(Month)

(Notary Public)

(Day)

(Month)

(Year)

My Commission Expires Dec. 1, 2017

My Commission Expires:

SF1- R7/99

Explanation con't Pg, 2 of 6

Violation of not recieving proper medical care.

(I was seeking #1,5 million dollars in damages etc...)

(See Exbit Label # A, B,5).

4. Unit level Grievance, Warden/Center Supervisor Decision and Deputy / Assistant Director Decision responds showing complaint with Merit (See Expit #D), Also unit level Grievance responds by Ms. Roberts falsly answer (See Exbit Label #D & #E),

5. Unit level Grievance, Warden/center supervisor Decision and Deputy/Assistant Director Decision responds and Post Note in Ms. Roberts handwritting (See Exbit Label # E) untrue.

be Ms. Roberts responds to my request form dated 3-20-14, her responds to when she started working in Unit mailroom or who was working in Unit mailroom between Outober 4, 2012 this October 31, 2012, her reresponds dated 3-24-14 not answering (see Exbit Lubel # F).

The Deputy Wardens Mills responds to my request to Unit Warden burl form dated 3-25-14, his responds

Explanation Con't g, 3 of 6

dated 3-28-14 stating. Ms. Roberts was assign to Unit mailroom in March 2013, showing she work for 11 months in Unit mailroom before the February 28, 2014 date, her Responsibility's in that time was to have Known/Inventory what was stored/Kept in Unit nailroom and I'm sure that the Ink Cartridges had been inventory and order before within those 11 months making her (Ms. Roberts) also liable for the 16 months nail delay (See Exbit Label # 6).

2. Letter from U.S. Postmaster (Cathie L. Fields) stating mail delay was not Post Office fault (See Exbit Label # H).

I Letter responds from Lee county clerk (Mary Ann Wilkinson) dated May b, 2014 stating my paperwork is No-Longer there after 2 years almost had passed, after I recieved 16 months late letter with instruction to follow, I wrote to Lee county court seeking information (See Exbit Label # I).

Il' Unit Wasden, Deputy/Assistant Director stating corrected actions was taken stated was terminated, staff terminated (Ms. Harrell) was terminated well before 2014, was not terminated because of mail deliver on 2-28-14 dated 10-4-12 Post Dated Bee Exbit Label #D +# F).

3

Explanation con't by, 4 of 6

I Antonio Coley #92842 as a prisoner housed within the Arki Dept. of Corr. then at East Arkansas Regional Unit now housed at Maximum Security Unit; 2501 State Farm Rd., Tucker, Ar. 72168 have been denied Ine-Process from Ark. Dept. of corr, mail Policy / Procedures that allow inmates to correspond With courts and that innates out-going and incoming Legal Mail is mail out and recieved timely to ensurer courts deadlines are met, In this natter prison officials have actively interfered with my Legal Mail, stopping / denying me from meeting deadlines as well as paying filing fees which cause my complaint/ease from being properly file and complaint being destroyed and not meeting the required A year deadline inorder to file an Mapprantice suit in a state court in Hikansas.

(1) Defendant Danny Bus (Unit Warden Ark, Dept, of Corr. at East Ark, keg, Unit); Is to ensures that inmates has available thru U.S. Postal Services and Policy / Procedure that assures inmates recieve there Legal Mail timely within the ADC threw his employees/ staff that will allow inmates access to courts to meet allotted deadlines / obligations in there entirety, which was denied to this claimant, by this defendant and agency

Explanation Con't by 5 of b

CAIX. Dept. of corr. S.

Dept. Of Corr. at East Ark. keg. Unit): Is to ensurer each innate has available thru U.S. Postal Services and Policy/Procedure that assures innates recieve there Legal Mail timely within the ADC (Ark. Dept. of corr.) that will allow in-mates access to courts to neet allotted deadliner lob ligation in there entiretys, which was denied to this claimant, by this defendant and agency (Ark. Dept. of Corr.).

(3) Defendant Ray Hobbs (Pirector Ack, Dept. of Corr.):

Is to ensurer that inmates has available thru,

U.S. Postal Services and Policy/Procedure that assures inmates recieve there Legal Mail timely
within the ADC threw his employees/staff that
will allow inmates access to courts to meet allotted deadlines/obligations in there entiretys,
which was denied to this claimant, by this defendant and agency (Ask, Dept. of Corr.).

Explanation cont ly. b of b

This Claimant Pray this Claims Commission of the state of Arkansas award to him the Amount Sought or Settlement amount propose or an Settlement Agreement Agreed between all Parties.

Antonio Denasion Coley

2501 State Farm Rd.

Tucker, Ar. 72168

· Exbit Label #A

IN THE CIRCUIT COURT OF Lee COUNTY, ARKANSA	S
ANTONIO COLEY PLAINTIFF	
CASE NO	•
COMPLAINT FOR VIOLATION OF CIVIL RIGHTS WHILE IN COUNTY JAIL OR STATE CORRECTIONAL INSTITUTION	Į
COMES NOW, the plaintiff, Antonio Coley, pro se in the	
above civil matter and for the cause states the following:	
I. JURISDICTION	
1. This court has jurisdiction of this matter pursuant to A.C.A. §§ 16-123-101, et	
seq.	
2. This action is filed in the proper circuit court within three (3) years of the date	
the events herein occurred.	
II. PARTIES	
3. Plaintiff Antonio Coley is an adult citizen of the State of Arkansas	
presently incarcerated in the Arkansas Department of Correction	
Fast Ark, Regional Unit Brickeys, Arkansas 72320	
4. Defendant See Attach Sheet is an adult citizen of the State of Arkansas	
employed at Fast Ark, Regional Unit Brickeys, Arkansas 72320.	
Civil Complaint Page: 1	

· Expit Label #A

III. EXHAUSTION OF ADMINISTRATIVE REMEDIES

5. a.) Does the facility where this incident occurred have a grievance procedure?
[X] Yes [] No
IF YES, did you complete the grievance procedure prior to filing this suit?
[X] Yes [] No
IF YES, state briefly what occurred throughout the grievance process and
attach as exhibits all forms you filed in the grievance process:
Responses only favorable to de- fendants when they're in the wron that's why theres courts to get to the truth
(See Enclosed
Gree Enclosed 6-rie vances copies)
b.) If you did not complete the grievance process at the facility where this
incident occurred, explain why you did not and what exception exists that
will permit you to continue with this suit without having exhausted your
administrative remedies:
14/4
Civil Complaint Page: 2

Exbit Laber #A

6.	List the civil rights you claim the defendants violated and how each right was
	violated. Do not get into each set of facts, simply state the right and cause.
	Number each paragraph with a small alphabet letter encased in parenthesis
	(e.g. (a), (b), (c), etc.):

(a)	My right to medical care	_
(b)	Ay right to medical care	_
(6)	Tost Action Healigence, Malpractice Suit My rights that were violated was de- liberate indifference, cause pain and suffer was cruel and unusual punish ment	
J)	My sights that were violated in la	
e)	liberate indifference rouge pain 1 ft	ie: J
(A)	was used and unusual a ill t	29
	and unusual funish ment	

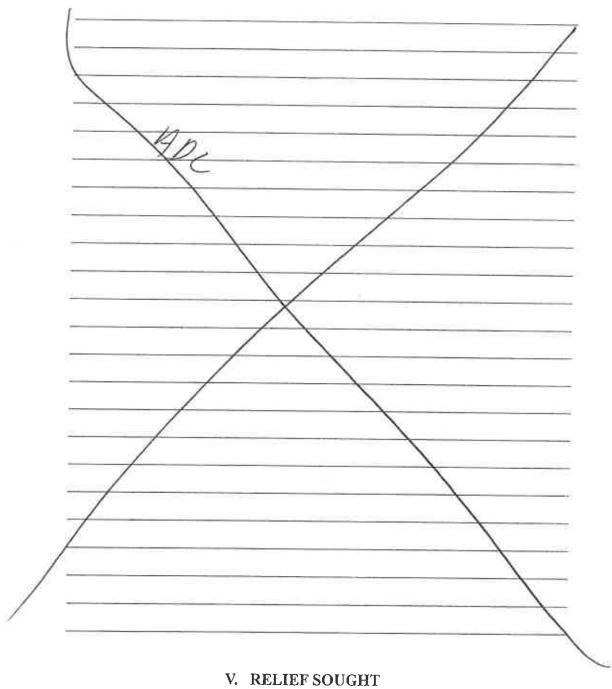
IV. STATEMENT OF FACTS

State in consistent numbered sentence type paragraphs the facts of the case. Number each sentence paragraph as (a), (b), (c), etc. DO NOT argue law or make assumptions. Only state the facts that you are aware of that you will be able to prove if your case were presented to a jury or judge. Include additional sheets of paper if necessary. Number those pages as 3a, 3b, 3c, etc.

(see	Atta	h Pages	Label
3 a	thru	3 /),	
			*

Civil Complaint

Exbit label #A



8. Identify the relief you are asking the court or the jury to grant you. The three

Civil Complaint

Fibit Label #A

nominal. However, you may also seek injunctive relief. Again, number each paragraph using the encased small alphabet (a), (b), etc. Pain and Respectfully submitted this 18 day of August E.A.R. U. (Brickeys Unit) P.O. Box 180

types of monetary awards that may be granted are compensatory, punitive or

Civil Complaint

Expit Label #A

	IN THE	CIRCUIT COURT	OF Lee	COUNTY, ARKANSA	S
				DIVISION	
	Antonio	Coley		PETITIONER	
	VS	- A	No		
	STATE OF A Correction Mary beth	RKANSAS Medical Servi Floyd; Christop PETITION FOR L	Les Corzio her Loes Wes Walter H EAVE TO PRO	n, chiketa lavis respondent dy kelley, crystal sins o'll away ceed in forma pauperis	Ĩ.
	Petition file the attache	d Conflaint for V	proceeding	pro se, requests this Court to grant him le	eave to
	for the followin	V. C.			
	1. the court a <u>(o</u>	That Petitioner, a res	đ	of Arkansas, has prepared and desires to fil	e with
	2.	That Petitioner is in	digent and unabl	e to pay court costs or fees connected wi	th this
	proceeding or	to give security there	fore. (An Affid	avit in Support of Request to proceed In	Forma
	Pauperis is atta	ched.)	31		
<u>- i </u>	3.	Petitioner believes th	nat he/she in entit	led to relief and such petition is not brough	t for a
	frivolous or ma	licious purpose.			
				he be permitted to prosecute n forma pauperis and that he may have	
	necessary writs	and processes without	t payment of fees	or costs for the same.	
	91			Petitioner ADC No. 92842 Arkansas Department of Correction P.O. Box 180	
				Brickeys, AR 72320-0180	

Exbit Label #A

Civil Complaint

1	
IN THE CIRCUIT COURT OF Lee	COUNTY, ARKANSAS
ANTONIO COLFY	PLAINTIFF
/ OLGP > 10	
vs. CASE NO.	
Correction Medical Services / Corzion	DEFENDANT
Case No	Valler
STATE OF ARKANSAS	helley
1	
Lee COUNTY	A.
AFFIDAVIT	
The plaintiff Antonic Coley states under oath the	hat the facts stated in
the foregoing Civil Rights Complaint are true and correct t	
knowledge and belief. He also believes in good faith that l	ne is entitled to the
relief sought therein.	
Affiant's Signature	Interior Wen
Subscribed and sworn to before me, a Notary Public, this	8 day of
August 20 12	
Notary Public	niett
	- Company
My Commission Expires 8-18-12	CECIL D. BURNETT Y PUBLIC-STATE OF ARKANSAS
MxC	MONROE COUNTY Ommission Excises 08-18-2314

13

Exbit Label #

	DIVISION	
1	ntonio Coley petitioner	
VS	No.	
STA' COT Mai	TE OF ARKANSAS TE OF ARKANSAS TE OF ARKANSAS TE OF ARKANSAS TE OF Medical Services (Corzion , Chiketa flaverespondent Te of Medical Services (Corzion , Chiketa flaverespondent The office of the original services (Corzion , Chiketa flaverespondent The office of the original services (Corzion , Chiketa flaverespondent The original services (Corzion) (Corzion) (Chiketa flaverespondent The original services (Corzion) (Corzion) (Corzion) (Chiketa flaverespondent The original services (Corzion) (Co	
prepa	I, being first duly sworn, depose and say that I am the oner in the above entitled case; that in support of my motion to proceed without being required to fees, costs or give security therefore, I state that because of my poverty I am unable to pay the of said proceeding or to give security therefore; that I believe I am entitled to redress.	;
	I further swear that the responses which I have made to questions below are true.	
1.	Are you presently employed? Yes No X	
	(a) If the answer is yes, state the amount of your salary of wages per month, and give the name and address of your employer.	
2.	(b) If the answer is no, state the date of last employment and amount of salary and wages per month which you received. 1989 Walmart Warehouse \$500 do? A week \$42,000 do! ars a function of the following sources?	14
	(a) Business, profession or any form of self-employment? Yes No X	
	(b) Rent payments, interest or dividends? YesNoX	
	(c) Pensions, annuities or life insurance payments? Yes No	
	(d) Gifts or inheritances? Yes No	
	(e) Any other sources? Yes No X	
	If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.	

Exbit Label -A

		If the answer is yes, state the total amount in each account.
	4.	Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes No
		the persons who are dependent upon you for support. State your relationship to those persons, indicate how much you contribute toward their support.
		BE COMPLETED ONLY IF PETITIONER IS INCARCERATED IN THE ARKANSAS PARTMENT OF CORRECTION OR ANY OTHER PENAL INSTITUTION. Do you have any funds in the inmate welfare fund? Yes X No
e* ==		State the total amount in such account and have the certificate found below completed by the authorized officer of the institution
	I under	stand that a false statement of answer to any questions in this affidavit will subject me to penalties jury.
		Signature of Petitioner
		TTY OF Let
	he has	Petitioner, being first duly sworn under oath, presents that read and subscribed to the above and start that the Information therein is true and correct.
	20 <u>/2</u> .	SUBSCRIBED AND SWORN TO BEFORE ME this 13 day of AUGGO CER CONTROL OF THE SUBSCRIBED AND SWORN TO BEFORE ME this 13 day of AUGGO TAR SERVICE AUGUST AND TAR SERVICE AUGUST AUGUST AND TAR SERVICE AUGUST
	M	Iy Commission Expires: Del 01 - 2012 Notary Public Notary Public

Fabit Label #A

	IN TH	E CIRCUIT COURT OF	Lee	_COUNTY, ARKANSAS
)	Anto	onio coley		PETITIONER
	1 170	No.		- t-
	STATE OF Correction Marybeth	ARKANSAS ARKANSAS Medical Services / Flayds Christopher Loes M ORDER GRANTING LEAVE	COTZION) CO Vendy Kelley, Co es Hollawa TO PROCEED IN	hiketa RESPONDENT Yetal Sims FORMA PAUPERIS
		nis day comes to be heard the		
				ing satisfied of the truth of the facts
	alleged and go	ood cause appearing therefore, IT I	S HEREBY ORDE	RED:
	1.			d permitted to prosecute his action
	粒	against State of Arkansas in for	ma pauperis.	
(1	2.	_		e any necessary forms or pleadings
,	-	incident to Plaintiff's action wit		
	3.			te of Arkansas shall service writs or
	2.			ring the payment of fees or costs.
	4	-		fees or costs incident to Plaintiff's
	4.	*		
		action.		
				=
			JUDGE	
			DATE	

Exbit Label #A

CERTIFICATE
92842
I hereby certify that the Petitioner herein, Antonio Coley, has the sum of \$ 65.64 on account to his credit at the Ehiller
unit where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution:
Authorized Officer of Institution
CERTIFICATE OF SERVICE
I, A. tonio (pley, hereby certify that an exact copy of the foregoing has
been serviced on the Prosecuting Attorney for Lee County, Arkansas at
P, D. De X 365, Forcest City Ac. 72335. U. S. Postage prepaid on this 13 day of
August 2012.
Petitioner

Exbit habel af

AR DOC

REPORT NO. IBSR146 - 35

CALCULATION OF INITIAL PAYMENT OF

FILING FEE FROM: 2/2/2012 TO: 08/01/2012 PAGE:

1 of

1

PROCESSED: 08/09/2012 09:41 AM

REQUESTOR: Shelia Ann Oxner

(To be Completed by the institution of Incarceration)

PLAINTIFF:

Antonio Demarion Coley

ADC NUMBER:

092842

FEDERAL COURT CASE NUMBER (IF KNOWN):

TOTAL DEPOSITS FOR LAST (6) MONTHS:

\$150.00

AVERAGE MONTHLY DEPOSIT: (TOTAL DEPOSITS DIVIDED BY 6)

\$25.00

TOTAL BALANCES FOR LAST SIX (6) MONTHS:

\$1,950.05

AVERAGE MONTHLY BALANCE (TOTAL BALANCES DIVIDED BY 6):

\$325.01

CURRENT ACCOUNT BALANCE:

\$65.64

Shelia Wegener

INITIAL PAYMENT OF FILING FEE AS OF:

08/09/2012

\$65.00

(THE GREATER OF THE AVERAGE MONTHLY DEPOSIT OR THE AVERAGE

MONTHLY BALANCE x .20)

AUTHORIZED OFFICIAL:

(NO FILING FEE SHALL BE IN EXCESS OF \$350 FOR A CIVIL LAWSUIT OR \$455 FOR AN APPEAL) Exbit cahel #B

Office of

Mary Ann Wilkinson CIRCUIT CLERK & EX-OFFICIO RECORDER OF LEE COUNTY

15 E. Chestnut St., Rm 2

Marianna, AR 72360

Phone: (870) 295-7710 • Fax: (870) 295-7712

DATE: Uctober 2, 2012

PLAINTIFF: Antonio Coly # 92842

RE: CASE # Your Complaint

Dear Sir or Madam:

YOU DID NOT FURNISH A ENVELOPE WITH POSTAGE TO RETURN YOUR COPIES - AS A COURTESY I AM SENDING THIS TIME ONLY

YOU DI D NOT FURNISH COPIES TO MAIL BACK TO YOU- AS A COURTESY I AM SENDING TO YOU **THIS TIME ONLY**

IF A SUMMONS IS NEEDED YOU MUST REQUEST IT AND SUPPLY ADDRESS

OTHER: I have enclosed a copy of the Calcula	tion form
toryou to give to the bookkeeper. When	She Pisue
the Check for \$165,00 we will the wow Ca	al and
assign it a judge you will kloodet a-	file Marked
copy of your case we hold paperwant for I	of destroy
the popularit.	

ANY PLEADINGS FILED IN YOUR CASE SHOULD BE ACCOMPANIED BY A COPY AND A SELF ADDRESSED STAMPED ENVELOPE FOR YOUR RETURN. ANY LETTER OR REQUEST FOR HEARING WILL BE FORWARDED TO THE TO THE JUDGE ASSIGNED TO YOUR CASE BY THIS OFFICE. ONCE YOUR CASE IS FILED PLEASE CONTACT THIS OFFICE IF YOU ARE PAROLED OR MOVED TO A DIFFERENT LOCATION.

Thank you,

Mary Ann Wilkinson

Exbit Label 48

CALCULATION OF INITIAL PAYMENT OF FILING FEE

	Paintiff: Pentonio Coley ADCN	TUMBER: 9	2842
	Total Deposits for preceding six (6) months Multiply by 20%	\$ 150.0	<u>v</u>
,	Initial Partial Filing fac	s. 30.0	10
	Current Trust Account Balance	s 65.4	4_
	AUTHORIZATION: EHR Unit Location: ***********************************	8-9- Date of A	
	In the <u>Circuit</u> Court of Lee	County,	Arkansas:
	Antonio Coley		Plaintiff
Ø	Services, et al ORDER SETTING INITIA		Defendant
Ċ	Jervius, Et al ORDER SETTING INITIA PARTIAL FILING FEE	L	

Now on this day is presented the pleading of the plaintiff, and the Court, having determined that the plaintiff is not indigent. The Court now, in accordance with Act 65 of 2005, hereby fi sed, that the plaintiff is required to pay the statutory filing fee of \$100 for bringing this action. The court assesses and set an initial partial filing fee of \$ 165

Upon receipt of payment of the above set initial partial filing fee, the Clerk of the Court is authorized and directed to receive for filing plaintiff's pleading.

After payment of the initial partial filing fee, plaintiff will be obligated to pay the balance of the statutory filing of \$140 by making payment of all funds, credited to plaintiff's prison trust account each time the amount in the trust account exceeds \$10 until the statutory filing fee of \$:40 is paid in full.

The director of the Arkansas Department of Correction or his designee shall collect plaintiff's finds as directed herein and forward the same to the Clerk of this Court until said statutory filing fee is paid in full.

The Clerk is directed to send an executed copy of this order to the Administrative officer of record of the Arkansas Department of Correction and Unit Location of the Plaintiff as noted herein above.

It is so ordered this 27 day of Sept., 20d2.

Judge: Hullud Kloveto

Exbit Label II C

To the state of th

Mary Axu Wilkinson
Lee County
CIRCUIT CLERK &
EX-OFFICO RECORDER

15 E. Chestnut St., Rm 2 MARIANNA, ARKANSAS 72360

St. K. ml

WENFHIS THE

CHOCT 2012 PM 5 L

B14/00 14 - 06

Antonio Coley # 92842 EAR 4 PD Box 180 Brickey AR 72320-0180

72320016060

thodalatidhadilliadhaaallialdhalatidhadaja

21

Exbit Label 4-1
INIT LEVEL CRIEVANCE FORM (Attachment I)
Unit/Center Fig. R. M. WAR 0 5 2014 FOR OFFICE USE ONLY GRV. # EA-14-00313
Name H. COLEN BAST AR REGIONAL UNITS Date Received: 3-5-14
ADC# 9242 Brks # 14-6 Job Assignment 614 GRV. Code #: 307
3 - / // (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:
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: Decing selection of the hard prevented early thing. Is this Grievance concerning Medical or Menial Health Services? No If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel
involved and how you were affected. (Please Print): 10 2 - 18 - 14 I recited.
LEIAL MAIL - siling date 10-4-12 from bee county granit
adust. This ibment he delay has grevent me from meet-
Deinged, I had from 10-2-12 until 4-2-13 to re-
BRI Hother ingates in 186Ks and 2 other invotes in
It appears this ristake occurred from Enkly mailrown
Fig. 1. S. fortal service greatly discover during APC
mall dated 10-11-12 received 16 mintle later on 2-28-14.
addressing hee country circuit court this nistage wasn't only
fault that prevented me from properly addressing meeting of the
Hi (ster) 3-1-14
Inmate Signature Date MAR 2 6 2014
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 NAME UNIVERSIDED.
This form was received on 3/3/14 (date), and determined to be step One and or an Emergency Grievance Yes or No). This form was forwarded to medical or mental health? (Yes of 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: The Mi my delivered when
a souther and
Staff Signature & Date Returned Inmate Signature & Date Received
This form was received on 3141/4 (date), pursuant to Step Two Is it an Emergency? (Yes or No) Staff Who Received Step Two Grievance: 514 (4)
Action Taken: Action Taken: 4 Converted to Grievance Officer Warden/Other) Date: 444
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 Sten One and Sten Two

Exbit Label -11

eOMIS - Arkansas - cOMIS Production V8 - .

Attachment III

IGTT410 3GS

INMATE NAME: Coley, Antonio D.

ADC #: 092842A

GRIEVANCE #: <u>EA-14-00313</u>

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Coley, you grieve on 02/28/2014, you received legal mail which was postdated for 10/04/2012. Your complaint is noted. Documentation reflects on 02/26/2014, Mrs. Roberts, Mailroom Supervisor, did find some mail from the United State Postal Service dated fro October 4, 2012. I find your complaint with merit and corrective action will be taken.

Signature of Warden/Supervisor or Designee

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

What Corrective Actions Has Been Taken Does'nt Mention.

Inmate Signature

ADC#

RECEIVED

MAR **26** 2014

INMATE GRIEVANCE SUPERVISOR ADMINISTRATION BUILDING

Exbit Lavel #1

IGTT430 3GD

Attachment VI

INMATE NAME: Coley, Antonio D.

ADC #: 092842

GRIEVANCE#:EA-14-00313

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 03/04/14 in reference to legal mail dated 10/04/2012 that

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of having merit. Ms. Roberts did locate some unprocessed mail in a box when she was checking the inventory of the ink cartridges for the printer. Corrected action was taken and the staff that was responsible for this matter

Appeal denied due to being resolved at the unit level.

0-1-

24

. FABIT WHELL A		Ĭ
UNIT LEVEL GRIEVANCE FOLM (A	Attachment I)	FOR OFFICE USE ONLY
nit/Center F. A. K. U.	GRIEVANCE/RECEIVED	GRV. # EA -14-05461
Tame 11, CO 101		Date Received: 327/14
DC# <u>92842~</u> Brks # <u>14-7</u>	2 Job Assignment 2 32011	GRV. Code #: _307_
19-14 (Date) STEP ONE: Informal R	esolution EAST AR REGIONAL UNIT	· · · · · · · · · · · · · · · · · · ·
If the issue was not resol	pleted form to the designated problem	e in which you may be subject to problems that are not of a serious
this Grievance concerning Medical or N	Mental Health Services? No If ye.	s, circle one: medical or mental
BRIEFLY state your one complaint/conce	ern and be specific as to the complain	
nvolved and how <u>vou</u> were affected. (Ple	ease Print): - Un 3-4-14 m	All supervisor
Mrs, hoberts responds	To my grieanie (EA-141-00313)
TO 397, 1/113 Was, Tals	If given stating I	gilroom, deliver
The contract best of	il was received by 11	e majoralwillass
1 tter T save wed a	2-28-IN HIT WELL	Not dated 1024 /2
Mrs. Doberts stated	to Wieden Buch town	A mail from U.S.
Postal Security on 2	24 11 soit dated 11	0-4-14. FAR. W.
nailroom received ma	all post dated in 201	2 in 2012 (16
months earlier than d	cliver date in 2014	Legy cause
me to, mill g' April	2,20/3 court dead	line (case dismissed)
Her falsey state	ment 1st to sit A	His was given
untrue intention 1	a correct to prolbe	- Mrs. Koberts
AREO TO BE PERSONA	d Fron Fithekilli Naille	on as a worker,
1 - 0		RECEIVED
A. Coles	3-19.	- 14
nmate Signature	Date	APR 17 2014
f you are harmed/threatened because of you		
	ION TO BE FILLED OUT BY STA	
This form was received on 3/21/19		
(Yes or No). This form was for		(Yes or No). If yes, name Date
of the person in that department receiving	2756	Date 2/2//16
PRINT STAFF NAME (PROBLEM SOLVER) ID N	Number Staff Signature	Date Received
Describe action taken to resolve complain		· · · · · · · · · · · · · · · · · · ·
and Submit your paper	WINK IN A TIMEN	manifel. ALSO
	member 18 beira	it your control &
of statement.	3	
	170	A, Caley/3-26-14
Staff Signature & Date Returned 3/26		
	ate), pursuant to Step Two. Is it an E	
Staff Who Received Step Two Grievance		Date:
A =40 = TP=1		ien/Utner) Date:
Action Taken:(I If forwarded, provide name of person rec	Forwarded to Grievance Officer/Ward	

Exbit Laber #5

IGTT410 3GS BKI

Attachment III

Page 1 of 1

INMATE NAME: Coley, Antonio D.

ADC #: 092842A

GRIEVANCE #: EA-14-00441

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Coley, you grieve Mrs. Roberts need to be removed from the mailroom because you received some mailed postdated 10/04/2012 on 02/28/2014. Mrs. Roberts, Mailroom Supervisor, was not in the mailroom during the time the mail was delivered to the unit. This issue was addressed in EA-14-00313. Please refer to that grievance for your answer.

RECEIVED

APR 17 2014

Signature of Warder/Supervisor or Designee

ADMINISTRATION BUILDING

AND 4/8/1

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? If -14-003/3 grievance was'nt concerning the removal of Mrs. Roberts it involved lateness of mail of 16 neaths, however Mrs.

Roberts was assign to Eight. M. nailroom in March 2013 late mail was deliver to me on 2-28-14, Mrs. Loberts had 11 months herself to deliver mail, nail out on 10-4-12 her responsibility was nelegected during those 11 months.

Acceptante ADC# Date

I have a post note dated from 55t, Allis he getten from Mrs. Loberts where she edearly states 3 he recive late mail on 2-28-14 date when appearing the provide Unitrace her responds to EA-14-003/3 grievance (Flasiffing of Documents) requires

Territoation In requesting her Removal Dat Milrooms https://enmiscluster.edu.com/2002/acmiscluster.edu.com/2002

3GD

Attachment VI

INMATE NAME: Coley, Antonio D.

ADC #: 092842

GRIEVANCE#:EA-14-00441

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Xbit Lubel #E

I have received your formal grievance appeal dated 03/04/14 in reference to legal mail dated 10/04/2012 that

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of having merit. Ms. Roberts did locate some unprocessed mail in a box when she was checking the inventory of the ink cartridges for the printer. Corrected action was taken and the staff that was responsible for this matter

Appeal denied due to being resolved at the unit level.

Exbi, 29bel Al The Mail was delivered when by the Mailworn Ulter Hand

Exbit Laber #F

H. Barrier and A. Company			bi #1	
East Ar	kansas Regio	nal Unit 1	nmate Dec	Urock Farms
Inmate Name (Please	Print):		miliare Ker	uest form
A. 601	ev		, ADC #:	92842
Housing assignment	14-6 GT Cla	950' 10	726.0	
EXP. 32 WITH STREET	1 // 0		Job Assignment	B/U
. D Classification	The standard and Checkethe at	propriate box for an	earon con Genting	The total and the
Mail	1		Law Library	
☐ Personal Hygie			EARU Staff	
☐ Parole	ile		Visitation	
☐ Mental Health		· .	Commissary	Ti .
□ Medical / Infiri		**	Property	*
	Inmate Money)	2 D	Job Assignment	
☐ GTL Phone Sys	tom	' a . 🗓	Housing Assignment	
= ore mone sys	reiii	, 0	Other:	
Staff request to:	1 1 1-			
1116	1. Roberts	The second secon	ice: FAAil	M. I Da
Please give a detailed s	ummary regarding your re	Pallest.	FilliDilli 1	Mail Koom
would !	he to know		You starte	1 10
-WOCK IN	E. Aikille mail	100m 46 6	2011 20 10	a 10
- ASSIGN (WOLK	of in mail rosa	Sinter	har 9 100	0 Was
- Vitober 31	10 2012 . ZIII	respectful	V bo Jack	FIL
OL ADUL D.	thie Respon	dela	y or num	Ting your
41 11				
hanking	yea or your	office	in advan	ce for
- Their M	ine,	/ !	V S V M II	101
Have you proviously an				
If yes, please state who:	ken with any staff regardi	ng your request: ((ircle One) YES NO)
Inmate Signature:		Date:_	N/A	
1 Color	. /	61+	2 00 111	
H, well		Palei	3-20-14	
Staff Responding:	DO NOT	WRITE BELOW THIS LI	VE VALVES U	, a short
	Oberta		Dat	e: 3/0.1/1.1
I have reviewed your red	quest and here is my findi	ing:		2/24/19
- 1	A A A A	, ()		/ /
CX am m	It attitude to	4 Min	11900 100	ATTA A
The true I	(1)	() who	was all	sux/(a)
10 Walle	m me hi	WWW771	Ou that	Vato
		- JODIN	sic run (mee
		4		
1 am reference et e				
l am referring this request to:	•	I consider this issue		
	,	□ Resolved		
Staff Signature:		□ Not Resol	ved	
			- P	No.

Exbit 4 6 Label

0

100	East Arkaneae i	Octional III-tim	
Inmai	te Name (Please Print):	Regional Unit Inmate Reque	st Form
1 2	M. COLEN	ADC #: 0 2	C
Housi	ng assignment: 14-1	CT Class	842
F. France	a applementations and apple	1 JOD WSSIGHTHERT.	RIII
	Classification	eck the appropriate box for area of concerns	10
	Mail	Law Library	
	Personal Hygiene	EARU Staff	
	Parole	□ Visitation	
	Mental Health	☐ Commissary	
	Medical / Infirmary	☐ Property *	
	Bookkeeping (Inmate Money)	☐ Job Assignment	
	GTL Phone System	Housing Assignment	
		Other: EA Delly War	den Office
taff rec	quest to: ; / / · / /		
lone's e	Warden bur	Office: Eddil 1	-01
lease g	ive a detailed summary regardi	ng your request: Enkly Warden	office
Tol	fectfully seeking	to know when My labort	111
hil	wert in Kiff	all Mail boom acres 1 mg	5/alled
dave	of the twolk	18 F. A. L. W. Mail Loom during	was
-	of actober	Thru 18th of 2012	J INC
	Needed for 1		
	101	egal reasons ASIAI,	
ve you	previously spoken with any sta	f regarding your request: (Circle One)	
	previously spoken with any sta	f regarding your request: (Circle One) (ES) NO	
	previously spoken with any sta ase state who: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	f regarding your request: (Circle One) (ES) NO Reports, Fail Recordate: 3-20 - 14	
	previously spoken with any sta ase state who: Yes (MI) ature:	fregarding your request: (Circle One) (ES) NO Reperts, Fair Room Date: 3-20 - 14 Dute: 3-25-14	
ate Sign	ature: Ar Coles	Date: 3-25-14 DO NOT WRITE BELOW THIS LINE	
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line	
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line	28/14
ate Sign	ature: Ar Coles	Date: 3-25-14 Do Not Write Below this Line	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this line Date: 3	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this line Date: 3	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this line Date: 3 Date: 3 Date: 3	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
f Respon	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
ate Sign	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
f Respon	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
f Respon	ature: Ar Coles Inding: Do Sto Minimum Iewed your request and here is To OM Cole	Date: 3-25-14 Do Not Write Below this Line Date: 3 Date: 3 Date: 3 Date: 3	28/14
f Respon	ature: Ar Coles ading: Da SA	Date: 3-25-14 Do Not Write Below this LINE Date: 3 Dat	28/14
f Respon	ature: Ar Colon Co	Date: 3-25-14 Do Not Write Below THIS LINE Date: 3 Date: 3 My finding: Date: 3 Date: 3	28/14

Exbit Label # H

March 21, 2014

Dear Mr. Coley,

No, this mail dated October 2012 did not come from this office. You will have to discuss this matter with EARU. If we would had found old mail we would have placed it in an apology envelope or written you an apology letter.

We don't hold mail here at the post office. All mail that comes in on the truck, goes out to where it is addressed, the same day it arrives.

Sincerely,

Cathie L Fields

Postmaster

Exhit Lubel # I

Office of

Mary Ann Wilkinson

CIRCUIT CLERK & EX-OFFICIO RECORDER

OF LEE COUNTY

15 E. Chestnut St., Rm 2

Marianna, AR 72360

Phone: (870) 295-7710 • Fax: (870) 295-7712

DATE: May 6, 2014

PLAINTIFF: Antonio Coley # 092842

RE: CASE # your Case

Dear Sir or Madam:

YOU DID NOT FURNISH A ENVELOPE WITH POSTAGE TO RETURN YOUR COPIES - AS A COURTESY I AM SENDING THIS TIME ONLY

YOU DI D NOT FURNISH COPIES TO MAIL BACK TO YOU- AS A COURTESY I AM SENDING TO YOU **THIS TIME ONLY**

IF A SUMMONS IS NEEDED YOU MUST REQUEST IT AND SUPPLY ADDRESS

OTHER: I am Spry to water my wouthat I	(note o tran)
OTHER: I am Sony to inform you that I your popular and it is no longer here. Keep documents as longer possible but the	Werry to
Keep documents as long as passible but the	is has been
a gents.	

ANY PLEADINGS FILED IN YOUR CASE SHOULD BE ACCOMPANIED BY A COPY AND A SELF ADDRESSED STAMPED ENVELOPE FOR YOUR RETURN. ANY LETTER OR REQUEST FOR HEARING WILL BE FORWARDED TO THE TO THE JUDGE ASSIGNED TO YOUR CASE BY THIS OFFICE. ONCE YOUR CASE IS FILED PLEASE CONTACT THIS OFFICE IF YOU ARE PAROLED OR MOVED TO A DIFFERENT LOCATION.

Thank you,

Mary Ann Wilkinson

Arkansas Claims Commission

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ANTONIO COLEY (ADC 092842)

CLAIMANT

V.

NO. 15-0333-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER

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

- 1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
- 2. The applicable account information required by the Commission is:

a. Agency number: 0480

b. Cost Center: HCA 0100

c. Internal Order:

340301

d. Fund Center: 509

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

Respectfully submitted,

Department of Correction Office of Counsel

LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707 Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this __

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

Antonia Coley (ADC 092842) Maximum Security Unit 2501 State Farm Road Tucker, AR 72168

Arkansas Claims Commission

BEFORE THE ARKANSAS STATE CLAIMS COMISSION

Antonia Coley (ADC #092842)

CLAIMANT

V.

NO. 15-0333-CC

ARKANSAS DEPARTMENT OF CORRECTIONS

RESPONDENT

REPLY TO RESPONDENT'S ANSWER

COMES NOW, the Claimant Antonio Coley and for his reply to the Respondent's Answer does so state:

- 1. Respondent has answered that there has not been an Internal Affairs investigation and that this matter should be held in abeyance until after an investigation has been completed. However, the internal affairs investigation has already been completed concerning this matter. (See Original Complaint.
- This matter should not be held in abeyance and this claim should move forward without 2. any unnecessary delay.

15. (A wish to then Henry) Respectfully submitted,

ADC#092842

Maximum Security Unit 2501 State Farm Road

Tucker, AR 72168

CERTIFICATE OF SERVICE

Antonia Coley

State of Arkansas

County of Jeffersen

SUBSCRIBED AND SWORN to before me a Notary Public on this _____ day of November 2014.

My commission expires: 12-24-2015

35

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ANTONIO COLEY (ADC #092842)

Arkansas Claims Commission

CLAIMANT

V.

NO. 15-0333-CC

APR 29 2015

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED

RESPONDENT

MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Correction, and for its Motion to Dismiss, states as follows:

- 1. Claimant has filed an action seeking \$1,500,000.00for failure to follow policy and negligence alleging that ADC is responsible for him losing his \$1.5 million dollar medical malpractice case in Lee County Circuit Court because he did not receive mail from the clerk's office for 16 months and his case had been dismissed. Claimant has failed to state facts to support his claim under ARCP 12(b)(6) and the claim should be dismissed.
- 2. Claimant filed suit in lee County Circuit Court and was mailed a letter advising him that he needed to pay a \$165.00 filing fee or the case would be dismissed. The Claimant never followed up on the status of his case at all because the letter was lost along with several other items of mail and not discovered until 16 months later. His case had been dismissed. Apparently he had taken no action to further his litigation or he would have been advised of it's status.
- 3. This is not a matter of negligence. Arkansas Code Annotated § 19–10–305(a) provides that: "Officers and employees of the State of Arkansas are immune from liability and from suit, except to the extent that they may be covered by liability insurance, for damages for acts or omissions, other than malicious acts or omissions, occurring within the course and scope of their employment."
- 4. The ADC does not carry liability insurance for the negligent acts of its employees. The mailroom staff members are entitled to state statutory immunity from Claimant's negligence claim. See Williams v. Wade, Case No. 03-573, 2005 WL 1120255 (Ark. May 12, 2005) (unpublished opinion) (affirming the dismissal of a prisoner's claims because the prison officials were entitled to statutory immunity under Ark.Code Ann. § 19-10-305(a)); Ferans v. Norris, 89 S.W.3d 919, 924-25 (Ark.2002)
- 5. Both the United States and Arkansas Constitutions grant the State of Arkansas, and its subdivisions, sovereign immunity from suit. See Cooper v. St. Cloud State Univ. 226 F.3d 964, 968 (8th Cir.2010) (explaining that states are entitled to sovereign immunity, under the Eleventh Amendment of the U.S. Constitution, from pendent state law claims); Ark. Const. Art. 5. \$\frac{1}{20}\$ (providing that the State of Arkansas is entitled to sovereign immunity); LandsnPulaski. LLC v. Arkansas Dept. of Corr. 269 S.W.3d 793, 795 (Ark.2007) (holding that the sovereign immunity granted by Ark. Const Ar. 5. \$\frac{1}{20}\$ extends to the Arkansas Department of Corrections). Thus, Plaintiff's pendent state negligence claim should be dismissed, with prejudice.
- 6. 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, Respondent prays that this claim be dismissed for all of the reasons and evidence presented above.

Respectfully submitted, Department of Correction Office of Counsel

ISA 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 20 day of 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

ANTONIO COLEY (ADC #092842) TUCKER UNIT 2501 STATE FARM ROAD TUCKER, AR 722168

Kira Wills Wilkins Ark. Bar #87190

The 3 ceptes

BLFORE THE ANKAHSAS STATE CLAIMS COMMISSION

AHTONIO COLEY (ADC#092842)

CLAIMANT

NO. 15-0333-CC

ARKANSAS DEPARTMENT OF Arkansas

Arkansas

CORRECTION

State Claims Commission

RESPOYDENT

MAY 07 2015

CLAIMANTS RESPONDS/OBJECTIONS TO RESPONDENTS MOTION TO DISMISS FILE ON APRIL 28,2015

Coley # 092842 a prisoner housed in the Ark. Dept. Of Corr, and for claimant supporting facts states:

(1) Claimant states that state agency Ark.

Dept. Of Corr. is name the Respondent and
state agency involved in claimant complaint

concerning the above style case (Refer To

Original Complaint File).

lg. 1 of 5

(2) State Agency (Ark, Dept. Of Corr.) lead by Director Ray Hobbs at complaint filing time should be held for negligence because at time of filing of complaint there was not a policy/procedure within and in every Ark. prison system as to the receiving and issuing of legal correspondence/legal nail in a timely fashion that is recorded by the signature of a receiving inmate and issuing officer/staff.

(3) Eventhough under Ark. Code Annotated \$ 19-10-305 (a) does allow officers and employees of state of Ark. Immune from liability and suit unless there's liability insurance, for damages for acts or omissions, other than malicious acts or omissions, occurring within the course and scope of their employment, however state agency Ark. Dept. of Corr. can be held for Megligence for not having install a policy/procedure in place that would insure claimant received his legal mail in a timely fashion. By not having such policy/procedure mention cause claimant case to be not process/dismiss by holding claimant legal mail for 16 months, mail that held instructions to be follow within 6 months of mailing date.

(4) Claimant has supporting documents showing claimant had infact sugguested an legal redger be available to claimant aswell as all inmates to ensurer out going legal mail and incoming legal mail be deliver / received within a timely fashion to state agency Ark. Dept. Of Corr, they responds, not at this time per policy (Policy Quoted I Have Within Responds

(5) No state Agency is immune from claims of NEGLIGENCE nor LIABILITY.

(b) On 11-4-2014 Respondent ask for claiment claims / complaint be dismissed with prejudice (Refer To Respondent Answer To Claimants Complaint dated 11-4-2014).

(7) In 11-5-2014 Director brenda Wade of Ark. State Claims Commission forward to claimant a letter stating when liability is contested by the Asspondent the Only Alternative to claimant is to appear before Commission at an oral hearing so testimony and evidence may be presented to refute the position of the Respondent. It you wish to attend a hearing on this claim, please notity this office in writting within 15 (fifteen) calendar days from the date of this letter and a hearing will be arranged.

- (8) On 11-10-2014 Arki Claims Commission recided by Reply To Respondent's Answer requesting this matter not be held in a beyonce and this claim should move forward without any unnecessary delay, and that claimant wish to attend hearing. Claimant responds dated 11-6-2014 recident claims commission office 11-10-2014 (Refer To \$19-10-203. Director's responsibilities (9) (b) locket sheet etc...)
- (9) Rule lib Meeting of the Commission held each month. (been 5 months since claimant file complaint) (HO Hearing Date Set As Of Today)

 (10) Ark, Statutes Annotated \$19-10-201 et seg. has exclusive jurisdiction against "State" and its agencies including Department of Correction.
- (11) In some instances, the Commission has ruled to award monetary damages when a deficiency is found within a state agency's operations, methods or procedures which is clearly within this claimants complaint.
- (12) Rule 1,5 Communications and Pleading Generally (f) Specific Agency Hamed. The specific agency, board Commission, or institution of the "state" must be stated within the complaint and all known officers and/or agents of the state named, here claimant complaint specific names state agency Arx. Pept, of Corr. in complaint as well as Director Hobbs.

 lg, 4 et 5

WHEREFURE, Claimant grays that Respondents
Motion To Dismiss dated 4-28-15 not be granted,
that this Arkansas State Claims Commission set a HEARING DATE so that claimant have an Deportunity, to present evidence supporting his complaint proving his claim as mention in letter from this office dated 11-5-2014, that after receiving timely letter from claimant on 11-10-2014 requesting an hearing eventhough on 11-4-2014 Lespondent seek to have claimant complaint dismiss with prejudice, but claimant agreed for a hearing commission ask on 11-5-2014, however no hearing date has been set eventhough its been 5 months since claimants letter was received in commission; office and commission meets every month.

Respectfully submitted

Antonia Colley #092842

Antonia Colley #092842

I.O. Box 240

Tucker, Ar. 72168-0240

Lestify that a copy of the Claimant Responds/
Objecting To Respondents Motion To Dismiss File On
April 28, 2015 has been served this 4 day of Max, 2015, on
the attorney for Respondent Lisa Wilkins Robbex 8707
line Bluff, Ar. 71611 by placing a copy of the same in the
V.S. Mail, regular postage.

Passots

42

STA E CLAIMS COMMISSION OCKET

Amount of Claim \$ 1,500,000.00	<u> </u>	Claim No.	15-0333-CC
		Attorneys	
Antonio Coley, #092842	Claimant	Pro se	Claimant
AR Dept. of Correction	Bannard t	Lisa Wilkins, Attorney	
State of Arkansas	- Respondent	,	Respondent
Date Filed October 27, 2014		Type of Claim Failure to Follow P	rocedure,
	FINDING C		

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss" and orders this claim be set for hearing.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss" and orders this claim be set for hearing.

Date of Hearing	May 14, 2015	
Date of Disposition May 14, 2015		1 Theore
Date of Disposition		Chairman
		Commissioner
		Commissioner

^{**}Appeal of any final Claims Commission decision is <u>only</u> to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated 519-10-211.

In The Arkansas State Claims Commission

Antonio Coley ADC No. 092842 Store Claims Conmission

V. 2/4im No. 15-0333 - CCEVED

Arkansus Department of Correction

Lespondent

And For ladution of Documents

(ome now the claimant in the above style manner and do hereby submit his request for Interrogatories and for the Production of Documents propounded to respondent,

Interrogatory No. 1: In regards to the claimants attached supporting document, to his claim (Label # Ex. 11) itate precisely what part of the DOC policy is being followed.

freduction of Document How! I loodure to the claimant any and all documents relied upon in response to Interrogatory No. 1.

ly, lot 2 ARC

Interrogatory No. 2. In regards to the claim ant's attached supporting documents, to his claim (Lubel Ex. #0) state precisely what policy states no records be kept of incoming or out going priveleged correspondence aswell as what corrective actions where taken.

Production of Documents No. 2! Produce to the claimant any and all documents relied upon in response to Interrogatory No. 2

Certificate of services

I have served a copy of the foregoing keguest for Interrogatories and for the lodgution of Jocuments upon the respondent this 23 day of October 2015, by mailing the same, with U.S. portage prepaid to the respondent's attorney at Lisa Mills Wilkins, Ark, bar # 87190 1.0, box 8707

Antonia Coley #092842 P.O. box 1000 Wrights ville, Ar. 12183 Pr. 2012 UN Mills Ex # X

East Arkansas Regional	Unit Inmate Request Form
Inmate Name (Please Print):	ADC #:
H. Coley	72842
Housing assignment: 14 - 06 GT Class:	/C Job Assignment: UIA Med,
	ite box for area of concern:
☐ Classification	☐ Law Library
☐ Mail	🕱 EARU Staff
☐ Personal Hygiene ☐ Parole	U Visitation
☐ Parole ☐ Mental Health	□ Commissary
☐ Medical / Infirmary	□ Property
Bookkeeping (Inmate Money)	☐ Job Assignment ☐ Housing Assignment
☐ GTL Phone System	☐ Housing Assignment ☐ Other:
	d other.
Staff request to: Warden Burl	Office: E.A.R.V. Vacden
Please give a detailed summary regarding your request:	is a li
allow respectfully ke	questing it you would consider
ext redne and log ledger	to be use for confirmation of
of regil (Legal) going and	mult, This well ensurer notice
	aring.
It appears there's	neway for an inmate to prove
Mother in coming and out go	ing mail neeting deadlines, This
I've personal been having pro	Ther Units and appears to work,
Have you previously spoken with any staff regarding you	ur request: (Circle One) YES NO
If yes, please state who:	Date: NA
Inmate Signature:	
A. Coley 9-9-13	
Staff Responding: DO NOT WRITE	E BELOW THIS LINE
DATIO MILLS	Date: 9/11/13
I have reviewed your request and here is my finding:	1 (12(1)
Strate ale follow	
Tremorte coley, 1	- appreciate your
Shockes Down A	+ the Ship H3
21,00	1 1113 TIME 7713
WILL NOT OCCUT	Brhansas DOC
0016,92	0 [1/200]
1001109 15 CETA	& TOULUNE VO
	0
am referring this request to:	consider this issue;
NIA	Resolved
Staff Signature:	13 Not Resolved
WAUIS MILLS	

EX. # V UNIT LEVEL GRIEVANCE FORM (Attachnerse WANCE/RECEIVED FOR OFFICE USE ONLY 00-13-01810 Unit/Center SEP 1 6 2013 Date Received: Name ... Medi Job Assignateman GRV. Code#: Brks # (Date) STEP ONE: Informal Resolution 3/3 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: What records are Key incoming out going begal Mail to courts 9-10-13 (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: Legal letters Is this Grievance concerning Medical or Mental Health Services? He If yes, circle one: medical or mental mattels, 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): _______ MISTAKE, PETULA persents sign open BY When clearly needed newal hail (legal), contirmation innote Timely in coming leut If you are harmed threatened because of your use of the grievance process, report it immediately to the Warden or designate THIS SECTION TO BE FILLED OUT BY STAFF ONLY (date), and determined to be Step One and/or an Emergency Grievance This form was received on (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: Staff Signature ID Number PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: Muay no records Aury Wanmate Signa Tre & Date Received RECEI Staff Signature & Date Returned (date), pursuant to Step Two. Is t an Emergency? (Yes or No). This form was received on Daté: Staff Who Received Step Two Grievance: (Forwarded to Grievance Officer/Warden/Other) Date: Action Taken: If forwarded, provide name of person receiving this form: HATE GRIEVANCE SUPERVI ADMINISTRATION BUILDING DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given bac

Car - One and Sten Two

DK 14-06

Attachment III

IGTT410 3GS

INMATE NAME: Coley, Antonio D.

ADC #: 092842A

GRIEVANCE #: EA-13-01818

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Coley, you grieve when you received your legal mail it was opened. Your complaint is noted. Ms. Roberts, Mailroom Supervisor, stated if legal mail is opened in the mailroom a 005 is written. Therefore, I find your complaint with merit and corrective action will be taken.

Signature of Warren/Supervisor or Designee

WMA)

10/4/13

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Why DO YOU DISAGREE WITH THE ABOVE RESPONSE?

What corrective action have been their date,

feed for Sedger has been used on of this date,

No mens has been poted stating I authorize to realist and willing of the signatures are required for realist and will of the legal mail on the legal mail of the inmate,

persent of the inmate,

Inmate Signature

A. vley

ADC#

Date 10-11-

RECEIVED

OCT 2 4 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

Ex,#0

IGTT430 3GD

INMATE NAME: Coley, Antonio D.

ADC #: 092842

GRIEVANCE#:EA-13-01818

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance dated 09/13/13 in reference to receiving your legal mail previously opened.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of having merit. Per policy, it is prohibited to keep a log of incoming and outgoing legal mail so your request is not possible.

Appeal denied due to corrective action being taken at the unit level.

By way of this complaint, I am instructing the unit warden to forward a copy of the corrective action to my office.

17M7	12,21.13
Director	Date

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ANTONIO COLEY (ADC #092842)

CLAIMANT

V.

NO. 15-0333-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONSE TO CLAIMANT'S REQUEST FOR INTERROGATORIES AND FOR PRODUCTION OF DOCUMENTS

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

- 1. Interrogatory No. 1: Objection. This is attorney work product and calls for a legal conclusion.
- 2. Interrogatory No. 2: See response above.
- 3. Interrogatory No. 3: There is no policy that negatively states no record be kept of incoming or outgoing privilege correspondence. Claimant is not entitled to know what corrective action was taken against any staff member as it is a breach of the safety and security of the institution.
- 4. Request for Production No. 2: Objection. This is not a policy which the claimant is entitled to have because it concerns the staff and not inmates. Claimant does not have any need for this policy.

Respectfully submitted,

Department of Correction Office of Counsel

Arkansas

State Claims Commission

NOV 19 2015

104 19 5010

RECEIVED

LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707 Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the DISCOVERY RESPONSE has been served this 19 day of 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

ANTONIO COLEY (ADC #092842) WRIGHTSVILLE UNIT P. O. Box 1000 WRIGHTSVILLE, AR 72183-1000

The Tolilla 11 Change LISA MILLS WILKINS Ark. Bar #87190

STATE CLAIMS CON OPIN	
1,500,000.00	15-0333-CC
Amount of Claim \$	Claim No.
Antonio Coley #092842	Attorneys Pro se Claimant
vs. AR Department of Corrections	Lisa Wilkins, Attorney
Respondent	Respondent
State of Arkansas October 27, 2014	Negligence, Failure to Follow
Date Filed	Type of Claim Procedure
FINDING OF This claim was filed for the negligence and \$1,500,000.00 against Arkansas Department	failure to follow procedure in the amount of
Present at a hearing December 9, 2015, was represented by Lisa Wilkins, Attorney.	the Claimant, pro se, and the Respondent,
The Claims Commission hereby unanimous Claimant's failure to prove by a preponderal part of the Respondent.	
Therefore, this claim is hereby unanimou	sly dismissed.
IT IS SO ORDERED.	
Upon consideration of all the facts, as stated denied and dismissed this claim for Claim the evidence any liability on the part of the	SION above, the Claims Commission unanimously nant's failure to prove by a preponderance of the Respondent.
December 9, 2015	(C)
Date of Hearing	
December 9, 2015	Sint Mar

Date of Disposition

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.

Antonio Coley #092842

Claimant RECEIVED

NS Clain No. 15-0333-CC

Ar. Dept. of Corrections etc. al, Respondent

Motion For Reconsideration

come now the claimant in the above

style claim and do herein submit his request

for keconsideration of the state claims commission Docket Opinion denying and dismissing
this claim for Claimant's failure to prove by
a preponderance of the evidence any liability on
the part of the kespondent hearing date December
9,2015 to support claimant claims for
Reconsideration claimant states:

of evidence. has shown/proven a Preponderance

A Agency, Ar. Dept. of Corr. mail policy
is denying clainant due-process throu their
AR's and AD's polices pretaining to regal Mail
incoming and out going mail. (see exhibit #A, #B and #E
to the courts.

B. Agency, Ar. Dept. of Corr. or their attorney
Lisa Mills Wilkins Ark. bar #87190

Pg, 1 of 2

has falsified legal document to this claims
commission of Arkensastoget a favorable judgment,
Exhitbit A and Exhitbit Bokstakes Doc policy is being
followed, policy states no records be kept of incoming or outgoing privaleged compondence but Exhitbit
C #3: clearly states There is no policy that negatively
states no record be kept of incoming or outgoing
privilege correspondence refer to exhitbit C

C Agency Ar. Dept. of Corr. stated claimant
received this mention legal mail when mail room
received mail mention see exhitbit D but exhitbit
E and Exhitbit E agree with claimant that
claimant received mention legal mail lb months
late causing claimant Malpractice Lausuit not to
be process by claimant for not following courts
instructions see exhibit 6

De Agency mailroom inspervisor deliver 16 months late les al mail was assign to nailroom in March 2013 around 11 months before delivery of late mail claimant received on 2-28-14 that was mail 10-4-12 see Exhitbit the

Therefore, elaimant pray this claims commission set aside its December 9, 2015 docket oginion and award claimant #15,000 thousand dollars of the 1.5 million dollars claimant was seeking in his Malpraitice Law Suit the amount claimant was seeking within this claim within the Ar. State claims commission; is acceptable at awarded. Claimant will consider #7,500 hundred dollars.

Respectfully submitted Date: 12-29-2015

East Arkansas Regional Unit In	mate Request Form
Inmate Name (Please Print):	ADC #:
Housing against the state of	92842
Housing assignment: 14 - 06 GT Class: /C	Job Assignment: UA Med,
Check the appropriate box for area of	The state of the s
	Law Library
Mar I	EARU Staff Visitation
D 0-11	Commissary
☐ NA= + Let 101	Property
☐ Medical / Infirmary ☐ 〕	ob Assignment
☐ Bookkeeping (Inmate Money) ☐ F	Housing Assignment
☐ GTL Phone System ☐ C	Other:
Staff request to: Warden Burl Office	e: E.A.R.V. Warden's
Please give a detailed summary regarding your request:	14 11 11
gllowing a head Lon Vedger to be	IT you would consider
ext seens and in comins leval mail	The for confilmation of
of mail (Legal) going and roming,	THIS WEATH EITSUTET MUTILE
timely to appears there's neway	tor an inmate to prove
Method has been use at other un	Theeting dead ines, This
I've personal been having problems is	they level mail during 2012 2012
Have you previously spoken with any staff regarding your request: (Cir	rcle One) YE (NO)
If yes, please state who:	N/A
Inmate Signature:	
H. 1929	
DO NOT WRITE BELOW THIS LIN	Date: O
VAVIO MIUS	9/12/13
have reviewed your request and here is my finding:	
Imme Coley, T. agan	eciate nont
5.00012	10-11-11
succession of the	his Dhe this
Will Not Occur Artic	106 5050
WILL STORY OF THE	A SUS NOC
WOLLY 13 DOING TO	(lowello
m referring this request to:	
₩ Resolved	
aff Signature: 10 Not Resolv	/ed
DAVID MILLS	

Exhitbit B

NIT LEVEL GRIEVANCE FORM (Attachatemand Mone Emecunical Contents) Ame # (o v		
SEP 1 6 7013 DOC# 12 Brks # John Arrivance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: What free during the subject to first issue was not resolved during Step One, state why: What free during the first be handled informally.) If the issue was not resolved during Step One, state why: What free during the first be handled informally.) If the issue was not resolved during Step One, state why: What free during the first be handled informally.) If the issue was not resolved during step One, state why: What free during the first be handled informally.) If the issue was not resolved during step One, state why: What free during the first be handled informally.) If the issue was not resolved during step One, state why: What free during the first be handled informally.) If the issue was not resolved during step One, state why: What free during the first be handled informally.) If the state of the first be handled informally.) If the state of the first be handled informally.) If the state of the which you may be subject to the designated problems solving staff, who will sign the attached concerning Medical or Mental Health Services? If the deficiency of the first state why: Legal letter free free mental the first state at the complaint, date, place, name of personnel state the original first state of the first state of	INIT LEVEL GRIEVANCE FORM (Attachnosmet Ance/Received	. 1035
DOC# 12 Brks # J 505 ASSESSIFIANCE MAN FIRE J. CORV. Code # 12 10 13 (Date) STEP ONE: Informal Resolution 11 13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 11 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 12 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 14 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 15 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 16 (Date) STEP TWO: Formal Grievance save not for ordinary problems that are not of a scrious substantial risk of physical harms end of a scrious substantial risk of physical harms. For a script of a script	- 10 to E 4 // 1/.	GRV. # 00-13-01010
DC# 9244 Brks # John Step Green Land John Step Green Land John Step ONE: Informal Resolution 1/2/2 (Date) STEP ONE: Informal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: What I received a land of the substantial risk of physical hard. The substantial risks of physical hard. The substantial risks of physical hard; energency grievances are not for ordinary problems that are not of a scrious is substantial risks of physical hard; energency grievances are not for ordinary problems that are not of a scrious 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: Legal letters pretains the state of the state of the complaint, date, place, parne of personnel involved and how you were affected. (Please Print): Whether the state your one complaint/concern and be specific as to the complaint, date, place, parne of personnel involved and how you were affected. (Please Print): A special form the seeded when clearly 2 authorized a personnel involved and how you were affected. (Please Print): A special form to the complaint, date, place, parne of personnel involved and how you were affected. (Please Print): A special form to the seeded when clearly 2 authorized personnel involved and how you were affected. (Please Print): A special form to the seeded when clearly 2 authorized personnel personnel involved and how you were affected. (Please Print): A special form to the seeded when clearly 2 authorized personnel personn	Name H. 1018V	Date Received:
10 13 (Date) STEP ONE: Informal Resolution 1/2 / 3 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally) 1/2 / 3 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally) 1/2 / 3 (Date) EMERGENCY GRIEVANCE-Lan emergency, state why: 1/4 / 4 1/4 4 1/4 4 4 4 4 4 4 4 4 4	TEAST OF BEGINNING MILL ME OF	GRV. Code #:
If the issue was not psolyed during Step One, state why: Whit is seen and are kept if the issue was not psolyed during Step One, state why: Whit is seen and are kept if the issue was not psolyed during Step One, state why: Whit is one in which you may be subject to the which is one in which you may be subject to is ubstantial risk of physical harm; emergency grevances are not for ordinary problems that are not of a serious is substantial risk of physical harm; emergency grevances are not for ordinary problems that are not of a serious is substantial risk of physical harm; emergency grevances are not for ordinary problems that are not of a serious substantial risk of physical harm; emergency grevances are not for ordinary problems that are not of a serious substantial risk of physical harm; emergency greater that is not in the designated problems shat are not of a serious substantial risk of physical harm; emergency greater that the substantial risk of physical harm; emergency greater than a serious state why: White problems shat are not of a serious state why: White problems shat are not of a serious state why: White problems shat are not of a serious state why: White problems shat are not of a serious shat are not of a	ADC#_/FIT	
If the issue was not resolved in this series in the issue was not resolved in this series is the interest of the issue was not resolved in this series in the interest of the		uld first be hand ed informally.)
If the issue was not resolved in this series in the issue was not resolved in this series is the interest of the issue was not resolved in this series in the interest of the	9-/3-/3 (Date) STEP TWO: Formal Grievance (All complaints/concerns sho	it records are Kept
Date EMERGENCY GRIEVANCE Fine emergency situation is one in which you may be subject to substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a scrious substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a scrious statched emergency receipt. If an Emergency, state why: Legal effects prefaints that the state of the state	If the issue was not resolved during step one, j	Til to Courts
as substantial risk of physical rain, elitegated form to the designated problem-solving staff, who will stign the nature). If you marked yes, give this completed form to the designated problem-solving staff, who will stign the nature). If you marked yes, give this completed form to the designated problem-solving staff, who will staff or mental staffs of the person of personnel place, name of personnel involved and how you were affected. (Please Print): If you are hardware concerning Medical or Mental Health Services? If you complaint, date, place, name of personnel involved and how you were affected. (Please Print): If you are hardware concerning Medical or Mental Health Services? If you complaint, date, place, name of personnel involved and how you were affected. (Please Print): If you are hardware affected. (Please Print): If you are hardware affected a pendy of the grievance process, report it immediately to the Warden or design from an affect of the person in that department receiving this form: If you are hardware process of your use of the grievance process, report it immediately to the Warden or design from are hardware process of your use of the grievance process, report it immediately to the Warden or design (Yes or No.). This form was received on (date), and determined to be Step One and/or an Emergency Grievance (Yes or No.). If yes, name of the person in that department receiving this form: It is form was received on (date), pursuant of Step Two. Is it an Emergency? (Yes or No.) Staff Signature & Date Returned (date), pursuant of Step Two. Is it an Emergency? (Yes or No.) Staff Who Received Step Two Grievance: Action Taken: (Prowarded to Grievance Officer/Warden/Other) Date: OCT 2 4 2013 First or was received on (Gate), pursuant of Step Two. Is it an Emergency? (Yes or No.) Right Grievance of Grievance Officer/Warden/Other) Date: OCT 2 4 2013	hand of incoming by the	in which you may be subject to
ature). If you marked yes, gircle and sometimated because of your use of the grievance contenting Medical or Mental Health Services? It is this Grievance concerning Medical or Mental Health Services? It is this Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance concerning Medical or Mental Health Services? It is the Grievance of the grievance process, report it immediately to the Warden or design and interest of the print of the grievance process, report it immediately to the Warden or design and interest of the print of the personnel to the Stap One and/or an Emergency Grievance (Yes or No). If yes, name the print of the personnel to the Stap One and/or an Emergency Grievance of the print of the print of the print of the personnel that department receiving this form: It is form was received on (date), pursuant of Stap Two. Is it an Emergency? (Yes or No) Staff Signature & Date Returned (Action Taken: (Powarded to Grievance Officer/Warden/Other) Date: October Officer/Warden/Other) Date:	(Date) EMERGENCY GRIEVANCE and onto for ordinary p	problems that are not of a serious
stated emergency receipt. In an interest of the series of the complaint, date, place, name of personnel involved and how you were affected. (Please Print): If yes, circle one: medical or menial is this Grievance concerning Medical or Menial Health Services? If yes, circle one: medical or menial is this Grievance concerning Medical or Menial Health Services? If yes, circle one: medical or menial is this Grievance concerning Medical or Menial Health Services? If yes the control of the complaint, including dates. If yes, circle one: medical or menial date, place, name of personnel is the complaint, date, place, name of personnel involved and how you were affected. (Please Print): If yes the control of the control of the grievance process, and the control of the print of the control of the control of the print of the control of the control of the print of the control of the contr	a substantial risk of physical halfit, emergency give this completed form to the designated problem	-solving staff, who will sign the
It is the Greenance concerning Medical or Mental Health Services? BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place and personnel BRIEFLY state your one of the personnel and personnel BRIEFLY state your one of the personnel and	nature). If you marked yes, give this compared to the following the following marked yes, give this compared to the following th	ers prelained to
Interest state your one continuant continuan	1000 1000	a circle one: mealcal or memai
Interest state your one continuant continuan	Is the Grievance concerning Medical or Mental Health Services? My 13 ye	at date, place, name of personnel
involved and how you were antectus. It is an open by authorize instruction of the present in the certification of the present in the certi	TANKED IN A ALACA MOUT ONE COMMINATING COMPANY WAS A TO THE TANKED TO TH	I has been allen
This form was received on (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was received on (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was received on (Yes or No). This form was	involved and how you were affected. (1 ions 1 this	return stating
where indeed a ready 150 latest incident on 99973, where indeed a ready 150 latest incident on 99973, where indeed a ready 150 latest incident on 99973, where indeed a ready 150 latest incident of an inmate to prove firely in ching and out 16103 has legal by the second ready in the sec	net in my persons sign upon the author	orize synatures
This form was received on (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was received on (Yes or No). This form was received on (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was received on (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). Th	2 signatures needed when their inside	nt on 19-9-13,
This form was received on (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was forwarded to medical or mental health? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). This form was received on (date),	W The Control of	1- 1- 20/10
The solve these issues a legal Log Ledger hould be used for confirmation of out going and going going and going going and going and going and going and going and going and going going and going an	It increase there's neway for an i.	
To so we these is mes a legal log ledger hould be used for confirmation of outgoing and in dening legal mail. This would ensure notice of legal mail going and in dening legal mail. This would ensure notice of legal mail going and for an including determined to be step one and/or an Emergency Grievance of the grievance process, report it immediately to the Warden or design throu are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design throu are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design throu are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design (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: Other person in that department receiving this form:	The state of the s	neeting deadlines ella
be used for confirmation of out going and in corning lend mail. This went densured notice of the grievance of the grievance process, report it immediately to the Warden or design Inmate Signature This section to be filled out of the grievance process, report it immediately to the Warden or design 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: Date PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: Discovery of the grievance of the grievance process, report it immediately to the Warden or design (Yes or No). If yes, name Date 1 1013 Date PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: Date This form was received on (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Signature & Date Returned This form was received on (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Who Received Step Two Grievance: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: (Forwarded to Grievance Officer/Warden/Other)	Timely in willy	ne ledger should
Inmate Signature In the seen used of the unity and appear to the Warden or design to the proper to the proper to the proper to the warden or design to the proper to the proper to the warden or design that form was received on (date), and determined to be Step One and/or an Emergency Grievance of the person in that department receiving this form: This form was received on the proper to the proper to the warden or design this form was forwarded to medical or mental health? (Yes or No). If yes, name to the person in that department receiving this form: This form was forwarded to medical or mental health?	To solve those issues of the	and in series legal
Inmate Signature It is form was received on Of the person in that department receiving this form: Describe action taken to resolve complaint, including dates: Staff Signature & Date Returned Of Company of Control of Cate), pursuant to Step Two. Is it an Emergency (Yes or No) Staff Who Received Step Two Grievance: Action Taken: Onter the property of th	he used for continuition of bear	I mail soins and
Inmate Signardre Inmate Signardre In the seen uses of other units and affects of the warden or design of the person in that department receiving this form: This form was received on (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 Signardre PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signardre Staff Signardre & Date Received Complaint, including dates: Staff Signature & Date Returned (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Who Received Step Two Grievance: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: Action Taken: PARTY STAFF ONLY (Yes or No) If yes, name (Yes or No). If yes or No). If yes or No). If yes or No). If yes or No) Date: OCT 2 4 2013 Action Taken: OCT 2 4 2013	Mail 101) White I I AMP (+++++ S)	souture, There's no way
Inmate Signature If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance process, report it immediately to the Warden or design to the process of the grievance on the grievance of the grievance process, report it immediately to the Warden or design to the process of the grievance on the grievance process, report it immediately to the Warden or design to the grievance of the grievance on the grievance of the warden or design to the		ne mail, This Method
Inmate Signature If you are had medithreatened because of your use of the grievance process, report it immediately to the Warden or design to the process of your use of the grievance process, report it immediately to the Warden or design to the warden or design to the process of your use of the grievance process, report it immediately to the Warden or design to the process of your use of the grievance process, report it immediately to the Warden or design to the process of your use of the grievance on to the process of your use of the grievance of the person in that department receiving this form: Of the person in that department receiving this form: Date	The am I want to	WOTK!
Inmate Signature If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design the your are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design this form was received on (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). If yes, name of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form was received on (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Signature & Date Returned This form was received on (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Who Received Step Two Grievance: Action Taken: OCT 2 4 2013 OCT 2 4 2013	has been used at the want	
Inmate Signature If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design If you are harmed/threatened because of your use of the grievance of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Date PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Of the person in that department receiving this form: Date OF COMMAN OF COMMAN SOLVER) ID Number Staff Signature Staff Signature & Date Received Problem Solver OF COMMAN OF COMMAN SOLVER (date), pursuant to Step Two. Is an Emergency? This form was received on (date), pursuant to Step Two. Is an Emergency? OCT 24 2013 Action Taken: OCT 24 2013 Forwarded to Grievance Officer/Warden/Other) Date: OCT 24 2013	0 10	10-13
Inmate Signature If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or design If you are harmed/threatened because of your use of the grievance of the person in that department receiving this form: Of the person in that department receiving this form: Of the person in that department receiving this form: Date PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Of the person in that department receiving this form: Date OF COMMAN OF COMMAN SOLVER) ID Number Staff Signature Staff Signature & Date Received Problem Solver OF COMMAN OF COMMAN SOLVER (date), pursuant to Step Two. Is an Emergency? This form was received on (date), pursuant to Step Two. Is an Emergency? OCT 24 2013 Action Taken: OCT 24 2013 Forwarded to Grievance Officer/Warden/Other) Date: OCT 24 2013	Hi Colley Date	
This form was received on (date), and determined to be Step One and/or an Emergency Grievands (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	Inmate Signature	t it immediately to the Warden or design
This form was received on (date), and determined to be Step One and/or an Emergency Grievands (Yes or No). If yes, name of the person in that department receiving this form: Of the person in that department receiving this form: Date PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Of the person in that department receiving this form: Date PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Of the person in that department receiving this form: Of the person in that department received to the person in	If you are harmed threatened because of your use of the greenance process BY ST	TAFF ONLY
(Yes or No). This form was forwarded to medical or mental health? Of the person in that department receiving this form: PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: OF THE STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: OF THE STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: OF THE STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: OF THE STAFF NAME (PROBLEM SOLVER) OF THE STAFF NAME (PR	THIS SECTION 25 to be Ston	One and/or an Emergency Unit valid
Staff Signature & Date Returned This form was received on Staff Who Received Step Two Grievance: Action Taken: Control of the person in that department receiving this form: Control of the person in that department receiving this form: Control of the person in that department receiving this form: Control of the person in that department receiving this form: Control of the person in that department receiving this form: Control of the person in that department received pate Received Control of the person in that department received Pate Received Control of the person in that department received Pate Received Control of the person in that department received Pate Received Control of the person in that department received Control of the person in that department received Control of the person in that department received Control of the person in that Received Control of the person in the person	This form was received on the form was forwarded to medical or mental health	? (Yes or No). If yes, hank
PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Staff Signature & Date Returned Staff Signature & Date Received RECEIVED This form was received on (date), pursuant to Step Two. Is an Emergency? Staff Who Received Step Two Grievance: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Control of the Received No. 10 to	(Yes of No). This form the department receiving this form:	9110113
PRINT STAFF NAME (PROBLEM SOLVER) Describe action taken to resolve complaint, including dates: Describe action taken to resolve complaint, including dates: Of Order of Ord	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Received
Staff Signature & Date Returned Character & Date Returned Character & Date Received Receive	ACCUSE AND A STORY STORY STORY STORY	ites no records be ker
Staff Signature & Date Returned (date), pursuant to Step Two. Is an Emergency? (Yes or No) This form was received on (date), pursuant to Step Two. Is an Emergency? (Yes or No) Staff Who Received Step Two Grievance: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: Action Taken: (Forwarded to Grievance Officer/Warden/Other)	Describe action taken to resolve complaint, including dates	lence +
This form was received on Staff Who Received Step Two Grievance: Action Taken: (date), pursuant to Step Two. Is it an Emergency: (Tes of Two Is it an Emergency: (Post of Tw	of incoming or outgoing priveregue conseque	
This form was received on Staff Who Received Step Two Grievance: Action Taken: (date), pursuant to Step Two. Is At an Emergency: (Tes of Two Is At an Emergency: (Date: OCI 2 4 2013 (Forwarded to Grievance Officer/Warden/Other) (Forwarded to Grievance Officer/Warden/Other) (Forwarded to Grievance Officer/Warden/Other)		1 117 -13
This form was received on Staff Who Received Step Two Grievance: Action Taken: (date), pursuant to Step Two. Is At an Emergency: (Tes of Two Is At an Emergency: (Date: OCI 2 4 2013 (Forwarded to Grievance Officer/Warden/Other) (Forwarded to Grievance Officer/Warden/Other) (Forwarded to Grievance Officer/Warden/Other)	A, Colley	A DA PROMISSION OF THE PARTY OF
This form was received on(date), pursuant to Step 1 wt. Iswall Embedding	Staff Signature & Date Returned A James Signature	Example (Yes of No)
Staff Who Received Step Two Grievance: (Forwarded to Grievance Officer/Warden/Other) Date: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:	Stati Stutiature & Date Retains	n Emergency, (103 of 114)
Action Taken: (Forwarded to Office and Supervising this form:		
		MARE GRIEVANCE SUPERV
CONTRACT OF CONTRA	C	
DI TIF-Grievance Officer; ORIGINAL-G: >	DI TEC Griev	ance Officer; ORIGINAL-G 95

ANTONIO COLEY (ADC #092842)

CLAIMANT

V.

NO. 15-0333-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONSE TO CLAIMANT'S REQUEST FOR INTERROGATORIES AND FOR PRODUCTION OF DOCUMENTS

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

- 1. Interrogatory No. 1: Objection. This is attorney work product and calls for a legal conclusion.
- 2. Interrogatory No. 2: See response above.
- 3. Interrogatory No. 3: There is no policy that negatively states no record be kept of incoming or outgoing privilege correspondence. Claimant is not entitled to know what corrective action was taken against any staff member as it is a breach of the safety and security of the institution.
- 4. Request for Production No. 2: Objection. This is not a policy which the claimant is entitled to have because it concerns the staff and not inmates. Claimant does not have any need for this policy.

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 DISCOVERY RESPONSE has been served this 19 day of 10 weeker, 2015, on the below Claimant by placing a copy of the same in the U.S. Mail, regular postage to:

ANTONIO COLEY (ADC #092842) WRIGHTSVILLE UNIT P. O. Box 1000 WRIGHTSVILLE, AR 72183-1000

LISA MILLS WILKINS Ark. Bar #87190

EXBIT Label # D	THE WAY OF THE CENTER	
UNIT LEVEL GRIEVANCE FORM (Attachment I)	REVANCE/RECEIVED	FOR OFFICE USE ONLY
Unit/Center Fift Roll"	MAR 0 5 2014	
Name A. Coley	ST AR REGIONAL UNIT	GRV. # & 1-14-04-313 Date Received: 3-5-14
ADC# 9242 Brks # 14-6 Job Assignme	4 / /	GRV. Code #: 307
3 -/-// (Date) STEP ONE: Informal Resolution	1	001
3-1-1 Date) STEP TWO: Formal Grievance (All comp	olaints/concerns should	first be handled informally.)
If the issue was not resolved during Step C	one, state why:	do APT \$ 55
B-/-// (Date) EMERGENCY GRIEV NCE (An emerge	ency situation is one in	which you may be subject to
a substantial risk of physical harm; emergency grievances ar	e not for ordinary prob	lems that are not of a serious
nature). If you marked yes, give this completed form to the	designated problem-so	lving staff, who will sign the
attached emergency receipt. If an Emergency, state why:	because 16	enths has pasti
and I had bononths to responds to		lay prevented letal tilling.
Is this Grievance concerning Medical or Men al Health Serv		r le one: medical or mental
BRIEFLY state your one complaint/concern and be specific	as to the complaint, d	ate, place, name of personnel
involved and how you were affected. (Please Print): _//_	2-28-14	I recieved
Legal Mail nailing date 10-4-	12 from he	e county circuit
Educt. This Ibmenthe delay h	as prevent	ne from nect-
ing a court profer deadlined the	ATI WAST	aware that
pleased, I had from 10-2-	12 until 4.	2-13 10 10-
spand. The stately unacceptab	le enother	innate in 14
BKI, y other inmatter in 186Ks	and bothe	r innates in
11 BKs Known of received mai	1 dated 10-4	12-01 2-28-14
It appears this mittake occur	red from	Finikell mail room
not the U.S. Postal Service pro	akly discover	during ADC
Fifther frontereditations chear	n -uposince	each immates delay
mal dated il-H-12 releved	16 nonths late	100,2-28-14.
I'm requesting a letter from	M F.A. R. M. To	chard to me
addressing Lee County Circuit 1	out this no	stake wasn't my
fault that prevented me from a	reperly address	instruction ded fore
1	/ /	// JEOLIVES
Mi CHen	3-1-14	
Inmate Signature	Date	MAR 26 2014
If you are harmed/threatened because of your use of the grievan	ice process, report it imm	nediately to the Warden or designee.
THIS SECTION TO BE FILL		
This form was received on 3/3/14 (date), and determ	nined to be Step One a	or an Emergency Grievance
Yes or No). This form was forwarded to medical ϵ	or mental health?	(Yes o(No)? If yes, name
of the person in that department receiving this form:		Date
3+ Wrone 1411/500 8C621 3	the one	2/7/14
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Sig		Date Received
Describe action taken to resolve complaint, including dates:	The me mas	de- I Verelauhen
It was received by the inell room	Staff End O	F SArdemut
		/
C. S. S. MINI	1.1/	· · · · · · · · · · · · · · · · · · ·
the flee 81911	of H. Coley	3-4-14
	nmate Signatur & Dat	
This form was received on 314/14 (date), pursuant to Ste		
Staff Who Received Step Two Grievance:		Date: 5/9/14
	ance Officer/Warden/O	ther) Date: 4/4/4
f forwarded, provide name of person receiving this form.		Date:

IGTT430 3GD

Attachment VI

INMATE NAME: Coley, Antonio D.

ADC #: 092842

GRIEVANCE#:EA-14-00313

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 03/04/14 in reference to legal mail dated 10/04/2012 that you received.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of having merit. Ms. Roberts did locate some unprocessed mail in a box when she was checking the inventory of the ink cartridges for the printer. Corrected action was taken and the staff that was responsible for this matter has been terminated.

Appeal denied due to being resolved at the unit level.

D=4=

58

3/17/2014

EXBIT Label# F eOMIS-Arkansas-coMIS Production V8-Prod12

IGTT410 3GS

INMATE NAME: Coley, Antonio D.

ADC #: 092842A

GRIEVANCE #: EA-14-00313

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Coley, you grieve on 02/28/2014, you received legal mail which was postdated for 10/04/2012. Your complaint is noted. Documentation reflects on 02/26/2014, Mrs. Roberts, Mailroom Supervisor, did find some mail from the United State Postal Service dated fro October 4, 2012. I find your complaint with merit and corrective action will be taken.

Signature of Ward n/Supervisor

Designee

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

What Corrective Actions Hus Been Taken Does'nt Mention.

Inmate Signature

ADC#

MAR 26 2014

INMATE GRIEVANCE SUPERVISOR ADMINISTRATION BUILDING

Exbit Label # 6

Office of

Mary Ann Wilkinson CIRCUIT CLERK & EX-OFFICIO RECORDER OF LEE COUNTY

15 E. Chestnut St., Rm 2

Marianna, AR 72360

Phone: (870) 295-7710 • Fax: (870) 295-7712

PLAINTIFF: Antonio Coly # 92842

RE: CASE # Upur Complaint

Dear Sir or Madam:

YOU DID NOT FURNISH A ENVELOPE WITH POSTAGE TO RETURN YOUR COPIES - AS A COURTESY I AM SENDING THIS TIME ONLY

YOU DI D NOT FURNISH COPIES TO MAIL BACK TO YOU- AS A COURTESY I AM SENDING TO YOU **THIS TIME ONLY**

IF A SUMMONS IS NEEDED YOU MUST REQUEST IT AND SUPPLY ADDRESS

THER: I have enclosed a copy of the Calculation foun
for you to give to the book keeper. When the Pasue
the Check for \$165.00 we will file your case and
Issign it a judge. you will also get a file Marked
copy of your case- the hold paperwant for to montholo
Capy of your case the hold paperwent for to worthow
the populark.

ANY PLEADINGS FILED IN YOUR CASE SHOULD BE ACCOMPANIED BY A COPY AND A SELF ADDRESSED STAMPED ENVELOPE FOR YOUR RETURN. ANY LETTER OR REQUEST FOR HEARING WILL BE FORWARDED TO THE TO THE JUDGE ASSIGNED TO YOUR CASE BY THIS OFFICE. ONCE YOUR CASE IS FILED PLEASE CONTACT THIS OFFICE IF YOU ARE PAROLED OR MOVED TO A DIFFERENT LOCATION.

Thank you,

Mary Ann Wilkinson

A

1

Mary Arm Wilkinson
Lee County
CIRCUIT CLERK &
EX-OFFICO RECORDER

15 E. Chestnut St., Rm 2 MARIANNA, ARKANSAS 72360

Still and Be 18 20 Carlon to

MEMPHUS TIN 39

04 OCT 2012 PM 5 L

314/02 14,06

Antonio Coly # 92842

PO Box 180 Brickup AR 72320-018C

72920016060

thidatatathadilladhaeaffaltatatathadilladi

EXLITAIT 6

of No FAULT of my own, I was not given
a chance to projectly meet the requirements
in the allotted time tigme of be months because I was not aware due to the delay of letter reaching me. I'm requesting this unit mailroom to forward a letter address to this court explaning there fault address, the this court soc least gother inmates receive letters on 2-28-14 dated postmark October 4, 2012 that was found in Unit Mailroom 16 months later I'm therefore asking your office/this court
to appoint me another time frame to meet
the requirements and filing fees requested in
mention letter that was delay by 16 months
to reach me to reach mei I'll respectfully be quaiting your or your office responds. Thanking you and your office in advance for your times The Antonia Cale 15,2 ot2 w

Exhitbit d

	To: Mary Ann Wilkinson Pate: 3-3-14
	(circuit clerk/EX-Officio Lecorder)
	(If Lee County)
	15 E. Chestnut St., Rm 2
	Marianna, Ar. 12360
2	
1	From: Antonia Coley
	ADC #92842
6	1,0,00x 180
	brickeye, Ar. 72360
. 81	
*	Rei Welay Of Legal Vail, freventing lines
	Re: Welay OF Legal Pail, freventing Tinely Kesponds and Paia Filing Fees
9.5	
	1 Com May Contain
B 100 00	Deni, Mr. Wilhinson pr Who Ist May Concern,
@ TG	the second secon
5 1 1 1 13	I recieved a letter from your office on
	February 28, 2014, letter dated October 2, 2012
	mail on October 4, 2012 (bit Mark Pate) (16 months
\$1 1	late 1. E.A. K. V. / Brickey, Unit / lang date 2-28-14
3.2	aswell as delivering officer (captain lord) sign and dated mention letter 2-28-19 when I received
- Add	
, <u>a , s , s , s , s</u>	letter.
	to local in constants
	Enclosed is a copy letter contents I recieved on 2-26-14,
* * *	to received on 2 rolli

Exbit Label # 6 Hand Written copy | Mail Orginal copy | MARY ANN WILKINSON

CIRCUIT CLERK LEX-OFFIGIO RECORDER

OF LEF COUNTY 15 E. Chestnut St., km 2 Marsanna, Ar. 12360 Thone: (870) 295-7710 Fax: (870) 295-1712 DATE: May 6, 2014 PLAINTIFF, Anterio Color #092942 RE: CASE # your case Dear Sir or Madami YOU DED NOT FURNISH ENVELOPE WITH POSTALE TO RETURN YOUR etc...

OTHER: I am sorry to inform you that I looked for your paperwork and it is no longer here. We try to keep documents as long here, we try to keep documents as long as possible but this has been almost a years as

Thank your Mary Ann Wilkinson

ŕ

Ŋ.	Fast Arkansas Pogional Unit Tour
ç	East Arkansas Regional Unit Inmate Request Form Inmate Name (Please Print):
	ADC #: 9 2 PIL 2
	Housing assignment: 14-6 GT Class: 1C Job Assignment: 8/14
	Gled the appropriate too stonarea o concern.
·3 ·	Law Library
-	☐ Wiaii
	☐ Personal Hygiene ☐ Visitation
	☐ Commissary
	D Medical / Infirmance
	D Bookkooping (Invests A4)
s	CTI Dhow Court
-	other. While, Warden Office
	Staff request to: Office: File 1
Ī	Please give a detailed summary regarding your request:
- 1	Kespectfully seeking to know when Mrs. Loberts started
1	Tot west in Establish Mail bear acres of whom stated
7 12	disign flad work in F.A.R. U. Mail Lean during the
	days 0) (Clober 4) thru 18th of 2012.
1.	Needed for legal regions A.S.A.
-	
F	lave you previously spoken with any staff regarding your request. (6)
lf	Have you previously spoken with any staff regarding your request: (Circle One) (Cir
in in	
	Ar Coles 2 Late: 3-25-14
St	aff Responding: DO NOT WRITE BELOW THIS LINE
	CAUTO MIS
TH	nave reviewed your request and here is my finding:
-	
	Date of assembneret to high
_	20 Commercy To May
	100m Was Mytch 2013
-	7. 6
-	
_	
-	
ı am	referring this request to: I consider this issue:
	Resolved Not Resolved
Staff	Signature:
	W VI G VIII S

STATE CLAIMS COMMISSION DOCKET OPINION

Amount of Claim \$	Claim No	15-0333-CC
	Attorneys	
Antonio Coley, #092842 Claimant vs.	Pro se	Claimant
AR Dept. of Correction Respondent	Lisa Wilkins, Attorney	Respondent
State of Arkansas		
Date Filed October 27, 2014	Type of ClaimFailure to Follow I	Procedure,
FINDING OF	FACTS	
The Claims Commission hereby unanim Reconsideration' for the Claimant's failure to o decision of the Claims Commission. Therefore, order remains in effect.	ffer evidence that would change the pr	ior
IT IS SO ORDERED.		
(See Back of Opin	ion Form)	
CONCLUS	ION	
The Claims Commission hereby unanimore Reconsideration" for the Claimant's failure to of decision of the Claims Commission. Therefore, order remains in effect.	fer evidence that would change the price	or
Date of Hearing January 14, 2016		
	< 11.	
January 14, 2016	1 (Maore	
Date of Disposition	1111	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.

claimant Antonio Coley #092842 VS claim No. 15-0333-CC Ar. Department Of Corrections etc. al. Respondent State Cloims Commission leneral Assembly of State Commission RECEIVED of 1997 Found In Ar, Code Ann. 819-10-211 Comes now the algingat in the above le claim and do herein submit his appeal reversal of the state claims Commission acket opinion denying and dismissing claimant aim, against the Respondent on December 9,2015 its hearing In support of claimant claim claimant states. Claimant has shown/proven a Preponderance I Agency As. Dept. of Coss, mail policy has denied claimant Due-Process thru their AR's and AD's polices pretaining to incoming and outgoing Legal Mail (See Exhitbit A, B and E to the courts. Cert Pa 1 nf 3

31 Agency Ar Dept. Of Corr, or their attorney
Lisa Mills Wilkins Ark, bar #87190 has
fulsified legal documents to this claims
connission of Arkansas, to get a favorable judgment,
Exhibit A and Exhithit b and E states DOC policy is being tollowed, policy states no records be kept of incoming or outgoing priveleged correspondence but Exhitbit C #3 clearly states There is no policy that negatively states no record be kept of incoming or outgoing privilege correspondence refer to exhitbit C. received this mention legal mail when nailroom received this mention see exhitbit D but exhitbit E and Exhitbit T agree with claimant that claimant received mention legal mail lb neaths late causing claimant Malpractice Law suit not to be process it state court by claimant for not following courts instructions see Exhitbit & months late legal mail was assign to mailroom in March 2013 around 11 months before delivery of late mail claimant received on 2-28-14 that was mail 10-4-12 see Exhitsit H They Were Hot Persent As Regulard), Claimant biven 3 to Soins, To liesest Exidence.
Wasn't known Time To Resent Evidency, 2 of 3 Therefore, claimant gray this
Arkansas beneral Assembly of State

grant claimant appeal, award claimant between

\$1,500 dollars to \$17,500 dollars of the sought

\$1,500 million dollars sought in claimants Malpractice

Law suit and what claimant was seeking within

claimant claim in Aristate claims Commission ADC. Respectfully submitted Date: 1-19-2016 Note, Claimant Metion for Reconsideration;
was denied on 1-14-2016 by Assistate
Claims Commission. Claimant has filed
Anneaded Appent to this Assembly within required 20 calendar
days from the opinion denyine claimant
a Metion for Leconsideration of the Claims (0 mm 1 351 pm Ps, 3 of 3