UNIT LEVEL GRIEVANCE FORM (Attachment I) GRIEVANCE/RECEIVED

Unit/Center E. Hill

JAN 14 2014

Name Laurin A Johnson

ADC# 102958 Brks # 410 Job Assignment EAST AS REGIONAL UNIT

1-8-14 (Date) STEP ONE: Informal Resolution

1-13-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Major Connor & his 4 Hts failed to conduct the shake-down in a professional manner and without a 401 form

1-8-2014 (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: I've been harassed, robbed & vandalized by Major Connor & 4 of his Lieutenants & fear retaliation behind this grievance.

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): Part 3 & continuation from 2) and 401 Continuation Form. By ADC Policy I am supposed to be given a continuation form to sign with all my confiscated items on it and the option of being able to send the items of my choosing home by mail or visitation. I was denied this right by this band of Correctional Thug Officers who believe they are above all the ADC Rule & Regulations and governing laws and policies set forth to guide this whole administration. They harassed, robbed and vandalized my person and personal property in an attempt to provoke me to respond in a hostile manner so they could & would be justified for all they had wrongfully and unlawfully forced me to endure. I'm hurting & in pain from having to be forced to stand for over an hour without the use of my orthopedic brace. I'm mentally & emotionally unsettled by their action and fear some kind of retaliation from them for filing this emergency grievance.

RECEIVED

FEB 11 2014

Laurin A Johnson  
Inmate Signature

Spring 8th 2014  
Date  
GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

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 1-8-14 (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:

William Ivory William Ivory 1-8-14  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates:     

L.A. Johnson 1-13-14  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 1-14-14 (date), pursuant to **Step Two**. Is it an Emergency?      (Yes or No).  
Staff Who Received Step Two Grievance: J.A. Wilton Date: 1-14-14

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 1-14-14  
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. (Ev. 11. 7. 2014)

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max6/CBO4

Attachment III

IGTT410  
3GS

INMATE NAME: Johnson, Taurin A. ADC #: 102958A GRIEVANCE #: EAM14-00130

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Johnson, you grieve an issue which was addressed in EAM14-00111. Please refer to that grievance for your answer.

[Signature]  
Signature of Warden/Supervisor or Designee

Ward  
Title

2/6/14  
Date

INMATE'S APPEAL

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?

I mentioned I feared retaliation & that's just what they did with the major disciplinary & false items listed with my property to justify destroying my headphones & taking my radios, my watch & breaking it. Major Connor was part of the search crew so therefore he wasn't suppose to have been the personnel to sign off on the major disc. It was by policy passed on to the other Major or one of the wardens to be signed off on for DCR because of his involvement. And with his leadership he directed the whole thing including the writing of the major disc. and it's trumped up charges where I will owe \$133.13 if I'm found guilty of the disc report him & his 4 Lt's manipulated against me as I feared. And Lt Lemons failed to properly fill out the (9) F401 form with all correct information of every etc in the search and the correct date of when he delivered the copies. He wrote conflicting dates such as 12-9-13, 12-9-14 & 12-14 on many of the (9) copies. These are considered Johnson documents.

Taurin A. Johnson ADC# 102958 Date 2/6/14

RECEIVED

FEB 11 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

(Exhibit 10, 8 of 9)

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IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Johnson, Taurin A. ADC #: 102958A  
FROM: Harris, Grant E TITLE: Deputy Director  
RE: Receipt of Grievance EAM14-00130 DATE: 02/11/2014

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

Please be advised, the appeal of your grievance dated  
01/08/2014  
was received in my office on this date 02/11/2014

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
  - (a) Parole and/or Release matter
  - (b) Transfer
  - (c) Job Assignment unrelated to medical restriction
  - (d) Disciplinary matter
  - (e) Matter beyond the Department's control and/or matter of State/Federal law
  - (f) Involves an anticipated event
- You did not send all the proper Attachments:
  - (a) Unit Level Grievance Form (Attachment 1)
  - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - (c) Did not give reason for disagreement in space provided for appeal
  - (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - (e) Unsanitary form(s) or documents received
  - (f) This Appeal was REJECTED because it was a duplicate of EAM14-00111 , or was frivolous or vexatious

(Exhibit #10 9 of 9)

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One)  Inmate  Visitor  Staff  Area

Unit: East Arkansas Building or Area: Max Barracks 4 Cell 10

Date and Time of Search: 1 27 11 16 am

Officer(s) Conducting Search: (Print) Lt. Leman, Lt. Ethelby, Lt. Chaney, Lt. Litszey

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
one	altered inmate mattress w/ 2 core (2 core) 1 piece of cut fabric
one	free world pillow two pieces of green felt
two	magazines (one w/ nude pictures) 2 home made tooth brushes w/ covers attached
two	home made hats

Reason Seized:  Voluntarily Produced Excess Property  Contraband  Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 12 9 13 Time: 7:50 AM

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No (X) Yes By: Lt. Leman

Voluntarily Produced Excess articles only may be mailed to: \_\_\_\_\_

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCO

Destruction Date: \_\_\_/\_\_\_/\_\_\_

UPCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_

Original - Institutional file Pink Copy - Inmate Scanned copy - UPCO copy

F-401

Revised

(Exhibit # 11-1 of 9.)

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SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate \_\_\_\_\_ Visitor \_\_\_\_\_ Staff \_\_\_\_\_ Area \_\_\_\_\_  
Unit: East A. Kansas Building or Area: Max Barracks  Cell

Date and Time of Search: 11/13/13 12:45 pm: am

Officer(s) Conducting Search: (Print) Lt. Lemo

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: T. Johnson ADC #: 102958

Articles Seized (description and number of items):

Number	Description
One	Pair of altercations
One	Grey watch w/ broken face and green felt on the inside of band
One	Jensen Radio w/ battery pack attached with wires (Battery pack wrapped in card board.)

Reason Seized: \_\_\_\_\_ Voluntarily Produced Excess Property \_\_\_\_\_ Contraband \_\_\_\_\_ Disciplinary/Criminal Evidence \_\_\_\_\_

Other

Inmate Signature: [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 12-9-14 Time: 17:50

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No (x) Yes By: Lt. Lemo

Voluntarily Produced Excess articles only may be mailed to: \_\_\_\_\_

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only:  
( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCO

Destruction Date: \_\_\_\_\_

UPCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_



SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One)  Inmate  Visitor  Staff  Area

Unit: East Arkansas Building or Area: Men Barracks 4 Cell 10

Date and Time of Search: 1/9/2014 12:45 pm

Officer(s) Conducting Search: (Print) Lt. Lemay

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
One	Pair of glasses (Blue handle) in home made glass case
One	Broken eye glass handle
two	balls of string (Fabric)
One	Pair of home made thermal pants (Elastic waist along with draw string)

Reason Seized:  Voluntarily Produced Excess Property  Contraband  Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCC

Copy Delivered to Inmate: Date: 1-9-14 Time: 7:45

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No ( ) Yes By: Lt. Lemay

Voluntarily Produced Excess articles only may be mailed to:

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCCO

Destruction Date: 1/1/

UPCCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_

Original - Institutional file Pink Copy - Inmate Scanned copy - UPCCO copy

F-401

Revised

(Exhibit 11 - 3099.)

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SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate Visitor Staff Area
Unit: East Arkansas Building or Area: Max Barracks 4 Cell 10

Date and Time of Search: 1 9 12:45 pm

Officer(s) Conducting Search: (Print) Lt. Lemaire

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Table with 2 columns: Number, Description. Contains 4 rows of seized items including shower shoes, thermal top, and altered sweat pads.

Reason Seized: Voluntarily Produced Excess Property Contraband Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature)

Disposition of Contraband: Referred to UPCCO

Copy Delivered to Inmate: Date: 1-9-14 Time: 9:50a

Delivered By: (Signature) Lt. Lemaire

Disciplinary Written: ( ) No (X) Yes By: Lt. Lemaire

Voluntarily Produced Excess articles only may be mailed to:

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature:

To be completed by UPCCO

Destruction Date: / /

UPCCO: (Signature) Witnessing Staff: (Signature)

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One)  Inmate  Visitor  Staff  Area

Unit: E 4211 Building or Area: 114 Barracks: 4 Cell: 0

Date and Time of Search: 1-9-14 12:45 pm: am

Officer(s) Conducting Search: (Print) Lt. Lemm

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
1	rome made t shirt
1	green egg crate mattress cover
1	Package of Pastel art chalk (12 count)
1	leather band/strip w/ Mental Health inscribed

Reason Seized:  Voluntarily Produced Excess Property  Contraband  Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 1-9-14 Time: 7:30p

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No (x) Yes By: Lt. Lemm

Voluntarily Produced Excess articles only may be mailed to: \_\_\_\_\_

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCO

Destruction Date: 1/1/14

UPCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_

Original - Institutional file Pink Copy - Inmate Scanned copy - UPCO copy

F-401

Revised

(Exhibit 11 - 5 of 9)

27

6 (pg 27)

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate Visitor Staff Area  
Unit: East Arkansas Building or Area: Max Barracks 4 Cell 10

Date and Time of Search: 12/17/14 1:17 1245 pm am

Officer(s) Conducting Search: (Print) Lt. Lema

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
1	Top Nucle Picture
1	Hand made tool for tag (Suede)
X 1	leather band w/ snaps and velcro
1	pair of illia headphones w/ lateral cords & wires black fabric on ear cups 1 Pair of
	alice inside ear cup 1 Pair of nail clippers in other ear cup.

Reason Seized: Voluntarily Produced Excess Property Contraband Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] 102958 12.9.14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 12-9-14 Time: 7:50 pm

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No (X) Yes By: Lt. Lema

Voluntarily Produced Excess articles only may be mailed to:

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only:  
( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCO

Destruction Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

UPCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_

Original - Institutional file Pink Copy - Inmate Scanned copy - UPCO copy  
F-401 Revised

Exhibit II (of 9)

28

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate Visitor Staff Area

Unit: East Arkansas Building or Area: Max Barracks H Cell 10

Date and Time of Search: 1/9/14 12:45 pm

Officer(s) Conducting Search: (Print) Lt. Lemon

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
01	Key Chain With Chain Clip on it. On leather band with g-tip inscribed on it. 1 Piece of leather w/ clip.
02	rubber ruler
03	red, black & white necklace

Reason Seized: Voluntarily Produced Excess Property Contraband Disciplinary/Criminal Evidence

Other

Inmate Signature: [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature)

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 1-9-14 Time: 7:50 A

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No (X) Yes By: Lt. Lemon

Voluntarily Produced Excess articles only may be mailed to:

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature:

To be completed by UPCO

Destruction Date: / /

UPCO: (Signature) Witnessing Staff: (Signature)

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate Visitor Staff Area
Unit: East Arkansas Building or Area: Max Barracks 4 Cell 10

Date and Time of Search: 1/7/14 12:45 pm

Officer(s) Conducting Search: (Print) Lt. Kenny

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson, T ADC #: 102958

Articles Seized (description and number of items):

Table with 2 columns: Number, Description. Contains 3 rows of seized items: Sony radio, leather band, and a ring.

Reason Seized: Voluntarily Produced Excess Property Contraband Disciplinary/Criminal Evidence

Other [Handwritten notes]

Inmate Signature: [Signature] ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) [Signature]

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 1-9-14 Time: 7:15 A

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No ( ) Yes By: [Signature]

Voluntarily Produced Excess articles only may be mailed to:

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only: ( ) No ( ) Yes Inmate Signature: [Signature]

To be completed by UPCO

Destruction Date: / /

UPCO: (Signature) Witnessing Staff: (Signature)

SCAN INTO EOMIS UPON COMPLETION

F-401

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION

CONFISCATED FORM - AREA OR PERSON

(Check One)  Inmate  Visitor  Staff  Area  
Unit: East Arkansas Building or Area: Max Barracks 4 Cell 10

Date and Time of Search: 1/7/2014 12:45 pm: am

Officer(s) Conducting Search: (Print) H. Lerman

Officer(s) Conducting Search: (Signature) [Signature]

Inmate Name: Johnson T ADC #: 102958

Articles Seized (description and number of items):

Number	Description
<u>2</u>	<u>Pieces of black fabric</u>
<u>1</u>	<u>Small Dream bracelet with wind chimes</u>
<u>1</u>	<u>Magnifying glass</u>
<u>7</u>	<u>alcohol pads</u>
	<u>3 empty containers (white)</u>
	<u>1 clear container</u>
	<u>5 Expired idm Cards</u>
	<u>18 Duracell Batteries</u>

Reason Seized:  Voluntarily Produced Excess Property  Contraband  Disciplinary/Criminal Evidence

Other [Handwritten]

Inmate Signature [Signature] 102958 1-9-14 ( ) Refused to Sign

Area/Shift/Supervisor: (Signature) \_\_\_\_\_

Disposition of Contraband: Referred to UPCO

Copy Delivered to Inmate: Date: 1-9-14 Time: 7:45 p

Delivered By: (Signature) [Signature]

Disciplinary Written: ( ) No ( ) Yes By: H. Lerman

Voluntarily Produced Excess articles only may be mailed to: \_\_\_\_\_

Inmate authorizes deduction of postage from pen store account for voluntarily produced excess property only:  
( ) No ( ) Yes Inmate Signature: \_\_\_\_\_

To be completed by UPCO

Destruction Date: 1/1/

UPCO: (Signature) \_\_\_\_\_ Witnessing Staff: (Signature) \_\_\_\_\_

Original - Institutional file Pink Copy - Inmate Scanned copy - UPCO copy

(Exhibit #)  
(9 of 9)

Kansas Department of Corrections  
East AR Region. Unit Unit  
MAJOR DISCIPLINARY

If the C.S.O. determines that the violation(s) described on this document are felonious; he/she must hand carry this document to the Unit Warden who must immediately notify the Director.

Inmate: Johnson, Taurin Armon

ADC#: 102958A

Assignment: AM/PM:Admin Segregation

Class: II is being charged by Lemon, Ben Jr  
with code violation(s):

Title: Lieutenant

- 12-1 Failure to obey verbal and/OR written orders of staff
- 08-8 Destruction or intentional misplacement of state property; any property valued at over \$100 will be referred for prosecution.
- 09-5 Possession/Introduction of clothing OR property not issued OR authorized by the center/unit

Date & Time: 01/07/2014 12:45 PM

Notice of Charges:

Incident Report Unit: East AR Region. Unit  
 Incident Report Date/Time: 01/09/2014/04:27:08 PM  
 Incident Report Number: 2014-01-070  
 Incident Report Comments By: Ben Lemon  
 On 7 January 2014 at approx. 12:45PM, I Lt. Lemon along with Lt. Etherly, Lt. Chaney, Lt. Litzsey, and Major Conner conducted a cell search of inmate Johnson, T #102958, which is housed in max 4 cell, 10 (located in Max, Zone 2). During the search of inmate Johnson the following items were found in his possession that were not authorized or was deemed excessive: 1 pair of Aiwa headphones which had a pair of orange dice in the ear cup and a pair of nail clippers in the other ear cup. The headphones had altered wires connected to them. 1 Jensen radio with a battery pack wrapped in card board attached with wires, 1 altered inmate mattress with 2 foam cores, 1 free world pillow, 4 magazines(one with nude pictures), 2 homemade hats, 1 piece of cut fabric, 1 gray watch with green felt on the inside of the band (see attached for continued list of confiscated items.) All of these items were removed from the cell. Confiscation forms completed and photos were taken. Inmate Johnson is aware that his actions are against ADC and unit policy. Therefore I am charging inmate Johnson, T #102958 with the following rule violations 12-1, 8-8, 9-5, restitution must be made in the amount of \$133.13 for the following items 1 recovered mattress \$30.24, 1 mattress \$78.00, 3 Thermal top \$19.92, 1 thermal bottom \$4.97, pending disciplinary court review. End of statement.

(I affirm that the information in this report is true to the best of my knowledge)

Signature of Charging Officer

NOTIFICATION:	Officer _____	Date & Time Notified _____
---------------	---------------	----------------------------

Witness Statements: No X If yes, list:

\_\_\_\_\_  
 Inmate's Signature

C.S.O. Review: Outcome: Refer to Hearing Officer/Comm.  
 By: Conner, William M Date 01/10/2014

Extension: No X Yes \_\_\_\_\_ Has extension form been completed? \_\_\_\_\_

Presentation by Counsel - Substitute is required when it is determined that the inmate is illiterate or incompetent or that the issues are extraordinarily complex.  
 Counsel-Substitute: Assigned (Name) \_\_\_\_\_ Not Assigned \_\_\_\_\_

Exhibit #12

32





**Arkansas Department of Correction**

**I**nternal  
**A**ffairs  
**D**ivision  
P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6218  
Fax: (870) 267-6226

**MEMORANDUM**

**TO:** Inmate Taurin Johnson ADC# 102958  
East Arkansas Regional Max Unit  
*R. Naylor*  
**FROM:** Raymond Naylor, Disciplinary Hearing Administrator  
**RE:** Major Disciplinary Appeal  
**DATE:** April 7, 2014

Please be advised that I am in receipt your major disciplinary appeal dated February 10, 2014 regarding the major disciplinary you received on January 7, 2014, 12:45pm, Lt. Ben Lemon.

After a thorough review of all the documents pertaining to this matter, I find that I must affirm the decision of the major disciplinary hearing officer.

If you so desire, you may appeal further to the Director of the Department of Correction.

RN1

**Cc:** Warden Burl / Inmate File  
File

Exhibit # 13



Director's Office  
P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6200  
Fax: (870) 267-6244  
www.arkansas.gov/doc

Arkansas Department of Correction

MEMORANDUM

TO: Inmate T. Johnson, ADC #102958  
East Arkansas Regional Maximum Unit  
From: *rh*  
Ray Hobbs, Director  
Date: May 14, 2014  
RE: Disciplinary Appeal

I am in receipt of your disciplinary appeal regarding a major disciplinary you received on 01/07/2014, at 12:45 p.m., by Lieutenant B. Lemon.

After reviewing your appeal, I find that you have failed to provide any additional evidence that would warrant modification or reversal of the disciplinary hearing officer's decision. You were in possession of unauthorized items. Therefore, I find no evidence to support modification or reversal of this disciplinary.

Your appeal is denied.

RH/cv

cc: Warden/Inmate File  
Hearing Officer Administrator  
File

Exhibit # *14*

# ADMINISTRATIVE SEGREGATION REVIEW RECORD OF RELEASE CONSIDERATION

(107)

*MX 6-04*

Institution ERRU-Max      60 Day Review       Special Consideration   
 Inmate's Name Johnson, Jaurio      Warden's Review       Date of Initial  
 ADC# 102958      Director's Review       Assignment \_\_\_\_\_  
 DATE 5-14-14      *class*

## REASON FOR INITIAL ASSIGNMENT

- Seriousness of offense resulting in placement in maximum security
- Threat to security and good order of institution
- Requires maximum protection from themselves or others require maximum protection from them

## COMMITTEE MEMBERS

## VOTE

COMMITTEE MEMBERS	VOTE	REMAIN ( )	RELEASE ( )
<i>Mark Smith</i>	<i>Class</i>	REMAIN ( <input checked="" type="checkbox"/> )	RELEASE ( )
<i>Quincy</i>	<i>MI</i>	REMAIN ( <input checked="" type="checkbox"/> )	RELEASE ( )
<i>Other Kennedy</i>	<i>Medical</i>	REMAIN ( <input checked="" type="checkbox"/> )	RELEASE ( )
		REMAIN ( )	RELEASE ( )
		REMAIN ( )	RELEASE ( )

## INMATE'S STATEMENT CONCERNING RELEASE OR CONTINUED SEGREGATION

*Class II granted*

## PSYCHOLOGICAL EVALUATION RESULTS: (See Attached)

## ACTION/REASON

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Continued Segregation <ul style="list-style-type: none"> <li><input type="checkbox"/> Inmate has a rebellious and aggressive conduct, behavior and attitude</li> <li><input type="checkbox"/> Inmate has a history of assault on other inmates</li> <li><input type="checkbox"/> Inmate has a history of assault on staff personnel</li> <li><input checked="" type="checkbox"/> Inmate is a threat to the security and good order of the institution</li> <li><input type="checkbox"/> Inmate has been a disciplinary problem since assignment</li> <li><input type="checkbox"/> Inmate must regain Class II before being considered for release</li> <li><input type="checkbox"/> Inmate has history of threatening other inmates and/or staff personnel</li> <li><input type="checkbox"/> Inmate indicates a chronic inability to adjust in the general population</li> <li><input checked="" type="checkbox"/> Other <i>after review, you will remain in class II</i></li> </ul> | <input type="checkbox"/> Release from segregation <ul style="list-style-type: none"> <li><input type="checkbox"/> Inmate is not a threat to the security and good order of the institution</li> <li><input type="checkbox"/> Inmate has shown improvement in conduct, attitude and behavior since being assigned to segregation</li> <li><input type="checkbox"/> Inmate no longer indicates a chronic inability to adjust in the general population.</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|--|--|

## WARDEN'S REVIEW

- I have reviewed the above and agree with the Committee's decision
- I have reviewed the above and am referring this back to the Committee

WARDEN'S SIGNATURE

*David Mills*

DATE

*5/14/14*

Original — Records: Pink Copy — Inmate: Blue Copy — Classification Office

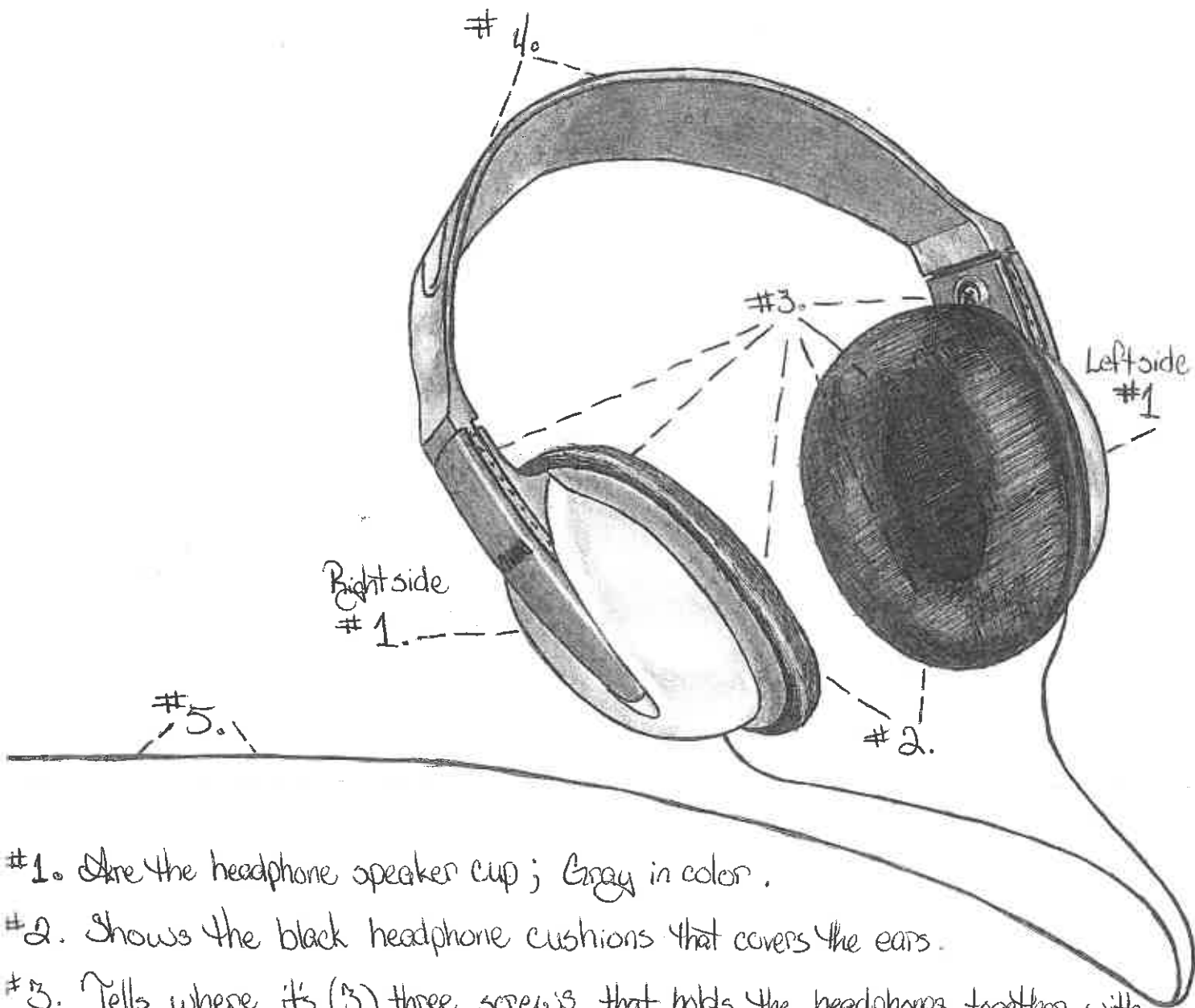
*Exhibit # 15*

843-0

*35*

# "Akia Steadphones"

(P. 35)



#1. Are the headphone speaker cup; Gray in color.

#2. Shows the black headphone cushions that covers the ears.

#3. Tells where it's (3) three screws that holds the headphones together, with (2) two of the screws just under the inside of both cushions to keep the speaker plate connected to the speaker cup. The cushions are covering both plates & are screwed down on the speaker cups.

#4. Shows the headphone head band that's connected to the speaker cups by (1) one screw at the center of both sides of the upper speaker cups.

#5. Shows the headphone speaker wire/cord.

Exhibit #16



P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6999  
Fax: (870) 267-6258  
www.state.ar.us/doc

Arkansas Department of Correction

MEMORANDUM

TO: Wardens  
FROM: Management Team, Commissary Committee  
RE: Head Phones  
DATE: March 25, 2009

PLEASE POST THIS AT YOUR UNIT FOR ALL PERSONNEL AND INMATES:

Effective May 1, 2009, Ear Phones will no longer be sold in the commissary due to phasing out of this item. Any inmate who is in possession of head phones may keep them until they are no longer usable upon which time they may send them home during visitation, mail them home at the inmate's expense for warranty repairs or turn in to security for proper disposal. Once the head phones are sent home for repair, etc., they will not be allowed back in unit, if they are sent back to unit they then become contraband. Ear buds will be offered for purchase in the commissary and will also be added to the indigent list and head phones will be removed from the indigent list.

125

Monday, April 01, 2013  
 Total Items = 261

**East Arkansas Regional Unit Population Commissary Price List**  
 Mrs. Westbrook (Max Commissary) and Mrs. C. Rogers/Ms. Jackson (Population Commissary)

**Commissary Guidelines / Commissary Limit = \$100.00 per week**

- \* Your Commissary slip MUST be filled out using blue or black ink ONLY Slips written in pencil or red ink (etc.) will be kicked out!
- \* You MUST HAVE AN INMATE PHOTO ID CARD to go to the Commissary. The Commissary does not check inmate account balances - DO NOT ask at the window.
- \* General population Commissary slips MUST be submitted by 4:00 a.m. on your designated store day. You MUST include your barracks and rack number on your slip.
- \* You will only be allowed to purchase 2 different flavors of sodas and soups at a time.
- \* All Commissary slips must be filled out completely. Items with \*\* may not always be available. Must mark SUB if you wish for items to be subbed if it is not available.
- \* The Commissary does not presume you wish to SUB any out of stock items. You MUST therefore indicate your desire for a substituted item on your Commissary slip.
- \* You may ONLY submit one (1) Commissary slip. Submission of two (2) Commissary slips will result in both slips being kicked out.
- \* Items marked with an \* asterisk are special orders and require that you attach a completed inmate check to the Commissary slip.
- \* If a holiday or other event occurs on your scheduled Commissary day, you will go the following week.
- \* If your store day is missed due to bad weather or for security reasons, it will not be made up.

ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PRICES DO NOT INCLUDE TAX. Items with a "K" indicates KOSHER.  
 \* You MUST be able to carry your entire Commissary purchase in your mesh laundry bag (no pillow cases). All Commissary sales stop once you exceed the capacity of your bag.  
 \* Keep Group photo's a 30-day return policy on all electronic items. This does not include Clear Tuner Radios, Clear Tuner Radios, Radios, have no warranty.  
 \* All soups and sodas must be grouped together on the top of your commissary list. Indigent items must be indicated.

*Beverages*		*Condiments*	
Back Country Decaf Coffee	\$2.30	Cheez-It Crackers	K \$2.56
Crust Grape	\$0.41	Chicken Flavor Crackers	\$2.41
Crush Peach	\$0.41	Granola Bar, Chocolate	K \$2.78
Crush Strawberry	\$0.41	Grandia Bars, Peanut Butter Chip	\$2.78
Diet Mt. Dew	\$0.41	Honey Graham Crackers	\$2.58
Hawaiian Punch Fruit Punch	\$1.46	Honey Nut Toasted Oats	\$3.39
Hawaiian Punch Lemonberry Squeez	\$1.46	Oatmeal, variety packs	\$3.76
Hawaiian Punch Polar Blast	\$1.46	Raisin Bread	\$2.25
Hawaiian Punch Purple Smash	\$1.46	Saltine crackers (sleeve)	K \$0.37
Hot cocoa (10 pk.)	\$2.12	Tortilla shells	K \$1.02
*Safe Select coffee	K \$3.80	Fudge Brownies	K \$1.89
Kool-aid, grape	K \$1.27	Nutty bars	K \$1.89
Kool-aid, lemon berry	K \$1.36	Oatmeal Cream Pies	K \$1.89
Kool-Off Drink Mix (10oz)	\$1.23	Pecan Spinwheels	\$1.89
Milk, Stearns Nontal Powdered	K \$4.81	Strawberry Short Cake	K \$2.11
Mountain Dew	\$0.41	Zebra Cakes	\$2.12
Nestea with lemon	\$1.30	Butterfinger	\$0.41
Pepsi	\$0.41	Chocolate Peanut Cluster (6oz.)	\$1.83
Pepsi Max	\$0.41	Reballe (bag)	\$0.76
Unisyn protein powder, Chocolate (pk K \$1.79		Jolly Ranchers (bag)	\$1.74
Unisyn protein powder, Strawberry (p K \$1.79		M & M	\$1.02
Unisyn protein powder, Vanilla (pk)	\$1.79	Milky Way	\$0.95
*Bread, Crackers, Etc.*		Now & Later	\$1.01
Bread, wheat	\$1.42	Payday	\$1.05
Cheese Crackers	\$0.26		

#1913

M

ADC INMATE PERSONAL PROPERTY INVENTORY RECORD

Inmate's Name: ADC#: Institution:

Non-Expendable Items

Table with 8 columns: ITEM, #, DESCRIPTION, CODE, ITEM, #, DESCRIPTION, CODE. Lists various personal items like Blanket, Books, Bowls, etc.

Expendable Items

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Lists items like Denture Adhesive, Deodorant, Food Items, etc.

Other

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Intended for other personal property.

"I hereby certify that all of my property is listed on this inventory and disposition of all property listed on this inventory is correct. I further state that I do not have in my possession the legal materials belonging to any other inmate."

Signature of Official Receiving Property Date Location Stored Inmate's Signature Date
Signature of Official Returning Property Date Witness Signature Date Inmate's Signature Date

"If I should die during my incarceration, I designate the individual listed below to receive my personal property."

Name Address City State Phone

Code Column:- D=Donate M=Mail S=Storage I=Issued K=Keep in Possession DES=Destroy
Original - Unit Personal Property Officer Pink Copy - Inmate Yellow Copy - Inmate's File

Exhibit # 10

39

ADC INMATE PERSONAL PROPERTY INVENTORY RECORD

Inmate's Name: T. Johnson ADC#: 102958 Institution: EARU

Non-Expendable Items

Table with 8 columns: ITEM, #, DESCRIPTION, CODE, ITEM, #, DESCRIPTION, CODE. Lists various personal items like Blanket, Body Support Device, Books, Bowls, Magazines, Cap/Hat, Clock, Comb, Cup, Dentures, Earphones, Earplugs, Eyeglasses, Gloves, Gym Shoes, Hair Braids, Hair Dressing, Headphones, Inmate ID Badge, Jacket/Coat, Laundry Bag, Legal Materials, Mail Legal, Mail Personal, Mattress, Mirror, Nail Clippers, Padlock, Pants, Photos, Photo Album, Pillow Case, Pillow, Prosthetic, Radio, Religious Material, Religious Medal, Rings, Sheets, Shirts, Shoes, Shower Shoes, Socks, Stockings, Sweat Pants, Sweat Shirts, Toothbrush, Towels, Towels-Hand, Undergarments, Undershirts, Under shorts, Wash Cloths, Watch-Pocket, Watch-Wrist, and Wallet.

Expendable Items

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Lists items like Denture Adhesive, Deodorant, Flex Pen, Food Items, Hygiene Items, Prescriptions, Razor-Safety, Shampoo, Shaving Cream, Soap, and Writing Tablets.

Other

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Lists items like envelopes, folders, batteries, walking cane, wraps, thermals, and dominoes.

"I hereby certify that all of my property is listed on this inventory and disposition of all property listed on this inventory is correct. I further state that I do not have in my possession the legal materials belonging to any other inmate."

Signature of Official Receiving Property: C.R. Mow... 4-27-12 Date; Location Stored: Max; Inmate's Signature: [Signature] Date; Signature of Official Returning Property: C.R. Mow... 4-27-12 Date; Witness Signature: [Signature] Date; Inmate's Signature: [Signature] Date.

"If I should die during my incarceration, I designate the individual listed below to receive my personal property."

Name Address City State Phone

Code Column: D=Donate M=Mail S=Storage I=Issued K=Keep in Possession DES=Destroy Original - Unit Personal Property Officer Pink Copy - Inmate Yellow Copy - Inmate's File

Exhibit # 20



ADC INMATE PERSONAL PROPERTY INVENTORY RECORD

Inmate's Name: \_\_\_\_\_ ADC# 2201 Institution: \_\_\_\_\_

Non-Expendable Items

Table with 8 columns: ITEM, #, DESCRIPTION, CODE, ITEM, #, DESCRIPTION, CODE. Lists various items like Blanket, Body Support Device, Books, etc., with many cells crossed out.

Expendable Items

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Lists items like Denture Adhesive, Deodorant, Flex Pen, etc., with many cells crossed out.

Other

Table with 8 columns: ITEM, #, #/DESCRIPTION, CODE, ITEM, #, #/DESCRIPTION, CODE. Contains handwritten entries and crossed-out cells.

"I hereby certify that all of my property is listed on this inventory and disposition of all property listed on this inventory is correct. I further state that I do not have in my possession the legal materials belonging to any other inmate."

Signature of Official Receiving Property \_\_\_\_\_ Date \_\_\_\_\_ Location Stored \_\_\_\_\_ Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Official Returning Property \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_

"If I should die during my incarceration, I designate the individual listed below to receive my personal property."

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Code Column: D=Donate M=Mail S=Storage I=Issued K=Keep in Possession DES=Destroy Original - Unit Personal Property Officer Pink Copy - Inmate Yellow Copy - Inmate's File

(841)

### ADC INMATE PERSONAL PROPERTY INVENTORY RECORD

Inmate's Name: \_\_\_\_\_ ADC#: \_\_\_\_\_ Institution: \_\_\_\_\_

#### Non-Expendable Items

ITEM	#	DESCRIPTION	CODE	ITEM	#	DESCRIPTION	CODE
Blanket				Pants			
Body Support Device				Photos			
Books				Photo Album			
Bowls				Pillow Case			
Magazines				Pillow			
Cap/Hat				Prosthetic			
Clock				Radio			
Comb				Religious Material			
Cup				Religious Medal			
Dentures				Rings			
Earphones				Sheets			
Earplugs				Shirts			
Eyeglasses				Shoes			
Gloves				Shower Shoes			
Gym Shoes				Socks			
Hair Braids				Stockings			
Hair Dressing				Sweat Pants			
Headphones				Sweat Shirts			
Inmate ID Badge				Toothbrush			
Jacket/Coat				Towels			
Laundry Bag				Towel-Hand			
Legal Materials				Undergarments			
Mail Legal				Undershorts			
Mail Personal				Under shorts			
Mattress				Wash Cloths			
Mirror				Watch-Pocket			
Nail Clippers				Watch-Wrist			
Padlock				Wallet			

#### Expendable Items

ITEM	#	#/DESCRIPTION	CODE	ITEM	#	#/DESCRIPTION	CODE
Denture Adhesive				Prescriptions			
Deodorant				Razor-Safety			
Flex Pen				Shampoo			
Food Items				Shaving Cream			
Hygiene Items				Soup			

#### Other

ITEM	#	#/DESCRIPTION	CODE	ITEM	#	#/DESCRIPTION	CODE

"I hereby certify that all of my property is listed on this inventory and disposition of all property listed on this inventory is correct. I further state that I do not have in my possession the legal materials belonging to any other inmate."

Signature of Official Receiving Property \_\_\_\_\_ Date \_\_\_\_\_ Location Stored \_\_\_\_\_ Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Or Witness if inmate refuses to sign

Signature of Official Returning Property \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_

"If I should die during my incarceration, I designate the individual listed below to receive my personal property."

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Code Column: D=Donate M=Mail S=Storage I=Issued K=Keep in Possession DES=Destroy  
 Original - Unit Personal Property Officer Pink Copy - Inmate Yellow Copy - Inmate's File

Exhibit # 22

Arkansas  
Department of Correction  
DAILY USE  
ART CARD HOLDERS  
INVENTORY FORM

Inmate Name: Taurine G. Johnson ADCH# 112058  
ART CARD # 073-A BKS # 14 RACK # 20

- NOTE: 1) Report if anything is missing or stolen immediately.  
 2) Items inventoried (Supplies) kept ONLY at your rack.  
 3) Inventory form kept at your rack.  
 4) Inventory must be typed or well printed.  
 5) Form must be Signed by the Supervisor and kept current.

TOOL NAME or #	TOOL DESCRIPTION	QUANTITY
Markers	3 green markers (used)	
Markers	10 colored markers (used)	
Markers	12 BK Permanent Markers (used)	
Markers	6 Sharp fine point permanent markers (used)	
Ruler	1 six inch ruler	
Ruler	12 inch ruler	
Color Pencils	16 Prang's colored pencils (used)	
Pencils	24 Different pencils of different numbers (used)	
Pen	12 pens assorted kinds and colors (used)	
Soft Pastels	24 Multi Cultural Portrait square pastels (used)	
Pastels	24 Art square pastels (used)	
Brushes	15 Mini brushes assorted sizes (used)	
Paint tubes	24 Student tubes 24x20.4 oz (used)	
Sketch pad	2 sheets of 42x9 Drawing Paper (used)	
Ballpoint	1 10 hole mixing tray paint (used)	
Sketch Pad	50 sheets 18x12 (used)	
Glue	1 4oz Multi purpose glue (used)	
Tape	1 Scotch tape (used)	
Chalk Pencils	24 Prang's Pastel Chalk Pencils (used)	
Board	1 Drawing board 9x12	
Arts	2 Arts Clamps 1 inch and 1/2 inch	
Pen Box	1 Pen and Pencil carrying bag, Black 3x9	
Pencil Sharpener	2 Pencil sharpener small green metal	
Paint brush	1 Foam brush	
Water Colors	16 Water colors of assorted sizes	
Card Stock	12 Card Stock 9x12 assorted colors	

Inmate's Signature: Taurine G. Johnson

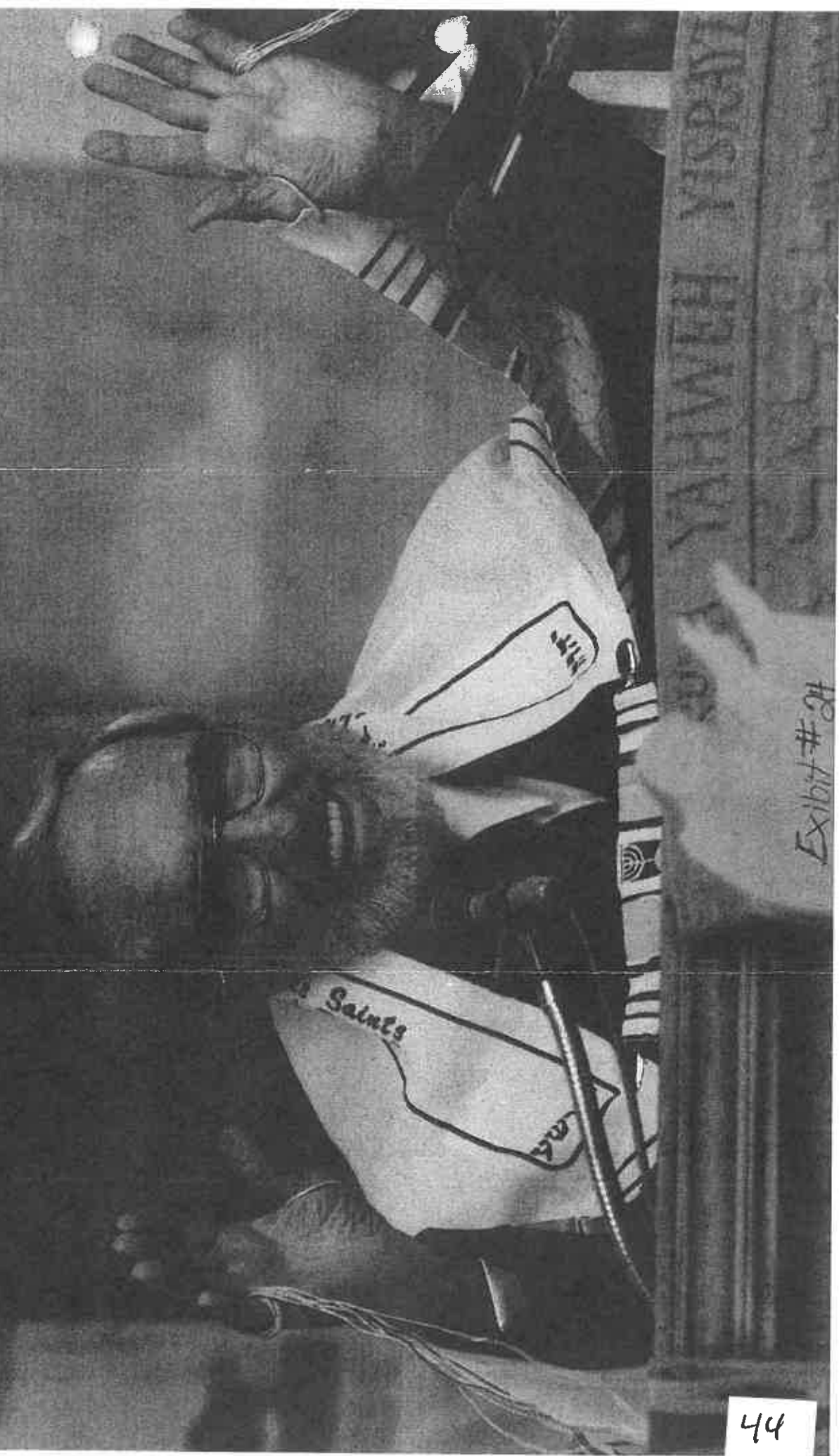
Date: 2-15-2012

Area Supervisor's Signature: D. Smith

Date: 2-15-12

Exhibit # 23

What a wonderful day and a wonderful Plan of Yahweh!



### Active Pallbearers

Carlis Harmon  
Levern Hair  
William Jones  
Justin Wade  
Tarrus Johnson

### Acknowledgement

It is with great humbleness that we extend warm words of thanks to our many friends. Thank you for your prayers of strength, acts of love, and words of consolation. Whatever you did to console our hearts, we the family deeply

appreciate all that has been done.

The Family

### We Entrusted Our Loved One To:

Brown's Home For Funerals, Inc.

417 Walnut Street

Helena, Arkansas 72342

Larry Brown/Director

(870) 338-7700 - Office

(870) 338-7707 - Fax

1-866-885-2499 - Toll Free

E-mail: [brownsfuneralhome@yahoo.com](mailto:brownsfuneralhome@yahoo.com)

Website: [www.brownsfuneralhome.com](http://www.brownsfuneralhome.com)

In Loving Memory

Of

Robert Johnson



was born

July 6, 1922

passed

August 28, 2010

Funeral Service: September 4, 2010

2:00 P.M.

Phillips, Lee, Monies, & Desha

District Center

Interment

Oakgrove # 3 Cemetery

Rev. Roy Lee Williams ~ Officiating

Exhibit # 25

**GROUP DISRUPTION**

- 01-1. Banding together without administrative approval for the purpose of demonstration, work stoppage, disruption of unit operations or the like.
- 01-2. Taking over a part of physical plant; may result in the loss of all good time.
- 01-3. Involvement in writing, circulating or signing a petition or similar declaration that poses a threat to the security of the facility.
- 01-4. Banding with another to commit an assault or battery.

**INDIVIDUAL DISRUPTIVE BEHAVIOR**

- 02-1. Aiding or abetting in commission of any rule violation.
- 02-2. Under the influence of and/or any use of illegal drugs, alcohol, intoxicating chemicals or any medication in an unauthorized manner.
- 02-3. Monetary Misconduct – Entering into unauthorized contractual agreements, failure to turn in all checks or monies received (i.e. buying articles on time payment, failure to turn in tips received on work release)
- 02-4. Employment Misconduct – Quitting a work release job without prior approval, getting fired for misconduct, tardiness or shirking duties, failure to notify center staff when too ill to work.
- 02-5. Unauthorized use of mail or telephone, including passing unauthorized messages, three-way communication(s), and telephone communications with unauthorized persons.
- 02-6. Unauthorized contacts with the public while on work release or away from the unit/center.
- 02-7. Any communication/conduct with a visitor in violation of regulations.
- 02-8. Running, avoiding, or otherwise resisting apprehension.
- 02-9. Interfering with the taking of count.
- 02-10. Tattooing.
- 02-11. Self-mutilation intended to pierce, decorate, or otherwise change one's appearance; this does not include attempts to commit suicide or injure oneself unless solely for manipulation – See administration Regulation 834, Procedure for handling alleged disciplinary infractions of Mentally Disordered Inmates.
- 02-12. Failure to keep one's person or quarters in accordance with regulations.
- 02-13. Breaking into, or causing disruption of an inmate line.
- 02-14. Not wearing ID or not having clothing marked according to center/unit policy.
- 02-15. Tampering with, or blocking, any lock or locking device.
- 02-16. Refusal to submit to substance abuse testing for determination of violation of rule 02-2.
- 02-17. Creating unnecessary noise.
- 02-18. Play which is aggressive or disruptive, in other than designated recreation areas.

**PRESENT IN UNAUTHORIZED AREA**

- 03-1. Out of place of assignment.
- 03-2. Outside living quarters after specific hours.
- 03-3. Unexcused absence from work/school assignment or other program activity.

**BATTERY**

- 04-1. Reserved for historical records.
- 04-2. Reserved for historical records.
- 04-3. Rape or forced sexual act; may result in loss of all good time. PREA ISSUE
- 04-4. Battery – Use of physical force upon staff.
- 04-5. Aggravated Battery – Use of a weapon or dangerous physical force on staff or person of another; may result in loss of all good time.
- 04-6. Battery upon staff that results in injury; may result in loss of all good time.
- 04-7. Rape or forced sexual act with staff or person of another; may result in loss of all good time. PREA ISSUE
- 04-8. Battery – Use of physical force on the person of another.
- 04-9. Aggravated Battery – Use of a weapon or dangerous physical force on the person of another inmate; May result in loss of all good time.

**MENACING**

- 05-1. Seizing one or more persons as a hostage may result in loss of all good time.
- 05-2. Written threats of bodily harm or death to another person.
- 05-3. Assault – Any willful attempt to threat(s) to inflict injury upon the person of another.
- 05-4. Making sexual threats to another person.
- 05-5. Provoking or agitating a fight.
- 05-6. Throwing or otherwise ejecting bodily fluids or excrement in the direction of another; any bodily fluids or excrement which hits or lands on the person of another may result in loss of all good time.
- 05-7. Assault – Any willful attempt to threat(s) to inflict injury upon staff may result in the loss of all good time.

**EXTORTION**

- 06-1. Demanding/receiving money or favors or anything of the value in return for protection against others, to avoid bodily harm, or to keep information secret.

**THEFT**

- 07-1. Unauthorized use of state property/supplies.
- 07-2. Breaking into another inmate's room/locker.
- 07-3. Taking of property or possession of stolen property.

**DESTRUCTION OF PROPERTY**

- 08-1. Reserved for historical records.
- 08-2. Reserved for historical records.
- 08-3. Reserved for historical records.
- 08-4. Destruction or intentional misplacement of property of another person.
- 08-5. Setting a fire; may result in loss of all good time.
- 08-6. Adulteration of any foods or drinks with intent to harm others; may result in loss of all good time.
- 08-7. Destruction or tampering with fire detection or suppression device.
- 08-8. Destruction or intentional misplacement of state property; any property valued at over \$100 will be referred for prosecution.

**POSSESSION/MANUFACTURE OF CONTRABAND**

- 09-1. Possession/introduction of any fireworks, explosive or unauthorized combustible substance.
- 09-2. Possession/introduction of any gun, firearm, weapon, ammunition, knife, sharpened instrument tool; may result in loss of all good time.
- 09-3. Possession/introduction of any drug, narcotic intoxicant, chemical, or drug paraphernalia not prescribed by medical staff.
- 09-4. Possession, or movement of money or currency unless specifically authorized.
- 09-5. Possession/introduction of clothing or property not issued or authorized by the center/unit.
- 09-6. Reserved for historical records.
- 09-7. Possession/introduction of staff uniforms or clothing resembling staff uniforms, or unauthorized civilian clothing or identification.
- 09-8. Manufacture of intoxicants.
- 09-9. Counterfeiting, forging, or unauthorized possession/introduction of any document, article of identification, money, security or official paper.
- 09-10. Possession/introduction of gambling paraphernalia not specifically authorized by the center/unit.
- 09-11. Possession/introduction/use of cell phone may result in the loss of all good time.
- 09-12. Possession of tobacco products.

**SEXUAL ACTIVITY**

- 10-1. Engaging in sexual activity with another consenting person. PREA ISSUE
- 10-2. Making sexual proposals to another person. PREA ISSUE
- 10-3. Indecent exposure; may result in a referral for Criminal prosecution. PREA ISSUE
- 10-4. Bestiality
- 10-5. Masturbation in the presence of another inmate.

**DISRESPECT TO STAFF**

- 11-1. Insolence to a staff member.
- 11-2. Using abusive/obscene language to staff.
- 11-3. Making profane/obscene gestures to staff including masturbation.

**DISOBEDIENCE TO ORDERS**

- 12-1. Failure to obey verbal and or written orders of staff.
- 12-2. Refusal to participate in a treatment program or violating program rules that result in dismissal from the program.

**FALSE STATEMENT**

- 13-1. Deliberately giving misinformation or falsely accusing (an) other(s) in the course of an official investigation.
- 13-2. Lying to a staff member about the reason for being in an area, authorization for activity and the like.
- 13-3. Malingering, Feigning an illness.

**GAMBLING**

- 14-1. Preparing or conducting a gambling operation.
- 14-2. Participating in games of chance for gain/profit.

**TRAFFICKING AND TRADING**

- 15-1. The purchase or exchange of unauthorized articles or authorized article obtained through unauthorized channels.
- 15-2. Asking, coercing or offering inducement to anyone to violate department policy or procedure, inmate rules and

regulations, center/unit operating procedures or any state or federal laws.

**ESCAPE**

16-1. Escape, or attempt to escape from the custody of the Arkansas Department of Correction; may result in loss of good time.

16-2. Failure to return from any approved activity or furlough at designated time.

**LAW VIOLATION**

17-1. Any act or acts defined as felonies or misdemeanors by the state of Arkansas; may result in the loss of all good time.

17-2. Any rule violation set forth above that is found to be related to recruitment or participation in a security threat group, or is motivated by racial, religious, or gender discrimination may result in loss of all good time.



East Arkansas Regional Unit  
P.O. Box 180  
Brickeys, Arkansas 72320  
Phone: (870) 295-4700  
FAX: (870) 295-6048

Arkansas Department of Correction

## East Arkansas Regional Unit Maximum Security Area Cellblock Rules and Regulations

January 25, 2013

The below listed rules outline general conduct and behavior standards expected of each inmate assigned to the East Arkansas Regional Maximum Security Unit. These rules will supplement the Inmate Behavior Standards as defined in AR 841 and the Inmate Disciplinary Manual

1. No standing in the cell door yelling or creating unnecessary noise
2. No beating, kicking, pulling, etc. on the cell doors
3. Do not open, or block cell trap doors
4. Do not cover the light fixture, windows, doors, or walls with any objects
5. Inmates are not allowed to pass property or items from cell to cell
6. Inmates are not allowed to possess more than four(4) books, two(2) magazines, two(2) newspapers, and two(2) religious texts
7. Inmates are not allowed to have more than 5 photographs in their possession at one time.
8. Inmates will keep all personal property in their personal property storage container. Hygiene items and pictures may be kept neatly on the desk/table.
9. Clothing, bedding, linen, and any other issued or purchased items will be used for their originally intended/designated purpose and will not be altered/destroyed
10. Beds will be made neatly and kept in an orderly manner. Beds will be made by daily from 8am to 4:30pm. Inmates may lay down on top of the covers during this time period.
11. Personal hygiene and grooming standards will be strictly enforced.
12. Inmates are only allowed to be in possession of one jumpsuit. Destruction or altering of jumpsuit may result in restitution through the disciplinary court.
13. Inmates are not allowed to stand on their toilets

*Ms Payne stated this means all clothing & linen items*

*change now it's 2*



14. Any inmate found to have damaged the inmate phone will be charged restitution for the phone
15. Inmates will only be allowed to complete one telephone call per issuance of the telephone
16. Inmates will not exit their cells without being properly restrained. If the cell door is opened without restraints applied, inmates will move to the back of the cell and sit on the bed
17. Inmates on the recreation yard will refrain from any disruptive behavior.
- headphones/Radios X 18. Radios are to be played with headphones and the headphones are to be on the inmates head. No external speakers are allowed.
- head wear → 19. No headwear of any kind will be worn in the cell block. This includes caps, toboggans, etc. Wave caps are not allowed.
20. No inmate will exit his cell with any personal property without permission from staff or being transferred to a different location (cell, barracks, unit, etc.).
21. Inmates will be fully dress except for when lying in the bed
22. There will be no drawing on cell walls, doors, ceilings, windows, floors, or fixtures, etc. Restitution may be charged if found guilty in disciplinary court.

If you have any questions concerning the rules and regulations, you may discuss them with a Correctional Officer, or any Correctional Staff. Inmates who fail to abide by these rules and the rules and regulations set forth in the disciplinary manual will result in disciplinary action.



Dexter L. Payne, Deputy Warden/Maximum Security

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas State Claims Commission  
JUL 17 2014  
RECEIVED

TAURIN JOHNSON (ADC #102958)

CLAIMANT

V.

NO. 14-0919-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONDENT'S MOTION TO DISMISS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant alleges a loss of property and damage to his other property resulting from a shakedown of his cell on January 7, 2014. He seeks \$30,000.00 in damages. Claimant has failed to state a cause of action under ARCP 12(b)(6) and should be dismissed.
2. A disciplinary was written based on the shakedown due to Claimant being in possession of numerous excess and altered items. Nine pages of confiscation forms were completed to accurately inventory all thirty-seven (37) items collected. In addition to the items confiscated, Claimant was assessed \$133.00 in restitution for damage to several items of state property in his possession including 4 pieces of thermal clothing, mattress cover, and a mattress. The disciplinary was upheld on all levels of appeal.
3. Claimant alleges that he was not given a confiscation form as required. As evidenced by his signature, he signed each one of the confiscation forms.
4. It is critical to note on none of these confiscation forms is a knee brace listed as a confiscated item. The officers will testify that they did not confiscate a knee brace from the Claimant. Medical records were checked and Claimant was not in possession of a script for a knee brace until May 16, 2014. Beginning on February 17, 2014, Claimant was given a cane in his possession for 90 days. Claimant has not had a script for 5-6 years for a knee brace and has not been in possession of one according to medical records.
5. Claimant has provided a letter from his sister, Chaka C. Johnson written on March 6, 2014, supporting his contention that the knee brace he was given was bothersome to him and more of a hindrance than a help. Ms. Johnson did not visit the Claimant at any time during his incarceration until May 19, 2014, and then visited him again on June 20, 2014. She has not been back since. Any information she has is hearsay.
6. The manner of the shakedown has been reviewed and it was conducted within the proper procedure for a shakedown. Respondent denies causing any damage to any personal items of Claimant's property. It is impossible to determine the condition of a funeral program which is almost 4 years old before the shakedown.
7. Respondent prays that this matter be dismissed for failure to state a claim upon which relief can be granted.

WHEREFORE, for the reasons stated above and the evidence submitted, the Claim should be dismissed.

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*

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 MOTION TO DISMISS has been served this 16 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

TAURIN JOHNSON (ADC #102958)

EAMU

P. O. BOX 180

BRICKEYS, AR 72320-0180

*Lisa Mills Wilkins*

LISA MILLS WILKINS Ark. Bar #87190

Thursday July 31, 2014

Claims Commission  
Attn: Norman Hodges, Jr.  
101 East Capitol Avenue, Suite 410  
Little Rock, AR 72201-3823

Dear Mr. Hodges,

I, Taurin Johnson AOC 102958 Claim No. 14-0919-CC like to respond to the ~~respondent's~~ attorney Lisa Shillo's motion to dismiss my claims. Counsel for the respondent is raising her own claims in the defense for the respondents and there is no supporting documentation to the respondents claims. Thereby showing a dispute and deserving a hearing of this claim. AR #883 and the Chaplain's Manual provide mandatory language deserving and giving claimant a "created liberty interest" to policy violations. Failing to follow policy is a claimed issue.

Sincerely submitted,  
Taurin Johnson #102958  
Taurin Johnson

Arkansas  
State Claims Commission  
AUG 04 2014

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Late: Due 7-28-14

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 30,000.00

Claim No. 14-0919-CC

Taurin Johnson, #102958 Claimant vs. Pro se Claimant

Department of Correction Respondent vs. Lisa Wilkins, Attorney Respondent

State of Arkansas

Date Filed June 6, 2014

Type of Claim Loss of Property, Failure to Follow Procedures, Negligence, Mental Anguish

FINDING OF FACTS

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim will be set for hearing and all parties notified accordingly.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim will be set for hearing and all parties notified accordingly.

Date of Hearing August 14, 2014

Date of Disposition August 14, 2014

*Richard May* Chairman  
*Jim Baker* Commissioner  
*Bill Hancock* 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.

10.4.2014

Director Norman L. Hodges, Jr  
101 East Capitol Avenue  
Suite 410  
Little Rock, AR 72201-3823

Re: Laurin Johnson  
Claim # 14-0919-cc  
Vs.  
Department of Correction

Dear Mr. Hodges:

I received a legalized letter from you dated September 16, 2014 on this date 10.4.14. It states that I'm being advised of a scheduled hearing for Friday Oct. 17, 2014 and that I needed to submit all material I wish to have presented to the Claims Commission by Friday, Sept. 26, 2014. I assume this also include all witnesses & said documentations. I'm with this letter is a copy of the Unit Level Grievance I have filed to show that I didn't receive your notice in a timely fashion. And I don't need to loose my cases do to not having had all my witnesses & other documents submitted.

These are the witnesses I need and documents:

- |                                    |  |
|------------------------------------|--|
| 1. Retired Deputy Warden Todd Ball | 12. Ms Westbrook Classification  |
| 2. Major William W. Conner         | 13. Grievance #: EASW 14-00487   |
| 3. Lt. Ben Lemon Jr.               | 14. Camera Video on date 1-7-14 in max 4 zone 2  |
| 4. Lt. Etherly                     | 15. All documentations of the Major Disciplinary Hearing and witnesses I called  |
| 5. Lt. Chaney                      | 16. Photos of all items that was confiscated before and after they were taken to show them in their original form when security took them. |
| 6. Lt. Litzsey                     |  |
| 7. Sgt. Bogan-Montague             |  |
| 8. Sgt. Henry William              |  |
| 9. Ms. Schaffhauser ADON           |  |
| 10. Sgt. T. Doyle                  |  |
| 11. D. Washington # 103179         |  |

Arkansas  
State Claims Commission

OCT 08 2014

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54

Sir, I've been harassed in every kind of way. deprive me of pursuing on with all of this. They have even harassed my visitors in an attempt to get at me both mentally and emotionally. I ask that you please do not allow them to get away with this and grant me these witnesses I need on the first page. Justice must prevail, sir. Thank you sir and may you be blessed in all manners of life.

Sincerely,  
L. A. Johnson  
Laurin Armon Johnson #102958

P.S.

Also sir, they have up & changed the unit address without proper notice stating it's effective immediately.

East AR Regional Unit  
PO Box 970  
Marianna, AR 72360

no longer

~~PO Box 180~~  
~~Brickeys, AR 72320~~

We were supposed to have received a 30 day notice of any kind of changes by ADE policy & procedures. They failed to do so and just sprung this on us this week Oct 3, 2014.

Arkansas  
State Claims Commission

OCT 08 2014

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**UNIT LEVEL GRIEVANCE FC 1 (Attachment I)**

Unit/Center \_\_\_\_\_

Name \_\_\_\_\_

ADC# \_\_\_\_\_ Brks # \_\_\_\_\_ Job Assignment \_\_\_\_\_

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

\_\_\_\_ (Date) STEP ONE: Informal Resolution

\_\_\_\_ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_

\_\_\_\_ (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: \_\_\_\_\_

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):

\_\_\_\_\_

Arkansas  
State Claims Commission  
OCT 08 2014  
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\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

*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 (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: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature & Date Returned

\_\_\_\_\_  
Inmate Signature & Date Received

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.



STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 30,000.00+ Claim No. 14-0919-CC  
Taurin Johnson #102958 Attorneys Pro se  
vs. AR Department of Corrections Claimant  
Lisa Wilkins, Attorney  
State of Arkansas Respondent  
June 6, 2014 Date Filed  
Loss of Property, Failure to follow Procedure, Negligence, Mental Anguish, Pain & Suffering Type of Claim

FINDING OF FACTS

This claim was filed for loss of property, failure to follow procedure negligence, mental anguish and pain and suffering in the amount of \$30,000.00 plus against Arkansas Department of Corrections.

Present at a hearing October 17, 2014, 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.

October 17, 2014  
Date of Hearing

October 17, 2014  
Date of Disposition

*Robert May*  
Chairman

*W. ...*  
Commissioner

*Bill ...*  
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.

General Assembly of The State of Arkansas  
for State Claims Commission

Taurin Johnson # 102958

Claimant

No. 14-0919-cc

Arkansas Dept. of Corrections

Respondent

Petition To Produce Documents

Comes now the Claimant, Taurin Johnson (Pro-Se) files with this General Assembly said petition to produce documents.

The Claimant petitions to The General Assembly to have the state Claims Commission to produce a printed transcript of the hearing that had taken place on October 17, 2014.

The Claimant wishes to file an appeal with this General Assembly. In order to efficiently prepare and execute on appeal, the Claimant must have said transcript of the hearing that was held.

Sincerely,

Taurin Johnson

Taurin Johnson 102958  
E.P.R. Li  
P.O. Box 470  
Marianna, AR 72360

Arkansas  
State Claims Commission  
NOV 17 2014

RECEIVED

General Assembly of The State of Arkansas  
for State Claims Commission  
Taurin Johnson # 108958 Claimant

No. 14-0919 cc

Arkansas Dept. of Correction Respondant

Petition For Time Extension

On Appeal

Comes now the Claimant, Taurin Johnson # 108958 (Pro-Se) files with The General Assembly said petition for Time Extension from forty (40) days to an extended time period of Sixty (60) days.

The Claimant wishes to file the attached petition to The General Assembly and is the reasoning for the time extension. To give time for the General Assembly to give a decision on this said petition and the attached.

Sincerely,

Taurin Johnson

Taurin Johnson 108958  
E. of P. U.  
P.O. Box 970  
Marianna, Ark 72360

Arkansas  
State Claims Commission

NOV 17 2014

RECEIVED