

DEC 12 2014

D19.

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

RECEIVED

- ☒ Mr.  
☐ Mrs.  
☐ Ms.  
☐ Miss

TAVARUS Montgomery # 134297, Claimant

vs.

State of Arkansas, Respondent

Dept. of Corrections

Do Not Write in These Spaces	
Case No.	15-0451-CC
Date Filed	Dec 12, 2014 (Month) (Day) (Year)
Amount of Claim	15,000.00
Fund	DOC

## COMPLAINT Loss of Property, Failure to Follow Procedures

TAVARUS Montgomery # 134297, the above named Claimant, of Arkansas Department of Correction, P.O. Box 970, Marianna  
 (Name) (Street or R.F.D. & No.) (City)  
Ark 72360 County of LIFE re, represented by  
 (State) (Zip Code) (Daytime Phone No.) (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 ADC Amount sought: \$15,000

Month, day, year and place of incident or service:

Explanation: This is a painful situation to explain on 8-19-14 I was released from Punitive Isolation #2 cell 55 I was sent to Max #3 cell 45. It's policy for any body that released from Punitive Isolation to receive their property before their sent to the barrack. I never received mine. On 8-24-14 I was released from Max 3 and placed in a cell in the visitation center waiting on my cut slip for population. I asked Cpt. Mcnary and Cpt. Monique about my property. Cpt. Monique said she look for my property and couldn't find it but I would be called back to the Max later on to receive my property but they never did call for me. On four different occasion I ask Cpt. Dickerson the property officer about getting my property and I've received two different answers and my property still has not been found. The last time I spoke with the property officer Cpt. Dickerson she told me that Cpt. Mcnary was going to call me and other inmates down to his office to talk about the situation of our missing property. I spoke with Cpt. Mcnary a day later and he stated that he was not aware of my property missing. On 9-30-14 my property was inventory in to report by Cpt. Fryer place in a "sheet not a black or blue property bag and seal as customary by ADC policy." I was taken to Punitive Isolation #2 looking over my shoulder as I was taken out was the last time I seen my personal property. It's absurd how my personal sentimental possession just up and disappeared without the staff knowing first hand account of it were about. Letter, 15 pictures, radio, Nike shoe, shower shoes, six T-shirt, sweat suite, Bibles, Books, Alliance book, Criminal Case Trial Transcript, Motion of Discovery, and Appeals that have time limited to be file on time. All I'm receive is the prologing run around from me to file my claim before the State Claims Commission. I have wrote two emergency grievance about my missing personal sentimental property one on 9-2-14 signed by Sgt Davis and one one 9-25-14 signed by a Cpt Harris. I still have not received an acknowledgement for any of my grievance. I wrote, I must go through the grievance process before I can move forward with my claim. If the staff here at the EADH followed ADC policy I would not have this problem or them cover for their co-worker by prolog the grievance process cause much stress!

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 or No) when? (Month) (Day) (Year) to whom? (Department)

and that \$ \_\_\_\_\_ was paid thereon: (2) Has any third person or corporation an interest in this claim? 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 assigned 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.

TAVARUS Montgomery  
 (Print Claimant/Representative Name)

Tavarus Montgomery  
 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at

on this 29 day of NOV 2014  
 (Date) (Month) (Day) (Year)



My Commission Expires:

Dec 09 14  
 (Month) (Day) (Year)

Unit/Center EA 800

GRV. #

Date Received:

GRV. Code #:

Name Arnell's Restaurant

ADC# 1111 Brks # 2-51 Job Assignment 1111

(Date) STEP ONE: Informal Resolution

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

If the issue was not resolved during Step One, state why:

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to physical 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 emergency receipt. If an Emergency, state why: My car was stolen on 10/10/2014)

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): The council should be more active in the community.

I am "Mark Twain" in the 21st century. I still love to write.

\_\_\_\_\_

[illegible]

$\sin \alpha = \frac{y}{r}$

The second half of the century was dominated by the industrial revolution.

Have 2 more on the way. I will send them to you as soon as they are ready.

not aware of any activity in the area. In 1944, the area was heavily forested and the area was heavily forested.

a sweet and a black or blue, a pretty day and a cold. Monday 10th Nov. and 11th Nov. 1917.

1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355</
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7.44 kg 14.10.94 14.10.94

Thos. H. Johnson 9-3-14

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 7-3-81 (date), and determined to be **Step One** and/or an Emergency Grievance

of the person in that department receiving this form: \_\_\_\_\_ (Yes or No): If yes, name \_\_\_\_\_

Signature of the Department receiving this form: Sgt. Lane 803 St. Paul Date: 7-2-81

PRINT STAFF NAME (PROBLEM SOLVER)	ID Number	Staff Signature	Date Received
Describe action taken to resolve complaint, including dates:			

FOR THE ACTION TAKEN TO RESOLVE COMPLAINT, INCLUDING DATES. \_\_\_\_\_

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Staff Signature & Date Returned \_\_\_\_\_ Inmate Signature & Date Received \_\_\_\_\_  
 This form was received on \_\_\_\_\_ (date) returned to \_\_\_\_\_

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

# UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EARL

Name TAVARUS Montgomery

ADC# 134297 Brks # 252 Job Assignment the Squad 3

FOR OFFICIAL USE ONLY  
RETURNED TO INMATE  
FOR THE FOLLOWING  
REASON(S): NOT  
Date Received  
PROCESSED, PREVIOUSLY  
GRV. Code #  
ANSWERED/REJECTED,  
OR A DUPLICATE

(Date) STEP ONE: Informal Resolution

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

If the issue was not resolved during Step One, state why:

9-25-14 (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: This is my second grievance on this matter. My personal property is missing and no one is trying to look for my property my family safety is in danger with their address in bad knows who possession cause me to worry.

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): This is a painful situation to explain on 8-19-14 I was released from Punitive Isolation #2 Cell #55 I was sent to Max #5 cell #45 It's policy for any body that released from Punitive Isolation to receive their property before their sent to the Barrack. I never received mine. On 8-24-14 I was released from Max #5 and placed in a cell in the visitation center waiting on my cut slip for population. I asked Cpt. McNaury and C.O. Monique about my property. C.O. Monique said she look for my property and couldn't find it but I would be called back to the Max later on to receive my property but they never did call for me. On two different occasion I asked C.O. Dickerson the "property officer" about getting my property and I've received four different answers and my property still hasn't been found. The last time I spoke with the property officer C.O. Dickerson she told me that Cpt. McNaury was going to call me and other inmates down to his office to talk about the situation of our missing property. I spoke with Cpt. McNaury a day later and he stated that he was not aware of my property missing. On 9-30-14 my property was inventory in to record by C.O. Fryer place in a sheet not a black or blue property bag seal as customary by ADC policy. I was taken to Punitive Isolation #3 looking over my shoulder as I was taken out was the last time I seen my personal property. It absurd how my personal sentimental possession just up and disappeared. Letter's, 15 pictures, radio, Nike shoes, Six T-Shirt, Sweat Suite, Shower Shoe, Bibles, Books, Criminal Case Trial Transcript, Motion of Discover, Appeals that have time limited to be file on time Address Book with family + friend information. All I have received is the run around by the staff here at the EARL about returning the personal property that belong to me. This is the second emergency grievance about my personal property file and signed by Sgt. Dawson 1-3-14 drop in the grievance book but I never received an acknowledge from the grievance and it is 9-25-14

Tavarus Montgomery

Inmate Signature

Date 9-25-14

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 9/25/14 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (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:

C.M. Harn's 5365 C.M. Harn's Date 9/25/14  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: The property officer advises that this matter is still under investigation

Cpt. Harn 9/25/14 Tina H. Hargens #134297 9-25-14  
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance:        Date:       

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

If forwarded, provide name of person receiving this form:        Date:       

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

## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EARU

GRIEVANCE/RECEIVED

Name TAVARUS Montgomery

OCT 16 2014

ADC# 134297Brks # 2-62Job Assignment Housekeeping

FOR OFFICE USE ONLY

GRV. # EA-14-01828Date Received: 10/16/2014GRV. Code #: 50610-15-14 (Date) STEP ONE: Informal Resolution10-16-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I don't have my property. It's been since 8-19-14 that this matter have been under investigation without any result at all!

(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): This is a painful situation to explain on 8-19-14 I was released from Punitive Isolation #2 cell #55 I was sent to Max #5 cell #15. It's policy for any body that's released from Punitive Isolation to receive their property before their sent to the barrack. I never receive mine! On 8-24-14 I was released from Max #5 and placed in a cell in the visitation center waiting on my cut slip for population. I ask Cpt. McNairy and C.D. Monique about my property. C.D. Monique said she look for my property and couldn't find it but I would be called back to the Max later on to receive my property but they never did call for me. On four different occasion I ask C.D. Dickerson the property officer about getting my property and I've received four different answers and my property still hasn't been found. The last time I spoke with the property officer C.D. Dickerson she told me that Cpt. McNairy was going to call me and other inmates down to his office to talk about the situation of our missing property. I spoke with Cpt. McNairy a day later and he said that he was not aware of my property missing. On 9-20-14 my property was inventory in to record by C.D. Fryer place in a sheet not a black or blue property bag seal as customary by A.D.C. policy. I was taken to Punitive Isolation #3 looking over my shoulder as I was taken out was the last time I seen my personal property. It assured how my personal sentimental possession just up and disappeared when staff have first hand knowledge of it were abouts. Letter's, 15 photo, radio, Nike shoe, six T-Shirt, sweat suite, shower shoes, Bibles, books, Address Book Criminal Case trial transcript, Motion of discover, and appeals that have time limited to be file on time. All I have received is the run around prolong the grievance process by the staff here at EARU. this is the third grievance first one on 8-3-14 second one on 9-25-14 now this one on 10-1-14 and still I have not received an acknowledgement from the grievance since the first grievance was wrote on the the second one as well. Do any staff do their job around here??

Inmate Signature Tavarus MontgomeryDate 10-15-14

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 10-15-14 (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:SGT. F. Scott67386SGT. F. Scott

Date

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

10-15-14

Date Received

Describe action taken to resolve complaint, including dates:

THE PROPERTY OFFICER ADVISED THAT THIS MATTER IS STILL under investigationStaff Signature & Date Returned SGT. F. Scott 10-15-14Inmate Signature & Date Received Tavarus Montgomery 10-15-14This form was received on 10-15-14 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No)Staff Who Received Step Two Grievance: SGT. F. Scott Date: 10-15-14Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 10-15-14

If forwarded, provide name of person receiving this form:

Date:

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

IGTT400  
3GR

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Montgomery, Tavarus  
FROM: Roby, Yolanda R  
DATE: 10/16/2014

ADC #: 134297A  
TITLE: ADC Inmate Grievance Coord  
GRIEVANCE #: EA-14-01828

Please be advised, I have received your Grievance dated 10/15/2014 on 10/16/2014.  
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

*Yolanda Roby*  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of UNTIMELY, or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, 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. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a 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.

*I wrote the matter up three time and I only recieved one acknowledgment on the grievance wrote on the 10-15-14 I was on time I wrote the grievance of the problem I was have about my property missing and the staff never did their job prolong the grievance process for me to be untimely! It is in fact a cover up of their neglect to do their job as title to them!*

*Tavarus Montgomery*  
Inmate Signature

134297  
ADC #

10-16-14  
Date

RECEIVED

OCT 31 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

*\* Respectfully Submitted \**  
*Tavarus Montgomery*



IGTT405  
3GT

Attachment V

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

TO: Inmate Montgomery, TavarusADC #: 134297AFROM: Harris, Grant ETITLE: Deputy DirectorRE: Receipt of Grievance EA-14-01828DATE: 10/31/2014

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

Please be advised, the appeal of your grievance dated  
10/15/2014  
was received in my office on this date 10/31/2014

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

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

ADC INMATE PERSONAL PROPERTY INVENTORY RECORD (Code: S-STORAGE K=KEEP IN POSSESSION I=ISSUED F= FEMALE M=MALE) F-841-1

Transfer 48 on 48 off Inmate's Name: Michael K. Kowalski ADC#: 34287 Punitive ☒ Medical ☒ Court ☒ Other ☐ Receiving Institution: ADC # 34287

ITEM (# allowed)	#REC/SEN	CODE	#RETD	DESCRIPTION	ITEM	#REC/SEN	CODE	#RETD	DESCRIPTION
ADA Compliance Item	X				Nail Clippers (1)	X			
All Books (10)	X			Bibles/Three Kings	Personal Mail	X			
Bathrobe (F, 2)	X				Photos (5)	15			
Bowls	X				Radio (1)	X			
Bras/Panties (F-I 3 ea + 5)	X				Religious Material	X			Copy with exhibits
Comb (M, I 1)	X				Religious Medal (1)	X			
Cup	X				Ring (1)	X			
Dentures (1)	X				Shoes wk rel (1)	X			
Depilatory preparation (1)	X				Shower Shoes (1)	X			
Ear buds/earphone(1)	X			ear buds	Soap Dish	X			
Earplugs	X				Socks (1 3 + 2)	X			
Eyeglasses/Contacts (1)	X				Stockings	X			
Gloves (1)	X				Sweat Pants (1)	X			
Gym Shoes (1)	X			Nike	Sweat Shirts (1)	X			
Hair Brush (1)	X			NIKE	Toothbrush holder	X			
Laundry Bag (1 1 + 1)	X			NOTION OF DISCOPPER	Undershirts	X			
Legal Mail/Transcript	X			Transcript/DNA	Undershorts (M,I-2 + 3)	X			
Magazines (3 ea)	X				Watch-Wrist (1)	X			Michael Kowalski
Expensible Items (All Hygiene items limited to 2 items of each type or one pack if sold in a pack. Possession is limited to maximum in a pack)									
Batteries (4)	X	AA			Flex Pens	X			
Beauty Aid products	X				Food items	X			
Denture adhesive (2)	X				Hair Dressing (2)	X			
Deodorant (2)	X				Shampoo (2)	X			
Envelopes (10)	X				Shaving Cream (2)	X			
Other (All Hygiene items limited to 2 items of each type or one pack if sold in a pack. Possession is limited to maximum in a pack)									
Knee brace	X								
State Issued Items									
Bro/gans-shoes (1pr)	X				Razor-Safety (2)	X			
Pants (3 pr)	X				Shirts (3)	X			
Cap/Hat (1)	X				Soap	X			
Canvas Shoes (M, I)	X				Thermals (2 sets)	X			
ADC Hand Book	X				Bath Towel as needed	X			
Toothbrush (1)	X				Toothpaste (2)	X			
Jackie/Coat (1)	X				Washcloth (1)	X			

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

Printed Name / Sign Name / Badge # of Official Receiving Property Michael Kowalski Date 7-30-14 Location Stored Receiving Institution & ADC# / Witness, if refuses Date 7-30-14

Printed Name / Sign Name / Badge # of Official Returning Property Michael Kowalski Date 7-30-14 Location Stored Receiving Institution & ADC# / Witness, if refuses Date 7-30-14

ADC INMATE PERSONAL PROPERTY INVENTORY RECORD (Code: S-STORAGE K-KEEP IN POSSESSION I-ISSUED F-FEMALE M-MALE) F-841-1

Transfer 48 on 48 off Punitive Medical Court Other  
 Inmate's Name: 2-1-1 ADC#: 23467 Sending Institution: ELM Receiving Institution:   
 Non-Expendable Items

ITEM (# allowed)	#REC/SENT	CODE	#RETD	DESCRIPTION	ITEM	#REC/SENT	CODE	#RETD	DESCRIPTION
ADA Compliance Item					Nail Clippers (1)				
All Books (10)					Personal Mail				
Bathrobe (F, 2)					Photos (5)				
Bowls					Radio (1)				
Bras/Panties (F-1 3 ea + 3)					Religious Material				
Comb (M, 1 1)					Religious Medal (1)				
Cup					Ring (1)				
Dentures (1)					Shoes wk rel (1)				
Depilatory preparation (1)					Shower Shoes (1)				
Ear buds/earphone(1)					Soap Dish				
Earplugs					Socks (1 3 + 2)				
Eyeglasses/Contacts (1)					Stockings				
Gloves (1)					Sweat Pants (1)				
Gym Shoes (1)					Sweat Shirts (1)				
Hair Brush (1)					Toothbrush holder				
Laundry Bag (1 1 + 1)					Undershirts				
Legal Mail/Transcript					Undershorts (M, 1-2 + 3)				
Magazines (3 ea)					Watch Wrist (1)				
Expendable Items (All Hygiene items limited to 2 items of each type or one pack if sold in a pack. Possession is limited to maximum in a pack)									
Batteries (4)					Flex Pens				
Beauty Aid products					Food items				
Denture adhesive (2)					Hair Dressing (2)				
Deodorant (2)					Shampoo (2)				
Envelopes (10)					Shaving Cream (2)				
Other (All Hygiene items limited to 2 items of each type or one pack if sold in a pack. Possession is limited to maximum in a pack)									
Alcohol									
Aluminum									
State Issued Items									
Broans-shoes (1 pr)					Razor-Safety (2)				
Pants (3 pr)					Shirts (3)				
Cap/Hat (1)					Soup				
Canvas Shoes (M, 1)					Thermals (2 sets)				
ADC Hand Book					Bath Towel as needed				
Toothbrush (1)					Toothpaste (2)				
Jacket/Coat (1)					Washcloth (1)				

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

Printed Name/ Sign Name/ Barge # of Official Receiving Property 2-1-1 Date 2-15-14 Location Stored Y  
 Printed Name/ Sign Name/ Barge # of Official Returning Property 2-1-1 Date 2-15-14 Location Stored Y  
 Inmate's Signature & ADC# / Witness, if refuses \_\_\_\_\_ Date \_\_\_\_\_  
 Inmate's Signature & ADC# / Witness, if refuses \_\_\_\_\_ Date \_\_\_\_\_





Arkansas Department of Correction

LIBRARY-ADC  
EAST ARKANSAS  
REGIONAL UNIT  
ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Property Control

NUMBER: 14-03

SUPERSEDE: 13-188

APPLICABILITY: To all employees and inmates

REFERENCE: AR 841 - Inmate Property Control

Page 1 of 15

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 01/10/2014

I. POLICY:

This policy is to establish uniform standards for possession of personal and state property by inmates within the Department of Correction.

II. AUTHORITY:

Responsibility for administration of this procedure is assigned to the Unit Warden/Center Supervisor (hereafter referred to as Warden) of each Unit/Center (hereafter referred to as Unit).

III. DEFINITIONS:

- A. Legal Materials: Pleadings and resource documents such as case law, court rules, statutes, transcripts, notes or legal forms.
- B. Inmate Personal Property: All items of approved property belonging to an inmate. (Attachment #1 and Attachment #2).
- C. Unit Property Control Officer: A staff member, assigned by the Warden, who is responsible for the inventory and storage of inmate personal property.
- D. Receiving Unit: Initial intake unit or unit receiving an inmate upon transfer.
- E. Transferring Unit: Unit that is transferring an inmate to another unit.

AN-14-03#6

Check out  
only

IN Folder

Director's Office  
PO Box 8707  
Pine Bluff, AR 71611-8707  
Phone: 870-267-6999  
Fax: 870-267-6258  
www.adc.arkansas.gov

E. Property Box: A storage box provided by the Department for inmate property.

G. **Excessive Property:** Property possessed by an inmate over and above that permitted by this policy.

H. **Unauthorized Property:** Property possessed by an inmate that is not permitted in any amount or constitutes a nuisance as defined in AR 841, and will be treated as contraband.

I. **Contraband:** Any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to items which are illegal, authorized property that has been altered, unauthorized property, property in excess of established unit/center limits, property in an inmate's possession in an unauthorized area, spoiled food items, property accumulated for the purpose of barter or trade, property obtained through trafficking and trading or for which no reasonable explanation is given for its origin, or banned by policies.

J. **Issued property:** State owned property issued to an inmate upon entry or transfer to a unit or facility of the ADC.

K. **MP3 Player:** An electronic device that may be used to store electronic mail, photos and downloaded music. It also has the ability to function as a radio.

#### IV. PROCEDURES

##### A. UNIT PROPERTY CONTROL OFFICERS DUTIES (UPCO):

1. Be responsible for the retention and issuance of approved items to inmates upon arrival at a unit.
2. Ensure all inmate property is free of contraband during each inventory.
3. Inscribe each inmate's personal property with the inmate's ADC number to the extent possible. Ensure all footwear is notched.
4. Determine and list all personal items taken from the inmate and provide for excess or unauthorized items to be disposed of as provided herein (see form F-841-5).
5. Ensure all books stored and/or transferred are not property of the unit library. Any books in the possession of an inmate at the time of transfer/release belonging to any unit within the ADC shall be returned to the unit library or the Agency Librarian.
6. Ensure all records identifying and pertaining to storage of inmate personal property are appropriately filed and maintained in the inmate's institutional file and the Inmate Personal Property Record (Form 841-1) is completed accurately and legibly.
7. Provide a system for identification and accounting of items issued by the Unit to the inmate.
8. Be responsible for the secure storage of sealed inmate property storage container.

STATE OF ARKANSAS

COUNTY OF LeeAFFIDAVIT

I TAVARUS Montgomery, after first being sworn, do hereby swear, depose and State that: My personal property is missing of Letters, "15" pictures, Radio, Nike shoes, Six T-Shirt, Sweat Suite, Shower Shoes, Bibles, Books, Criminal Case Trial Transcript, Motion of Discover, Address book, and Appeals that have to be file on time. I have wrote two emergency grievance about my missing property one on 9-3-14 signed by Sgt Davis and one on 9-25-14 signed by the Cpt Harris. I have not recieved an acknowledgement from the grievance office I wrote an request form on 9-19-14 and I was told by Mrs Mc Daniel that she never recieve my first grievance wrote on 9-3-14 signed by Sgt Davis and still I have not recieve one for my other grievance on the same matter signed by Cpt Harris on 9-25-14. All I'm recieve is the run ground from me to file my claim before the state Claims Commission. I must file all my grievance to the end so I can move forward with my claim!

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

DATE

AFFIANT

SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 29 day of NOV, 2014.

NOTARY PUBLIC

My Commiss



01. 2014

**Department of Correction**  
**Report of Stolen Property**

Date \_\_\_\_\_

**To:** \_\_\_\_\_, Chief Security Officer

Name: DAVID M. HARRIS ADC # 154214

**Description of Property:**

Yellow-bellied Sapsucker, yellow-bellied sapsucker, 1000  
 Yellow-bellied Sapsucker, yellow-bellied sapsucker, 1000

**Give complete detail of property and where property was last seen:**

The last party was last seen.  
The party was last seen.  
The party was last seen.

**Inmate's Signature**

## Security Officer

EAST AR REGIONAL UNIT

SEP 24 2014

GRIEVANCE/RECEIVED

# Inmate Request Form

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

Name: T. Montgomery ADC Number: 134297 Barracks: 2-52 Date: 9-19-14

Staff Directed to: McDaniel Office: Grievance

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

Chaplain <input type="checkbox"/>	Classification <input type="checkbox"/>	Commissary <input type="checkbox"/>	Assistant/ Deputy Warden <input type="checkbox"/>
Issuance <input type="checkbox"/>	Food Service <input type="checkbox"/>	Hobby Craft <input type="checkbox"/>	General Library <input type="checkbox"/>
Law Library <input type="checkbox"/>	Laundry <input type="checkbox"/>	Mail Room <input type="checkbox"/>	Medical <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Parole <input type="checkbox"/>	Property <input type="checkbox"/>	Records <input type="checkbox"/>
Security <input type="checkbox"/>	Visitation <input type="checkbox"/>	Warden <input type="checkbox"/>	Other: <input checked="" type="checkbox"/>

Give a detailed reason for your request:

Hello I talk to you in the hallway about my grievance on my property that came up missing. I have not receive the paperwork from you telling me that you have received my grievance. Please tell me the truth that you have received it! I need this taken care of so I can go to the next step I wrote the grievance on 9-3-14 signed by H. Davis.

(( Thank you for all your help! ))

Have you talked to any staff about your request? Yes ☒ No ☐

If yes, to whom did you speak with and when? Today 9-19-14 you in the hallway

T. Montgomery  
Inmate Signature/Date

Staff Responding: J. McDaniel Date: 9/24/14

Response: I have not received it.

I am referring this to:

Cc:

Staff Signature

Date



GRIEVANCE RECEIVED  
OCT 15 2014  
EAST AR REGIONAL UNIT

## Inmate Request Form

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

Name: T. Montgomery ADC Number: 134247 Barracks: 2-32 Date: 11-14

Staff Directed to: Mrs McDaniel Office: \_\_\_\_\_  
My request is directed to the following area: (check one)

Chaplain <input type="checkbox"/>	Classification <input type="checkbox"/>	Commissary <input type="checkbox"/>	Assistant/Deputy Warden <input type="checkbox"/>
Issuance <input type="checkbox"/>	Food Service <input type="checkbox"/>	Hobby Craft <input type="checkbox"/>	General Library <input type="checkbox"/>
Law Library <input type="checkbox"/>	Laundry <input type="checkbox"/>	Mail Room <input type="checkbox"/>	Medical <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Parole <input type="checkbox"/>	Property <input type="checkbox"/>	Records <input type="checkbox"/>
Security <input type="checkbox"/>	Visitation <input type="checkbox"/>	Warden <input type="checkbox"/>	Other: <input type="checkbox"/>

Give a detailed reason for your request: I spoke to you in the hallway about my missing personal property this is the grievance that I have not receive an acknowledge from you! I spoke to you in the hallway about this matter and you said you was going to check on it.

Did you get my grievance signed by Cpt Harris on 9-25-14 about my missing personal property this is the grievance that I have not receive an acknowledge from you! I spoke to you in the hallway about this matter and you said you was going to check on it.

Have you talked to any staff about your request? Yes ☒ No ☐  
If yes, to whom did you speak with and when? Major Cpt's Sgt

Gobb Harris Steved Bell

[Signature]  
Inmate Signature/ Date

Staff Responding: J. McDaniel Date: 10/16/14

Response: YOUR grievance was received and processed today. However, this is the first grievance that we have received and it was original dated by you for step one on 10/15/14

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

Cc: \_\_\_\_\_

Staff Signature

Date

Arkansas Claims Commission  
JAN 07 2015  
RECEIVED  
CLAIMANT

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TAVARUS MONTGOMERY (ADC 134297) ' 7

V.

NO. 15-0451-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*

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 6<sup>th</sup> day of January, 2015, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to

Tavarus Montgomery (ADC 134297)  
East Arkansas Regional Unit  
PO Box 970  
Marianna, AR 72360-0970

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

Before The Arkansas State Claims Commission

Arkansas Claims Commission  
JAN 23 2015  
RECEIVED

Tavarus Montgomery (ADC 134297)

Claimant

V.

NO. 15-0451-CC

Arkansas Department of Correction

Respondent

Claimants Objection To Respondent's Motion To Dismiss

COMES NOW the Claimant Tavarus Montgomery, Pro-se, and for his objection(s) to Respondent's Motion To Dismiss doth states as follows:

1. Claimant's is in possession of an authorized inventory form that clearly shows items that were inventory initially were not return when claimants property was return on 8-19-14.
2. Respondent's have erred in their response stating this matter is under investigation by Internal Affairs, When the claimant has never recieved any written documentation stating matter is under investigation.
3. Claimant further contends that the grievance he filed had been finalized per the Grivance Acknowledgment Response he recieved date 10-31-14 from Dep. Director Grant Harris. For this comes the Respondent's point that an investigation is underway by Internal Affairs is Moot.

Wherefore Premises considered, the Claimant Prays that this honorable Commission will deny the Respondent's Motion to Dismiss and set this matter for a hearing.

Certificate Of Service

I certify that a copy of this pleading has been served this 16 day of January, 2015, on the Respondent Motion to Dismiss by placing a copy in the U.S. Mail

Tavarus Montgomery (ADC 134297)

Respectfully submitted  
Tavarus Montgomery (ADC 134297)  
First Arkansas Regional Unit  
P.O. Box 970  
Marianna, Ark 72360-0970

RECEIVED

MAR 11 2015

## UNIT LEVEL GRIEVANCE FORM

GRIEVANCE/RECEIVED  
INMATE GRIEVANCE SUPERVISOR  
MAR 03 2015  
ADMINISTRATION BUILDING

Attachment I

Unit/Center EASTARName Travis AdamsADC# 14007Brks # 1-2Job Assignment EASTAR REGIONAL UNIT

FOR OFFICE USE ONLY

GRV. # EA-15-00431Date Received: 3/3/15GRV. Code #: 5051-2-15 (Date) STEP ONE: Informal Resolution1-2-15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state

why: No one here is investigate my missing property. I file a small claim the matter and ADC lawyer said it's going to be investigate w  
(Date) is not true no one in the property room know about my situation as told to me by the new  
property officer Monique on the 2-25-15.

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**, and place, name of personnel involved and how **you** were affected. (Please Print):How long is it going to take to investigate my missing person property? It's been months and months th  
at the property room. I have not heard from the property officer. I have not heard from the property officer. I have  
person she is now over the mail room. I have not heard from the property officer. I have not heard from the property officer. I have

Inmate Signature

Date

1-25-15  
**If you are harmed/threaten 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 3-3-15 (date), and determined to be **Step One** and/or an Emergency Grievance        (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form:        Date:       

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

IIM have a small chest case on his property

Print and Sign Staff Name &amp; Date Returned

Inmate Signature &amp; 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.

RECEIVED

RECEIVED

BK 2-52

IGTT400  
3GR

MAR 11 2015

Attachment II

INMATE GRIEVANCE SUPERVISOR

# ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Montgomery, Tavarus  
FROM: McDaniel, Takelia Y  
DATE: 03/03/2015

ADC #: 134297A  
TITLE: ADC Inmate Grievance Coord  
GRIEVANCE #: EA-15-00431

Please be advised, I have received your Grievance dated 02/25/2015 on 03/03/2015.  
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

*[Handwritten Signature]*

Signature of ADC Inmate Grievance Coord

## CHECK ONE OF THE FOLLOWING

- ☒ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

## INMATE'S APPEAL

If you disagree with a rejection, 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. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a 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.

*All I was trying to do was find out who was investigate my person missing property. However no one care or seem to want to investigate my situation. I file a small claim and ADC lawyer said that an investigation is on the way months ago. Which is not true no one in the property room know about my situation as told to me by the new property Officer, Morise, on the 2-25-15. The Oxford dictio state the word frivolous means lacking seriousness given to trifling or unimportant. The staff here at 11 don't care at all period.*

Inmate Signature

ADC #

Date



IGTT405  
3GT

Attachment V

## ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

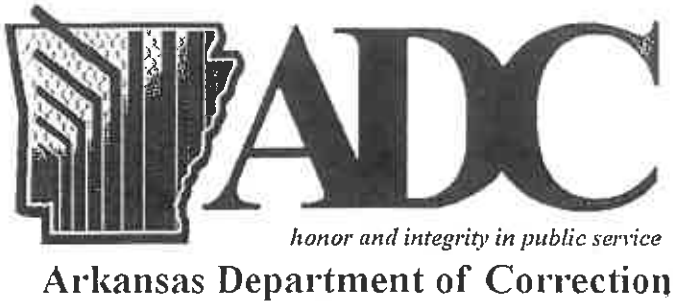
TO: Inmate Montgomery, Tavarus ADC #: 134297A  
FROM: Harris, Grant E TITLE: Deputy Director  
RE: Receipt of Grievance EA-15-00431 DATE: 03/13/2015

Please be advised, the appeal of your grievance dated  
02/25/2015  
was received in my office on this date 03/13/2015

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

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

*The Oxford dictionary state the word frivolous means lacking seriousness given to trifling silly unimportant. The staff here at E.A.R.U. don't care at all to investigate my missing property period!*



EARU  
Ms. L. Dickerson  
Program Specialist  
P.O. Box 970  
Marianna, Arkansas 72360

---

To: Inmate T. Montgomery #134297  
From: Ms. L. Dickerson, Program Specialist/Mailroom  
Date: January 30, 2015  
Re: Insufficient Funds for Postage

---

Inmate T. Montgomery #134297,

An inmate check in the amount of \$ .69 was received in the mail room from you attached with a return mail notice dated January 6, 2015. Upon submission to the business office, it was determined that you did not have sufficient funds to cover the cost of postage for the mail which you requested to have returned. Inmate T. Montgomery #134297, please submit an inmate check in the amount of \$ .69 to the mailroom to cover the cost of postage within 5 business days from the receipt of this notification or the items will be destroyed.

Thanks in advance for your immediate response,

Mailroom



**Arkansas Department of Correction**

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

May 20, 2015

Claims Commission  
Attn: Ms. Brenda Wade  
101 East Capitol Avenue, Suite 410  
Little Rock, AR 72201-3823

RE: Tavarus Montgomery (ADC#134297) v. ADC #15-0451-CC

Dear Ms. Wade:

Respondent submits the following information for the hearing on **June 10, 2015**:

Witnesses for the Respondent:  
Warden Gaylon Lay

Exhibits: Canteen purchases and two Inmate Personal property records 5-21-14  
and 8-10-14.

Sincerely,

  
Lisa Mills Wilkins

Cc: Tavarus Montgomery (ADC#134297)  
EARU  
P. O. Box 970  
Marianna, AR 72360-0970

Arkansas  
State Claims Commission

MAY 20 2015

RECEIVED

# CISS070A Canteen Purchases/Returns Thursday January 15, 2015 09:18:57 AM

Canteen Purchases/Returns (41 - 60 of 193)

Date	Canteen Name	Sales Type	Amount
06/11/2014	East AR Region. Unit Main Canteen	Debit Sale	12.40
05/28/2014	East AR Region. Unit Main Canteen	Debit Sale	12.01
05/20/2014	East AR Region. Unit North Hall	Debit Sale	21.98
05/16/2014	East AR Region. Unit North Hall	Debit Sale	17.23
05/15/2014	East AR Region. Unit North Hall	Debit Sale	32.65
05/13/2014	East AR Region. Unit North Hall	Debit Sale	19.39
05/08/2014	East AR Region. Unit North Hall	Debit Sale	17.23
05/08/2014	East AR Region. Unit North Hall	Debit Sale	11.87
05/06/2014	East AR Region. Unit North Hall	Debit Sale	14.09
05/01/2014	East AR Region. Unit North Hall	Debit Sale	11.59
04/23/2014	East AR Region. Unit North Hall	Debit Sale	0.45
04/21/2014	East AR Region. Unit North Hall	Debit Sale	2.13
04/16/2014	East AR Region. Unit North Hall	Debit Sale	15.62
04/14/2014	East AR Region. Unit North Hall	Debit Sale	42.45
04/09/2014	East AR Region. Unit North Hall	Debit Sale	19.23
03/25/2014	East AR Region. Unit North Hall	Debit Sale	14.31
03/18/2014	East AR Region. Unit North Hall	Debit Sale	28.43
03/13/2014	East AR Region. Unit North Hall	Debit Sale	37.28
02/24/2014	East AR Region. Unit North Hall	Debit Sale	7.62
02/19/2014	East AR Region. Unit North Hall	Debit Sale	12.03

[Prior Page](#)
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Search Criteria: Inmate: 134297A Montgomery, Tavarus

05/19/2014 and 5/12/2014 Andrew scott/ Crewneck 3XL  
Shirts were purchase on these  
dates.

I, Regiuscha Brooks, Business Manager did not find any  
more items from Jan. 2014 to July 30, 2014.

Regiuscha Brooks

# CISS070A **Canteen Purchases/Returns** Thursday January 15, 2015 09:22:47 AM

Canteen Purchases/Returns (21 - 40 of 193)

<u>Date</u>	<u>Canteen Name</u>	<u>Sales Type</u>	<u>Amount</u>
09/08/2014	East AR Region. Unit Main Canteen	Debit Sale	5.17
09/04/2014	East AR Region. Unit Main Canteen	Debit Sale	17.55
08/28/2014	East AR Region. Unit Main Canteen	Debit Sale	30.88
08/26/2014	East AR Region. Unit Main Canteen	Debit Sale	2.24
08/21/2014	East AR Region. Unit Main Canteen	Debit Sale	1.68
08/18/2014	East AR Region. Unit Main Canteen	Debit Sale	5.30
08/12/2014	East AR Region. Unit Main Canteen	Debit Sale	9.03
07/21/2014	East AR Region. Unit Main Canteen	Debit Sale	2.84
07/16/2014	East AR Region. Unit Main Canteen	Debit Sale	2.18
07/14/2014	East AR Region. Unit Main Canteen	Debit Sale	8.81
07/09/2014	East AR Region. Unit Main Canteen	Debit Sale	9.15
07/07/2014	East AR Region. Unit Main Canteen	Debit Sale	5.02
07/07/2014	East AR Region. Unit Main Canteen	Debit Sale	20.09
07/02/2014	East AR Region. Unit Main Canteen	Debit Sale	31.07
06/26/2014	East AR Region. Unit Main Canteen	Debit Sale	1.68
06/26/2014	East AR Region. Unit Main Canteen	Debit Sale	1.59
06/25/2014	East AR Region. Unit Main Canteen	Debit Sale	1.57
06/18/2014	East AR Region. Unit Main Canteen	Debit Sale	2.13
06/12/2014	East AR Region. Unit Main Canteen	Debit Sale	13.09
06/11/2014	East AR Region. Unit Main Canteen	Debit Sale	7.45

[Prior Page](#)
[Next Page](#)

Search Criteria: Inmate: 134297A Montgomery, Tavarus



CIS5070A - Canteen Purchases/Returns

CIS5070A **Canteen Purchases/Returns** Thursday January 15, 2015 09:07:00 AM

Canteen Purchases/Returns (1 - 20 of 193)

<u>Date</u>	<u>Canteen Name</u>	<u>Sales Type</u>	<u>Amount</u>
01/07/2015	East AR Region. Unit Main Canteen	Debit Sale	0.37
01/05/2015	East AR Region. Unit Main Canteen	Debit Sale	13.65
12/30/2014	East AR Region. Unit Main Canteen	Debit Sale	30.38
12/23/2014	East AR Region. Unit Main Canteen	Debit Sale	30.49
12/16/2014	East AR Region. Unit Main Canteen	Debit Sale	5.76
12/09/2014	East AR Region. Unit Main Canteen	Debit Sale	0.70
12/02/2014	East AR Region. Unit Main Canteen	Debit Sale	11.88
11/24/2014	East AR Region. Unit Main Canteen	Debit Sale	32.10
11/19/2014	East AR Region. Unit Main Canteen	Debit Sale	20.13
11/17/2014	East AR Region. Unit Main Canteen	Debit Sale	15.30
10/14/2014	East AR Region. Unit Main Canteen	Return (Regular)	9.74
10/14/2014	East AR Region. Unit Main Canteen	Debit Sale	9.74
10/07/2014	East AR Region. Unit Main Canteen	Debit Sale	14.38
10/02/2014	East AR Region. Unit Main Canteen	Debit Sale	35.95
09/29/2014	East AR Region. Unit Main Canteen	Debit Sale	27.59
09/24/2014	East AR Region. Unit Main Canteen	Debit Sale	8.28
09/22/2014	East AR Region. Unit Main Canteen	Debit Sale	18.40
09/17/2014	East AR Region. Unit Main Canteen	Debit Sale	9.84
09/15/2014	East AR Region. Unit Main Canteen	Debit Sale	54.96
09/10/2014	East AR Region. Unit Main Canteen	Debit Sale	1.68

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Search Criteria: Inmate: 134297A Montgomery, Tavarus

CISS070B

# Canteen Purchase/Return

Thursday January 15, 2015 09:57:49 AM

ADC #: 134297

Name: Montgomery, Tavarus

Date: 05/12/2014

Time: 06:26:09 AM

Canteen: East AR Region. Unit North Hall

Banking Location: AR Department of Corrections

Sales Type: Debit Sale

Non-Taxable: \$0.00

Counts Against Canteen Weekly Spending: \$17.23

Taxable: \$16.03

Canteen Weekly Spending Limit: \$100.00

Tax: \$1.20

Total Weekly Purchases: \$17.23

Total: \$17.23

Canteen Weekly Spending Balance: \$82.77

## Items Purchased by Inmate (1 - 1 of 1)

Item Number	Description	Unit	Qty	Price	Tax Rate	Extension (w/o tax)	Tax	Item Total
04641	ANDREW SCOTT/CREWNECK3XL/SELECT	Each	1	\$16.03	0.07500	\$16.03	\$1.20	\$17.23
<b>TOTAL</b>						<b>\$16.03</b>	<b>\$1.20</b>	<b>\$17.23</b>

Prepare to Update

Prepare To Return All Items

Reprint Receipt

Show Last Updated Information

CISS070B - Canteen Purchase/Return

CISS070B

# Canteen Purchase/Return

Thursday January 15, 2015 09:59:29 AM

ADC #: 134297

Name: Montgomery, Tavarus

Date: 05/19/2014

Time: 06:33:24 AM

Canteen: East AR Region, Unit North Hall

Banking Location: AR Department of Corrections

Sales Type: Debit Sale

Non-Taxable: \$0.00

Counts  
Against  
Canteen  
Weekly  
Spending:

\$17.23

Taxable: \$16.03

Canteen  
Weekly  
Spending  
Limit:

\$100.00

Tax: \$1.20

Total  
Weekly  
Purchases:

\$17.23

Total: \$17.23

Canteen  
Weekly  
Spending  
Balance:

\$82.77

## Items Purchased by Inmate (1 - 1 of 1)

Item Number	Description	Unit	Qty	Price	Tax Rate	Extension (w/o tax)	Tax	Item Total
<u>04641</u>	ANDREW SCOTT/CREWNECK3XL/SELECT	Each	1	\$16.03	0.07500	\$16.03	\$1.20	\$17.2
<b>TOTAL</b>						<b>\$16.03</b>	<b>\$1.20</b>	<b>\$17.2</b>

Prepare to Update

Prepare To Return All Items

Reprint Receipt

Show Last Updated Information

ADJUDICATE PERSONAL PROPERTY INVENTORY RETURN (Code: S-THIR) N-KEEP INFORMATION PROVIDED T-F-PAIR REMAILED T-48-1

Trainer: Mr. J. Montgomery ID: 134801 Status: Active Date: 05/20/2025 15:59

Trainer: Mr. J. Montgomery ID: 134801 Status: Active Date: 05/20/2025 15:52

Trainer: Mr. J. Montgomery ID: 134801 Status: Active Date: 05/20/2025 15:52

Trainer: Mr. J. Montgomery ID: 134801 Status: Active Date: 05/20/2025 15:52

ITEM #	DESCRIPTION	PRECEDENCE CODE	QUANTITY	UNIT	CODE	REMARKS	DESCRIPTION
1	ADJ (unclassified)		1	K			laundry
2	ADJ (unclassified)		1	K			laundry
3	ADJ (unclassified)		1	K			laundry
4	ADJ (unclassified)		1	K			laundry
5	ADJ (unclassified)		1	K			laundry
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97	ADJ (unclassified)		1	K			laundry
98	ADJ (unclassified)		1	K			laundry
99	ADJ (unclassified)		1	K			laundry
100	ADJ (unclassified)		1	K			laundry

Print this screen

Prior Page

ADC INMATE PERSONAL PROPERTY INVENTORY RECORD (Code: S-STORAGE X-KEEP IN POSSESSION ISSUED F-FEMALE M-MALE) #841-1

Transit: 48 on 48 off ADC: 25/06/25 Sent to Institution: 25/06/25 Other: 25/06/25

ITEM #	DESCRIPTION	ITEM	PRECEDENT CODE	PRECEDENT	DESCRIPTION
1	ADC-Compliment Item	Religious Material			
2	All Books (10)	Religious Material			
3	Books (2)	Religious Material			
4	Books (1)	Religious Material			
5	Books (1)	Religious Material			
6	Books (1)	Religious Material			
7	Books (1)	Religious Material			
8	Books (1)	Religious Material			
9	Books (1)	Religious Material			
10	Books (1)	Religious Material			
11	Books (1)	Religious Material			
12	Books (1)	Religious Material			
13	Books (1)	Religious Material			
14	Books (1)	Religious Material			
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97	Books (1)	Religious Material			
98	Books (1)	Religious Material			
99	Books (1)	Religious Material			
100	Books (1)	Religious Material			

I hereby certify that the above is a true and correct list of all personal property of the inmate named above, as of the date of the inventory. I am not responsible for any loss or damage to the property of the inmate named above, except as shown on this list. I am not responsible for any loss or damage to the property of the inmate named above, except as shown on this list.

Signature: *Sidney Denny* Date: 25/06/25

Signature: *Sidney Denny* Date: 25/06/25



STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 15,000.00

Claim No. 15-0451-CC

Tavarus Montgomery #134297 Claimant  
vs.

Attorneys  
Pro se Claimant

AR Department of Corrections  
State of Arkansas Respondent

Lisa Wilkins, Attorney  
Respondent

Date Filed December 10, 2014

Type of Claim Loss of Property, & Failure to follow  
Procedure

FINDING OF FACTS

This claim was filed for loss of property & failure to follow procedure in the amount of \$15,000.00 against Arkansas Department of Corrections.

Present at a hearing June 10, 2015, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission hereby unanimously denies and dismisses this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Therefore, this claim is hereby unanimously dismissed.

IT IS SO ORDERED.

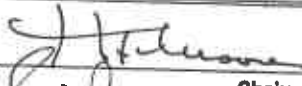
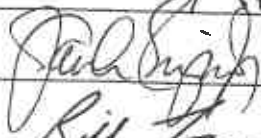
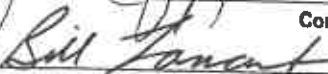
(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously denied and dismissed this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Date of Hearing June 10, 2015

Date of Disposition June 10, 2015

  
Chairman  
  
Commissioner  
  
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 Claim Commission

Arkansas Claims Commission

TAVARUS Montgomery

vs

Case # 15-0451-CC

Arkansas Department of Correction

Claimant JUL 09 2015

RECEIVED

Respondent

Notice of Appeal

Comes Now the Claimant, TAVARUS Montomerv, Pro-se Notice is hereby given that the Claimant is appealing the decision on 6-10-15 of The Arkansas State Claim Commission. Claimant will produced authorized inventory sheets that will clearly shows item's that was never return to Claimant and well settled ADC policies that was not followed by Respondents of the Arkansas Department of Correction.

Dated this 6 day of July, 2015.

State of Arkansas )  
County of Lee ) ss

Always Respectfully Submitted  
TAVARUS Montomerv (ADC 134297)  
EAST ARKANSAS REGIONAL UNIT  
P.O. Box 970  
Marianna, AR 72360-0970

Subscribed and sworn to before me, a Notary Public, on this 05 day of July, 2015

Cleaster Dean  
Notary Public

My Commission Expires: 10-18-2022

CLEASTER DEAN  
NOTARY PUBLIC-STATE OF ARKANSAS  
SAINT FRANCIS COUNTY  
My Commission Expires 10-18-2022  
Commission # 12396700