MAR 25 2015

Please print in ink or type

**RECEIVED** 

#### BEFORE THE STATE CLAIMS COMMISSION

Of the State of Arkansas □ Mr. Do Not Write in These Spaces □ Mrs. Ms. Claim No. 15-0644-CC □ Miss Date Filed March 25, 2015 Tina Almanza #751538 Claimant (Month) (Day) Amount of Claim's 650,000.00 State of Arkansas, Respondent Fund\_DOC Personal injury, Pain & sufferin Dept. of Correction Negligence COMPLAINT \_ Tina Almanza #751538 the above named Claimant, of 302 Corrections Drive, Newport, AR 72112
(Street of R.F.D. & No.) (City) 72112 represented by \_\_ (Legal Counsel, if any, for Claim) (Zip Code) (Daytime Phone No.) (Street and No.) (City) (Zip Code) (State) (Phone No.) (Fax No.) State agency involved: MCDherson Prison Vicupur \_AR \_\_\_\_Amount sought 50,000 Month, day, year and place of incident or service: December 5, 2014 at the maphenson prison BKS# le Newport AR Explanation lam filling this complaint due to bodily harm head injury that occurred on 12-5-74 at approxisiss amonthis date (was asleep in my parrows # to bed In top bunk when I was andrest asaken to te but me in alor of sever headaches came in to check it tteed concrete in my pro in and readerhes Continued As parts of this complaint, the claimant makes the statements, and a ers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? (Yes or No) (Year) (Day) (Department) and that the following action was taken thereon: was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address (Name) adthat the nature thereof is as follows: (Street or R.F.D. & No.) (City) (State) (Zip Code) :andwaracquired on THE UNDERSIGNED states on onth 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. Tine L Alman 7.a (Print Claimant/Representative Name) (Signature of Claimant/Representative) SWORN TO and subscribed before me at Meurott AK 72112 CLARA ROBINSON NOTARY PUBLIC-STATE OF ARKANSAS (SEAL)ACKSON COUNTY (City) (State) 2015 My Commission Expires 03-24-2019 Commission # 12370549 (Month) (Year) (Notary Public)

My Commission Expires:

(Month)

(Day)

(Year)

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UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Unit/Center Mc Mc On Unit	GRV. #10014-01071
Name Ina Almanza	Date Received: 12-11-14
ADC# 751538 Brks # 10-110 Job Assignment Field Squad	GRV. Code #: 508
2-5-14 (Date) STEP ONE: Informal Resolution	
(Date) STEP TWO: Formal Grievance (All complaints/concerns show lift the issue was not resolved during Step One, state why: Who have the late of the l	end Causing in a still in which you may be subject to oblems that are not of a serious
concrete from the Cirling not before it hit the floor of picces. I sat up in shock that noticed blood coming from where we all on the floor between brooks 13+17. Some pires all of break blook #171 hile she was lying the a reaching when the information and that least breaking MR, Pope said he would be same in to check out the broken concrete and my head and send still am in a lat if praining head is swollen and bruised and still am in a lat if praining head is swollen and bruised and still and got pictures of my head. Inmate a least a late was a first and so single and pictures of my head. Inmate a least a late willing the got pictures of my head. Inmate a late a late willing the continued of the single formation of the continued of the single this continues. I be a single formation of the continues of the course working this continues.	determental.
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This form was received on (date), and determined to be Step One Yes (Yes or No). This form was orwarded to medical or mental health? of the person in that department receiving this form:  State Signature  Describe action taken to resolve complaint, including dates: You were tree	and/or an Emergency Grievance (Yes or No). If yes, name Date
Staff Signature & Date Returned Inmate Signature & Date Returned I	gency? (Yes or No). Date: Other) Date:
DISTRIBUTION: YELLOW & PINK – Inmate Receipts; BLUE GRIEVANCE S to Inmate After Completion of Step One and Step Two.	ficer, ORIGINAL-Given back
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UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
The second second	GRV/AC/14-010/08
Name Tina Almanza	Date Received: /2/11/16
DC# <u>751538</u> Brks # <u>[0</u> Job Assignment <u>Fig.</u>	GRV. Code #:
12-7-14 (Date) STEP ONE: Informal Resolution	
2-714 (Date) STEP TWO: Formal Grievance (All complaints/co	ncerns should first be handled informally.)
If the issue was not resolved during Step One, state	why: Still doesn't Chance the fact I bayer
(Date) EMERGENCY GRIEVANCE (An emergency situa	done + Naw I have to wait for days to be
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 designate	ed 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 ves circle one: medical or mental
<b>BRIEFLY</b> 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): At appear	5.55 Guy un 12-5-14
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head was bleeding and very swollen	
painful and has caused dizziness o	
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and west fac des Sait to be selection	This has not my forth
I should be able to Sleep in pige in	last Worming Chart
Falling Concate hitting me in the head.	7 )
Juna Almanza # 751530	12-7-14
Townsto Cinnetons ()	ate
If you are harmed/threatened because of your use of the grievance proces	s, report it immediately to the Warden or designee.
This form was received on 7/1/4 (date), and determined to be	BY STAFF ONLY  De Step One and/or an Emergency Grievance
Yes or No). This form was forwarded to medical or mental	health? (As or No). If yes, name
of the person in that department receiving this form:	Date 18/7/14
PRINT STAFF NAME (PROBLEM SOLVER)  LONG  Staff Signature	12/1/14
Describe action taken to resolve complaint, including dates:	ull been - un wated
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Mulayland - 12-8-14 June	Unens 12-8-14
	gnature & Date Received
This form was received on (date), pursuant to <b>Step Two</b> .	
Staff Who Received Step Two Grievance:  Action Taken:(Forwarded to Grievance Offi	Date:
If forwarded, provide name of person receiving this form:	Date:
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to Inmate After Completion of Step One and Step Two.	J

IGTT420 3GH

Attachment IV

INMATE NAME: Almanza, Tina L.

ADC #: 751538D

GRIEVANCE #: MCP14-01068

#### HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) Your 12/7/14 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

You state that on 12/5/14 a piece of brick fell and hit you while you were sleeping. You ask why x rays were not done.

According to your record, you were seen in medical following the incident and the nurse gave you an ice pack for swelling and stock APAP for pain. She also applied Betadine and a dressing to the abrasion. You were seen by Dr. Hughes on 12/12/14 and he noted no bruising, no swelling, and a small scab with tenderness around scab. He ordered a x ray to be done. The x ray was performed on 12/16/14 and the results revealed "multiple views of the skull demonstrates normal ossification pattern. No linear or depressed fracture."

In conclusion, you were seen and treated by healthcare professionals on the day of incident and for a follow up. Due to the delay in the x rays your grievance is with merit but resolved,

If your medical condition changes, please address any concerns through the sick call process.

Pauel Signature of Health Services Director of Nursing 01/14/2015 Administrator/Mental Health Supervisor or Designee Title 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 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? YES / Was treated for this on 12-54 and if doesn't change the fact I'm still experiency severe neadaches and that it took II days for me to get an X-RAY done thick thed to drop sick calls to set that should have been the first thing ordered on that day. It someone is injured to the hard albertong smuled up it shouldn't be looked at almost 2 weeks later-that's albertongs smuled up it shouldn't be looked at almost 2 weeks later-that's https://eomiscluster.state.ar.us:7002/eomis/interface/interface\_2\_0\_clearPage.jsp?skipBod... 1/14/2015

the who I got to the MD it was a Scale.

Attachment VI

INMATE NAME: Almanza, Tina L.

ADC #: 751538

GRIEVANCE#:MCP14-01068

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

On December 7, 2014, you grieved that you are not receiving adequate medical treatment. You state that on December 5, 2014 at 5:55 am you were awakened by a huge falling brick/concrete that had fell from the ceiling. You state that your head was bleeding, swollen, and bruised. You state that your head was very painful and has caused you dizziness and headaches. You state that you were sent to medical for treatment but that only consisted of wiping the blood off, getting a band aid, and a drug test. You state that your pain is nonstop and your head is killing you. You state that you may have a concussion or worse damage. You state that you are not sure why you did not have an x-ray or CT scan done. You state that you have to place sick calls and wait for days to be seen. You state that you should be able to sleep without worrying about falling concrete hitting you in the head.

The medical department responded, "According to your record, you were seen in medical following the incident and the nurse gave you an ice pack for swelling and stock APAP for pain. She also applied Betadine and a dressing to the abrasion. You were seen by Dr. Hughes on 12/12/14 and he noted no bruising, no swelling, and a small scab with tenderness around scab. He ordered an x-ray to be done. The x-ray was performed on 12/16/14 and the results revealed "multiple views of the skull demonstrates normal ossification pattern. No linear or depressed fracture. "In conclusion, you were seen and treated by healthcare professionals on the day of incident and for a follow up. Due to the delay in the x-rays your grievance is with merit but resolved. If your medical condition changes, please address any concerns through the sick call process."

Your appeal states that you were treated on December 5 but you are still having severe headaches. You state that you did not get an x-ray for 11 days and you had to place a sick call to get the x-ray. You state that if someone is injured to the head and bleeding it should not take almost two weeks to be seen. You state that when you were seen by the doctor you only had a scab left.

On December 5, 2014 you were seen by medical for an accident. The nurse noted that you had a small abrasion to the left side of your forehead with slight swelling and redness present. The nurse noted that you had no deformity and no bleeding at that time. According to your medical records you were given an ice pack for swelling, Tylenol for the pain, and a dressing to the left side of your forehead. On December 12, 2014, you were seen by Dr. Hughes and he noted that you had a contusion to the frontal scalp and ordered x-rays. Dr. Hughes noted that you were to follow up as needed or via the sick call process. You are seen fegularly by providers who are licensed to practice medicine in the state of Arkansas. You have been seen for your complaints and treated as deemed appropriate and clinically indicated based your provider's medical judgment; therefore, I find this appeal without merit.

Director Rose

Date

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IGTT410 3GS

Attachment III

INMATE NAME: Almanza, Tina L.

ADC #: 751538D

GRIEVANCE #: MCP14-01071

#### WARDEN/CENTER SUPERVISOR'S DECISION

You were seen by medical staff on 12/5/14 following this incident. You were given medication for pain, and the abrasion was treated. You were advised to drop a sick call for any further complaints. A review of your medical records found no further complaints regarding this incident. You were moved to a different bed area on the day of the incident.

Mr. Drost, Maintenance Supervisor, stated that corrective action was taken to repair the ceiling which was completed on 12/5/14.

Your grievance is with merit but already resolved.

Signature of Warden/Supervisor or Designee

Title

12/25/N

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**INMATE'S APPEAL** 

JAN 0 8 2015

If you are not satisfied with this respanse see may appear this decision within five working days by filling in the information requested below and mailing lit 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? I completely disagree with the above statement. I can still having completely disagree with the object of statement. I can still having completely and pain [headquer of the sure that is a the the sure of the eadque which in being charged for. Also it is not true that Me Dood made cometive action to repair the cables on 12-5 M. He did not show you will a vedocoday December to the 2014 at apprix. T. 30 a.m. with worden ordered to only real up an inmate to inspect the damage and only paint our the damage. Not once did a professional or supervisor Inmate Signature

ADC# 151538 Date 1-6-15

Hick out

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JAN 0 2 2015

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WARDEN'S OFFICE

IGTT430 3GD

Attachment VI

INMATE NAME: Almanza, Tina L.

ADC #: 751538

GRIEVANCE#:MCP14-01071

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

Your appeal dated 1/6/15 was received on 1/8/15. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.

APR 1 0 2015

#### BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RECEIVED

TINA ALMANZA (ADC 751538)

**CLAIMANT** 

V.

NO. 15-0644-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

Attorney Supervisor Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

Tina Almanza (ADC 751538) McPherson Unit 302 Corrections Drive New Port, AR 72112

#### BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TINA ALMANZA (ADC #751538)

Arkansas State Claims Commission

CLAIMANT

V.

NO. 15-0644-CC

OCT 2 6 2015

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

#### RESPONDENT'S MOTION TO DISMISS

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

- 1. Claimant alleges that on DECEMBER 5, 2014, she was struck in the head by concrete falling from the ceiling on the unit. She seeks \$650,000.00 in damages. Claimant has failed to state a claim under ARCP Rule (b)(6) failure to state a claim upon which relief can be granted and the claim should be dismissed. "A motion to dismiss should be granted if it appears beyond doubt that the plaintiff can prove no set of facts which would entitle him to relief."
- 2. Claimant was assigned to this bed on November 7, 2014. If Claimant noticed any breach in the integrity of the structure from the top bunk, she did not report it to any officer.
- 3. Weekly visual inspections are completed. Attached are the inspections for the month prior to the incident which shows no problem with the integrity of the wall was known by the Respondent and the report for the week ending the week of the incident which shows that a 'piece of brick wall broke off' is noted in the report.
- 4. The area which fell was a previously patched area of concrete. The area of patch had been in place for a number of according to the testimony of the maintenance staff as a repair ticket could not be found for this job it had occurred so long ago. Maintenance testimony will show that there were no previous requests for repairs to this wall. After this incident, the bunks were moved from this area and the wall was repaired on December 10, 2015. See Exhibit "B" which shows the broken area and the repaired area.
- 5. During this time, this facility was reaccredited by the American Correctional Association on March 19-21, 2012, and received a 100% rating on mandatory and 99.8% on non-mandatory standards. Structures were considered as part of the accreditation. See Exhibit "C".
- 6. Claimant was seen in the infirmary and it was noted, "AAOX3, RESP EVEN AND NON LABORED, HRRR, PERRLA, LUNG SOUNDS CLEAR BILAT, AFEBRILE, STEADY GAIT, SMALL ABRASION NOTED TO LEFT SIDE OF FOREHEAD, W/ SLIGHT SWELLING AND REDNESS PRESENT, NO SIGN OF DEFORMITY NOTED, NO BLEEDING AT THIS TIME." She was given an ice pack for swelling and stock APAP for pain. Betadine and dressing were applied for the abrasion to the left side of the forehead. See Exhibit "D"
- 7. In order for the Respondent to be negligent, Claimant must prove that Respondent breached a duty to the Claimant. The fact that an injury occurred is not, of itself, evidence of negligence on the part of the Respondent. Claimant must prove that Respondent did something wrong.

- 8. Respondent had no knowledge that the ceiling was in disrepair as it was conducting weekly inspections for this very reason. The unit passed accreditation two years before this incident. Claimant slept under this area for eleven months before this incident and never reported noticing any breach in the ceiling.
- 9. Respondent maintained regular checks on the facility to ensure that it was safe and structurally sound.

  There is no evidence that it was on notice, despite reasonable efforts to be aware of any problems, of any problems to the ceiling.
- 10. Claimant has failed to state a cause of action for relief and a motion to dismiss is proper when there are no facts upon which relief can be granted or that the plaintiff can prove no set of facts which would entitle him to relief. ARCP 12(B)(6).

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

Respectfully submitted,

Department of Correction

Office of Counsel

LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor Post Office Box 8707 Pine Bluff, AR 71611

(870)267-6844 Office (870)267-6373 Facsimile

#### CERTIFICATE OF SERVICE

I certify that a copy of the MOTION TO DISMISS has been served this 23day of 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

TINA ALMANZA (ADC #751538) MCPHERSON UNIT 302 CORRECTIONS DRIVE NEWPORT, AR 72112

LISA MILLS WILKINS Ark. Bar #87190

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Fire, Safety & Ganilation

Programs & Housing I

Weekly Inspection Week Ending Date: December 06, 2014

Please ensure that this report is complete and legible.

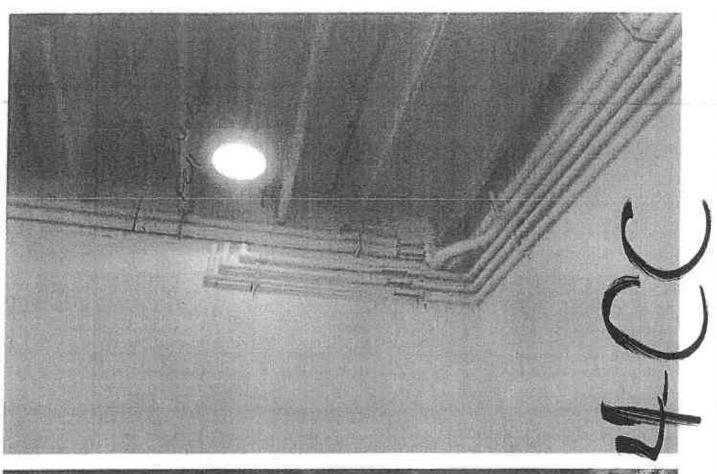
It is required by AR 407 and Unit Policies 8.3.0 and 12.1.0 that you, or your designee, perform and report a weekly Fire, Safety and Sanitation Inspection. Please review the attached form for your area and let me know if you have any problems with it or This report must be submitted to my office by 8:00 am on Monday of each week. need any additions to it.

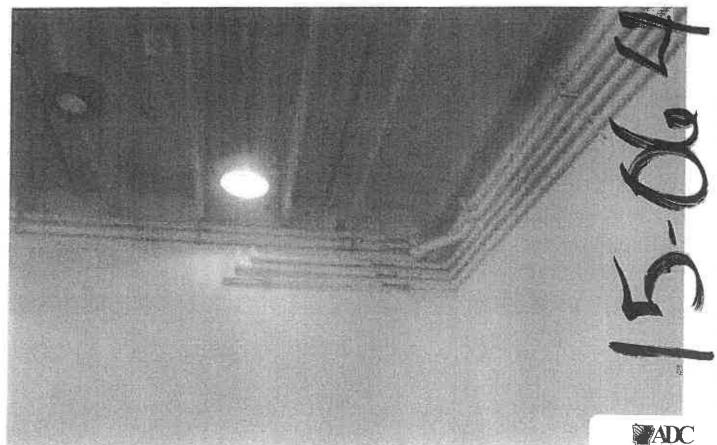
Evaluate the area by the following standards: Satisfactory or Unsatisfactory

# FIRE, SAFETY AND SANITATION REPORT

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Sen. Population Rec. Yard	1234)			Low		. marine			and a second	April 1	1			and apparent	Sparte Comment

Inspected by: date Signature







#### COMMISSION ON ACCREDITATION FOR CORRECTIONS

#### AND THE

#### AMERICAN CORRECTIONAL ASSOCIATION

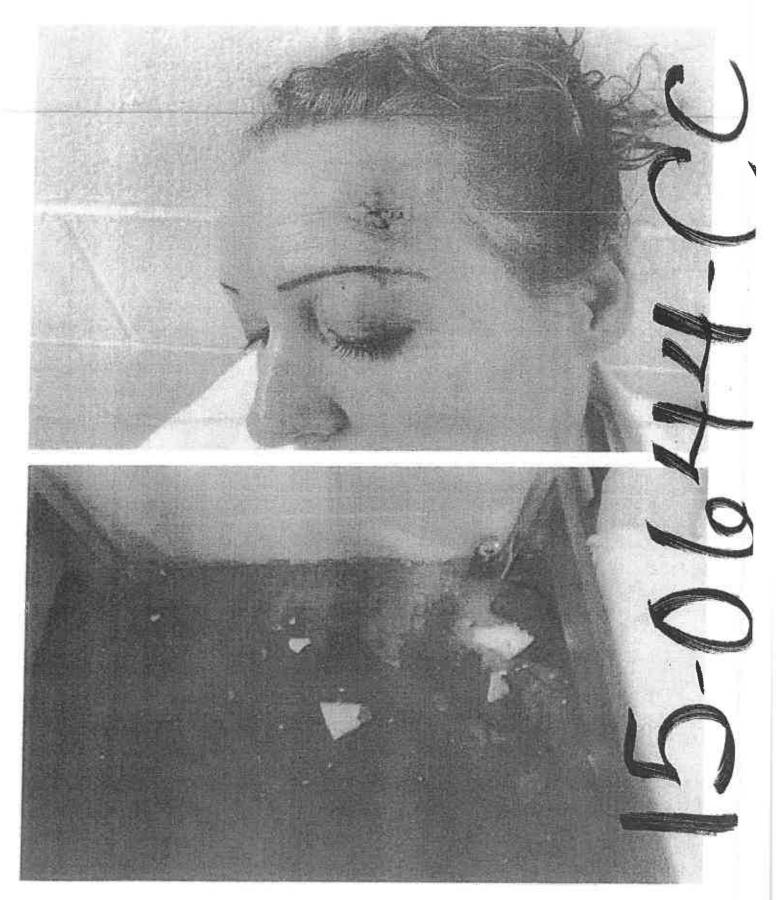
#### **COMPLIANCE TALLY**

Manual Type	Adult Correctional Institutions, 4 <sup>th</sup> Edition
Supplement	2010 Standards Supplement
Facility/Program	Newport Complex (Grimes and McPherson Units)
Audit Dates	March 19-21, 2012
Auditor(s)	r, Chair
	Member
	Member
	Member

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	61	468
Number Not Applicable	0	21
Number Applicable	61	447
Number Non-Compliance	0	1
Number in Compliance	61	446
Percentage (%) of Compliance	100%	99.8%

- Number of Standards minus Number of Not Applicable equals Number Applicable
- Number Applicable minus Number Non-Compliance equals Number Compliance
- Number Compliance divided by Number Applicable equals Percentage of Compliance







### STATE CLAIMS COMMISSION DUSKET OPINION

Amount of Claim \$ _650,000.00	Claim No. 15-0644-CC
	Attorneys
Tina Almanza, #751538 Claimant vs.	Pro se Claimant
Department of Corrections Respondent	Lisa Wilkins, Attorney Respondent
State of Arkansas	
Date FiledMarch 25, 2015	Type of Claim Personal Injury, Negligence, Pain & Suffering
FINDING O	FFACTS
The Claims Commission hereby unanimous, for Claims failure to respond to Respondent states that they mailed the "Motion Claims Commission on October 23, 2015. The "Motion to Dismiss" on October 26, 2015. from October 26, 2015, to submit a response to	n to Dismiss" to both the Claimant and the e Claims Commission received and filed The Claimant had ten (10) working days

was ever received from Claimant. Therefore, this claim is hereby unanimously denied

IT IS SO ORDERED.

and dismissed.

(See Back of Opinion Form)

#### CONCLUSION

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

November 12, 2015  Date of Hearing	
November 12, 2015  Date of Disposition	Chairman Commissioner
	Commissioner

Arkansas state claims Commission State Claims Commission Tira Almanza#751538 Claur # 15-0644 CC NOV 16 2015 AR Dept. OF Correction Motion for Reconsideration I am sending this letter in sreguends to my claim that was dismissed due to not meeting the time Granie Jam now requesting a recursideration so I Can continue with my claim and have my hearing on December 9, 2015. I have no legal council and I'am trying to do this on my own and meet all the requirments I waint aware of the timetrane Of 10 days. I thought I had until November 25, 2015. I alid however send oft my Response for the motion to Dismiss on Movember 10, 2015. I was two days behind due to the law library messing up my paperwork of Copies. Mease Inform me of what I need to do at this time. Respectfully, (11-13-15)

## STATE CLAIMS COMMISSION JOCKET OPINION

Amount of Claim \$ 650,000.00	Claim No. 15-0644-CC
	Attorneys
Tina Almanza, #751538 Claimant vs.	Pro-se Claimant
Department of Corrections  Respondent	Lisa Wilkins, Attorney Respondent
Date FiledMarch 25, 2015	Type of Claim Personal Injury, Negligence, Pain &

#### FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's November 12, 2015, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

#### CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's November 12, 2015, order remains in effect.

December 10, 2015	
December 10, 2015  Date of Disposition	Chairman Sill Fance St. 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.

22

## Arkansas State Claims Commission

Tina L. Almanzat 181538
302 Concetions, Number AR 72112

Claim # 15-0644-CC

Arkansas Dep OF Corrections

Arkansas
State Claims Commission
DEC 18 2015

Motion to file on Appeal

**RECEIVED** 

Josephoner 12-16-15

This motion is in regulards to my claim # 15-0644-CC being dismissed and not even Considered for "Reconsideration" which I had also requested, I'am an innate who is incarcerated white with limited means to get the proper Baperwork and help that I reed for my claim. It was dismissed due to my paperwork being a couple days late. A pro se complaint should be held to less strict Standards then a motion drafted by a lawyer. Just as Et was in the Contry C. Gibion, 355 U.S. 41, 45-46 with the supreme court. Innates don't always set their mail as quilly as the "freeworld". And art this time I'am trying to retain a lawyer, but world then . I'am requesting that my Claim be continued and allowed for hearing. My claim is legit and Canad bodily bern due to the negligence of the Dep. of Corrections and I'm requesting That my claim be heard in a court hearing. Respectfully It bonitted,