

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

F15

MAR 06 2014

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Terrick Nooner, #SK926, Claimant

Do Not Write in These Spaces. Claim No. 14-0669-CC. Date Filed March 6, 2014. Amount of Claim \$ 762.00. Fund DOC.

State of Arkansas, Respondent Dept. of Correction

COMPLAINT Loss of Property, Failure to Follow Procedure

Terrick Nooner, #SK926, the above named Claimant, of P.O. Box 400, Grady, AR 71644

ARKANSAS 71644 County of LINCOLN represented by PROSE

P.O. Box 400 GRADY ARKANSAS 71644

State agency involved: ARKANSAS DEPARTMENT OF CORRECTION Amount sought: \$762.00

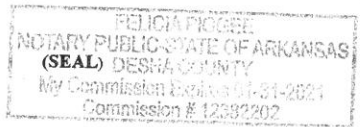
Month, day, year and place of incident or service: 12-02-2013 ARKANSAS DEPARTMENT OF CORRECTION

Explanation: DIRECTOR MR. RAY HOBBS' SECURITY OFFICERS' ENTERED MY CELL ON ROUTINE SHAKEDOWN'S WITHOUT MAKING A DOCUMENTED APPRAISMENT AS THE OFFICER HAND HELD MY PERSONAL PROPERTY AND MATERIALS.

I ASKED FOR PRESENT DATED INMATE INVENTORY PROPERTY FORM DESCRIBED IN COMPLAINT # VSM 12-02-13. THE (UPCO) VIOLATED SENTENCE 12 PAGE 3 OF 15 OF AD #13-09. THE FOLLOWING PROPERTY I SEEK RECOVERY FOR: 1. \$300.00 FOR TAKEN PERSONAL MAIL AND LEGAL MATERIALS; 2. KISS STEREO HEADPHONES; 4 - FM/AM STEREO RADIOS; 3-T-SHIRTS; 2 - WATCHES; 1 WARM UP PAIRS; \$60.00 WORTH OF COMMISSARY FOODS: CAKE, SUGAR, COFFEE, TOOTH PASTES, Hair oil, Deodorants, \$60.00 medical supplies. ALL OTHER PROPERTIES VALUED AT \$ 322.00 TOTAL AMOUNT \$ 762.00. I REQUEST A INMATE INVENTORY PROPERTY RECEIPT, AS REQUIRED BY ADMINISTRATIVE DIRECTIVE #13-09 PARAGRAPH IV. A PROPERTY LOSS CLAIM.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? YES; when? 12-02-2013; to whom? COMPLAINT APPEAL DIRECTOR ARKANSAS DEPARTMENT OF CORRECTION; and that the following action was taken thereon: DIRECTOR DENIED RECOVERY OF TAKEN PROPERTY and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? NO

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. MR. TERRICK NOONER SK-926 MR. Terrick Nooner SK-926



SWORN TO and subscribed before me at Grady AR on this 30 day of August 2014. My Commission Expires: 01 31 2021

ATTACHED COMPLAINT PAGE TWO

DURING 2013 THE UNIT PROPERTY CONTROL OFFICER VIOLATED ADMINISTRATIVE DIRECTIVE #13-09 INMATE PROPERTY CONTROL PAGE 3 OF 15 PARAGRAPH IV. PROCEDURE. A UNIT PROPERTY CONTROL OFFICERS DUTIES (UPCO) SENTENCE 12 REQUIRES: "MAINTAIN UP-TO-DATE FORM 841-1 FORMS OF DISTRIBUTION AS FOLLOWS: WHITE (ORIGINAL) - INSTITUTIONAL FILE AND PINK INMATE COPY. DURING 2013 THE (UPCO) KNEW MY LOCATION CHANGED FROM 406 LOCATION TO 407 LOCATION TO 436 LOCATION TO 425 LOCATION I REQUESTED THE UP-TO-DATE FORM 841-1 FORM AS DESCRIBED IN AOC GRIEVANCE # VSM 12-02318. I HAVE LOST PROPERTY VALUED AT \$762.00 DESCRIBED IN INFORMAL RESOLUTIONS DATED 12-2-2013 AND DATED 1-22-2014. ON 1-23-2014 MS. BIGGY PROBLEM RESOLVER DID NOT RESOLVE INMATE PROPERTY PROBLEM SHE SIGNED MY INFORMAL RESOLUTION ON 1-23-2014. ATTACHED

Arkansas  
State Claims Commission

MAR 06 2014

RECEIVED

UNIT LEVEL GRIEVANCE FC 1 (Attachment I)

Unit/Center V. S. J. U.

Name MR. Terlick Nardner

ADC# SK-926 Brks # 425 Job Assignment \_\_\_\_\_

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

(Date) STEP ONE: Informal Resolution

1- 22-2014 (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): Director Ray Hubbs' Administrative Directive #13-

9 INMATE PROPERTY CONTROL PAGE 1 of 16 PARAGRAPH III. DEFINITIONAL SENTENCE D. RECEIVING UNIT DEFINED - INITIAL INTAKE UNIT AS WHERE I AM. PAGE 3 of 15 SENTENCE 12. REQUIRES "maintain up-to-date Form 841-1 forms for distribution as follows: white (original) INSTITUTIONAL FILE AND PINK - Inmate COPY, PAGE 4 of 15 PARAGRAPH D. TRANSFERS AND SUBSEQUENT INVENTORIES REQUIRES" BOTH SENDING AND RECEIVING UNITS SHALL INVENTORY ALL PROPERTY AND CLOTHING ON A FORM F-841-1 AT ALL SENDING AND RECEIVING INSTITUTIONS, 48 HOUR ON AND 48 HOUR ON AND 48 HOUR OFF RELIEF, AND SEGREGATIONS PAGE 4 of 15 PARAGRAPH D. TRANSFERS AND SUBSEQUENT INVENTORIES PARAGRAPH TWO REQUIRES UPON ARRIVAL AT THE NEW LOCATION OR UPON RETURN TO THE INMATE AS FEASIBLE AS IS POSSIBLE, THE INMATE, IF HE/SHE DESIRES TO HAVE HIS COPY COMPLETED, WILL HAND THE PINK COPY TO THE WCO AND INVENTORY COMPLETED. DIRECTOR RAY HUBBS' MY PROPERTY IS LOST REPLACE IT AS REQUIRED BY PAGE 8 of 15 PARAGRAPH 3, SENTENCE 1. LIABILITY FOR LOST, DAMAGED, OR DESTROYED PERSONAL PROPERTY. MS. PIGGIE AND SGT. BROWN CHANGED MY LOCATION ABOUT CB 406 TO CB 407 TO CB 436 AND DIDN'T INVENTORY MY PROPERTY WHICH IS LOST \$30.00 PERSONAL MAIL AND 2 PAIRS SLIPPER HEADPHONES \$80 AND 4 Pm I AM PANTS \$80 AND 3 T-SHIRTS \$12.00 AND 2 WATCHES \$70.00 AND 1 WARM UP PANTS \$20.00 AND 1600 COMMISSARY COFFEE, COFFEE, SAFF, DEODORANTS, WAX OIL, AND TOOTHBRUSHES AND \$60.00 LEGGERS MATERIALS.

Mr. Terlick Nardner SK-926  
Inmate Signature

1-22-2014  
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 \_\_\_\_\_ (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: \_\_\_\_\_

Pigpie 39936 Pigpie 01-23-14  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: I Ms. Pigpie have no control over cell assignments I don't work in classification nor am I in security to inventory inmates personal property.

Pigpie 01-23-14  
Staff Signature & Date Returned

MR. Terlick Nardner SK-926 1-22-2014  
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. **3**



UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICE USE ONLY	
GRV. #	VSM 12-2318
Date Received:	06/20/12
GRV. Code #:	300

Unit/Center V.S.S.D.

Name MR. Telford Norman

JUN 12 2012

ADC# SK-926 Brks # 435 Job Assignment \_\_\_\_\_

(Date) STEP ONE: Informal Resolution VSM TREATMENT

6-12-2012 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I ASKED STAFF DID NOT RESOLVE MY CONCERNS

(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): PROPERTY OFFICER I AM FILING A SMALL CLAIM GIVE ME THE LAST DATE MY PROPERTY WAS INVENTORIED IN MY CELL BY A CORRECTIONAL OFFICE WHICH IS REQUIRED BY AR 104.

RECEIVED

TO  
AUG 24 2012

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

MR. Telford Norman SK-926  
Inmate Signature

6-12-2012  
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) Robinson ID Number 5268 Staff Signature Robinson Date Received 6/15/12

Describe action taken to resolve complaint, including dates: In last week was shaken down.

Robinson 6/15/12  
Staff Signature & Date Returned

MR. Telford Norman 6/15/12  
Inmate Signature & Date Received

This form was received on 6/17/12 (date), pursuant to Step Two. Is it an Emergency? no (Yes or No). Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: 6/17/12

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

CB04-436

IGTT410  
3GS

Attachment III

INMATE NAME: Nooner, Terrick

ADC #: 000926S

GRIEVANCE #: VSM12-02318

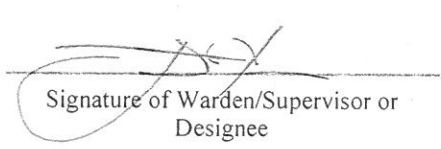
WARDEN/CENTER SUPERVISOR'S DECISION

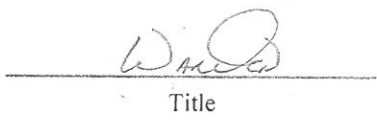
In response to your grievance: Inmate Nooner, you state in your complaint, " Property Officer I am filing a small claim give me the last date my property was inventoried in my cell by a correctional office which is required by AR104. "

PER AD: 12-16 Inmate Grievance Procedure: The administrative mechanism for the resolution of complaints and identification of problem areas is intended to supplement but not replace daily or routine communication between staff and inmates.

Inmate Nooner, you are simply asking a question and should utilize the Request for Interview. However, upon investigation, it has been determined that your property was inventoried on 08/22/2003.

Therefore, I find this issue resolved.

  
Signature of Warden/Supervisor or Designee

  
Title

  
Date  
**RECEIVED**

AUG 24 2012

INMATE'S APPEAL

INMATE GRIEVANCE SUPERVISOR

ADMINISTRATION BUILDING  
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?

my property was in stake down

by your staff every year SINCE 8-22-2003 and they failed to obey policy Administrative Regulation # 104 that required present property inventoring and Administrative Regulation #841 I used Request for Interview to Classification about this on 6-12-2012 Warden Banks and Deputy Warden Meinzeel didn't have records

Mr. Terrick T. Nooner  
Inmate Signature

SK-926  
ADC#

August 22, 2012  
Date

of present inventoring of recent stake down on my property you have to do it because you use confiscation forms.

INMATE NAME: Nooner, Terrick

ADC #: 000926

GRIEVANCE#: VSM12-02318

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

You state that you want the last date your property was inventoried.

Based on the Warden's response in which he states in part, "PER AD: 12-16 Inmate Grievance Procedure: The administrative mechanism for the resolution of complaints and identification of problem areas is intended to supplement but not replace daily or routine communication between staff and inmates.

Inmate Nooner, you are simply asking a question and should utilize the Request for Interview. However, upon investigation, it has been determined that your property was inventoried on 08/22/2003.

Therefore, I find this issue resolved."

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

Appeal denied

l7m7

Director

Date

10.2.12

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TERRICK NOONER (ADC SK926)

CLAIMANT

V.

NO. 14-0669-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**ANSWER**

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

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

a. Agency number: 0480	b. Cost Center: HCA0100
c. Internal Order: 340301	d. Fund Center: 509

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

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*  
 LISA MILLS WILKINS Ark. Bar #87190  
 Attorney Supervisor  
 Post Office Box 8707  
 Pine Bluff, AR 71611  
 (870)267-6844 Office  
 (870)267-6373 Facsimile

Arkansas  
 State Claims Commission  
 MAR 17 2014

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CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 14 day of March, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Terrick Nooner (ADC SK926)  
Varner Super Max  
PO Box 400  
Grady, AR 71644-0400

*Lisa Mills Wilkins*  
 LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TERRICK NOONER (ADC #SK926)

CLAIMANT

V.

NO. 14-0669-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

MOTION TO DISMISS

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

1. Claimant alleges that on December 2, 2013, when he was moved from cell 436 to cell 425 his property was not re-inventoried and he was not provided a new personal property inventory form. He alleges many items were lost. He seeks damages of \$762.00.
2. Respondent moves that the commission dismiss this claim. A motion to dismiss is proper when there are no facts upon which relief can be granted. ARCP 12(B)(6).
3. A personal property inventory is not required for a cell to cell movement in this circumstance. AD 14-03 Section IV(D)(1) states 'whether the transfer is temporary or permanent, both sending and receiving institutions, 48 hour relief on and 48 hour relief off, segregation' require new inventories to be completed. A transfer out of the institution can be an out to court or to a hospital. Claimant simply moved to a new cell. This is a daily occurrence and policy does not require an inventory.
4. Claimant was last inventoried on November 3, 2010, and possessed only 1 radio. See Exhibit "A".
5. It is Respondent's contention, that Claimant did not have any items lost and has misinterpreted the policy.


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

Arkansas  
State Claims Commission

MAY 22 2014

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Respectfully submitted,  
Department of Correction  
Office of Counsel

  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the DSICOVERY RESPONSE has been served this 21 day of May, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

TERRICK NOONER (ADC #SK926)  
VSM  
P. O. BOX 600  
GRADY, AR 71644-0600

  
LISA MILLS WILKINS Ark. Bar #87190



**ADC INMATE PERSONAL PROPERTY INVENTORY RECORD**

Inmate's Name: Terrick Nooner ADC#: 5K# 926 Institution: Varnet

**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	1	Small SRF-39	
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				Towels-Hand			
Legal Materials				Undergarments			
Mail Legal				Undershirts			
Mail Personal				Under shorts			
Mattress				Wash Cloths			
Mirror				Watch-Pocket			
Nail Clippers				Watch-Wrist			
Padlock				Wallet			

Arkansas  
State Claims Commission  
MAY 22 2014  
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**Expendable Items**

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

**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: [Signature] Date: 11/3/2013 Location Stored: T. Nooner Inmate's Signature: [Signature] Date: 11-3-2013  
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

**COPY**

RECEIVED

NOV 15 2010



Exhibit A 9

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 762.00

Claim No. 14-0669-CC

Terrick Nooner, #SK926 Claimant      Pro se Claimant  
vs.      Attorneys

Department of Correction Respondent      Lisa Wilkins, Attorney Respondent  
State of Arkansas

Date Filed March 6, 2014      Type of Claim Loss of Property & Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," solely for Claimant's failure to respond. Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," solely for Claimant's failure to respond. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing June 12, 2014

Date of Disposition June 12, 2014

[Signature] Chairman  
[Signature] Commissioner  
[Signature] Commissioner

\*\*Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act 400

Before THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas  
State Claims Commission  
JUN 25 2014

Claimant MR. Tereck Nasser SK-926

vs.

NO; 14-0669-CC

RESPONDENT ARKANSAS DEPARTMENT OF COLLECTION

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## NOTICE OF APPEAL

Comes now claimant motion states: Act 33 of 1997 and Ark. Code Annotated Section 19-10-211.

1. I appeal into General Assembly my evidence relied upon on 3-14-2014. Respondent wouldn't answer Admissions and Interrogatories about stolen in-coming mail involving religious materials from Dr. Nadirah Forder. I never received mail requiring any specified time period from small claims. I demand documented proof who gave me in-coming mail requiring this response. I demand a up to date inventory property form as demanded in summary judgment motion indicating what I had and have. In my June 4, 2014 summary judgment she did not provide a up-to-date inventory property form.

MR-Tereck Nasser SK-926

6-18-2014