

Arkansas State Claims Commission  
MAR 09 2015

RECEIVED

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Charles Leggett, #115944 Claimant

vs.

State of Arkansas, Respondent  
Dept. of Corr.

Do Not Write in These Spaces		
Claim No.	15-0601-CC	
Date Filed	March 9, 2015	
	(Month) (Day) (Year)	
Amount of Claim \$	10,000.00	
Fund	DOC	

Pain & Suffering, Negligence,  
Failure to Follow Procedure,  
Personal Injury, Mental Anguish

COMPLAINT

Charles Leggett, #115944, the above named Claimant, of POB 600, Grady, AR 71644  
(Name) (Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.) County of LINCOLN represented by PRO SE  
(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: \$10,000

Month, day, year and place of incident or service: 26 August 2012

Explanation: On 26 August 2012, Claimant was playing softball in a sanctioned tournament and severely injured his left foot and broke his ankle. No official responded to the injury and Claimant had to travel over 400 yards without assistance to the infirmary. The infirmary personnel refused to allow Claimant to enter, leaving him in the hallway for close to a half-hour, during which time infirmary aid security personnel walked around Claimant. Claimant was brought into the infirmary 30-45 minutes after the injury, his foot and ankle were given a cursory examination, told he needed an X-ray (equipment was malfunctioning at the time for many months), handed an Ace bandage and crutches, and told to leave. No adequate medication for pain and swelling was offered or given Claimant. For 17 days Claimant went without a cast, but 16 days later Claimant would fall due to a wet floor in the hallway (no signs displayed) and break the cast, which would not be removed for an additional 12 days, by a specialist. The specialist directed that an air cast be given to Claimant to stabilize his ankle, but it was never provided him, resulting in permanent damage and disability.

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?  
NO when? \_\_\_\_\_ (Month) (Day) (Year) to whom? \_\_\_\_\_ (Department)

and that the following action was taken thereon: \_\_\_\_\_

and that \$ \_\_\_\_\_ 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: \_\_\_\_\_ (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

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.

Charles Leggett (Print Claimant/Representative Name) \_\_\_\_\_ (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Grady, Arkansas (City) (State)

(SEALED) 15 of this February day of 2015  
(Date) (Month) (Year)



Carolyn Eason (Notary Public)

My Commission Expires: 04-7-2024 2/19/2015  
(Month) (Day) (Year)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name Charles Leggett

ADC# 115944 Brks # 21 Job Assignment Buildings Utility

FOR OFFICE USE ONLY  
GRV. # VU-12-01970  
Date Received: 11/7/12  
GRV. Code #: 100

CO-BAW  
12 NOV 21 AM 8:05

10-30-12 (Date) STEP ONE: Informal Resolution

11-6-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The response below ignored my ISSUES problem still exists

(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? YES 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):

My 8th amendment right Against cruel and unusual punishment is being violated I am out of My Proxen pain Medicine and the air cast Dr. B. Crowel ordered for my back leg on 10-10-12 is being arbitrarily and capriciously withheld by the Varner unit Medical staff. I saw Caprice Hubbard (RN) on 10-11-12 over my ordered cast and pain medicine I went to the infirmary on 10-12-12 because my foot is in constant pain I told security Mrs. Cooper and she told the nurse the nurse told her for me to fill out a sick call in to get my leg cast and my medicine and that I could not even get an ace bandage for my foot I have already seen 2 doctors for this month and the prescriptions are being ignored by Medical staff's Blatant disregard and Medical Neglect who keep telling me to fill out sick calls I broke my foot on 8-26-12 and have been in constant pain in my foot and ankle

RECEIVED-DEPUTY DIRECTOR  
APPLIANCE DEPARTMENT  
OF CORRECTION

[Signature] 115944  
Inmate Signature

10-30-12 IAN 8 2013  
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: Sgt C Jones 1208 [Signature] NOV - 7 2012 Date 11-7-12

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature. VARNER UNIT GRIEVANCE Date Received 11/31/12

Describe action taken to resolve complaint, including dates: request on 10-16-12. The orthopedic clinic is scheduled. It is correct for a nurse to tell you to fill out a sick call request if it is not an emergency. MS Hubbard did a consult

Staff Signature & Date Returned P. Lewis 11-6-12 [Signature] Inmate Signature & Date Received Peter 11-2-12

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: P. Lewis Date: 11-7-12

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

*BK 7/51*

INMATE NAME: Leggett, Charles H.

ADC #: 115944A

GRIEVANCE #: VU-12-01970


HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

640) your concern(white) My 8th Amendment right Against Cruel and unusual punishment is Being violated I amount of Naproxen pain Medicine and the air cast Dr. B Crowel ordered for my Broke Leg on 10-10-12 is Being Arbitrarily and capuciously withheld By the Varner Unit Medical Staff. I saw Connie Hubbard (RPN) on 10-11-12 over my ordered cast and pain medicine I went to the infirmary on 10-12-12 Because my foot is in constant pain I told security Mrs. Cooper and she told The nurse The nurse told her for me to fill out a sick call in to get my Leg cast and my Medicine and that I could not even get an ace Bandage for my foot I have already seen 2 doctors for this month and the prescription are Being ignored By Medical Staff's Blatant disregard and Medical Neglect who Keep telling me to fill out sick calls I broke my foot on 8-26-12 and Have Been in constant pain in my foot and ankle.

Response: The policy states that you are to address one issue per grievance so I have selected the pain medication as your concern. You saw Dr. Crowell on 10/10/12 during this consult visit he did not write a recommendation for pain medication. You did have an order for Naproxen to take one tablet twice a day as needed for pain which was good for 90 days starting 8/28/12 to 11/28/12. You received 60 tablets on 9/3/12 which you signed for and I am unable to find where you received any further tablets after 10/4/12 until 11/19/12, which you received 60 tablets again. I apologize that the record indicates that you did not receive on person Naproxen in October but this is a stock medication and you could have come to the pill window to receive this medication.

The medication was reordered on 12/17/12.

I have found this grievance with merit but resolved.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTIONS



Title

*12/19/12*  
Date

IAN 8 2013

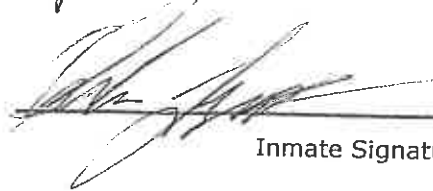
**INMATE'S APPEAL**

HEALTH & CORRECTIONAL PROGRAMS

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.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? *The above does not address the issue of not receiving my air cast, and the constant pain I am experiencing. My foot is not healing correctly as a result of Corizon's refusal to provide the corrective treatment. This is and will cause numerous problems with my abilities to perform various life activities including, but not limited to, walking, running, exercising, showering, sleeping, and others. Corizon is failing to provide me*

... with complete medical services, thus denying me participation in a treatment program for my foot as well as other daily life activities and programs & services in A.D.C.



Inmate Signature

115944

ADC#

12-18-12

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 8 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT430  
3GD

Attachment VI

INMATE NAME: Leggett, Charles H.

ADC #: 115944

GRIEVANCE#: VU-12-01970

October 30, 2012, you grieved you are being denied the air cast and Naproxen pain medication Dr. Crowell ordered for your broken leg on October 10, 2012. You state you broke your foot on August 26 and have been in constant pain since. You claim you went to the Infirmary on October 12 to get your leg cast and medicine and the nurse would not even give you an ace bandage. You state she told you to sign up for sick call.

The medical department responded, "The policy states that you are to address one issue per grievance so I have selected the pain medication as your concern. You saw Dr. Crowell on 10/10/12 during this consult visit he did not write a recommendation for pain medication. You did have an order for Naproxen to take one tablet twice a day as needed for pain which was good for 90 days starting 8/28/12 to 11/28/12. You received 60 tablets on 9/3/12 which you signed for and I am unable to find where you received any further tablets after 10/4/12 until 11/19/12, which you received 60 tablets again. I apologize that the record indicates that you did not receive on person Naproxen in October but this is a stock medication and you could have come to the pill window to receive this medication. The medication was reordered on 12/17/12. I have found this grievance with merit but resolved."

You disagree with this response because it does not address you not receiving an air cast and the constant pain. You were seen on October 11 by Nurse Hubbard who noted the instructions from ortho were to touch down weight bearing and an air cast. She noted an air cast was not available at the time and she would request one. You were seen by Scotty Newman, RN, on January 1 complaining of pain and swelling in your left ankle. He noted edema to the top and outside of your left ankle, pulse present and no deformity or crepitus. You were issued an ace wrap for 10 days and ice. You were seen on January 7 for continued pain and swelling in your left ankle and you reported popping when you moved it up and down. You stated the ace bandage was not helping. Nurse Johnson issued Acetaminophen for 3 days and referred you to a provider. You saw Ms. Hubbard on January 9 and she continued the ace wrap to your ankle. Nurse Johnson saw you in sick call on January 30 and referred you to Ms. Hubbard for continued pain and swelling in your left ankle. Ms. Hubbard saw you on February 4 and noted your last x-ray (Nov. 16) indicated near complete healing of your ankle fracture. There was no edema at that time, you had good range of motion, and your Naproxen was continued. She ordered a medium elastic ankle brace which was issued on February 21.

You current order for Naproxen does not expire until March 17 and you were issued 60 tablets on December 24, 2012. Your complaint concerning pain medication is without merit. The recommendation made by Dr. Crowell for an air splint was not an order, but a recommendation. However, there is no documentation Ms. Hubbard followed up on her October 11 note to request an air splint; therefore, I find this appeal with merit but resolved.

  
Director

2/22/13  
Date

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES LEGGETT (ADC 115944)

CLAIMANT

V.

NO. 15-0601-CC

Arkansas Claims Commission

MAR 17 2015

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

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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*  
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 16 day of March, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Charles Leggett (ADC 115944)  
Varner Unit  
PO Box 600  
Grady, AR 71644-0600

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

APR 06 2015

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES LEGGETT (ADC # 115944)

CLAIMANT

V.

NO. 15-0601-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 filed a claim for personal injury, pain and suffering, failure to follow procedure, negligence, and mental anguish in the amount of \$10,000.00 arising out of a broken ankle he received while playing softball when a team mate fell on his foot on August 26, 2012.
2. Claimant states that he did not receive adequate medication for pain and swelling and for 17 days he did not have a cast applied. His allegations with respect to the medical care are against Corizon, Inc., the third party medical provider, not the Respondent, ADC. Respondent does not supervise or hire medical personnel and does not make decisions on the issuance of medical devices. Corizon was responsible for Claimant's treatments and the ADC does not and cannot interfere.
3. The Eighth Circuit, however, has made clear that "[p]risoners do not have a constitutional right to any particular type of treatment." *Long v. Nix*, 86 F.3d 761, 765 (8<sup>th</sup> Cir 1996) Claimant has seen medical providers and has received treatment for her medical complaint. Notwithstanding the same, her complaint is against Corizon.
4. Claimant states that he slipped on a wet floor and broke his cast. Claimant never filed a grievance on this issue; therefore, this issue was not exhausted by the Claimant and cannot be brought before the claims commission pursuant to AD 12-16. Administrative Directive 12-16 (N) provides that "inmates are hereby advised that they must exhaust their administrative remedies as to all defendants at all levels of the grievance procedure before filing a Section 1983 lawsuit and Claims Commission claim. If this is not done, their lawsuit or claims may be dismissed immediately."
5. Since Claimant did not exhaust his grievance process his Complaint should be dismissed.
6. Since this matter would be dismissed in federal court for failure to exhaust under AD12-16(N).
7. Claimant states that he has a permanent disability and damage. On September 10, 2012, his x-ray showed minimally displaced oblique fracture through the base of the medial malleolus with intra-articular communication to the tibia. By February 4, 2013, his last x-ray indicated near complete healing of medial malleolar fracture. Although he complained of ankle swelling, none was seen by the APN, Nurse Hubbard who treated him on that date and he had good ROM of the ankle. By October 15, 2014, Claimant reported to medical that his left ankle had 'done fine' until he came to the Varner Unit where he had to wear boots. And it was turning inward. Another x-ray was taken. He was seen again on November 4, 2014 and noted that he 'ambulated in without assistance and in no acute distress. Gait is steady, even, no hopping no limping, is able to sit and stand without trouble....He states his left ankle is

still hurting, x-rays shows completely normal ankle. Advised on how to do exercises to strengthen ankle muscle.' There appears to be no permanent damage or disfigurement.

8. A motion to dismiss is proper when there are no facts upon which relief can be granted. ARCP 12(B)(6). Claimant has shown no facts upon which he is entitled to relief and therefore this claim should be dismissed.

WHEREFORE, for the reasons stated about and the evidence submitted, the Claims filed 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 the MOTION TO DISMISS has been served this 2 day of April, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

CHARLES LEGGETT (ADC # 115944)  
VARNER UNIT  
P. O. BOX 600  
GRADY, AR 71644-0600

Lisa Mills Wilkins  
LISA MILLS WILKINS Ark. Bar #87190



MAY 08 2015

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CLAIMANT

BEFORE THE ARKANSAS CLAIMS COMMISSION

CHARLES LEGGETT  
ADC # 115944

V. NO. 15-0601-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER TO RESPONDENT'S MOTION TO DISMISS

COMES NOW, Claimant, Charles Leggett, *pro se*, and for his Answer to Respondent's Motion to Dismiss, states:

1. Claimant agrees, in part, with paragraph 1 of Respondent's Motion to Dismiss, except that he softball game in which Claimant was injured was an ADC sanctioned game.
2. Claimant disagrees with paragraph 2 of Respondent's Motion to Dismiss. The medical provider contracts its services to ADC. ADC controls access to the medical provider. ADC responds to medical grievances, including its Deputy Director of Medical Services, who is the final authority in disputes between Claimant and its medical provider, including specific care and services. ADC is ultimately responsible for its medical services to Claimant, no matter from whom or what contracted entity it is provided from.
3. Claimant agrees with paragraph 3 of Respondent's Motion to Dismiss, that he does not have a constitutional right to any particular type of treatment, but disagrees with Respondent's claim that he received adequate treatment, or timely responsive

treatment at all. Claimant was forced to suffer seventeen days after breaking his ankle with only an insufficient amount of Ibuprophen tablets, an Ace bandage, and intermittent ice packs, before finally obtaining proper treatment, at another Unit, resulting in a cast on his broken ankle and proper medication prescription. Claimant may not have a right to dictate specific treatment, but he does enjoy the right to adequate treatment and the avoidance of cruel and unusual punishment the seventeen day delay caused. See Eighth Amendment, United States Constitution.

4. Claimant agrees, in part, with paragraph 4 of Respondent's Motion to Dismiss, but disagrees that the the grievance remedy is exhausted. The grievance remedy must be made available. Here, it was not, because Claimant requested a grievance form from the officer assigned to his barracks, but was refused.

Therefore, the grievance process was made unavailable by ADC action.

5. Claimant disagrees with paragraph 5 of Respondent's Motion to Dismiss, he did exhaust the available remedy and process.

6. Claimant disagrees with paragraph 6 of Respondent's Motion to Dismiss. The matter would not be dismissed in federal or state court for failure to exhaust, as the remedy must first be available, and if not, the issue is thus exhausted because the grievance process is no longer available.

7. Claimant disagrees with paragraph 7 of Respondent's Motion to Dismiss, as damage was done as Respondent admits, and pain from the permanent damage is continuous.

8. Claimant disagrees with paragraph 8 of Respondent's Motion to Dismiss as no proof has been shown by Respondent that the claims and facts made by Claimant are anything else but true.

9. This case must be set for hearing. Claimant had made valid claims, supported by facts, and reserves the right to call witnesses, and demands that all medical records, including electronic, be made available to the Commission for the hearing.

Respectfully submitted,



Charles Leggett, *pro se*  
ADC # 115944  
Varner Unit  
P.O. Box 600  
Grady, AR 71644

Arkansas  
State Claims Commission  
MAR 27 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES LEGGETT  
ADC # 115944

RECEIVED  
CLAIMANT

0601  
NO. 15-0432-CC

V.

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

REQUEST FOR PRODUCTION OF MEDICAL RECORDS

COMES NOW, Claimant, Charles Leggett, *pro se*, and for his Request for Production of Medical Records, states:

Claimant requests Responent to produce a full and complete copy of his medical record beginning from 26 August 2012, to date. The medical record must provide all parts of the content applicable to the claim including but not limited to: the electronic and hard copy files.

Claimant requests Responent to produce any and all video recordings on 26 August 2012, to include by not limited to: the recreation area showing Claimant being carried off the yard and into the building; building security video from the laundry/sally-port hallway, 7-8 and 9-10 hallway, and the Infirmary.

Claimant requests Responent to produce any video recording on 28 September 2012 of 15-18 hallway showing Claimant falling while using crutches

on a newly mopped and wet floor with no "WET FLOOR" warning signs posted, resulting in the breaking of his case on his broken foot/ankle.

Claimant requests Responent to produce production to any and all records of Dr. Bernard Crowell, orthopedic specialist, to whom Claimant was referred at the Marlvern Unin on or about 12 September 2012 and 10 October 2012.

Claimant requests Responent to produce any and all additional medical records not mentioned in this document.

Respectfully submitted,

  
Charles Leggett, *pro se*

3-25-15  
Date

Arkansas Claims Commission

MAR 27 2015

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES LEGGETT (ADC #115944)

CLAIMANT

V.

NO. 15-0601-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONSE TO REQUEST FOR PRODUCTION OF MEDICAL RECORDS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to the Claimant's Request for Production, and responds as follows:

1. Response to Request No. 1. OBJECTION. Claimant is not entitled to have a copy of his medical records. He may view them in accordance with the infirmary procedures of the unit.
2. Response to Request No. 2: None
3. Response to Request no. 3: None
4. Response to Request No. 4. OBJECTION. Claimant is not entitled to have a copy of his medical records. He may view them in accordance with the infirmary procedures of the unit.
5. Response to Request No. 1. OBJECTION. Overly broad and vague and cumbersome. Furthermore, Claimant is not entitled to have a copy of his medical records.

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 Claims Commission

APR 06 2015

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**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 2 day of April, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

CHARLES LEGGETT (ADC #115944)

Varner Unit

P. O. Box 600

GRADY, AR 71644-0600

*Lisa Mills Wilkins*

LISA MILLS WILKINS Ark. Bar #87190

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 10,000.00

Claim No. 15-0601-CC

Charles Leggett, #115944 Claimant  
vs.

Attorneys  
Pro se Claimant

AR Dept. of Correction Respondent  
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed March 9, 2015

Type of Claim Pain & Suffering, Failure to Follow  
Procedure, Mental Anguish, Personal Injury,  
Negligence

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2-5 and 7 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2-5 and 7 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

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

JUN 03 2015

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Charles Leggett  
ADC # 115944  
Varner Unit  
P.O. Box 600  
Grady, AR 71644

1 June 2015

Arkansas State Claims Commission  
101 E. Capitol Ave., Ste. 410  
Little Rock, AR 72201-3823

RE: APPEAL FORM

Dear Sirs:

Please forward to me a Notice of Appeal to the Arkansas General Assembly form, as specified in A.C.A. § 19-10-211(b), as soon as possible.

Thank you,

Charles Leggett

Cc: file