

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

JUL 24 2014

G13

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Justin Jones, #150888

Claimant

vs.

State of Arkansas, Respondent Dept. of Corr.

Do Not Write in These Spaces Claim No. 15-0055-CC Date Filed July 24, 2014 Amount of Claim \$? Fund DOC

COMPLAINT

Negligence, Failure to Follow Procedure, Personal Injury

Justin Jones, #150888

the above named Claimant, of

300 Corrections Dr, Newport, AR 72112

(State) (Zip Code) (Daytime Phone No.)

County of JACKSON

represented by

(Legal Counsel, if any, for Claim)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

says:

State agency involved: ARKANSAS DEPARTMENT OF CORRECTIONS Amount sought:

Month, day, year and place of incident or service: JUL 3-11-2014 I ENTERED A.D.C. QUACHITA STATE COURT

Explanation: For intake and processing was receiving a copy of a court order and... (Handwritten explanation of the incident and legal proceedings)

As part 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? April 2, 2014; to whom? WARDEN, DIRECTOR, WARDEN OF A.D.C. (Department)

and that \$ was paid thereon... (Name) State Claims Commission (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: JUL 24 2014 and was acquired on in the following manner:

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.

Justin Jones (Print Claimant/Representative Name)

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Newport AR (City) (State)

on this 14 day of July 2014 (Date) (Month) (Year)

(Notary Public)

My Commission Expires: Jun 20 2016 (Month) (Day) (Year)

STATE OF ARKANSAS

PLAINTIFF

VS.

Arrest Date: 10-08-2012

Jones, Justin

Battery 2nd & Aggravated Assault

VICTIMS: TroyDreikus Lewis

NO CONTACT ORDER
SETTING CONDITIONS OF BOND
CONDITIONS

DEFENDANT SHALL NOT CONSUME ALCOHOLIC BEVERAGES OR ANY CONTROLLED SUBSTANCE OR MEDICATION UNLESS PRESCRIBED BY A LICENSED PHYSICIAN.

DEFENDANT SHALL NOT POSSESS A FIREARM OR AMMUNITION.

DEFENDANT SHALL NOT VIOLATE ANY STATE OR FEDERAL LAW.

Defendant shall remain at least 100 yards from, TroyDreikus Lewis, his/her residence, place of employment or business or any other place where the Defendant might reasonably expect to find him/her and/or the minor children, including school or day care of the minor children.

Defendant is further prohibited from annoying, harassing, or communicating verbally, by phone, mail or otherwise with the above named individual or any other member of the individual's household.

Special Conditions

***VIOLATION OF THIS ORDER SUBJECTS THE DEFENDANT TO IMMEDIATE ARREST.**

DEFENDANT ACKNOWLEDGES ABOVE APPEARANCE AND EXPLANATION OF RIGHTS. MILLER COUNTY CIRCUIT COURT SET FOR:

NOVEMBER 13, 2012 @ 9:00 A.M.

Signed this 15th day of Oct 2012.

Judge [Signature]

Defendant [Signature]

BY [Signature] MARY PANKEY, CIRCUIT CLERK
DEPUTY

2012 OCT 17 A 8:22

FILED



Arkansas Department of Correction

NEWPORT COMPLEX
Grimes Unit
300 Corrections Drive
Newport, Arkansas 72112
Phone: (870) 523-5877
Fax: (870) 523-8302

TO: I/M JONES, Justin #150888
Bks 14

FROM: Joe N. Page, III, Deputy Warden

DATE: Tuesday, July 15, 2014

RE: Your Inmate Request to Director Ray Hobbs dated 07/02/14

In the letter to Mr. Hobbs you alleged you advised officers of a "No Contact Order" for you with inmate (Lewis, Troydreikus #154242), officers failed to keep you from harm and staff failed to place Inmate Lewis, on your Offender Separation list until after an incident had occurred.

On the date of the incident (March 20, 2014) Inmate Lewis was placed in the same housing unit to which you were assigned. At that time, you stated to Security staff there was a "No Contact Order" and Inmate Lewis could not live with you. Security staff checked the ADC electronic record and found no Offender Separation posted. Neither you nor Inmate Lewis reported to security staff that there would be a problem.

Following proper procedure, the incident and the pending disciplinary charges were reviewed by Deputy Warden Christopher Budnik. As a result of that review, an Offender Separation was posted to the ADC electronic record.

I consider this matter resolved.

cc: Warden Aundrea Weekly

file

UNIT LEVEL GRIEVANCE FORM (Attachment I)

APR 09 2014

FOR OFFICE USE ONLY
GRV. # <u>GR-14-00496</u>
Date Received: <u>04/09/14</u>
GRV. Code #: <u>803</u>

Unit/Center GRIMES UNIT

Name JUSTIN GRIMES **Grimes**

ADC# 150888 Brks # 150242 Job Assignment FIELD OFFICER

4-2-14 (Date) STEP ONE: Informal Resolution

4-7-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE THERE IS A NO CONTACT ORDER AND THE TOWNS HOUSED WITH THE VIOLENCE AND ALL THE MIA AT MIA

CONTRACT ORDER AND THE TOWNS HOUSED WITH THE VIOLENCE AND ALL THE MIA AT MIA

(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):

I AM FILING THIS COMPLAINT AGAINST MS. COTTRELL AT QUINCY POWER PLANT, ALSO THIS COMPLAINT IS AGAINST PATRICIA KAUSEY, CLASSIFICATION OFFICER AT GRIMES UNIT WHO HAD KNOWLEDGE OF THIS MATTER AND HIS DECISION TO DISCIPLINE ME UNDER CONDITIONS WITH A SUBSTANTIAL RISK OF SERIOUS HARM MS. COTTRELL AND MS. PANDY WHO GROSSLY NEGLIGENCE IN MAINTAINING AND OPERATING QUINCY POWER AND GRIMES UNIT CLASSIFICATION COMMITTEE AND BEHIND THEIR DUTY WHEN THEY VIOLATED AIC REGULATION 99:20 ENERGY ALERT SYSTEM BY REFUSING TO PLACE TOWNS TRANSMISSIONS LINES ON AN ENERGY ALERT LIST AFTER HAVING BEEN PROVIDED A COPY OF THIS NO CONTACT ORDER IN LIGHT OF THEIR EXPERIENCE AND TECHNICAL TRAINING TO ACT TO PROTECT ME FROM THE UNSAFE ENVIRONMENT AT GRIMES UNIT BY HANGING THE TOWNS TRANSMISSION LINES WITHIN TOWNS LINES, DELIBERATELY DISOBEYING THE COURT ORDER AND MY INSTRUCTION TO HAVE LINES PLACED ON AN ENERGY ALERT LIST. MS. COTTRELL AND MS. KAUSEY WERE UNRESPONSIVE AND ATTEMPTED TO DISOBEY THEIR TRAINING AND AIC POLICIES AND PROCEDURES. I PROVIDED MS. COTTRELL WITH A COPY OF THE NO CONTACT COURT ORDER ON 3-11-14 AT ORCU. I ALSO PROVIDED MS. KAUSEY A COPY ON 3-18-14 AT GRIMES UNIT UPON MY CLASSIFICATION

Justin Grimes
Inmate Signature

4-2-14
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 4-2-14 (date), and determined to be Step One and/or an Emergency Grievance no (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt. Williams 46059 [Signature] 4-2-14
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: According to incident Bulletin and Masue Robinson 20 were removed from unit for 90 days and will no longer be housed in the same barracks as when Lewis and at Slatonville!

[Signature] 4-7-14 Justin Grimes 4-7-14
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 4-7-14 (date), pursuant to Step Two Is it an Emergency? NO (Yes or No). Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: FORWARDED (Forwarded to Grievance Officer/Warden/Other) Date: 4-7-14
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.

INMATE GRIEVANCE SUPERVISOR
REGISTRATION BUILDING
MAY 13 2014

INMATE NAME: Jones, Justin

ADC #: 150888B

GRIEVANCE #: GR-14-00496

WARDEN/CENTER SUPERVISOR'S DECISION

I find nothing to support your allegations that Ms. Ramsey has been negligent. Inmate Lewis, Troydreikus 154242 was been placed on your enemy alert list on 3/27/14 and you wrote your grievance on 4/1/14. Therefore, I find this grievance is without merit.

A. Weekly by J. [Signature]
Signature of Warden, Supervisor or Designee

Deputy Warden
Title

5/6/14
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?

BECAUSE I HAVE A NO CONTACT ORDER AND SHOULD NEVER HAVE BEEN HOUSED WITH TROYDREIKUS LEWIS. ^{MRS. McINTYRE} ~~MR. CRISTAL~~, AND MRS. RAMSEY WERE BOTH NEGLIGENT IN THEIR DUTIES BY HOUSING ME WITH ABOVE INMATE. AND MRS. RAMSEY CONTINUES THIS neglect by keeping me at the SAME PRISON WHEN I HAVE A NO CONTACT ORDER.
Inmate Signature JUSTIN JONES ADC# 150888 Date

RECEIVED

MAY 13 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

MAY 06 2014

WARDEN'S OFFICE

INMATE NAME: Jones, Justin

ADC #: 150888

GRIEVANCE#:GR-14-00496

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Your appeal dated 4/2/14 was received on 5/13/14. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.


Director

5/21/14
Date

GRIMES

Unit

APR 10 2014

MAJOR DISCIPLINARY APPEAL FORM

PUNITIVE ISOLATION MARK AN "X"

Grimes

Inmate JOHN GRIMES ADC # 150888 Date 4-10-14

Concerning Disciplinary Given on (date) 3-22-14 by (officer) SGT. ECKY, DAVIS

APPEAL TO WARDEN: (to be completed by inmate)

State reasons why conviction or punishment should be reversed or modified: I WAS GIVEN A MAJOR DISCIPLINARY AND FOUND GUILTY FOR THE FOLLOWING CHARGES: 04-8, 05-3, 05-5, 12-1. I FEEL LIKE I SHOULDN'T HAVE BEEN PUNISHED DUE TO THE FACT I WAS ATTACKED AND INJURED IN A SITUATION TO BE HARMED AND/OR SUBSTANTIAL RISK OF SERIOUS HARM. PRIOR TO THIS INCIDENT I PROVIDED MS. CRITTER AT THE QUACHTA REVER UNIT, ALSO MS. LAMSON A COPY OF A NO CONTACT COURT ORDER ON MY VICTIM TERRY DICKENS LEADS WHICH THEY FAIL TO ACKNOWLEDGE AND PLACE ME IN MY ENEMY ALICE LYST. THEY BREACHED THESE DUTIES WHEN THEY VIOLATED AOC REGULATIONS EXERCISE ALL SYSTEM. THEY ALSO FAILED TO PROTECT ME FROM THIS UNSAFE ENVIRONMENT AT THE GRIMES UNIT BY INDUCTION AS BY THE STAFF UNIT AND BARRACKS WITH INMATE LEADS. I WAS CHARGED WITH (4) VIOLATIONS THAT I DID NOT VIOLATE, I HAD NO CONTROL OF ANOTHER PERSONS ACTIONS. I MADE THIS MATTER KNOWN AND STILL I GOT PUNISHED THAT COULD HAVE BEEN PREVENTED. I WAS FOUND GUILTY 4-7-14.

Inmate's Signature: JOHN GRIMES

RESPONSE FROM WARDEN: (due within ten (10) calendar days of receipt of appeal if punitive)

Affirm: Reverse: Modify:

Reasons Action Taken:

The purpose of an appeal is not to justify what happened, but rather to review for procedural errors or practices which do not follow the due process philosophy. After reviewing your disciplinary packet, I find no violations of due process. You and another inmate were seen in a physical altercation and such behavior will not be tolerated. You have not presented any new evidence within your appeal to justify either a modification or reversal of the Disciplinary Hearing Officer's ruling; therefore I find that these charges are with merit.

If you disagree with my decision, you may further appeal to the Disciplinary Hearing Administrator, Central Office, Box 8707, Pine Bluff, AR 71611.

Signature: J. P. A. Weekly Date: 4/14/14

NOTICE TO INMATE: If you do not agree with the warden's response, you may appeal it to the Hearing Officer Administrator. If you do not agree with the Hearing Officer Administrator's response, then you may appeal it to the Director. If you decide to appeal, then write a letter repeating your reasons why your conviction or punishment should be reversed or modified.

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JUSTIN JONES (ADC 150888)

CLAIMANT

V.

NO. 15-0055-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT


ANSWER

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

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
 - a. Agency number: 0480
 - b. Cost Center: HCA 0100
 - c. Internal Order: 340301
 - d. Fund Center: 509

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

Respectfully submitted,
Department of Correction Office of Counsel


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

Arkansas
State Claims Commission
AUG 04 2014
RECEIVED

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 31 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Justin Jones (ADC 150888)
Grimes Unit
300 Corrections Drive
New Port, AR 72112


LISA MILLS WILKINS Ark. Bar #87190

MAR 25 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JUSTIN JONES (ADC#150888)

RECEIVED CLAIMANT

V.

NO. 15-0055-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 that on MARCH 20, 2014, he was attacked by his victim in the barracks and seeks unspecified damages for failure to follow policy, pain and suffering, and negligence. Claimant has failed to state a cause of action upon which relief can be granted under ARCP 12(B)(6).
2. Claimant alleges that he was negligently placed in the same barracks with his victim, Troydeikus Lewis, in spite of the No Contact Order which was in effect and he states he informed ADC staff and classification members of at the time he was transferred to ADC.
3. A review of the Claimant's file and interview of the officer's and staff with whom he encountered upon his incarceration reveals the following information. Upon his Intake at the Diagnostic Unit he informed Ms. McEntire that there was a certain individual that he did not need to be around who was incarcerated or in prison or waiting to be in prison. She instructed him what procedures to take to ensure that his safety was met. He did not disclose the inmate's name or provide her with the No Contact Order. According to her statement, he did not mention a "No Contact Order." See Exhibit "A". Claimant did appear before the Classification Committee on March 18, 2014, but he did not mention the No contact Order. See the Classification Committee Action Exhibit "B". Claimant's statement on March 22, 2014 stated that he fell in the shower. See Exhibit "C".
4. A review of eOMIS was made after the fight occurred on March 20, 2014, and there was no enemy alert, no offender separation, no inmate request for an enemy alert to be made. The ADC had no knowledge that Claimant had an enemy located at the Grimes Unit let alone in the same barracks on March 20, 2014 when he was assigned to the 14 barracks. An enemy alter was entered on March 22, 2014.
5. Had Claimant heeded Ms. McEntrie's advice during the Intake process and notified the Grimes Unit of the No contact Order, Claimant would have been separated from the assailant and the incident would not have happened.
6. Claimant sustained a cut/scrape to top of his nose and bruising and swelling to both sides of his nose.
7. Based on the foregoing statements, has failed to state a claim upon which relief can be granted herein under ARCP Rule 12(b)(6).

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

Respectfully submitted,
Department of Correction Office of Counsel



LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of this MOTION TO DISMISS has been served this 25 day of March, 2015, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

JUSTIN JONES (ADC#150888)

GRIMES UNIT

300 CORRECTIONS DRIVE

NEWPORT, AR 72112



LISA MILLS WILKINS Ark. Bar #87190

On March 11, 2014, Inmate Jones, Justin ADC #150888 was brought in from Miller County Jail. [REDACTED] McEntire, interviewed Inmate J. Jones ADC #150888. During the interview, Inmate J. Jones #150888 stated he did not need to be around a certain individual that was incarcerated in prison or waiting to come to prison. I informed Inmate J. Jones "#150888 that this issue is a security issue. I informed Inmate J. Jones #150888 that as soon as he gets to his Intake Barracks, ask an officer for an Inmate Request Form. I then informed Inmate J. Jones #150888 that he needed to address the form to Lt. Fain and explain the reason why he does not need to be around this individual. I went on to say that Lt. Fain will handle it and take the proper precautions. Inmate J. Jones #150888 then left my office.

[REDACTED] McEntire

Program Specialist

ADC-Ouachita River Correctional Unit

501-337-8011



Exhibit

A

11

Name: Jones, Justin

ADC #: 150888B PID #: 023254

ICCS010B

Classification Committee Action

Wednesday August 06, 2014
09:46:28 AM

Requested Date*: 03/18/2014

Time*: 08:48:36 AM

Facility*: Grimes Unit [P01]

Scheduled Meeting Date*: 04/24/2014

Start Time*: 08:00:00 AM

End Time*: 11:00:00 AM

Requested By*: Ramsey, [REDACTED]

Request Change to:

GT Days Restored

Review

Custody Class

Job/Program Assignment

Control Action

Type Annual

Good-Time Class

Housing Assignment

Requestor Comments

seg release needs job

Committee Actions

From

To

Good Time Class: Class IV

Custody Class: Maximum

AM: Unassigned

Job: Utility Squad 002

Assignment:

or Program:

Temporary:

Temporary:

AM 2:

Job:

Assignment:

or Program:

Temporary:

Temporary:

AM 3:

Job:

Assignment:

or Program:

Temporary:

Temporary:

PM: Unassigned

Job:

Assignment:

or Program:

Temporary:

Temporary:

PM 2:

Job:

Assignment:

or Program:

Temporary:

Temporary:



Exhibit

B

12

Evening: Assignment: Temporary: <input type="checkbox"/>	Job: or Program: Temporary: <input checked="" type="checkbox"/>
Evening 2: Assignment: Temporary: <input type="checkbox"/>	Job: or Program: Temporary: <input type="checkbox"/>
Weekend: Assignment: Temporary: <input type="checkbox"/>	Job: or Program: Temporary: <input checked="" type="checkbox"/>
Control Action: Visitation Restriction	
Housing Assignment Area/Bed: BK13 0009	

Committee Actions

Recommended Good Time Days Restored: 0

Director/Manager Actions

Good Time Days Restored: 0

Director/Manager: _____ Review Date: _____

Decision: _____

Decision Comments

None

Committee Members (Chairperson Listed First) (1 - 9 of 9)

Staff ID	Name	Job Title	Approve?
[REDACTED]	B...	Deputy Warden	Yea
[REDACTED]	H...	Major	Yea
[REDACTED]	N...	Correctional Sergeant	Yea
[REDACTED]	Rog...	Captain	Yea
[REDACTED]	Garcia	Correctional Sergeant	Yea
[REDACTED]	Dixon	SATP Program Coord	Yea
[REDACTED]	Turn...	Corporal	Yea
[REDACTED]	Loese	ADC/ACC Program Specialist	Yea
[REDACTED]	Yanc...	Senior Chaplain	Yea

Committee Comments

Tipton M/H Yea

**ARKANSAS DEPARTMENT OF CORRECTION
STATEMENT OF WITNESS**

Name Justin Lewis Rank/Status/Number 150888 Unit Cadwall

STATEMENT: I Tell Lw Twi Scammer.

~~_____

_____~~

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

Justin Lewis Signature Date 3-22-14

Sgt. Thomas Simpson Witness/Statement Taken By

STATE CLAIMS COMMISSION CHECKET
OPINION

Amount of Claim \$ 2

Claim No. 15-0055-CC

<u>Justin Jones, #150888</u>	Claimant	<u>Pro se</u>	Claimant
<u>vs.</u>			
<u>AR Dept. of Correction</u>	Respondent	<u>Lisa Wilkins, Attorney</u>	Respondent
<u>State of Arkansas</u>			
<u>Date Filed July 24, 2014</u>		<u>Type of Claim Failure to Follow Procedure,</u>	
		<u>Negligence, Personal Injury</u>	

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," for Claimant's failure to respond to Respondent's "Motion to Dismiss." Claimant had ten (10) working days to respond to Respondent's "Motion to Dismiss" which was filed on March 25, 2015. No response was ever received from Claimant. 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 to Respondent's "Motion to Dismiss." Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing April 9, 2015

Date of Disposition April 9, 2015

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

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

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JUSTIN JONES (ADC# 150888)

CLAIMANT

Arkansas Claims Commission
APR 21 2015
RECEIVED

V.

NO. 15-0055-CC

ARKANSAS DEPT. OF CORRECTION

RESPONDENT


MOTION FOR RECONSIDERATION

I, Justin Jones, comes now with a Motion For Reconsideration and states

1. On April 9, 2015, the Claims Commission unanimously granted the Respondent's "Motion to Dismiss" solely for Claimants failure to respond within ten(10) working days which was filed on March 25, 2015.
2. While incarcerated at the Grimes Unit, a "shakedown" was conducted and many items were confiscated, including Claimants legal documentation. These documents were eventually recovered and and returned but the deadline had past.
3. Due to injuries sustained and seriousness of this issue, the Claimant prays before this court that it reconsider the Respondent's "Motion to Dismiss" and grant a new deadline to respond to the "Motion to Dismiss".

WHEREFORE, for the reasons stated above, I pray to reconsider this court decision.


Respectfully submitted,


Justin Jones (ADC# 150888)
Grimes Unit
300 Corrections Drive
Newport, AR 72112

CERTIFICATE OF SERVICE

I, Justin Jones, certify that a copy of this Motion For Reconsideration has been served this 18 day of APRIL, 2015, on the Respondant by placing a copy of the same in the U.S. mail, regular postage to:

Lisa Mills Wilkins
P.O. Box 8707
Pine Bluff, AR 71611


Justin Jones (ADC# 150888)

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 2

Claim No. 15-0055-CC

<u>Justin Jones, #150888</u>	Claimant	<u>Pro se</u>	Claimant
vs.			
<u>AR Dept. of Correction</u>	Respondent	<u>Lisa Wilkins, Attorney</u>	Respondent
<u>State of Arkansas</u>			
<u>Date Filed July 24, 2014</u>		<u>Type of Claim</u>	<u>Failure to Follow Procedure,</u> <u>Negligence, Personal Injury</u>

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's April 9, 2015, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's April 9, 2015, order remains in effect.

Date of Hearing May 14, 2015

Date of Disposition May 14, 2015

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

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

ARKANSAS STATE CLAIMS COMMISSION

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



BRENDA WADE
DIRECTOR

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

April 21, 2015

Mr. Justin Jones, #150888
300 Corrections Drive
Newport, AR 72112

RE: Justin Jones, #150888
Claim #: 15-0055-CC
Vs.
AR Dept. of Correction

Dear Mr. Jones:

This will acknowledge receipt of your recent letter concerning the above-styled claim and your request for a form for appealing the Claims Commission's decision on this claim. This office does not have a designated form to file an appeal. Appeals of the Commission's decisions are submitted on plain paper. If the Commission denies your "Motion for Reconsideration," we will treat the letter we received from you requesting an appeal form as your appeal to the Claims Review Subcommittee and forward your claim to the Subcommittee. You should be able to look up the statute you mentioned in your letter in your prison law library.

Once a Claims Commission decision is appealed and forwarded to the Claims Review Subcommittee, the Claims Commission has no more control over the matter.

Sincerely,

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

Brenda Wade
Director

BW/

April 17, 2015


To whom it may concern:

According to A.C.A. § 19-10-211, after a decision is rendered, I must file a notice of Appeal of the Decision to the General Assembly on a form Designed by the commission.

I would like to Obtain a copy of said notice and contact information and filing instructions to the General Assembly.

I greatly appreciate your assistance in this matter.

Respectfully submitted,


Justin Jones (ADC# 150888)
Grimes Unit
Corrections Drive
Newport, AR 72112

Arkansas Claims Commission

APR 21 2015

RECEIVED