

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

State of Arkansas
Claims Commission
JUL 21 2014

G8

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Frank Franklin, #087441 Claimant

vs.

State of Arkansas, Respondent
Dept. of Corr.

Do Not Write in These Spaces			
Claim No.	15-0037-CC		
Date Filed	July 21, 2014		
	(Month)	(Day)	(Year)
Amount of Claim \$	1000.00		
Fund	DOC		

COMPLAINT Failure to Follow Procedure,
Mental Anguish

Frank Franklin, #087441 the above named Claimant, of POB 180, Bricekey, AR 72320
(Name) (Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.) County of _____ 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 Correction Amount sought: 1,000 dollar one thousand dollars

Month, day, year and place of incident or service: April Fifteen ~~fourteen~~ Fourteen 4-15-14 in max 9C

Explanation: The Arkansas Department of Correction have a code they live by and that code is call honor and Integrity in public service. They also have a policy AR 225 Employee Conduct Standards that all employee are suppose to live by, I tried to obtain such Policy but was told inmates are not allowed to receive it and they refuse to let me review it, so the committee have to request it their self. 1) on 4-15-14 between the hours of 10:00 AM and 10:10 AM Cpl. Washington repeatedly violated ADC Policy AD 14-07 Administrative Segregation by letting a inmate into the cell block without being properly escorted by security. 2) I wrote a grievance on the matter and Cpl. Washington said my allegation are false and that how she violated ADC policy by given a False statement and that is against ADC policy to Falsefy document or to give a false statement. 3) Mr. Warden Burl stated that after a completely investigation video footage does support my allegation theirfor making Cpl. Washington statement a lie and that is falsifying document or state ment then he said corrective action will be taken. 4) Deputy Director Grant Harris said he concur with the warden response but he denied my appeal but they both said my appeal have merit. 5) I have been call a snitch and my life have been threaten, that why I'm asking the committee to compensate me a relief of a transfer and 1000 dollar for stress and danger.

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? 4-15-14 & 5-19-14 to whom? Mr. Warden Burl "E.R.R." Po. Box 180 & Mr. Director Grant Harris Po. Box 8107 (Department) NO action was taken for me they both agreed my Grievance was with merit but they didn't compensate me in no way and that \$ 0 dollar was paid thereon: (2) Has any third person or corporation an interest in this claim? NO; if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: _____
_____ 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.

Mr. Frank Franklin #087441 (Print Claimant/Representative Name) Mr. Frank Franklin #087441 (Signature of Claimant/Representative)

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

(SEAL) WILLIAM IVORY
NOTARY PUBLIC-STATE OF ARKANSAS
ST. FRANCIS COUNTY
My Commission Expires Dec. 1, 2017
Commission # 12363868

on this 16 day of July, 2014
(Date) (Month) (Year)
William Ivory
(Notary Public)

SF1-R799 My Commission Expires: Dec (Month) 1 (Day) 2017 (Year)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

5 COPY

Unit/Center E.A.R. max. Sec

FOR OFFICE USE ONLY	
GRV. #	<u>EM4-01196</u>
Date Received:	<u>4-22-14</u>
GRV. Code #:	<u>803</u>

Name Frank Franklin
ADC# 087441 Brks # max 7-03 Job Assignment 2A2014

ANCE/RECEIVED

4-15-14 (Date) STEP ONE: Informal Resolution REGIONAL UNIT

4-17-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sgt. B. Woodard is using Favoritism please check the video camera to determine the truth and Internal Affairs Invest

4-15-14 (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: Because the inmate can hurt me if he not escorted correctly and it a violation of ADC Policy.

Is this Grievance concerning Medical or Mental Health Services? no 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):

MR. Burl on 4-15-14 in max 9 cpl. R. Washington for two days straight let the max Hall Porter in the cell-block without a escort and she know that is a direct violation of ADC Policy. Please check the camera between 10:00 AM and 10:30 AM and you will see cpl Washington sign to max 7 zone 3 control both max 5 and 7 let the inmate enter the cellblock all the way to the table without a escort. Cpl. Washington told me it just a matter of time because sooner or later she will have someone to kill me, and if I write it up want anyone believe me because Capt. McNary, Lt. Hanev, Sgt. Brown, Sgt. Woodard, Sgt. Kelley, and Lt. Davis dont question the officers even when they know their wrong. That why Mr. Burl you got to review the video tape for 4-15-14 and 4-17-14 and you will see were cpl. R. Washington repeatedly violated ADC Policy and her supervision want stop her and this make my second straight day notifying them of the matter and they still want respect policy or discipline cpl. Washington they all want me dead.

Frank Franklin
Inmate Signature

4-15-14
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 4-15-14 (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:

Sgt B Woodard 55078 Sgt B Woodard Date 4-15-14
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Inmate is reevaluating because a disciplinary was written on him by Cpt. Washington. This is a lie please check the video camera for 4-15-14 and please do a Internal Affairs Investigation
4-15-14 B. Wood Frank Franklin #087441 4-15-14
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 4-21-14 (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No). Staff Who Received Step Two Grievance: Mc Smith Date: 4-21-14

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: MAY 22 2014
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
ADMINISTRATION BUILDING

5 COPY

BK 2-29

IGTT410
3GS

Attachment III

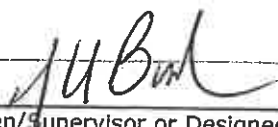
INMATE NAME: Franklin, Frank

ADC #: 087441B

GRIEVANCE #: EAM14-01196

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Franklin, you grieved that on April 15, 2014 Cpl. Washington allowed a max porter to enter the barracks without an escort. Your complaint has been noted. Cpl. Washington stated that your allegations are false. Video footage was reviewed and it does support your allegation. Therefore, I find your complaint with merit and corrective action will be taken.


Signature of Warden/Supervisor or Designee

Warden
Title

5/13/14
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 was call a snitch by Sgt. [unclear] For my use of a Inmate Grievance and several Inmates hear me and they threaten to kill me. And what ever the corrective action that have been taken it haven't benefit me because my use the grievance have been spread throughout the unit and my life know longer safe. Not only by Inmates but officers as well so until the corrective action pertain to me and my safety by separating me from E-A-R max. Unit the problem have not been solve or corrective because been call a snitch by a officers were other inmate can hear a serious and life threaten incident also retaliation For my use of a grievance.

Inmate Signature

ADC#

Date

Frank Franklin

#087441

5-19-14

RECEIVED

MAY 22 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

3

5-Copy

IGTT430
3GD

Attachment VI

INMATE NAME: Franklin, Frank

ADC #: 087441

GRIEVANCE#:EAM14-01196

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Your complaint is on 4/15/ 2014, COII Washington allowed a Max porter to enter the barracks without any escort.

After reviewing your appeal and all supporting documentation, I concur with the Warden's response in which he states in part, "Video footage was reviewed and it does support your allegation. Therefore, I find your complaint with merit and corrective action will be taken."

Appeal denied

By way of this response, I will instruct the unit Warden to forward a copy of corrective actions taken to my office.



Director

6-30-2014
Date

Please see number 19 teen (Inmate leaving or entering the segregation unit must be under supervision)

- 17. Access to law materials upon request and in accordance with unit policy.
- 18. Access to attorney of record via legal mail and telephone.
- 19. Inmates leaving or entering the segregation unit must be thoroughly searched. They shall be escorted by two officers and under normal circumstances will be in restraints to and from their destination.

D. Review of Administrative Segregation Status

- 1. The Classification Committee or authorized staff must review the status of every inmate assigned to administrative segregation classification every seven (7) days for the first two months, and every thirty (30) days thereafter to determine if the reason(s) for placement continue to exist. At every other, of these 30-day reviews, the inmate will be personally interviewed by the Classification Committee or authorized staff. All reviews will be documented utilizing the appropriate segregation form.
- 2. The Mental Health Staff must review the status of every inmate assigned to the segregation classification for more than thirty (30) days utilizing the Segregation Review form, which will be reviewed by the unit psychologist. If confinement continues for an extended period, the Segregation Review form from mental health will be completed and reviewed by the unit psychologist at least every three (3) months.
- 3. No inmate shall remain in a segregation classification for more than one year unless he has been personally interviewed by the Warden at the end of one year and such action is approved by him. At the end of the second and each additional year that an inmate remains in a segregation classification, he must be personally interviewed by both the Warden and the Deputy/Assistant Director, who will then determine whether continuation in that status is necessary and/or appropriate.
- 4. The calculation and scheduling of an inmate's administrative segregation hearing will not change if that inmate transfers to another unit and remains on administrative segregation status.
- 5. If the inmate refuses to appear before any of the above-scheduled hearings, documentation will be maintained stipulating his refusal to appear.

Support to my small claims Compliant

800-4

STATE OF ARKANSAS)
) §
COUNTY OF Lee)

"Supporting Documentation"

AFFIDAVIT

I, Frank Franklin #087441, after first being duly sworn, do hereby swear, depose and state that: I'm sending you four envelope with the ADC creed and code "honor and integrity" in public service
① All employee of the Arkansas Department of Correction are require to carry themselves with honor and integrity when Sgt. Washington lied on her statement she violated that code and honor. ② And by me reporting what she done I have suffice from stress and fear for my life and also retaliation from other employee. ③ It facts my compliant was with merit that why I should be granted a relief of one thousand dollar.

I further swear that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief.

7-15-14
DATE

Frank Franklin #087441
AFFIANT

SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 16 day of July, 2014.

William Ivory
NOTARY PUBLIC

My Commission Expires: Dec 1, 2017

WILLIAM IVORY
NOTARY PUBLIC-STATE OF ARKANSAS
ST. FRANCIS COUNTY
My Commission Expires Dec. 1, 2017
Commission # 12363868



→ Exhibit 'A'

Arkansas Department of Correction
"Inmate Grievance Appeals"
P.O. Box 8707
Pine Bluff, Arkansas 71611

Frank Franklin
EAM #087441
max7 / CBN



→ Exhibit 'C'

Arkansas Department of Correction
Mental Health Services
P.O. Box 8707
Pine Bluff, Arkansas 71611

X6

X6/03

ADC Ouachita Unit
Franklin, Frank #087441
P O Box 1630
Malvern, AR 72104 East

REC-23-018



→ EXHIBIT D

Arkansas Department of Correction
P. O. Box 8707
Pine Bluff, Arkansas 71611

Arkansas
State Claims Commission
JUL 21 2014

F Franklin 87441 RECEIVED
Cam esel / mx 22

Arkansas Department of Correction
"Inmate Grievance Appeals"
P.O. Box 8707
Pine Bluff, Arkansas 71611

1501

F. Franklin # 087441
EAM

71617 / 818
162 / 380

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

FRANK FRANKLIN (ADC 087441)

CLAIMANT

V.

NO. 15-0037-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

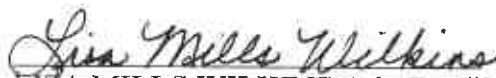
WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,
Department of Correction Office of Counsel

Arkansas
State Claims Commission

JUL 30 2014

RECEIVED


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

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 29 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Frank Franklin (ADC 087441)
East Arkansas Max Unit
PO Box 180
Brickeys, AR 72320-0180


LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

FRANK FRANKLIN (ADC #087441)

CLAIMANT

V.

NO. 15-0037-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONDENT'S MOTION TO DISMISS FOR FAILURE TO EXHAUST

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

1. Claimant alleges that in April 15, 2014, he observed Cpl. Washington allowing an inmate into the cellblock unescorted. He states this is a violation of ADC policy. He seeks damages of \$1,000.00.
2. Claimant experienced no injury or harm if this did occur. He alleges no harm to himself as a result. He did not get into an altercation with the inmate.
3. Claimant has failed to show that he was damaged in anyway. For a plaintiff to bring an individual action, he must be injured directly or independently." Lenz v. Associated Inns & Restaurants Co. of America, 833 F.Supp. 362, 380 (S.D.N.Y.1993). Claimant has failed to state a cause of action for this claim under ARCP Rule 12(b)(6).
4. Respondent prays that the claim be dismissed.

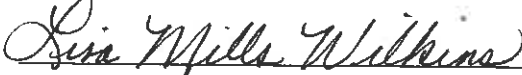
WHEREFORE, for the reasons stated above and the evidence submitted, the Claims filed must be dismissed.

Respectfully submitted,

Arkansas
State Claims Commission
AUG 04 2014

RECEIVED

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 above MOTION TO DISMISS has been served this 31 day of July, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

FRANK FRANKLIN (ADC #087441)
EAMU
P. O. Box 180
Brickeys, AR 72320-0180


LISA MILLS WILKINS Ark. Bar #87190

Before the Arkansas State Claims Commission

Frank Franklin (ADC#08744)

Claimant

V. ND. 15-0037-CC
Arkansas
Arkansas Department of Correction State Claims Commission Respondent

AUG 08 2014

RECEIVED

"Claimant motion To Object Respondent motion to Dismiss"

Comes Now the Claimant, Frank Franklin #08744, and For its motion to object, states and responds as follows:

- ① Claimant allegation on April 15, 2014 is no longer allege it is a fact please see Mr. Warden Burl decision on 5-13-14 and also the Director Mr. Grant Harris decision were he concur with the warden Respond on 6-30-14
- ② Claimant have suffer injury from this incident even thou me and the Inmate didnt have a physical altercation, I have suffer mental from this incident and Cpl. Washington showed Deliberate Indifference to ADC Policy she violated, she knew by letting a Inmate enter the cell block unescorted she was putting my life in substantial risk of serious harm.
- ③ And Cpl. Washington on two different occasion Lied to Sgt. B. Woodard on 4-15-14 and then to Mr. Warden Burl and Video Footage prove I was telling the truth. Their no excuse for Cpl. Washington lies and For her violating ADC Policy, and by me telling the warden and Director what happen I have suffer mental pain from staff and Inmates by calling me a snitch and according to the the Eight Amendent Deliberate Indifference is a direct injure of mental damages, I have showed a cause action for this claim under ARCP Rule 12 (b) (6).
- ④ Claimant prays that Respondent motion To Dismiss For Failure to exhaust be Dismiss.

Wherefore, For the reason stated above and the evidence submitted, the Respondent motion must be dismissed.

Respectfully Submitted

Frank^{see} Franklin #08744

E-A max unit

P.O. Box 180

Bricleys, AR. 72230-0180

Certified of Service

I certify that a copy of the above motion to Object has been served this 6th day of August, 2014, on the below Respondent by placing a copy of the same in the U.S. mail, regular postage to:

Lisa Mills Wilkins ARK. Bar #87190

Attorney Supervisor's

P.O. Box 8707

Pine Bluff, AR. 71611

Frank Franklin #087441

Frank Franklin #087441

STATE CLAIMS COMMISSION CHECKET
OPINION

Amount of Claim \$ 1,000.00

15-0037-CC

Claim No. _____

Frank Franklin, #087441 Claimant

Attorneys
Pro se Claimant

vs.

Department of Correction Respondent

Lisa Wilkins, Attorney Respondent

State of Arkansas

Date Filed August 4, 2014

Type of Claim Failure to Follow Procedure,
Mental Anguish

FINDING OF FACTS

The Claims Commission herein unanimously granted the Respondent's "Motion to Dismiss," for reasons contained within the motion. Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission herein unanimously granted the Respondent's "Motion to Dismiss," for reasons contained within the motion. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing September 11, 2014

Date of Disposition September 11, 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 #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

(Copy)

Before the Arkansas State Claims Commission

FRANK FRANKLIN (ADC# 087491)

CLAIMANT

Arkansas Claims Commission

V.

ND. 15-0037-CC

OCT 06 2014

Arkansas Department of Correction

RECEIVED ^{Franklin} State of Arkansas
Arkansas Claims Commission
JAN 20 2015

"Claimant's motion For reconsideration"

RECEIVED

1. In respondent motion to Dismiss in number ~~one~~ it says Claimant alleges on 4-15-14 he observed Ep2. Washington allowing an inmate into the cell block unescorted. And I stated that a violation of ADC policy, Mr. Commissioner's please see exhibit one were the unit warden stated Video Footage was reviewed and it does support your allegation, on Grievance #1 EAM 14-01196 and also see were the Director of the Arkansas Department of Correction said he concur with the warden response in which he find my complaint with merit. So Mr. Commissioner's my complaint is no longer a ~~a~~ allegation it is a true statement so therefore respondent in her motion to Dismiss were wrong.

2. Mr. Commissioner please see my original claim I did allege I was harm but I didn't say physically I said mental anguish because I was call a snitch for writing the grievance and claim and my life was threaten verbally so that cause me many night of worry and fear.

3. Mr. Commissioner by the unit warden and the Director stated my allegation is true and with merit that is enough proof to show I was damages because this brief of security happen to me and once I reported it, it cause me all type of mental anguish so therefore this incident happen to me directly because I'm the one who reported it.

(4 COPY)

4. Mr. Commissioner I have showed a cause of action for this claim under ARCP Rule 12(b)(6). And I even did a motion to settle my case but I didn't get know response.

5. Claimant prays that you commissioner will look at his claim and judge the facts of the case and not the allegation that the respondent is alleging. (A) Because the unit warden and the Director both said my complaint have merit and is true and the Director said corrective action will be taken since I'm the one who notify them of the incident I should be apart of that corrective action.

(B) So Mr. Commissioner please grant me or compensate me any way you seem just if true I ask for damages of 1,000.00 thousand dollars but I also ask to be granted a transfer for my honesty all I been granted was hostility from the correction officers here at E.A. max unit and E.A.R.U. So please reconsider the decision on this case.

7. Claimant prays that this motion for reconsideration be granted wherefore, for the reasons stated above and the evidence submitted "motion for reconsideration" must be granted

Respectful submitted,
Mr. Frank Franklin #087441

E.A. max unit
P.O. Box 180
Brickeys, AR 72320

Certificate of Service

I certify that a copy of the above Motion for Reconsideration has been served this 1st day of October, 2014 on the below Commissioner by placing a copy of the same in the
2. mail, regular postage to
Claim's Commission
Atty: Norman Hodges, JR.
101 East Capitol Avenue, Suite 410

Original Copy:

To: Arkansas State Claims Commission

Director: Ms. Brenda Wade

800-4

Arkansas State Claims Commission
JAN 20 2015

RECEIVED

STATE OF ARKANSAS)
COUNTY OF Lee)§

AFFIDAVIT

I Frank Franklin #08/44, after first being sworn, do hereby swear, depose and State that: ① Im sending you another copy of my compliant you send it back to me because you said I didnt have enough to make a copy. ② Please see a copy for my motion for reconsideration written on 10-1-14 received by the Arkansas state Claims Commission on 10-6-14 it was stamp by the Arkansas Claim Commission and return to me to prove I did do a motion for reconsideration on claim ND-15-0037-CC. And it was on time so it not my fault, it the Commission fault for not answering my ~~com~~ motion for reconsideration. ③ But if ~~an~~ continue on back

I further swear that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief.

1-8-15
DATE

Frank Franklin #087441
AFFIANT

SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 09 day of JAN, 2015.

Sever Cole
NOTARY PUBLIC



My Commission Expires: Dec. 01-2017

4 copy

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

Arkansas
State Claims Commission
JAN 20 2015

RECEIVED

January 5, 2015

Mr. Frank Franklin, #087441
P.O. Box 970
Marianna, AR 72360

RE: Frank Franklin, #087441
Vs.
AR Department of Corrections

Dear Mr. Franklin:

This office is in receipt of your complaint form and supporting documentation. You stated in your letter that you wished to have a file-marked copy of your claim sent back to you. You did not provide this office with enough copies to do so. In order to have a file-marked copy of your claim sent back to you, this office requires that you submit an original and five (5) copies of your claim. You submitted an original and four (4) copies of your claim. We are returning your claim to you so that you may provide the appropriate number of copies to this office so that one may be file-marked and sent back to you as you requested.

XAX Claim number 15-0037-CC was dismissed on September 11, 2014. This office did not receive a "Motion for Reconsideration" from you. The deadline for filing this type of motion is forty (40) days after the date of dismissal. Therefore the claim remains dismissed.

Sincerely,
B. Wade
Brenda Wade
Director

BW/
Enclosure

16

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 1,000.00

Claim No. 15-0037-CC

<u>Frank Franklin, #087441</u> Claimant	Attorneys	<u>Pro se</u> Claimant
vs.		
<u>AR Dept. of Correction</u> Respondent		<u>Lisa Wilkins, Attorney</u> Respondent
<u>State of Arkansas</u>		
Date Filed <u>July 21, 2014</u>	Type of Claim	<u>Failure to Follow Procedure,</u> <u>Mental Anguish</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 September 11, 2014, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

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

Date of Hearing February 5, 2015

Date of Disposition February 5, 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.

5-copies

Before the Arkansas state Claims Commission

Frank Franklin #087441

Arkansas Claims Commission
MAR 09 2015
RECEIVED

Claimant

v.
Arkansas Department of Correction

NO. 15-0032-CC
Respondent

Come now the Claimant, Frank Lee Franklin #087441, and for its Notice of Appeal of the decision to the General Assembly.

① I'm pleading with the General Assembly to please grant my Notice of Appeal because I prove without a shadow of doubt that my complaint is with merit and all the allegation I spoke us was not allege they were true.

② Also the small claim do handle Policy and Procedure compliant and all evidence prove I was telling the truth and know matter who the person are we all got to obey and respect Policy and procedure.

③ And by me reporting the Incident it mean it happen to me directly and the injury are mentally and emotion so I have state a cause of action for my claim under ARCP Rule 12(b)(6).

④ Claimant prays that his Notice of Appeal be Granted. I'm sending a copy of my motion for reconsideration.

wherefore, for the reasons stated above and the evidence submitted, the notice of Appeal filed must be Granted

Respectfully submitted

MR. Frank Franklin #087441

I certify that a copy of the above ~~motion~~ Notice of appeal has been served by air mail, regular postage to, Claims Commission
Attn: Ms. B. Wade
1st Floor