



STATE OF ARKANSAS
BUREAU OF
LEGISLATIVE RESEARCH

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for Fiscal Services
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for Legal Services
Jessica Whittaker, Assistant Director
for Research Services
Eric Sanders, Assistant Director
for Information Technology Services

**Claims Review/Litigation Reports Oversight Subcommittee
of the Arkansas Legislative Council
Claims Subcommittee of the Joint Budget Committee
Statement of Redaction of Confidential Information**

Style of Case: Michael Wilmoth v. Arkansas Division of Correction

Docket Number: Claim No. 240132

Type of Matter (please circle one):

Claims Review

Litigation Reports Oversight

As indicated by my signature below:

- I acknowledge that documents submitted to the Subcommittee may be published or disseminated by the Subcommittee for purposes of its consideration and those documents that are published or disseminated by the Subcommittee will be considered subject to disclosure under the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq.
- I further acknowledge that it is my responsibility to review each document submitted to the Subcommittee and make any necessary redactions.
- I certify that I have reviewed each document submitted herein and have redacted all confidential information excluded from public access by Arkansas Supreme Court Administrative Order No. 19, § VII, and the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq., including without limitation an individual's home address, personal email address, personal phone number, date of birth, social security number, information identifying a minor child, medical records, and financial account numbers.
- If a redacted document has been submitted, I have also included a non-redacted copy of the same document that may be considered exempt from disclosure under Arkansas Code § 25-19-105.


Signature

Mika Tucker
Name

Arkansas State Claims Commission, Attorney Specialist
Title and Agency

January 17, 2025
Date

pg 1 of 2
Claim # 111one

Arkansas
State Claims Commission

Please print in ink or type

JUL 31 2023

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Michael S. Wilmoth (ADC [redacted]), Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces			
Claim No.	_____		
Date Filed	(Month)	(Day)	(Year)
Amount of Claim \$	_____		
Fund	_____		

COMPLAINT

Michael S. Wilmoth (ADC [redacted]), the above named Claimant, of [redacted] (City)

(State) (Zip Code) (Daytime Phone No.) County of White represented by _____ (Legal Counsel, if any, for Claim)

of _____ (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Arkansas Department of Correction Amount sought: \$ 20,000.00

Month, day, year and place of incident or service: From December, 2022 to Current July 2023 Grime Unit

Explanation: The ADC Director Dexter Payne, Deputy Director William Straughn, and Deputy Director Gaylon Lay are allowing Grimes Unit Warden Thomas Hurst, Deputy Warden Harris and ADC C/O Internal Affairs/ Disciplinary Appeal Director Thomas Rowland are allowing ADC Warden Thomas Hurst, Deputy Warden Harris, Major Jonathan D. Warner, [redacted] A.D.C. Security Staff COTI Zober, COTI Willie Harris, Lt. Richard E. Lee, Sgt. Shannon L. McFarland and all other Grimes Unit A.D.C. Security Staff, Isolation Staff to violate the Arkansas Department of Correction Policies and Procedures, Concern Major Disciplinary Policies and Procedures, Falsifying Legal Documents, 005's, Isolation Logs, Disciplinary, Hunger Strike Logs, ISSR 100 + 101 Forms, Grievances, Reports, Statements, Incident Reports, Use of Force, Restraint Chair, Medical Attention after use of force, Medical Attention while on Hunger Strike, Classification, Restrictive Housing, Release From Isolation and Restrictive Housing, Confiscation Forms, Cell Searches Restraints, Hair Cuts and Shaves, Food and Drinks, Retaliation for Use of Grievance System and [redacted] Hotline, Legal Phone Calls, Yard Call, Religious Services, [redacted] Ad Sec Incident Reports, Cell Clean up, A hour better grievances, [redacted]

As part of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? YES; when? From Dec. 22 to July 23; to whom? Arkansas Department of Corrections (Department)

and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? YES; if so, state name and address All ADC Inmates [redacted] (Name) (City) (State) (Zip Code)

and that the nature thereof is as follows: ADC Policies and Procedures not being followed at [redacted] Unit and legal documents being falsified by ADC [redacted] Unit Staff; and was acquired on _____, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.
Michael Shane Wilmoth (Print Claimant/Representative Name) [redacted] (Signature of Claimant/Representative)

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

(SEAL) HEATH DUNGAN WHITE COUNTY NOTARY PUBLIC - ARKANSAS on this 28th day of July 7th 2023 (Date) (Month) (Year)
My Commission Expires November 09, 2032 Commission No. 127215
Heath Dungan (Notary Public)

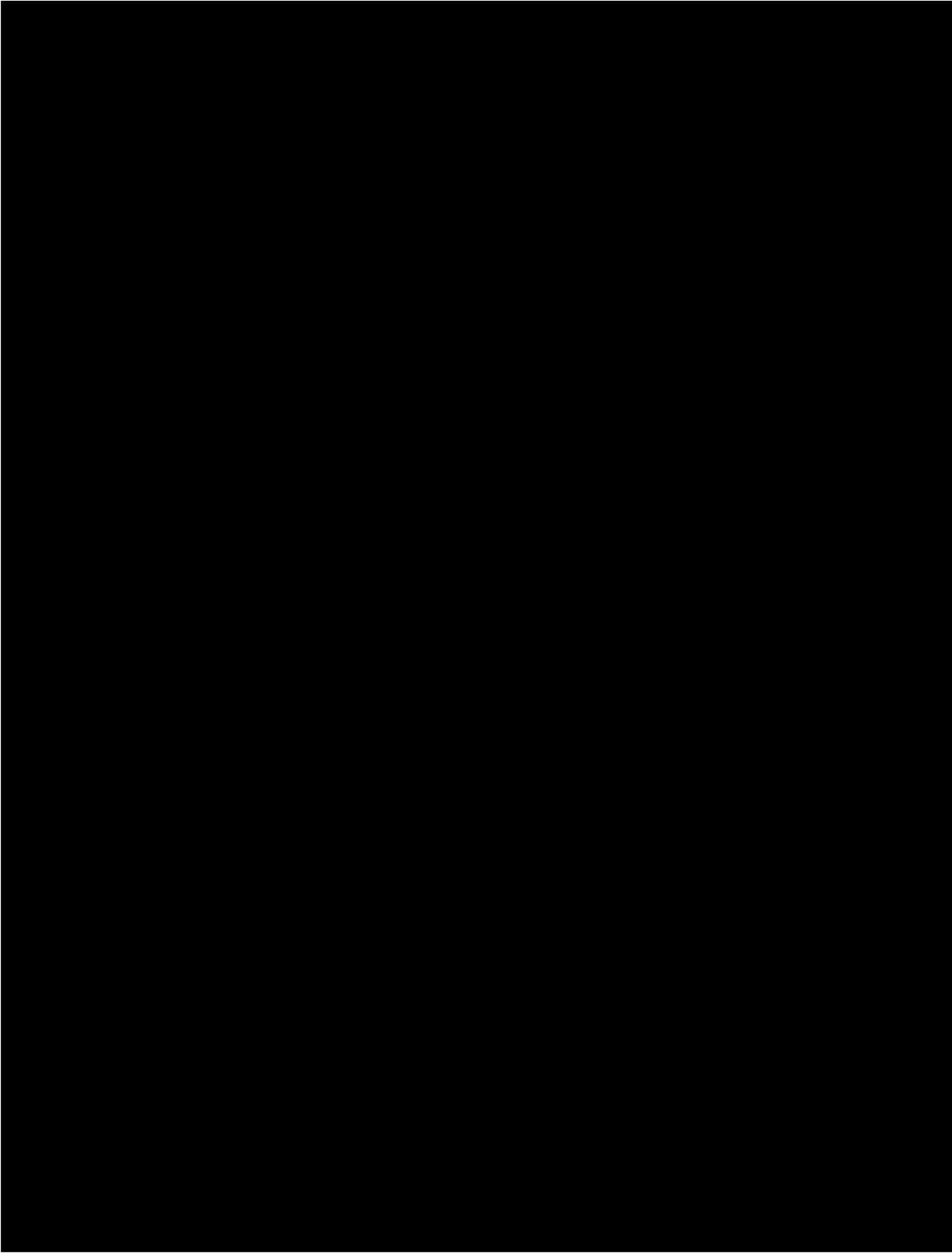
SF1- R7/99 My Commission Expires: 11 08 2032 (Month) (Day) (Year)

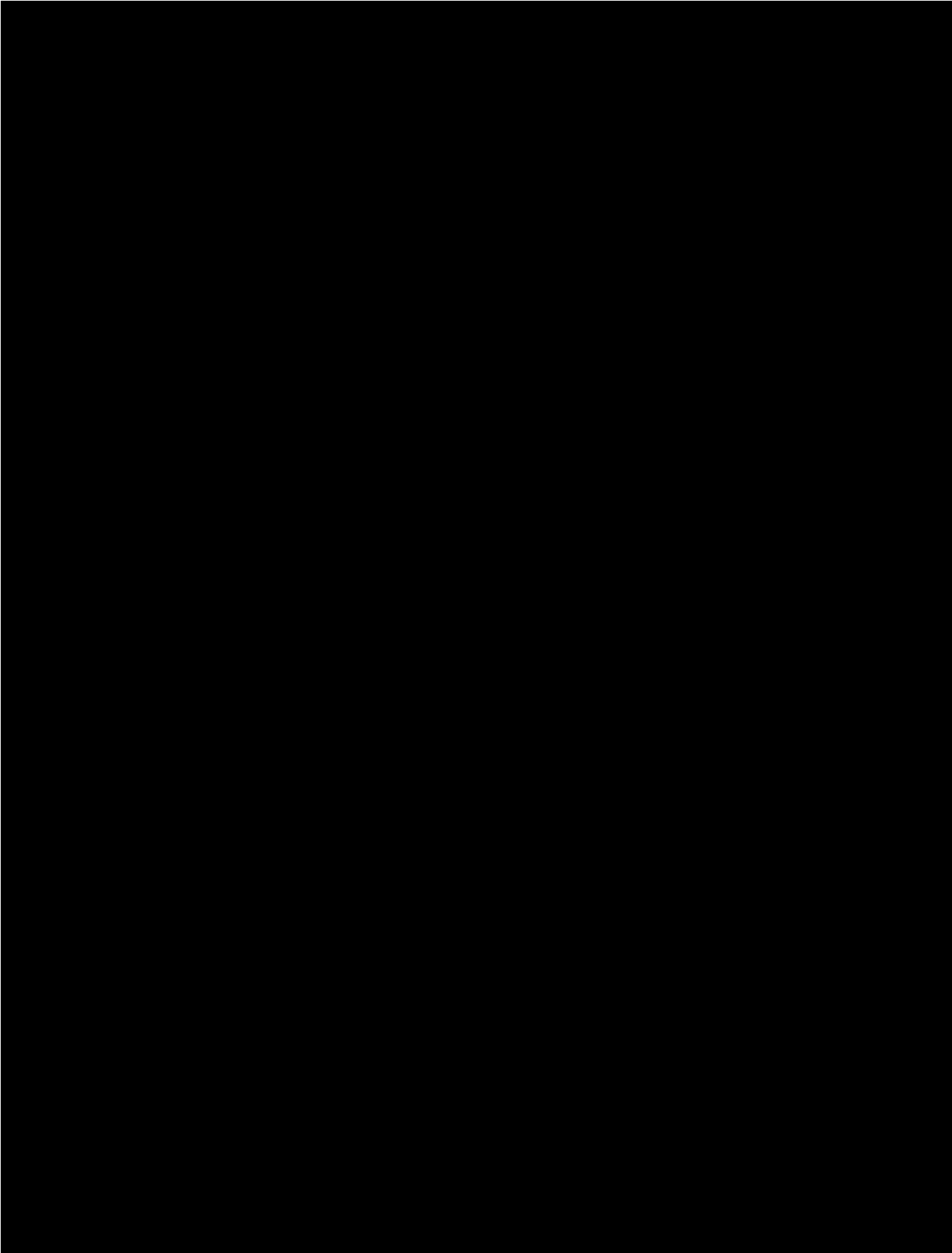
Pg 2 of 2

Claim # (1) one

Due, to all this my life is in Danger of Physical Harm, or Death and I need a Emergency Transfer to North Central Unit where my life will be safe?

I've been on Hunger Strike since 7-19-2023 and have not eat anything, at all due to my life being at Risk of Physical Harm or Death





Claim # (3) Three

State Agency Involved: Arkansas Department of Correction, Amount Sought: \$20,000.00
 Month, Day, Year and Place of Incident: July 1, 23 to current, Grimes Unit
 Explanation: The ADC Law Library Clerk, Ms. Danielle Barnett is violating A.D.C. Policies and Procedures for Law Library, Legal Supplies, Legal Copies and Retaliation. After a incident with A.D.C. ~~staff~~ Security Staff where I was physically assaulted and [REDACTED] by a A.D.C. Security Staff while in Handcuffs behind my back, Ms. Danielle Barnett A.D.C. Law Library Clerk learned I was working on a Arkansas State Claims concerning her, her sister COII Zober and other ADC security staff, and that I'm in the process of filing a 1993 Lawsuit in the United States District Court, I'm also working getting Marijuana case back into the Courts, she started denying me Legal Copies I ~~do~~ must have for these case, Legal Supplies, Law Book, Arkansas Codes, Administrative Reulations, Administrative Directives, Policies and Procedures for A.D.C. and the Rules and Regulations for the Arkansas State Claims Commission violating A.D.C. Policies and Procedures. I'm being retaliated against by the ADC Warden Hurst, Deputy Warden Harris, Major Warner, COII Harris, COII Zuber, Lt. Richard Lee, Ms. Danielle Barnett and many other A.D.C. Employees I fear for my safety, wellbeing from Physical Harm or Death and I my legal cases are being greatly Hindered

I have a Medical Records Release of Information Form I must have (4) Four copies, Ms. Danielle Barnett refuses to give me any copies of this form and this form is for the Arkansas Governor Sarah Huckabee-Sanders, the Arkansas Parole Board the Arkansas Department of Corrections Medical Records Office and my Attorney

Exhibit #1 to Claim #3

Arkansas
State Claims Commission

Inmate Request Form

JUL 31 2023

This form is to be used by inmates in contacting staff with requests on issues.
Staff should be given **5 working days to respond.**

RECEIVED

Name: Wilmoth, Michael	ADC Number: [REDACTED]	Date: 07-22-23
Barrack Number: ISO 123	Job Assignment: N/A	
To (Staff Member): Danielle Barnett	Office: Law Library	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail **Law Library** Commissary General Library Job Assignment
- Staff Mental health Personal Hygiene Other: _____

Detailed Reason For request: **IN RESPONSE TO YOUR REQUEST Dated 7/22/23**

I Need Ark. Code Ann. 19-10-208
I need all Rule and Regulation for the Arkansas State Claims Commission Federal Law Book Civil Rules and Procedures 2023.
I need ADC Policies and Procedures, AR's and AD's on Use of Force, Hunger Strike, Law Library, Legal Copies, Religious Services, #550, AD2022-10 Grievances

Have you talked to any Staff Member about this request? ___ Yes X No If so, whom?
Staff member(s) contacted: _____ Date: _____

Inmate's Signature Date

Staff Member Responding: Ms. Danielle Barnett	Date: 07 / 25 / 2023	RE
---	----------------------	----

I have reviewed your request and my findings follow: Mr. Wilmoth,
We have received your request dated 7/22/23. You will have to show some correspondence from the court that shows you have a deadline to receive any legal books while in Restrictive Housing. Once you are finished with your punitive time on August 9, 2023. The AD12-23 (Typing Services for the Law Library); GU9.13.0 (Use of Force); GU 10.3.0(Hunger Strike); and the GU14.6.0 (Law Library) will be sent to you. Also, AD19-34 (GRIEVANCE PROCEDURE)

Danielle Barnett
Staff Signature

I am referring this request to: _____

JUL 13 2023

Exhibit #2 to Claim #3

123

Encl Pun 8/9

ARKANSAS DEPARTMENT OF CORRECTION
TYPING AND COPY FORM

I. AUTHORITY:
Inmate Name (Print): Wilmoth ADC#: [redacted] ^{ISO} ks: 123 Date: 7/12/23

SUPPLY REQUEST

Inmates may obtain lined paper, envelopes and postage through the Commissary. Indigent inmates who have a deadline or valid need will send an Inmate Request to the Law Library Supervisor. If there is a proven deadline or valid need the inmate will be provided supplies with a lien placed against their account to be satisfied as monies come in. Additional items will only be issued if a need exist.

Manila Envelopes _____ (must be able to show need for requested quantity with material ready to go in envelop and address)

TYPING REQUEST

Inmates may request legal typing from the Law Library. Legal work must be neatly and legibly written, will be typed as is, and is subject to approval by the Law Library Supervisor. Preprinted forms will not be retyped. Attach the paperwork to this form and specify the date the typing needs to be completed:

_____, 20____. List number of copies needed: _____ . Initial _____

REQUEST FOR COPIES

108 pages

Copies of **legal** work may be requested, but inmates will be subject to a fee of .05¢ per copy.

I request copies to be made for a **legal** purpose. Initial msw

I need 3 copies of my Legal Documents
Number of copies Description of paperwork

Copies of paperwork not of a legal nature may be requested for a compelling reason by writing a request to the Law Library Supervisor explaining why you need the copies. Non-legal papers will not be copied unless necessary. Attach a signed inmate check to cover the cost of copying.

Inmate Signature: [Signature] Date Requested: 7/12/23
Officers Signature: [Signature] Date Requested: 7/12/23
Law Clerk Signature: _____ Date Filled: 1/1/
Officers Signature: Daniel Barnett Date Received: 7/13/23
Inmate Signature: _____ Date Received: 1/1/

COMPLETE AND FORWARD TO LAW LIBRARY SUPERVISOR

Allow seven days to complete.

Request denied and material returned to inmate for the following reason: You have included too many

items that the Law Library does not make copies of such as informational printouts, grievances, inmate request forms. The Law Library can only make copies of court requested items, and can only make the number of copies the courts require. DB 7/13/23
Also, per policy inmates are afforded copier services once a month. You are welcome to send only items the court needs in August.

123

End Pon
8/9

Exhibit #3 to Claim #3

ARKANSAS DEPARTMENT OF CORRECTION
TYPING AND COPY FORM

I. AUTHORITY:
Inmate Name (Print): Wilmoth ADC# [REDACTED] ^{ISO} ks: 123 Date: 7/21/23

SUPPLY REQUEST

Inmates may obtain lined paper, envelopes and postage through the Commissary. Indigent inmates who have a deadline or valid need will send an Inmate Request to the Law Library Supervisor. If there is a proven deadline or valid need the inmate will be provided supplies with a lien placed against their account to be satisfied as monies come in. Additional items will only be issued if a need exist.

Manila Envelopes _____ (must be able to show need for requested quantity with material ready to go in envelop and address)

TYPING REQUEST

Inmates may request legal typing from the Law Library. Legal work must be neatly and legibly written, will be typed as is, and is subject to approval by the Law Library Supervisor. Preprinted forms will not be retyped. Attach the paperwork to this form and specify the date the typing needs to be completed:

_____, 20____. List number of copies needed: _____ Initial _____

REQUEST FOR COPIES

Copies of **legal** work may be requested, but inmates will be subject to a fee of .05¢ per copy.

I request copies to be made for a **legal** purpose. Initial MSW

I need 4 copies of my Legal Document for Court
Number of copies Description of paperwork

Copies of paperwork not of a legal nature may be requested for a compelling reason by writing a request to the Law Library Supervisor explaining why you need the copies. Non-legal papers will not be copied unless necessary. Attach a signed inmate check to cover the cost of copying.

Inmate Signature: [Signature] Date Requested: 7/21/23
Officers Signature: _____ Date Requested: ___/___/___
Law Clerk Signature: _____ Date Filled: ___/___/___
Officers Signature: _____ Date Received: ___/___/___
Inmate Signature: _____ Date Received: ___/___/___

COMPLETE AND FORWARD TO LAW LIBRARY SUPERVISOR

Allow seven days to complete.

Request denied and material returned to inmate for the following reason: 1) You've already received your

monthly copy service on July 5th 2) You have not provided any documentation that proves a deadline for extra copy services. 3) You did not get a sgt. to sign your inmate check. 4) You have included pages that have already been copied before. You are allowed 3 copies unless that have proof that

123

GU 1.5.0
Encl Plus
8/9

Exhibit #4 to Claim #4

ATTACHMENT 1

Inmate Request Form

[Redacted]

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>M. Wilmoth</u>	ADC Number: [Redacted]	Date: <u>7-22-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. D. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: Many of these legal documents have back sides I need back side copied too please

The Medical Release Very Important it's a must have copied

Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____ Date: 7-22-23
Inmate's Signature: _____ Date: _____

Staff Member Responding: <u>DB</u>	Date: <u>7/24/23</u>
------------------------------------	----------------------

I have reviewed your request and my finding is as follows: _____

Please see reasons for denial on your copy request form.

Danielle Barnett
Staff Signature

I am referring this request to: _____ 1/03/18

Before the State Claims Commission
of the State of Arkansas

Michael Shane Wilmoth [REDACTED] Claimant
vs. Claim #
State of Arkansas Respondent

Motion to File additional Pages

Comes now Claimant, Michael Shane Wilmoth [REDACTED] with this Motion to File additional Pages of Factual allegations, argument, and exhibits in excess of the limitations under subdivision (F)(1) of Ark. Code Ann. 19-10-208(F) due to all the following reasons:

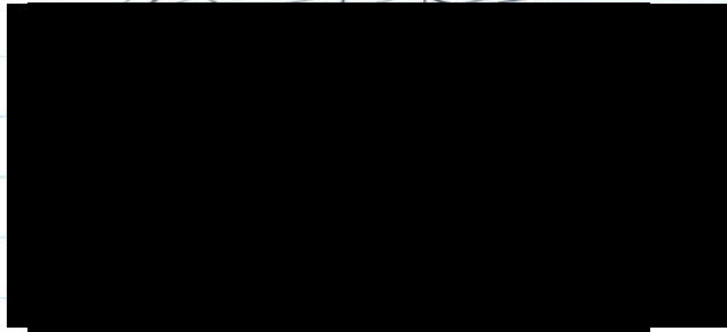
#1) Claim #1 is sufficiently complex and will take at least (20) twenty page for the Claimant to fully explain how each one of these A.D.C. Policies and Procedures are being violated by [REDACTED] Unit Isolation Security Staff and how it's putting A.D.C. Inmates lives in danger of Physical Harm, Death, ect. and how the ADC Warden Hurst, Deputy Warden Harris, Major Warner and all ADC [REDACTED] Unit Security Staff are purposely violating these A.D.C. Policies and Procedures putting ADC inmates and myself lives at risk of Physical Harm, Death, ect.

#2) The Exhibits for Claim #1 will be so numerous due to the Claim being so complex and covering the numerous A.D.C. Policies and Procedures the claimant request to be able to file the numerous Exhibits for Claim #1

#3) Claim #2 has 33 pages of Exhibits at this point and will have more as the Claim progresses.

Therefore, the Claimant Pray this Motion be granted.

Respectfully
Michael Shane Wilmoth



Before the State Claims Commission
of the State of Arkansas

Michael Shane Wilmoth Claimant

Vs. Claim #

State of Arkansas Respondent

Motion For State Claims Order

Comes now Claimant, Michael Shane Wilmoth [REDACTED] with this Motion For State Claims Order due to all the following reasons:

#1) The Claimant is being denied Legal Copies he must have for these claims before the Arkansas State Claims Commission. Grievances, Request, ect.

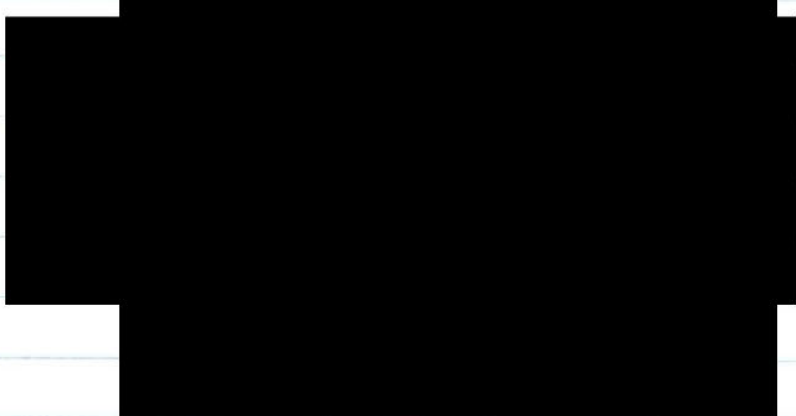
#2) The Claimant is being denied the Rules and Regulation for the Arkansas State Claims Commission he must have these to be able to properly file his Claims

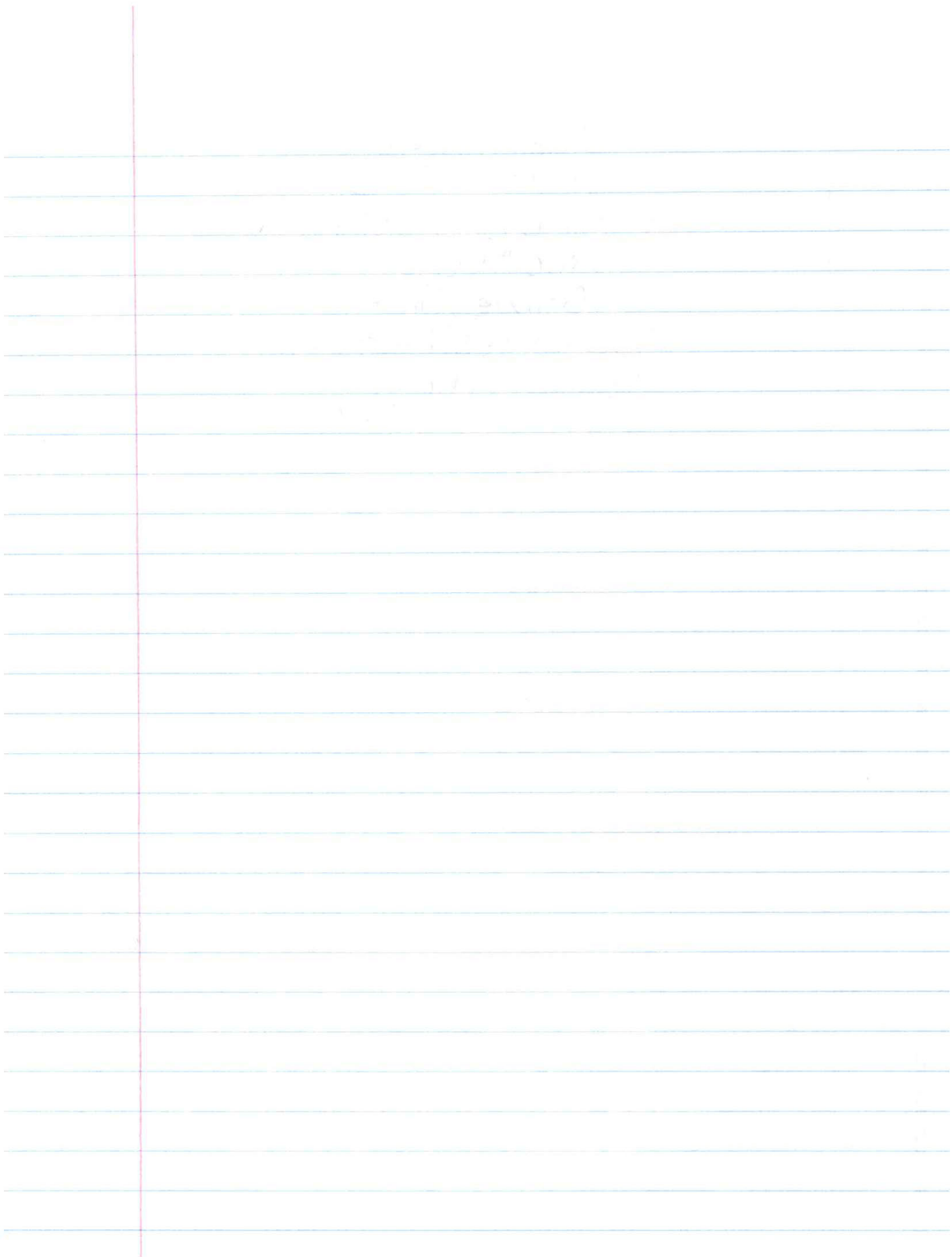
#3) The Claimant is being denied Arkansas Codes related to the Arkansas State Claims, Ark. Code Ann. 19-10-208 this is also hindering Claimant's Claims

Therefore, the Claimant, prays this Order be issued to the Claimant and the Arkansas Department of Correction concerning this matter and granting Claimant what he must have to properly file his claims.

Respectfully

Michael Shane Kilmoth

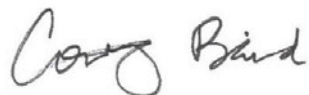




BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MICHAEL WILMOTH (ADC [REDACTED])****CLAIMANT****V.****CLAIM NO. 240132****ARKANSAS DIVISION OF
CORRECTION****RESPONDENT****ORDER**

Now before the Arkansas State Claims Commission (the “Commission”) is a motion of Michael Wilmoth (the “Claimant”) for leave to exceed the page limitations set in Ark. Code Ann. § 19-10-208(f)(1). Upon review of the complaint and supporting documentation, the Commission hereby GRANTS Claimant’s motion for leave and will accept the complaint and supporting documentation previously received. However, this order does not constitute any determination as to the validity of Claimant’s claim. The Commission notes that Claimant’s “Motion for State Claims Order” is also pending. The Commission will not address Claimant’s “Motion for State Claims Order” until the Arkansas Division of Correction has been served and had an opportunity to respond to the motion.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: September 22, 2023

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [ASCC New Claims](#)
To: [Thomas Burns \(DOC\)](#)
Cc: [Kathryn Irby](#); [Mika Tucker](#)
Subject: CLAIM: Michael S. Wilmoth v. ADC, Claim No. 240132
Date: Thursday, September 28, 2023 8:20:00 AM
Attachments: [Michael S. Wilmoth ADC agency ltr .pdf](#)
[Michael S. Wilmoth Claim.pdf](#)
[240132_Order on MTE \(Pending motion not addressed\).pdf](#)

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501)682-1619
FAX (501)682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

September 28, 2023

Mr. Thomas Burns
Arkansas Division of Correction
6814 Princeton Pike
Pine Bluff, Arkansas 71602

(via email)

RE: ***Michael S. Wilmoth v. Arkansas Division of Correction***
Claim No. 240132

Dear Mr. Burns,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Division of Correction. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Mika Tucker

ES: cmcdaniel

cc: Michael S. Wilmoth (ADC [REDACTED]), *Claimant* (w/ encl.)

<p><u>Note to Claimant or Claimant's counsel:</u> The Claims Commission copied you on this correspondence to provide you with confirmation that your claim has been processed and served upon the respondent agency.</p>

pg 1 of 2
Claim # (1) one

Arkansas
State Claims Commission

Please print in ink or type

JUL 31 2023

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Michael S. Wilmoth (ADC [redacted]), Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces			
Claim No.	_____		
Date Filed	(Month)	(Day)	(Year)
Amount of Claim \$	_____		
Fund	_____		

COMPLAINT

Michael S. Wilmoth (ADC [redacted]), the above named Claimant, of [redacted] (City)

(State) (Zip Code) (Daytime Phone No.) County of White represented by _____ (Legal Counsel, if any, for Claim)

of _____ (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Arkansas Department of Correction Amount sought: \$ 20,000.00

Month, day, year and place of incident or service: From December, 2022 to Current July 2023 Grime Unit

Explanation: The ADC Director Dexter Payne, Deputy Director William Straughn, and Deputy Director Gaylon Lay are allowing Prisoner Unit Warden Thomas Hurst, Deputy Warden Harris and ADC C/O Internal Affairs/ Disciplinary Appeal Director Thomas Rowland are allowing ADC Warden Thomas Hurst, Deputy Warden Harris, Major Jonathan D. Warner, [redacted] Dni A.D.C. Security Staff COTI Zober, COT Willie Harris, Lt. Richard E. Lee, Sgt. Shannon L. McFarland and all other [redacted] Unit A.D.C. Security Staff, Isolation Staff to violate the Arkansas Department of Correction Policies and Procedures, Concern Major Disciplinary Policies and Procedures, Falsifying Legal Documents, 005's, Isolation Logs, Disciplinary, Hunger Strike Logs, ISSR 100 + 101 Forms, Grievances, Reports, Statements, Incident Reports, Use of Force, Restraint Chair, Medical Attention after use of force, Medical Attention while on Hunger Strike, Classification, Restrictive Housing, Release From Isolation and Restrictive Housing, Confiscation Forms, Cell Searches Restraints, Hair Cuts and Shaves, Food and Drinks, Retaliation for Use of Grievance System and [redacted] Hotline, Legal Phone Calls, Yard Call & Religious Services, [redacted] Ad. Sec Incident Reports, Cell Clean up, Abuse.

As part of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? YES; when? From Dec. 22 to July 23; to whom? Arkansas Department of Corrections (Department)

and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? YES; if so, state name and address All ADC Inmates [redacted] (Name) (City) (State) (Zip Code)

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Michael Shane Wilmoth (Print Claimant/Representative Name) [redacted] (Signature of Claimant/Representative) [redacted]

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

(SEAL) HEATH DUNGAN WHITE COUNTY NOTARY PUBLIC - ARKANSAS on this 28th day of July, 2023 (Date) (Month) (Year)
My Commission Expires November 09, 2032 Commission No. 127215
Heath Dungan (Notary Public)

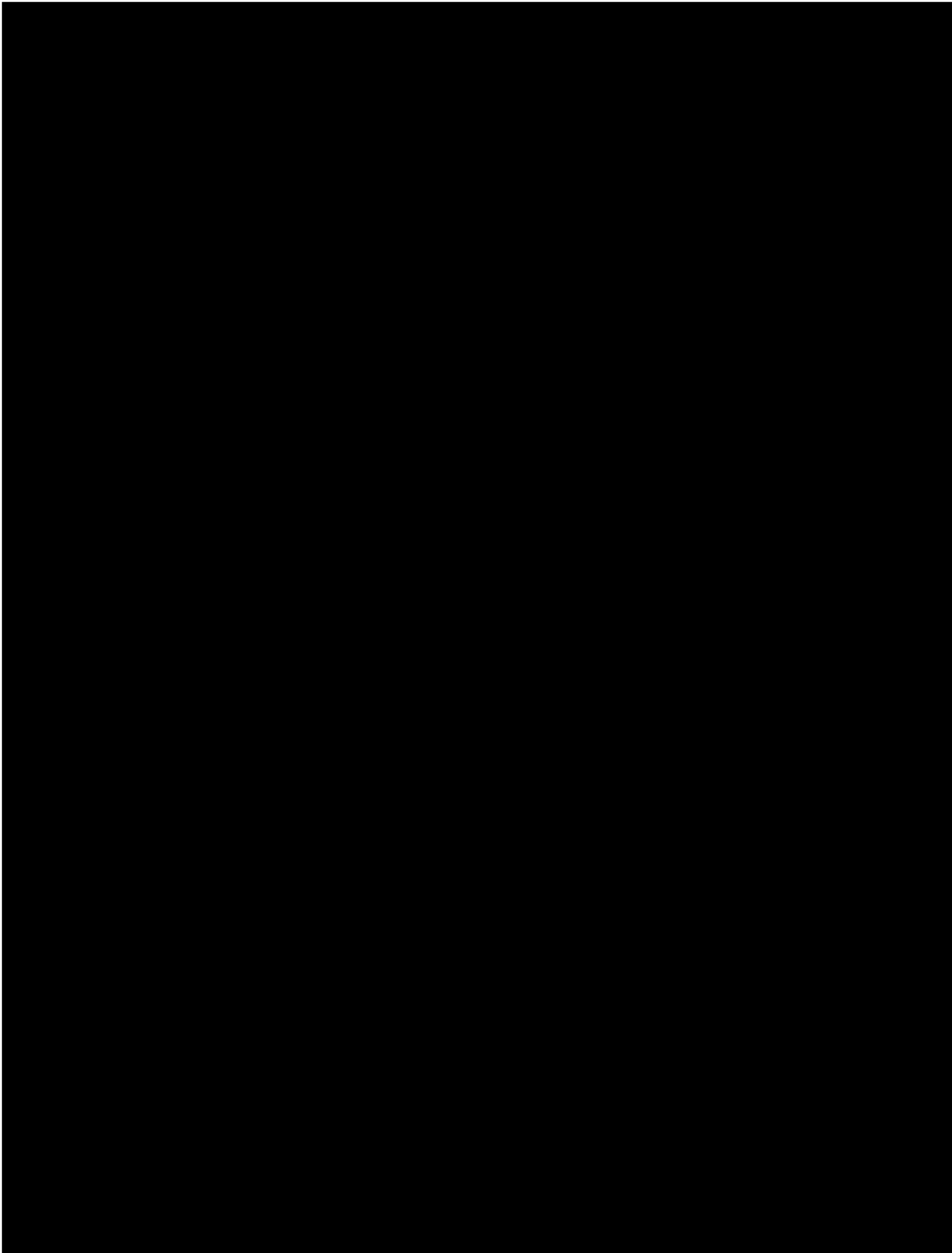
SF1- R7/99 My Commission Expires: 11 (Month) 08 (Day) 2032 (Year)

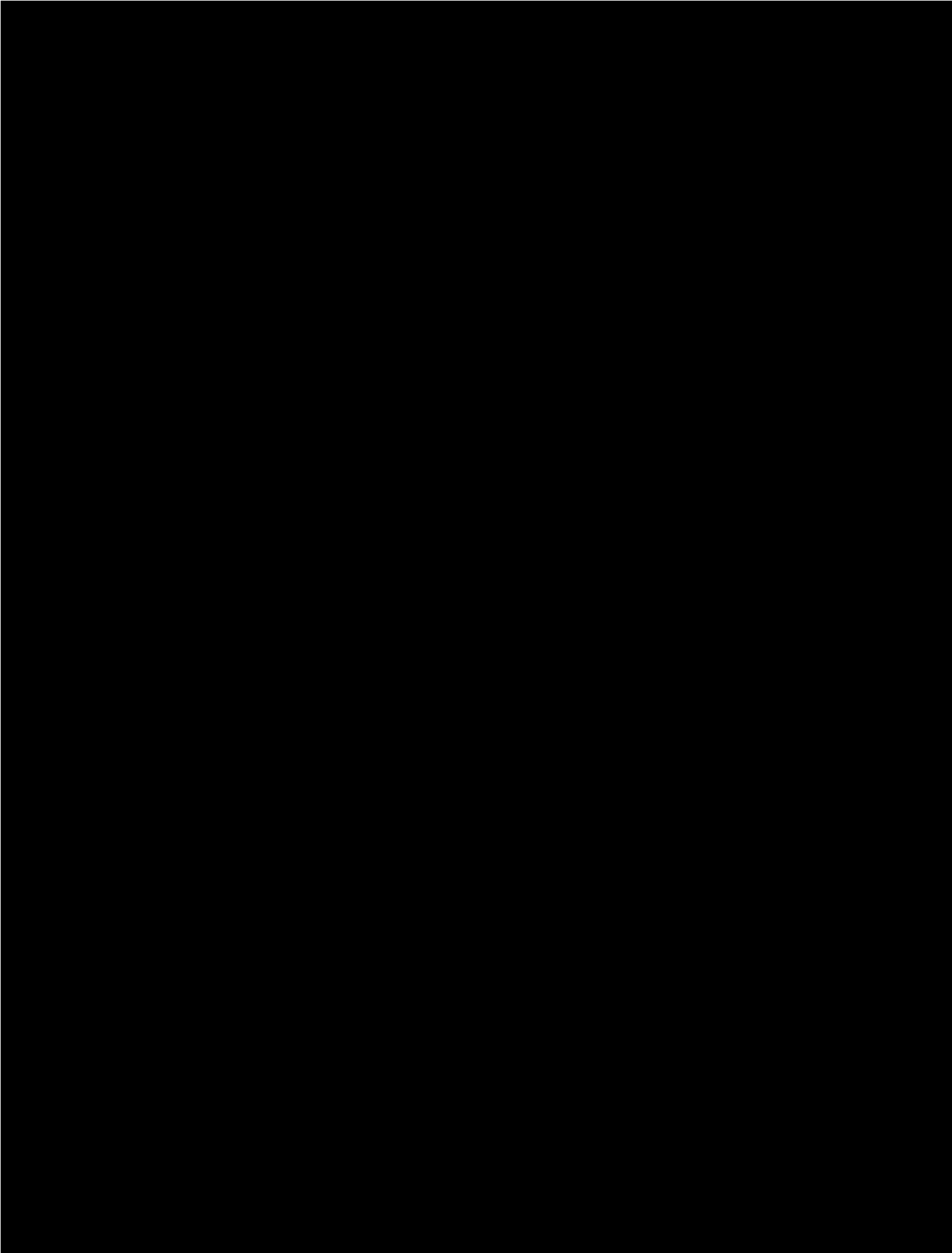
Pg 2 of 2

Claim # (1) one

Due, to all this my life is in Danger of Physical Harm, or Death and I need a Emergency Transfer to North Central Unit where my life will be safe?

I've been on Hunger Strike since 7-19-2023 and have not eat anythings, at all due to my life being, at Risk of Physical Harm or Death





Claim # (3) Three

State Agency Involved: Arkansas Department of Correction, Amount Sought: \$20,000.00
 Month, Day, Year and Place of Incident: July 1, 23 to current, Grimes Unit
 Explanation: The ADC Law Library Clerk, Ms. Danielle Barnett is violating A.D.C. Policies and Procedures for Law Library, Legal Supplies, Legal Copies and Retaliation. After a incident with A.D.C. ~~staff~~ Security Staff where I was physically assaulted and [REDACTED] by a A.D.C. Security Staff while in Handcuffs behind my back, Ms. Danielle Barnett A.D.C. Law Library Clerk learned I was working on a Arkansas State Claims concerning her, her sister COII Zober and other ADC security staff, and that I'm in the process of filing a 1993 Lawsuit in the United States District Court, I'm also working getting Marijuana case back into the Courts, she started denying me Legal Copies I ~~do~~ must have for these case, Legal Supplies, Law Book, Arkansas Codes, Administrative Reulations, Administrative Directives, Policies and Procedures for A.D.C. and the Rules and Regulations for the Arkansas State Claims Commission violating A.D.C. Policies and Procedures. I'm being retaliated against by the ADC Warden Hurst, Deputy Warden Harris, Major Warner, COII Harris, COII Zuber, Lt. Richard Lee, Ms. Danielle Barnett and many other A.D.C. Employees I fear for my safety, wellbeing from Physical Harm or Death and I my legal cases are being greatly Hindered

I have a Medical Records Release of Information Form I must have (4) Four copies, Ms. Danielle Barnett refuses to give me any copies of this form and this form is for the Arkansas Governor Sarah Huckabee-Sanders, the Arkansas Parole Board the Arkansas Department of Corrections Medical Records Office and my Attorney

Exhibit #1 to Claim #3

Arkansas State Claims Commission

Inmate Request Form

JUL 31 2023

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

RECEIVED

Name: Wilmoth, Michael	ADC Number: [REDACTED]	Date: 07-22-23
Barrack Number: ISO 123	Job Assignment: N/A	
To (Staff Member): Danielle Barnett	Office: Law Library	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail **Law Library** Commissary General Library Job Assignment
- Staff Mental health Personal Hygiene Other: _____

Detailed Reason For request: **IN RESPONSE TO YOUR REQUEST Dated 7/22/23**

I Need Ark. Code Ann. 19-10-208
I need all Rule and Regulation for the Arkansas State Claims Commission Federal Law Book Civil Rules and Procedures 2023.
I need ADC Policies and Procedures, AR's and AD's on Use of Force, Hunger Strike, Law Library, Legal Copies, Religious Services, #550, AD2022-10 Grievances

Have you talked to any Staff Member about this request? ___ Yes X No If so, whom? Staff member(s) contacted: _____ Date: _____

_____ Inmate's Signature Date

Staff Member Responding: Ms. Danielle Barnett	Date: 07 / 25 / 2023	RE
---	----------------------	----

I have reviewed your request and my findings follow: Mr. Wilmoth,
We have received your request dated 7/22/23. You will have to show some correspondence from the court that shows you have a deadline to receive any legal books while in Restrictive Housing. Once you are finished with your punitive time on August 9, 2023. The AD12-23 (Typing Services for the Law Library); GU9.13.0 (Use of Force); GU 10.3.0(Hunger Strike); and the GU14.6.0 (Law Library) will be sent to you. Also, AD 19-34 (GRIEVANCE PROCEDURE)

Danielle Barnett
 Staff Signature

I am referring this request to: _____

JUL 13 2023

Exhibit #2 to Claim #3

123

Encl Pun
8/9

ARKANSAS DEPARTMENT OF CORRECTION
TYPING AND COPY FORM

I. AUTHORITY:
Inmate Name (Print): Wilmoth ADC#: [redacted] IIS: 150 Books: 123 Date: 7/12/23

SUPPLY REQUEST

Inmates may obtain lined paper, envelopes and postage through the Commissary. Indigent inmates who have a deadline or valid need will send an Inmate Request to the Law Library Supervisor. If there is a proven deadline or valid need the inmate will be provided supplies with a lien placed against their account to be satisfied as monies come in. Additional items will only be issued if a need exist.

Manila Envelopes _____ (must be able to show need for requested quantity with material ready to go in envelop and address)

TYPING REQUEST

Inmates may request legal typing from the Law Library. Legal work must be neatly and legibly written, will be typed as is, and is subject to approval by the Law Library Supervisor. Preprinted forms will not be retyped. Attach the paperwork to this form and specify the date the typing needs to be completed:

_____, 20____. List number of copies needed: _____ . Initial _____

REQUEST FOR COPIES

108 pages

Copies of **legal** work may be requested, but inmates will be subject to a fee of .05¢ per copy.

I request copies to be made for a **legal** purpose. Initial mw

I need 3 copies of my Legal Documents
Number of copies Description of paperwork

Copies of paperwork not of a legal nature may be requested for a compelling reason by writing a request to the Law Library Supervisor explaining why you need the copies. Non-legal papers will not be copied unless necessary. Attach a signed inmate check to cover the cost of copying.

Inmate Signature: [Signature] Date Requested: 7/12/23
Officers Signature: [Signature] Date Requested: 7/12/23
Law Clerk Signature: _____ Date Filled: / /
Officers Signature: Danielle Barnett Date Received: 7/13/23
Inmate Signature: _____ Date Received: / /

COMPLETE AND FORWARD TO LAW LIBRARY SUPERVISOR

Allow seven days to complete.

Request denied and material returned to inmate for the following reason: You have included too many items that the Law Library does not make copies of such as informational printouts, grievances, inmate request forms. The Law Library can only make copies of court requested items, and can only make the number of copies the courts require. DB 7/13/23. Also, per policy inmates are afforded copier services once a month. You are welcome to send only items the court needs in August.

123

End Pon
8/9

Exhibit #3 to Claim #3

ARKANSAS DEPARTMENT OF CORRECTION
TYPING AND COPY FORM

I. AUTHORITY:
Inmate Name (Print): Wilmoth ADC# [REDACTED] ^{ISO} k: 123 Date: 7/21/23

SUPPLY REQUEST

Inmates may obtain lined paper, envelopes and postage through the Commissary. Indigent inmates who have a deadline or valid need will send an Inmate Request to the Law Library Supervisor. If there is a proven deadline or valid need the inmate will be provided supplies with a lien placed against their account to be satisfied as monies come in. Additional items will only be issued if a need exist.

Manila Envelopes _____ (must be able to show need for requested quantity with material ready to go in envelop and address)

TYPING REQUEST

Inmates may request legal typing from the Law Library. Legal work must be neatly and legibly written, will be typed as is, and is subject to approval by the Law Library Supervisor. Preprinted forms will not be retyped. Attach the paperwork to this form and specify the date the typing needs to be completed:

_____, 20____. List number of copies needed: _____ Initial _____

REQUEST FOR COPIES

Copies of **legal** work may be requested, but inmates will be subject to a fee of .05¢ per copy.

I request copies to be made for a **legal** purpose. Initial MSW

I need 4 copies of my Legal Document for Court
Number of copies Description of paperwork

Copies of paperwork not of a legal nature may be requested for a compelling reason by writing a request to the Law Library Supervisor explaining why you need the copies. Non-legal papers will not be copied unless necessary. Attach a signed inmate check to cover the cost of copying.

Inmate Signature: [Signature] Date Requested: 7/21/23
Officers Signature: _____ Date Requested: ___/___/___
Law Clerk Signature: _____ Date Filled: ___/___/___
Officers Signature: _____ Date Received: ___/___/___
Inmate Signature: _____ Date Received: ___/___/___

COMPLETE AND FORWARD TO LAW LIBRARY SUPERVISOR

Allow seven days to complete.

Request denied and material returned to inmate for the following reason: ① You've already received your

monthly copy service on July 5th ② You have not provided any documentation that proves a deadline for extra copy services. ③ You did not get a sgt. to sign your inmate check. ④ You have included pages that have already been copied before. You are allowed 3 copies unless that have proof that

123

GU 1.5.0
Encl Plus
8/9

Exhibit #4 to Claim #4

ATTACHMENT 1

Inmate Request Form

[Redacted]

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>M. Wilmoth</u>	ADC Number: [Redacted]	Date: <u>7-22-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. D. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: Many of these legal documents have back sides I need back side copied too please

The Medical Release Very Important it's a must have copied

Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____ Date: 7-22-23
Inmate's Signature: _____ Date: _____

Staff Member Responding: <u>DB</u>	Date: <u>7/24/23</u>
------------------------------------	----------------------

I have reviewed your request and my finding is as follows: _____

Please see reasons for denial on your copy request form.

Danielle Barnett
Staff Signature

I am referring this request to: _____ 1/03/18

Before the State Claims Commission
of the State of Arkansas

Michael Shane Wilmoth [REDACTED] Claimant
vs. Claim #
State of Arkansas Respondent

Motion to File additional Pages

Comes now Claimant, Michael Shane Wilmoth [REDACTED] with this Motion to File additional Pages of Factual allegations, argument, and exhibits in excess of the limitations under subdivision (F)(1) of Ark. Code Ann. 19-10-208(F) due to all the following reasons:

#1) Claim #1 is sufficiently complex and will take at least (20) twenty page for the Claimant to fully explain how each one of these A.D.C. Policies and Procedures are being violated by [REDACTED] Unit Isolation Security Staff and how it's putting A.D.C. Inmates lives in danger of Physical Harm, Death, ect. and how the ADC Warden Hurst, Deputy Warden Harris, Major Warner and all ADC [REDACTED] Unit Security Staff are purposely violating these A.D.C. Policies and Procedures putting ADC inmates and myself lives at risk of Physical Harm, Death, ect.

#2) The Exhibits for Claim #1 will be so numerous due to the Claim being so complex and covering the numerous A.D.C. Policies and Procedures the claimant request to be able to file the numerous Exhibits for Claim #1

#3) Claim #2 has 33 pages of Exhibits at this point and will have more as the Claim progresses.

Therefore, the Claimant Pray this Motion be granted.

Respectfully
Michael Shane Wilmoth



Before the State Claims Commission
of the State of Arkansas

Michael Shane Wilmoth

Claimant

Vs.

Claim #

State of Arkansas

Respondent

Motion For State Claims Order

Comes now Claimant, Michael Shane Wilmoth [REDACTED] with this Motion For State Claims Order due to all the following reasons:

#1) The Claimant is being denied Legal Copies he must have for these claims before the Arkansas State Claims Commission. Grievances, Request, ect.

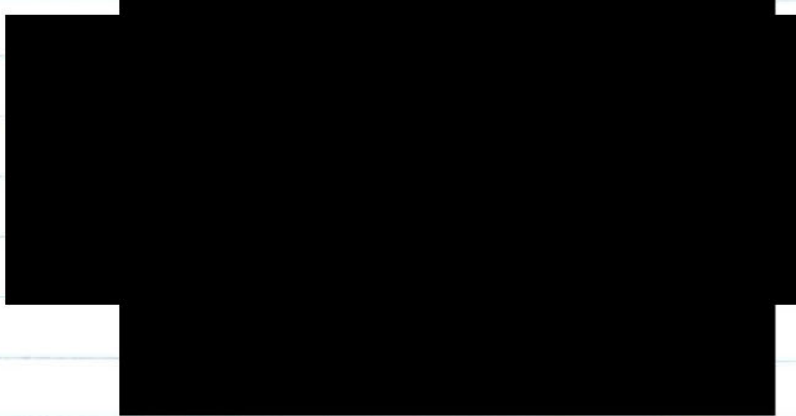
#2) The Claimant is being denied the Rules and Regulation for the Arkansas State Claims Commission he must have these to be able to properly file his Claims

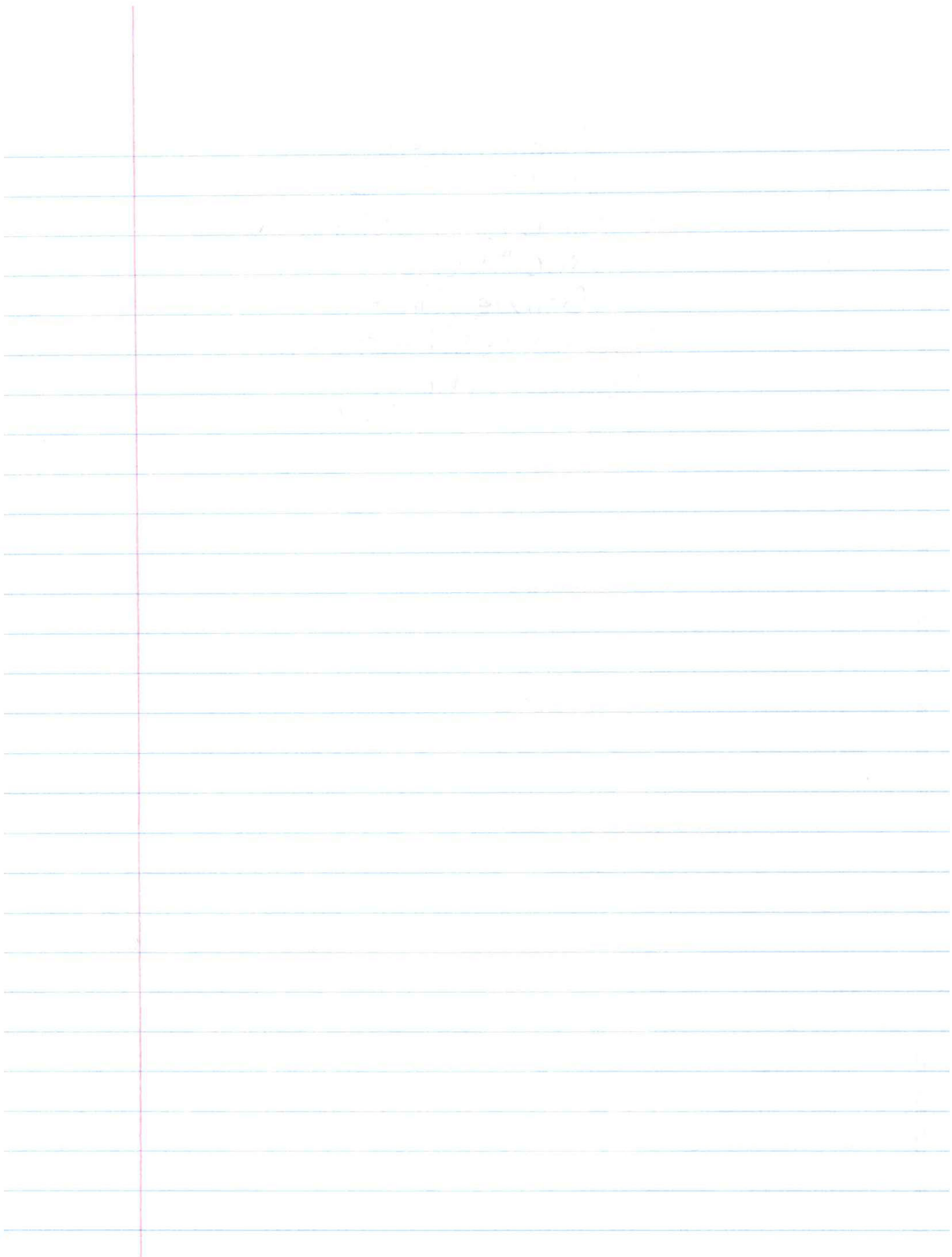
#3) The Claimant is being denied Arkansas Codes related to the Arkansas State Claims, Ark. Code Ann. 19-10-208 this is also hindering Claimant's Claims

Therefore, the Claimant, prays this Order be issued to the Claimant and the Arkansas Department of Correction concerning this matter and granting Claimant what he must have to properly file his claims.

Respectfully

Michael Shane Kilmoth

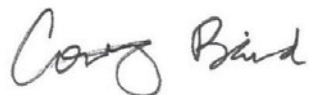




BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MICHAEL WILMOTH (ADC** [REDACTED]**CLAIMANT****V.****CLAIM NO. 240132****ARKANSAS DIVISION OF
CORRECTION****RESPONDENT****ORDER**

Now before the Arkansas State Claims Commission (the “Commission”) is a motion of Michael Wilmoth (the “Claimant”) for leave to exceed the page limitations set in Ark. Code Ann. § 19-10-208(f)(1). Upon review of the complaint and supporting documentation, the Commission hereby GRANTS Claimant’s motion for leave and will accept the complaint and supporting documentation previously received. However, this order does not constitute any determination as to the validity of Claimant’s claim. The Commission notes that Claimant’s “Motion for State Claims Order” is also pending. The Commission will not address Claimant’s “Motion for State Claims Order” until the Arkansas Division of Correction has been served and had an opportunity to respond to the motion.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: September 22, 2023

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Thomas Burns \(DOC\)](#)
To: [ASCC New Claims](#)
Subject: Michael S. Wilmoth v. ADC, Claim No. 240132
Date: Monday, October 2, 2023 9:57:51 AM
Attachments: [Answer.pdf](#)

Answer

-TB

Legal Services Unit
Arkansas Department of Corrections
Division of Correction
870 267-6845-telephone

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Thursday, September 28, 2023 8:20 AM
To: Thomas Burns (DOC) <Thomas.Burns@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Mika Tucker <Mika.Tucker@arkansas.gov>
Subject: CLAIM: Michael S. Wilmoth v. ADC, Claim No. 240132

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH ([REDACTED]) CLAIMANT

v. NO. 240132

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION RESPONDENTANSWER TO COMPLAINT

COMES NOW the Respondent, Arkansas Department of Corrections, 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.

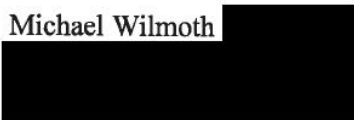
Respectfully submitted,

Thomas Burns (02006)
Legal Services Unit
Division of Correction
6814 Princeton Pike
Pine Bluff, AR 71602-9411
(870) 267-6845 Office
(870) 267-6373 Facsimile
thomas.burns@arkansas.gov

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 2nd day of October 2023 on the Claimant by placing a copy of the same in the U. S. Mail, regular postage, to:

Michael Wilmoth



Thomas Buras

Mika Tucker

From: Thomas Burns (DOC)
Sent: Monday, October 16, 2023 10:49 AM
To: ASCC Pleadings
Subject: Michael Wilmoth v ADC 240132
Attachments: 1270_001.pdf; 1271_001.pdf

MSJ
Response to Motion for State Claims Order

Thank you,
-TB



THOMAS BURNS
DEPUTY GENERAL COUNSEL | DIVISION OF CORRECTION
Arkansas Department of Corrections
6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6845 (Office) | (870) 267-6373 (Fax)
(870) 515-0918 (Cell)
Thomas.Burns@arkansas.gov

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH (ADC [REDACTED]) CLAIMANT

v NO. 240132

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION RESPONDENTMOTION FOR SUMMARY JUDGMENT

Come now the respondent, Arkansas Department of Corrections (ADC), by and through their attorney, Thomas Burns, and for their Motion for Summary Judgment pursuant to Ark. R. Civ. P. 56, states:

1. The pleadings filed herein reveal that the facts in this case are undisputed or are settled.
2. As a result thereof, the ADC is entitled to summary judgment.
3. When a motion for summary judgment is made and supported as provided in this rule, an adverse party may not rest upon the mere allegations or denials of their pleadings, but their response, by affidavits or as otherwise provided in this rule, must set forth specific facts showing there is a genuine issue for trial.
4. The inmate has not cited any legal authority that the summary judgment is inappropriate because the inmate is making Constitutional claims, claims of prison conditions, and failed to exhaust his administrative remedies.
5. The Inmate makes a multitude of claims relating to Constitutional violations (specifically 1st, 4th, 8th, and 14th Amendments), an prison conditions.
6. While the inmate cites policy and procedure he claims his religious beliefs are being violated, that he is suffering because his life is in danger, that he is not allowed legal services (he can't assist his attorney), that his restrictive housing causing him

suffering, that he is being subject to unnecessary disciplinary action, that staff is falsifying documentation, that he was [REDACTED] among a litany of other matters that should be brought in a court of competent jurisdiction.

7. The inmate asks for an emergency transfer, that is a relief the Commission cannot grant.

8. The inmate has attached Inmate Request Forms to his complaint. All of those state why the inmate could not have what he requested. These are not grievance forms.

9. The Arkansas State Claims Commission does not have jurisdiction when it involves prison conditions or Constitutional violations. “The commission shall make no award for any claim which, as a matter of law, should be dismissed from a court of law or equity for reasons other than sovereign immunity.” Ark. Code Ann. § 19-10-204(3)(A) (West Supp. 2015).

10. Pursuant to the Prison Litigation Reform Act (PLRA), “no actions shall be brought with respect to prison conditions under Section 1983 of this title or any other Federal law, by a prisoner confined in any jail, or other correctional facility until such administrative remedies as are available are exhausted.” 42 U.S.C § 1997e. In 1997, the Arkansas legislature adopted the PLRA’s exhaustion requirement by enacting Ark. Code Ann. §16-106-202. That statute follows the PLRA by adopting a grievance exhaustion requirement for state actions:

- (a) A civil action **or claim** initiated against...Department of Correction...by an inmate in a penal institution or incarcerated person appearing pro se may be:
 - (1) Dismissed without prejudice by the court on its own motion or on a motion of the defendant, if all administrative remedies available to the inmate have not been exhausted.

11. “A basic rule of administrative procedure requires that an agency be given the opportunity to address a question before a complainant resorts to the courts. Where a party has failed to exhaust his or her administrative remedies, the trial court lacks jurisdiction over the suit” *Ark. HHS v Smith*, 370 Ark. 490. One must exhaust their administrative remedies before they may proceed in Court. *See Johnson v Johnson*, 385 F.3d 503 (2004).

12. Proper exhaustion requires the inmate to have completed “the administrative review process in accordance with the applicable procedural rules.” *Jones v. Bock*, 549 U.S. 199, 218 (2007) (quoting *Woodford v. Ngo*, 548 U.S. 81, 88 (2006)). While the level of detail needed in a grievance will vary between systems, “it is the prison’s requirements, and not the PLRA, that define the boundaries of proper exhaustion.” *Jones*, 549 U.S. at 218. “[P]roper exhaustion demands compliance with an agency’s deadlines and other critical procedural rules because no adjudicative system can function effectively without imposing some orderly structure on the course of its proceedings.” *Woodford*, 548 U.S. at 90-91. The Supreme Court has held that exhaustion is no longer left to the discretion of the district court, but is mandatory.” *Id.* at 85.

13. In *Turner v. Baptist Medical Center*, 275 Ark. 424, 427, 631 S.W.2d 275, 277-278, (1982), it states . . . “that opposing affidavits that consist merely of general denials, without any statement of specific facts, are insufficient to defeat a summary judgment motion.”

14. The inmate has failed to demonstrate the existence of a genuine issue of any fact material to ADC’s alleged culpability of failure to follow procedure and has

failed to rebut the ADC's prima facie evidence of its entitlement to judgment as a matter of law.

15. Once the moving party makes a prima facie showing of entitlement to summary judgment, the responding party must meet proof with proof in order to demonstrate that there is remaining a genuine issue of material fact. The response and supporting material must set forth specific facts showing that there is a genuine issue for trial. See Ark. R. Civ. P. 56(e) *Hampton v. Taylor*, 318 Ark. 771, 776-777, 887 S.W.2d 535, 538-539 (1994). The inmate has failed to identify any genuine issues of material fact that would preclude a summary judgment in favor of the ADC. Therefore, this Commission should grant the Motion for Summary Judgment.

16. The ADC has attached all the documentation and has demonstrated a prima facie entitlement to Summary Judgment. To overcome this, the inmate must meet proof with proof and demonstrate the existence of a material issue of fact. *Gonzales v. City of DeWitt*, 357 Ark. 10. 14-15, 159 S.W.3d 298 301 (*emphasis added*).

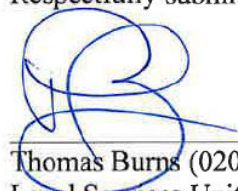
17. The ADC, is entitled to judgment as a matter of law for the following reasons:

- (a) First, the inmate is making claims of prison conditions.
- (b) Second, the inmate is making Constitutional claims.
- (c) Third, the inmate fails to cite any legal authority for his contention that summary judgment is inappropriate.

18. The ADC should be awarded fees and costs for this action.

WHEREFORE, The ADC, prays that their Motion for Summary Judgment be granted; for their attorney's fees and costs; and for all other just and proper relief to which they may be entitled.

Respectfully submitted,

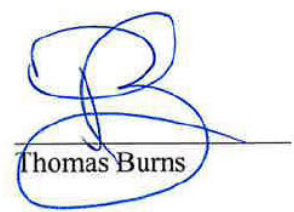


Thomas Burns (02006)
Legal Services Unit
Division of Correction
6814 Princeton Pike
Pine Bluff, AR 71602
(870) 267-6845 Office
(870) 267-6373 Facsimile
thomas.burns@arkansas.gov

CERTIFICATE OF SERVICE

I certify that a copy of the above pleading has been served this 16th day of October 2023, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Michael Wilmoth ([REDACTED])
[REDACTED]



Thomas Burns

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH (ADC [REDACTED])

CLAIMANT

v

NO. 240132

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION

RESPONDENT

ADC RESPONSE TO MOTION FOR STATE CLAIM ORDER

Respondent, Arkansas Department of Correction (ADC), for its reply, states:

1. The ADC denies each and every allegation contained in the Inmate's motion unless specifically admitted herein.
2. The ADC denies paragraph 1.
3. The ADC denies paragraph 2.
4. The ADC denies paragraph 3.
5. The Claims Commission does not have jurisdiction to issue injunctive relief, this is for the jurisdiction of a Court of competent jurisdiction.
6. The ADC asks that this inmates complaint be dismissed for lack of jurisdiction, The Commission does not have jurisdiction over matters of Constitutional violations and 42 USC 1983 claims.

WHEREFORE, Respondent prays that Motion be denied; that his claim be dismissed with prejudice; for their attorney's fees and costs; and all other just and proper relief to which they may be entitled.

Respectfully submitted,

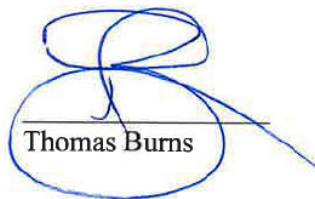


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(870) 267-6845 Office
(870) 267-6373 Facsimile
thomas.burns@arkansas.gov

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 16th day of October 2023, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Michael Wilmoth [REDACTED]
[REDACTED]



Thomas Burns

Before the Arkansas State Claims Commission

State Claims Commission

Michael Shane Wilmoth

OCT 31 2023 Claimant

ADC # [REDACTED]

RECEIVED

vs.

Case # 240132

Arkansas Department of Corrections Responder
Division of Correction

Motion for extention of time to file
Additional Pages, and Exhibits

Comes now Claimant, Michael Shane Wilmoth ADC# [REDACTED] asking for a Extention of time to file Additional Pages, and Exhibit with this Claim, the Claimant also needs more time to file a Response to the Respondents Motion for Summary Judgment.

Respectfully


Michael Shane Wilmoth



GU 1.5.0

Emergency Inmate Request Form

ATTACHMENT 1

_____ by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: _____	Date: <u>4-6-23</u>
Housing Assignment: <u>350 211</u>	Job Assignment: _____	
To (Staff Member): <u>Chaplin</u>	Office: _____	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene

Other: Chaplin
Denied

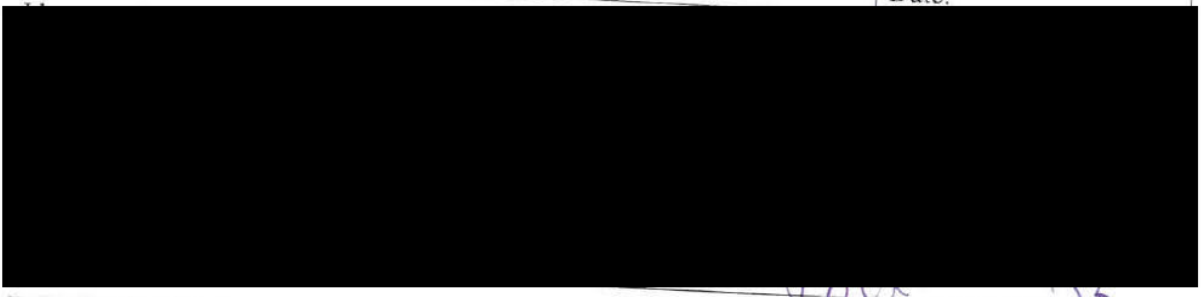


Arkansas
State Claims Commission
NOV 14 2023
RECEIVED

Have you talked to any staff member about this request? Yes ___ No ___ If so, whom? _____
Staff member(s) contacted: _____ Date: _____

[Signature]
Inmate's Signature
Date: _____

Staff Member Responding: _____ Date: _____



[Signature]
Staff Signature

I got back a reply on 4-14-23
I am referring this request to: MSW

4-7-2023

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin

Detailed Reason for Request: I've been sending you Request since 3-21-2023 concerning Parole

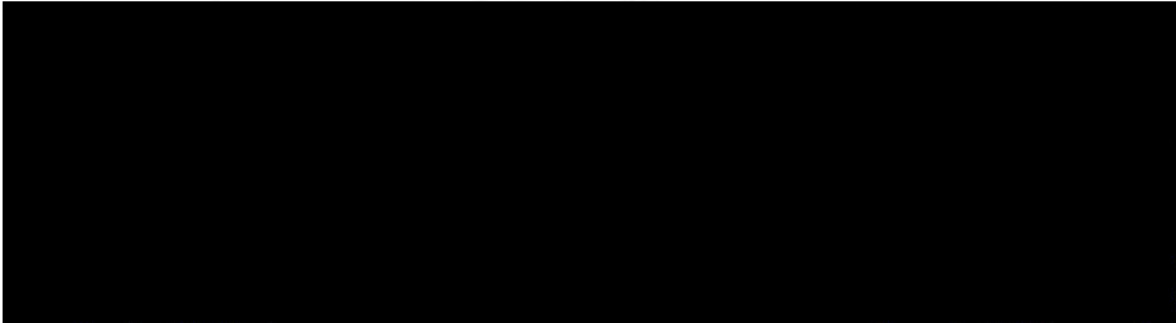


to you in person you said you would take care of this

Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: you Date: _____
Warden Harris 4-11-23
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------



Staff Signature

I got reply on 4-14-23
I am referring this request to: MSW

Received
4-12-23
Butt

Warden Harris Emergency

ATTACHMENT 1

GU 1.5.0

Inmate Request Form

Emergency

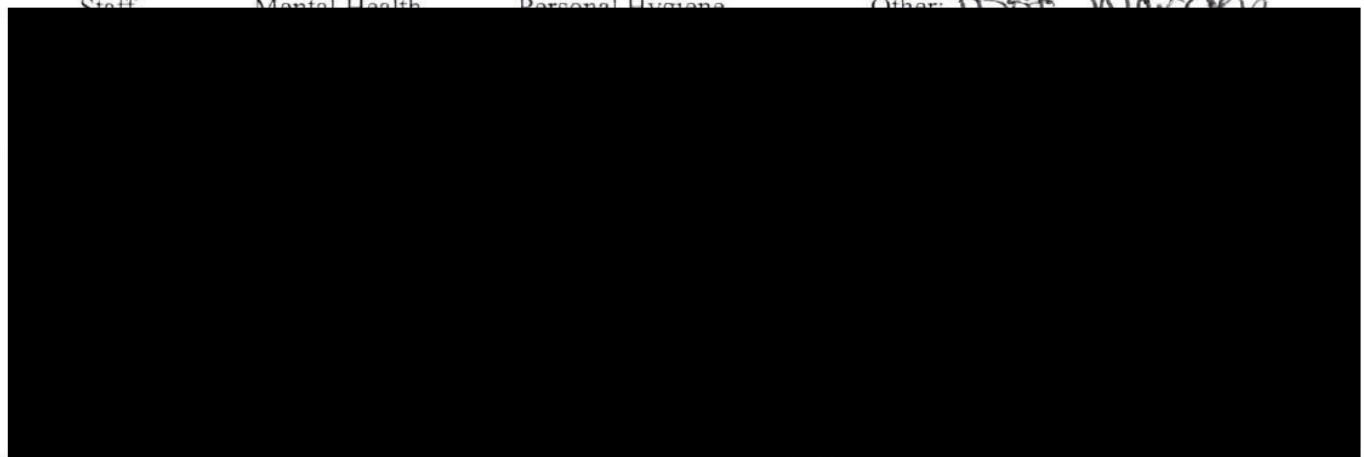
Emergency

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael S. Wilmoth</u>	ADC # <u>[REDACTED]</u>	Date: <u>4-11-2023</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Asst Warden



Have you talked to any staff member about this request? Yes ___ No If so, whom?

Staff member(s) contacted: Chaplin Date: [REDACTED]
and all ISO staff [REDACTED] @ 4-11-23

Inmate's Signature: _____ Date: _____

Staff Member Responding:	Date: <u>4/12/2023</u>
--------------------------	------------------------

I have reviewed your request and my finding is as follows: _____



Amittius
 Staff Signature

RECEIVED

APR 12 2023

DW SECURITY

I am referring this request to: I got back on 4/14-23
MSL 1/03/18

Very Very Important

GU 1.5.0

ATTACHMENT 1

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael S. Wilmoth</u>	ADC: <u>[Redacted]</u>	Date: <u>4-14-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Warden Harris

Detailed Reason for Request: Ms. Harris I have Legal Documents I need copies made of I wrote the Law Library Ms. Barnett she sent me the Form to complete and have signed by a Sgt. but ADC Sgt. in ISO are not making there round signing legal mail and stuff I also need a Sgt. to take these Legal Documents to Ms. Barnett to be copied this is time sensitive I need these copy's so I can get them mailed out

Have you talked to any staff member about this request? Yes No. If yes, to whom?
 Staff member(s) contacted: Ms. Barnett Date: 4-13-23

[Signature]
 Inmate's Signature _____ Date _____

 Staff Member Responding: _____ Date: 4/19/2023

I have reviewed your request and my finding is as follows: _____

Complete Paperwork and send request to Ms. Barnett that its ready.

[Signature]
 Staff Signature _____

RECEIVED
 APR 19 2023
 DW SECURITY

I am referring this request to: _____ 1/03/18

Inmate Request Form

Very Important

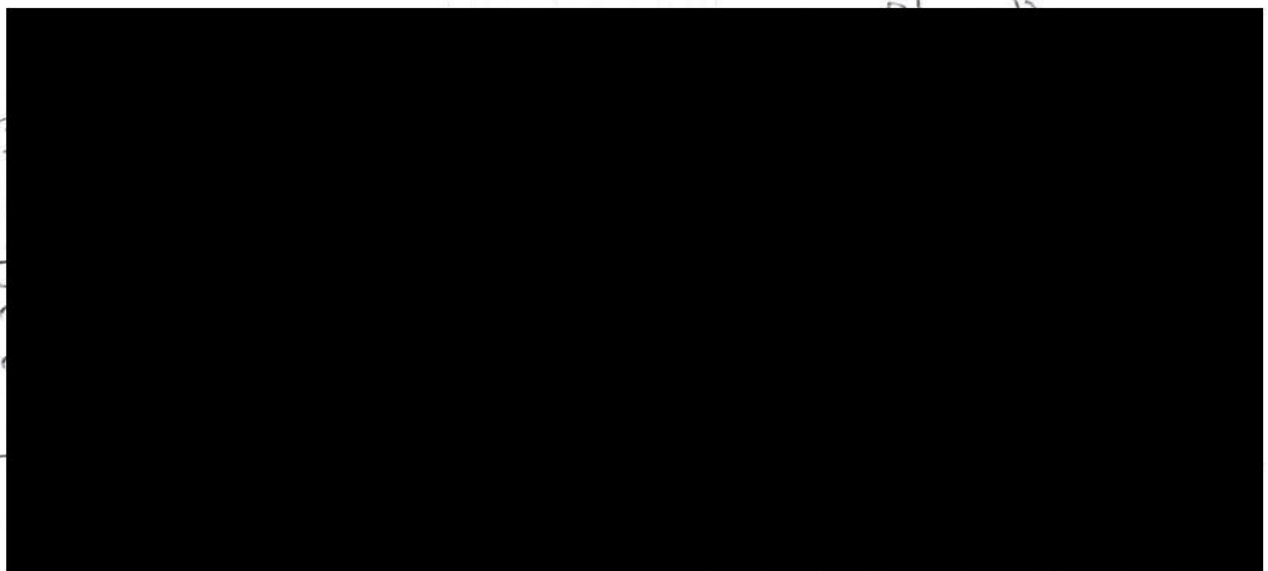
May God Bless You
You call yourself a Man of God
Sole

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: Michael S. Wilmoth	ADC Number: [Redacted]	Date: 4-24-23
Housing Assignment: ISO 211	Job Assignment:	
To (Staff Member): Chaplin Freeman	Office: Chaplin	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment



[Signature] 4-24-2023
Inmate's Signature Date

Staff Member Responding: <i>[Signature]</i>	Date:
---	-------

I have reviewed your request and my finding is as follows: _____



Staff Signature
[Signature]

I am referring this request to: _____ 1/03/18

Very

Inmate Request Form

Unit

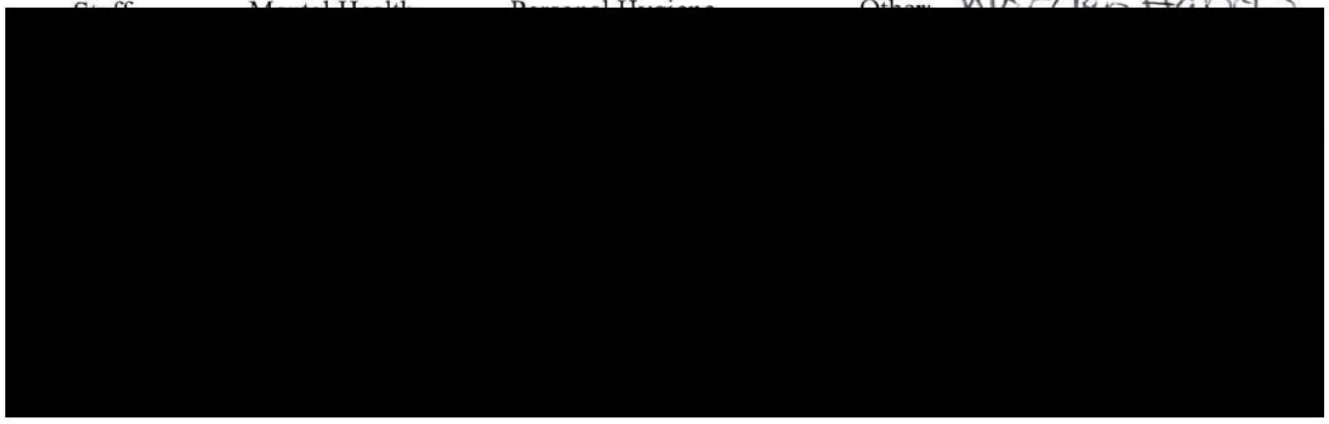
Important

This form is to be used by inmates with requests on issues. Staff should be given 5 working days to respond.

Name: Michael S. Milne	Number: [Redacted]	Date: 4-24-23
Housing Assignment: ISO 211	Assignment:	
To (Staff Member): Warden	Office: Assit. Warden	

I have a request concerning the following (name):

- Classification
- Parole
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Warden Harris



Have you talked to any staff member about this request? Yes ___ No If so, whom?
Staff member(s) contacted: Chaplin Freeman Date: _____

[Signature] 4-24-2023
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

AD 2022-10) inmates in Punitive Isolation
RtH cannot receive food items
associated with special events.
Com items

Staff Signature

I am referring this request to: _____

RECEIVED
APR 25 2023
DW SECURITY

1/03/18

IGTT405
3GT

Attachment V

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

TO: Inmate Wilmoth, Michael S. ADC #: [REDACTED]
FROM: Straughn, William F TITLE: Deputy Director
RE: Receipt of Grievance [REDACTED]-23-00587 DATE: 04/25/2023

Please be advised, the appeal of your grievance dated 04/07/2023
was received in my office on this date 04/25/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send all the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This Appeal was REJECTED because it was a duplicate of [REDACTED] 3-00566 , or was frivolous or vexatious

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

IGTT400
3GR

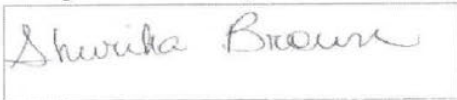
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 04/17/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE # [REDACTED] 23-C0587

Please be advised, I have received your Grievance dated 04/07/2023 on 04/17/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.



Signature of ADC Inmate Grievance Coord

RECEIVED
APR 25 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

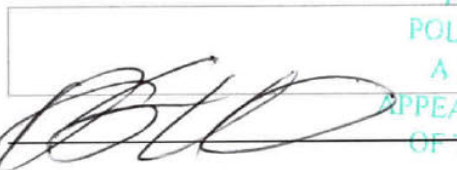
CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of GR-23-00566, or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

*This is not a Duplicate of GR-23-00566
it is clearly different.*



FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION FOR [REDACTED]
APPEAL AND MARKS THE END
OF THE APPEAL PROCESS

ADC# [REDACTED] Date 4-18-2023

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED

APR 25 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Shane Wilmoth

Brks # 20211 Job Assignment

FOR OFFICE USE ONLY	
GRV #	<u>23-00587</u>
Date Received:	<u>4-17-23</u>
GRV. Code #:	<u>906</u>

RECEIVED

APR 17 2023

GRIEVANCE

4-7-23 (Date) STEP ONE: Informal Resolution

4-14-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Informal Resolution was never Answered

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



Inmate Signature _____

Date 4-7-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/14/23 (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 (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____

Describe action taken to resolve complaint, including dates: _____

RECEIVED

Date Received 4/17/23

APR 25 2023

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

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

Brks # 150 744 Job Assignment _____

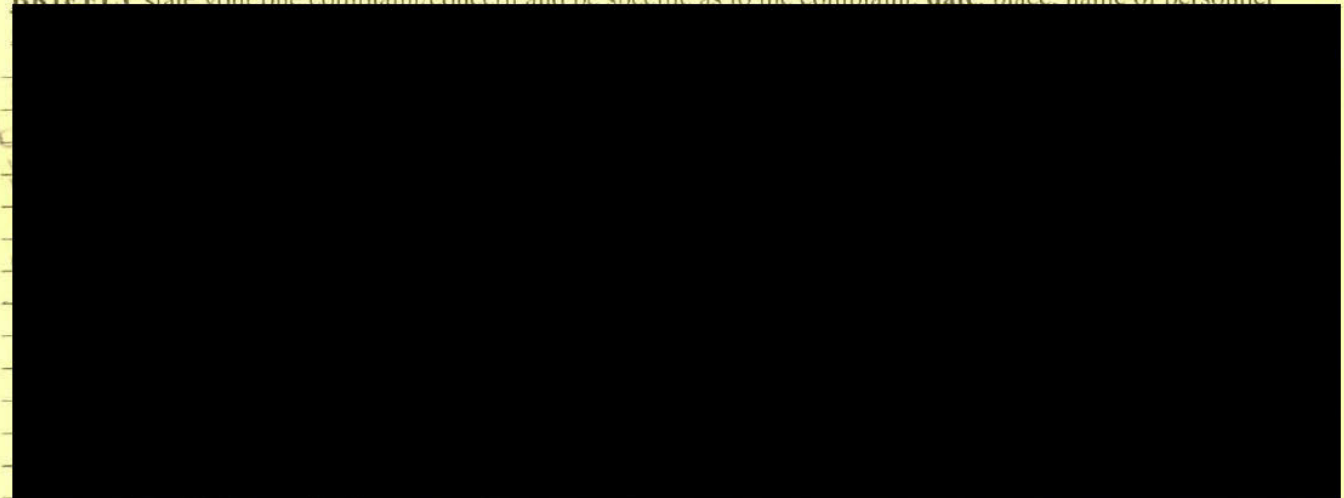
FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

6-26-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: *medical or mental*
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



[Signature]
Inmate Signature

6-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

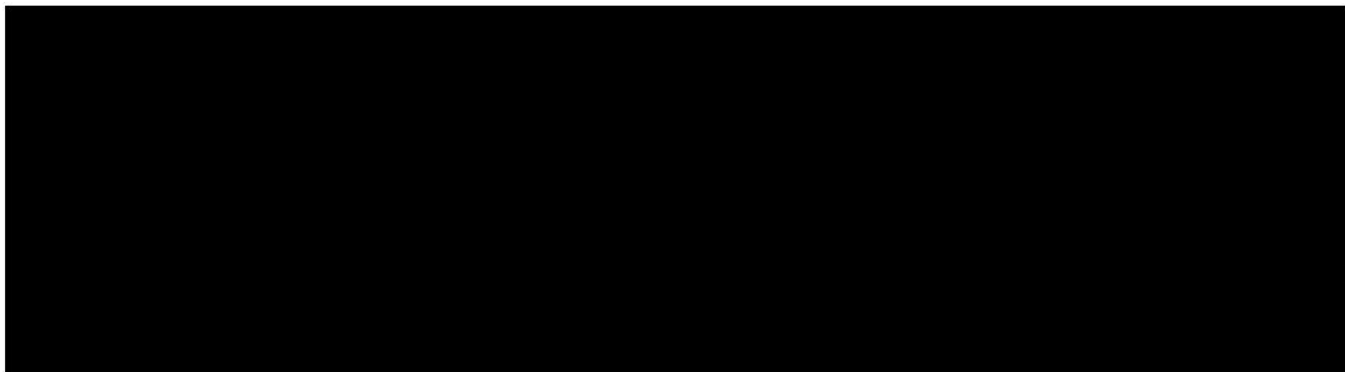
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-00550



Appeal Upheld.

DIRECTOR

 6-8-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

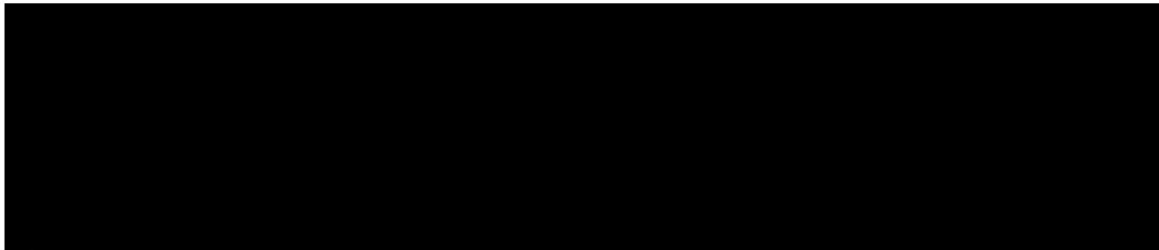
Attachment III

INMATE NAME: Wilmoth, Michael S.

ADC # 1

GRIEVANCE #: 23-00550

WARDEN/CENTER SUPERVISOR'S DECISION



Claudia Harris
Signature of Warden/Supervisor or Designee

Deputy Warden 4/27/2023
Title Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the 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?

This is a lie I have copies of the ~~Grievance~~ Request I sent to the Chaplin date before April 7, 2023 before I was in Isolation and I talked to Chaplin Freeman in Person before April 7, 2023 My Constitutional Rights, Civil Liberties and Religious Freedom was violated

[Signature]
Inmate Signature

RECEIVED
MAY 11 2023

ADC# 4-27-2023
Date

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

APR 12 2023

FOR OFFICE USE ONLY	
GRV. #	23-00550
Date Received:	4-12-23
GRV. Code #:	906

Unit/Center

Name Michael Shane Wilmoth

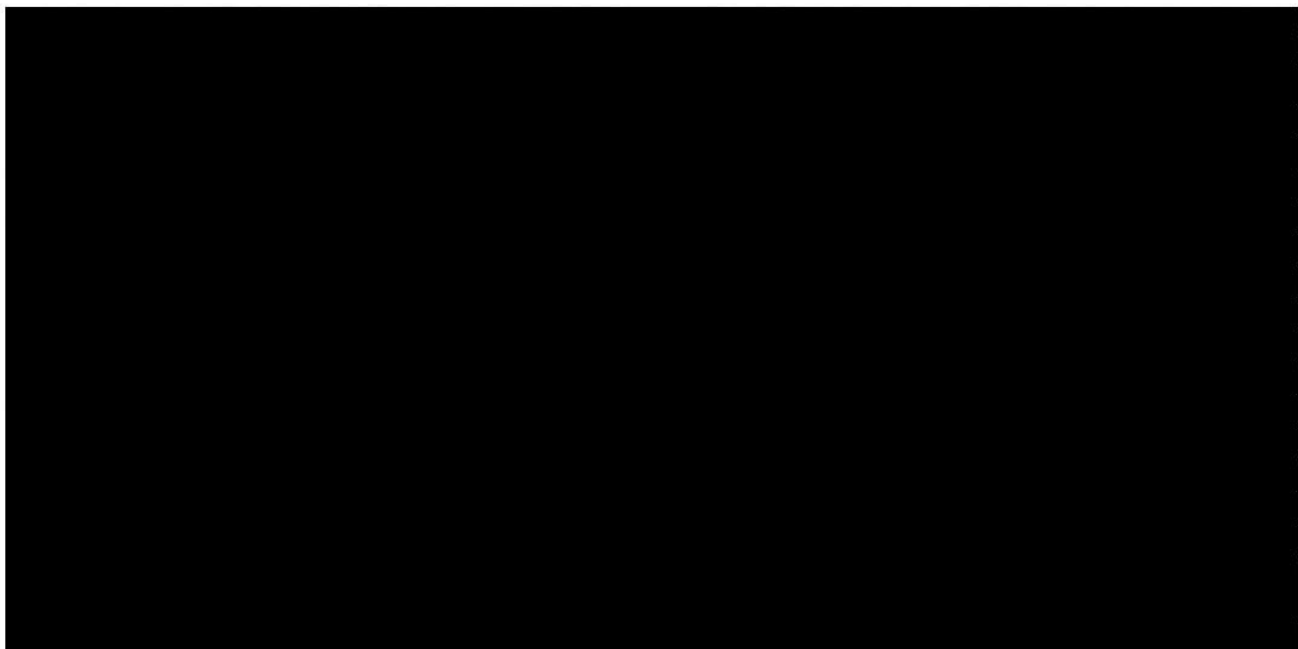
Brks # 150211 Job Assignment

4-5-23 (Date) STEP ONE: Informal Resolution

4-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I did write Chaplin on 3-21-23 and told staff in ISO on 3-28-23

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:



If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-6-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: Date

Sgt. Ricky Henry

ID Number

Staff Signature

4-6-23 Date Received



Sgt. [Signature] 4-10-23 Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

If forwarded, provide name of person receiving this form; INMATE GRIEVANCES SUPERVISOR Date:

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

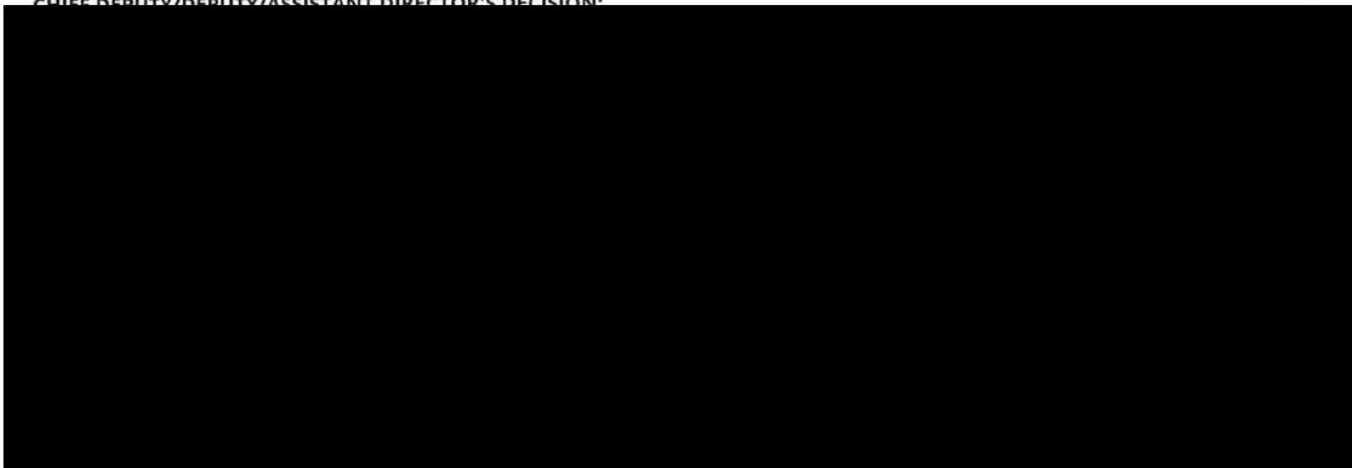
DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.



23-00604

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



Appeal Upheld.

DIRECTOR

Wheff 6-8-23

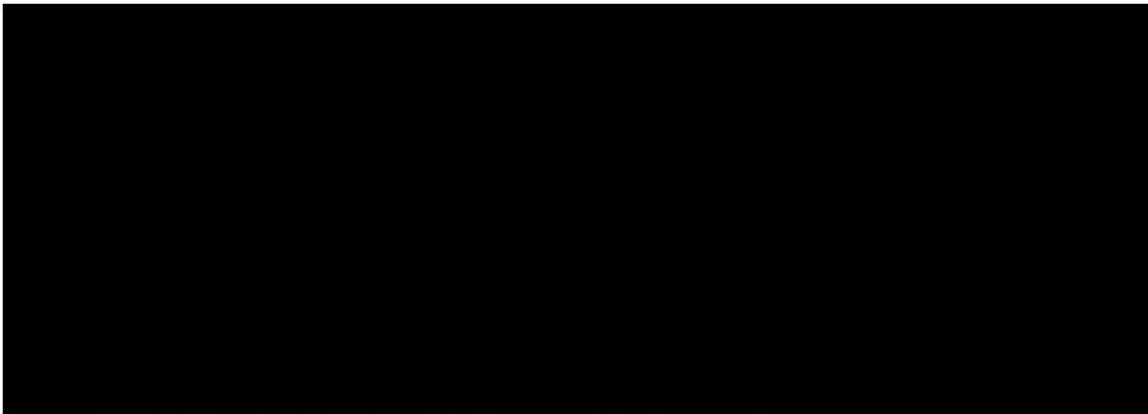
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S. ADC #: 10 [REDACTED] G#: [REDACTED] GP: 3-00604

WARDEN/CENTER SUPERVISOR'S DECISION



Therefore, I find this grievance is without merit.

Claudia Hains
Signature of Warden/Supervisor or Designee

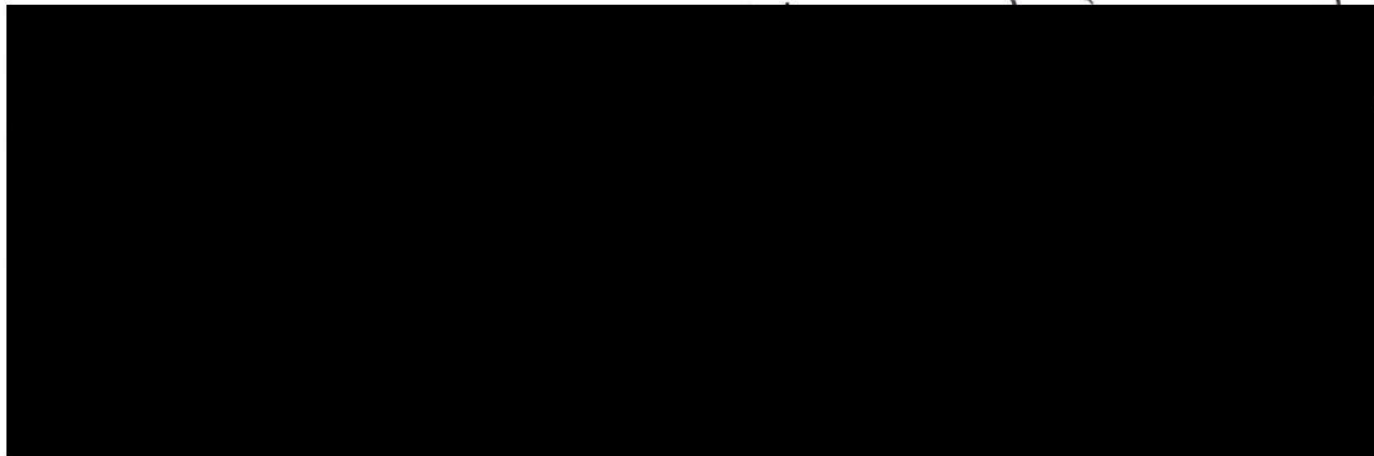
Deputy Warden 4/27/2023
Title Date

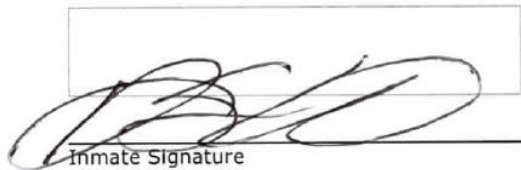
RECEIVED
MAY 11 2023


INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision with a 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.

INMATE SERVICES SUPERVISOR
ADMINISTRATION BUILDING




Inmate Signature

ADC#:  Date 4-27-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED
MAY 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

USE ONLY
23-00604
Date Received: 4-20-23
GRV. Code #: 501

(Attachment I) **RECEIVED**
 Name Michael Charles Wilmoth APR 20 2023
 Brks # 150 Job Assignment **GRIEVANCE**

4-12-23 (Date) STEP ONE: Informal Resolution

4-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: Informal Resolution was Never Answered

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature] Date 4-12-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-17-23 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

RECEIVED
MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S. [REDACTED] [REDACTED] [REDACTED]-23-00651

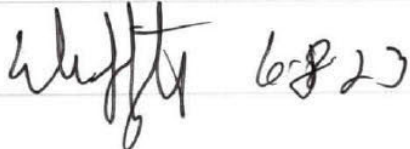
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

matter is being addressed and corrected.

Appeal Upheld.

DIRECTOR



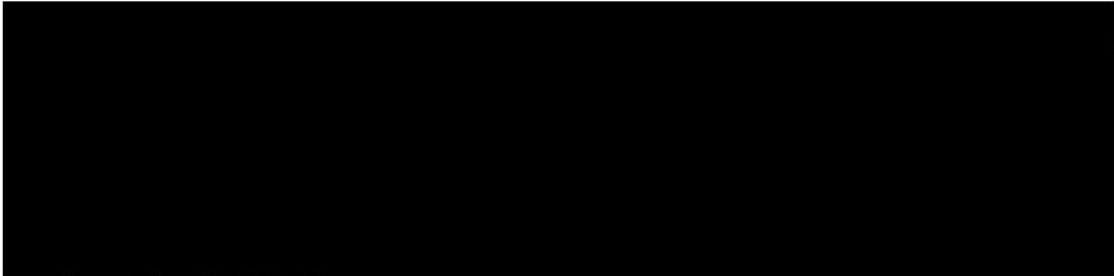
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S. [REDACTED] G [REDACTED] 23-00651

WARDEN/CENTER SUPERVISOR'S DECISION



grievance is without merit.

Shamir W. Hunt
Signature of Warden/Supervisor or Designee

Warden
Title

5-6-23
Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

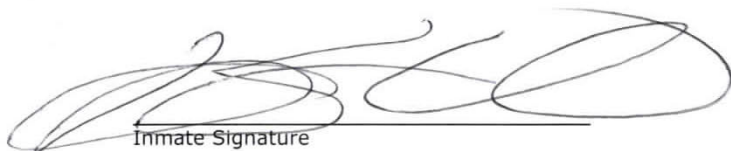
My Civil Rights and Civil liberties was violated by denying me my Religious Accommodations

RECEIVED
MAY 11 2023

[Signature]

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING
105408

5-8-23



Inmate Signature

Date 5-8-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

GRV. Code #:	23-00 651
Date Received:	5-1-23
GRV. Code #:	906

Name Michael Shane Wilmoth
 Job Assignment ISO 211

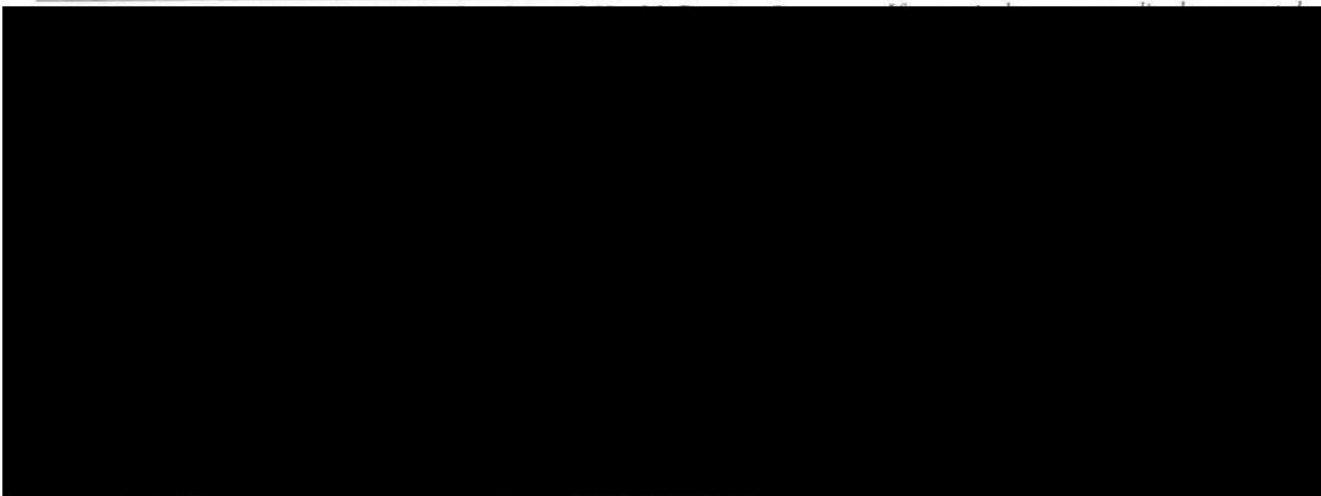
MAY 01 2023 GRIEVANCE

4-24-23 (Date) STEP ONE: Informal Resolution

4-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This is bias and violates my Constitutional Rights

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____



RECEIVED

MAY 11 2023

[Signature]
Inmate Signature

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

4-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/24/23 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name _____

PROB. STAFF NAME (PROBLEM SOLVER)	ID Number	Staff Signature	Date
<u>[Redacted]</u>	<u>[Redacted]</u>	<u>Sgt Beaul Robert</u>	<u>4/24/23</u>

Describe action taken to resolve complaint, including dates: AD 2022-10 states Special Event. Any activity not held in the normal course or day to day operations of a facility or program. The Warden may allow certain food items to be taken to inmates on lockdown, except on punitive isolation, but amounts will be limited to those consistent with health and sanitation procedures.

Staff Signature & Date Returned	Inmate Signature & Date Received
<u>Sgt Beaul Robert 4/24/23</u>	<u>[Signature] 4-24-23</u>

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

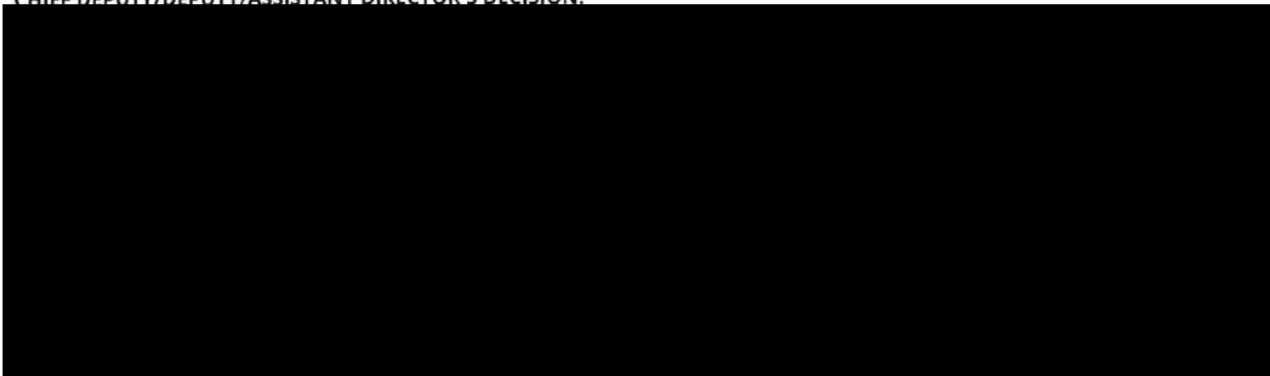
DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.



23-00635

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



matter is being addressed and corrected.

Appeal Upheld.

DIRECTOR

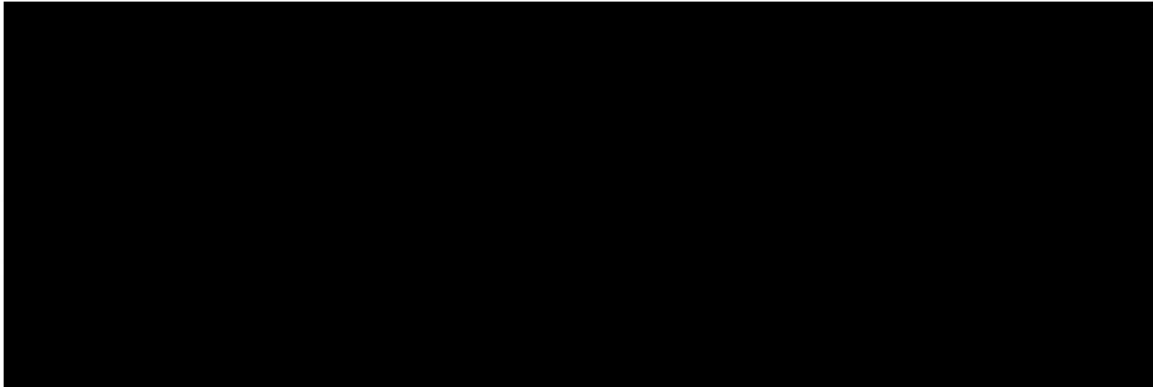
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

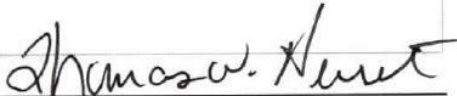
IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] CP# [REDACTED] GR# 23-00635

WARDEN/CENTER SUPERVISOR'S DECISION



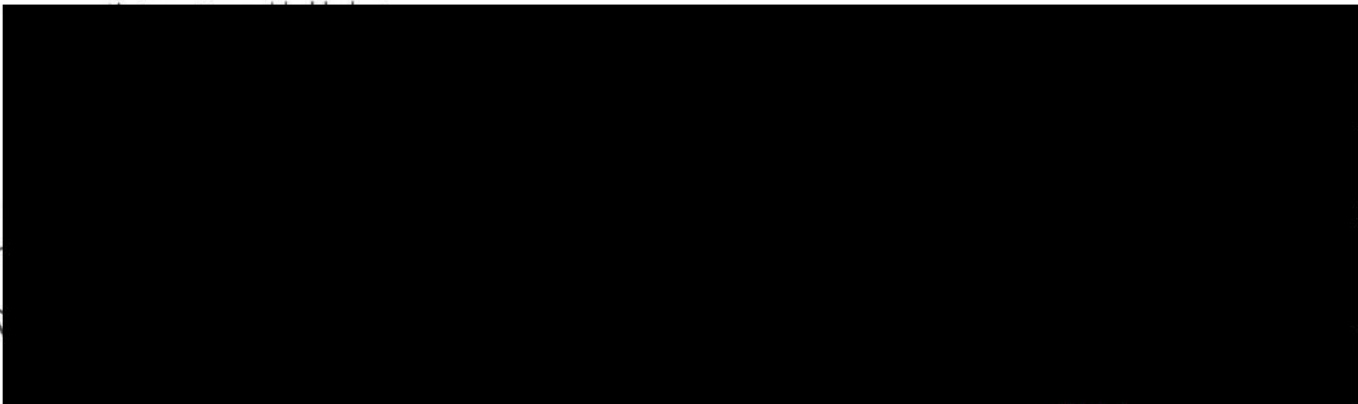

Signature of Warden/Supervisor or Designee

Warden
Title

5-3-23
Date


INMATE'S APPEAL

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



MAY 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING


Inmate Signature

ADC#: 
Date 5-3-2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

GRV. Code #:	23-001635
Date Received:	4-26-23
GRV. Code #:	906

Unit/Center

Name

Michael Shane Wilmoth

APR 26 2023

Job Assignment

GRIEVANCE

4-24-23 (Date) STEP ONE: Informal Resolution

4-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This violates my Constitutional Rights

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental



[Signature]

4-24-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-24-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:

Sgt Brad Robertson [Redacted] Sgt Brad Robertson 4-24-23

Describe action taken to resolve complaint, including dates: It has nothing to do with a holiday, but your housing assignment, and your punitive status.

Sgt Brad Robertson 4/24/23 [Signature] 4-24-23

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

Staff Who Received Step Two Grievance:

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

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

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

[REDACTED]

[REDACTED]

[REDACTED]

23-00629

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

matter is being addressed and corrected.

Appeal Upheld.

DIRECTOR

W. Hoff 6-8-23

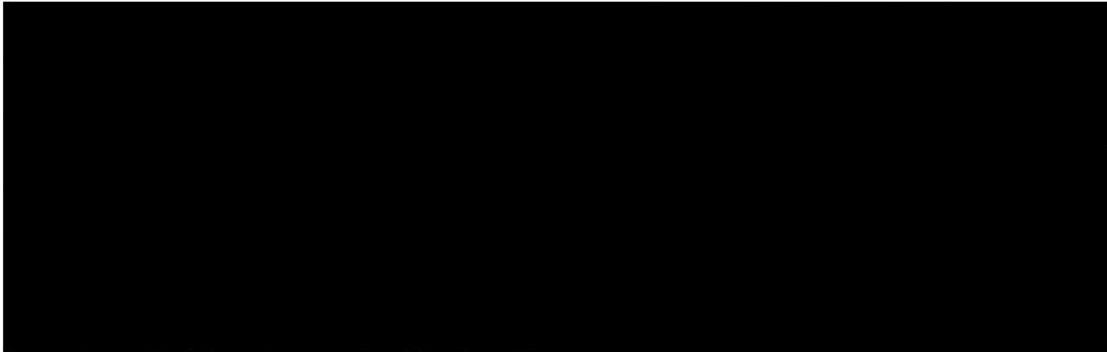
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] [REDACTED] 23-00629

WARDEN/CENTER SUPERVISOR'S DECISION



Therefore, I find this grievance is without merit.

Thomas W. Nunez
Signature of Warden/Supervisor or Designee

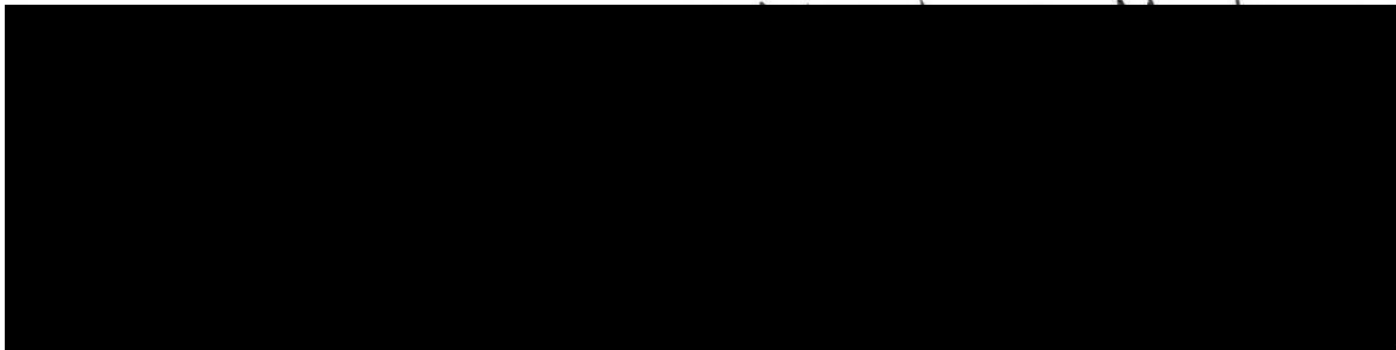
Warden
Title

5-3-23
Date

RECEIVED
MAY 11 2023

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 Director, 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.



[Signature area]

Inmate Signature

ADC#: 5-3-2023
[Redacted] ate

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED
MAY 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

APR 26 2023

GRIEVANCE

Name Michael Shane Wilmoth

Brks # 15P 211 Job Assignment

USE ONLY
23-00629
4-26-23
GRV. Code #: 906

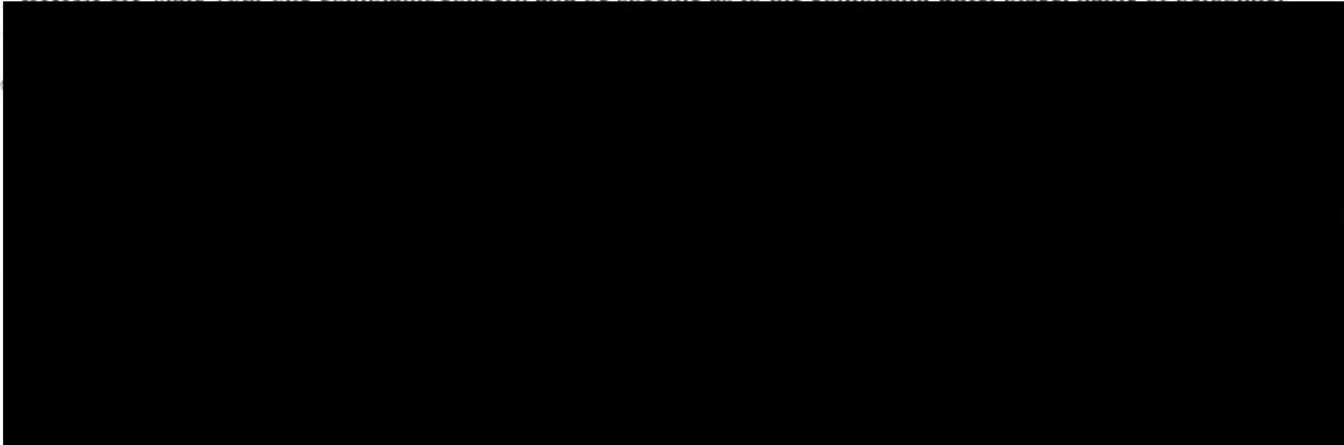
4-20-23 (Date) STEP ONE: Informal Resolution

4-21-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This violates my Constitutional Rights

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR ADMINSTRATION BUILDING

Date

4-20-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/11/23 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: Date

Staff Signature

Staff Signature

Date Received

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

MAY 08 2023

GRIEVANCE

USE ONLY
Date Received: <u>5-8-23</u>
GRV. Code #: <u>803</u>

Name Michael Shane Wilmoth

Brks # 150 211 Job Assignment _____

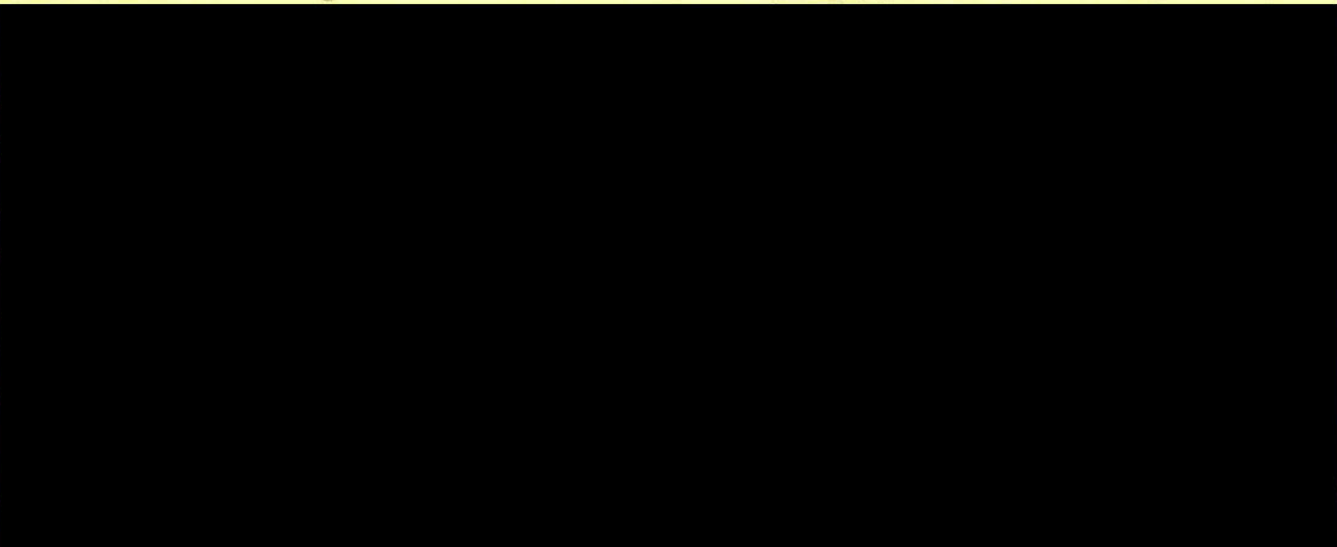
4-21-23 (Date) STEP ONE: Informal Resolution

5-4-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Informal Never Answered signed by Sgt. Howard

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature]
Inmate Signature

9-27-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____

Describe action taken to resolve complaint, including dates: _____

RECEIVED

Date Received

JUN 02 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] B-00686


CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

Your appeal is without merit.

Appeal denied

DIRECTOR

 7-10-20

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00686

WARDEN/CENTER SUPERVISOR'S DECISION



been violated in any manner. Therefore, I find this grievance is without merit.

[REDACTED]

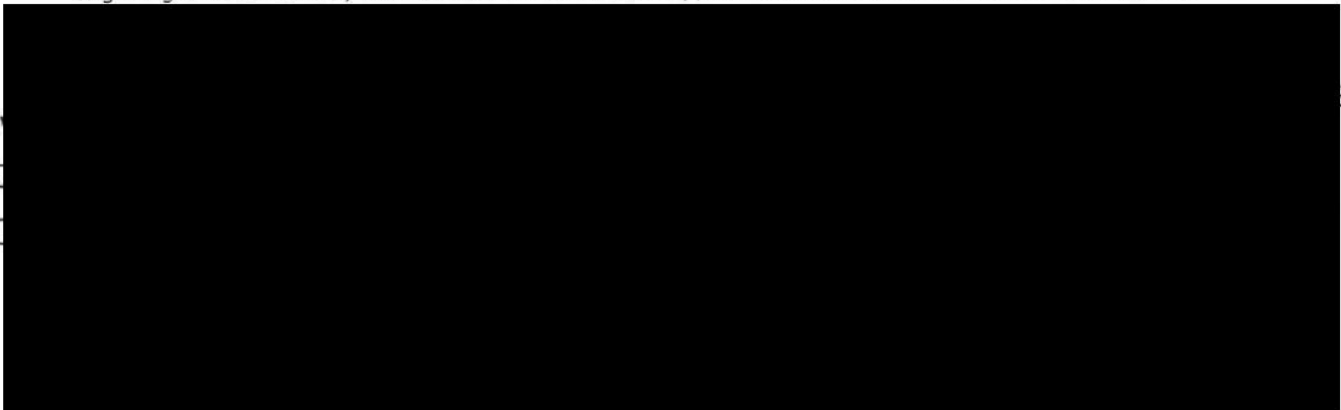
Thomas W. Hunt
Signature of Warden/Supervisor or Designee

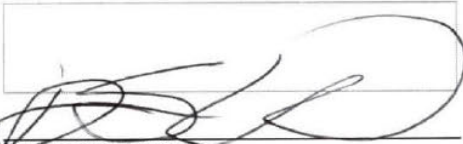
Warden
Title

5-24-23
Date

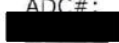
INMATE'S APPEAL

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





Inmate Signature

ADC#:  Date 5-25-2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

JUN 02 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Warden Harris

GU 1.5.0

ATTACHMENT 1

Inmate Request Form

[Redacted]

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Emergency

Emergency

Name: Michael S. Wilmoth	ADC Number: [Redacted]	Date: 4-11-23
Housing Assignment: 350 211	Job Assignment:	
To (Staff Member): Warden Harris	Office: Warden	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Warden Harris

[Redacted]

Staff member(s) contacted: _____ Date: _____

Inmate's Signature _____ Date _____

Staff Member Responding:	Date: 4/12/2023
--------------------------	-----------------

I have reviewed your request and my finding is as follows: _____

[Redacted]

Amittans
 Staff Signature

RECEIVED

'APR 12 2023

DW SECURITY

I got back on 4-14-23
[Signature]

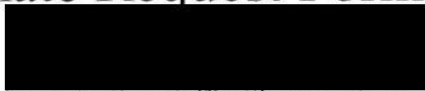
I am referring this request to: _____ 1/03/18

Warden Harris Emergency

ATTACHMENT 1

GU 1.5.0

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

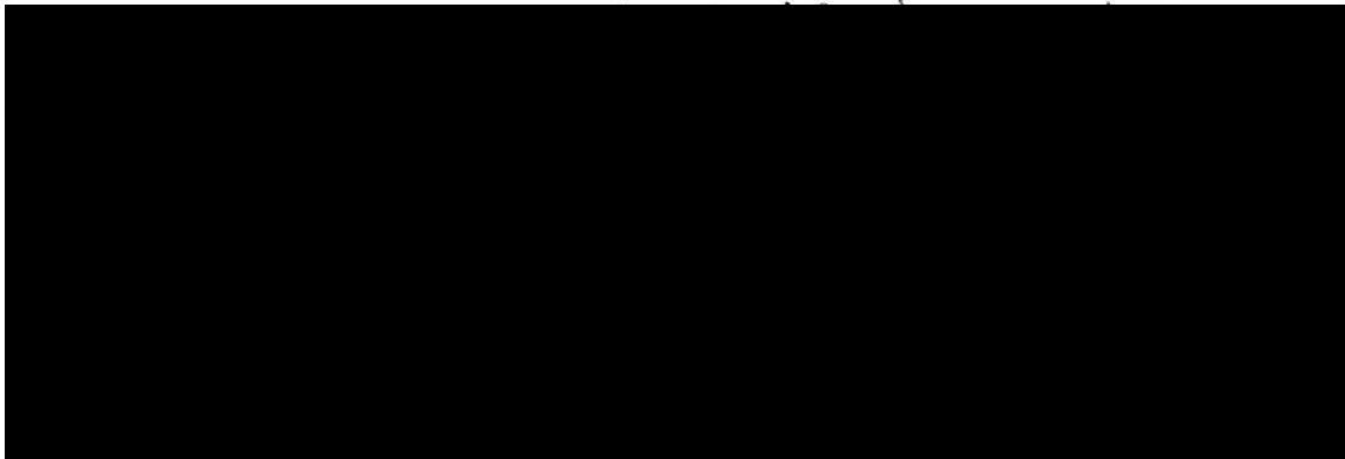
Emergency

Emergency

Name: <u>Michael S. Wilmoth</u>	ADC Number:	Date: <u>4-11-2023</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

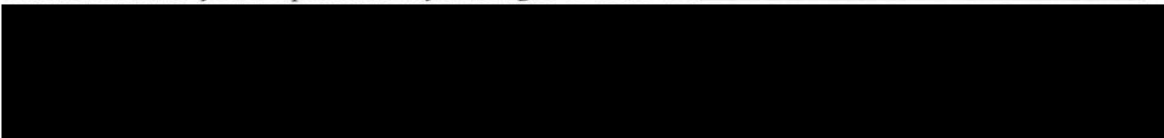
- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Asst. Warden



Staff member(s) contacted: Chapman Date: _____
and all ISO staff @ 4-11-23
Inmate's Signature Date

Staff Member Responding: _____ Date: 4/12/2023

I have reviewed your request and my finding is as follows: _____



Comitauz
 Staff Signature

RECEIVED
 APR 12 2023
 DW SECURITY

I am referring this request to: I got back on 4-14-23
MSL
1/03/18

Inmate Request Form

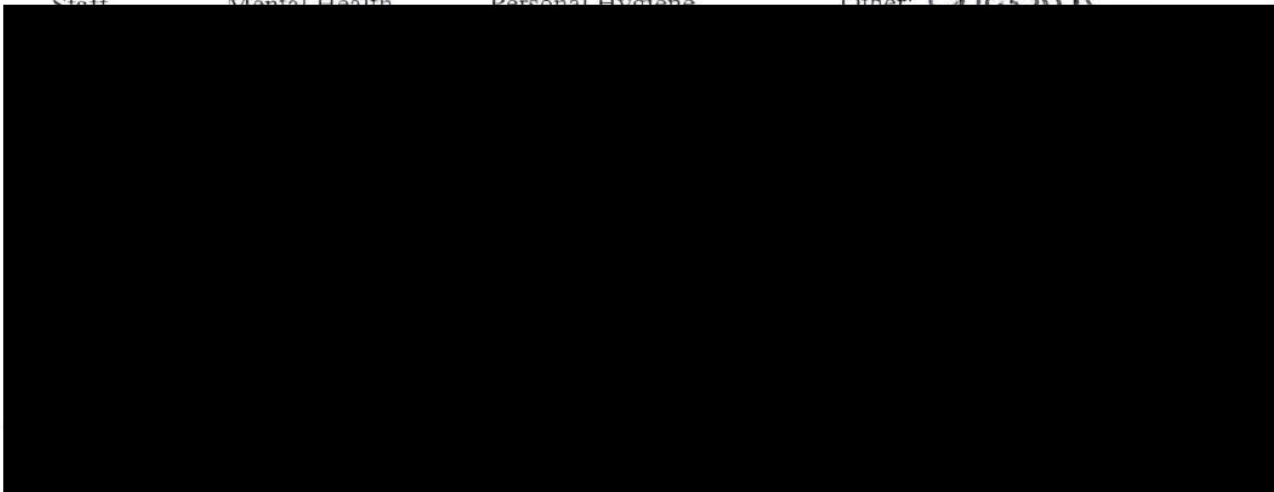


This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin



Staff member(s) contacted: you Date: _____

Warden Harris 4-11-23

Inmate's Signature

Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows:



Staff Signature

I got reply on 4-14-23

I am referring this request to: MSW

Received
4-12-2023

GU 1.5.0

Very Important Inmate Request Form

ATTACHMENT 1

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: Michael Shane Wilmoth	ADC Number: [REDACTED]	Date: 4-14-2023
Housing Assignment: ISO 211	Job Assignment:	
To (Staff Member): Warden Harris	Office: Warden	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Warden Harris

Detailed Reason for Request: I have (2) top issues First, I've been asking for Paper work for a week like Inmate Checks for Legal mail, Grievances, Request Sick Calls
Next, Sergeants in Isolation are not making there rounds to sign Legal mail, Inmate Checks and Grievances
Next Step is Grievance on both these issues

Have you talked to a staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____

Date: _____

[Signature] 4-14-2023
 Inmate's Signature Date

Staff Member Responding: _____	Date: 4/19/2023
--------------------------------	-----------------

I have reviewed your request and my finding is as follows: _____

Okay. But this is written on a inmate request.

[Signature]
 Staff Signature

RECEIVED
 APR 19 2023
 DW SECURITY

I am referring this request to: _____ 1/03/18

7

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Shane Whitworth</u>	ADC Number:	Date: <u>1-5-2023</u>
Housing Assignment: <u>ISO 24</u>	Job Assignment:	
To (Staff Member): <u>Med</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I'm filing for a time cut I need a Medical Release form releasing my Medical Records to the Governor of Arkansas

Have you talked to any staff member about this request? Yes _____ No _____ If so, whom? _____
 Staff member(s) contacted: _____ Date: _____

Inmate's Signature _____ Date _____

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: Any Records The Governor would need can be requested through Department of Corrections at Pine Bluff.

 Staff Signature

I am referring this request to: _____ 1/03/18

file
1000

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>12-19-22</u>
Housing Assignment: <u>21</u>	Job Assignment: <u>BU</u>	
To (Staff Member): <u>IPO Parole</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I want to review all statements and recommendations concerning my Parole

Have you talked to any staff member about this request? _____ Yes _____ No If so, whom?
Staff member(s) contacted: _____ Date: _____

[Signature] 12-19-22
Inmate's Signature Date

Staff Member Responding: <u>ROBERTSON, IPO</u>	Date: <u>12/20/2022</u>
--	-------------------------

I have reviewed your request and my finding is as follows: You will need to write to the parole board, for this information.

Arkansas Board of Parole
1302 Pike Ave. Suite D.
North Little Rock, AR 72114

Yeshoman Robertson
Staff Signature

I am referring this request to: _____ 1/03/18

Inmate Request Form

This form is to be used by inmates to contact staff with requests on issues they may have. This step should be used before completing and Informal Resolution or Grievance. This is the Ouachita River Correction Unit In-House Form.

Name: <u>M. Wilmoth</u>	ADC [Redacted]	BKS: <u>H1 BKS 2</u>	Date: <u>1-27-2023</u>
-------------------------	----------------	----------------------	------------------------

Circle the Department you want your request directed to.


- Superintendent Byers D.W. Straughn\Security D.W. Griffin\Programs Think Legacy
- Major Coleman\Security Fire & Safety Property Shorter College
- Commissary Classification Business Office Library-Law Library
- Mail Room Mental Health Medical Inmate Council
- Chaplain Parole Laundry Hobby Craft
- Records Visitation-Phone List Other _____

Staff Directed to: Parole

Give detailed reason for request: Yesterday you brought me a time out Application it states "I have a [Redacted] which does not qualify for Act 290 (you must provide a medical information release in order for the Board to view your medical records)" Can you please help with this Medical request to give me a release form

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

If your answer is "yes", who did you talk with about this request and when? Medical and Warden Harris

Inmate's Signature: 	Date: <u>1-27-2023</u>
Staff Responding: <u>Robertson, IPD</u>	Date: <u>1/30/2023</u>

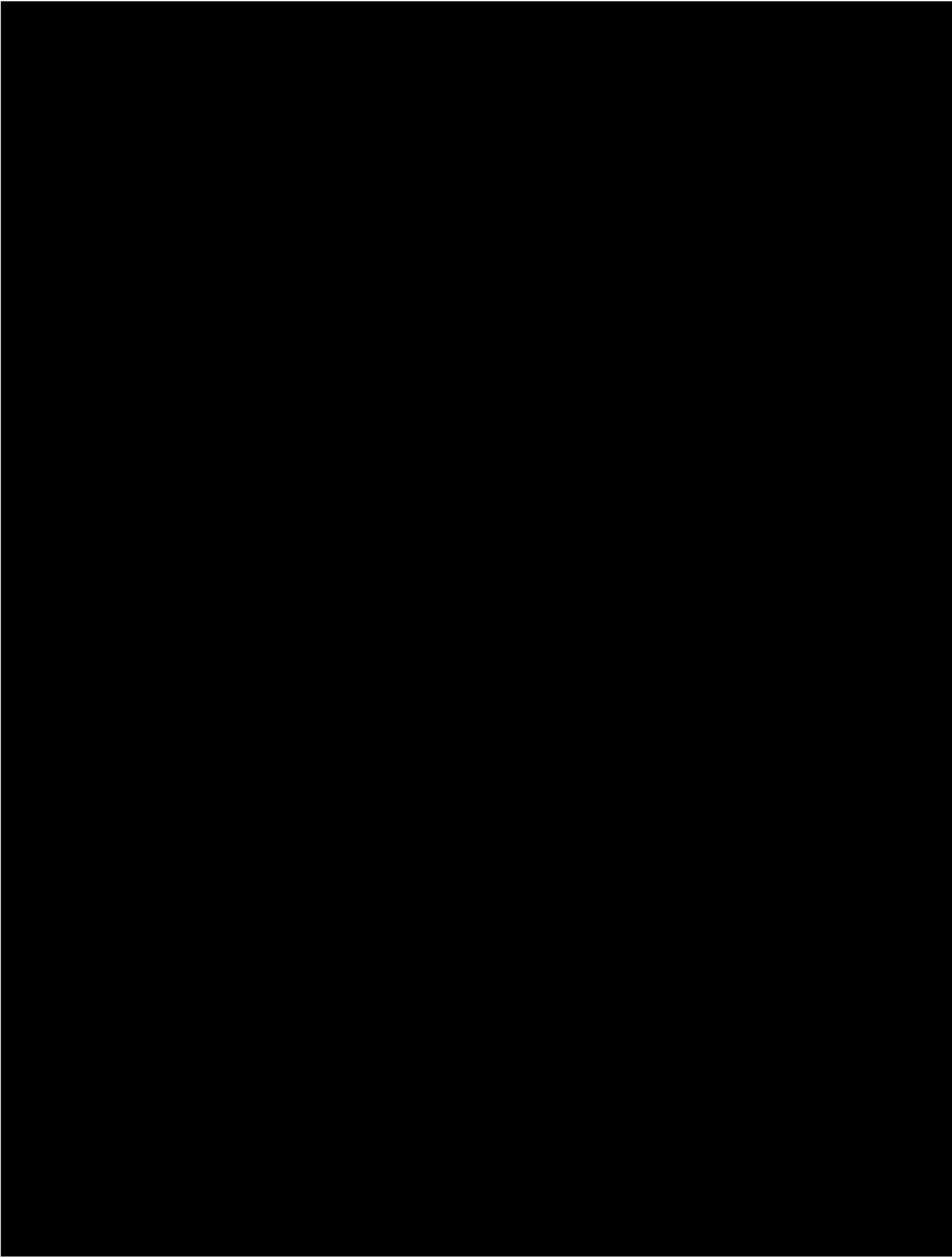
I have reviewed your request and here is my finding:

Anything to do with Medical, has to come from Medical. We do not have access to that information.

I am referring this request to: _____

I am considering this issue: Resolved Not Resolved

Yelbourn Robertson 4/30/23
Staff Member's Signature & Date



Affidavit

To: Trans Union, Equifax, Experian

From: Michael Shane Wilmoth

File #: [REDACTED]

RE: Victim of Identity Theft

Michael Shane Wilmoth

[REDACTED]

Current Home Address: [REDACTED]

Home

Current Physical Address: [REDACTED]

Prison Address: Arkansas Department of Correction
Current Michael Shane Wilmoth

[REDACTED]

Names Reported: Michael Shane Wilmoth

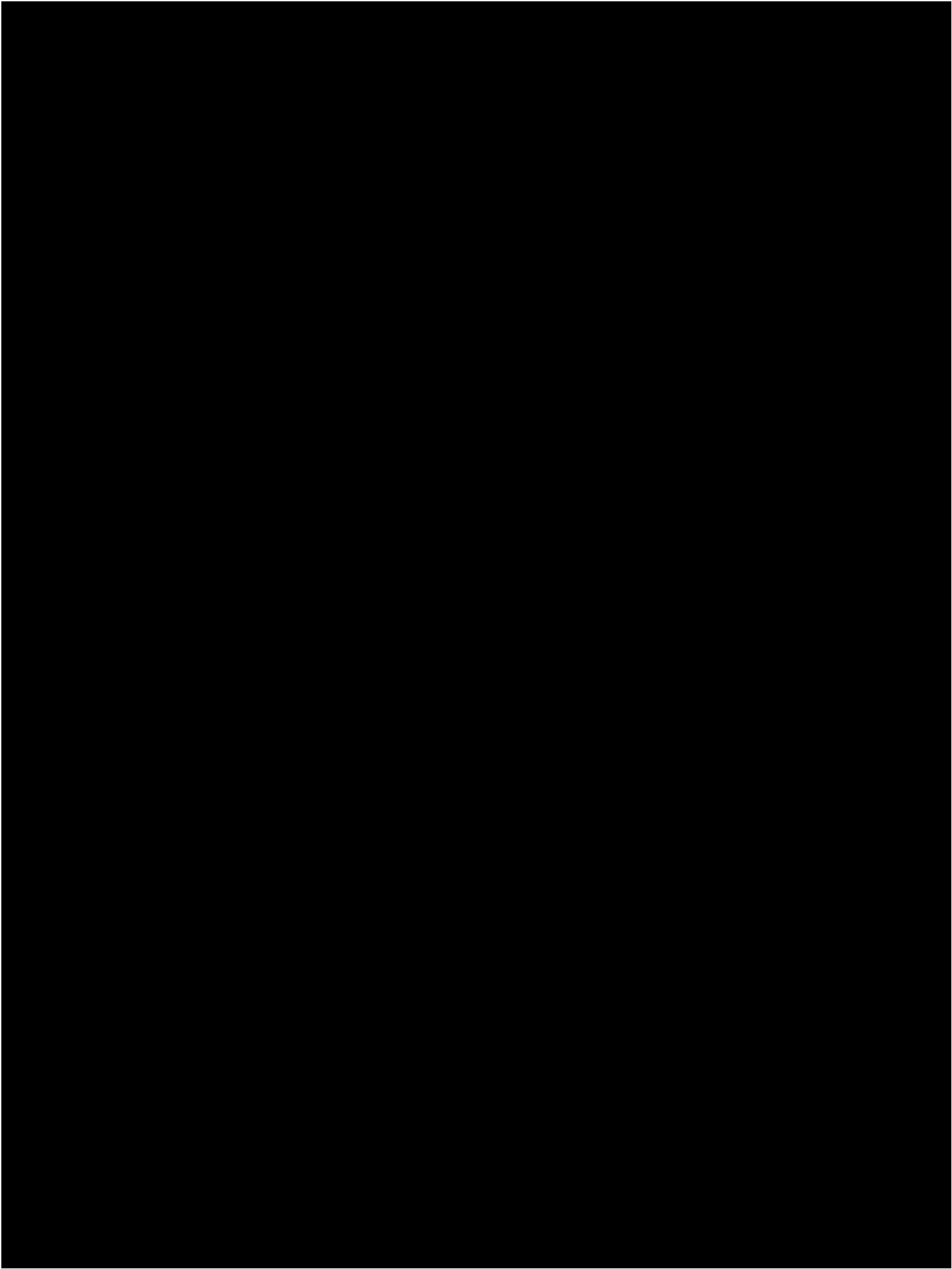
Michael Wilmoth

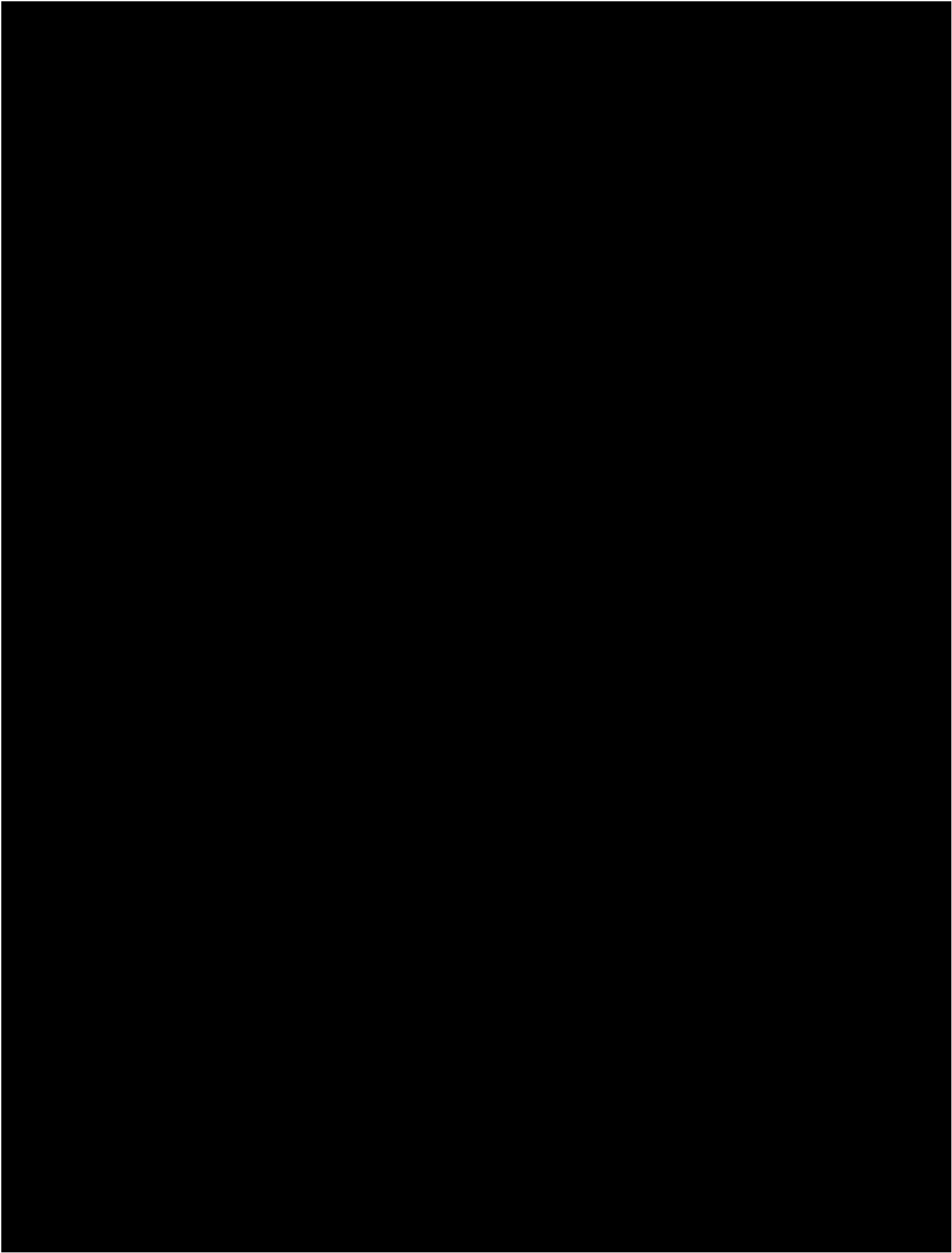
Michael S. Wilmoth

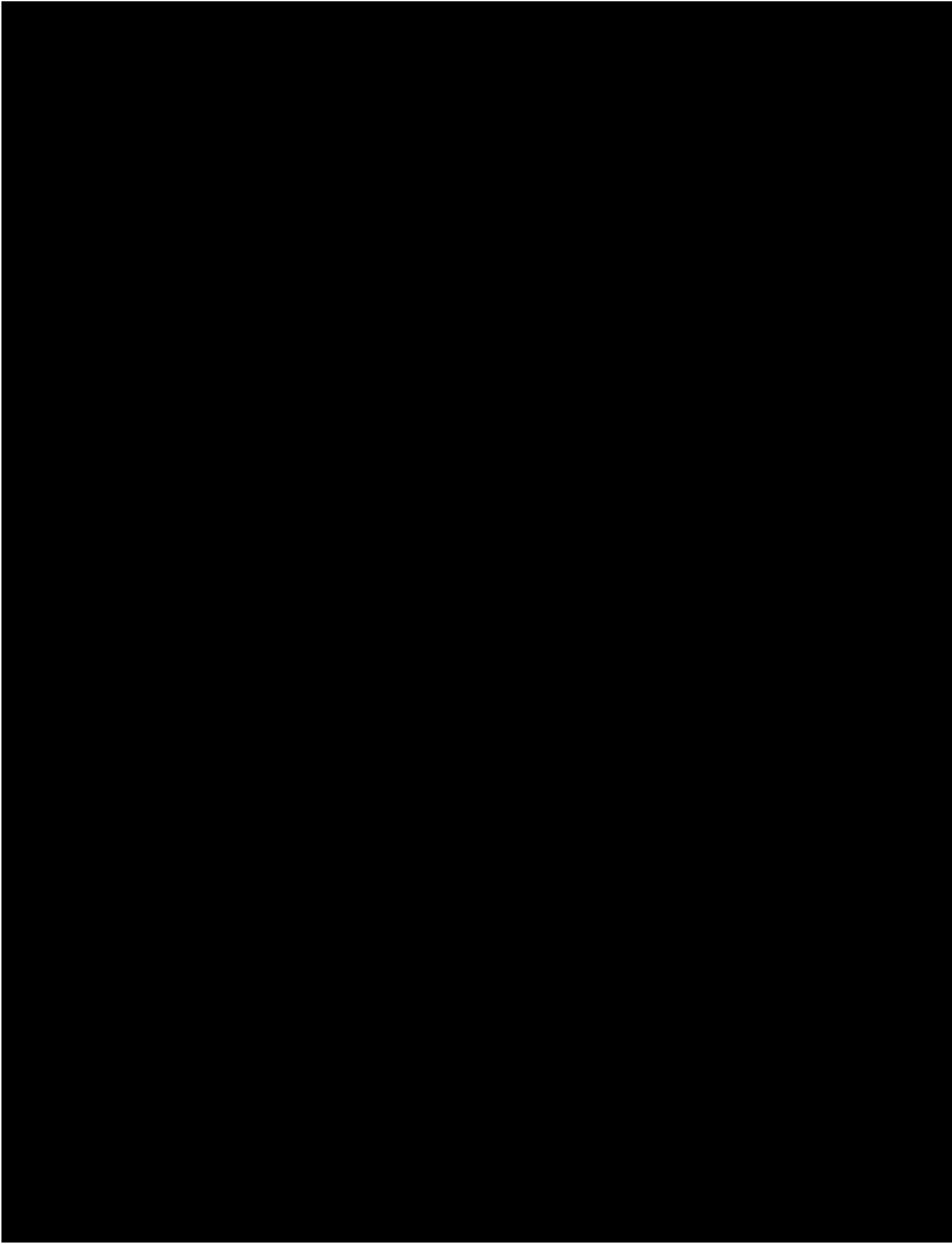
Addresses Reported:

[REDACTED]

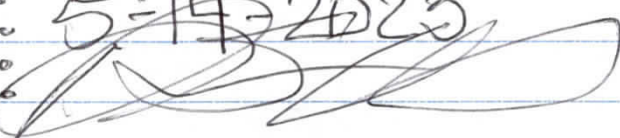
Date: 1/9/16



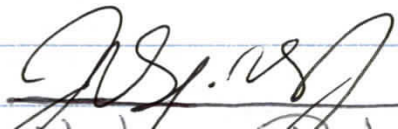




I Michael Shane Wilmoth, after first being duly sworn, do hereby swear, depose and state that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief

Date: ~~5-19-2023~~
Affiant: 

Subscribed and sworn to before me, a Notary Public, on this 19 day of May 2023


Notary Public

My Commission Expires: 5/6/2026



STATE OF ARKANSAS)
COUNTY OF White) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear, depose and state that: On 7-11-2023 I told Hearing Officer Janice Blake, Co II Zuber, at Disciplinary Court



told these Officers I fear for my life and safety?

My Grievance's are not being filed, I'm being Denied my Mail, I can't go to Yard or shower I'm being Denied Law Library and Legal Copies for the Court violating my constitutional Rights of Due Process of the Law

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

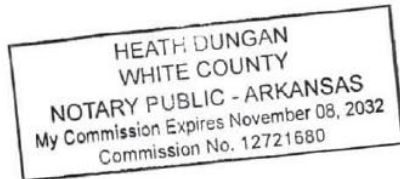
7-21-23
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of July, 2023

[Signature]
NOTARY PUBLIC

My Commission Expires: 11/08/2032



STATE OF ARKANSAS)
COUNTY OF White) §§

AFFIDAVIT

I, Michael Shane Wilmoth [redacted] after first being duly sworn, do hereby swear, depose and state that: I'm being denied Legal Phone Calls to the IRS. I'm having Identity Theft Issues where someone has filed TAXES in my Name while I was in Prison. I have letter from IRS telling to call concerning this I'm being denied Legal Phone Call to IRS

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

7-21-23
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of July, 2023

[Signature]
NOTARY PUBLIC

My Commission Expires: 11/08/2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680

STATE OF ARKANSAS)
COUNTY OF White) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear,
depose and state that: My Step Two and Step Three

Grievances are not being filed. Ms. Brown
said she is not getting them so ADC
Security Staff are not turning Step
Two in to Ms. Brown and Step Three
is not being mailed to Central Office
in Pine Bluff.

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

7-21-23
DATE

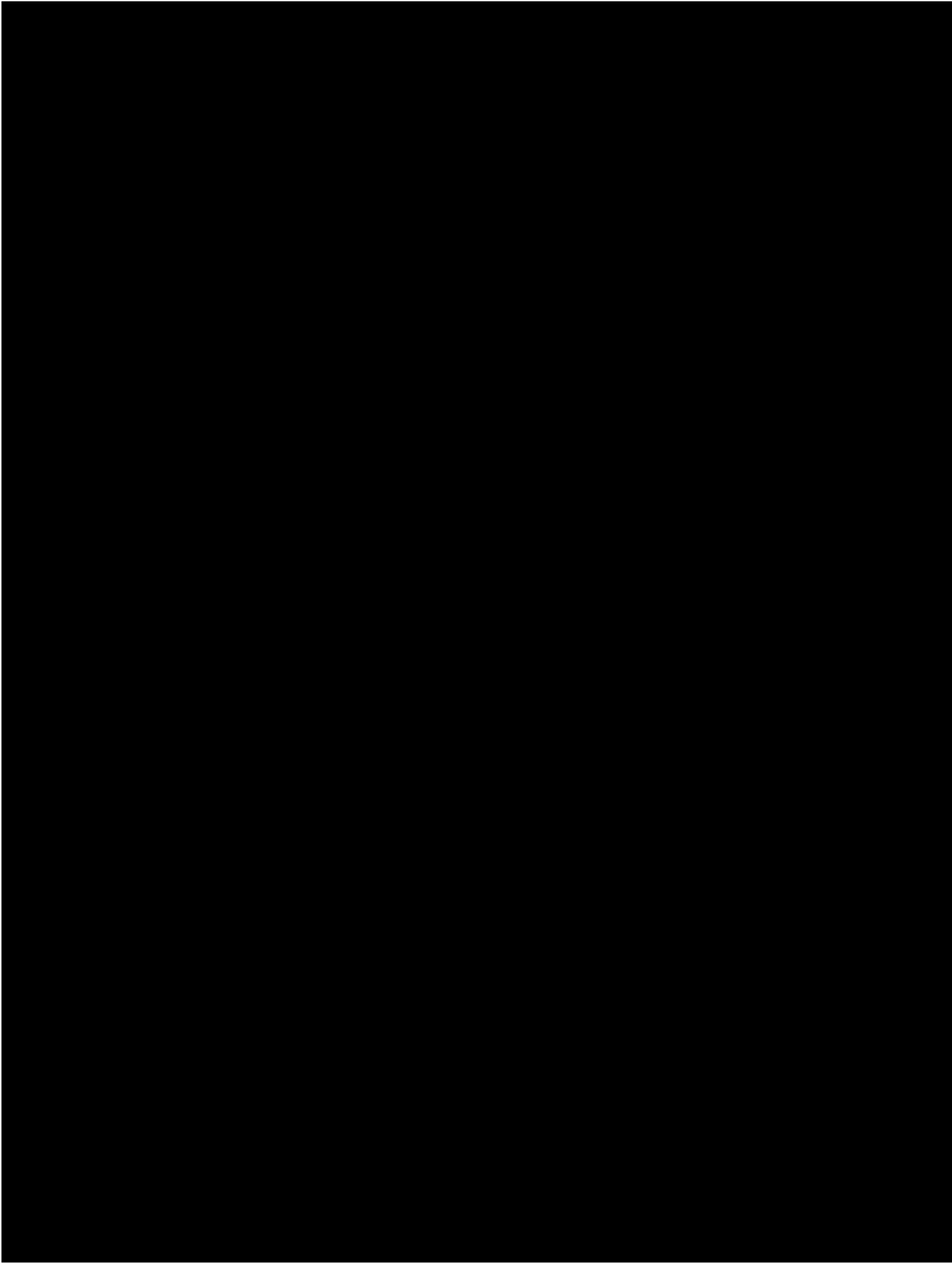
[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of
July, 2023.

[Signature]
NOTARY PUBLIC

My Commission Expires: 11/08/2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680



Arkansas
State Claims Commission

NOV 14 2023

RECEIVED

STATE OF ARKANSAS)
COUNTY OF White) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear, depose and state that: On 7-13-2023 I got Grievance # [REDACTED] 23-000645 from Deputy Director of Medical Andrea F. Culclager stating "A Release of Information Form has been provided to you with this grievance. I consider this matter resolved and without Merit" There was No Release of Information Form provided or Attached to [REDACTED] 23-000645. Wellpath Regional Medical Deputy Director is violating my Constitutional Rights to Due Process and trying to keep the Arkansas Governor Office from seeing I'm being denied life saving medical treatment! I've been requesting a Release of Information Form for months to provide for my Arkansas Commutation (Time Cut) Application but have had ever request Denied by Wellpath Given one on 7-20-2023 after I wrote a Grievance

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

7-21-23
DATE

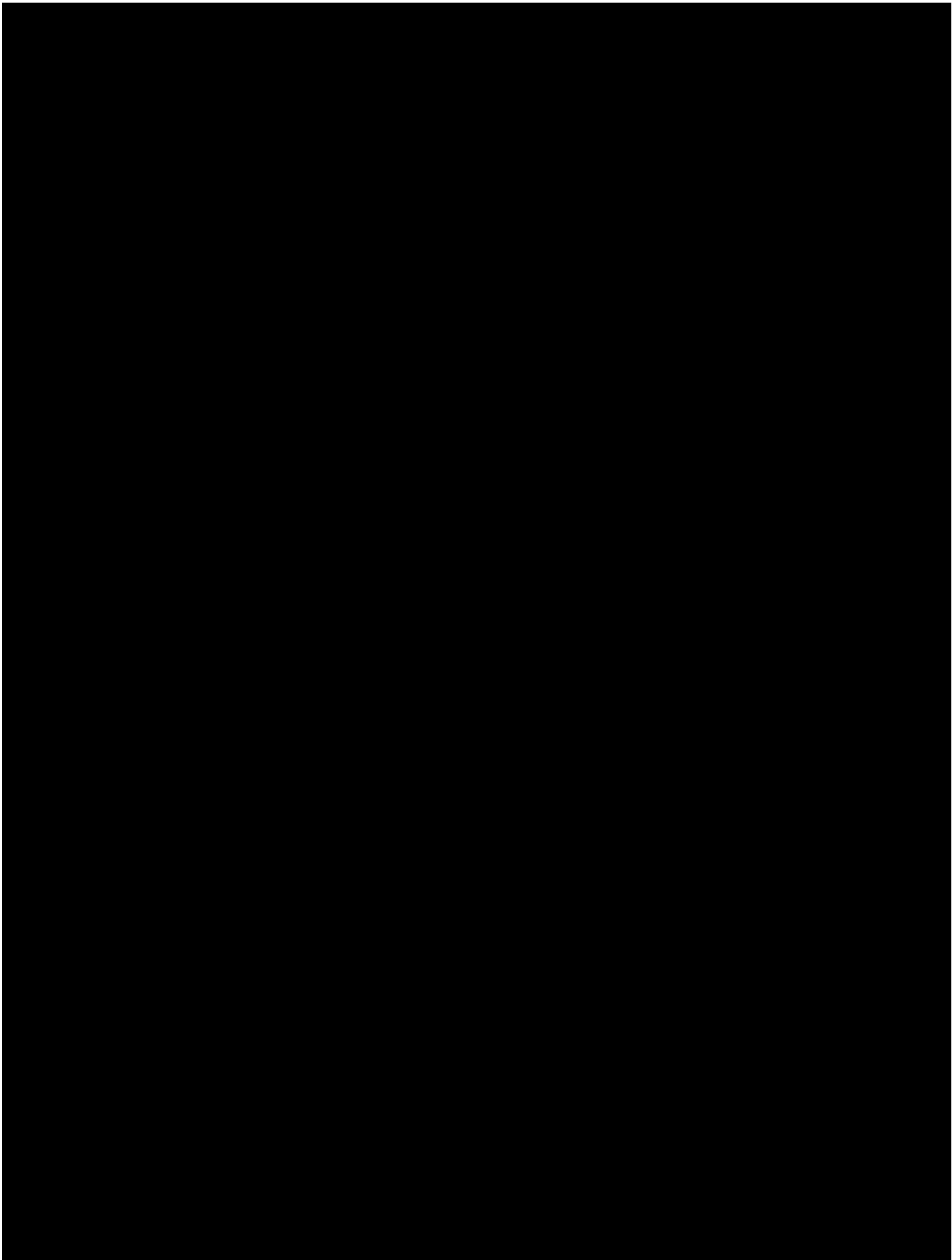
[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of July, 2023.

Heath Dungan
NOTARY PUBLIC

My Commission Expires: 11/08/2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680



STATE OF ARKANSAS)
COUNTY OF White) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear, depose and state that: I'm being denied Legal Copies of my Legal Document this is a violation to my Constitutional Rights of Due Process and Access to the Courts! I'm working on Filing a 1983 Law Suit in the United States District Court, A State Claims with the Arkansas State Claims Commission and Getting my Marijuana Case back into Court Everything I'm requesting Copies of are Legal Document

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

7-21-23
DATE

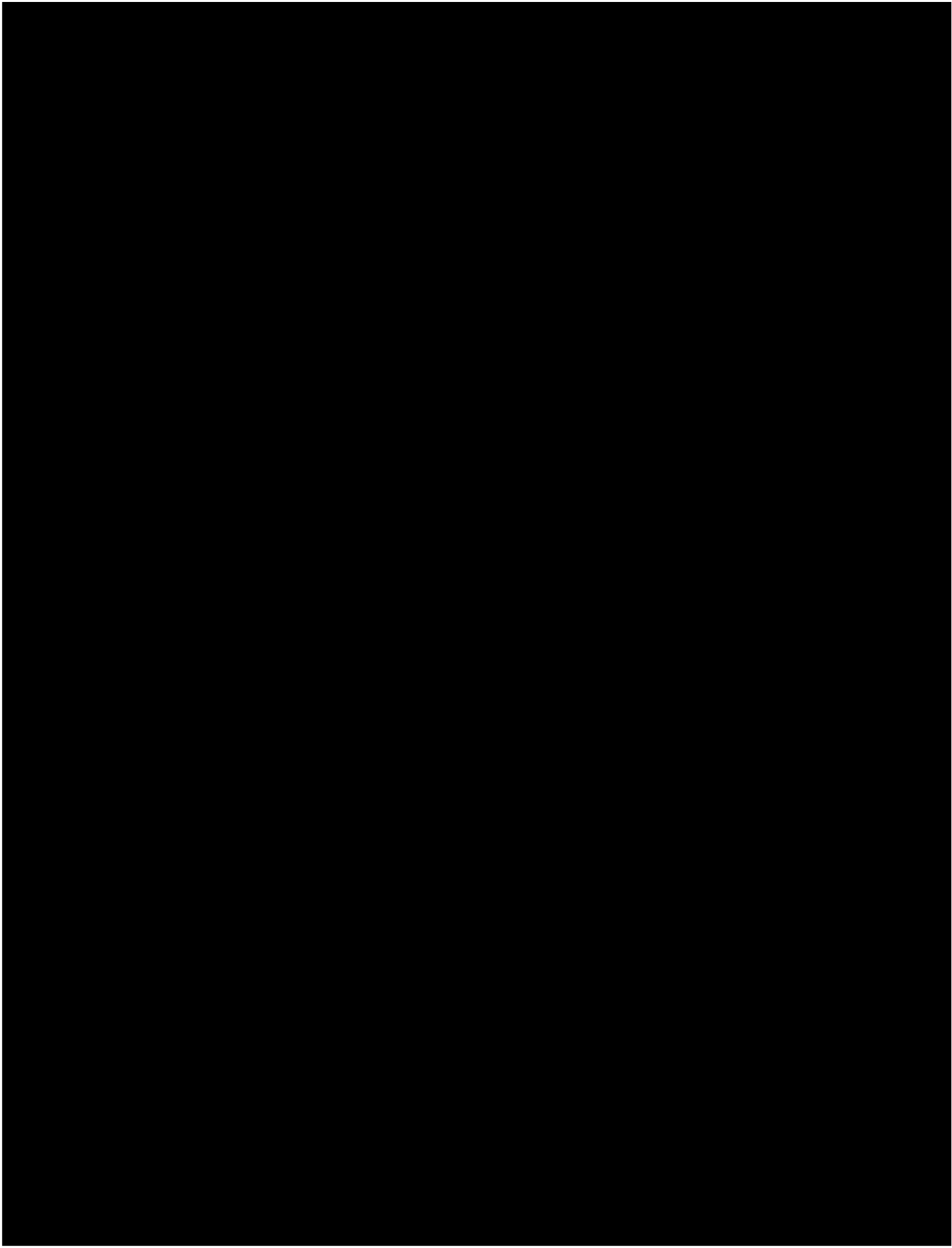
[Signature]
AFFIANT

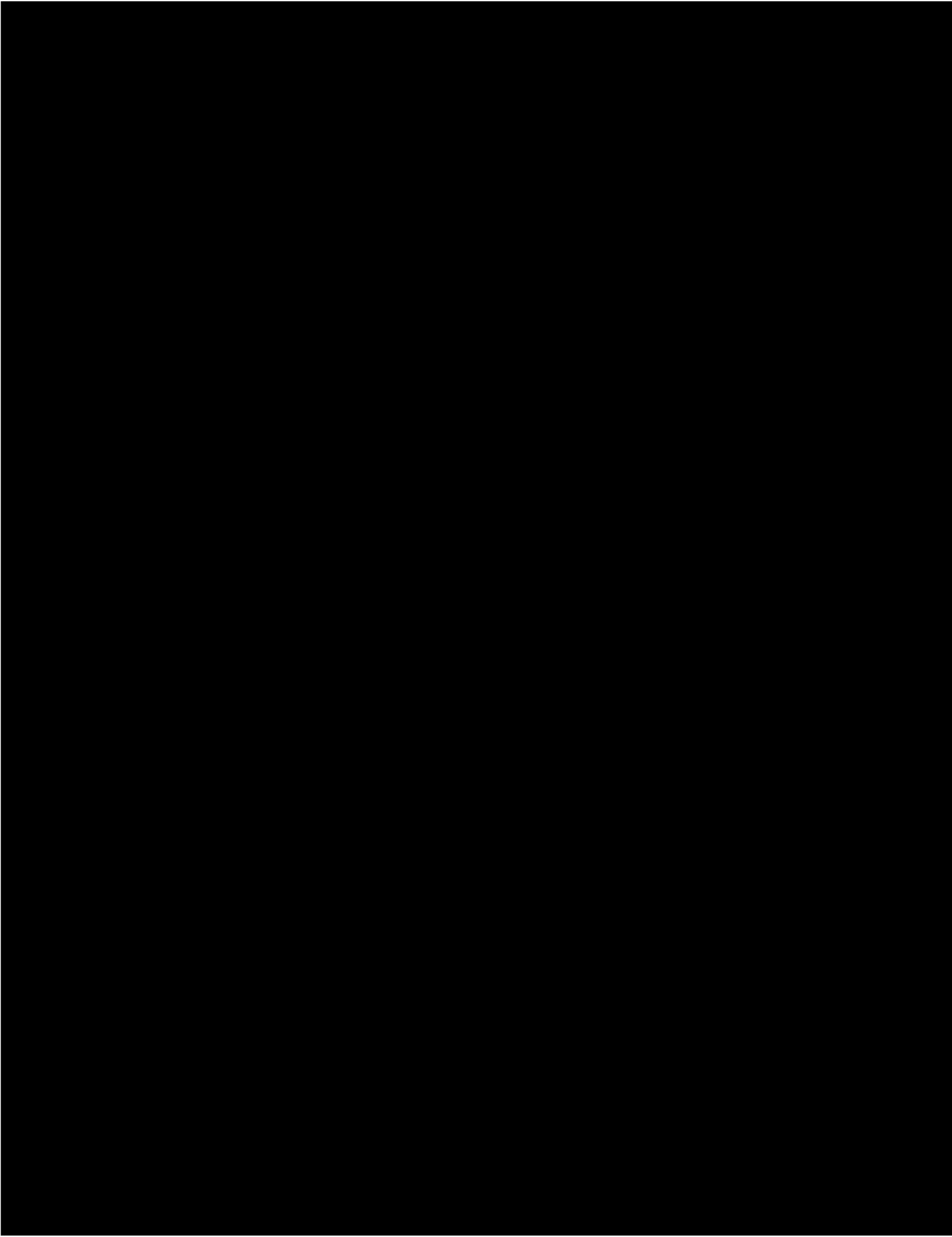
SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of July, 2023.

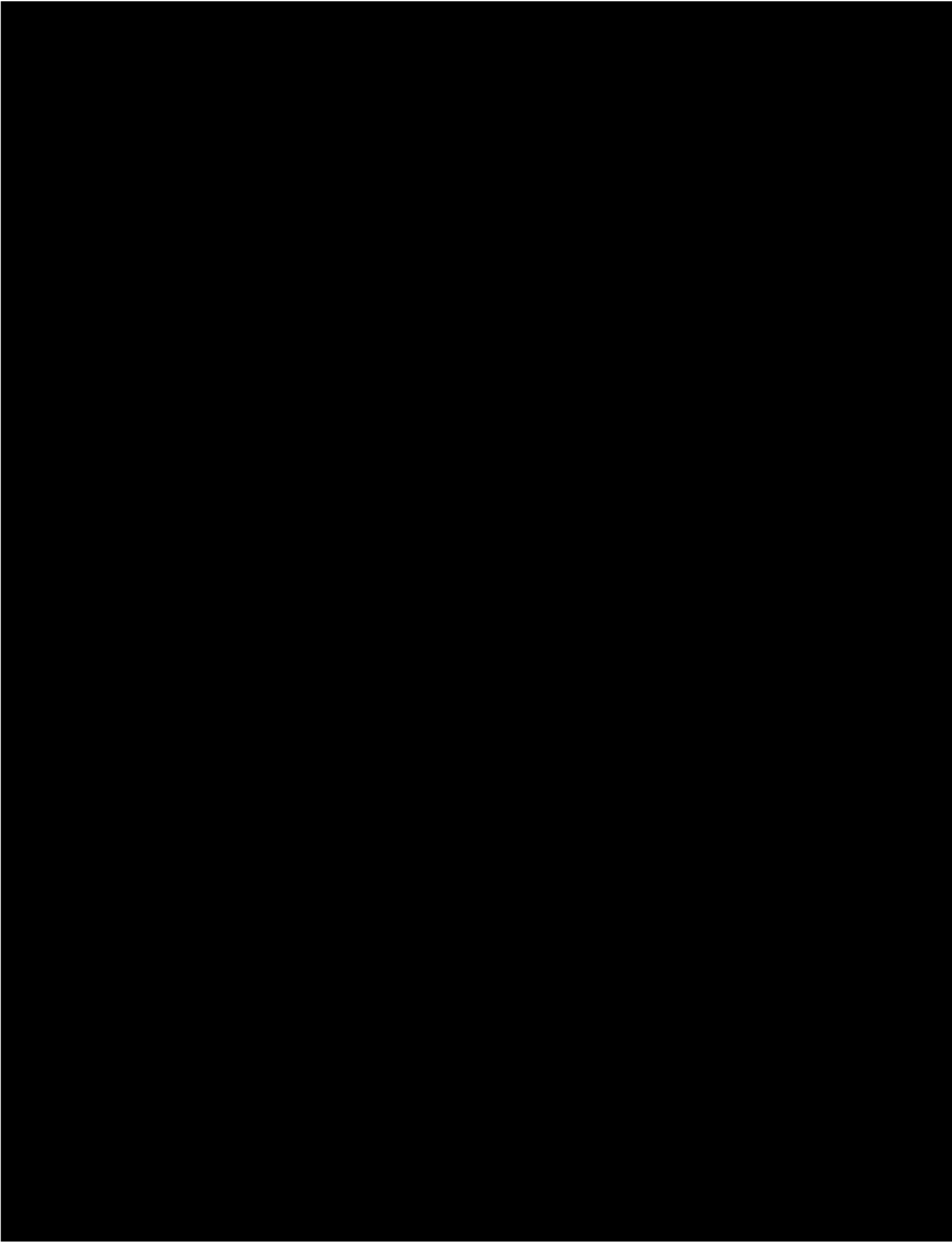
[Signature]
NOTARY PUBLIC

My Commission Expires: 11/08/2032

FRANK DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680







ISSR100

123

Arkansas Department of Corrections

MAJOR DISCIPLINARY

If the C.S.O. determines that the violation(s) described on this document are felonious; he/s must hand carry this document to the Unit Wa who must immediately notivf the Director.

Inmate: Wilmoth, Michael Shane

ADC#: [REDACTED]

Assignment: AM/PM:Ext Restrictive Housing

Class: IV is being charged by Harris, Willie

Title: Corporal

with code violation(s):

- 02-21 Running, avoiding, or otherwise resisting apprehension.
- 05-3 Assault. Any willful attempt or threat(s) to inflict injury upon another, directly or indirectly, verbally or in writing.
- 11-1 Insolence to a staff member.

Date & Time: 06/30/2023 8:05 AM

Notice of Charges:

Incident Report Unit: [REDACTED]
 Incident Report Date/Time: 06/30/2023/08:05:31 AM
 Incident Report Number: 2023-06-247
 Incident Report Comments By: Willie Harris

On 06/30/2023 at approximately 8:05 AM, I Cpl. Willie Harris was assigned as (Zone #5) Restrictive Housing Security Officer. At the above stated date and time, while performing shave and shower call, assisted by Cpl. Austin Cox, I conducted a cell search of Cell #244 (which is solely occupied by Inmate Wilmoth, Michael ADC# [REDACTED]). I noticed that there were several styrofoam cups in his cell which if allowed to accumulate can be contraband. I advised him that these cups were not to be hoarded in his cell and I would be throwing them away. I also advised him that if he needed a cup for chow that one would be provided for him, but the collecting of these cups was against policy. Inmate Wilmoth immediately became irate and agitated and looked directly at me and stated, "Are you fucking serious? You're a weak ass bitch." I took these statements as insolence toward staff and gave Inmate Wilmoth a direct order to stop his insolent behavior. Cpl. Cox and I then started to escort Inmate Wilmoth to shave and shower call when he (Inmate Wilmoth) became even more agitated and looked directly at me and stated, "I'm gonna make you bleed out you bitch ass police. Next time I get around you, (Cpl. Harris) I'm going to slip these cuffs and beat you to a bloody pulp you sorry ass mother fucker." I immediately took his statements as a direct threat toward staff. Due to Inmate Wilmoth's actions, his shave and shower call were refused, and he was turned around to be placed back in his cell. Inmate Wilmoth immediately resisted and stated, "I ain't fucking going nowhere." and attempted to pull away from staff. Cpl. Cox and I then placed Inmate Wilmoth on the ground so that control of him could be regained. Responders were immediately called for Sgt. Chris McCullough then arrived with leg restraints and they were placed on Inmate Wilmoth. Upon responding staff's arrival, Inmate Wilmoth was picked up and escorted to the shower. An assessment was completed by medical staff and photographs were taken (See attached). All notifications were made, and Warden Thomas Hurst approved for Inmate Wilmoth to be placed under 72 Hour Behavior Control Status. Due to the above stated facts, I Cpl. Willie Harris, charge Inmate Wilmoth, Michael ADC# 105408 with Major Rule Violations 2-21, 05-3, and 11-1. Inmate Wilmoth was moved to Cell #206 and placed on 72 Hour Behavior Control Status without further incident.

Willie Harris

Signature of Charging Officer

(I affirm that the information in this report is true to the best of my knowledge)

NOTIFICATION:	Officer <u>Cpl. E. Z</u>	Date & Time Notified <u>7/13 6:41</u>
---------------	--------------------------	---------------------------------------

Witness Statements: No X If yes, list:

 Inmate's Signature

C.S.O. Review:	Outcome: <u>Refer to Hearing Officer/Comm.</u>	Date: <u>07/05/2023</u>
	By: <u>Warner, Jonathan D</u>	

Extension:	No <u>X</u> Yes _____	Has extension form been completed? _____
------------	-----------------------	--

ISSR101

123

Arkansas Department of Correction

DISCIPLINARY HEARING ACTION

Inmate: Wilmoth, Michael Shane

ADC#: [REDACTED]

Unit: [REDACTED]

Code Violation(s):

- 02-21 Running, avoiding, or otherwise resisting apprehension.
- 05-3 Assault. Any willful attempt or threat(s) to inflict injury upon another, directly or indirectly, verbally or in writing.
- 11-1 Insolence to a staff member.

Date/Time of Alleged Offense(s): 06/30/2023 8:05 AM

Hearing Date: 07/10/2023 Time: Start 8:57 AM End 9:01 AM

Recorder: Waddle, Keith L Tape#: Side: Meter: From To

Plea: Not Guilty, Not Guilty, Guilty Attendance Waived: No

Has waiver form been completed? _____

Inmate's Statement:

[REDACTED]

Signature of Inmate

Court Questions:

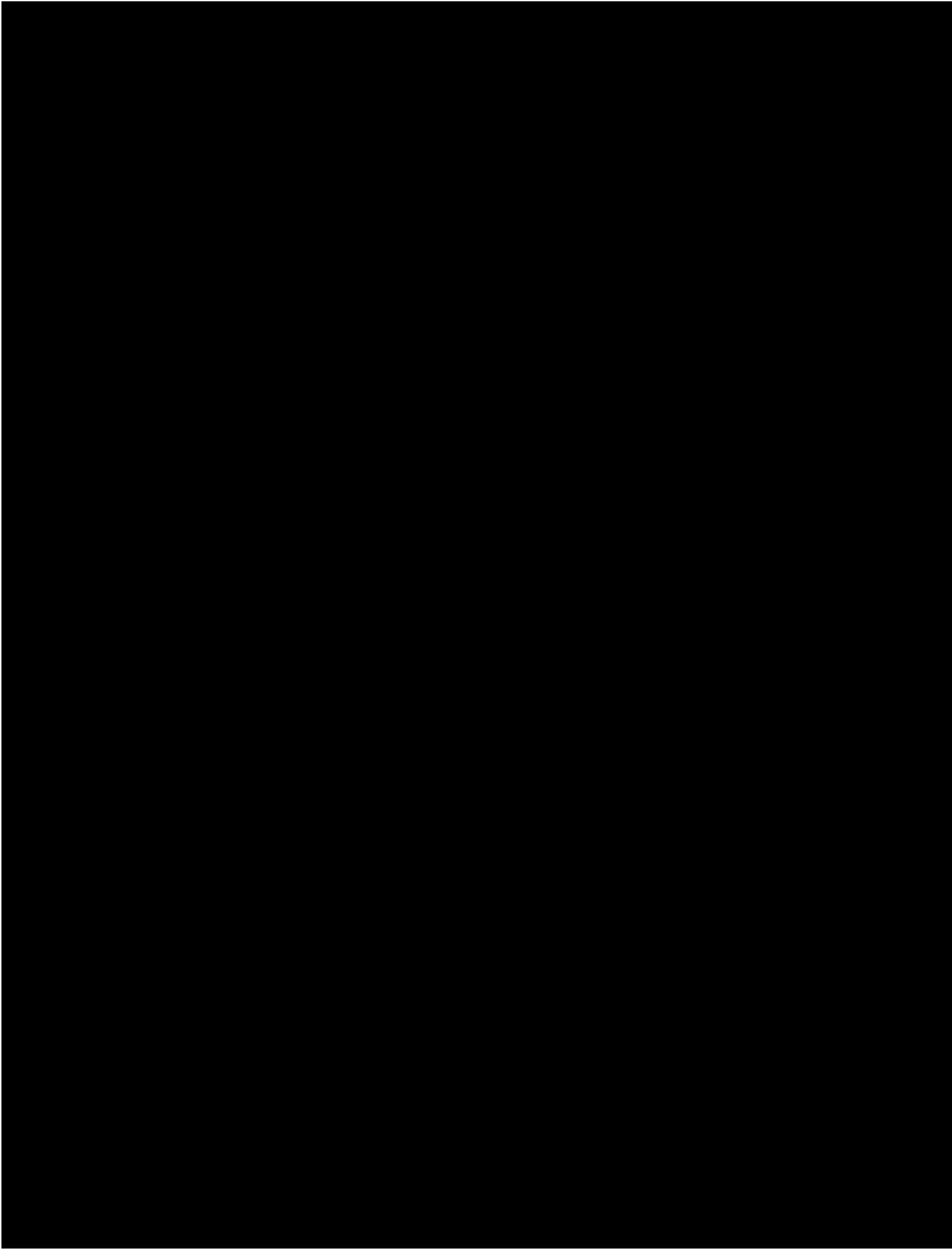
Do you have a statement?

Sentencing Conditions:

Verdict: Guilty, Guilty, Guilty

Restriction Days to Serve

Commissary:	60	Days Suspended:	0
Phone:	60	Days Suspended:	0
Visitation:	60	Days Suspended:	0
Punitive Isolation Days to Serve:	30	Days Suspended:	0
GT Class Reduced to:	IV	Class Suspended:	
GT Days Forfeited:	365	Days Suspended:	0



UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Klimoth

A _____ Brks # 123 Job Assignment _____

7-21-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I've been on Hunger Strike since 7-19-2023 I've missed ~~12~~ meals by ADC Policies and Procedures I to be seen by Medical everyday I've not been seen by Medical at all on 7-21-2023 violating ADC Hunger Strike Policies and Procedures, there is No Hunger Strike Log on my Doc ADC Security Staff is not making sure I'm seen by Medical

[Signature]
Inmate Signature

7-21-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Anthony Klimost

ADC# _____ Brks # 123 Job Assignment _____

8-4-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 8-4-2023 Cpl. Willie Harris signed a Medical Grievance for L.P.N. Sheila Armstrong stating I refused to sign the Informal Resolution. Cpl. Willie Harris was not present to witness this, so he should or never signed this Informal Resolution as a witness. I never at anytime refused to sign any Informal Resolution. L.P.N. Sheila Armstrong never at any time on 8-4-2023 asked me to sign a Informal Resolution, this is falsifying legal documents and violates ADC Policy and Procedure

Inmate Signature _____

Date 8-4-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance

NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt. Jeremy Haverstick ID Number _____ Staff Signature Sgt. Jeremy Haverstick Date Received 8-13-23

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

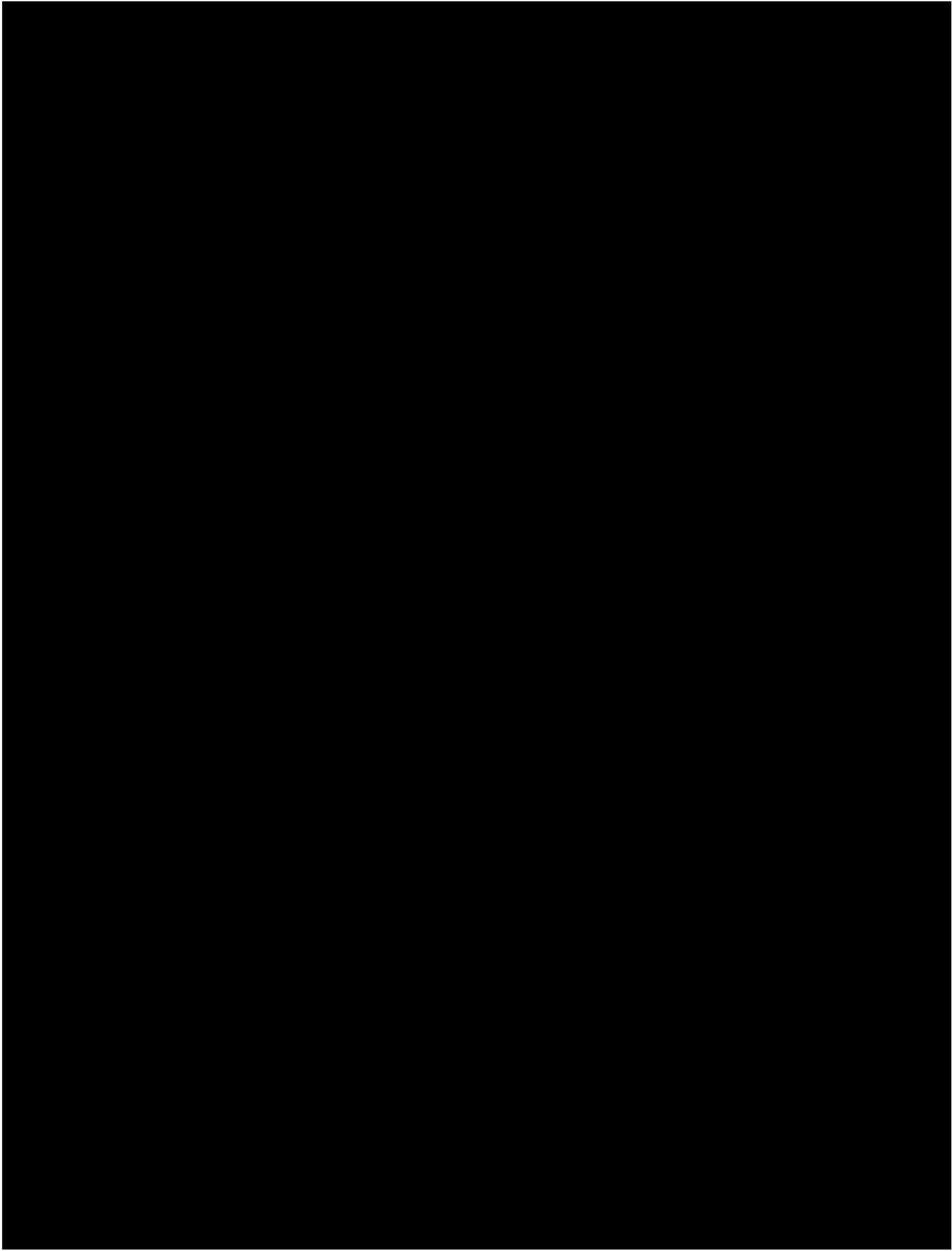
This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

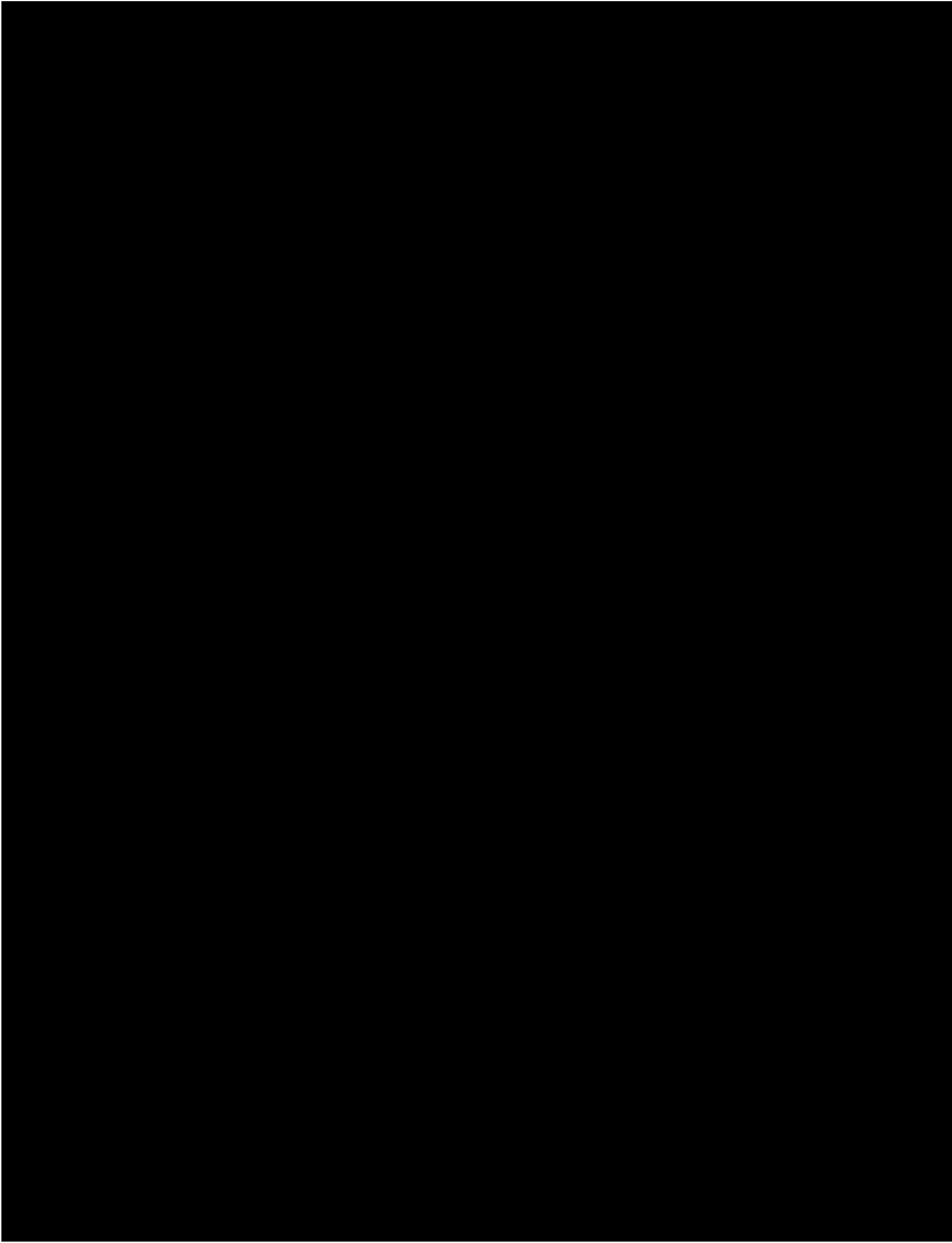
Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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





UNIT LEVEL GRIEVANCE FORM(Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Kilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-13-23 (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: _____

8-13-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: This is putting my life at risk of physical harm or death

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On June 30, 2023 ADC Policies and Procedures was violated for falsifying legal document, ADC's, Disciplinary, statements, Reports, ect. by Cpl. Willie Harris and other ADC Security Staff Do not know Names at this point Use of Force, Medical Attention after Use of Force, Batonation, and other ADC Policies and Procedures. All these Policies and Procedures are still being violated as of 8-13-2023 and I'm being denied the Grievance Procedure concerning these Policies and Procedures being violated by ADC Staff, Warden T. Hurst, Deputy Warden Harris, Major Warner is allowing ADC Staff to violate these Policies and Procedures at Unit in Isolation.

[Signature]
Inmate Signature

8-13-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

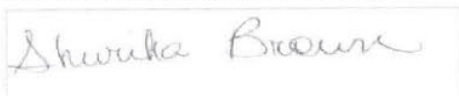
ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/24/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 3-00932

Please be advised, I have received your Grievance dated 07/13/2023 on 07/24/2023.
You should receive communication regarding the Grievance by 08/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 24, 2023 10:05:19 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Grievance Director Gaylon Lay

STATE OF ARKANSAS)
COUNTY OF _____) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear,

depose and state that: Sir, At Grimes Unit the A.D.C. Policy and Procedure

for Grievance Procedure is being violated by Warden Hurst, and
Warden Harris and A.D.C. Inmate Grievance Coord. Shurika Brown
1st: My step two Unit level Grievances are not being processed and
I'm not getting step two Unit level Grievance Acknowledgement or
Rejection Attachment II 00, 000

2nd: On 6-28-2023 I wrote a Informal Resolution concerning
Grievance # 23-00550, 00604, 00651, 00635, 00629 was found with
merit on 6-28-2023

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

DATE _____

AFFIANT _____

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center [Redacted]
Name Michael Shane Wilmoth

ADC# [Redacted] Brks # _____ Job Assignment _____

7-20-23 (Date) STEP ONE: Informal Resolution

7-21-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I'm on Hunger Strike ADC Policies and Procedures

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I'm on Hunger Strike I've reported this to Security Staff, medical and the Warden proper ADC Policies and Procedures are not being followed

As of Breakfast 7-19-2023 I have not eaten and have told all staff I'm on Hunger Strike I've not been seen by Medical

[Signature]
Inmate Signature

7-20-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-20-23 (date), and determined to be Step One and/or an Emergency Grievance

No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name

of the person in that department receiving this form: _____ Date _____

Sgt Dawn A [Redacted] Sgt Dawn A 7-20-23
PRINT STAFF NAME (PROBLEM SOLVER) Staff Signature Date Received

Describe action taken to resolve complaint, including dates: As of 7-20-23, it has been documented that you have declared hunger strike and been seen by the appropriate personnel.

Sgt Dawn A 7-21-23
Staff Signature & Date Returned

[Signature] 7-20-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

CENTURION

Corey Waldron
Executive Director

Kate Germond
Sr. Advocate & Investigator

Paul Casteleiro, Esq.
Legal Director

June 26, 2023

Michael Wilmoth [REDACTED]
[REDACTED]

LEGAL MAIL

Dear Mr. Wilmoth,

We have reviewed your inquiry and regret to inform you that your case does not fit our criteria as it does not fit the following requirements:

- Convicted of a rape or murder that carries a life (15 years before parole eligibility) or death sentence.
- We do not consider cases in which the defendant had any involvement whatsoever in the crime for which he/she is currently convicted including as an accessory or conspirator or self-defense cases.
- Rape cases must have forensic evidence that can be scientifically tested to prove innocence.
- We do not provide legal assistance prior to conviction, for direct appeals, or on an ad hoc basis.

Even though Centurion cannot assist you, if you plan to fight your conviction, it is important that you obtain your trial file from your trial lawyer if you have not already done so. Your trial file is the file of materials your lawyer had in advance of your trial. The file should contain police reports, forensic reports, witness statements, and pre-trial motions. It is vital that you obtain this file and those materials. You will need them to work on your claim of innocence.

It also would be beneficial for you to update on what the Freedom of Information (FOIA or FOIL) laws are for your state. You may be able to submit a request to the various relevant agencies for files relating to your case. The prison law library should contain information about how and where to file such applications.



1000 Herrontown Road . Princeton . NJ . 08540
centurion.org . info@centurion.org

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____
Name Michael Shane Wilmoth

ADC# _____ Brks # 150 Job Assignment _____

7-19-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 7-13-2023 I got [redacted] 23-0006 back from Aundrea F. Culclager, Medical Deputy Director stating "A Release of Information Form has been provided to you with this Grievance." NO Release of Information Form was provided to my with [redacted] 23-000645 as she states

[Signature]
Inmate Signature

7-13-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/14/23 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: [redacted] Date 7/14/23
[redacted] [redacted] [redacted] 2/14/23

Describe action taken to resolve complaint, including dates: As noted by this Grievance
The Release of information form was attached with the Appeal Response.

[Signature] 7/18/23
Staff Signature & Date Returned

[Signature] 7-18-23
Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name MICHAEL STONE WILSON

ADC# _____ Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

7-20-21 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I'm on Hunger Strike
I've reported this to security staff, medical
and the warden proper APC policies and
procedure are not being followed

As of Breakfast 7-19-2023
I have not eaten and
have told all staff I'm
on Hunger Strike
I've not been seen by medical

[Signature] _____ Date 7-20-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-20-21 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE #: [REDACTED] 23-00645

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

On April 22, 2023, you grieved, "I have wrote the Regional Medical Records (3) three times requesting a Medical Information Release Form for my state of Arkansas Commutation (Time Cut), Application but got No Reply. The ADC Regional Medical Records is denying me a

[REDACTED]

of 2023 got No Reply to any of these letters

The medical department responded, "our 4/22/23 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. The Wellpath Regional Medical Records Director was contacted about this complaint on 4/24/23, their response was Wellpath does not provider inmates with release of information forms. Per Policy medical can not give copies of medical records to inmates. Therefore, your grievance is Without Merit."

Your appeal states, "Wellpath Regional Medical is violating my rights to Due Process and trying to keep the Arkansas Governor's office from seeing I'm being Denied life saving medical treatment."

A Release of Information form has been provided to you with this grievance. I consider this matter resolved and without merit.

DIRECTOR

Quintrea Cufclager 6/30/2023

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Culclager, Aundrea F.
RE: Receipt of Grievance [REDACTED] 3-00645

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 06/02/2023

Please be advised, the appeal of your grievance dated 04/22/2023
was received in my office on this date 06/02/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 07/17/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

IGTT420
3GH

Attachment IV

INMATE NAME: Wilmoth, Michael S.

ADC # [REDACTED]

GRIEVANCE #: [REDACTED] 23-00645

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(603) Your 4/22/23 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

Complaint: I have wrote the Regional Medical Records (3) three times requesting a Medical Information



The Wellpath Regional Medical Records Director was contacted about this complaint on 4/24/23, their response was Wellpath does not provider inmates with release of information forms. Per Policy medical can not give copies of medical records to inmates. Therefore, your grievance is Without Merit.

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Sheila K Armstrong
Title

05/24/2023
Date

INMATE'S APPEAL

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


WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?


Wellpath Regional Medicine is violating my rights to Due Process and tryin to keep the Arkansas Governor's office from seeing I'm being Denied life saving medical treatment.

Received

JUN - 2 2023

Deputy Director
Health & Correctional Programs


Inmate Signature

ADC#:  Date 5-25-2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Received
JUN - 2 2023
Deputy Director
Health & Correctional Programs

IGTT400
3GR

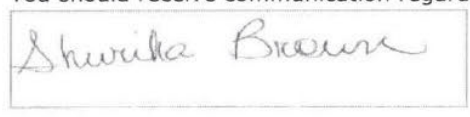
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 04/26/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-C0620

Please be advised, I have received your Grievance dated 04/17/2023 on 04/26/2023.
You should receive communication regarding the Grievance by 05/24/2023



Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Received

JUN - 2 2023

Deputy Director
Health & Correctional Programs

ADC#: [REDACTED] _____
Date

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

JUN - 2 2023

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICE USE ONLY	
GRV. #	23-00 645
Date Received:	5-23
GRV. Code #:	600

Unit/Center [Redacted]
 Name Michael Shane Williams
 ADC# [Redacted] Brks # 211 Job Assignment GRIEVANCE

4-22-23 (Date) STEP ONE: Informal Resolution

4-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I've got no reply to my letters

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have wrote the Regional Medical Records (3) three times requesting a Medical Information Release Form for my State of Arkansas Commutation (Time Out) Application but got No Reply. The ADC Regional Medical Records is denying me a Medical Information Release Form so the Governor's Office of Arkansas



Received

[Signature] JUN - 2 2023 4-22-2023
 Inmate Signature Deputy Director Date

If you are harmed, threatened because of your use of Correctional Programs, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/22/23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: [Signature] Date 4/23/23

Nathan Williams ID Number [Redacted] Staff Signature [Signature] Date Received 4/23/23

Describe action taken to resolve complaint, including dates: We are investigating this.

[Signature] 4/24/23 [Signature] 4-24-23
 Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

IGTT400
3GR

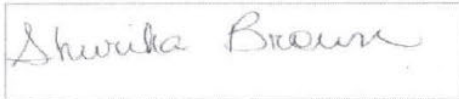
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 05/01/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00645

Please be advised, I have received your Grievance dated 04/22/2023 on 05/01/2023.
You should receive communication regarding the Grievance by 05/30/2023



Received

JUN - 2 2023

Signature of ADC Inmate Grievance Coord

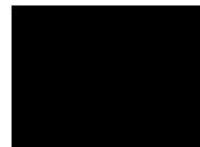
Deputy Director
Health & Correctional Programs

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

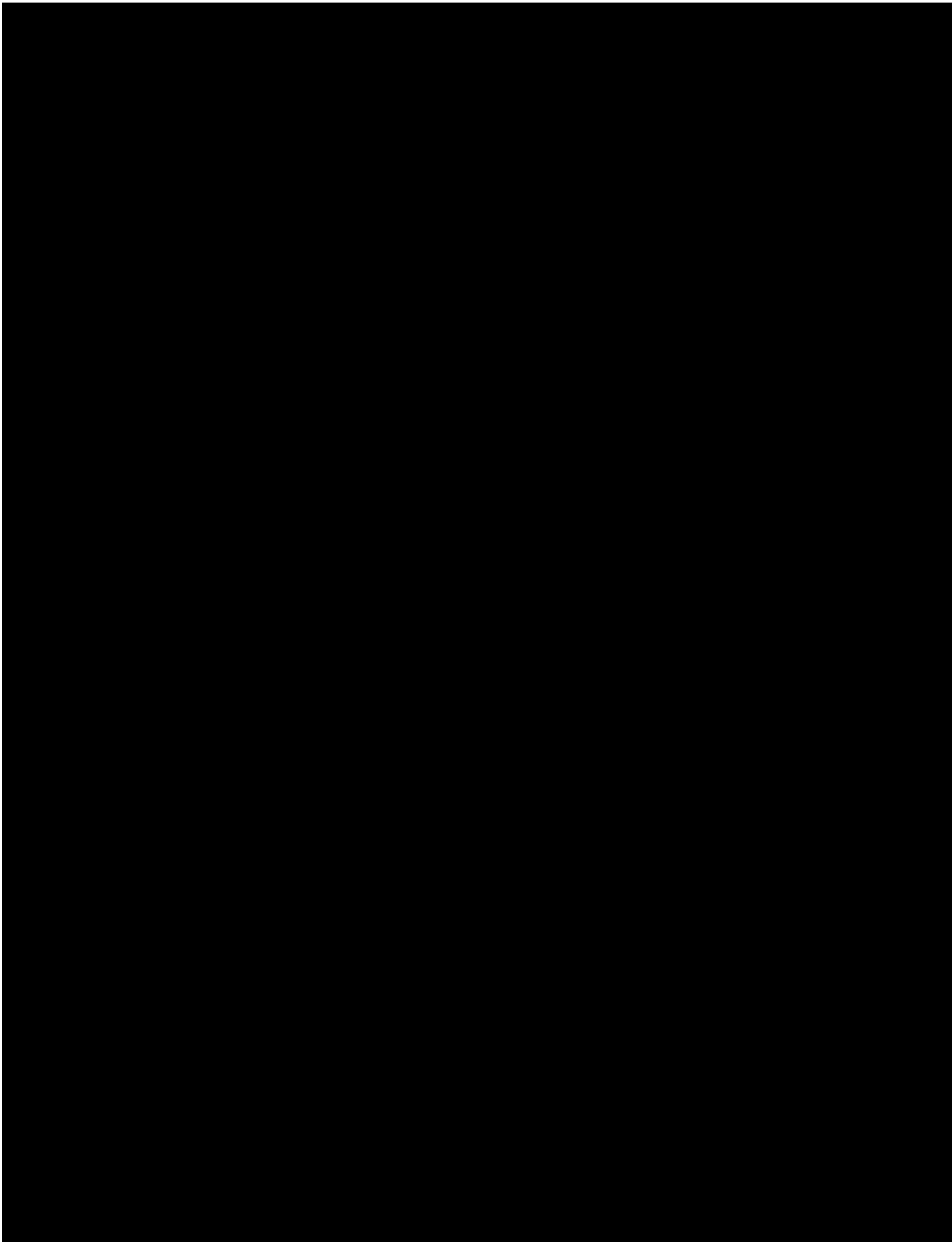
If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

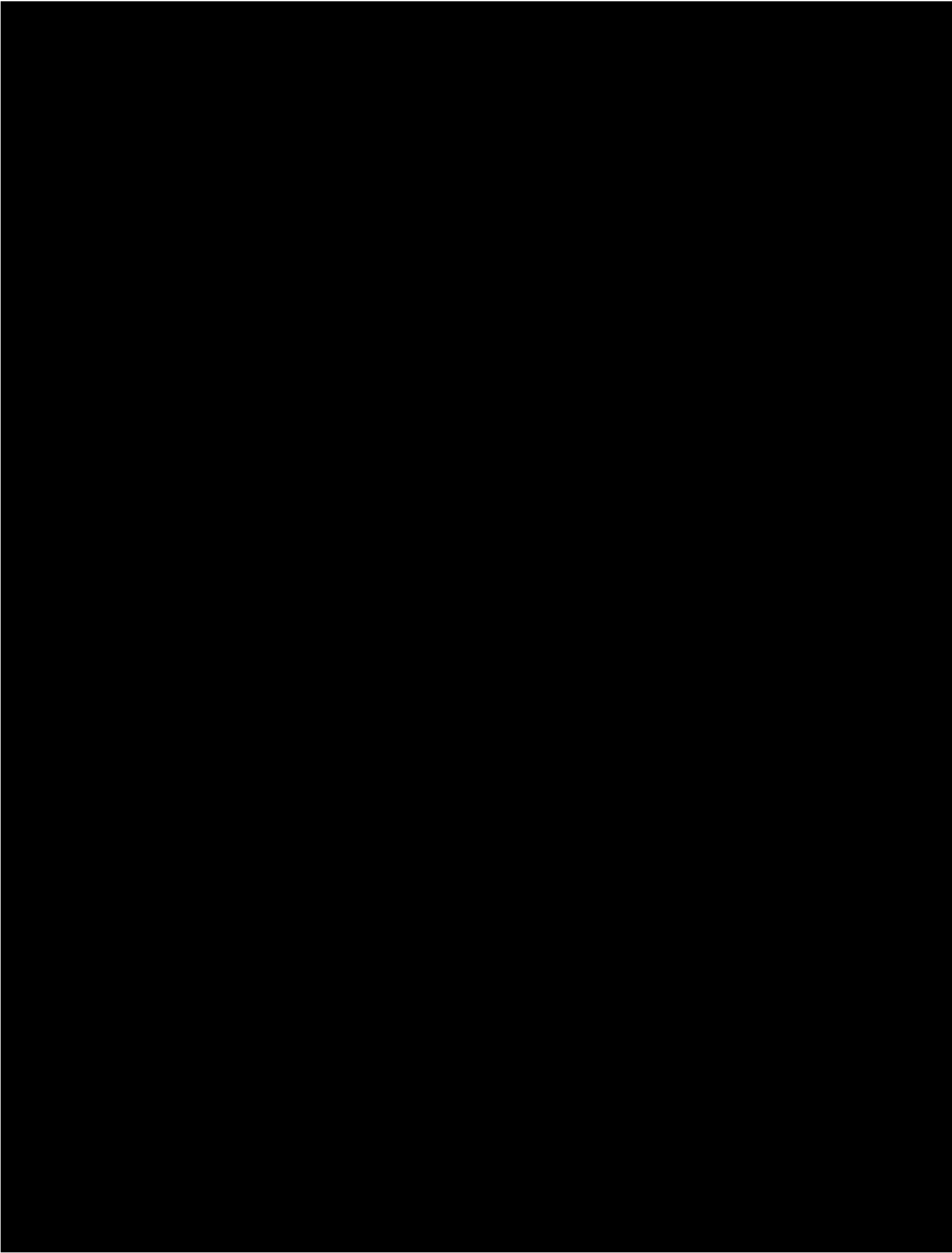


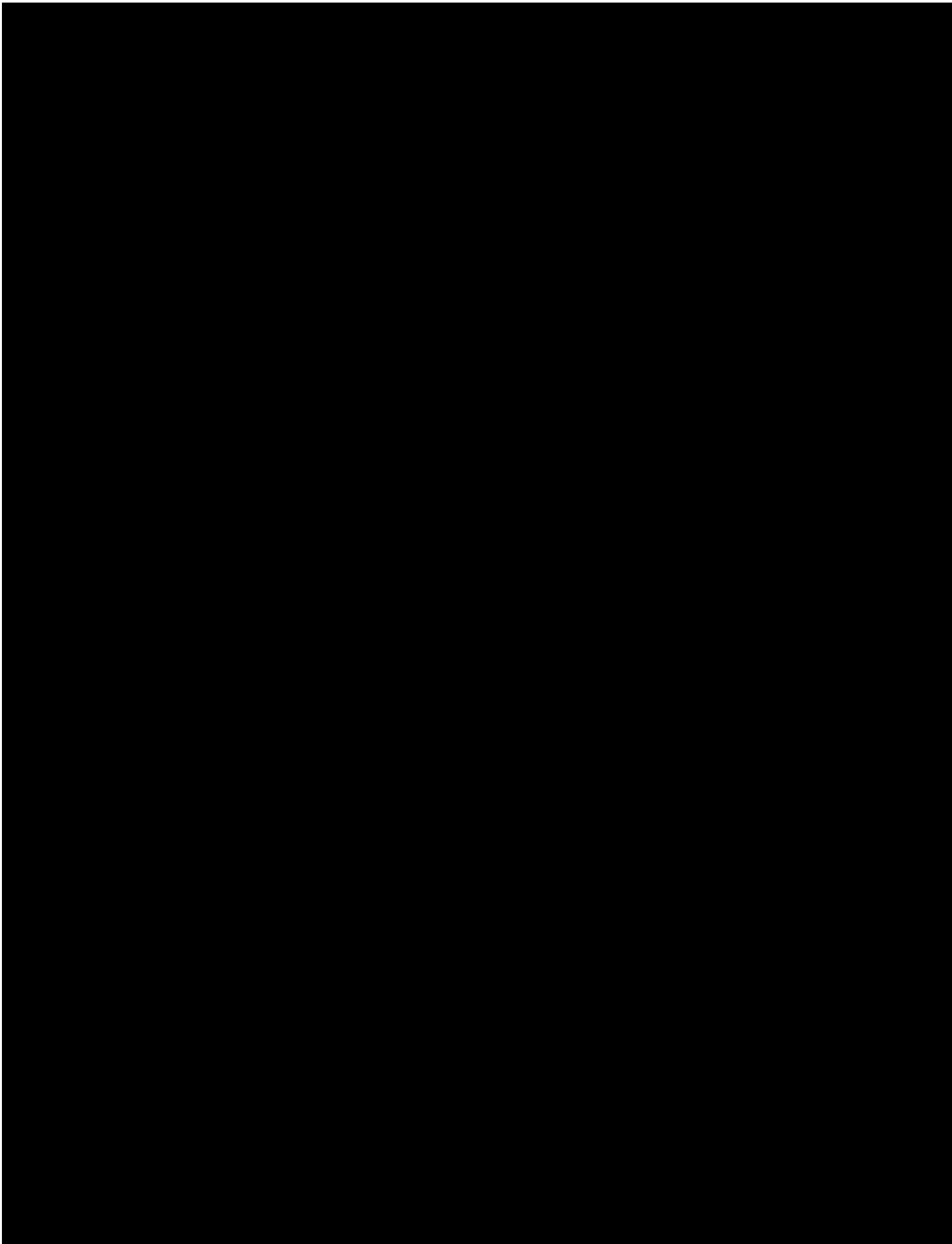
Inmate Signature

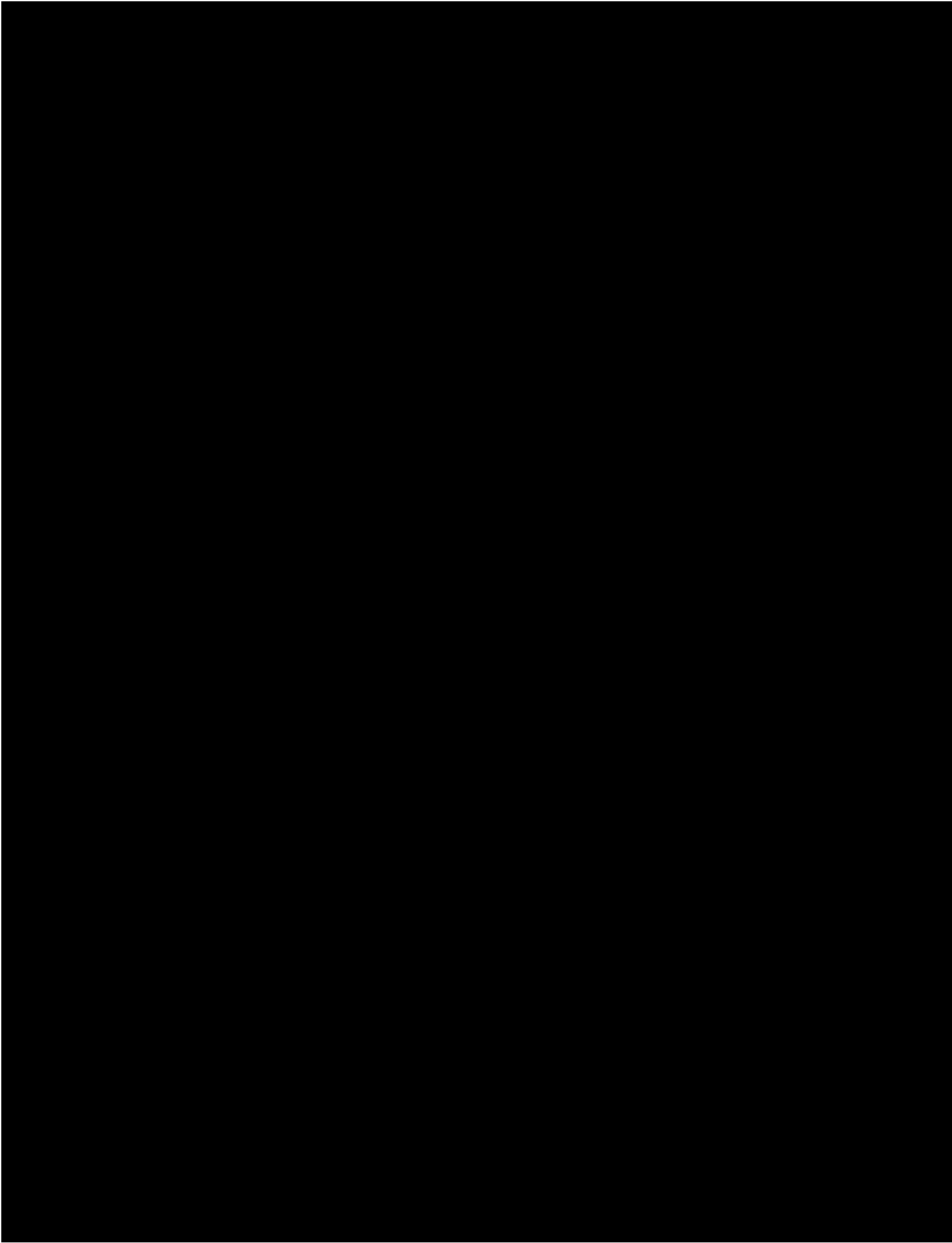
If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

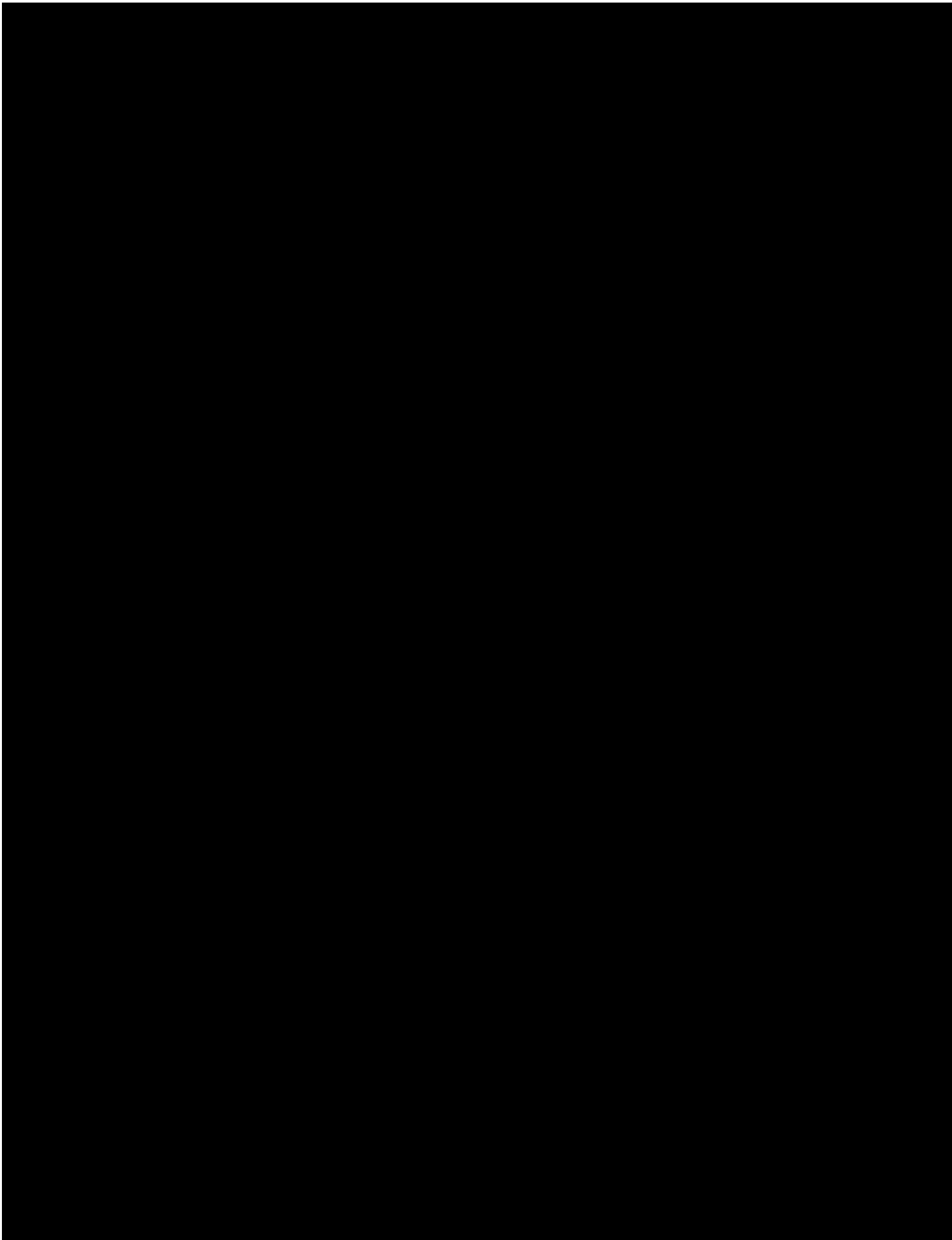
Received
JUN - 2 2023
Deputy Director
Health & Correctional Programs











UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Cent [REDACTED]

Name Michael Shane Wilmoth

ADC# [REDACTED] Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

7-18-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 7-13-2023 I got [REDACTED] 23-000645 back from Aundrea F. Culelager Medical Deputy Director stating "A Release of Information Form has been provided to you with this Grievance." No Release of Information Form was provided to me with [REDACTED] 23-000645 as the Deputy Director stated Wellpath Deputy Director Aundrea F. Culelager and Nurse S. Armstrong are trying to keep my medical records from being review by the Governor's Office Nurse S. Armstrong poured something on the grievance I wrote on 7-14-2023 to keep me from being able to take this issue to step two At No time have I got a medical Release Form from Wellpath this is a violation of my due process rights
7-18-2023

Inmate Signature _____ Date 7-18-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

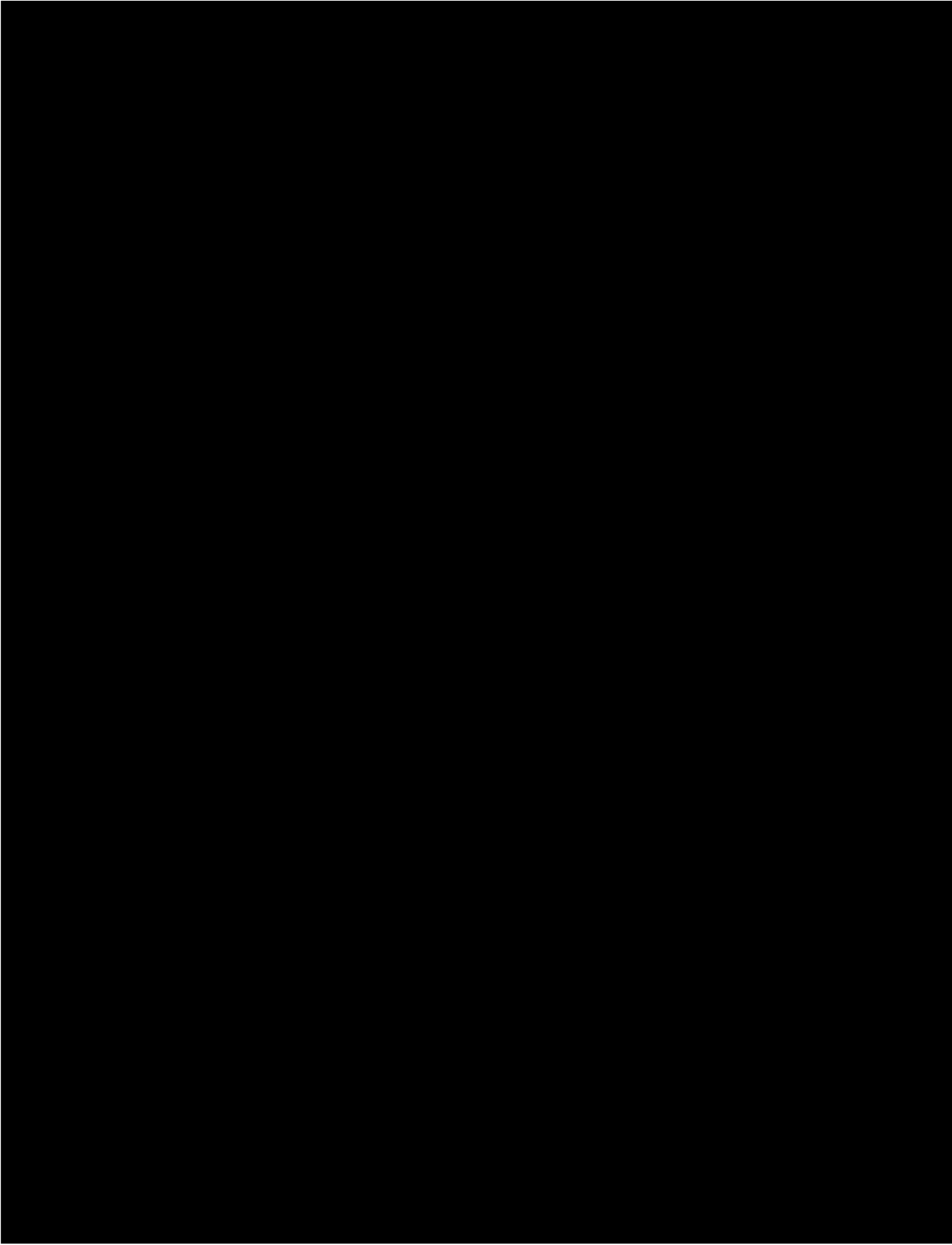
THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/18/23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____
This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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



IGTT400
3GR

Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 01/17/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00050

Please be advised, I have received your Grievance dated 01/10/2023 on 01/17/2023 .
You should receive communication regarding the Grievance by 02/14/2023

Shurika Brown

Signature of ADC Inmate Grievance Coord

Received

MAR - 2 2023

Deputy Director
Health & Correctional Programs

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

[Empty box for appeal statement]

ADC#: [REDACTED] _____
Date

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

MAR - 2 2023

Deputy Director
Health & Correctional Programs

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S. **ADC#:** ██████████
FROM: Brown, Shurika R **TITLE:** ADC Inmate Grievance Coord
DATE: 07/24/2023 **GRIEVANCE #:** ████████23-00928

Please be advised, I have received your Grievance dated 07/17/2023 on 07/24/2023.
 You should receive communication regarding the Grievance by 08/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
 JUL 24, 2023 09:03:16 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

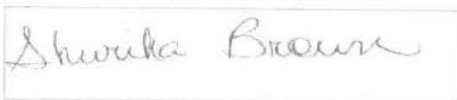
ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 08/10/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00995

Please be advised, I have received your Grievance dated 07/27/2023 on 08/10/2023.
You should receive communication regarding the Grievance by 09/08/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
AUG 10, 2023 13:07:09 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

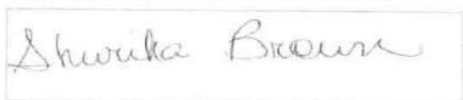
If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S. **ADC#:** ██████████
FROM: Brown, Shurika R **TITLE:** ADC Inmate Grievance Coord
DATE: 08/10/2023 **GRIEVANCE #:** ██████23-00994

Please be advised, I have received your Grievance dated 07/27/2023 on 08/10/2023. You should receive communication regarding the Grievance by 09/08/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
AUG 10, 2023 13:01:30 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/12/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-00906

Please be advised, I have received your Grievance dated 07/09/2023 on 07/12/2023.
You should receive communication regarding the Grievance by 08/09/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 12, 2023 08:51:39 CDT

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

7-18-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 7-13-2023 I got [redacted] 23-000645

back from Aundrea F. Cielclager, Medical Deputy Director stating "A Release of Information Form has been provided to you with this grievance." No Release of Information Form was provided to me with [redacted] 23-000645 as the Deputy Director stated Wellpath Deputy Director Aundrea F. Cielclager and Nurse S. Armstrong are trying to keep my medical records from being reviewed by the Governor's Office Nurse S. Armstrong poured something on the grievance I wrote on 7-14-2023 to keep me from being able to take this issue to step two. At no time have I got a medical Release Form from Wellpath this is a violation of my due process rights.

[Signature] 7-18-2023

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/14/23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Cystal Reed RN Date 7/18/23

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received 7/18/23

Describe action taken to resolve complaint, including dates: you are being given the Release of information at this time with instructions on how to get you

[Signature] 7/20/23

[Signature] 7-20-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/19/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00923

Please be advised, I have received your Grievance dated 07/12/2023 on 07/19/2023.
You should receive communication regarding the Grievance by 08/16/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 19, 2023 10:31:48 CDT

CHECK ONE OF THE FOLLOWING

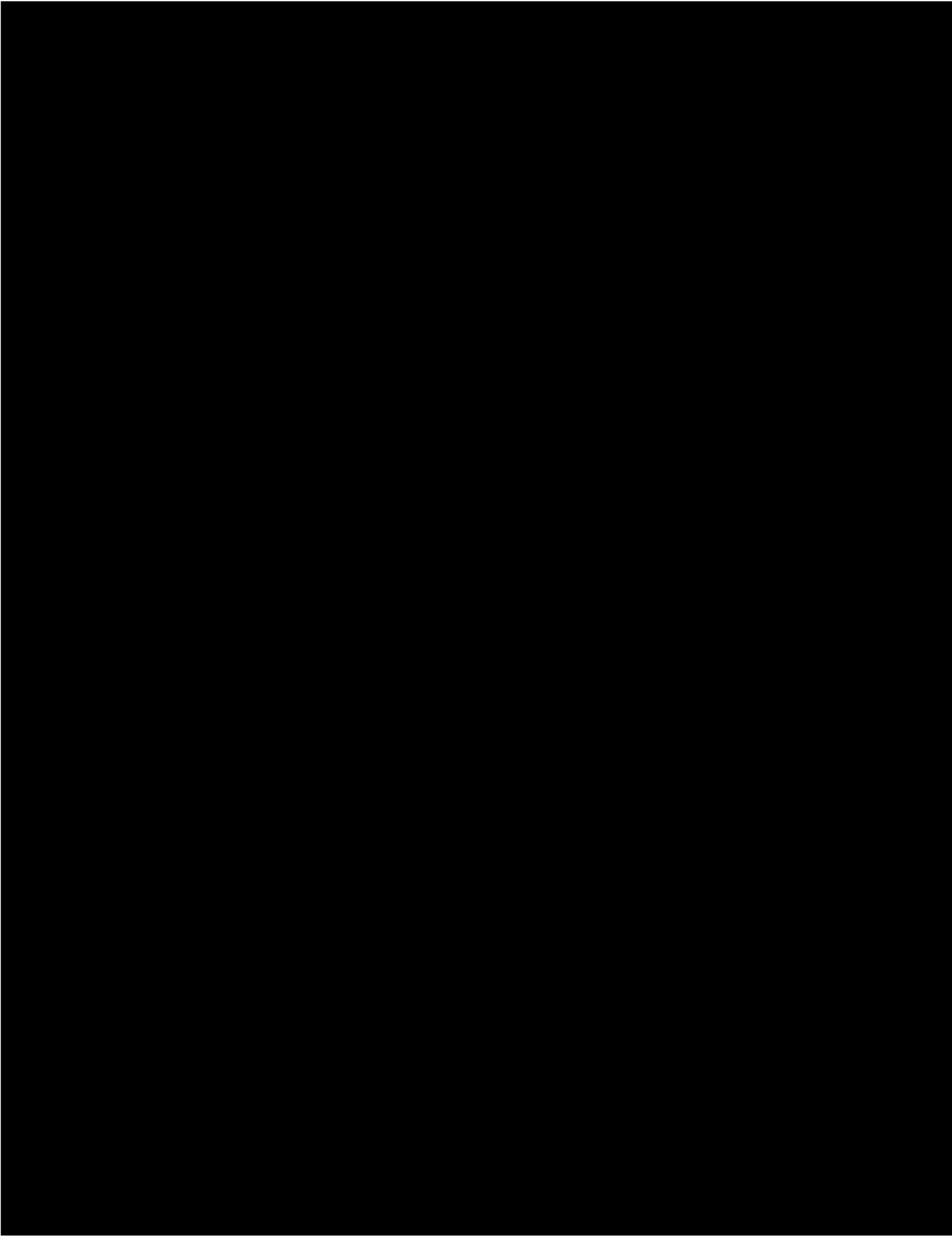
- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)



ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED] 3-00902

ADC# [REDACTED]
TITLE: Deputy Director
DATE: 07/13/2023

Please be advised, the appeal of your grievance dated 07/07/2023
was received in my office on this date 07/13/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 08/24/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED] 23-00900

ADC# [REDACTED]
TITLE: Deputy Director
DATE: 07/13/2023

Please be advised, the appeal of your grievance dated 07/03/2023
was received in my office on this date 07/13/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 08/24/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-00901

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 07/13/2023

Please be advised, the appeal of your grievance dated 07/03/2023
was received in my office on this date 07/13/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 08/24/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED] 23-00890

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 07/13/2023

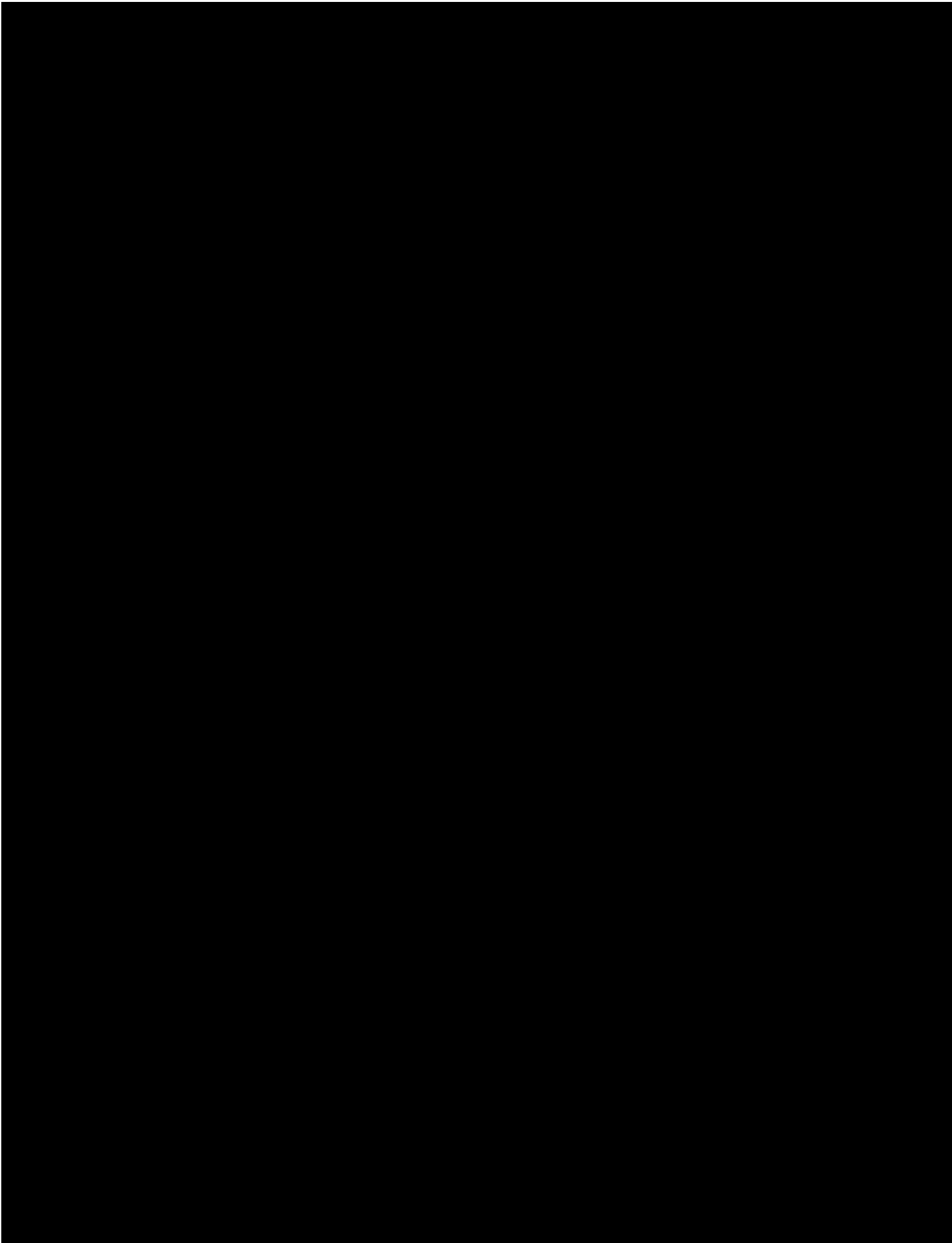
Please be advised, the appeal of your grievance dated 06/28/2023
was received in my office on this date 07/13/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 08/24/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious



Michael Shane Wilmoth



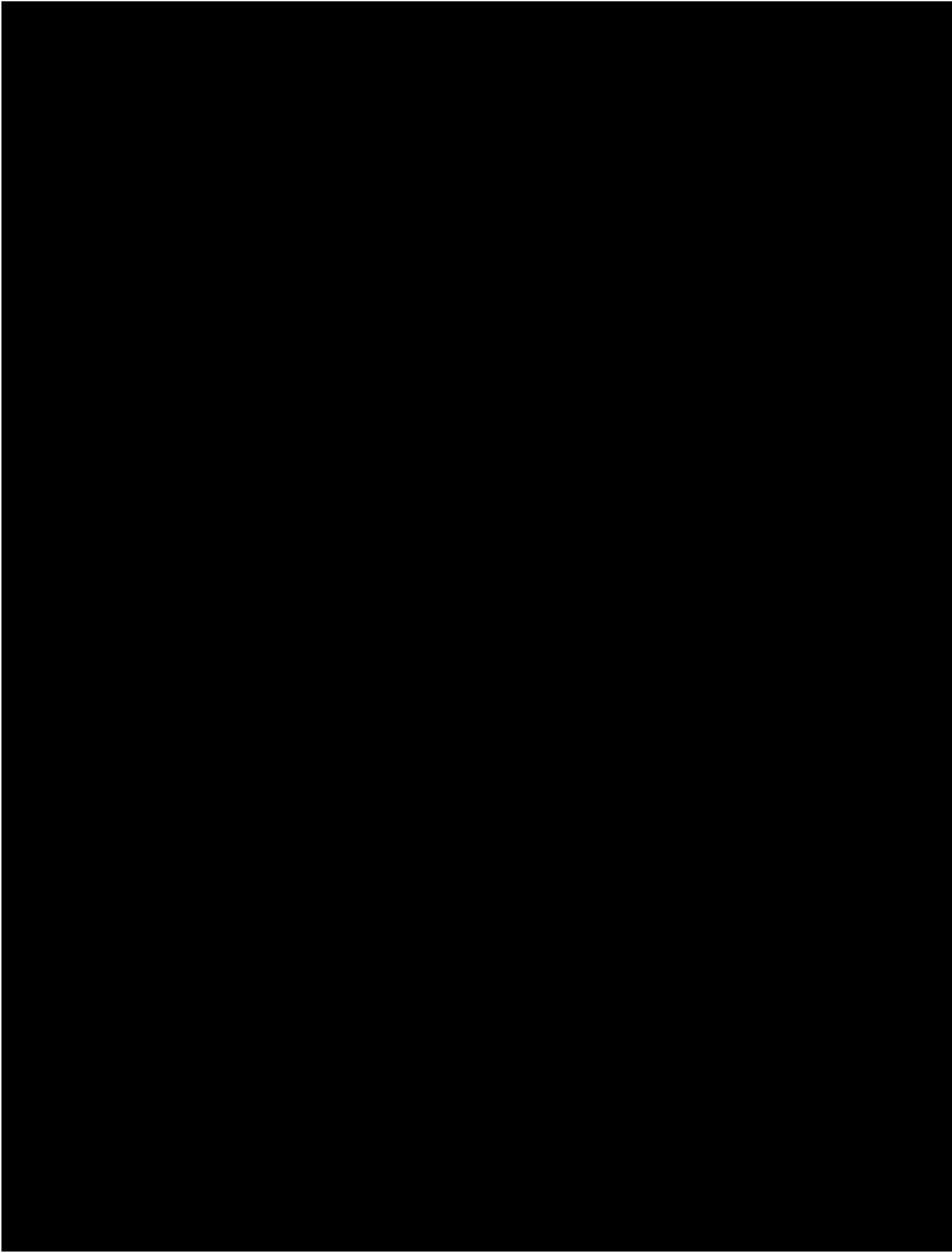
[Handwritten signature]

715118908

ADO
GRIMES
UNIT



Arkansas Department
of Correction
Trust Fund Centralized
Banking
P.O. Box 8008
Little Rock, AR 72203



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

7-22-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 8-10-2023 I requested legal copies from Law Library Clerk Danielle Barnett all these legal copies being mail to My Attorney, Arkansas State Claims Commission, The United District Court and Benton County Circuit Court, Arkansas and The Federal T.P.S. about my Identity Theft issues but on 8-21-2023 at Mail call my legal documents were returned to me signed by Law Library Clerk Danielle Barnett on 8-17-2023 refusing/denying to make my legal copies of all my legal documents this is a direct violation of many ADC Policies and Procedures and Warden T. Hurst Deputy Warden Harris Major Warner are allowing Law Library Clerk Danielle Barnett to violate these ADC Policies and Procedures all of them doing this out of Reprisal and Retaliation for use of the Inmate Grievance Procedures on all of them and other ADC Security Staff this is also denying me my rights of Due Process and Access to the Courts hindering my legal cases and state claims, this been a on going problem since incident on June 30, 2023 with Col. W. Harris and incident with _____ and Lt. Lee taking legal documents

Inmate Signature _____

Date _____

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shyne Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

9-22-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 9-15-2023 Law Library Clerk Ms Danielle Barnett refused to bring me all AP, AD, and Policy I requested, I requested the complete 900 Series Inmate & Program Management only part of the 900 Series Inmate & Program Management, I requested AP 925 Grievance Procedure was denied AP 925, then Ms. Danielle Barnett said I can only have the Policies and Procedures I was provided for (2) two days when ADC Policy and Procedure is (5) five days she is doing this to hinder my legal case this is a violation of my Constitutional Rights of Due Process and Access to the Court and this is a Direct violation to ADC Policy and Procedures. I can show I have open case in Arkansas State Court, Benton County Circuit Court and United States District Court

[Signature] # _____
Inmate Signature

9-22-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 9-22-23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____	ID Number _____	Staff Signature _____	Date Received _____
---	-----------------	-----------------------	---------------------

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED] 23-00923

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

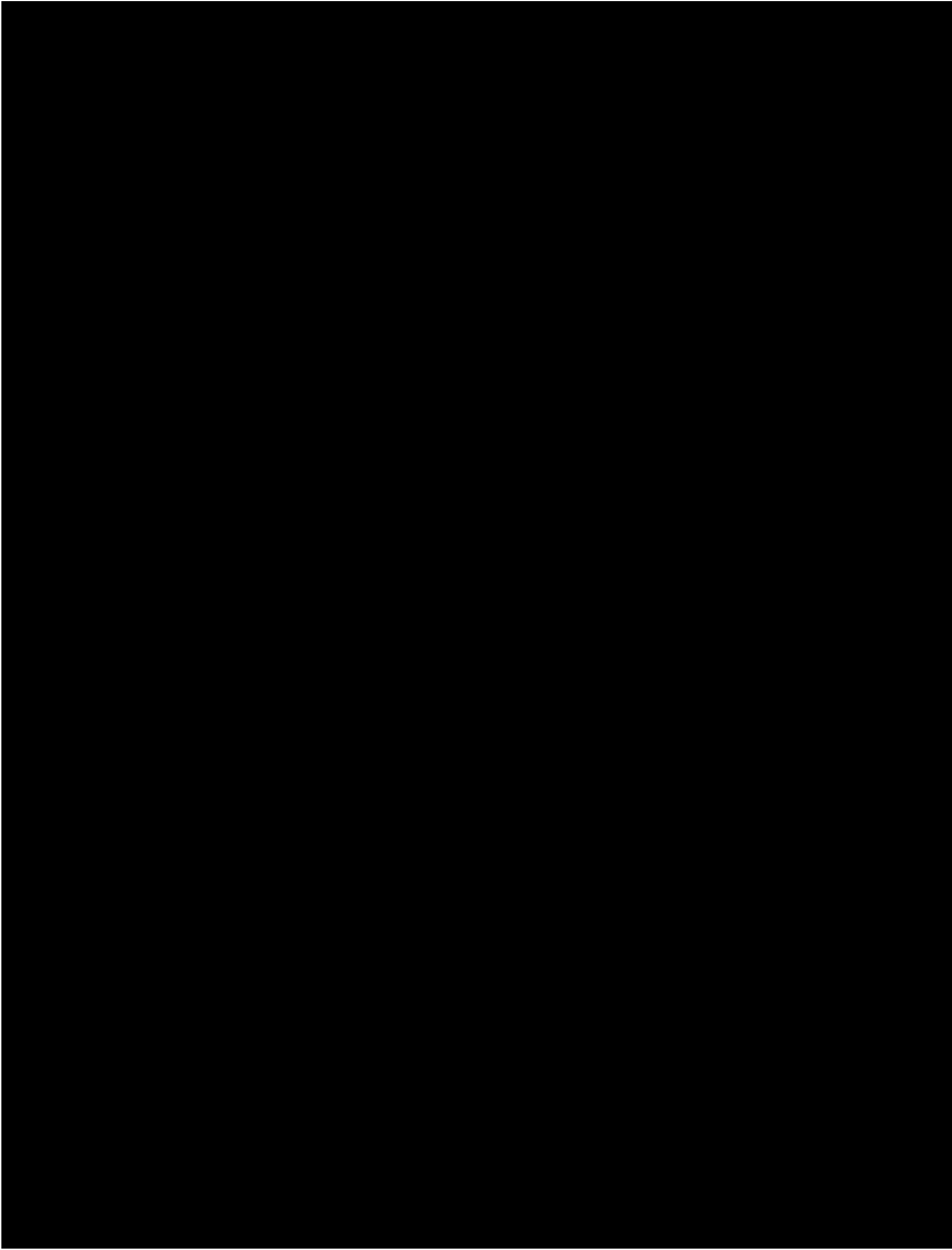
Please be advised, the appeal of your grievance dated 07/12/2023
 was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED
 SEP 11 2023
 INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

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



UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICE USE ONLY	
GRV #	23-00923
Date Received:	7-19-23
GRV. Code #:	400

Unit/Center [Redacted]
 Name Michael S. Wilmore
 ADC# [Redacted] Brks # ISO Job Assignment _____

1111 19 2023
GRIEVANCE

7-12-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I am being having

7-12-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency r [Redacted] by: Retaliation fo

calling [Redacted] with Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print): On today 7-12-2023 I told ADC Officer I needed to make a legal phone call I called the [Redacted] Hotline, and the IRS both Legal Phone calls I told Officer Cox



POLICY HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

RECEIVED
SEP 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

[Signature]
Inmate Signature

7-12-23
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-13-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

Sgt. Kelly Henry [Redacted] [Signature] 7-13-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: You are not being retaliated against you used the phone in an unauthorized manner therefore disciplining action was taken

[Signature] 7/18/23
Staff Signature & Date Returned

[Signature] 7-18-23
Inmate Signature & Date Received

This form was received on 7-19-23 (date), pursuant to Step Two. Is it an Emergency? No (Yes or No). Staff Who Received Step Two Grievance: Lt Michael Morris Date: 7-19-23

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED]-00932

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

Please be advised, the appeal of your grievance dated 07/13/2023 was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED
SEP 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilmore

ADC# [redacted] Brks # 123 Job Assignment [redacted]

FOR OFFICE USE ONLY	
GRV. #	[redacted] -23-00930
Date Received:	7-24-23
GRV. Code #:	704

7-13-23 (Date) STEP ONE: Informal Resolution

7-22-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Informal Resolution was never answered

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? ____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 7-13-2023 I was Denied Legal Copies of my Legal Documents, Grievances, Request, Letters, Case Law, ect. all Legal Documents In in the Process of Filing a Federal Lawsuit in the United States District Court and the Arkansas State Claims Commission this a violation of my Constitutional Rights of Due Process and Access to the Court and also violates ADC Policies and Procedures concerning Legal Copies or Legal Document to be Filed in Court I have follows all of the proper ADC Policies and Procedures [redacted] Unit Staff is using this to hinder [redacted] from Filing a Lawsuit This is also Retaliation for use of Grievance System and Filing Lawsuit

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/13/23 (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: [redacted] Date

PRINT STAFF NAME (PROBLEM SOLVER) [redacted] ID Number [redacted] Staff Signature [redacted] Date Received 7/13/23

Describe action taken to resolve complaint, including dates:

RECEIVED

APPEAL AND MARKS THE END OF THE APPEAL PROCESS SEP 11 2023

Staff Signature & Date Returned [redacted] INMATE GRIEVANCES SUPERVISOR [redacted] Staff Signature & Date Received [redacted]

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

Staff Who Received Step Two Grievance: Date:

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00932

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 13, 2023. You stated, "On 7-13-2023 I was Denied Legal Copies of my Legal Documents, Grievances, Request, Letters, Case Law, etc. all Legal Documents Im in the Process of filing a Federal Lawsuit in the United States District Court and the Arkansas State Claims Commission this is a violation of my Constitutional Rights of Due Process and Policies and Procedures concerning Legal copies of Legal Document to be filed in Court and I have follow all of the Proper ADC Policies and Procedures [REDACTED] Staff is using this to hinder or keep me from filing a Lawsuit this is also Retaliation for use of Grievance system and filing Lawsuit".

Per policy, you sent in information to be copied that was not legal documentation(s): informational print-outs, inmate request(s) forms, etc. Per Ms. Barnett, there was also no proof of a court-imposed deadline given at that time. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst
8-21-23 Warden
Date Title

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? I'm being denied Legal Copies by Warden T. Hurst, Deputy Warden Harris, Major Warner Law Library Clerk D. Barnett For the open cases I have in the United State District Court, Arkansas State Claim Commission, and Benton County Court this Violat ADC Policies and Procedures and is Retaliation for the use of Inmate Grievance Procedur this also violates my rights to Due Process of the Law and Access to the Courts

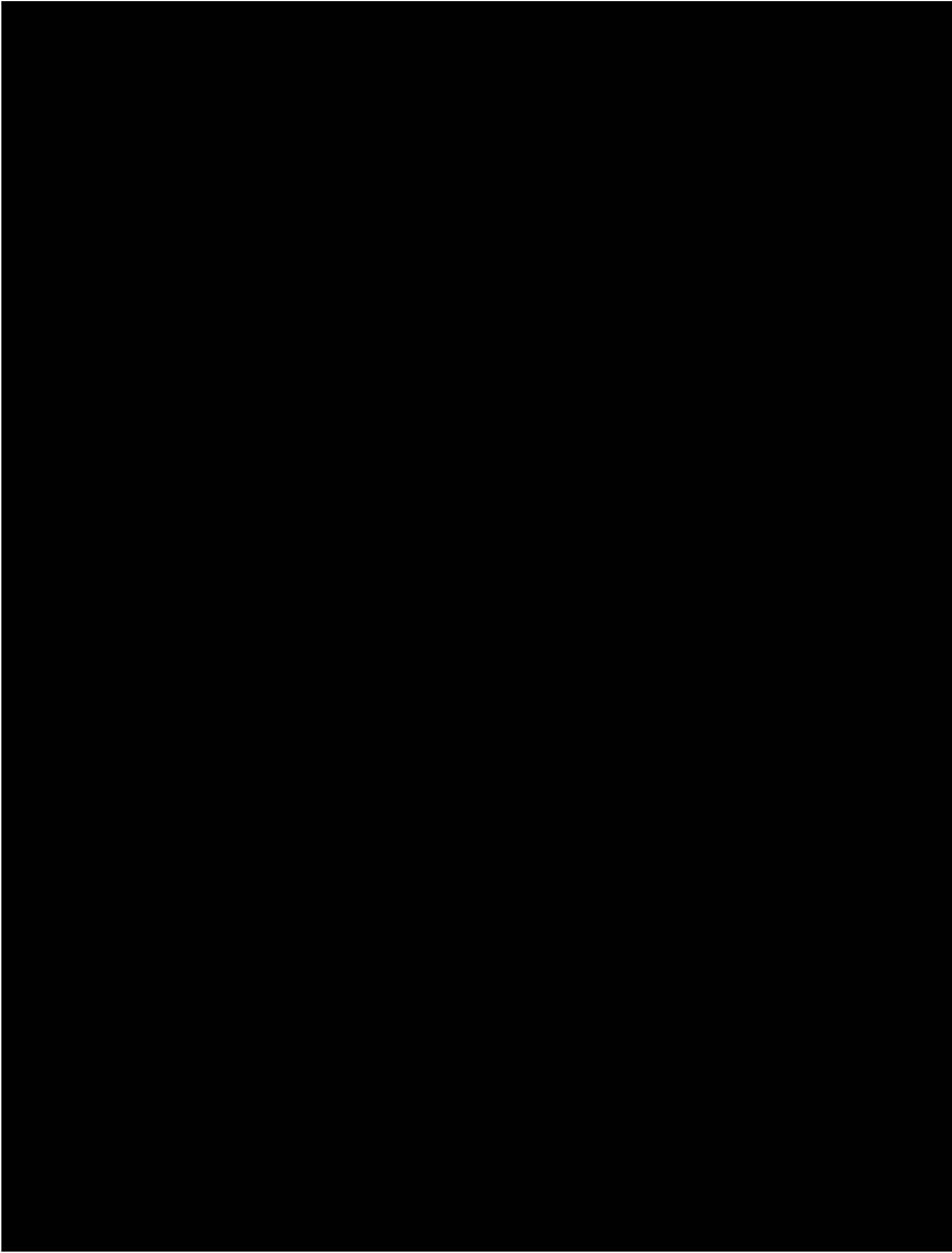
INMATE SIGNATURE

[Signature]
105108
8-21-23
Date

RECEIVED
SEP 11 2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING
FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION FOR THIS
APPEAL AND MARKS THE END
OF THE APPEAL PROCESS



UNIT LEVEL GRIEVANCE FORM (Attachment **MH RECEIVED**)
 Unit/Center [Redacted]
 Name Michael Shane Wilmore
 ADC# [Redacted] Brks # 173 Job Assignment _____

FOR OFFICIAL USE ONLY
 GRV. # 23-00906
 Date Received: 7-12-23
 GRV. Code #: 630

7-9-23 (Date) STEP ONE: Informal Resolution
7-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally).
 If the issue was not resolved during Step One, state why: [Redacted]

7-9-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: PREA Incident

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint date, place, name of personnel involved, and the nature of the complaint. (Blue Print) I reported to [Redacted] in [Redacted] manner but [Redacted] and procedures was not followed and mental health is trying to cover up the incident for ADC security staff, and Medical staff, and Warden Hurst, and Warden Harris

Inmate Signature [Signature] Date 7-9-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-9-2023 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____
Sgt Ricky Henry [Redacted] [Signature] 7-9-2023
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received
 Describe action taken to resolve complaint, including dates: This incident has been reported to Administration.

Brian Janner 7-10-23 [Signature] 7-10-23
 Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
 Staff Who Received Step Two Grievance: _____ Date: _____
 Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded, provide name of person receiving this form: _____ Date: _____

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

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE


INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00906

In your grievance you state that you reported [REDACTED] procedures were not followed. I reviewed our documentation and while it was entered late, Mr. Tanner did document your report concerning the [REDACTED] e. He has been instructed how to report issues in the future. I find your grievance with merit but resolved.

SIGNATURE OF HEALTH SERVICES
ADMINISTRATOR/MENTAL HEALTH SUPERVISOR OR
DESIGNEE



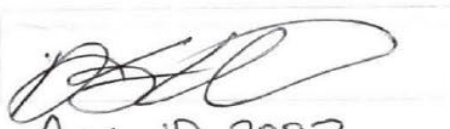
ALAN ROGERS, REHAB PROGRAM MANAGER
AUG 9, 2023 06:30:13 CDT

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? *ADC Policy and Procedure is not being Followed and Put my Life at risk of Physical Harm or Death*

INMATE SIGNATURE



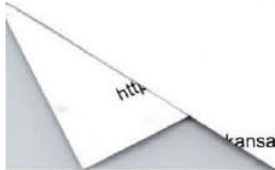
Aug. 10, 2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Received

AUG 17 2023

Deputy Director
Health & Correctional Programs



ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED]-00889

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 08/18/2023

Please be advised, the appeal of your grievance dated 06/28/2023
was received in my office on this date 08/18/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 10/02/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

8/17/23, 4:14 PM

IGTT405 - Medical Grievance Appeal Acknowledgement

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Culclager, Aundrea F
RE: Receipt of Grievance [REDACTED] 3-00906

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 08/17/2023

Please be advised, the appeal of your grievance dated 07/09/2023
 was received in my office on this date 08/17/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 09/29/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-01194

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 10/02/2023

Please be advised, the appeal of your grievance dated 09/15/2023
was received in my office on this date 10/02/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED

OCT 02 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center [redacted] Name Michael Shane Wilmoth Brks # 15 BKS Job Assignment

SEP 21 2023 GRIEVANCE

FOR OFFICIAL USE ONLY GRV. # [redacted] - 23-01194 Date Received: 9-21-23 GRV. Code #: 503

9-15-23 (Date) STEP ONE: Informal Resolution

9-20-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: check was sent to centralized bank with consent

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): In August 15, 2023 I had (2) two IRS checks mailed to the prison address I've still not got the checks for \$3500.00 I need to mail these checks home or back to the IRS

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

RECEIVED

OCT 02 2023

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

[Signature] Inmate Signature

9-15-2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 9-15-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: Date

Nicholas Wilson [redacted] [Signature] 9-15-23 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Mr. Higgins states that she has not received any checks.

[Signature] 9-20-23 Staff Signature & Date Returned

[Signature] 9-20-23 Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

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

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

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S. **ADC#:** [REDACTED]
FROM: Brown, Shurika R **TITLE:** ADC Inmate Grievance Coord
DATE: 09/21/2023 **GRIEVANCE #:** [REDACTED] 3-01194

Please be advised, I have received your Grievance dated 09/15/2023 on 09/21/2023. Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
 SEP 21, 2023 12:08:38 CDT

RECEIVED
OCT 02 2023
 INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

THIS POLICY HAS RESULTED IN
 A REJECTION FOR THIS
 APPEAL AND MARKS THE END
 OF THE APPEAL PROCESS

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

My ~~the~~ Legal Mail ~~was~~ from the IRS
 was opened with out me being present and sent to ADC
 centralized Bank without my consent, me signing it or
 me even knowing it was sent to
 [REDACTED] unit as soon as I hearne
 of this from the IRS on 9/15-23 I
 wrote a Grievance these checks need to be
 mailed back to the IRS I have not consented
 to my Legal mail to be opened or these check
 to be place in ADC Bank

INMATE SIGNATURE

 9-21-23

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-00924

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

Please be advised, the appeal of your grievance dated 07/15/2023
 was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED

SEP 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

GRV. #	23-00924
Date Received:	7-19-23
GRV. Code #:	803

Unit/Center [redacted]

Name Michael Shane Wilmot

JUL 19 2023 GRIEVANCE

ADC [redacted] Brks # 123 Job Assignment [redacted]

7-15-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This is Retaliation for calling

7-15-23 (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 serious

nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the

emergency receipt. In an Emergency, state why: Retaliation for calling the

HOTLINE Reporting a [redacted] incident

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel

involved and how **you** were affected. (Please Print): COIT Harris, Lt. Richard E. Lee

and other APC Security Officers are using Retaliation

against me for calling the [redacted] Hotline. I fear for

my life I can't leave my cell to go to shower, yard

or anything else. My life and person are at risk

of physical harm I need transferred to another

Unit I'm also being denied the phone to make

legal phone calls to the IPSP - Identity Theft

issues I'm having. I called [redacted] Hotline on

7-15-23 and reported the Retaliation being used

against me for reporting a [redacted] and Physical

assault incident on COIT Harris still being denied

medical attention. Major Warner told me and

APC [redacted] make sure I

no [redacted]

no [redacted]

no [redacted]

no [redacted]

no [redacted]

no [redacted]

Inmate Signature

INMATE GRIEVANCES SUPERVISOR

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-17-23 (date), and determined to be Step One and/or an Emergency Grievance

yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name

of the person in that department receiving this form: _____ Date _____

Describe action taken to resolve complaint, including dates: you are not being retaliated

against, you was given a disciplinary due to misuse

of the telephone

Staff Signature & Date Returned 7/18/23 Inmate Signature & Date Received 7-18-23

This form was received on 7-19-23 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: Lt Michael Morris Date: 7-19-23

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] B-00924

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 15, 2023. You stated, "CO II Harris, Lt. Richard E. Lee and other ADC security officers are using Retaliation against me for calling the [REDACTED] Hotline I fear for my life I can't leave my cell to go to shower, yard or anything else. My life and Person are at risk of physical harm I need transferred to another Unit I'm also being denied the Phone to make Legal Phone calls to the IRS for Identity Theft issues I'm having? I called [REDACTED] Hotline on 7-15-23 and reported the Retaliation being used against me for Reporting a [REDACTED] [REDACTED] attention, Major Warner told me and Arkansas State Police he would [REDACTED]"

You received disciplinary action on 7-12-23 for lying to staff regarding use of the telephone to call your attorney when you do not have an attorney on your telephone list; you called the Securus hotline. The [REDACTED] incident has been found to be unfounded due to evidence and you recanting your allegation. No retaliation has been displayed. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

8-15-23
Date

Warden
Title

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED
SEP 11 2023

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

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?

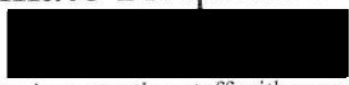
At No time did I lie to Staff, I stated "I needed to make a Legal Phone Call" I made legal Phone calls on 7-12-23 I called the [REDACTED] hotline at *870-267 and The Federal I.P.S. concerning Identity Theft Issues and I have a Federal I.P.S. Letter telling me to call? At No time did I ever call the Securus Hotline in my Arkansas State Claims and my Federal 1983 Lawsuit I will call for my Phone Records in discovery and prove this. ADC Legal Documents was falsified by ADC security Staff don't know name: Lt. R.E. Lee, Cpl. W. Harris, Cpl. Zober, Officer Cox this is clear Retaliation for use of the [REDACTED] Hotline and the Inmate Grievance Procedure and Retaliation is still being used against me I fear for my life of Physical Harm and Death, On June 30, 2023 I was [REDACTED] and Physically Assaulted by Cpl. W. Harris [REDACTED] while in Hand Cuffs at No time did I or have I ever recanted my allegations Warden T. Hurst, Deputy Warden Harris and Major Warner are trying to cover up this incident and are allowing all these ADC Policies and [REDACTED]

[Handwritten Signature]

8-17-23
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>9-24-23</u>
Housing Assignment: <u>B5</u>	Job Assignment:	
To (Staff Member): <u>Ms. Higgins</u>	Office: <u>Book Keeping</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I had two (2) checks mailed to me by the IRS this legal mail was opened without me being present, signing for it, or even told it was mailed here then both checks was mailed to ADC Trust Fund Centralized Banking without my consent or signing them I need both checks mailed back to the IRS Please

Have you talked to any staff member about this request? Yes No If so, whom?
 Staff member(s) contacted: Ms. Brown Date: 9-20-23

[Signature] 9-24-23
 Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

When they are ~~not~~ verified from IRS I will mail back

Ms Higgins
 Staff Signature

I am referring this request to: _____ 1/03/18

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

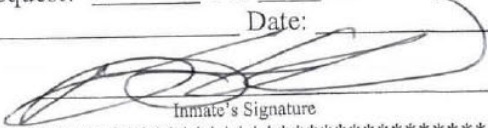
Name: <u>Wilmoth</u>	ADC Numl	Date: <u>9-25-23</u>
Housing Assignment: <u>15</u>	Job Assignment:	
To (Staff Member): <u>Ms. Brown</u>	Office:	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: Ms. Brown my Emessages is not working my family said they sent me messages but I've not got any of them

Have you talked to any staff member about this request? _____ Yes _____ No If so, whom?
 Staff member(s) contacted: _____ Date: _____


 Inmate's Signature _____ Date _____

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

I sent this to Seamus

P. O'Neil
 Staff Signature

I am referring this request to: _____ 1/03/18

Emessages Inmate Request Form

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: <u>[REDACTED]</u>	Date: <u>9-24-23</u>
Housing Assignment: <u>15</u>	Job Assignment: <u>Shower Porter</u>	
To (Staff Member): <u>Ms. Cowell</u>	Office: <u>Messages</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Laundry
- Mental Health
- Grievance Office
- Other: _____

Detailed Reason for Request: My Emessages isn't working I have (2) letters asking why I have not replayed when I have, and then also saying they sent me Emessages but they not been added to my list, nor have I got Messages and this is also with people on my list already. Can you please help Me Please!!!

[Signature] 9-24-2023
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

I sent this to Securus

Staff Signature

I am referring this request to: _____

United States District Court

I need address for the proper
United States District Court
for Newport, Arkansas
and 1983 Forms

Michael S. Wilmoth



RECEIVED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

JUL 18 2023

By: TAMMY H. DOWNS
DEP CLERK

2023 JUL 18 A 10:05
TAMMY H DOWNS

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC: _____ Brks # 15 BK Job Assignment _____

9-21-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On Aug. 15, 2023 I had legal mail mailed to me by the IRS it was not opened without my permission or me being present and the checks sent to centralized banking without my permission, consent, or me signing them I still on Sept. 21, 2023 have not got my legal mail from the IRS. These (2) two checks need to be mailed back to the IRS today 9-21-23 not a week from now, not 30 days from now TODAY 9-21-2023

[Signature]
Inmate Signature

9-21-23
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

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

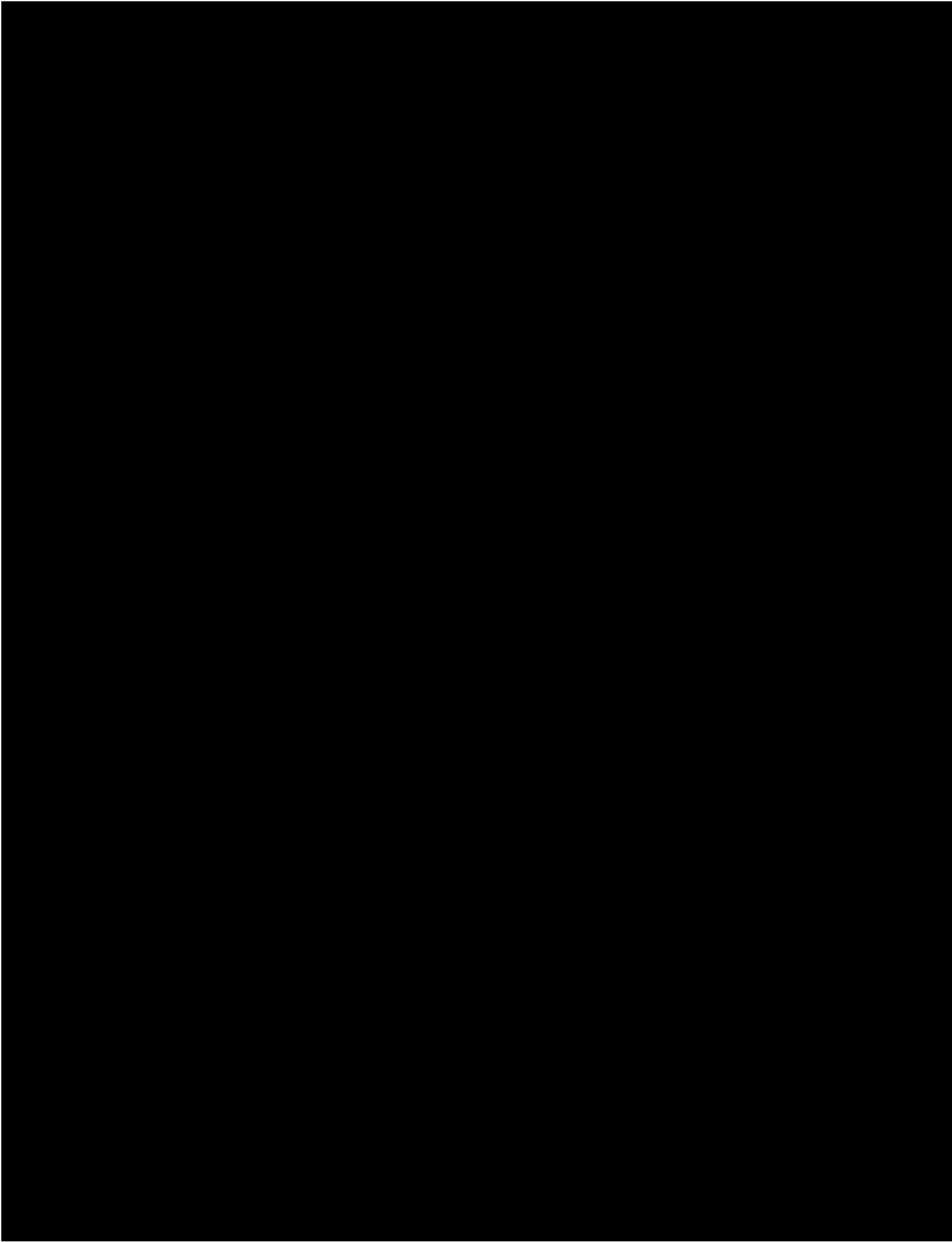
Staff Who Received Step Two Grievance: _____ Date: _____

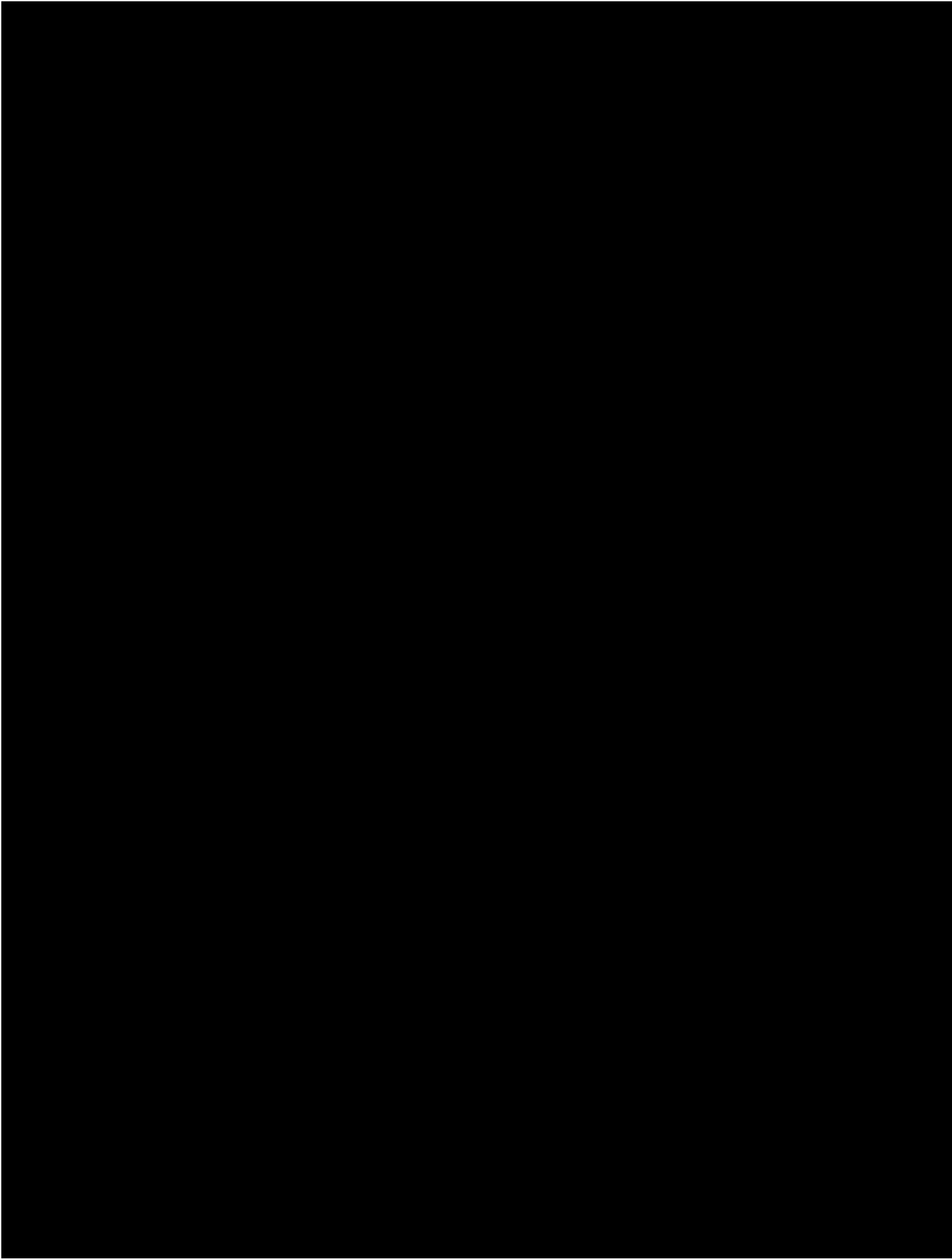
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

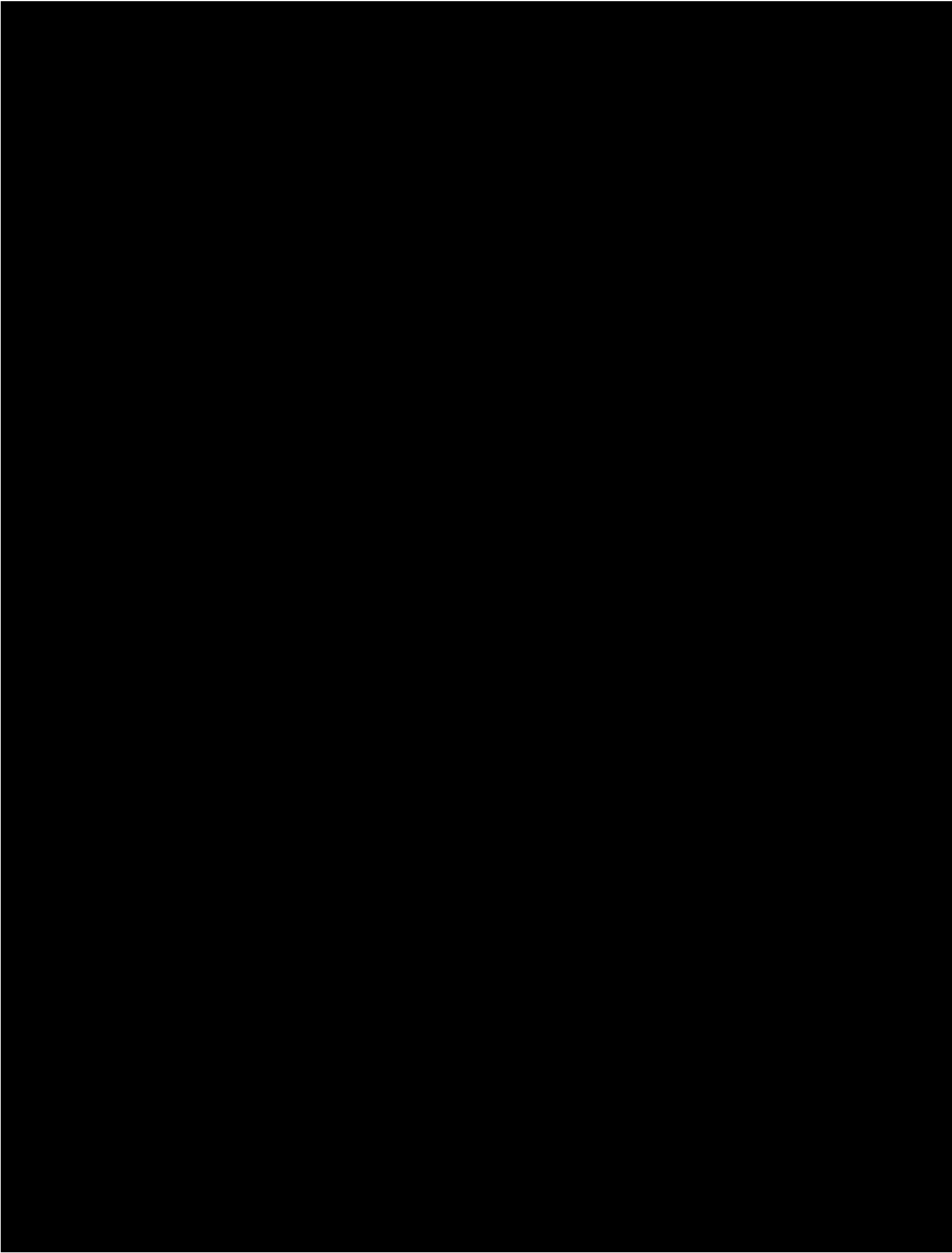
If forwarded, provide name of person receiving this form: _____ Date: _____

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

Called at around 6 P.M 7-15-2023







ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/24/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00928

Please be advised, I have received your Grievance dated 07/17/2023 on 07/24/2023.
You should receive communication regarding the Grievance by 08/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 24, 2023 09:03:16 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

SEP 13 2023

Deputy Director
Health & Correctional Programs

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00889

[REDACTED]

Appeal denied.

DIRECTOR

[Handwritten Signature] 9/15/23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00889

WARDEN/CENTER SUPERVISOR'S DECISION:

[REDACTED]

grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt
8-1-23 Warden
Date Title

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

[REDACTED]

RECEIVED
AUG 18 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

INMATE SIGNATURE

[Signature]
Aug. 4, 2023
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

STAFF USE ONLY	
GRV #	23-00889
Date Received:	7-5-23
GRV. Code #:	803

Unit/Center [Redacted]

Name Michael Shane Wilmoth

JUL 05 2023

ADC# [Redacted] Brks # 744 Job Assignment

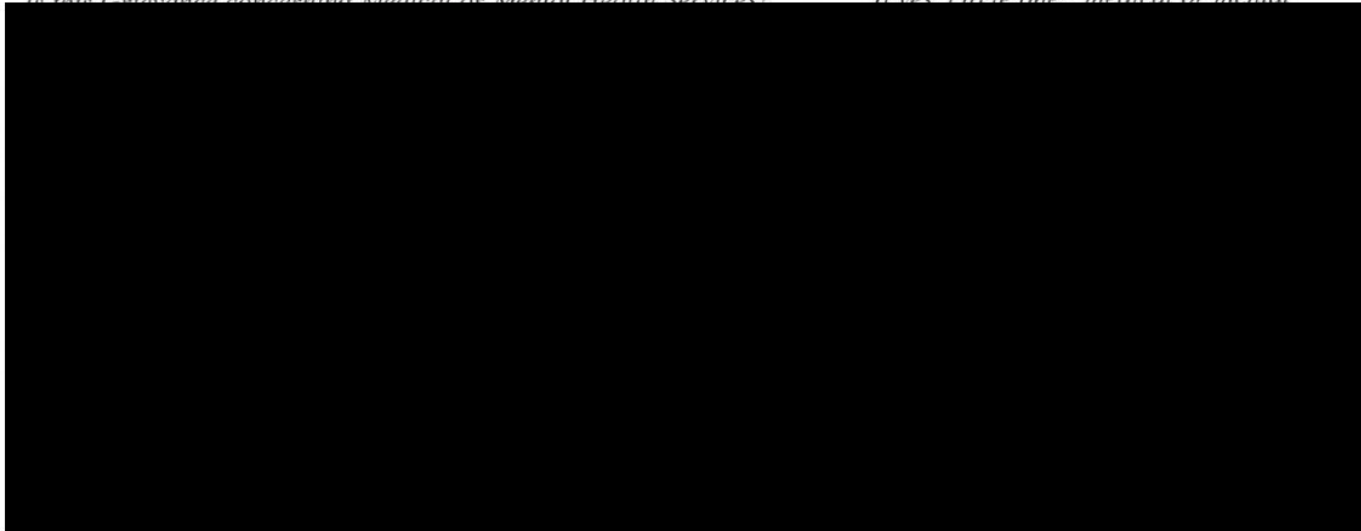
6-26-23 (Date) STEP ONE: Informal Resolution

7-3-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

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

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

In this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental



Inmate Signature [Signature] Date 6-28-2023

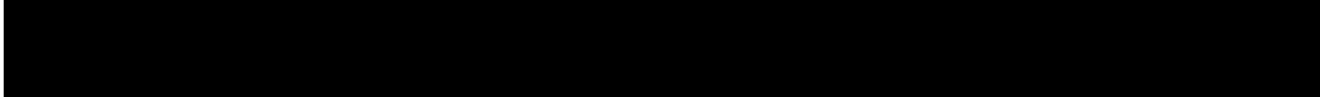
AUG 18 2023 INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-28-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

Staff Signature [Signature] ID Number [Redacted] Staff Signature [Signature] Date Received 6-28-23



Staff Signature & Date Returned [Signature] 7-03-23 Inmate Signature & Date Received [Signature] 7-3-23

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No). Staff Who Received Step Two Grievance: _____ Date: _____ Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____ If forwarded, provide name of person receiving this form: _____ Date: _____

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

Grimes 105408
 Michael Wilmoth

Arkansas Department of Correction
 Trust Fund Centralized Banking

RE: Michael Shane Wilmoth ADC [REDACTED]
 Two (2) IRS Checks for approx. \$3500.00

Sept. 21, 2023

On August 28, 2023 two IRS checks was opened ~~at~~ at [REDACTED] Unit without my consent or me being present and was mailed to Arkansas Department of Correction Trust Fund Centralized Banking without my consent or me signing these two checks.

Any mail from the IRS is Legal Mail and I must sign for it and it must be opened in my presents this was not done therefore these two check was stolen and on Sept. 21, 2023 I called the Department of the Treasury and reported ~~the~~ these two checks stolen and put a stop payment on these two checks.

These checks (2) two must be sent back to the IRS!!! Thank you very much for your Time in this matter.

Sincerely
 Michael Shane Wilmoth

ADC = [REDACTED]

**Law Library Office Copy
Barracks RH**

**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

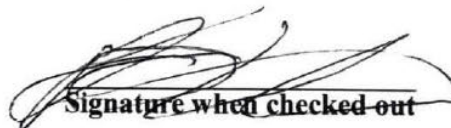
By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

 RH 123
Housing and Barracks

Wilmoth, Michael [REDACTED]
Name and ADC #

8-15-23 8-17-23
Date out Date Due


Signature when checked out

- Ark. State Claims Rules Handout ✓
- 2022 Federal Rules of Civil Procedure ✓
- AR 409 Use of Force ✓
- AR 800 Series ✓
- AD 17-06 Use of Force ✓
- GU 9.13.0 Use of Force ✓

8/23/23
Date Returned


Law Librarian Signature
when returned

Law Library Office Copy

**Law Library Office Copy
RH 123**

**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

 RH 123
Housing and Barracks

 Wilmoth, Michael
Name and ADC #

 8-9-23 8-12-23
Date out Date Due

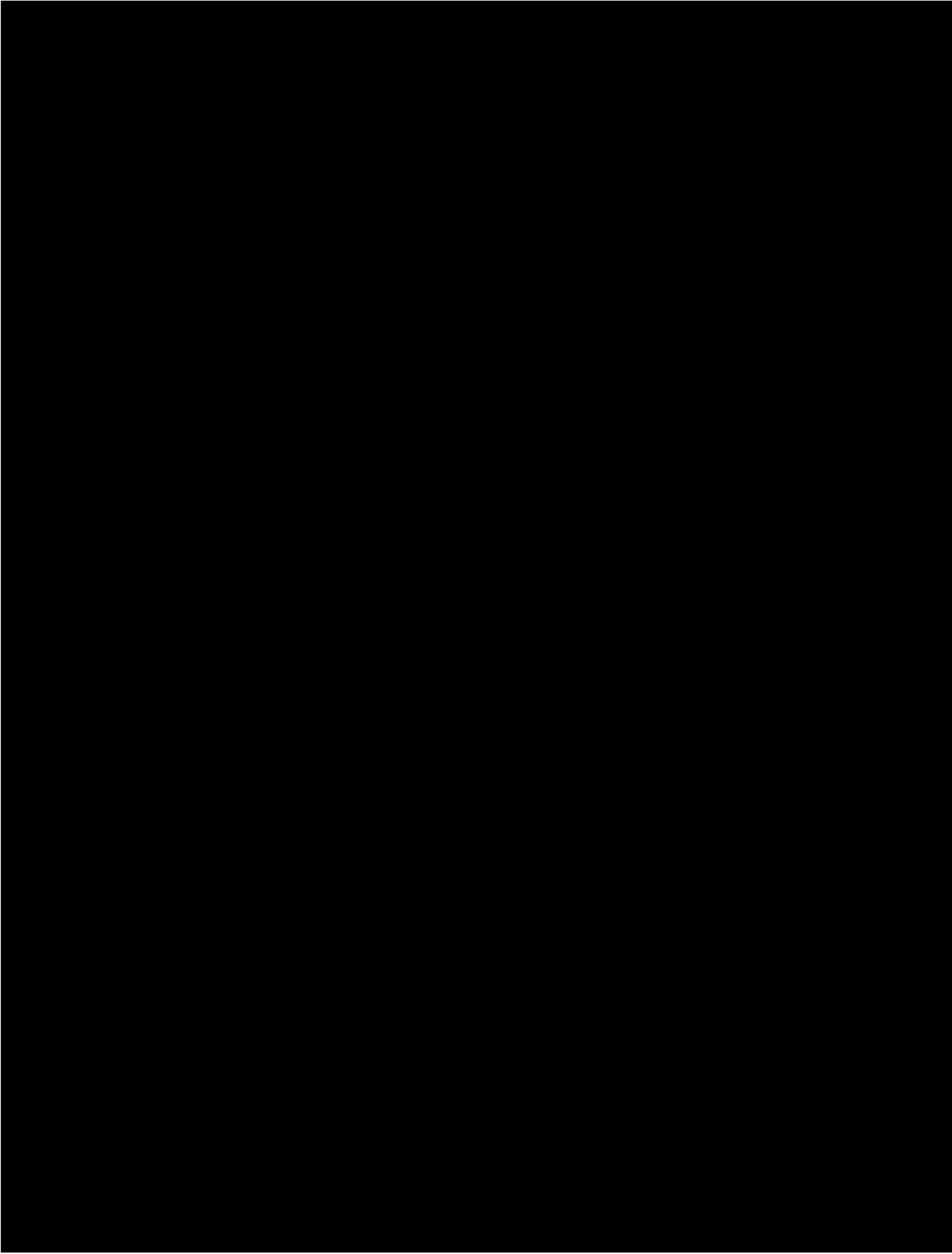

Signature when checked out

- AD19-34 (Inmate Grievance Procedure)
- AD12-23 (Typing Services in the Law Library)
- GU 9.13.0 (Use of Force) ✓ Retired 3/23/23
- GU 10.3.0 (Hunger Strike)
- GU 14.6.0 (Law Library)

Date Returned

Law Librarian Signature
when returned

Law Library Office Copy



DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00900

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

In your grievance dated 7/3/23, you stated, "On 7-1-2023 or 7-2-2023 I called *9123 about a incident where I was Physically Assaulted by a ADC staff member while in handcuffs and ADC Policies and Procedures was not followed by Warden Hurst, Waren Harris or any other ADC Staff and I've been denied to talk to Arkansas State Police about the incident".

On 7/10/23 the Warden responded, "This grievance has been forwarded to the [REDACTED] Compliance Manager who will cause an investigation of the [REDACTED] complaint pursuant to Department Policy SD 21-05. You will receive the findings of the investigation when it is completed, but those findings will not come from the Grievance Office. Therefore, I will not address the merit of this grievance."

Your appeal was received on 7/13/23. I have reviewed your appeal, as well as the Warden's response and Internal Affairs investigation. Per the Internal Affairs investigation, force was used, but was used within the department's policies, because of your behavior. Therefore, I find no merit in your appeal.

Appeal denied.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00900

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 3, 2023. You stated, "On 7-1-2023 or 7-2-2023 I called *9123 about a incident where I was Physically Assaulted by a ADC staff member while in handcuffs and ADC Policies and Procedures was not followed by Warden Hurst, Warden Harris or any other ADC Staff and I've been denied to talk to Arkansas State Police about the incident".

This grievance has been forwarded to the Unit [REDACTED] Compliance Manager who will cause an investigation of the [REDACTED] Complaint pursuant to Department Policy SD 21-05. You will receive the findings of the investigation when it is completed, but those findings will not come from the Grievance Office. Therefore, I will not address the merit of this grievance.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

C. Harris

7/10/2023

Date

Deputy Warden

Title

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

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?

The Grimes Unit Security Staff tried to cover up the Physical and [REDACTED] No Pictures was ever taken of my injuries I was denied Medical Attention and was [REDACTED]

*was not answered until 7-9-2023 10 days after the incident and was never taken to the Warden like a Emergen
7-10-2023 Grievance should have been by ADC Policies and Procedure*

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

ADC Policies and Procedures was not followed at all.



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

August 11, 2023

Wilmoth, Michael

ADC [REDACTED]

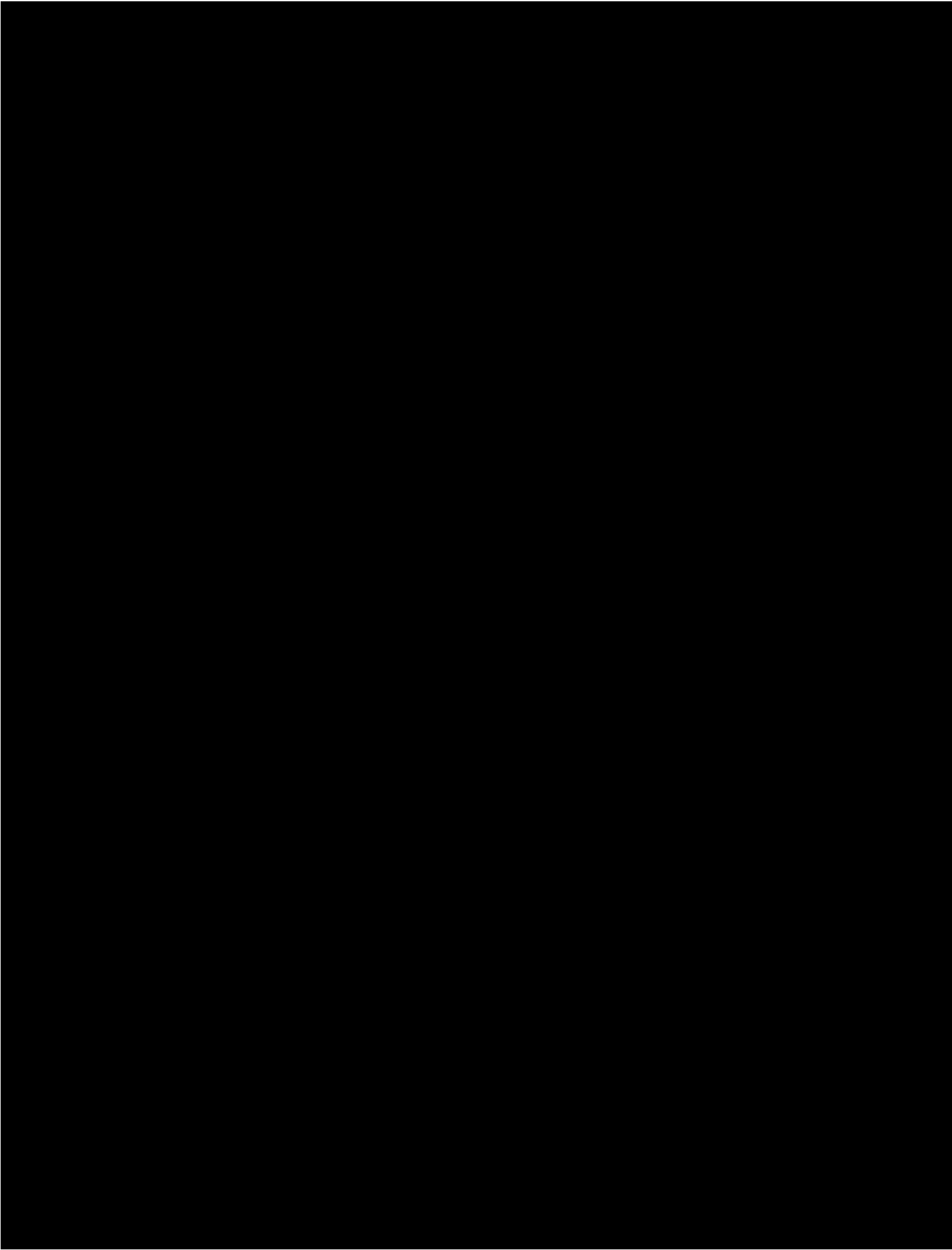
Mr. Wilmoth,

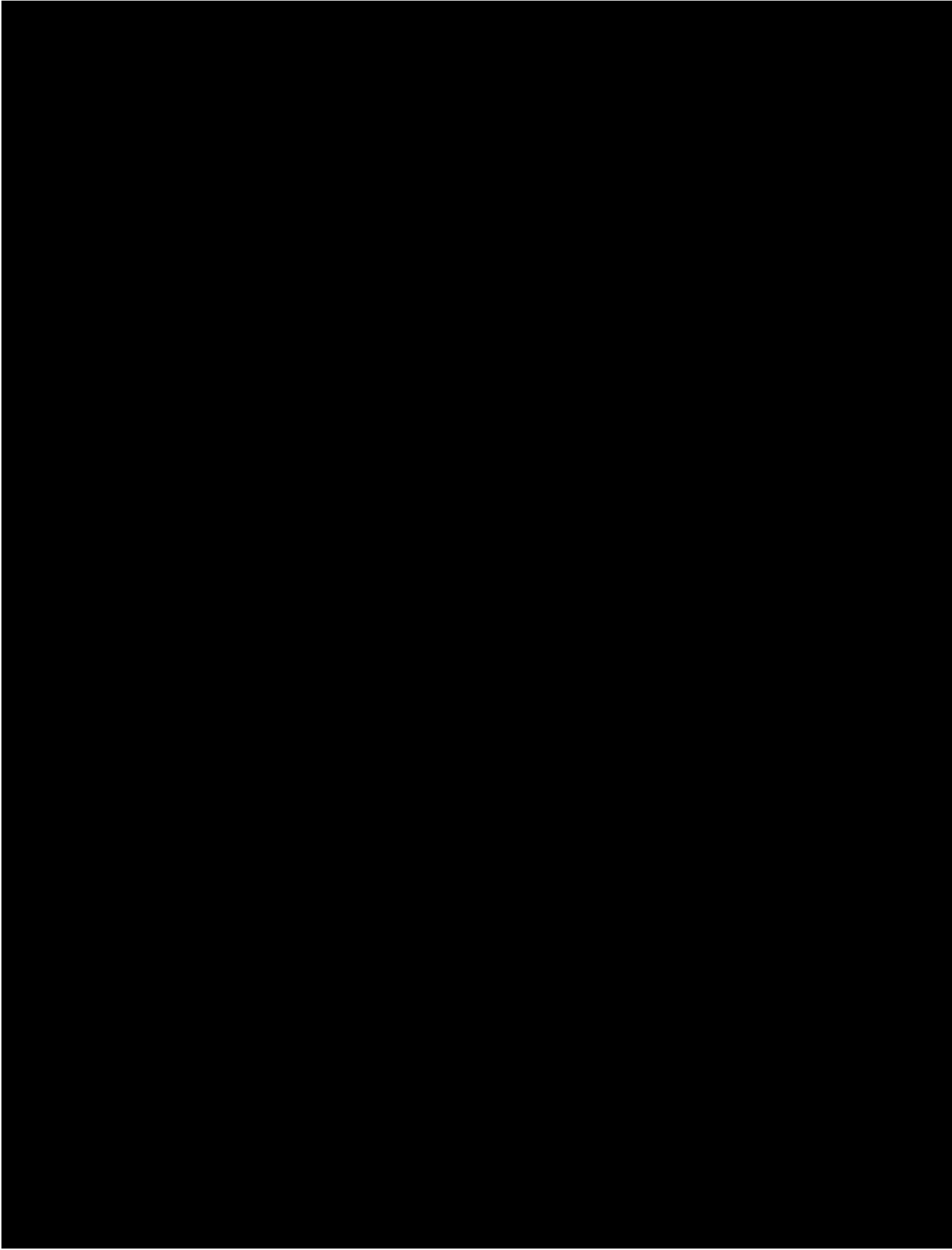
This letter is to acknowledge receipt of your Informal Resolutions (white copy) dated July 24, 2023 and (yellow copy) dated July 9, 2023. However, your documents are being returned to you because you failed to follow policy. Your submitted grievances were not processed through the unit grievance office (no grievance number, date received). My office cannot process grievances that have yet to be processed through the unit grievance office. Therefore, I am returning your documents. I encourage you to adhere to AD 19-34, Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in blue ink that reads 'Brandy Johnson'.

Brandy Johnson
Inmate Grievance Coordinator - Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs





UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilbottle

ADC# [redacted] Brks # 123 Job Assignment

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

7-24-23 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

As of 7-24-2023 I'm back on Hunger Strike, I took a tray (1) on 7-23-2023 but I'm back on Hunger Strike I only came off because Hunger Strike policies and Procedures are not being followed by ADC Security Staff so I'm going to keep do this until some thing is done or you transfer me
I was also tied to by ADC Security Staff to get me to take a tray and they didn't keep their word

[Signature]
Inmate Signature

7-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) [redacted] ID Number [redacted] Staff Signature [Signature] Date Received 7-24-23

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00874

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

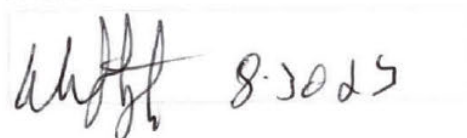
On June 22, 2023, you stated the following complaint: "The Mail Room has been opening my Legal Mail on 6-21-2023 My legal mail was opened and I got copies of my Legal mail this is information ADC employees has No Business opening and reading without me being present by ADC Policy and Federal Law"

The Warden responded to your grievance on July 26, 2023, by stating the following: "Per Mr. Stover you could not produce any copied mail that could be considered legal mail; you did produce several envelopes from financial institutions and organizations that dealt with fraud and identity theft, which were not marked legal mail. You have failed to provide any factual evidence to support your claim that policy was not followed nor that your legal mail was opened by mailroom staff. Therefore, I find this grievance is without merit."

Your appeal was received on August 10, 2023. After review of your appeal and supporting documentation, I must concur with the Warden's decision. When staff requested proof of your allegation, you could not provide any evidence. Your appeal is without merit.

Appeal denied.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00874

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated June 22, 2023. You stated, "The Mail Room has been opening my Legal Mail on 6-21-2023 My legal mail was opened and I got copies of my Legal mail this is information ADC employees has No Business opening and reading without me being present by ADC Policy and Federal Law"

Per Mr. Stover you could not produce any copied mail that could be considered legal mail; you did produce several envelopes from financial institutions and organizations that dealt with fraud and identity theft, which were not marked legal mail. You have failed to provide any factual evidence to support your claim that policy was not followed nor that your legal mail was opened by mailroom staff. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt

7-26-23
Date

Warden
Title

RECEIVED
AUG 10 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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?

My Legal mail from Fraud department of the Credit Bureaus and the Federal Trade Commission Identity Theft Department is being open and read without my consent. I'm having Identity Theft issues and this is very important legal mail concerning these issues.

INMATE SIGNATURE

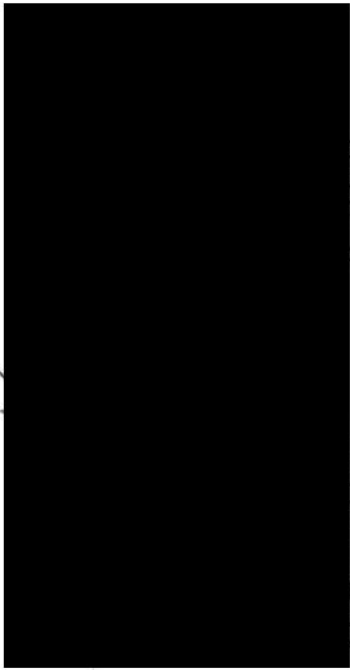
[Handwritten Signature]

[REDACTED]

7-27-23
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

Michael Shane Wilmoth



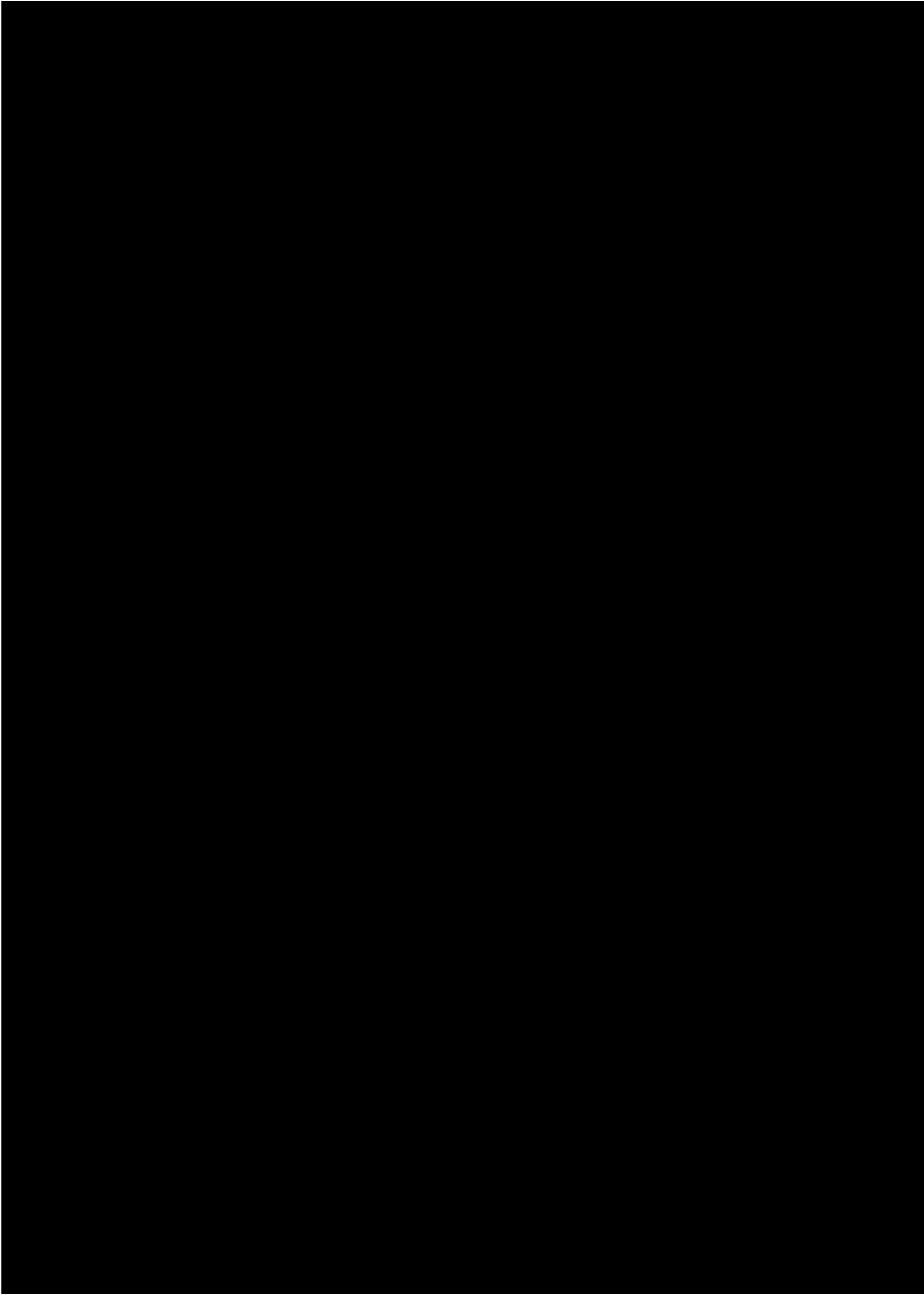
[Handwritten signature]

7151189508

ADC
GRIMES
UNIT



Arkansas Department
of Correction
Trust Fund Centralized
Banking
P.O. Box 8408
Little Rock, Arkansas 72211



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Shane Wilmoth

ADC# [Redacted] Brks # 123 Job Assignment

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

7-22-23 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Grimes Unit Isolation 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):

On 8-10-2023 I requested legal copies from Law Library Clerk Danielle Barnett all these legal copies being mail to my attorney, Arkansas State Claims Commission, The United District Court and Benton County Circuit Court, Arkansas and The Federal T.R.S. about my Identity Theft issues but on 8-21-2023 at Mail call my legal documents was returned to me signed by Law Library Clerk Danielle Barnett on 8-17-2023 refusing/denying to make my legal copies of all my legal documents this is a direct violation of many ADC Policies and Procedures and Warden T. Hurst Deputy Warden Harris, Major Warner are allowing Law Library Clerk Danielle Barnett to violate these ADC Policies and Procedures all of them doing this out of Reprisal and Retaliation, for use of the Inmate Grievance Procedures on all of them and other ADC Security Staff this is also denying me my rights of Due Process and Access to the Courts hindering my legal cases and state claims, This been a on going problem since incident on June 30, 2023 with Col. W. Harris and incident with Lt. Lee taking legal documents 8-22-2023

Inmate Signature [Redacted]

Date 8-22-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

9-22-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 8-15-2023 Law Library Clerk
Mr. Danielle Barnett refused to bring me all AR, AD, and Policies
I requested, I requested the complete 900 Series Inmate
& Program Management only part of the 900 Series Inmate
& Program Management, I requested AR 225 Grievance
Procedure was denied AR 235, then Ms. Danielle Barnett
said I can only have the Policies and Procedures I was
provided for (2) two days when ADC Policy and
Procedure is (5) five days she is doing this to hinder
my legal case this is a violation of my Constitutional
Rights of Due Process and Access to the Court and
this is a Direct violation to ADC Policy and
Procedure - I can show I have open case
in Arkansas State Court, Benton County Circuit Court
and United States District Court

Inmate Signature _____ Date 9-22-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance
_____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name
of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-00923

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

Please be advised, the appeal of your grievance dated 07/12/2023
was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED
SEP 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE #: [REDACTED]-23-00923

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 12, 2023. You stated, "On today 7-12-2023 I told ADC Officer I needed to make a legal Phone call I called the [REDACTED] hotline, and the IRS both Legal Phone calls I told Officer Cox I needed to make a Legal Phone call see logs Lieutenant Richard E. Lee is using Retaliation for me Reporting [REDACTED] incident where a ADC Officer [REDACTED] Me I ask for Grievance was denied".

You are on telephone restriction. You advised staff that you needed to use the telephone to call your attorney. You do not have an attorney listed on your telephone list; you were calling the Securus hotline for which you received disciplinary action. You have failed to provide any factual evidence to support your claim of Retaliation. The incident in question has been investigated at unit level and by Internal Affairs with no evidence to support your claim of [REDACTED]. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst
8-15-23 Warden
Date Title

RECEIVED
SEP 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

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?

First, Being on Telephone restriction does not keep me from being able to make legal phone calls or call the [REDACTED] line I call the [REDACTED] and the IRS concerning Identity Theft Issue I have a letter from the federal IRS telling me to call. All phone calls are recorded I will be calling these records in Discovery on my Arkansas State Claims for Violation of ADC Policy and Procedures and in the Federal 1983 lawsuit I've filed showing I never at any time called Securus Hotline that this is Retaliation and that Cpl. W. Harris, Lt. Richard E. Lee, Officer Cox, Cpl. Zobe and other Grimes Unit ADC Security Staff don't know names all falsified legal documents, used Disciplinary Action as Retaliation for calling [REDACTED] and use of Inmate Grievance Procedure and Warden Hurst, Deputy Warden Harris, and Major Warner is allowing all this to take place at Grimes Unit violating ADC Policies and Procedures I fear for my life due to all this, my life is at risk of Physical Harm or Death, at Grimes Unit, I was Physically Assaulted and [REDACTED] (Attachment I) and the Warden's Decision (Attachment III) and ADC Staff and Medical Staff are trying to cover it up and using Retaliation against me? My Life is in Danger?

[Signature] #105408
8-17-23
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

UNIT USE ONLY
GRV. Code #: 23-00923
Date Received: 7-19-23
GRV. Code #: 400

Unit/Center [Redacted]
 Name: Michael S. Wilms
 ADC# [Redacted] Marks # 150 Job Assignment [Redacted]

111 19 2023
GRIEVANCE

7-12-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I am being having

7-12-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. [Redacted] state why: Retaliation fo

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On today 7-12-2023 I told ADC Officer I needed to make a legal phone call I called the [Redacted] and the IRS both Legal Phone [Redacted] and the IRS I needed to make a Legal Phone call see logs [Redacted] Lieutenant Richard F. [Redacted] Retaliation for me Reporting Incident where a ADC Officer and physically assaulted me I was [Redacted] [Redacted]

POLICY HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

RECEIVED SEP 11 2023

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

[Handwritten Signature]

2/12/23 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-13-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No) If yes, name of the person in that department receiving this form: [Redacted] Date 7-13-23

Sgt. Ricky Harris [Redacted] ID Number [Redacted] Staff Signature [Redacted] Date Received 7-13-23

Describe action taken to resolve complaint, including dates: You are not being retaliated against you used the phone in an unauthorized manner therefore disciplining action was taken

[Redacted] 7/18/23 Staff Signature & Date Returned [Redacted] 7-18-23 Inmate Signature & Date Received

This form was received on 7-19-23 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No). Staff Who Received Step Two Grievance: Lt Michael Morris Date: 7-19-23 Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date:

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance 23-00932

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

Please be advised, the appeal of your grievance dated 07/13/2023 was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED

SEP 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Shane Wilmon

ADC [Redacted] # 123 Job Assignment [Redacted]

FOR OFFICE USE ONLY	
GRV #	23-00930
Date Received:	7-24-23
GRV. Code #:	704

JUL 24 2023 GRIEVANCE

7-13-23 (Date) STEP ONE: Informal Resolution

7-22-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Informal Resolution was never answered

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

On 7-13-2023 I was Denied Legal Copies of my Legal Documents, Grievances, Request, Letters, Case Law, ect. all Legal Documents. I'm in the Process of Filing a Federal Lawsuit in the United States District Court and the Arkansas State Claims Commission this is a violation of my Constitutional Rights of Due Process and Access to the Court and also violates ADC Policies and Procedures concerning Legal Copies of Legal Document to be Filed in Court + I have followed all of the Proper ADC Policies and Procedures Grimes Unit Staff is using this to hinder or keep me from Filing a Lawsuit This is also Retaliation for use of Grievance System and Filing Lawsuit

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/13/23 (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: [Redacted] Date

PRINT STAFF NAME (PROBLEM SOLVER) [Redacted] ID Number [Redacted] Staff Signature [Redacted]

Date Received 7/13/23

Describe action taken to resolve complaint, including dates:

A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

RECEIVED

SEP 11 2023

Staff Signature & Date Returned

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

Staff Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00932

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 13, 2023. You stated, "On 7-13-2023 I was Denied Legal Copies of my Legal Documents, Grievances, Request, Letters, Case Law, etc. all Legal Documents Im in the Process of filing a Federal Lawsuit in the United States District Court and the Arkansas State Claims Commission this is a violation of my Constitutional Rights of Due Process and Policies and Procedures concerning Legal copies of Legal Document to be filed in Court and I have follow all of the Proper ADC Policies and Procedures Grimes Unit Staff is using this to hinder or keep me from filing a Lawsuit this is also Retaliation for use of Grievance system and filing Lawsuit".

Per policy, you sent in information to be copied that was not legal documentation(s): informational print-outs, inmate request(s) forms, etc. Per Ms. Barnett, there was also no proof of a court-imposed deadline given at that time. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst
8-21-23 Warden
Date Title

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?

I'm being denied Legal Copies by Warden T. Hurst, Deputy Warden Harris, Major Warner Law Library Clerk D. Barnett for the open cases I have in the United State District Court, Arkansas State Claim Commission, and Benton County Court this Viola ADC Policies and Procedures and is Retaliation for the use of Inmate Grievance Procedure this also violates my rights to Due Process of the Law and Access to the Courts

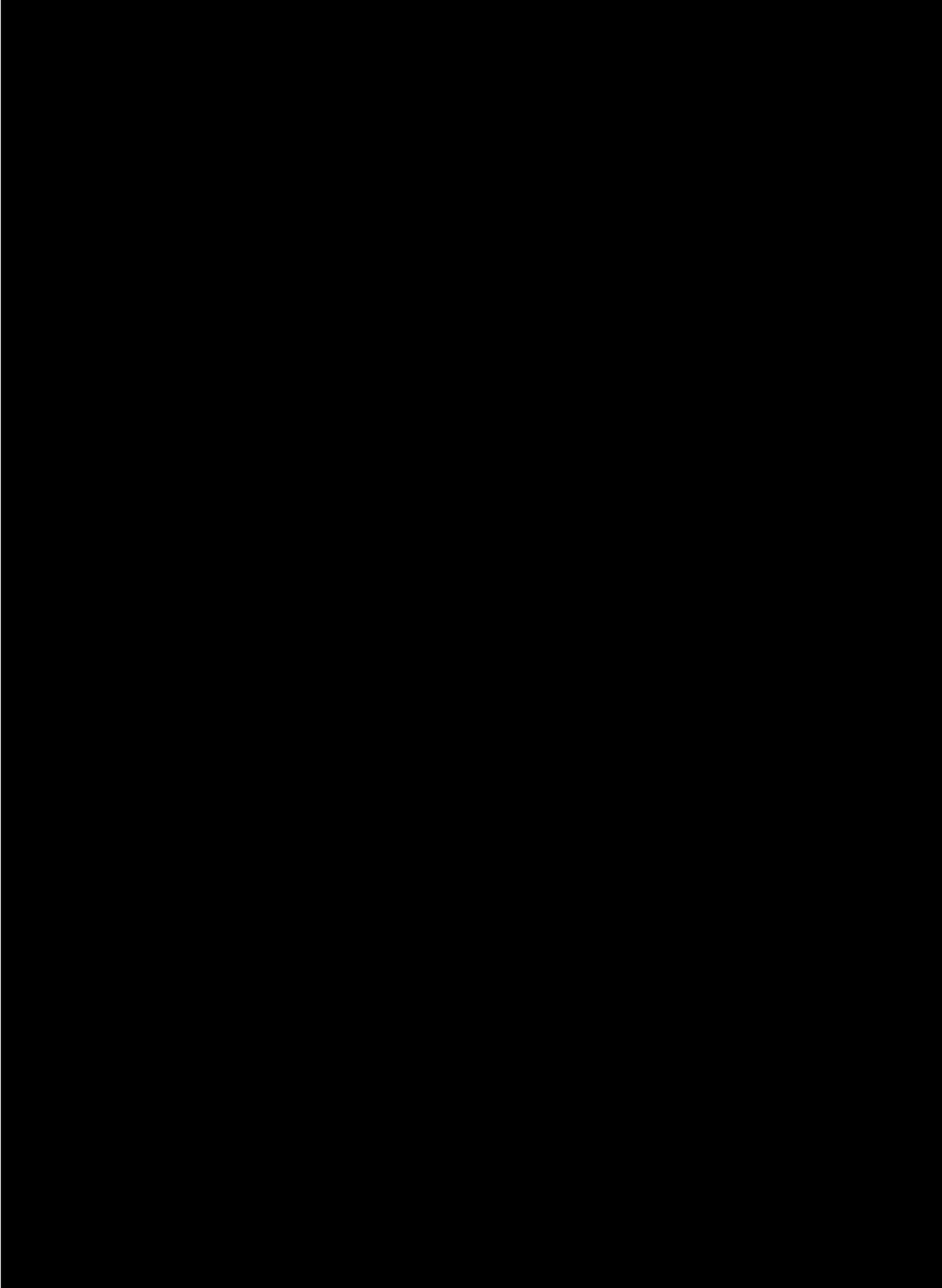
INMATE SIGNATURE

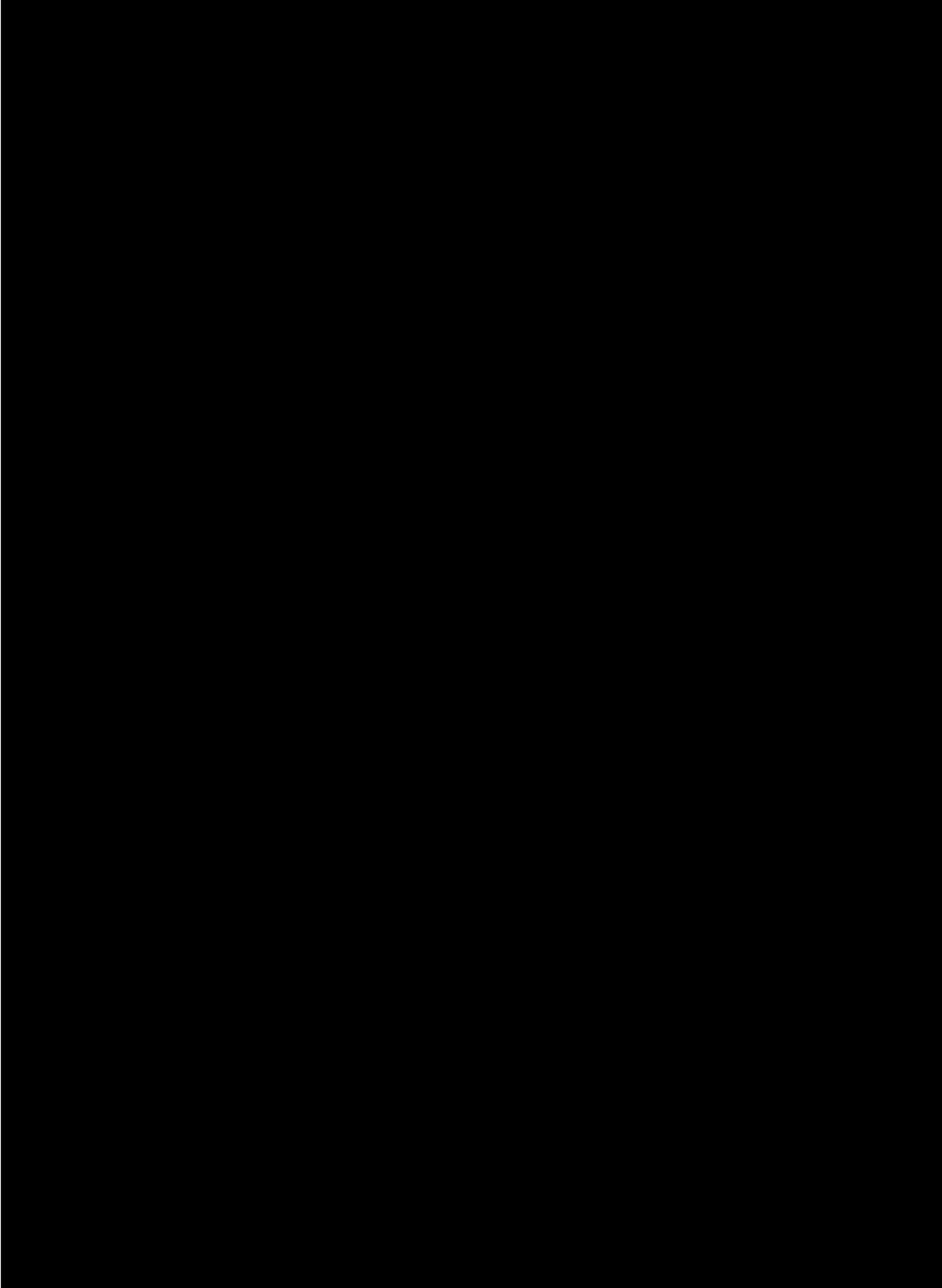
[Handwritten Signature]
8-21-23
Date

RECEIVED
SEP 11 2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING
FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION FOR THIS
APPEAL AND MARKS THE END
OF THE APPEAL PROCESS





HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE


INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00906

In your grievance you state that you reported [REDACTED] and procedures were not followed. I reviewed our documentation and while it was entered late, Mr. Tanner did document your report concerning [REDACTED]. He has been instructed how to report issues in the future. I find your grievance with merit but resolved.

SIGNATURE OF HEALTH SERVICES
ADMINISTRATOR/MENTAL HEALTH SUPERVISOR OR
DESIGNEE



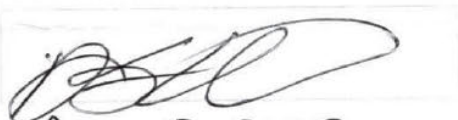
ALAN ROGERS, REHAB PROGRAM MANAGER
AUG 9, 2023 06:30:13 CDT

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? *ADC Policy and Procedure is not being followed and Put my Life at risk of Physical Harm or Death*

INMATE SIGNATURE



Aug. 10, 2023

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Received

AUG 17 2023

Deputy Director
Health & Correctional Programs

htk

[kansas.gov/eomis/application/dispatch](https://www.kansas.gov/eomis/application/dispatch)

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-00889

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 08/18/2023

Please be advised, the appeal of your grievance dated 06/28/2023
 was received in my office on this date 08/18/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 10/02/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

8/17/23, 4:14 PM

IGTT405 - Medical Grievance Appeal Acknowledgement

Attachment V
00**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL
OR REJECTION OF APPEAL**

TO: Inmate Wilmoth, Michael S.
FROM: Culclager, Aundrea F
RE: Receipt of Grievance [REDACTED] 23-00906

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 08/17/2023

Please be advised, the appeal of your grievance dated 07/09/2023
 was received in my office on this date 08/17/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 09/29/2023

OR

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-01194

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 10/02/2023

Please be advised, the appeal of your grievance dated 09/15/2023
 was received in my office on this date 10/02/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED

OCT 02 2023

INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

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

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center [redacted] Name Michael Shane Wilmoth ADC# [redacted] Brks # 15 BKS Job Assignment

SEP 21 2023

GRIEVANCE

GRV [redacted] -23-01194 Date Received: 9-21-23 GRV. Code #: 503

9-15-23 (Date) STEP ONE: Informal Resolution

9-20-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: CHECK WAS SENT TO CENTRALIZED BANK WITH CONSENT

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): In August 15 2023 I had (2) two IRS checks mailed to the Prison Address I've still not got the checks for \$3500.00 I need to mail these checks home or back to the IRS

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

RECEIVED

OCT 02 2023

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

[Signature] Inmate Signature

9-15-2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 9-15-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: Date

Nickolas Wilson [redacted] [Signature] 9-15-23 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Mr. Higgins states that she has not received any checks.

[Signature] 9-20-23 Staff Signature & Date Returned

[Signature] 9-20-23 Inmate Signature & Date Received

This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No). Staff Who Received Step Two Grievance: Date: Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date:

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

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 09/21/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-01194

Please be advised, I have received your Grievance dated 09/15/2023 on 09/21/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
SEP 21, 2023 12:08:38 CDT

RECEIVED
OCT 02 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

My legal mail was opened without me being present and sent to ADC Centralized Bank without my consent, me signing it or me even knowing it was sent to [REDACTED] Unit as soon as I learn of this from the IRS on 9-15-23 I wrote a Grievance these checks need to be mailed back to the IRS I have not consented to my legal mail to be opened or these checks to be place in ADC Bank

9-21-23

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance [REDACTED] 23-00924

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 09/11/2023

Please be advised, the appeal of your grievance dated 07/15/2023
was received in my office on this date 09/11/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
- (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
- (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of [REDACTED], or was frivolous or vexatious

RECEIVED
SEP 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICIAL USE ONLY
GRV. # [redacted] -23-00924
Date Received: 7-19-23
GRV. Code #: 803

Unit/Center [redacted]
 Name Michael Shane Wilmott
 ADC# [redacted] Brks # ISO 123 Job Assignment _____

JUL 19 2023
GRIEVANCE

7-15-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

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

Retaliation for calling

7-15-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Retaliation for calling the

HOTLINE Reporting a [redacted] Incident
 Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): CO II Harris, Lt. Richard E. Lee

and other APC Security Officers are using Retaliation against me for calling the [redacted] I fear for my life I can't leave my cell to go to shower, yard or anything else. My life and person are at risk of physical harm I need transferred to another Unit I'm also being denied the phone to make legal phone calls to the IRS for identity theft issues I'm having. I called [redacted] Hotline on 7-15-23 and reported the Retaliation being used against me for reporting a [redacted] and physical assault incident on CO II Harris still being denied medical attention. Major Warner told me and Arkansas State Police would make sure I had a X-Ray done on foot and ankle has not been done

Inmate Signature

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-17-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

[redacted] ID Number _____ Staff Signature _____ Date Received 7-17-23

Describe action taken to resolve complaint, including dates: you are not being retaliated against, you was given a disciplinary due to misuse of the telephone

Staff Signature & Date Returned [redacted] 7/18/23 Inmate Signature & Date Received [redacted] 7-18-23

This form was received on 7-19-23 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: Lt Michael Morris Date: 7-19-23

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00924

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 15, 2023. You stated, "CO II Harris, Lt. Richard E. Lee and other ADC security officers are using Retaliation against me for calling the [REDACTED] Hotline I fear for my life I can't leave my cell to go to shower, yard or anything else. My life and Person are at risk of physical harm I need transferred to another Unit I'm also being denied the Phone to make Legal Phone calls to the IRS for Identity Theft issues I'm having? I called [REDACTED] Hotline on 7-15-23 and reported the Retaliation being used against me for Reporting a [REDACTED] and Physical assault incident on CO II Harris still being denied Medical Attention, Major Warner told me and Arkansas State Police he would make sure I [REDACTED]"

You received disciplinary action on 7-12-23 for lying to staff regarding use of the telephone to call your attorney when you do not have an attorney on your telephone list; you called the [REDACTED] The [REDACTED] incident has been found to be unfounded due to evidence and you recanting your allegation. No retaliation has been displayed. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

8-15-23

Date

Warden

Title

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED
SEP 11 2023

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

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?

At No time did I lie to staff, I stated "I needed to make a Legal Phone Call" I made legal Phone calls on 7-12-23 I called the [REDACTED] and The Federal IRS concerning Identity Theft issues and I have a Federal IRS letter telling me to call. At No time did I ever call the Securix Hotline in my Arkansas State Claims and my Federal 1983 lawsuit I will call for my Phone Records in discovery and prove this. ADC Legal Documents was falsified by ADC security staff don't know name Lt. R.E. Lee, Cpl. W. Harris, Cpl. Zober, Officer Cox this is clear Retaliation for use of the [REDACTED] and the Inmate

[Handwritten Signature]

8-17-23

Date

Grievance Procedure and Retaliation is still being used against me I fear for my life of Physical Harm

and Death, On June 30, 2023 I was [REDACTED] and Physically Assaulted by Cpl. W. Harris [REDACTED] while in Hand Cuffs at No time did I or have

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

I ever recanted my allegations Warden T. Hurst, Deputy Warden Harris and Major Warner are trying to cover up this in [REDACTED] and are allowing all these ADC policies and [REDACTED] in violation of Article 1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>9-24-23</u>
Housing Assignment: <u>K5</u>	Job Assignment:	
To (Staff Member): <u>Ms. Higgins</u>	Office: <u>Book Keeping</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: I had two (2) checks mailed to me by the IRS this legal mail was opened without me being present, signing for it, or even told it was mailed here then both checks was mailed to ADC Trust Fund Centralized Banking without my consent or signing them I need both checks mailed back to the IRS Please

Have you talked to any staff member about this request? Yes No If so, whom?
 Staff member(s) contacted: Ms. Brown Date: 9-20-23

[Signature] 9-24-23
 Inmate's Signature Date

 Staff Member Responding: _____ Date: _____

I have reviewed your request and my finding is as follows: _____

When they are ~~not~~ verified from IRS I will mail back

Ms Higgins
 Staff Signature

I am referring this request to: _____ 1/03/18

Emessages Inmate Request Form

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>9-24-23</u>
Housing Assignment: <u>15</u>	Job Assignment: <u>Shower Porter</u>	
To (Staff Member): <u>Ms. Cowell</u>	Office: <u>Messages</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
 Mail Law Library Commissary General Library Job Assignment
 Laundry Mental Health Grievance Office Other: _____

Detailed Reason for Request: My Emessages isn't working I have (2) letters asking why I have not replied when I have, and then also saying they sent me Emessages but they not been added to my list, nor have I got Messages and this is also with people on my list already. Can you please help Me Please!!!

[Signature] 9-24-2023
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

I sent this to Securus

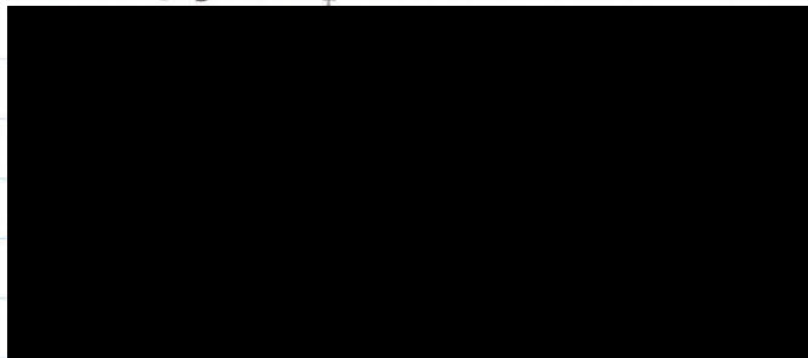
[Signature]
Staff Signature

I am referring this request to: _____

United States District Court

I need address for the proper
United States District Court
for Newport, Arkansas
and 1983 Forms

Michaels Wilmoth



RECEIVED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

JUL 18 2023

By: TAMMY H. DOWNS
DEP CLERK

2023 JUL 18 A 10:05
TAMMY H DOWNS

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

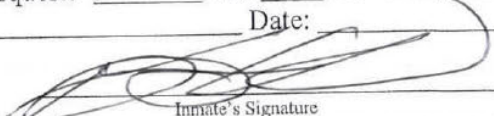
Name: <u>Wilmoth</u>	ADC Number:	Date: <u>9-25-23</u>
Housing Assignment: <u>15</u>	Job Assignment:	
To (Staff Member): <u>Ms. Brown</u>	Office:	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: Ms. Brown my E messages is not working my family said they sent me messages but I've not got any of them

Have you talked to any staff member about this request? Yes No If so, whom?
 Staff member(s) contacted: _____ Date: _____


 Inmate's Signature _____ Date _____

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

I sent this to Seamus

P. O'Neil

Staff Signature

I am referring this request to: _____ 1/03/18

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC _____ Brks # 15 BK Job Assignment _____

9-21-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On Aug. 15, 2023 I had legal mail mailed to me by the IRS it was not handled without my permission or me being present and the checks sent to centralized banking without my permission, consent, or me signing them I still on Sept. 21, 2023 have not got my legal mail from the IRS. These (2) two checks need to be mailed back to the IRS today 9-21-23 not a week from now, not 30 days from now TODAY 9-21-2023

[Signature]
Inmate Signature

9-21-23
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

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

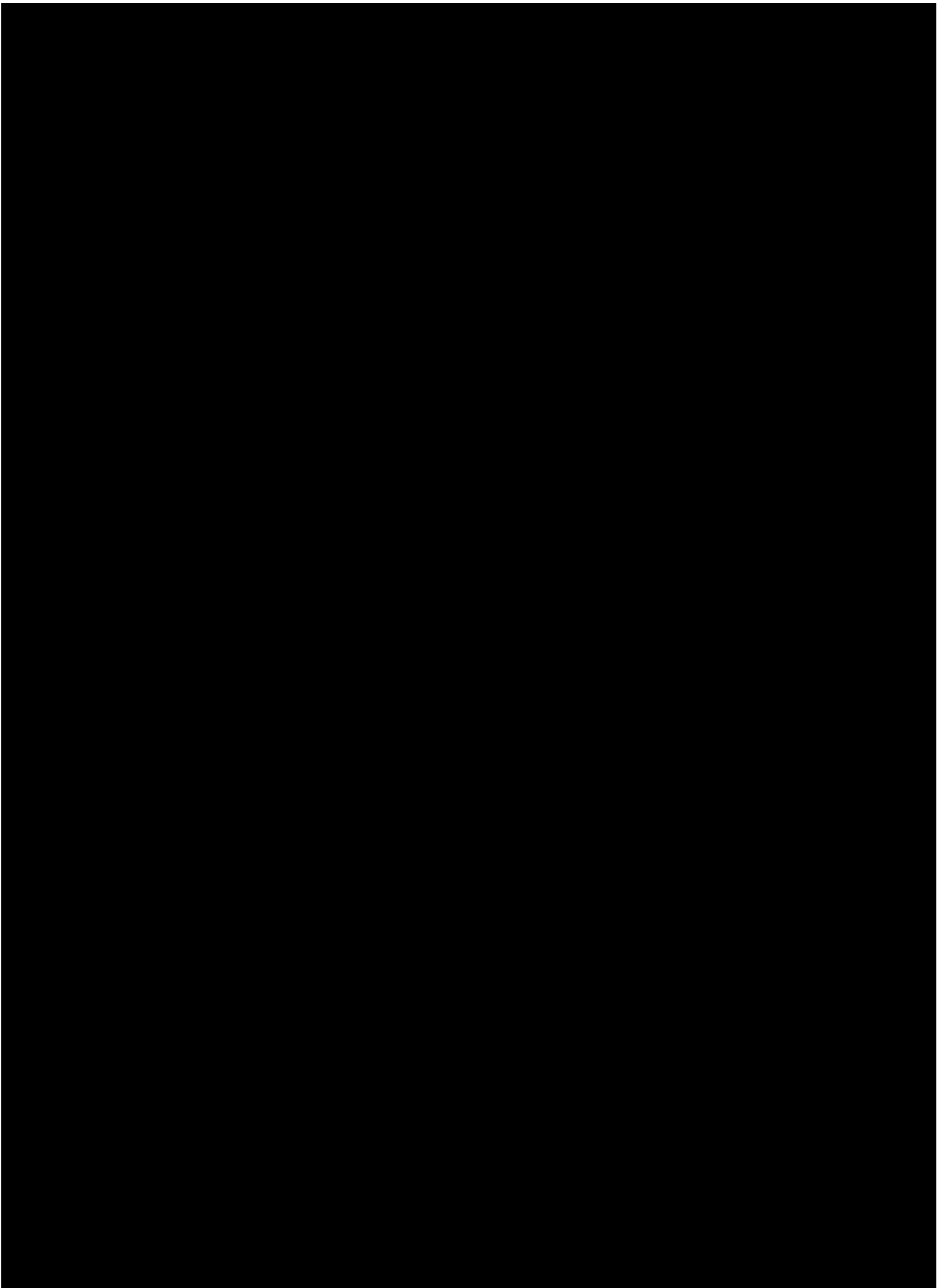
Staff Who Received Step Two Grievance: _____ Date: _____

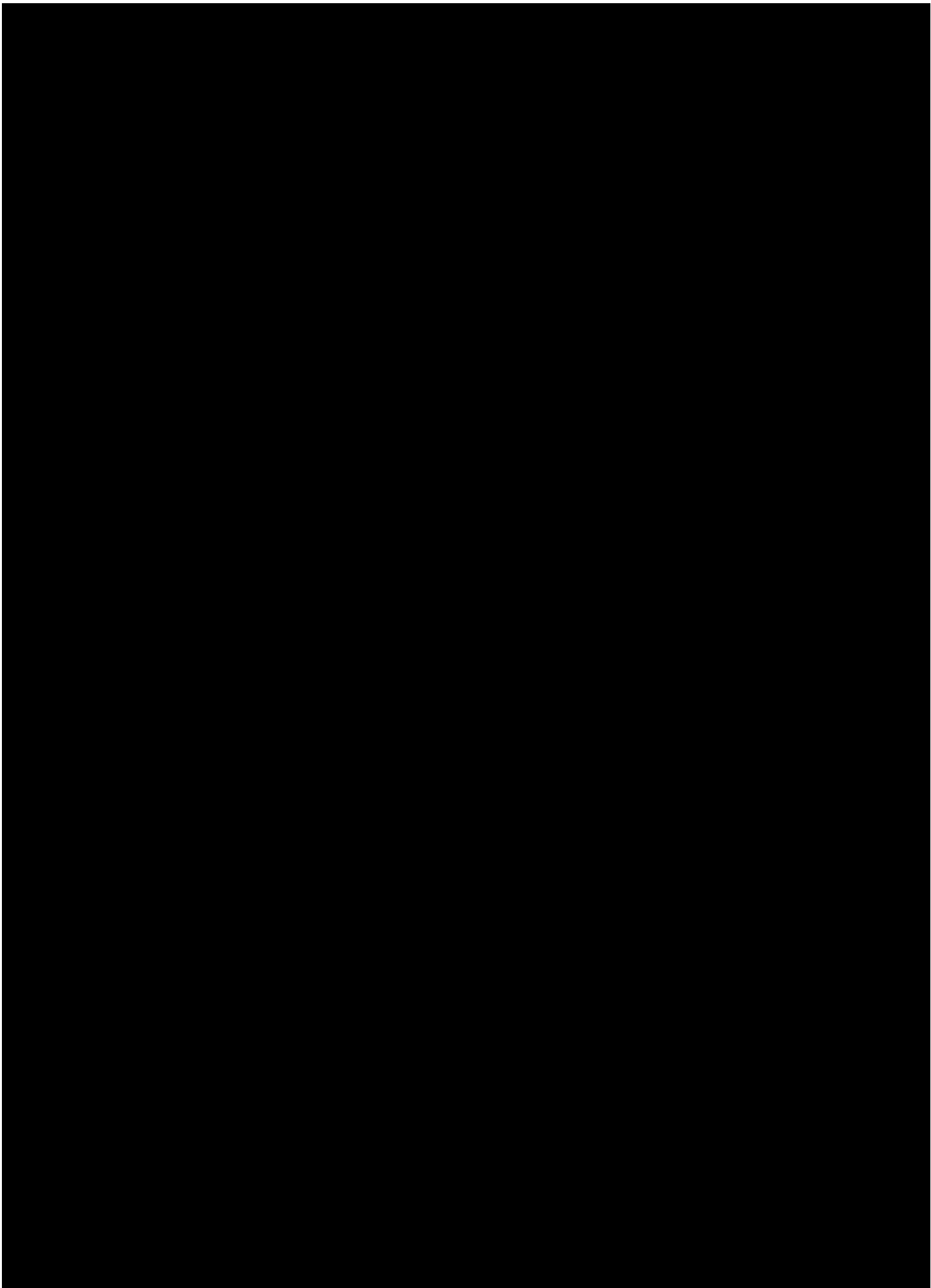
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

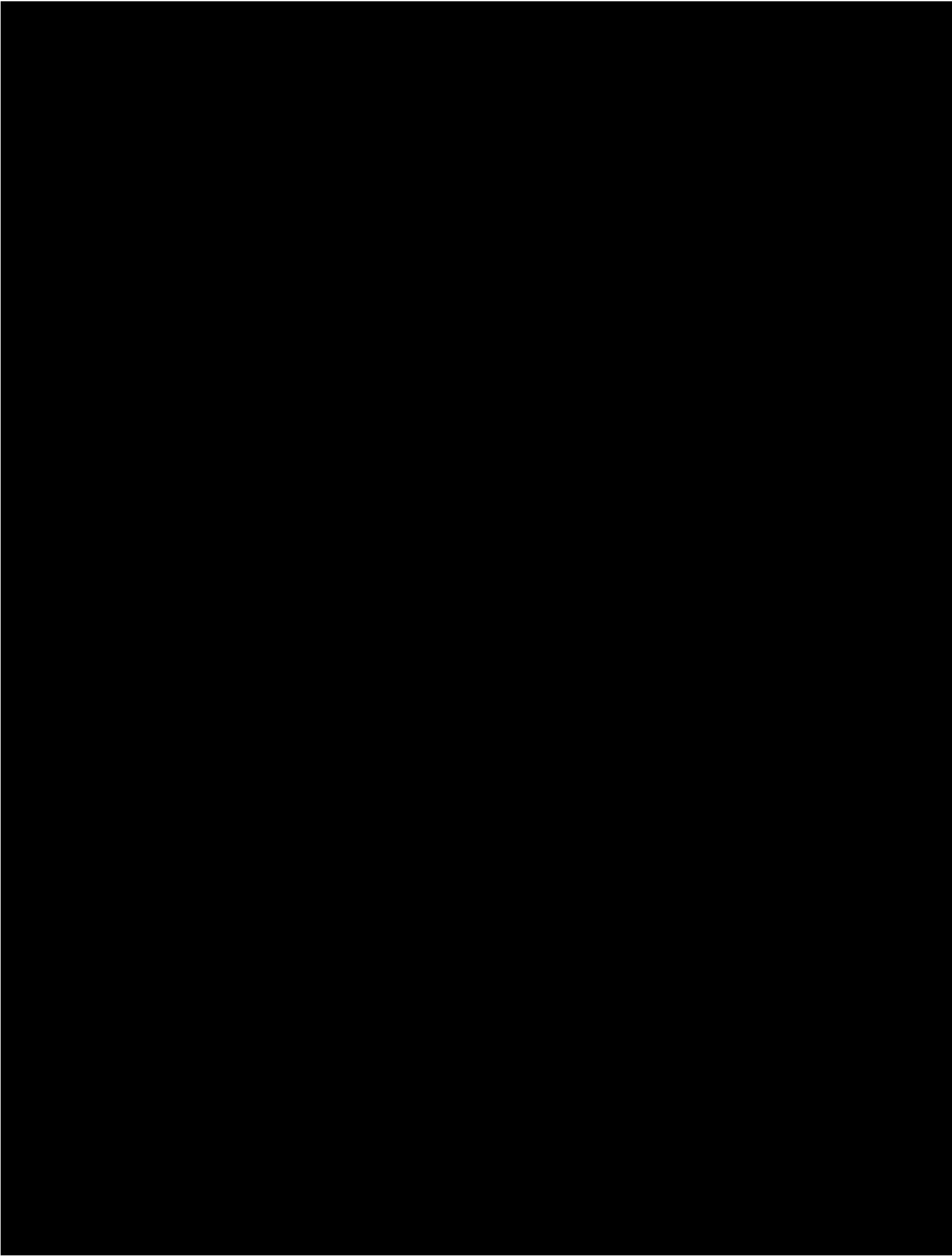
If forwarded, provide name of person receiving this form: _____ Date: _____

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

Called at around 6 P.M 7-15-2023







ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/24/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00928

Please be advised, I have received your Grievance dated 07/17/2023 on 07/24/2023.
You should receive communication regarding the Grievance by 08/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 24, 2023 09:03:16 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

SEP 13 2023

Deputy Director
Health & Correctional Programs

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00889

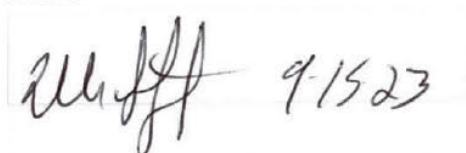
CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

ter
o

Appeal denied.

DIRECTOR

 9-15-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

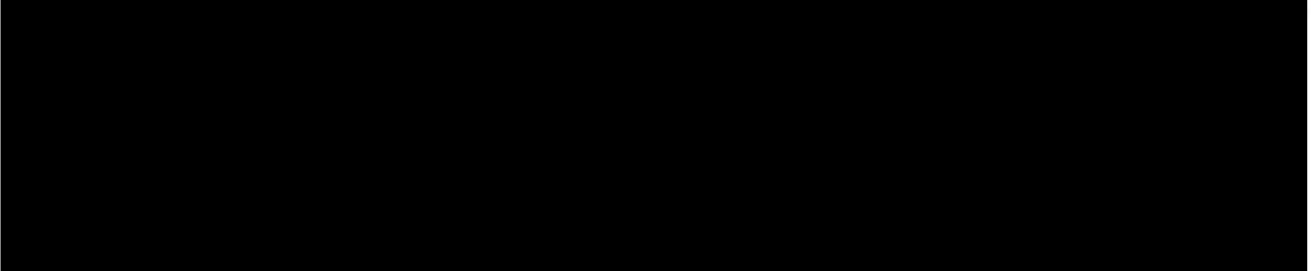
WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00889

WARDEN/CENTER SUPERVISOR'S DECISION:



SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt
8-1-23 Warden
Date Title

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.



INMATE SIGNATURE

[Handwritten Signature]
Aug. 4, 2023
Date

RECEIVED
AUG 18 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

F	USE ONLY
GRV	23-00889
Date Received:	7-5-23
GRV. Code #:	803

Unit/Center

Name

Michael Shane Wilmoth

JUL 05 2023

ADC#

Brks #

ISO 744

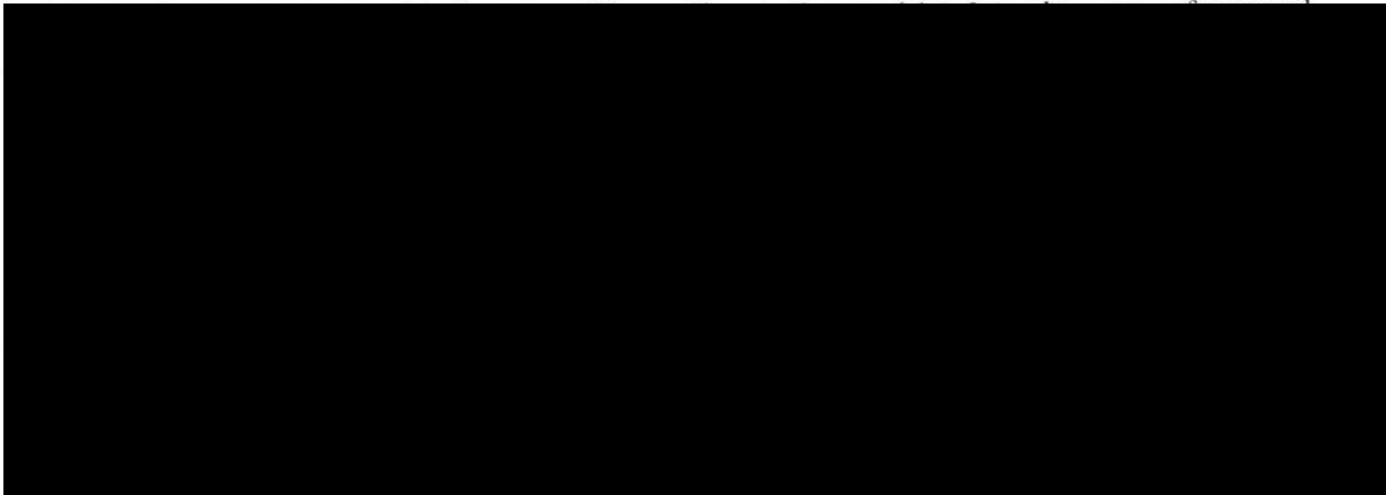
Job Assignment

6-26-23 (Date) STEP ONE: Informal Resolution

7-3-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Not corrected

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



Inmate Signature

AUG 18 2023

6-24-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

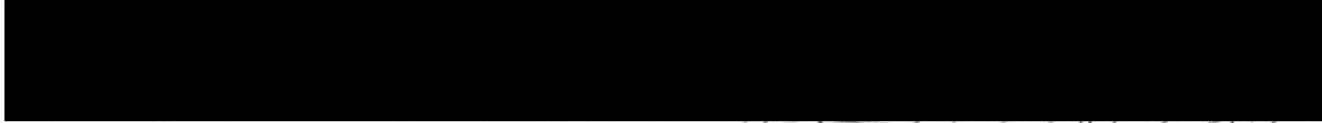
THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-28-23 (date), and determined to be Step One and/or an Emergency Grievance

Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name

of the person in that department receiving this form: _____ Date

Staff Signature _____ Date Received 6-28-23



Staff Signature & Date Returned 7-3-23


Inmate Signature & Date Received 7-5-23

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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


Michael Wilmoth

Arkansas Department of Correction
Trust Fund Centralized Banking

RE: Michael Shane Wilmoth ADD 
Two (2) IRS Checks for approx. \$3500.00


Sept. 21, 2023

On August 28, 2023 two IRS checks was opened ~~at~~ at Grimes Unit without my consent or me being present and was mailed to Arkansas Department of Correction Trust Fund Centralized Banking without my consent or me signing these two checks.

Any mail from the IRS is Legal Mail and I must sign for it and it must be opened in my presents this was not done therefore these two check was stolen and on Sept. 21, 2023 I called the Department of the Treasury and reported ~~to~~ these two checks stolen and put a stop payment on these two checks.

These checks (2) two must be sent back to the IRS!!! Thank you very much for your Time in this matter.

Sincerely
Michael Shane Wilmoth



**Law Library Office Copy
Barracks RH**

**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

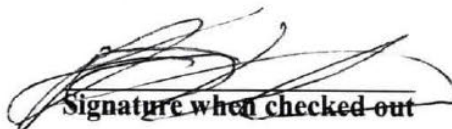
By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

 RH 123
Housing and Barracks

Wilmoth, Michael [redacted]
Name and ADC #

8-15-23 8-17-23
Date out Date Due


Signature when checked-out

- Ark. State Claims Rules Handout ✓
- 2022 Federal Rules of Civil Procedure ✓
- AR 409 Use of Force ✓
- AR 800 Series ✓
- AD 17-06 Use of Force ✓
- GU 9.13.0 Use of Force ✓

8/23/23
Date Returned


Law Librarian Signature
when returned

Law Library Office Copy

RECEIVED

JUL 10 2023
GRIEVANCE

UNIT LEVEL GRIEVANCE FORM I (Attachment I)

Unit/Center

Name Michael Shane Wilmoth

ADC [redacted] Brks # 123 Job Assignment [redacted]

GRV. Code #:	<u>803</u>
Date Received:	<u>7-10-23</u>
GRV. Code #:	<u>-23-00900</u>

7-3-23 (Date) STEP ONE: Informal Resolution

7-4-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns)
If the issue was not resolved during Step One, state why: [redacted]

7-3-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: of Physical harm

Is this Grievance concerning Medical or Mental Health Services: no If yes, circle one: Medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 7-1-2023 or 7-2-2023 I called *9123 about a incident where I was Physically Assulted by a ADC Staff member while in handcuffs and ADC Policies and Procedures was not followed by Warden Hurst, Warden Harris or any other ADC Staff and I've been denied to talk to Arkansas State Police about the incident

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Inmate Signature

Date

[Signature] 7-3-2023
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-4-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department re [redacted] Date [redacted]

PRINT STAFF NAME (PROBLEM SOLVER) Brian Gross Staff Signature [Signature] Date Received 7/4/23

Describe action taken to resolve complaint, including dates: Incidents reported to ASP take several days to reach out to the unit. Due to holding out handcuffs it might delay the process

Staff Signature & Date Returned [Signature] 7/9/23 Inmate Signature & Date Received [Signature] 7-9-23

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00900

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

In your grievance dated 7/3/23, you stated, "On 7-1-2023 or 7-2-2023 I called *9123 about a incident where I was Physically Assaulted by a ADC staff member while in handcuffs and ADC Policies and Procedures was not followed by Warden Hurst, Waren Harris or any other ADC Staff and I've been denied to talk to Arkansas State Police about the incident".

On 7/10/23 the Warden responded, "This grievance has been forwarded to the Uni [REDACTED] who will cause an investigation of the [REDACTED] pursuant to Department Policy SD 21-05. You will receive the findings of the investigation when it is completed, but those findings will not come from the Grievance Office. Therefore, I will not address the merit of this grievance."

Your appeal was received on 7/13/23. I have reviewed your appeal, as well as the Warden's response and Internal Affairs investigation. Per the Internal Affairs investigation, force was used, but was used within the department's policies, because of your behavior. Therefore, I find no merit in your appeal.

Appeal denied.

DIRECTOR

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00900

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 3, 2023. You stated, "On 7-1-2023 or 7-2-2023 I called *9123 about a incident where I was Physically Assulted by a ADC staff member while in handcuffs and ADC Policies and Procedures was not followed by Warden Hurst, Waren Harris or any other ADC Staff and I've been denied to talk to Arkansas State Police about the incident".

This grievance has been forwarded to the Unit [REDACTED] Compliance Manager who will cause an investigation of the [REDACTED] complaint pursuant to Department Policy SD 21-05. You will receive the findings of the investigation when it is completed, but those findings will not come from the Grievance Office. Therefore, I will not address the merit of this grievance.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

C. M. Harris

7/10/2023

Date

Deputy Warden

Title

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

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?

The [REDACTED] Unit [REDACTED] tried to cover up the Physical and [REDACTED] No Pictures was ever taken [REDACTED] I was denied Medical Attention and was not seen by a Doctor until 10 Days after the incident and still not given proper Medical Attention, The Informal Resoluti [REDACTED] was not Answered until 7-9-2023 10 day after the incident and was never taken

INMATE SIGNATURE

[Handwritten Signature]

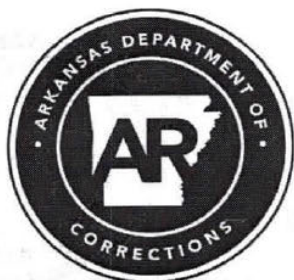
7-10-2023

Date

Grievance should have been by ADC Policies and Procedur

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

ADC Policies and Procedures was not followed at all.



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

August 11, 2023

Wilmoth, Michael

AD [REDACTED]

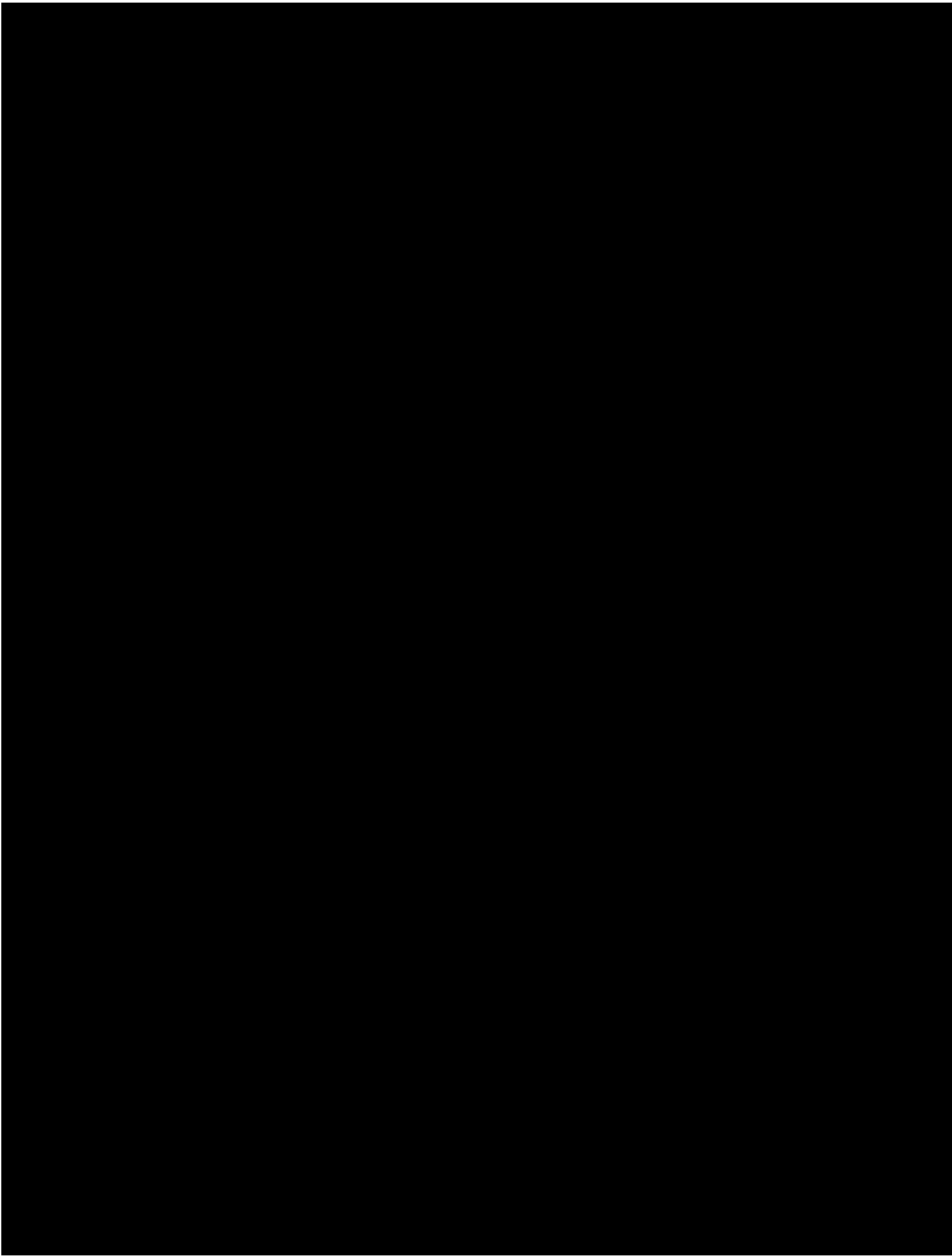
Mr. Wilmoth,

This letter is to acknowledge receipt of your Informal Resolutions (white copy) dated July 24, 2023 and (yellow copy) dated July 9, 2023. However, your documents are being returned to you because you failed to follow policy. Your submitted grievances were not processed through the unit grievance office (no grievance number, date received). My office cannot process grievances that have yet to be processed through the unit grievance office. Therefore, I am returning your documents. I encourage you to adhere to AD 19-34, Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in blue ink that reads 'Brandy Johnson'.

Brandy Johnson
Inmate Grievance Coordinator - Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs



UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC _____ rks # 123 Job Assignment _____

7-24-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I've put in numerous sick calls and I'm not being seen, my Methotrexate is not being renewed or the dose up as the Doctor stated it would. I've not been taken for a X-Ray I'm being Denied Medical Attention for Retaliation for writing Grievance about Medical

[Signature]
Inmate Signature

7-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Avery Col 54-184 [Signature] 7-24-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Works # 123 Job Assignment _____

7-24-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

As of 7-24-2023 I'm back on Hunger Strike, I took a tray (1) on 7-23-2023 but I'm back on Hunger Strike I only came off because Hunger Strike policies and procedures are not being followed by ADC security staff so I'm being to keep do this until some thing is done or you transfer me I was also lied to by ADC security staff to get me to take a tray and they didn't keep their word

[Signature]
Inmate Signature

7-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Avery _____ [Signature] _____
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00874

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

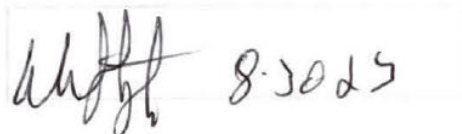
On June 22, 2023, you stated the following complaint: "The Mail Room has been opening my Legal Mail on 6-21-2023 My legal mail was opened and I got copies of my Legal mail this is information ADC employees has No Business opening and reading without me being present by ADC Policy and Federal Law"

The Warden responded to your grievance on July 26, 2023, by stating the following: "Per Mr. Stover you could not produce any copied mail that could be considered legal mail; you did produce several envelopes from financial institutions and organizations that dealt with fraud and identity theft, which were not marked legal mail. You have failed to provide any factual evidence to support your claim that policy was not followed nor that your legal mail was opened by mailroom staff. Therefore, I find this grievance is without merit."

Your appeal was received on August 10, 2023. After review of your appeal and supporting documentation, I must concur with the Warden's decision. When staff requested proof of your allegation, you could not provide any evidence. Your appeal is without merit.

Appeal denied.

DIRECTOR

Handwritten signature and date: 8-30-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00874

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated June 22, 2023. You stated, "The Mail Room has been opening my Legal Mail on 6-21-2023 My legal mail was opened and I got copies of my Legal mail this is information ADC employees has No Business opening and reading without me being present by ADC Policy and Federal Law"

Per Mr. Stover you could not produce any copied mail that could be considered legal mail; you did produce several envelopes from financial institutions and organizations that dealt with fraud and identity theft, which were not marked legal mail. You have failed to provide any factual evidence to support your claim that policy was not followed nor that your legal mail was opened by mailroom staff. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt

7-26-23
Date

Warden
Title

RECEIVED

AUG 10 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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?

My Legal mail from Fraud department of the Credit Bureaus and the Federal Trade Commission Identity Theft Department is being open and read without my consent. I'm having Identity Theft issues and this is very important legal mail concerning these issues.

INMATE SIGNATURE

[Handwritten Signature] [REDACTED]

7-27-23
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

123

GU 1.5.0

ATTACHMENT 1

Inmate Request Form

AUG 14 2023,

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>8-10-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: Letter from IRS on top has back side so read lead it says I must send a copy of the letter the rest of this is for Arkansas State Claim Commission and my Attorney. Ms. Barnett I know 109 pages is lot but I can show where everything is and will be mailed I only keep the for my records

Spoke to any staff member about this request? Yes No If so, whom? _____ Date: _____


 Inmate's Signature _____ Date _____

Date: 8/17/23

finding is as follows: The Law Library of informational packets, IRS of agencies, inmate request

has state claims and your on these 109 pages that show this information the last time make copies of documents for verifie legal proceedings.

is request to: _____ 1/03/18

123 ✓

ARKANSAS DEPARTMENT OF CORRECTION

AUG 14 2023

TYPING AND COPY FORM

I. AUTHORITY: Inmate Name (Print): Wilmoth ADC# [redacted] Bks: 123 Date: 8/10/23

SUPPLY REQUEST

Inmates may obtain lined paper, envelopes and postage through the Commissary. Indigent inmates who have a deadline or valid need will send an Inmate Request to the Law Library Supervisor. If there is a proven deadline or valid need the inmate will be provided supplies with a lien placed against their account to be satisfied as monies come in. Additional items will only be issued if a need exist.

Manila Envelopes _____ (must be able to show need for requested quantity with material ready to go in envelop and address)

TYPING REQUEST

Inmates may request legal typing from the Law Library. Legal work must be neatly and legibly written, will be typed as is, and is subject to approval by the Law Library Supervisor. Preprinted forms will not be retyped. Attach the paperwork to this form and specify the date the typing needs to be completed:

_____, 20__ . List number of copies needed: _____ . Initial _____

REQUEST FOR COPIES

Copies of legal work may be requested, but inmates will be subject to a fee of .05¢ per copy.

I request copies to be made for a legal purpose. Initial MSW 109 Pages IRS I need 3 copies of my Legal Documents for Attorney and Arkansas State Claims Commission

Copies of paperwork not of a legal nature may be requested for a compelling reason by writing a request to the Law Library Supervisor explaining why you need the copies. Non-legal papers will not be copied unless necessary. Attach a signed inmate check to cover the cost of copying.

Inmate Signature: [Signature] Date Requested: 8/10/23 Officers Signature: [Signature] Date Requested: 8/11/23 Law Clerk Signature: _____ Date Filled: ___/___/___ Officers Signature: _____ Date Received: ___/___/___ Inmate Signature: _____ Date Received: ___/___/___

COMPLETE AND FORWARD TO LAW LIBRARY SUPERVISOR

Allow seven days to complete.

Request denied and material returned to inmate for the following reason: Denial listed on other request

INMATE PERSONAL WITHDRAWAL REQUEST FORM

Grimes Unit
ADC Unit

M. Wilmoth
Inmate Name

[REDACTED]
ADC Number

150123
Barracks Number

PLEASE PRINT REQUESTED INFORMATION

Date of Request: 8-10-23 Amount of Request \$ _____ Dollars

Check is to be Payable to: _____

Check is to be Mailed to: _____ Name
_____ Street or P.O. Box
_____ City, State, Zip

Purpose of Withdrawal Request: _____

[Signature]
Inmate Signature

[Signature]
ADC Witness Signature

Approved: Circle One YES
NO _____
Reason for Denial

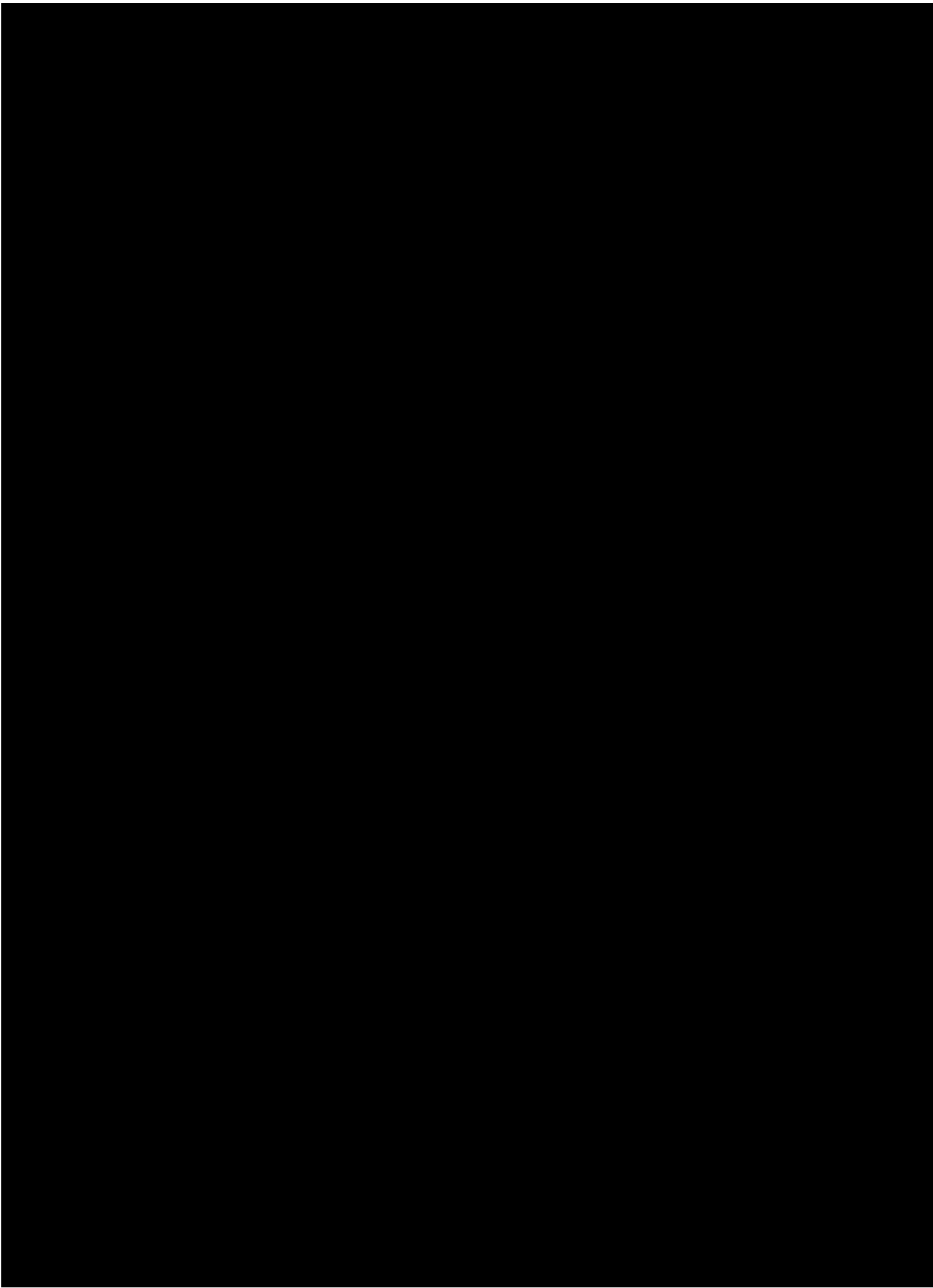
Warden or Deputy / Assistant
Warden -Print Name

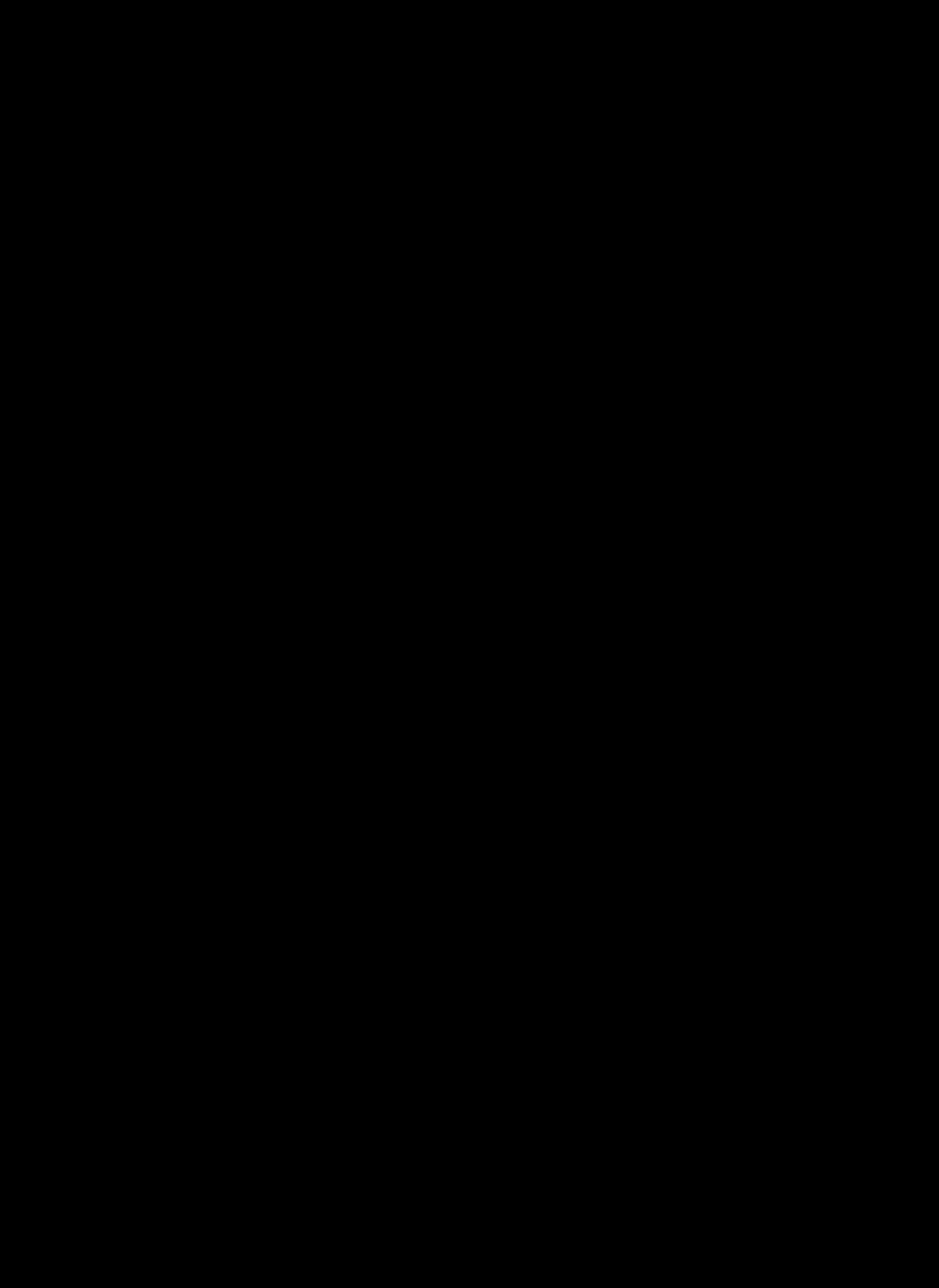
Warden or Deputy / Assistant
Warden Signature

Business Manager - Print Name

Business Manager Signature

Inmate Banking: Inmate Funds Available - Circle One Yes No





123



TO: Wilmoth, Michael [REDACTED]
FROM: Mrs. Pigford, Classification
DATE: July 21st, 2023
RE: Classification Review

You will be reviewed by the classification committee on 07/25/2023, due to your placement in restrictive housing. It would be in your best interest to attend this review.

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>M. Wilmoth</u>	ADC Number:	Date: <u>7-18-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. Shurika Brown</u>	Office: <u>Grievance</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Grievance

Detailed Reason for Request: Ms. Brown I'm not getting Acknowledgement of my Grievances

Have you talked to any staff member about this request? Yes No If so, whom?
Staff member(s) contacted: _____ Date: _____

Inmate's Signature Date: 7-18-23

Staff Member Responding: <u>Ms. Brown</u>	Date: <u>7-19-23</u>
---	----------------------

I have reviewed your request and my finding is as follows: I was given (2) white copies and (2) blue copies that you still had in your possession. Please follow the grievance procedure.

Thanks

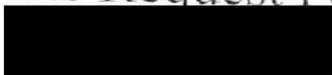
Ms. Brown
Staff Signature

I am referring this request to: _____ 1/03/18

GU 150

ATTACHMENT

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number:	Date: <u>7-20-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Parole IPO</u>	Office: <u>Parole</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
 Mail Law Library Commissary General Library Job Assignments
 Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I have a Medical Release Form I'm mailing to the Governor's office for my time cut Application if you want a copy to file with the Parole Board

Have you talked to any staff member about this request? _____ Yes _____ No If so, whom
 Staff member(s) contacted: _____ Date: _____

Inmate's Signature Date: 7-20-23

 Staff Member Responding: Burton Date: 7-21-23

I have reviewed your request and my finding is as follows: ~~_____~~
~~_____~~
~~_____~~
~~_____~~
send it to Parole and we'll scan it in for you.

Staff Signature

I am referring this request to: _____

1/03/18

PAROLE BOARD
RECORD OF RELEASE CONSIDERATION

ADC: [REDACTED] NAME: Wilmoth, Michael Shane
UNIT: [REDACTED]
HEARING DATE: 05/11/2023 HEARING TYPE: Executive Clemency (Screening)

Date: 05/15/2023
Time: 12:38:32 AM

The action of the board and the most significant reasons for that action are recorded below. For a more complete explanation, contact the Institutional Parole Officer. After due deliberation, the Board ordered the following action:

ACTION:
Board w/o Merit - Exec Clem

REASONS FOR ACTION:
Sent. Not Consid Excessive
Institutional Record
Past PE Date
Other/Miscellaneous

PRE RELEASE CONDITIONS:
None

CONDITIONS OF RELEASE:
None

BOARD IMPOSED DATE:

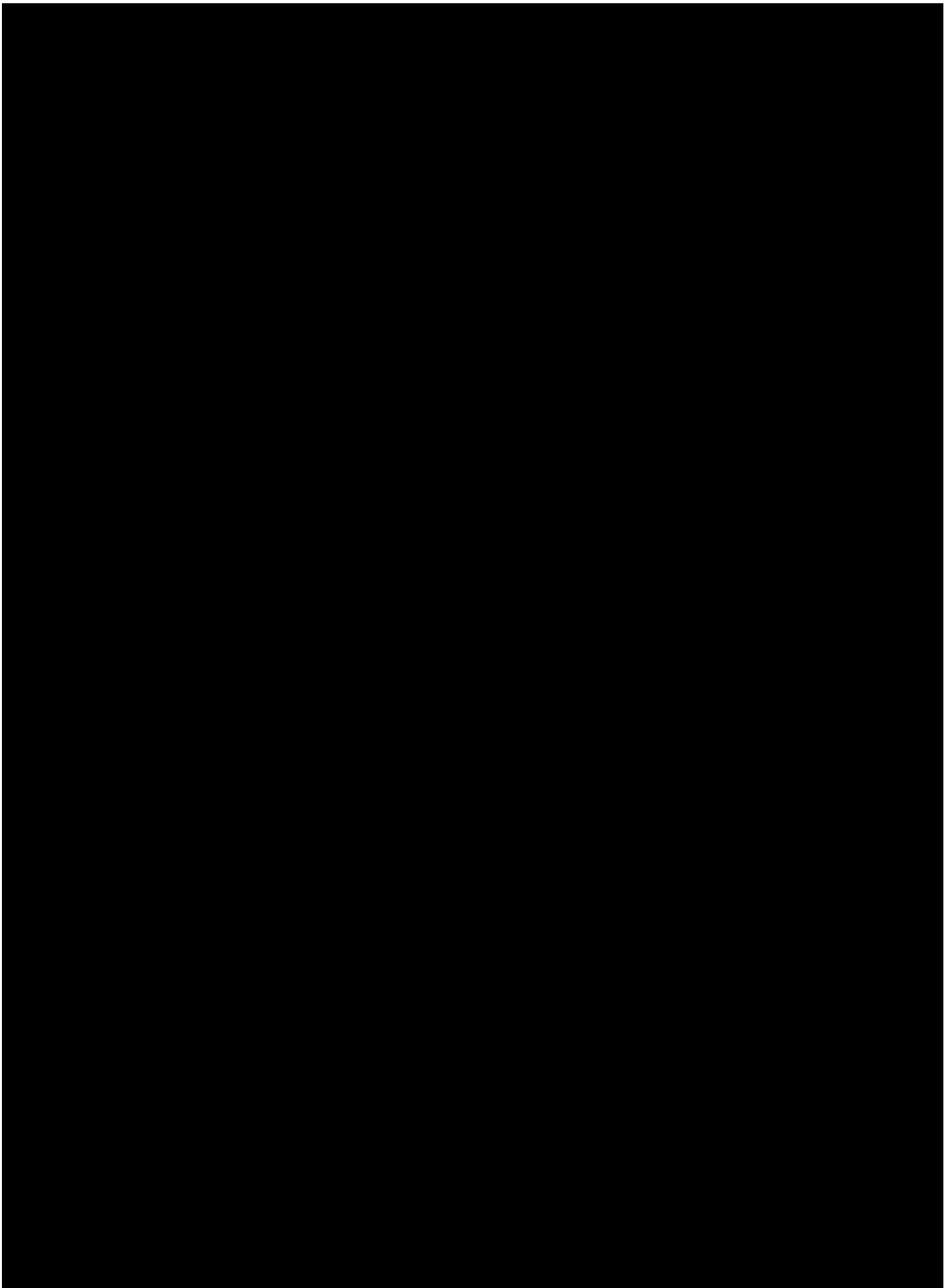
COMMENTS:

Habitual offender, Poor instructional record, Allegation of injustice at trail is w/o merit, Conviction was affirmed by the AR Supreme Court in 2009.

Inmate has been verbally notified of Parole Results.
All releases are subject to approval of suitable plan.
Recorded for the Arkansas Parole Board.

Inmate's signature to Acknowledge Receipt of Form
INMATE SIGNATURE

.cting S...



sent (3) three emergency grievance's to you have got No Reply to these Emergency Grievance's

Grievance Director, Gaylon Lay

Emergency

STATE OF ARKANSAS

COUNTY OF Jackson

My Life is in Danger
of Physical Harm or
Death at Grimes Unit

AFFIDAVIT

I, Michael Shane Wilmoth [redacted] being duly sworn, do hereby swear,

depose and state that: Sic, at Grimes Unit the A.D.C. Policies and Procedures AD 19-34 Inmate Grievance Procedure, and AR 835 Grievance Procedure for Offenders are being violated and Reprisals and Retaliation is being used against me for use of, or participation in, the grievance procedure, I've wrote Warden T. Hurst about this have got No Reply from him at all I'm being denied my right to exhaust my Grievances because [redacted] Unit staff are keeping my Unit Level Grievances from being processed to Step Two, I have proof of this and will be filing this proof with the Arkansas State Claims Commission along with a copy of this Affidavit, showing I'm being denied the Grievance process all together due to a Incident at [redacted] Unit on June 30, 2023 where I was physically Assaulted by a A.D.C. Staff while in Hand Cuffs

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

8-10-23
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 10 day of

August, 2023.

[Signature]
NOTARY PUBLIC

My Commission Expires: 5/6/2026



Warden T. Hurst Emergency

STATE OF ARKANSAS)
COUNTY OF Jackson) §§

AFFIDAVIT

I, Michael Shane Kilmot [redacted] after first being duly sworn, do hereby swear, depose and state that: Sir, I really need to speak with you I'm being denied the Grievance Process and have Factual proof of this, also Reprisal and Retaliation is being used against me for the use of the Grievance Procedure. I've wrote you (4) Four Request got No Reply to any of them. Retaliation is being used against me for the Incident on June 30, 2023. I Fear for my life at [redacted] Unit due to all this, I've Filed a Arkansas State Claims concerning all these issues and more and how my life is being put at risk of physical harm or Death, will be filing a copy of this with Arkansas State Claims Commission to show I've repeatedly tried to resolve this issue with you but nothing is being done and you won't even speak with me and you, Warden Harris or Major Warner are not making rounds in Isolation.

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

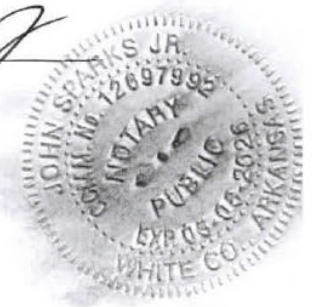
8-10-23
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 10 day of August, 2023.

[Signature]
NOTARY PUBLIC

My Commission Expires: 5/6/2026



ATTACHMENT I
JUL 24 2023

123

GU 1.5.0
Emel Pen
8/9

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael S. Wilmoth</u>	ADC Number:	Date: <u>7-22-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>D. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: _____

Detailed Reason for Request: I need Ark. Code Ann. 19-10-208
I need all Rule and Regulation for the
Arkansas State Claims Commission
Federal Law Book Civil Rules and Procedures 2023
I need ADC Policies and Procedures, AB's and AD's on
Use of Force, Hunger Strike, Law Library,
Legal Copies, Religious Services, #550, AD 2022-10
Grievances

Have you talked to any staff member about this request? Yes No If so, whom?
 Staff member(s) contacted: Major Warner and Date: 7-21-2023
Captain Baker

Classification on 7-25-23 7-22-23
 Inmate's Signature Date

Staff Member Responding: DB Date: 8/9/23

I have reviewed your request and my finding is as follows: _____

Mr. Wilmoth, Yes State Claims Commission printout will be checked out to you
You will receive the law book when I next go to seg. You will have 2 days.

ATTACHED: AD12-23(Law Library); GU9.13.0(Use of Force); GU10.3.0(Hunger Strike);
 GUI4.6.0(Law Library), AD 19-34 (GRIEVANCE PROCEDURE)

Daniel Barnett
 Staff Signature

I am referring this request to: _____ 1/03/18

8-19-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 123 Job Assignment [redacted]

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

8-6-23 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

[redacted] Unit is being violated Ms. Shurika Brown A.D.C. Inmate Grievance Coordinator and [redacted] Unit Problem Solver's because Grim Unit Problem Solver's Refuse to sign the Unit Level Grievance Form Step Two Receipt at the bottom of the Unit Level Grievance Form and Forward Step Two Unit Level Grievance to the A.D.C. Inmate Grievance Coordinator Ms. Shurika Brown, Warden Hurst, and Deputy Warden Harris and Major Warner are allowing this to happen and allowing the violation of A.D.C. Policy and Procedure on Grievances and Step Two Unit level Grievances at Grimes Jail.

Inmate Signature _____

Date

8-6-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-6-23 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

8-11-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

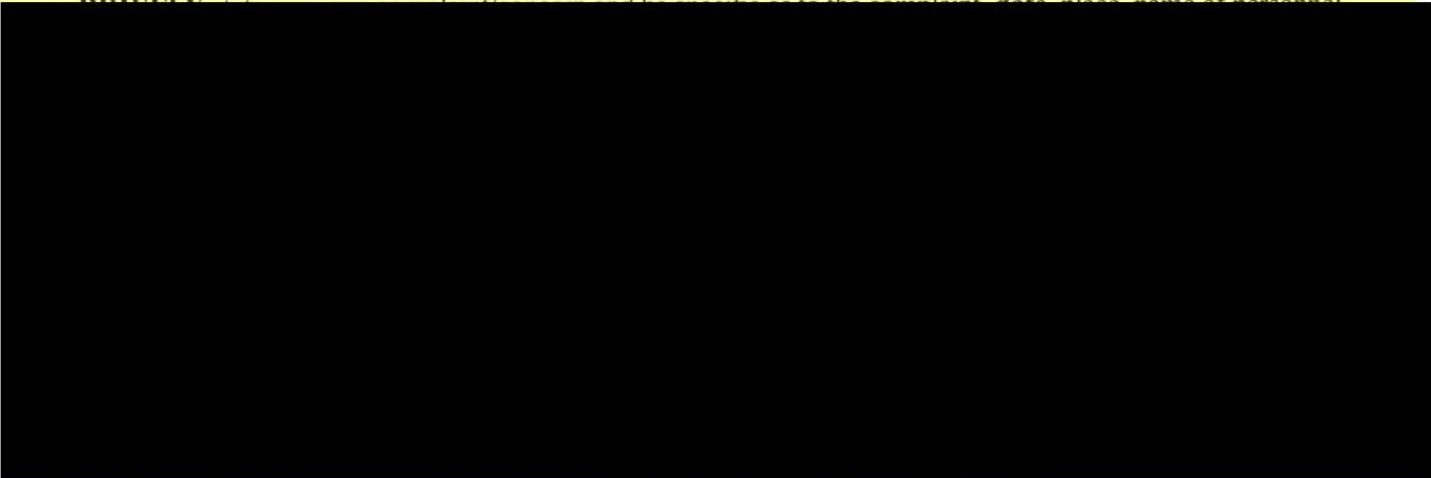
FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

8-13-23 (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: _____

8-13-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: this is put my life at risk of Physical Harm or Death

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature]
Inmate Signature

Aug 13, 2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

[Signature] [Signature]
PRINT STAFF NAME (PROBLEM SOLVER) Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

8-19-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-6-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 9-1-2023 I got (4) four of my Step Two Unit Level Grievance's returned to me from Central Office on 9-5-2023 (5) five more of my Step Two Unit Level Grievance's returned to me from Central Office that the A.D.C. Inmate Grievance Coordinator never processed to Step Two Unit Level Formal Grievance mailing them to Central Office to keep me from exhausting the Grievance process this violates ADC Policy and Procedure for Grievances and Warden Hurst, Deputy Warden Harris and Major Warner is allowing the violation of ADC Policy and Procedure for Grievances of _____ Unit

Inmate Signature _____

Date _____

8-6-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-6-23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilborth

ADC [redacted] Brks # 133 Job Assignment _____

8-6-23 (Date) STEP ONE: Informal Resolution

Gave to Officer Dew on 8-13-23

6-3-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I have followed grievance policy and procedure

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ADC Policy and Procedure concerning

Grievance is not being followed by the Problem Solver's at Unit level. The Problem Solver's are not Answering Informal Resolutions in (3) three working days. Then the Grievance Unit Problem Solver's Refuse to sign the Step Two Receipt at the bottom of the Unit level Grievance Form. According to the A.D.C. A.D. on Inmate Grievance Procedure when a inmate takes Unit level Grievance Form to Step two the Problem Solver is to sign the Step Two Unit level Grievance Receipts at the bottom of the Unit level Grievance Form this is not being done by Problem Solver's and when asked to sign it the [redacted] Unit Problem Solver's refuse violating ADC Policy and Procedure.

[Signature]
Inmate Signature

8-1-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8/2/23 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

[Signature] [redacted] [Signature] 8/2/23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

[Signature] 8-3-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

8-7-23 (Date) STEP ONE: Informal Resolution Came to Officer Dew on 8-13-23

8-2-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: no help not

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): Since June 30, 2023 I've filed

several Unit level Step Two Grievances but I'm not getting a Unit level Grievance Acknowledgement from Ms. Skirika Brown. I wrote Ms. Brown a request she stated "I'm not getting your Grievance" then (4) four of my Unit level Step Two Grievances was returned to me from Central Office stating I must go to Step Two at Unit level. I did and someone at _____ Unit mailed them to Central Office and did not give them to Ms. Brown at Unit level Step Two so I sent them back to Ms. Brown till have not got a Unit level Step Two Acknowledgement. Step Two Unit level Grievance Policy and Procedure is not being followed at _____ Unit trying to keep me from exhausting my Grievances and file a lawsuit I mailed my Step Two Unit level Grievances back to Ms. Brown on 7-26-23

Inmate Signature _____ Date 8-1-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8/7/23 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received 8/11/23

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received 8-3-23

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
 Staff Who Received Step Two Grievance: _____ Date: _____
 Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 150 123 Job Assignment _____

8-2-23 (Date) STEP ONE: Informal Resolution

Gave to Officer Dew on 8-13-23

8-5-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Never got answer on 8-5-23 of the rejection

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): There has been several step two unit level grievances I've got no reply from the Warden on one (1) concerning the second Ramadan Feast, one (1) concerning law 214 pay, two (2) concerning Retaliation for calling

[Signature]
Inmate Signature

8-1-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8/1/23 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received 8/1/23

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

[Signature] 8-3-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC # _____ ks # 123 Job Assignment _____

7-24-23 (Date) STEP ONE: Informal Resolution Sgt. Jones 7-9-2023

7-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Policy and procedure are being violated

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 7-23-2023 I took 11 one

tray to come off Hunger Strike because ADC Policies and Procedures are not being followed concerning Hunger Strike

As of 7-24-2023 at Breakfast I'm back on Hunger Strike I was not seen by the Doctor for my sick calls

Inmate Signature _____

Date 7-24-23

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Avery Cox _____ [Signature] _____ 7-24-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received [Signature] 7-26-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Jones Williams

ADC# [Redacted] Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

7-27-23 (Date) STEP ONE: Informal Resolution Sgt. Jones 8-9-2023

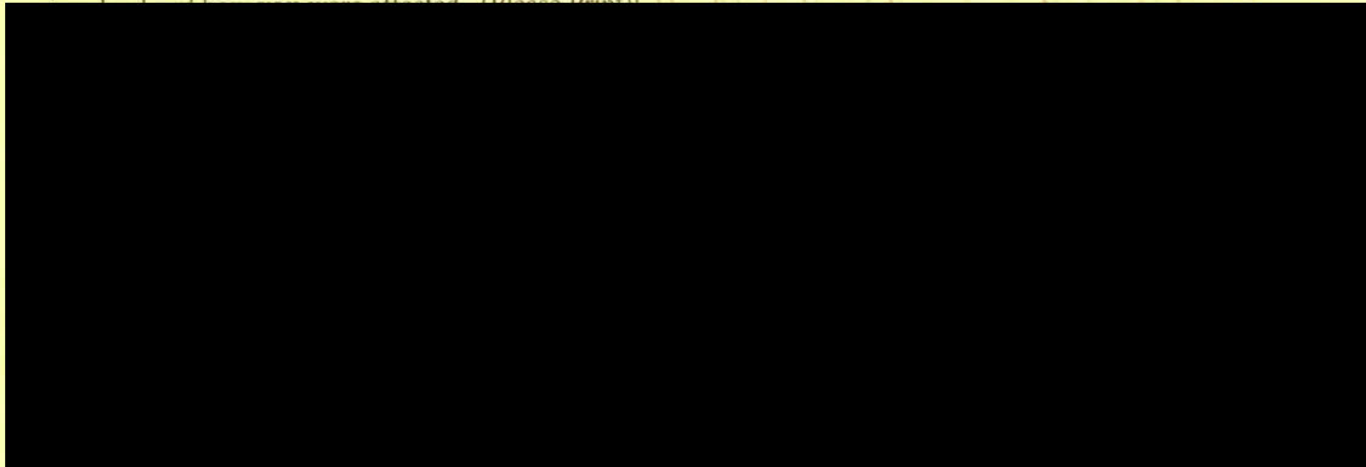
8-2-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I've been very specific as to the issues

7-27-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: My life is at Risk of Physical Harm or Death Due to all this

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved, etc. (Please Print)



[Signature]
Inmate Signature

7-27-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-29-23 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) [Redacted] ID Number [Redacted] Staff Signature [Signature] Date Received 7-29-23

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

[Signature] 8-2-2023
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Hillmuth

ADC _____ Brks # 138 Job Assignment _____

7-27-23 (Date) STEP ONE: Informal Resolution Sgt. Jones 8-9-2023

8-2-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: I have a
open pending case

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

The Law Library Clerk, Mr. Danielle Barnett is denying me legal copies I must have for the Court's Governor's office of Ark. etc., the Arkansas Parole Board, and my Attorney, she is also denying me the Arkansas State Claims Commission Rules and Regulations, Law Books, A.D.C. Policies and Procedures all this I must have for the cases I'm filing in the Arkansas State Claims Commission, the District State District Court and Open Case # 08-07-1671 in the Benton County Circuit Court. This is a violation of A.D.C. Policies and Procedures, this is also a violation of my Due Process Right, I'm being denied access to the Court and legal system due to this.

Inmate Signature _____

Date

7-27-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date: _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVE [redacted] Attachment I)
Unit/Center [redacted]

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 123 Job Assignment _____

7-11-23 (Date) STEP ONE: Informal Resolution

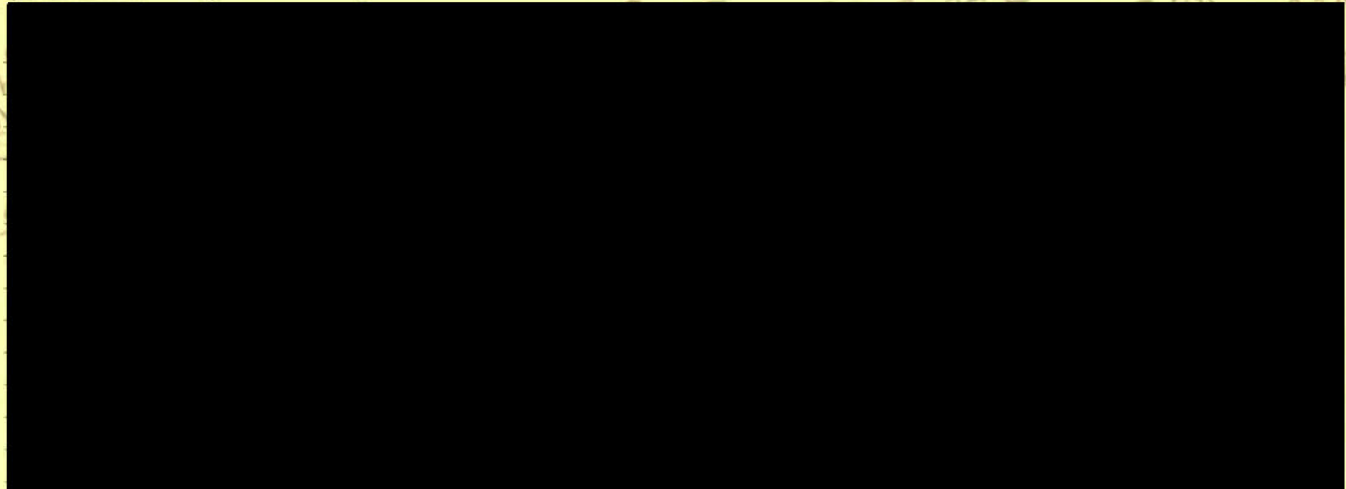
7-17-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Filed Step Two got No Acknowledgement on Grievance

7-11-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Physical [redacted]

by ADC Security Staff [redacted]
_____ rning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



[Signature]
Inmate Signature

7-11-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-11-23 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER): _____ ID Number _____ Staff Signature [Signature] **RECEIVED** Date Received 7/11/23

Describe action taken to resolve complaint, including dates: _____ **JUL 20 2023**

RETURNED TO INMATE FOR THE FOLLOWING REASON(S): NOT PROCESSED, PREVIOUSLY ANSWERED/REJECTED, OR A DUPLICATE

**INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING**

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00902

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

In your grievance dated 7/7/23, you stated, "On 7-7-2023 I reported to Medical Staff Ms. Armstrong, [REDACTED] Tanner and

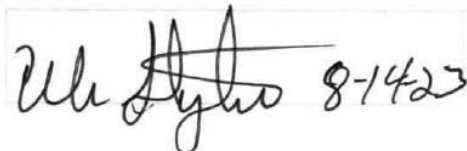
[REDACTED]

[REDACTED]

Your appeal was received on 7/13/23. I have reviewed your appeal, as well as the Warden's response and Internal Affairs' investigation. Per the Internal Affairs' investigation, your allegations are unfounded, there is [REDACTED] therefore, I find no merit in your appeal.

Appeal denied.

DIRECTOR

 8-14-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00902

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 7, 2023. You stated, "On 7-7-2023 I reported to Medical Staff Ms. Armstrong [REDACTED]

[REDACTED]

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

C. Mitarnis

7/10/2023

Date

Deputy Warden

Title

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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.

The Prisoner's Search Staff

[REDACTED]

INMATE SIGNATURE

*not followed and my
Constitutional Rights
Violated*

7-10-2023

Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilmon

ADC# [redacted] Brks # 123 Job Assignment _____

FOR [redacted] USE ONLY
GRV. # <u>23-00902</u>
Date Received: <u>7-10-23</u>
GRV. Code #: <u>803</u>

7-7-23 (Date) STEP ONE: Informal Resolution

7-8-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I want to talk to Arkansas State Police

7-7-23 (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 serious nature). If you marked yes, give this completed form to the attached emergency receipt. In an Emergency, state why: by ADC Staff

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel



[Signature] RECEIVED 7-7-2023
Inmate Signature JUL 13 2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-7-2023 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

[Signature] [redacted] [Signature] 7-7-2023
PRINT STAFF NAME (PROBLEM SOLVER) Staff Signature Date Received

Describe action taken to resolve complaint, including dates: This matter is being investigated.

[Signature] 7-8-23 [Signature] 7-8-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

July 18, 2023

Wilmoth, Michael

ADC # [REDACTED]

Mr. Wilmoth,

This letter is to acknowledge receipt of your Informal Resolutions (yellow copy) dated July 9, 2023. However, your documents are being returned to you because you failed to follow policy. Your submitted grievances were not processed through the unit grievance office (no grievance number, date received). My office cannot process grievances that have yet to be processed through the unit grievance office. Therefore, I am returning your documents. I encourage you to adhere to AD 19-34, Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in cursive script that reads 'Brandy Johnson'.

Brandy Johnson
Inmate Grievance Coordinator - Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

July 20, 2023

Wilmoth, Michael

ADC [REDACTED]

Mr. Wilmoth,

This letter is to acknowledge receipt of your Informal Resolutions (yellow copy) dated July 17, 2023. However, your documents are being returned to you because you failed to follow policy. Your submitted grievances were not processed through the unit grievance office (no grievance number, date received). My office cannot process grievances that have yet to be processed through the unit grievance office. Therefore, I am returning your documents. I encourage you to adhere to AD 19-34, Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in cursive script that reads 'Brandy Johnson'.

Brandy Johnson
Inmate Grievance Coordinator - Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

July 20, 2023

Wilmoth, Michael

ADC: [REDACTED]

Mr. Wilmoth,

This letter is to acknowledge receipt of your Informal Resolutions (yellow copy) dated July 13, 2023. However, your documents are being returned to you because you failed to follow policy. Your submitted grievances were not processed through the unit grievance office (no grievance number, date received). My office cannot process grievances that have yet to be processed through the unit grievance office. Therefore, I am returning your documents. I encourage you to adhere to AD 19-34, Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in cursive script that reads 'Brandy Johnson'.

Brandy Johnson
Inmate Grievance Coordinator - Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs

Inmate Request Form

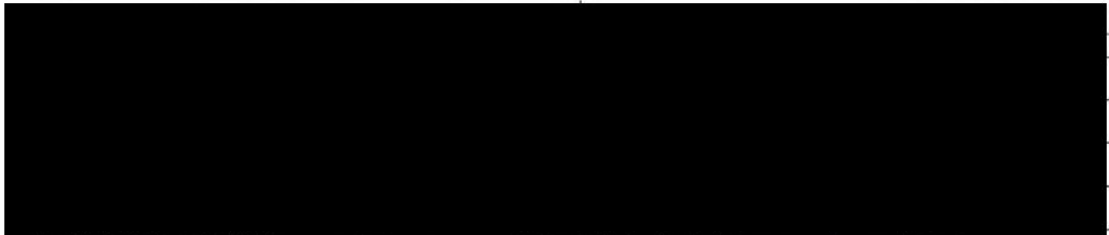


This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number:	Date: <u>7-18-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Asst. Warden Martin</u>	Office: <u>Asst. Warden</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Asst. Warden Mart



this my next step is to file a motion with United States District Court Please help me

Have you talked to any staff member about this request? Yes No If so, whom? _____
Staff member(s) contacted: _____ Date: _____

Inmate's Signature _____ Date _____

Staff Member Responding: _____	Date: _____
--------------------------------	-------------

I have reviewed your request and my finding is as follows: _____

Received

JUL 20 2023

Deputy Director
Health & Correctional Programs

Staff Signature

I am referring this request to: _____ 1/03/18

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael James Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

7-9-23 (Date) STEP ONE: Informal Resolution

7-11-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Informal Resolution never Answered Emergency Issue

7-9-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____ and _____
Physical Personal Injury

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Attention, Arkansas State Police

Inmate Signature _____ Date 7-9-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-9-2023 (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 (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received 7-20-23

Describe action taken to resolve complaint, including dates: _____
JUL 14 2023

Deputy Director
Health & Correctional Programs

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____
 Name Michael Shane Wilmoth
 ADC# _____ Brks # 123 Job Assignment _____

7-15-23 (Date) STEP ONE: Informal Resolution
7-16-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: We are not being served coffee

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): For Breakfast we are supposed to get Coffee, Juice, and Milk on 7-13-2023, and 7-14-2023 and 7-15-2023. We was served NO coffee in Isolation this by Menu is part of Our Calorie intake each day. We are Not being served coffee in Isolation

RECEIVED
 JUL 20 2023

INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

RETURNED TO INMATE
 FOR THE FOLLOWING
 REASON(S): NOT
 PROCESSED, PREVIOUSLY
 ANSWERED/REJECTED,
 OR A DUPLICATE

Inmate Signature _____ Date 7-15-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/15/23 (date), and determined to be Step One and/or an Emergency Grievance
NO (Yes or NO). This form was forwarded to medical or mental health? NO (Yes or NO). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) Sarah McCallister ID Number _____ Staff Signature _____ Date Received 7/15/23

Describe action taken to resolve complaint, including dates: There have been no containers available to hold & transport coffee. This issue is being taken care of. Requisitions for new containers have been turned in.

Staff Signature & Date Returned Sarah McCallister 7/16/23 Inmate Signature & Date Received _____ 7/16/23

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
 Staff Who Received Step Two Grievance: _____ Date: _____
 Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center

Name Michael Shane Wilmoth

ADC# Brks # 123 Job Assignment

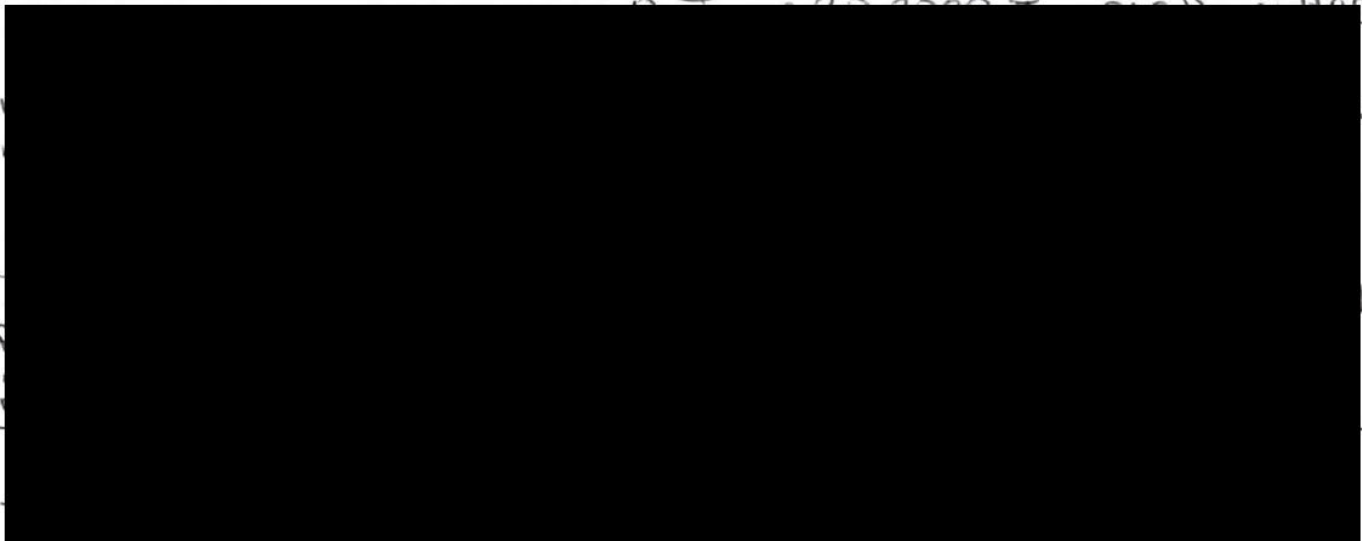
Received ONLY	
GRV. #	
Date Received: 7-17-2023	
GRV. Code #:	
Deputy Director	
Health & Correctional Programs	

7-17-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: I need X-ray

(Date) 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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-17-23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Nanie Delgado Date 7-17-23

Sgt. Ricky Herring ID Number Staff Signature Date Received 7-17-23

Describe action taken to resolve complaint, including dates: You will be evaluated by the provider on 7/18/23 for right side of body pain. Based on your exam the provider ordered Meloxicam and Diclofenac for pain. You will not be ordered X-ray.

S Armstrong Date Returned 7/18/23

Inmate Signature & Date Received

This form was received on 7/18/23 (date), pursuant to Step Two. Is it an Emergency? No (Yes or No).

Staff Who Received Step Two Grievance: GAD Date: 7/18/23

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 133 Job Assignment _____

7-11-23 (Date) STEP ONE: Informal Resolution

7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Nurse Armstrong spilled or poured something on white copy

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 7-13-2023 I got [redacted] 23-000 back from Aundrea F. Culclager, Medical Deputy Director stating "A Release of Information Form has been provided to you with this Grievance." NO Release of Information Form was provided to my unit [redacted] 23-000645 as she states

Inmate Signature _____

Date 7-13-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/14/23 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) [redacted] ID Number _____ Staff Signature [Signature] Date Received 7/14/23

Describe action taken to resolve complaint, including dates: _____

Received

JUL 20 2023

Deputy Director
Health & Correctional Programs

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

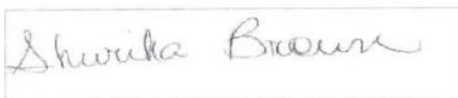
ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 08/23/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-01053

Please be advised, I have received your Grievance dated 07/11/2023 on 08/23/2023.
You should receive communication regarding the Grievance by 09/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD





SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
AUG 23, 2023 14:31:36 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

Grievance has been previously investigated and results will not come from grievance office.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____
Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

7-24-23 (Date) STEP ONE: Informal Resolution

7-27-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel

Medical Attention for Retaliation for writing Grievance about Medical

[Signature]
Inmate Signature

7-24-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance

yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name

of the person in that department receiving this form: _____ Date 7/24/23

Sarah Cox _____ [Signature] _____
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: your Methotrexate has been ordered.

[Signature] 7/26/23
Staff Signature & Date Returned

[Signature] 7-26-23
Inmate Signature & Date Received

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

Staff Who Received Grievance: Received Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____
Name Michael Shane Wilmoth

ADC# _____ Brks # 150 123 Job Assignment _____

7-24-23 (Date) STEP ONE: Informal Resolution

7-25-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Hunger Strike Policies and Procedures not being followed

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print):

As of 7-24-2023 I'm back on Hunger Strike, I took a tray (1) one on 7-23-2023 but I'm back on Hunger Strike I only came off because Hunger Strike policies and Procedures are not being followed by ADC security staff so I'm going to keep do this until something is done or you transfer me. I was also tied to by ADC security staff to get me to take a tray and they didn't keep their word

RECEIVED
AUG 10 2023

7-24-2023

Inmate Signature _____ Date _____

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Print Staff Name (Problem Solver) _____ ID Number _____ Staff Signature _____ Date Received 7-24-23

Describe action taken to resolve complaint, including dates: On 7-24-23 all notification were made.

Staff 7-25-23
Staff Signature & Date Returned

7-25-23
Inmate Signature & Date Received

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

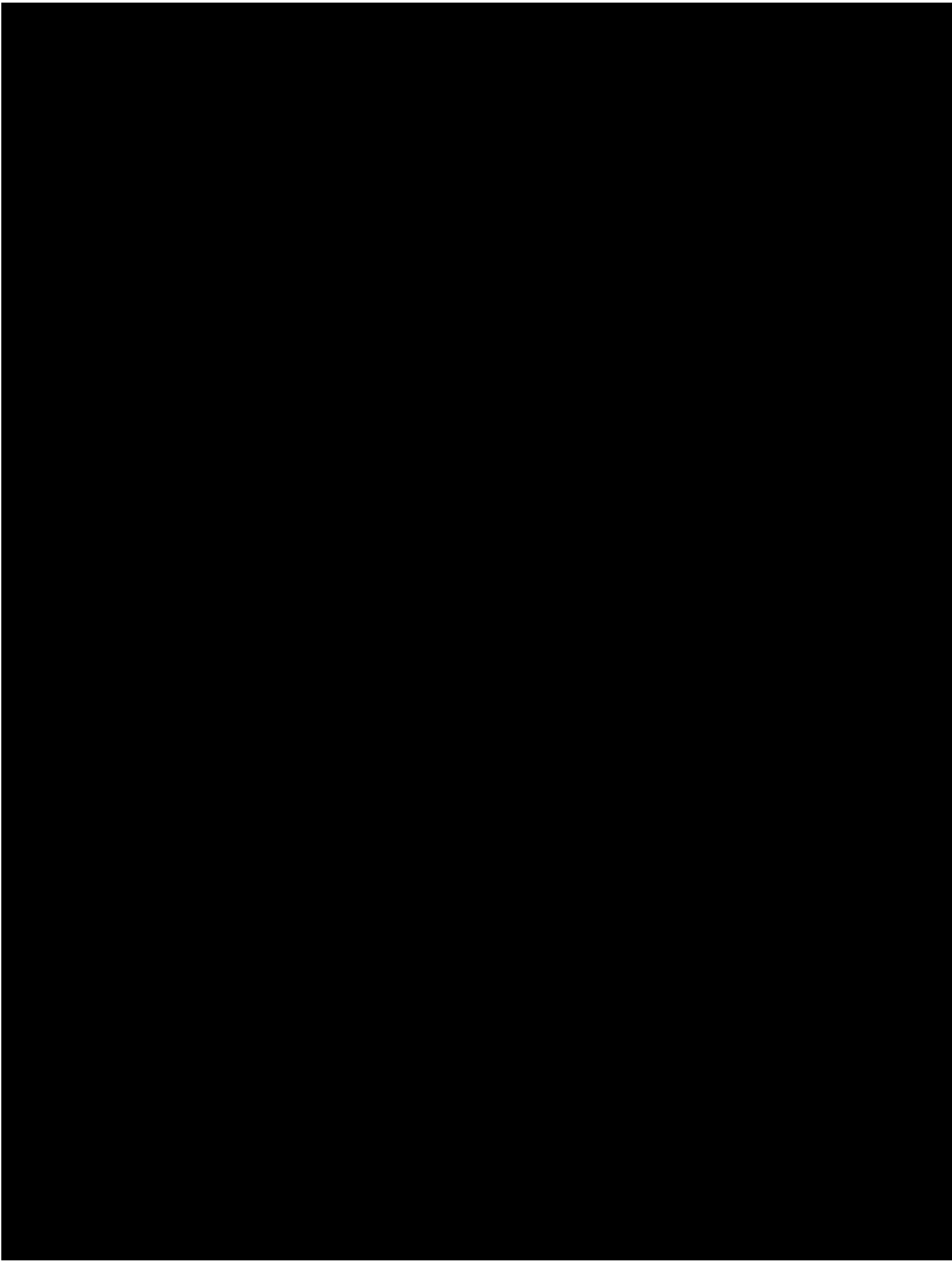
Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

RETURNED TO INMATE FOR FOLLOWING REASONS: NOT PROCESSED, PREVIOUSLY RECEIVED, OR A DUPLICATE



UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shawe Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-7-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: *medical* or *mental*
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

The Week of July 30 thru Aug. 5 2023 I turn in (3) three Step Two Unit Level Grievance to ADC Grievance Coordinator Shurika Brown at _____ Unit. I've still got No Acknowledgement or Rejection of Unit Level Grievance Form for these (3) three Step Two Unit Level Grievances I filed at _____ Unit.

[Signature]
Inmate Signature

8-7-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

ISSR100

123

Arkansas Department of Corrections

[Redacted] Unit Unit

MAJOR DISCIPLINARY

If the C.S.O. determines that the violation(s) described on this document are felonious; he/s must hand carry this document to the Unit Wa who must immediately notifu the Director.

Inmate: Wilmoth, Michael Shane

ADC#: [Redacted]

Assignment: AM/PM:Ext Restrictive Housing

Class: IV is being charged by Lee, Richard E

Title: Lieutenant

with code violation(s):

- 02-5 Unauthorized use of mail OR telephone,including passing unauthorized messages,three-way communication(s),calling on another's phor code,posing as another person,telephone communications with unauthorized persons
- 07-1 Unauthorized use of state property/supplies
- 12-3 Failure or refusing to obey verbal and/or written order(s) of staff
- 13-2 Lying to a staff member, including omissions and providing misinformation

Date & Time: 07/12/2023 12:30 PM

Notice of Charges:

Incident Report Unit: Grimes Unit
 Incident Report Date/Time: 07/12/2023/12:30:00 PM
 Incident Report Number: 2023-07-071
 Incident Report Comments By: Richard E Lee

On 7-12-23 at approximately 12:30Pm I, Lt. Richard Lee was advised that Inmate Wilmoth, Michael ADC# [Redacted] was utilizing the telephone in Zone 5 Restrictive Housing. Inmate Wilmoth is currently on phone restriction until 9-17-23. Inmate Wilmoth requested to use the phone stating to staff that he wanted to call his "lawyer". After reviewing his approved call list, it was discovered that Inmate Wilmoth did not have a listed phone number for an attorney. After monitoring Inmate Wilmoth's call, it was found that Inmate Wilmoth was calling the Inmate Phone system (Securus) hotline. Therefore I Lt. Richard Lee am charging Inmate Wilmoth, Michael ADC# [Redacted] with the following rule violations: 2-5, 7-1, 12-3 and 13-2.



Signature of Charging Officer

(I affirm that the information in this report is true to the best of my knowledge)

NOTIFICATION: Officer RP ED Date & Time Notified 7/13/23 RP


Witness Statements: No X If yes, list:

 Inmate's Signature

C.S.O. Review: Outcome: Refer to Hearing Officer/Comm.
 By: Warner, Jonathan D Date 07/12/2023

Extension: No X Yes _____ Has extension form been completed? _____

Presentation by Counsel - Substitute is required when it is determined that the inmate is illiterate or incompetent or that the issues are extraordinarily complex.
 Counsel-Substitute: Assigned (Name) _____ Not Assigned _____



ISSR101

123

Arkansas Department of Correction

Arkansas State Claims Commission

DISCIPLINARY HEARING ACTION

NOV 14 2023

Inmate: Wilmoth, Michael Shane

ADC#: [REDACTED]

Unit: [REDACTED] Unit

RECEIVED

Code Violation(s):

- 02-5 Unauthorized use of mail OR telephone, including passing unauthorized messages, three-way communication(s), calling on another's phone code, posing as another person, telephone communications with unauthorized persons
- 07-1 Unauthorized use of state property/supplies
- 12-3 Failure or refusing to obey verbal and/or written order(s) of staff
- 13-2 Lying to a staff member, including omissions and providing misinformation

Date/Time of Alleged Offense(s): 07/12/2023 12:30 PM

Hearing Date: 07/19/2023 Time: Start 9:11 AM End 9:17 AM

Recorder: Blake, Janice Tape#: Side: Meter: From To

Plea: Not Guilty, Not Guilty, Not Guilty, Not Guilty Attendance Waived: No

Has waiver form been completed? _____

Inmate's Statement:

I was assault while in handcuffs and I told them that I needed to make a legal call I did not say that I wanted to call my lawyer. I called the hotline and the IRS.

Signature of Inmate

Court Questions:

Do you have a statement?

Sentencing Conditions:


Verdict: Guilty, Guilty, Not Guilty, Guilty


Restriction Days to Serve

Commissary:	40	Days Suspended:	0
Phone:	40	Days Suspended:	0
Visitation:	40	Days Suspended:	0
GT Class Reduced to:	IV	Class Suspended:	
GT Days Forfeited:	150	Days Suspended:	0

F-831-4

Major Disciplinary Appeal Form

Inmate Name Michael Shane Kilmoth ADC# 

Unit/Center  Punitive Isolation Yes No

Disciplinary (date) 7-12-2023 by (charging officer) Lt. Richard E. Lee


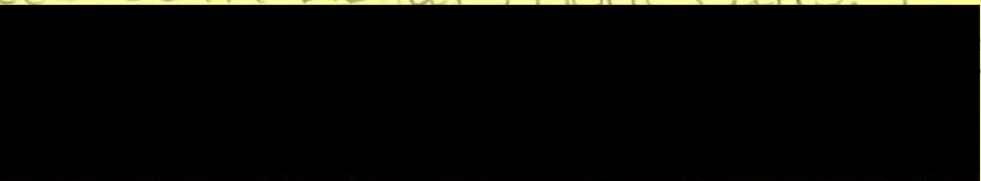
7-21-23

Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Date _____
Warden's Decision: Affirm _____ Reverse _____ Modify _____ (See attached if modified)
Signature: _____ Date _____

Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the Disciplinary Hearing Administrator.
Date _____
DHA's Decision: Affirm _____ Reverse _____ Modify _____ (See attached if modified)
Signature: _____ Date _____

Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Date _____
Director's Decision: Affirm _____ Reverse _____ Modify _____ (See attached if modified)
Signature: _____ Date _____

Notice to Inmate: This form is to be used for all appeal levels and responses. Briefly state reasons why conviction or punishment should be reversed or modified. This information will be considered at all three levels of appeal. Only information that is contained within this space on this form will be considered:

I told officer Cox I needed to make a legal Phone Call I called  at *870-267 and the Federal IRS over Identity Theft issues both legal Phone Calls I Reported a  Retaliation Hotline and making a report on ADC Security Staff

Inmate's Signature:  Date: 7-21-23

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

RECEIVED

6743
JAN 18 2023

RECEIVED
MAR 15 2023

Received 4-17-1

ADMINISTRATIVE SERVICES
DISCIPLINARY
Major Disciplinary Appeal Form

Inmate Name Michael Wilmoth
Unit/Center Unit Punitive Isolation Yes No
Disciplinary (date) 12-26-2022 by (charging officer) Shannon L. McFarland

1-4-23 Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing
Date Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Warden's Decision: Affirm Reverse Modify (See attached if modified)
Signature: Emittains Date 1/10/2023

1-11-23 Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center
Date Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the
Disciplinary Hearing Administrator.
DHA's Decision: Affirm Reverse Modify (See attached if modified)
Signature: T. Rube Date 01/19/23

1-22-23 Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may
Date appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Director's Decision: Affirm Reverse Modify (See attached if modified)
Signature: Warner Date 3-7-23

Notice to Inmate: This form is to be used for all appeal levels and responses. Briefly state reasons why conviction or punishment should be reversed or modified. This information will be considered at all three levels of appeal. Only information that is contained within this space on this form will be considered:

On 12-26-2022 at approx 8:00 P.M. I was taking a shower when I got out of the shower araw 8:15 P.M. I went to cell 207 my assigned cell and sg Shannon L. McFarland was doing a cell search of my cell. While searching Sgt. Shannon L. McFarland looked in a pa of Reebok Tennis shoes setting under the beds and found what looked like to me (2) broken ink pens, if he would had look on the Tennis shoes at the ADC# he would have seen these shoes belonged to my cell mate Chris Harner or looked on enomis and seen I do not own any Tennis Shoes. The broke ink Pens did not belong to me and I had never seen them. Th on 1-3-2023 Major Warren came to my cell asked if anything had bee brought to me I said No why he said my cellmate Chris Harner had come to him, Asst. Warden Harris, and Sgt. McFarland and othe ADC Staff told them the Contraband found in his tennis did belong to me and belonged to him Chris Harner, he was tol

Inmate's Signature: [Signature] Date: 1-4-23

to write a witness statement, that I believe he did. Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received. Major Warren then told me with this information he thou y Disciplinary would be dismissed and he hoped all workt out for me because it seemed I had been telling the truth and if it wasn't mine it should be di-

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

December 1, 2023

Mr. Michael Wilmoth (ADC [REDACTED])
[REDACTED]

RE: *Michael Wilmoth v. Arkansas Division of Correction*
Claim No. 240132

Dear Mr. Wilmoth,

Our office has received over 200 pages of documents from you on November 14, 2023. We are unable to ascertain the purpose of these documents as we see no reference to a claim number and no express indication that these documents relate to you pending claim against the Arkansas Division of Correction, Claim No. 240132. Any filings related to a pending claim must have the claim number clearly marked on the filing and must include a certificate of service indicating that Respondent was served with the filing.

In the event that you are attempting to file a new claim or multiple new claims, these claims cannot be filed because you did not complete a complaint form. This form is required for all claims. For your convenience, a complaint form is enclosed. Please complete the form, sign it in the presence of a Notary Public, and return it to this office with any necessary supporting documentation if you are attempting to file a new claim.

I am also enclosing your November 14, 2023, documents for your convenience as well. A copy of these documents will be retained here to be filed upon receipt of a completed claim form or clarification from you that these documents should be filed in your pending claim.

Sincerely,

Mika Tucker

ES: msscott

Mika Tucker

From: Misty Scott on behalf of ASCC Pleadings
Sent: Monday, December 11, 2023 12:19 PM
To: Thomas Burns (DOC)
Cc: ASCC Pleadings; Mika Tucker
Subject: ORDER: Michael Wilmoth v. ADC, Claim No. 240132
Attachments: Michael S. Wilmoth v. ADC.pdf; Michael Wilmoth-order.pdf

Thomas:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

December 11, 2023

Mr. Michael S. Wilmoth (ADC [REDACTED])
[REDACTED]

Re: *Michael S. Wilmoth v. Arkansas Division of Correction*
Claim No. 240132

Dear Mr. Wilmoth:

Enclosed please find an Order entered on December 8, 2023, by the Arkansas State Claims Commission. If you have any questions, please do not hesitate to contact my office.

Sincerely,

Mika Tucker

ES: msscott

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH (ADC [REDACTED])

CLAIMANT

V.

CLAIM NO. 240132

ARKANSAS DIVISION OF
CORRECTION

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Commission”) is the motion filed by Michael Wilmoth (the “Claimant”) for an extension of time to file additional pages with his claim and to respond to the motion for summary judgment filed by Arkansas Division of Correction (the “Respondent”). Based upon a review of the motion, the arguments made therein, and the law of Arkansas, the Commission hereby finds as follows:

Claimant filed his claim on July 31, 2023. Respondent filed a motion for summary judgment pursuant to Ark. R. Civ. P. 56, on October 16, 2023. On October 31, 2023, Claimant filed the instant filed motion for extension, requesting an “[e]xtension of time to file [a]dditional [p]ages and [e]xhibit with this [c]laim.” Claimant also states in the motion that he needs more time to file a response to Respondent’s motion for summary judgment.

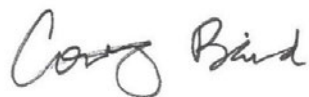
With respect to Claimant’s request related to the filing of additional pages and exhibits, the Commission notes that the Arkansas Rules of Civil Procedure do not require Claimant to seek leave of the Commission before amending his complaint at this stage of the proceedings. As such, the Commission DENIES Claimant’s motion to amend as moot. The Commission further notes that it is Claimant’s responsibility to serve Respondent with any amended complaint.

With respect to Claimant’s request for an extension of time to respond to the motion for summary judgment, the Commission finds that Claimant’s motion for extension was timely and

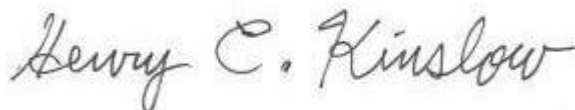
GRANTS Claimant's motion for extension of time to respond to the motion for summary judgment. Claimant has fifteen (15) days from the date of this order to respond to the motion for summary judgment.

The Commission further notes that Claimant's filing contains no certificate of service. The Commission cautions Claimant that any subsequent filings must contain a certificate of service and must be served as set forth in that certificate. Failure to comply with this requirement may result in the Commission striking the filing.

IT IS SO ORDERED.



 ARKANSAS STATE CLAIMS COMMISSION
 Courtney Baird



 ARKANSAS STATE CLAIMS COMMISSION
 Henry Kinslow



 ARKANSAS STATE CLAIMS COMMISSION
 Paul Morris, Chair

DATE: December 8, 2023

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

Mika Tucker

From: Mika Tucker
Sent: Monday, December 11, 2023 1:26 PM
To: Thomas Burns (DOC)
Subject: RE: ORDER: Michael Wilmoth v. ADC, Claim No. 240132
Attachments: Wilmoth_cl motion for extension of time to file additional pages and exhibits.pdf

See attached.

Thanks,
Mika

Mika Tucker
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2818

From: Thomas Burns (DOC) <Thomas.Burns@arkansas.gov>
Sent: Monday, December 11, 2023 1:24 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Cc: Mika Tucker <Mika.Tucker@arkansas.gov>
Subject: RE: ORDER: Michael Wilmoth v. ADC, Claim No. 240132

The order references a motion to extend time to file a response. The ADC has no such response. May we have a copy if there is one.

-TB
Legal Services Unit
Arkansas Department of Corrections
Division of Correction
870 267-6845-telephone

From: Misty Scott <Misty.Scott@arkansas.gov> **On Behalf Of** ASCC Pleadings
Sent: Monday, December 11, 2023 12:19 PM
To: Thomas Burns (DOC) <Thomas.Burns@arkansas.gov>
Cc: ASCC Pleadings <ASCCPleadings@arkansas.gov>; Mika Tucker <Mika.Tucker@arkansas.gov>
Subject: ORDER: Michael Wilmoth v. ADC, Claim No. 240132

Thomas:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

Before the Arkansas State Claims Commission

Michael S. Wilmoth (ADC [redacted])

Claimant

Vs. No. 240182

Arkansas Department of Corrections
Division of Correction

Respondent

Arkansas
State Claims Commission

Reply to Motion For Summary
Judgment

JAN 04 2023

RECEIVED

ADC# [redacted] comes now the Claimant, Michael S. Wilmoth with his reply to Motion for Summary Judgment states:

1) First and Foremost this claim has nothing to do with claims of Prison Conditions, Constitutional claims, but based on Facts that A.D.C. Policies and Procedure

[redacted]

Captains, Lieutenants, Sergeants and all Security Staff under them, Law Library Clerks Ms. Barnett, Mail Room Staff, Kitchen Staff, Grievance Staff, Chaplin Freeman, ~~and~~ Disciplinary staff, and Ms. Higgins Bookkeeping Staff. The ADC Director Dexter Payne, Deputy Director William Straughn, Deputy Director Gaylon Lay and A.D.C. % Internal Affairs / Disciplinary Appeal Director Thomas Rowland are allowing all the A.D.C. Policies and Procedures to be violated ~~and~~ ^{and not} followed at [redacted] Unit and by all these [redacted]

unit staff members not just once but repeat and continually.

2) The Arkansas State Claims Commission does have jurisdiction to hear all Claims of A.D.C. Policies and Procedures being violated by ADC Director's and [REDACTED] place to make sure all A.D.C. Policies and Procedures are enforced and followed by the ADC staff.

3) The ADC staff do not have sovereign immunity from violating and not following A.D.C. Policies and Procedures that causes harm to the Claimant, and all other inmates. There is A.D.C. Policies and Procedures in place for a reason and they are to be followed and not violated by A.D.C. staff.

4) The Claimant, Michael Shane Wilmoth [REDACTED] has followed all (PLRA) Laws and has exhausted all administrative remedies or has made every attempt to but in many cases ~~was~~ had his administrative remedies blocked or hindered by [REDACTED] Unit Warden T. Hurst, Deputy Warden Harris, Grievance Staff Mail Room staff that violated ADC Grievance Policies and Procedures and has kept the Claimant from proper exhaustion that was required in completing "the administrative review process in accordance with the

applicable procedural rules." The A.D.C. Director Dexter Payne, Deputy Director William Straughn, Deputy Director Gaylon Lay and A.D.C. % Internal Affairs / Disciplinary Appeal Director Thomas Rowland are allowing [REDACTED] Unit Staff to violate the ADC Grievance Policy and Procedure blacking or hindering the Claimant and other inmates at [REDACTED] Unit from proper exhaustion of the administrative remedies and all procedural rules.

5) In October of 2023 the Claimant, Michael Shane Wilmoth [REDACTED] mailed supporting Affidavit's, Grievances, Request, Disciplinary's and Appeals to the Arkansas State Claims Commission to be filed with his Claim but Claimant has got nothing back from the Arkansas State Claims Commission to show these supporting Documents was filed with his claim.

Therefore, the Claimant, Michael Shane Wilmoth ADC# [REDACTED] has showed proof of a genuine issue of material Facts, the Respondent has failed to show any ~~facts~~ material facts that would preclude trial on the genuine issues of material Facts the Claimant has provided.

6) The Respondent, ADC, has provided NO prima facie evidence of it's entitlement to judgment as a matter of law, but the Claimant has provided large amounts of

prima facie evidence of his entitlement to a trial as a matter of law to the Facts the Respondent A.D.C. is violating many ADC Policies and Procedures and the Claimant will provide even more prima facie evidence after Discovery is complete.

7) Lastly the Claimant did not get the Order dated Dec. 8th 2023 until approx. Dec. 20th or 21st 2023 and due to Christmas Holiday could not mail his Reply to Arkansas State Claims until Dec. 28, 2023.


Wherefore Summary Judgment should not be granted and this Claim set for Trial.

Respectfully Submitted


Michael Shane Wilmoth


Certificate of Service

I certify that I mailed this the 28th day of Dec. 2023 to Arkansas State Claims.


Michael Shane Wilmoth

Attn:

GU 1.50

Warden Hurst Important

ATTACHMENT I

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>9-24-23</u>
Housing Assignment: <u>15</u>	Job Assignment:	
To (Staff Member): <u>Warden Hurst</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: Sir, I'm really trying to not write any grievances as I promised, but sir my Legal Mail from the IRS was opened without me being present or even told I had Legal Mail it had (2) two IRS checks both checks was mailed to ADC Trust Fund Centralized Banking without my consent both of these checks needs to be mailed back to the IRS Sir, will you please help me with this matter please!!! I have ~~de~~ kids I need to take care of please help me please

Have you talked to any staff member about this request? Yes No If so, whom?
 Staff member(s) contacted: Ms. ~~Brown~~ Brown Date: 9-20-23

[Signature] 9-24-23
 Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows:
This has been address in several Inmate request & grievances.

[Signature]
 Staff Signature

Received
Grimes Unit
 SEP 25 2023

I am referring this request to: _____ Warden Office



SARAH HUCKABEE SANDERS
GOVERNOR

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION
OFFICE OF THE DIRECTOR
DEXTER PAYNE

6814 Princeton Pike
Pine Bluff, AR 71602



JOE PROFIRI
SECRETARY

MEMORANDUM

TO: Inmate Michael Wilmoth, AD [REDACTED]
FROM: Dexter Payne, Director *Dexter Payne*
RE: Major Disciplinary Appeal
DATE: October 28, 2023

Please be advised that I am in receipt of your disciplinary appeal regarding the major disciplinary you received 06/30/2023 at 8:05 am from Cpl. Harris.

You stated in your disciplinary appeal that did not make threats.

Your disciplinary states, "On 06/30/2023 at approximately 8:05 AM, I Cpl. Willie Harris was assigned as (Zone #5) Restrictive Housing Security Officer. At the above stated date and time, while performing shave and shower call, assisted by Cpl. Austin Cox, I conducted a cell search of Cell #244 (which is solely occupied by Inmate Wilmoth, Michael ADC# [REDACTED]) noticed that there were several styrofoam cups in his cell which if allowed to accumulate can be contraband. I advised him that these cups were not to be hoarded in his cell and I would be throwing them away. I also advised him that if he needed a cup for chow that one would be provided for him, but the collecting of these cups was against policy. Inmate Wilmoth immediately became irate and agitated and looked directly at me and stated, "Are you fucking serious? You're a weak ass bitch." I took these statements as insolence toward staff and gave Inmate Wilmoth a direct order to stop his insolent behavior. Cpl. Cox and I then started to escort Inmate Wilmoth to shave and shower call when he (Inmate Wilmoth) became even more agitated and looked directly at me and stated, "I'm gonna make you bleed out you bitch ass police. Next time I get around you, (Cpl. Harris) I'm going to slip these cuffs and beat you to a bloody pulp you sorry ass mother fucker." I immediately took his statements as a direct threat toward staff. Due to Inmate Wilmoth's actions, his shave and shower call were refused, and he was turned around to be placed back in his cell. Inmate Wilmoth immediately resisted and stated, "I ain't fucking going nowhere." and attempted to pull away from staff. Cpl. Cox and I then placed Inmate Wilmoth on the ground so that control of him could be regained. Responders were immediately called for Sgt. Chris McCullough then arrived with leg restraints and they were placed on Inmate Wilmoth. Upon responding staff's arrival, Inmate Wilmoth was picked up and escorted to the shower. An assessment was completed by medical staff and photographs were taken (See attached). All notifications were made, and Warden Thomas Hurst approved for Inmate Wilmoth to be placed under 72 Hour Behavior Control Status. Due to the above stated facts, I Cpl. Willie Harris, charge Inmate Wilmoth, Michael ADC# [REDACTED] with Major Rule Violations 2-21, 05-3, and 11-1. Inmate Wilmoth was moved to Cell #206 and placed on 72 Hour Behavior Control Status without further incident."

RECEIVED

9130
AUG 10 2023

RECEIVED
SEP 20 2023

4-17-18

ADMINISTRATOR
DISCIPLINARY HEARINGS
F-831-4

Received

Emergency
Major Disciplinary Appeal Form

Inmate Name Michael Wilmoth ADC# [Redacted]

[Redacted] Punitive Isolation Yes No ARO Office

Disciplinary (date) 6-30-2023 by (charging officer) Willie Harris, Corporal

7-10-23 Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Warden's Decision: Affirm Reverse Modify (See attached if modified)
Signature: Thomas W. Hunt Date 7-19-23

7-20-23 Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the Disciplinary Hearing Administrator.
DHA's Decision: Affirm Reverse Modify (See attached if modified)
Signature: T. Hunt Date 8-11-23

8-13-23 Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Director's Decision: Affirm Reverse Modify (See attached if modified)
Signature: C. Sanner Date 10-28-23



Inmate's Signature: [Signature] Date: 7-10-2023

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

in this Disciplinary to Justify his Actions



SARAH HUCKABEE SANDERS
GOVERNOR

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION
OFFICE OF THE DIRECTOR
DEXTER PAYNE

6814 Princeton Pike
Pine Bluff, AR 71602



JOE PROFIRI
SECRETARY

MEMORANDUM

TO: Inmate Michael Wilmoth, ADC# [REDACTED]
FROM: Dexter Payne, Director *Dexter Payne*
RE: Major Disciplinary Appeal
DATE: October 28, 2023

Please be advised that I am in receipt of your disciplinary appeal regarding the major disciplinary you received 07/12/2023 at 12:30 pm from Lt. Lee.

You stated in your disciplinary appeal that you made two legal phone calls.

Your disciplinary states, "On 7-12-23 at approximately 12:30Pm I, Lt. Richard Lee was advised that Inmate Wilmoth, Michael ADC# [REDACTED] was utilizing the telephone in Zone 5 Restrictive Housing. Inmate Wilmoth is currently on phone restriction until 9-17-23. Inmate Wilmoth requested to use the phone stating to staff that he wanted to call his "lawyer". After reviewing his approved call list, it was discovered that Inmate Wilmoth did not have a listed phone number for an attorney. After monitoring Inmate Wilmoth's call, it was found that Inmate Wilmoth was calling the Inmate Phone system (Securus) hotline. Therefore I Lt. Richard Lee am charging Inmate Wilmoth, Michael [REDACTED] with the following rule violations: 2-5, 7-1, 12-3 and 13-2."

You stated during your disciplinary hearing, "I was assault while in handcuffs and I told them that I needed to make a legal call I did not say that I wanted to call my lawyer. I called the hotline and the IRS."

After a thorough review of all the documents pertaining to this matter, I am upholding the guilty verdicts of rule violations 02-5/Unauthorized use of mail or telephone, including passing unauthorized messages, three-way communication(s), calling on another's phone code, posing as another person, and telephone communications with unauthorized persons; 13-2/Lying to a staff member, including omissions, and providing misinformation. I am modifying 07-1/Unauthorized use of state property/supplies to read not guilty; therefore, your disciplinary is modified.

DP:ls

cc: Warden / Inmate File / File

RECEIVED

9135

AUG 10 2023

ADMINISTRATOR
DISCIPLINARY HEARINGS

F-831-4

Major Disciplinary Appeal Form

RECEIVED

Received

7-18

Inmate Name Michael Share Wilmoth ADC# 

Unit/Center  Punitive Isolation Yes No

Disciplinary (date) 7-12-2023 by (charging officer) Lt. Richard E. Lee

7-21-23 Date Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Warden's Decision: Affirm Reverse Modify (See attached if modified)
Signature: [Signature] Date 7/28/2023

7-29-23 Date Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the Disciplinary Hearing Administrator.
DHA's Decision: Affirm Reverse Modify (See attached if modified)
Signature: [Signature] Date 8/18/23

8-17-23 Date Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Director's Decision: Affirm Reverse Modify (See attached if modified)
Signature: [Signature] Date 10-28-23

Notice to Inmate: This form is to be used for all appeal levels and responses. Briefly state reasons why conviction or punishment should be reversed or modified. This information will be considered at all three levels of appeal. Only information that is contained within



Inmate's Signature: [Signature] Date: 7-21-23

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

GU 16.05.0
Attachment A

ARKANSAS DEPARTMENT OF CORRECTION
[REDACTED]
PUBLICATION REVIEW NOTIFICATION

TO: Inmate: Michael Wilmoth ADC#: [REDACTED] Bk.: 150/0123

FROM: A. Stover TITLE: Mailroom Supervisor

RE: **NOTIFICATION OF PUBLICATION RECEIVED**

DATE: 8/1/2023

PUBLICATION TITLE: Blank Journal

DATE RECEIVED: 8/1/2023

VOLUME: _____ ISSUE/YEAR: _____

This is to notify you that the above Publication addressed to you meets the criteria for review. Your publication, with a copy of this Notice, has been forwarded to the Unit Publication Review Committee.

Publications recommended for rejection will be referred to the Warden for a final decision. The Warden must approve or reject the publication within 30 days of receipt.

If the publication is rejected, the Deputy Warden's Secretary/designee will notify you, in writing, of the decision to reject and the basis for the rejection. You will also be notified of appeal procedures and options for disposing of the publication.

Your publication will be secured until either the appeal process is completed or the ten (10) day period for filing an appeal has expired.

Cc: Unit Publication Review Committee Chair
Mailroom File
Inmate and Inmate File

GU 16.05.0
Attachment A

ARKANSAS DEPARTMENT OF CORRECTION
[REDACTED]
PUBLICATION REVIEW NOTIFICATION

TO: Inmate: Michael Wilmoth ADC# [REDACTED] Bk.: 15/103A

FROM: A. Stover TITLE: Mailroom Supervisor

RE: **NOTIFICATION OF PUBLICATION RECEIVED**

DATE: _____

PUBLICATION TITLE: On Writing Short Stories

DATE RECEIVED: 1

VOLUME: _____ ISSUE/YEAR: _____

This is to notify you that the above Publication addressed to you meets the criteria for review. Your publication, with a copy of this Notice, has been forwarded to the Unit Publication Review Committee.

Publications recommended for rejection will be referred to the Warden for a final decision. The Warden must approve or reject the publication within 30 days of receipt.

If the publication is rejected, the Deputy Warden's Secretary/designee will notify you, in writing, of the decision to reject and the basis for the rejection. You will also be notified of appeal procedures and options for disposing of the publication.

Your publication will be secured until either the appeal process is completed or the ten (10) day period for filing an appeal has expired.

Cc: Unit Publication Review Committee Chair
Mailroom File
Inmate and Inmate File

ARKANSAS DEPARTMENT OF CORRECTION
RETURN TO SENDER MAIL NOTIFICATION

Barracks no. 15/103A

Date: 11/10/23

Inmate's Name: Michael Shane Wilmoth

ADD [REDACTED]

Letter Addressed To: Destini White, [REDACTED]

Postmarked: 10/13/23

The Post Office has sent this letter back as Undeliverable for the following reason:

- Not Deliverable as Addressed
- No Such Number
- No Mail Receptacle
- No Reason Given
- Other: _____

This letter cannot be returned to you, and cannot be copied due to the following reason:

- Too Many Pages
- Other _____

If you wish to try sending it again, you will need to return this form with a **Stamped Envelope or Signed Inmate Withdrawal Form** for postage, **as well as a different address**. If you choose to send it to the same address please be aware the Post Office may send it back again.

- Stamped Envelope
- Inmate Withdrawal Form

Please check one of the boxes below, sign & date form and return to mailroom.

{ } Destroy

{ } Send to new address: _____

Inmate Signature: _____ Date: _____

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center

III. 07 2023

GRIEVANCE

FOR OFFICIAL USE ONLY
GRV. # <u>23-00</u>
Date Received: <u>7-7-23</u>
GRV. Code # <u>600</u>

Name Michael Shane Wilmoth

AD # 150 Brks # 123 Job Assignment

7-3-23 (Date) STEP ONE: Informal Resolution

7-6-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On June 30, 2023 I was Assaulted by ADC Capt. Harris while in Handcuffs I have

Inmate Signature

Date

July 3, 2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-4-23 (date), and determined to be Step One and/or an Emergency Grievance YES (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date 7/4/23

PRINT STAFF NAME (PROBLEM SOLVER) [Signature] ID Number 10000 Staff Signature [Signature] Date Received 7-4-23

Describe action taken to resolve complaint, including dates: _____

on 6/30/23, 7/2/23 and 7/6/23

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

If forwarded Aug 10 2023 to _____ of person receiving this form: _____ Date: _____

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

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE #: [REDACTED]-23-00898

(601) [REDACTED]
been provided to you.

Complaint: On June 30, 2023 I was Assaulted by ADC Corp. Harris while in Handcuffs [REDACTED] Neck, Shoulder, Elbow, Knee, and spine and think I have broken bones but I'm [REDACTED]

[REDACTED]

[REDACTED] therefore, your grievance is without merit.

SIGNATURE OF HEALTH SERVICES
ADMINISTRATOR/MENTAL HEALTH SUPERVISOR OR
DESIGNEE

Sheila Armstrong

SHEILA ARMSTRONG, LIC PRACTICAL NURSE
JUL 26, 2023 11:03:54 CDT

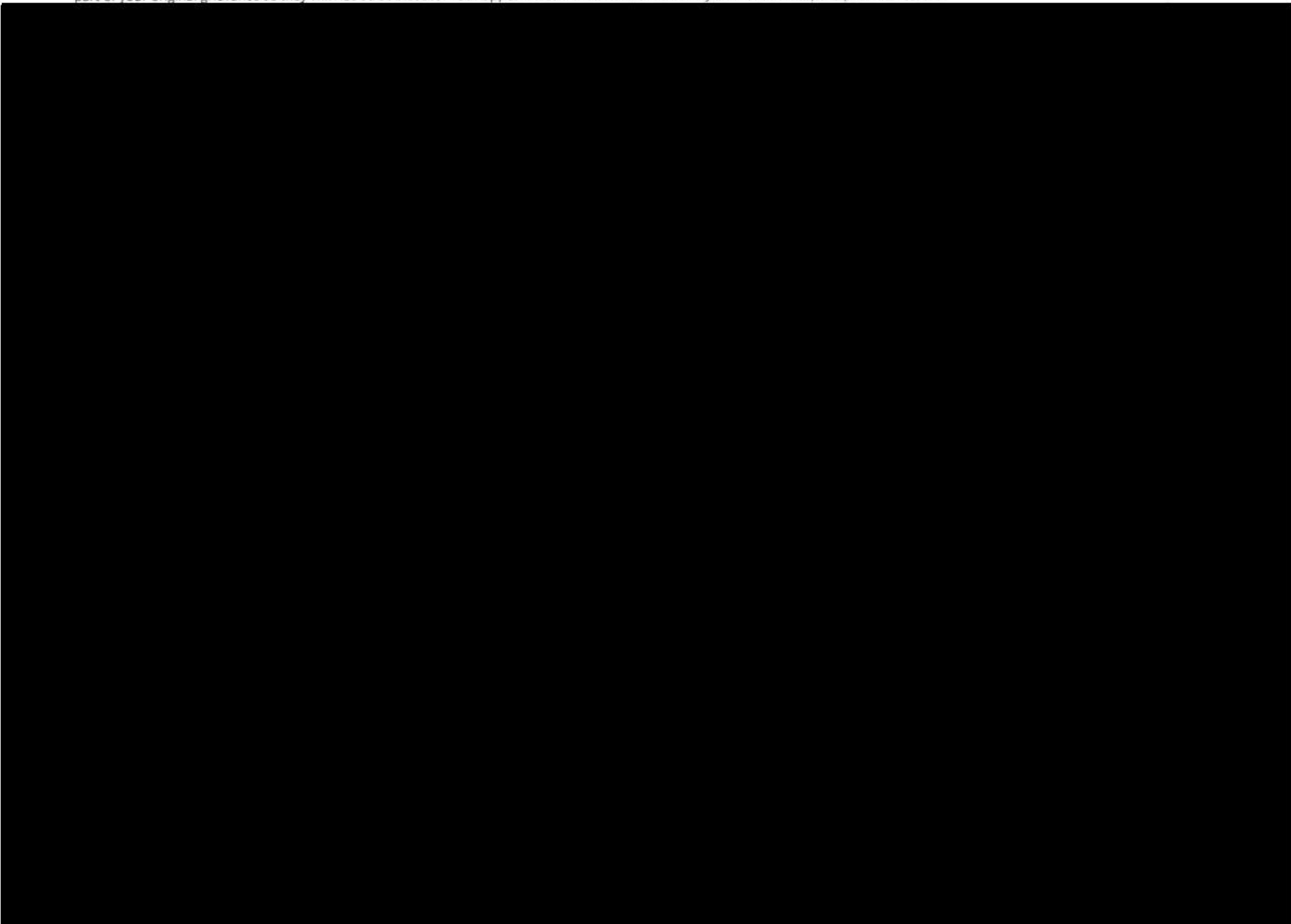
Received

AUG 10 2023

Deputy Director
Health & Correctional Programs

INMATE'S APPEAL

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



UNIT LEVEL GRIEVANCE (Attachment I)
Unit/Center

RECEIVED

11/11 27 2023

GRIEVANCE

GRV. Code #:	23-00874
Date Received:	6-27-23
GRV. Code #:	712

Name Michael Shane Wilmoth
Brks # 244 Job Assignment

6-22-23 (Date) STEP ONE: Informal Resolution

6-27-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Legal mail being opened

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

The Mail Room has been opening my Legal Mail on 6-21-2023 My Legal Mail was opened and I got copies of my Legal mail this is information ADC employees has No Business opening and reading without me being present by ADC Policy and Federal Law

RECEIVED

AUG 10 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

[Signature]
Inmate Signature

6-22-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6/22/23 (date), and determined to be **Step One** and/or an Emergency Grievance

Yes (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Brad Robertson ID Number _____ Sgt Paul Ralab Staff Signature Date Received 6/22/23

Describe action taken to resolve complaint, including dates: I sent a copy of this grievance to the mail room and they did not get back with me.

Sgt Paul Ralab 6/27/23
Staff Signature & Date Returned

[Signature] 6-27-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

IGTT430
3GD

Attachment VI

INMATE NAME: Wilmoth, Michael S.

ADC # [REDACTED]

GRIEVANCE#: [REDACTED] 23-00382

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 1, 2023, you stated the following complaint: "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list."

The Warden responded to your grievance on March 16, 2023, by stating the following: "You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit."

Your appeal was received on March 22, 2023. After review of your appeal and supporting documentation, I must concur with the Warden's decision. You have not provided enough information to conduct an investigation into your complaint of your funds being stolen. You must contact the Internal Revenue Service via the United States Postal Service. Your appeal is without merit.

Appeal denied.

[Signature of Director]

Director

4/10/23

Date

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S.

GRIEVANCE #: 23-00382

WARDEN/CENTER SUPERVISOR'S DECISION

I received your grievance dated March 1, 2023. You stated, "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list".

You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit.



Signature of Warden/Supervisor or Designee

Warden

Title

3-16-23

Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

I have wrote the IRS and I was told to call 800-366-4484 and 377-777-4778 but I can't because they are not on my list. This is a violation of my Due Process rights.

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING



Inmate Signature

ADC#: 105408

Date

3-16-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED
MAR 15 2023
GRIEVANCE

INMATE USE ONLY	
GRV. #	23-00386
Date Received:	3-15-23
GRV. Code #:	399

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Name Michael Wilmoth

Brks # 2 Job Assignment Hoe Sq.

3-1-23 (Date) STEP ONE: Informal Resolution

3-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sent request to Warden No reply

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____


Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): My IRS Payments was Stolen by Identity Theft the IRS Phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS phone number I need this number on my phone list

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

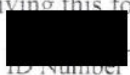


3-1-2023
Date

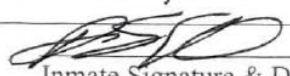
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3-6-23 (date), and determined to be Step One and/or an Emergency Grievance Step 1 (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

Sgt J. Howard  1st J. [Signature] 3-6-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: This issue is out of the control of the DOC. You can write a request to have this number added or to be able to make a phone call if you have proof of this happening

Sgt J. Howard 3-10-23  3-10-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

IGTT430
3GD

Attachment VI

INMATE NAME: Wilmoth, Michael S.



GRIEVANCE#: [REDACTED]-23-00382

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 1, 2023, you stated the following complaint: "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list."

The Warden responded to your grievance on March 16, 2023, by stating the following: "You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit."

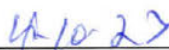
Your appeal was received on March 22, 2023. After review of your appeal and supporting documentation, I must concur with the Warden's decision. You have not provided enough information to conduct an investigation into your complaint of your funds being stolen. You must contact the Internal Revenue Service via the United States Postal Service. Your appeal is without merit.

Appeal denied.





Director



Date

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S.



GRIEVANCE #: 23-00382



WARDEN/CENTER SUPERVISOR'S DECISION

I received your grievance dated March 1, 2023. You stated, "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list".

You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit.

Signature of Warden/Supervisor or Designee

Warden
Title

3-16-23
Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? I have wrote the IRS and I was told to call 800-366-4484 and 877-777-4778 but I can't because they are not on my list. This is a violation of my Due Process rights.

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

Inmate Signature

ADC#: 105408

3-16-23
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

MAR 15 2023
GRIEVANCE

FOR OFFICIAL USE ONLY
GRV. # <u>23-00382</u>
Date Received: <u>3-15-23</u>
GRV. Code #: <u>399</u>

Name Michael Wilmoth

Brks # 2 Job Assignment Hoe Sq.

3-1-23 (Date) STEP ONE: Informal Resolution

3-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sent request to Warden No reply

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): My IRS Payments was Stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS phone number I need this number on my phone list

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING



Inmate Signature

Date

3-1-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3-6-23 (date), and determined to be Step One and/or an Emergency Grievance Step 1 (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt J. Howard [Redacted] [Signature] 3-6-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: This issue is out of the control of the DOC. You can write a request to have this number added or to be able to make a phone call if you have proof of this happening

[Signature] 3-10-23 [Signature] 3-10-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

If Who Received Step Two Grievance: _____ Date: _____

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

Forwarded, provide name of person receiving this form: _____ Date: _____

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

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ATTACHMENT 1

Inmate Request Form

AUG 03 2023

[Redacted]

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number: [Redacted]	Date: <u>8-1-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request:

Legal Copies Form, Affidavits-4

(#57)
(#20)

Case law on Excessive Force while in Handcuffs, [Redacted] Denied
Due Process and Access to the Law, Use of Force while in Hand Cuffs

Have you talked to any staff member about this request? Yes ___ No ___ If so, whom?

Staff member(s) contacted: _____

Date: _____

[Signature] 8-1-23

Inmate's Signature

Date

Staff Member Responding: DB

Date: AUG 03 ANS'D

I have reviewed your request and my finding is as follows: _____

Mr. Wilmoth, Attached is forms: (4) Affidavit's and a typing and copies request.


For as the cases: you have reached your limits of requested items in forms. Your only allowed 5 forms or cases per week, unless your need is proved per policy.

Please send proof of need (deadline) for the cases, or you can wait until Monday to submit a new request for cases.

[Signature]
Staff Signature

I am referring this request to: _____

1/03/18

 <p style="text-align: center;">ADMINISTRATIVE RULES STATE OF ARKANSAS BOARD OF CORRECTIONS</p>	Section Number: DOC 40	Page Number: 1 of 5
	Board Approval Date: 05/26/2015	
	Supersedes: DOC 401	Dated: 09/19/2011
	Reference:	Effective Date: 06/19/2015
SUBJECT: Searches for and Control of Contraband		

I. AUTHORITY:

The Board of Corrections is vested with the authority to promulgate Administrative Rules by Act 50 of 1968, Extraordinary Session, as amended; Acts 548 and 549 of 1993, Regular Session (Ark. Code Ann. § 16-93-1203 and 12-27-105 of 1993).

II. PURPOSE:

To provide the Departments of Correction (ADC) staff with information and guidelines regarding approved procedures for the suppression of contraband and to specify approved search methods.

III. APPLICABILITY:

To all employees and especially those employees involved in searches for the suppression of contraband.

IV. DEFINITIONS:

- A. Contraband: Any article not authorized nor issued to an offender as personal or state property, nor purchased through the facility commissary specifically defined as contraband including any excessive, authorized personal property whether seized during a residential, vehicle, or body search.
- B. Personal Property: Items which are purchased by an offender, within limits as posted in the facility of assignment.
- C. State Issued Property: Items issued to an offender for personal use and clearly identified as state property of the offender unless of a rapidly expendable nature.

4. Use of hand-held and walk-through metal detectors or other detection technology to detect and deter the movement of contraband.

B. Offender Searches:

Procedures for offender searches shall include the following:

- (1) Use of pat and strip searches;
- (2) Use of intrusive body cavity searches in accordance with established procedures;
- (3) Shakedowns in facilities shall be carried out in accordance with established procedures;
- (4) Shakedowns in other common areas, including but not limited to offender and program work areas such as the kitchen, visitation room, and school; halls, day rooms, activity areas, and outside recreation areas.

1. Pat Searches of Offenders

Pat searches may be conducted by an employee of either gender and may be performed in any area of the facility and during movements. Pat searches ordinarily do not require an offender to remove clothing other than hats and gloves.

2. Strip Search of Offenders

Strip searches shall be conducted in a professional manner by staff the same gender as the offender. In cases of emergency (i.e., escape, riot, etc.), this provision may be waived.

3. Facility Contraband Searches

- a. Unannounced and irregular searches of facilities shall be performed on a continual basis.
- b. Each facility will have Standard Operating Procedures (SOP's) established for searches. Copies of the SOP's are to be a part of all post orders.

C. Contraband Searches Associated with Facility Lockdown:

The Warden/Center Supervisor may determine that a facility lockdown or partial lockdown is necessary to facilitate a search for contraband. A facility lockdown shall be premised on the presence of contraband, e.g., recent surfacing of contraband of a serious nature; potentially dangerous weapons; or a large quantity of drugs or cash which, in the estimation of the Warden/Center Supervisor constitutes a significant threat to the security of the facility and safety of offenders and staff.

1. Excessive Authorized Personal Property:

Authorized offender personal property in living quarters which constitutes a significant safety concern, seriously impairs reasonable visual observation or impedes reasonable search or exceeds maximum number of allowed items by policy shall be considered contraband.

These confiscated items shall be disposed of in accordance with established procedures.

2. Unauthorized Personal Property Received at Facilities

Offenders who possess or receive in the mail unauthorized personal property shall have such property confiscated and disposed of in accordance with established procedures.

3. Contraband Personal Property at Time of Inter-Facility Transfer

Upon transfer, an offenders' personal property not allowed at the receiving facility shall be disposed of in accordance with established procedures.

4. Copy of Confiscated Item Form Delivered to Offender Pursuant to administrative directive, a form will be completed by the officer conducting the shakedown of an offender's cell, property or person and shall be completed at the time of the shakedown. A copy of this form will be given to the offender within 72 hours following the shakedown of his/her cell, property or person only if items of contraband or personal property are confiscated.

G. Disposition of Contraband:

All contraband shall be safeguarded under the supervision of the Deputy/Assistant Warden/Assistant Center Supervisor until termination of its utilization as evidence. Contraband shall then be disposed of in accordance with current policy.

VII. REFERENCES:

ACA Standards

AR401

IGTT405
3GT

Attachment V

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

TO: Inmate Wilmoth, Michael S. ADC #: [REDACTED]
FROM: Straughn, William F TITLE: Deputy Director
RE: Receipt of Grievance [REDACTED]-23-00067 DATE: 02/03/2023

Please be advised, the appeal of your grievance dated 01/05/2023
was received in my office on this date 02/03/2023

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

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

RECEIVED

FEB 03 2023

**INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING**

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

IGTT400
3GR

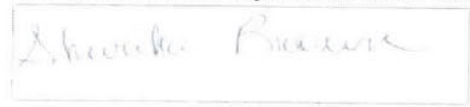
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 01/17/2023

ADC # [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-00067

Please be advised, I have received your Grievance dated 01/05/2023 on 01/17/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.



Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

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

FAILURE TO FOLLOW POLICY HAS RESULTED IN A REJECTION FOR THIS

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

This is not Disciplinary Matter this Matter incident is about falsifying legal Documents concern Contraband that did not belong to me



RECEIVED
ADC 105408
Date 1-19-2023
FEB 03 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED

FEB 03 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICIAL USE ONLY
GRV. # <u>23-00067</u>
Date Received: <u>1-17-23</u>
GRV. Code #: <u>400</u>

Name Michael Wilmoth

17 2023

GRIEVANCE

Brks # ISO 236 Job Assignment

1-5-23 (Date) STEP ONE: Informal Resolution

1-23-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Not a disciplinary matter

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On Dec. 26, 2022 Sgt. McFarland falsified legal documents stating he found 2 altered ink pen tubes under Bed 207A, when the truth is he found 2 altered ink pen tubes in a pair of Reebok Tennis shoes that belonged to my cellmate Chris Harr and had his ADC # on the shoes. Then on 1-3-2023 Major Warren came to my cell and asked if I was bought anything I said No why he said my cellmate Chris Harner came to him, Asst. Warden Harris, Sgt. McFarland and other ADC Staff say the contraband found in his shoes belonged to him he was told to write a statement

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

Inmate Signature

1-5-2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-7-22 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: [Redacted] Date: 1-7-22

PRINT STAFF NAME (PROBLEM SOLVER) D. Jaramila ID Number [Redacted] Staff Signature [Signature] Date Received 1-7-22

Describe action taken to resolve complaint, including dates: This is a disciplinary matter. Go through disciplinary appeal process.

RECEIVED

Staff Signature & Date Returned [Signature] 1-13-23 INMATE GRIEVANCES SUPERVISOR [Signature] 1-13-23 Inmate Signature & Date Received

This form was received on 1-13-23 ADMINISTRATION BUILDING Step Two. Is it an Emergency? No (Yes or No).

Staff Who Received Step Two Grievance: [Signature] Date: 1-13-23

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

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

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

id 3 Grievance Forms Please

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ATTACHMENT 1

Inmate Request Form

JAN 05 REC'D
JTB

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Numb <u>[REDACTED]</u>	Date: <u>Jan 4, 23</u>
Housing Assignment: <u>ISO 236</u>	Job Assignment:	
To (Staff Member): <u>Law Library</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I need legal supplies legal Envelopes Big and small and writ paper Need these addresses Pine Bluff U of A Law school Little Rock U of A Law School, Fayetteville U of Law School any other Law schools in or out of Arkansas
Benton County West Court
Benton County Court House Bentonville
Benton County Jail
Need Major Disciplinary Appeal Form

Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____ Date: _____

[Signature]
Inmate's Signature

Date

Staff Member Responding:	Date: <u>1/5/23</u>
--------------------------	---------------------

I have reviewed your request and my finding is as follows: _____

Attached: Addresses for Benton County Circuit & District Court Clerks and the Sheriff / Jail,
 U of A Pine Bluff does not have a Law School; Law Library does not stock Grievances or Major
 Disciplinary Forms; ADC Frequent Used Addresses #54, Resource List;

Staff Signature

I am referring this request to: _____ 1/03/18

**Parole Board
Record of Release Consideration**

Date: 01/30/2023
Time: 08:15 AM

ADC: [REDACTED] **NAME:** Wilmoth, Michael Shane

HEARING DATE: 01/17/2023 **HEARING TYPE:** Transfer (PV) Hearing

The action of the board and the most significant reasons for that action are recorded below. For a more complete explanation, contact the Institutional Parole Officer. After due deliberation, the Board ordered the following action:

ACTION:
Passed Out Of Class

REASONS FOR ACTION:
None

PRE RELEASE CONDITIONS:
None

CONDITIONS OF RELEASE:
None

BOARD IMPOSED DATE:

COMMENTS:
None

Inmate has been verbally notified of Parole Results.

All releases are subject to approval of suitable plan.
Recorded for the Arkansas Parole Board.

INMATE COPY
STATE COPY
INSTITUTIONAL PAROLE SERVICES COPY

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center

Name Michael Shane Wilmoth

ADC# Brks # 150 123 Job Assignment

AUG 14 2023

GRIEVANCE

FOR OFFICE USE ONLY
GRV. # -23-01009
Date Received: 8-14-23
GRV. Code #: 713

8-2-23 (Date) STEP ONE: Informal Resolution

8-3-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Never got answer on 8-2-23 or rejection

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): There has been several step two Unit level Grievances I've got no reply from the Warden on One (1) concerning the [redacted] One (1) concerning Law Library, two (2) concerning Retaliation for calling [redacted]

Inmate Signature [Signature]

Date 8-1-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8/2/23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No) If yes, name of the person in that department receiving this form: Date

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Sign

Describe action taken to resolve complaint, including dates: answered 8-1-23, Law Library - acknowledged, 7-29-23 answer due by 8-21-23 (2) Retaliation for [redacted] - (2) two acknowledged + received 7-19-23 + one [redacted] 8-3-23

Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

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

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

Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Name

Michael Shane Wilmoth

Brks # 15 Brks Job Assignment

9-21-23 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On Aug. 15, 2023 I had Legal Mail mailed to Me by the IRS it ~~was~~ had two checks in this Legal Mail this Legal Mail was opened without my permission or me be present and the checks sent to centralized Banking without my permission, consent, or me signing them I still on Sept. 21, 2023 have not got my Legal Mail from the IRS. These (2) two checks need to be mailed back to the IRS today 9-21-23 not a week from now, not 30 days ~~from now~~ TODAY 9-21-2023

[Handwritten Signature]

Inmate Signature

9-21-23
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 9-21-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) ID Number 5214 Staff Signature [Signature] Date Received 9-21-23

Describe action taken to resolve complaint, including dates: This is Act 1110 unfiled

Staff Signature & Date Returned [Signature] 9-30-23 Inmate Signature & Date Received [Signature] 9-21-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

GRIEVANCE #: [REDACTED]-23-01009

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated August 1, 2023. You stated, "There has been several step two unit level Grievance I've got No reply from the Warden on One (1) [REDACTED] one (1) concerning Law Library, two (2) concerning Retaliation for calling [REDACTED]".

Records show that all grievances that have been received in the grievance office have been processed and returned to you in accordance with DOC policy. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt

8-29-23
Date

Warden
Title

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?

*Being Denied
Grievance Process*

INMATE SIGNATURE

[Handwritten Signature]

Date

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

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED
NOV 17 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

UNIT LEVEL _____ (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC _____ Brks # 128 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	_____
Date Received: _____	_____
GRV. Code #: _____	_____

6-15-23 (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: _____

6-15-23, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____
at risk of physical harm or death

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Name Michael Shane Wilmoth

Brks # 123 Job Assignment _____

7-21-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I've been on Hunger Strike since 7-19-2023 I've missed 12 meals by ADC Policies and Procedure. I to be seen by Medical everyday I've not been seen by Medical at all on 7-21-2023 violating ADC Hunger Strike Policies and Procedure, there is No Hunger Strike Log on my ADC Security Staff is not making sure I'm seen by Medical

Inmate Signature _____

Date 7-21-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED
NOV 19 2023
GRIEVANCE

FOR OFFICE USE ONLY
GRV. # <u>23-01394</u>
Date Received: <u>11-9-23</u>
GRV. Code #: <u>510</u>

Name Michael Shane Wilmon
Brks # 123 Job Assignment _____

8-8-23 (Date) STEP ONE: Informal Resolution

8-14-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: first time in 5 weeks and not being done (3) three times a week

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): Per ADC Policy and Procedures we are to be given Hair Cuts and Shaves (3) three times a week, at [redacted] Unit Isolation we have not had hair cuts or shaves at all in (5) five weeks this is a violation of ADC Policy and Procedure and Warden Hurst, Deputy Warden Harris and Major Warner is allowing these violations of ADC Policy and Procedure in [redacted] Unit Isolation

[Signature]
Inmate Signature

8-8-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-8-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No) If yes, name of the person in that department receiving this form: _____ Date _____

J. Shere Jones [redacted] [Signature] 8-8-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: You was affected the option for a shave, haircut **RECEIVED** on 8-10-23

NOV 17 2023

[Signature] 8-14-23
Staff Signature & Date Returned

[Signature] 8-14-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 11/09/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-01394

Please be advised, I have received your Grievance dated 08/08/2023 on 11/09/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
NOV 9, 2023 08:15:48 CST

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

Being Denied Grievance Process

[Signature]

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED
NOV 17 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

IGTT430
3GD

Attachment VI

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-23-00382

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On March 1, 2023, you stated the following complaint: "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list."

The Warden responded to your grievance on March 16, 2023, by stating the following: "You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit."

Your appeal was received on March 22, 2023. After review of your appeal and supporting documentation, I must concur with the Warden's decision. You have not provided enough information to conduct an investigation into your complaint of your funds being stolen. You must contact the Internal Revenue Service via the United States Postal Service. Your appeal is without merit.

Appeal denied.

[REDACTED]



Director



Date

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S.

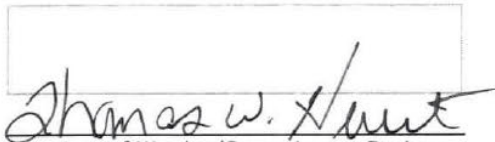
ADC #:

GRIEVANCE #: 23-00382

WARDEN/CENTER SUPERVISOR'S DECISION

I received your grievance dated March 1, 2023. You stated, "My IRS Payment was stolen by Identity Theft the IRS phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS Phone number I need this number on my phone list".

You may contact the Internal Revenue Service via the United States Postal Service and obtain that address from the Library/Law Library. Therefore, I find this grievance is without merit.


Signature of Warden/Supervisor or Designee

Warden
Title

3-16-23
Date

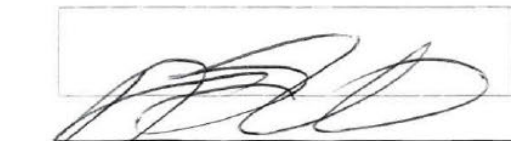
INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? I have wrote the IRS and I was told to call 800-366-4484 and 377-777-4778 but I can't because they are not on my list. This is a violation of my Due Process rights.

RECEIVED
MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING


Inmate Signature

ADC#: 105408
Date: 3-16-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

MAR 15 2023
GRIEVANCE

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Wilmoth

ADC# [redacted] Brks # 2 Job Assignment Hoe Sq.

FOR OFFICE USE ONLY	
GRV. #	<u>[redacted]-23-0038c</u>
Date Received:	<u>3-15-23</u>
GRV. Code #:	<u>399</u>

3-1-23 (Date) STEP ONE: Informal Resolution

3-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sent request to Warden No reply

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): My IRS Payments was stolen by Identity Theft the IRS Phone number 800-919-9835 told me I need to call the IRS Fraud Department at 800-366-4484 but the phone will not let me call this IRS phone number I need this number on my phone list

RECEIVED

MAR 22 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING



3-1-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3-6-23 (date), and determined to be Step One and/or an Emergency Grievance Step 1 (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt J. Howard [redacted] [Signature] 3-6-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: This issue is out of the control of the DOC. You can write a request to have this number added or to be able to make a phone call if you have proof of this happening

[Signature] 3-10-23 [Signature] 3-10-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

IGTT400
3GR

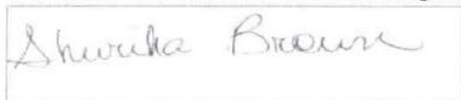
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 04/20/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: 23-C0604

Please be advised, I have received your Grievance dated 04/12/2023 on 04/20/2023 .
You should receive communication regarding the Grievance by 05/18/2023



Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

ADC#: [REDACTED]
Date _____

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director’s Office

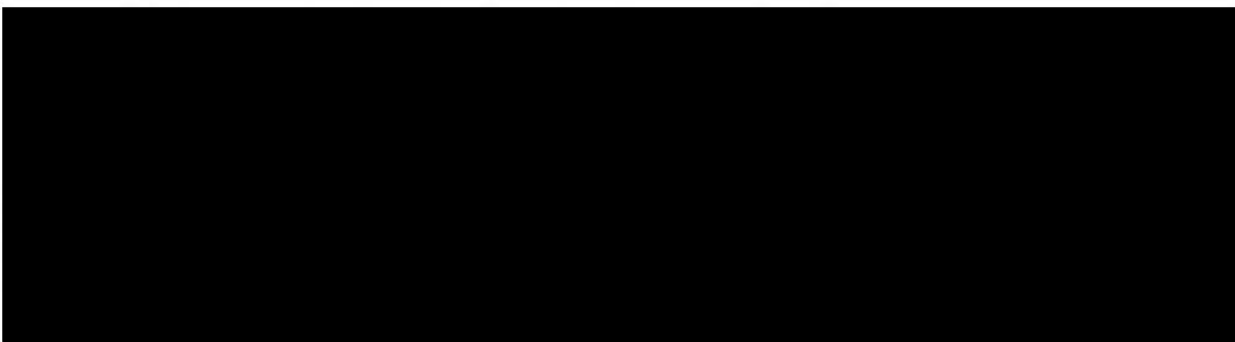
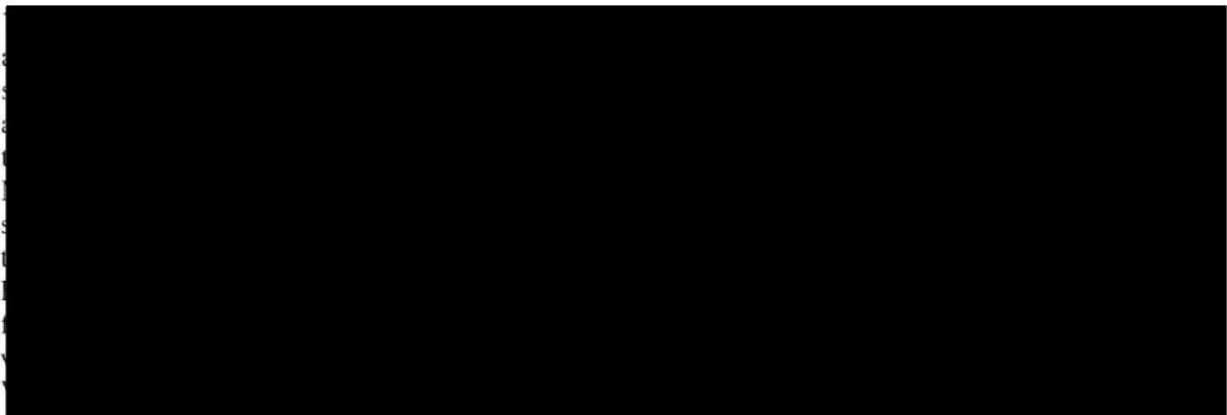
6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

MEMORANDUM

TO: Inmate Michael Wilmoth-ADC # [REDACTED]
FROM: Dexter Payne, Director *Dexter Payne*
RE: Major Disciplinary Appeal
DATE: March 17, 2023

Please be advised that I am in receipt of your disciplinary appeal regarding the major disciplinary you received 12/26/2022 at 8:15 pm from Sgt. S. McFarland.

You state in your appeal that the items found did not belong to you.



DP:ls

cc: Warden / Inmate File / File

RECEIVED
6743
JAN 18 2023

RECEIVED
96912
MAR 15 2023

ADMINISTRATIVE
DISCIPLINARY
E-831-4
Major Disciplinary Appeal Form

Inmate Name: Michael Wilmoth
Unit/Center: [Redacted] Unit
Disciplinary (date): 12-26-2022 by (charging officer): Shannon L. McFarland

1-4-23 Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Warden's Decision: Affirm Reverse Modify
Signature: [Signature] Date: 1/10/2023

1-11-23 Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the Disciplinary Hearing Administrator.
DHA's Decision: Affirm Reverse Modify
Signature: [Signature] Date: 01/19/23

1-22-23 Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Director's Decision: Affirm Reverse Modify
Signature: [Signature] Date: 3/7/23

Notice to Inmate: This form is to be used for all appeal levels and responses. Briefly state reasons why conviction or punishment should be reversed or modified. This information will be considered at all three levels of appeal. Only information that is contained within this space on this form will be considered:

I was taking a shower when I got out of the shower around 8:15 P.M. I went to cell 207 my assigned cell and Sgt. Shannon L. McFarland was doing a cell search of my cell. While searching Sgt. Shannon L. McFarland looked in a pair of Reebok Tennis shoes setting under the beds and found what looked like to me (2) broken ink pens, if he would had looked on the Tennis shoes at the ADC# he would have seen these shoes belonged to my cell mate Chris Harner or looked on enomis and seen I do not own any Tennis Shoes. The broke ink Pens did not belong to me and I had never seen them. The on 1-3-2023 Major Warren came to my cell asked if anything had been brought to me I said No why he said my cellmate Chris Harner had come to him, Asst. Warden Harris, and Sgt. McFarland and other ADC Staff told them the Contraband found in his tennis did belong to me and belonged to him Chris Harner, he was to

Inmate's Signature: [Signature] Date: 1-4-23

to write a witness statement that I believe he did. Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received. Major Warren then told me with this information he thought my Disciplinary would be dismissed and he hoped all works out for me because it seemed I had been telling the truth and if it wasn't mine it should be dismissed.

F-831-4
Major Disciplinary Appeal Form

Inmate Name Michael Wilmoth ADC# [REDACTED]

Unit/Center [REDACTED] Unit Punitive Isolation Yes No

Disciplinary (date) 12-26-2022 by (charging officer) Shannon L. McFarland

1-4-23 Appealed to Warden/Center Supervisor: Note, if you do not agree with the decision of the Disciplinary Hearing Officer, you have 15 business days from receipt of disciplinary action to appeal to the Warden/Center Supervisor.
Date 1-4-23
Warden's Decision: Affirm Reverse Modify (See attached if modified)
Signature: [Signature] Date 1-10-2023

1-11-23 Appealed to Disciplinary Hearing Administrator: Note, if you do not agree with the response of the Warden/Center Supervisor, you may appeal within 15 business days from receipt of the Warden/Center Supervisor's response to the Disciplinary Hearing Administrator.
Date 1-11-23
DHA's Decision: Affirm Reverse Modify (See attached if modified)
Signature: _____ Date _____

Appealed to Director: Note if you do not agree with the Disciplinary Hearing Administrator's response, you may appeal within 15 business days from receipt of the Disciplinary Hearing Administrator's decision to the Director.
Date _____
Director's Decision: Affirm Reverse Modify (See attached if modified)
Signature: _____ Date _____

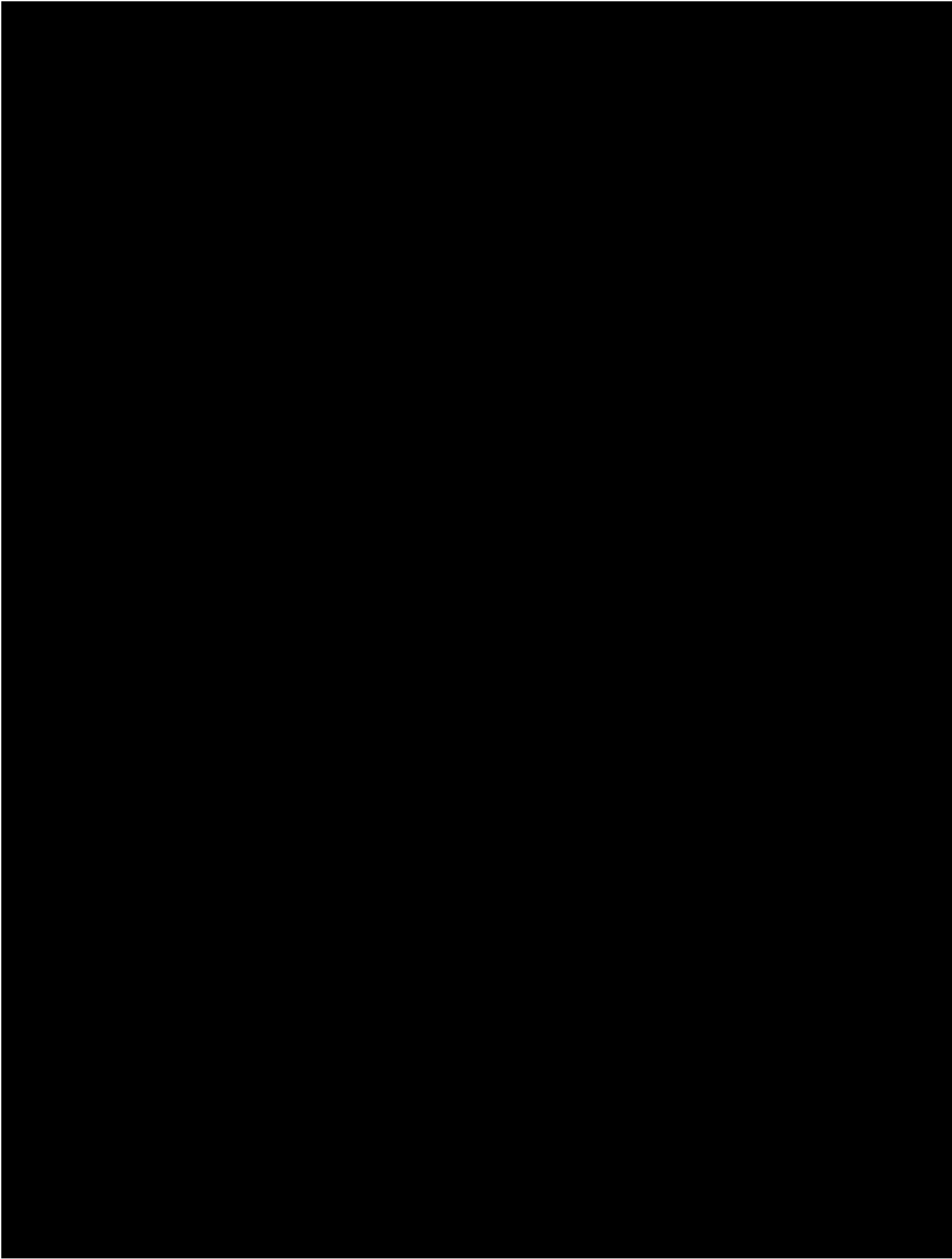
Notice to Inmate: This form is to be used for all appeal levels and responses. Briefly state reasons why conviction or punishment should be reversed or modified. This information will be considered at all three levels of appeal. Only information that is contained within this space on this form will be considered:

On 12-26-2022 at approx 7:00 P.M. I was taking a shower when I got out of the shower around 7:15 P.M. I ~~was~~ went to cell 207 my assigned cell and Sgt Shannon L. McFarland was doing a cell search of my cell. While searching Sgt. Shannon L. McFarland looked in a pair of Reebok Tennis shoes setting under the beds and found what looked like to me (2) broken ink pens, if he would had looked on the Tennis shoes at the ADC# he would have seen these shoes belonged to my cell mate Chris Harner or looked on enomis and seen I do not own any Tennis shoes. The broken ink pens did not belong to me and I had never seen them. The on 1-3-2023 Major Warren came to my cell asked if anything had been brought to me I said No why he said my cellmate Chris Harner had came to him, Asst. Warden Harris, and Sgt. McFarland and other ADC staff told them the Contraband found in his tennis did belong to me and belonged to him Chris Harner, he was told

Inmate's Signature: [Signature] Date: 1-4-23

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

to write a witness statement, that I believe he did. Major Warren then told me with this information he thought my Disciplinary would be dismissed and he hoped all worked out for me because it seemed I had been telling the truth and if it wasn't mine it should be dismissed



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 15 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

12-1-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): Everyday Housing #3 is ran last for every meal and every meal the kitchen runs out of food when serving Housing #3 this happens Breakfast, Lunch and Dinner.

[Signature]
Inmate Signature

12-1-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 12/1/23 (date), and determined to be Step One and/or an Emergency Grievance Step 1 (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt J. Howard _____ [Signature] _____
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

IGTT405
3GT

Attachment V

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

TO: Inmate Wilmoth, Michael S. ADC #: [REDACTED]
FROM: Straughn, William F TITLE: Deputy Director
RE: Receipt of Grievance [REDACTED]-23-00587 DATE: 04/25/2023

Please be advised, the appeal of your grievance dated 04/07/2023
was received in my office on this date 04/25/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send all the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This Appeal was REJECTED because it was a duplicate of [REDACTED]-23-00566 , or was frivolous or vexatious

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

IGTT400
3GR

Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 04/17/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED] 23-C0587

Please be advised, I have received your Grievance dated 04/07/2023 on 04/17/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

Shurika Brown

Signature of ADC Inmate Grievance Coord

RECEIVED
APR 25 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of [REDACTED] 23-00566 , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

*This is not a Duplicate of [REDACTED] 23-00566
it is clearly different.*

FAILURE TO FOLLOW POLICY HAS RESULTED IN A REJECTION FOR [REDACTED] ADC#:
[Signature] Date 4-18-2023
APPEAL AND MARKS THE END OF THE APPEAL PROCESS

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED

APR 25 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 20211 Job Assignment

RECEIVED
 APR 17 2023
GRIEVANCE

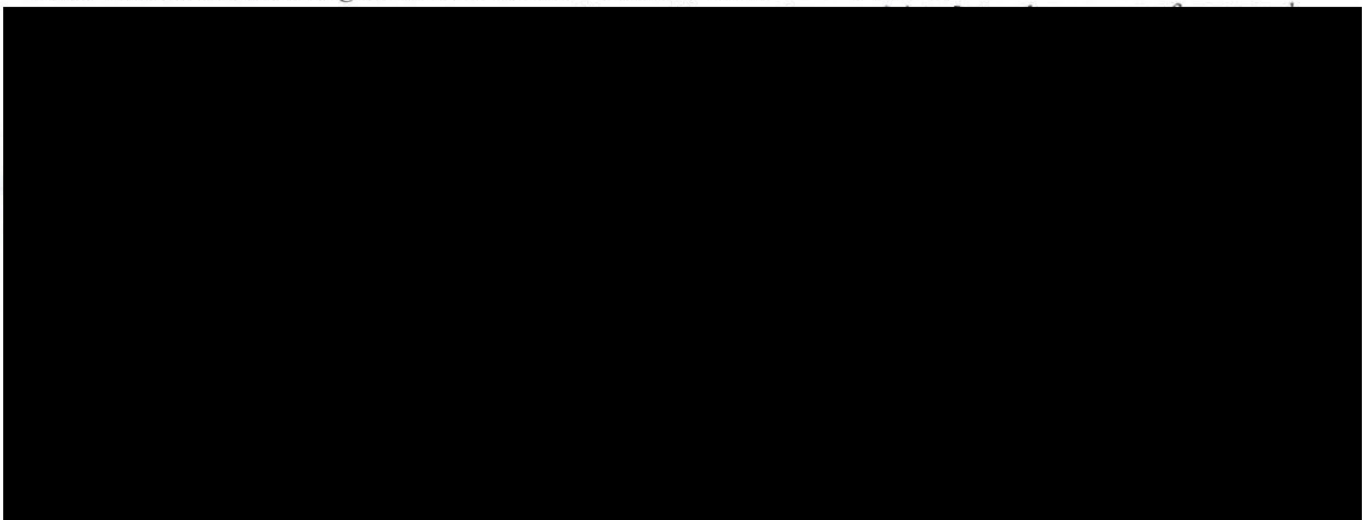
USE ONLY
 GRV # 23-00587
 Date Received: 4-17-23
 GRV. Code #: 906

4-7-23 (Date) STEP ONE: Informal Resolution

4-14-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: Informal Resolution was never Answered

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature] Inmate Signature Date 4-7-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/17/23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) [Signature] ID Number [redacted] Staff Signature [Signature] Date Received 4/17/23

Describe action taken to resolve complaint, including dates: _____

RECEIVED
 APR 25 2023

REJECTION HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael/Shane Wilmoth

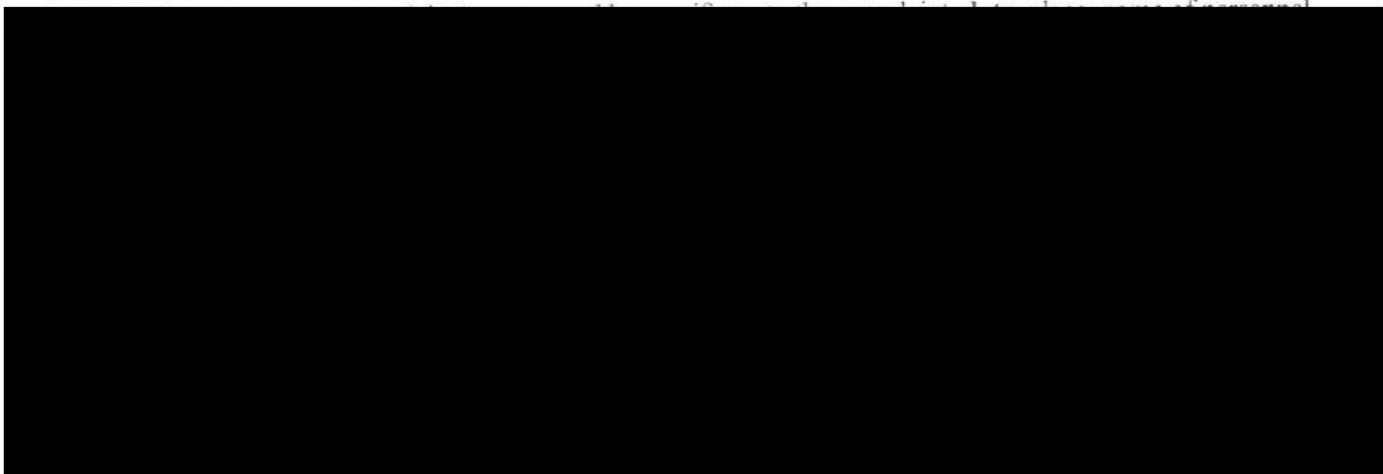
ADC# _____ Brks # ISO 244 Job Assignment _____

6-28-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature]
Inmate Signature

6-28-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

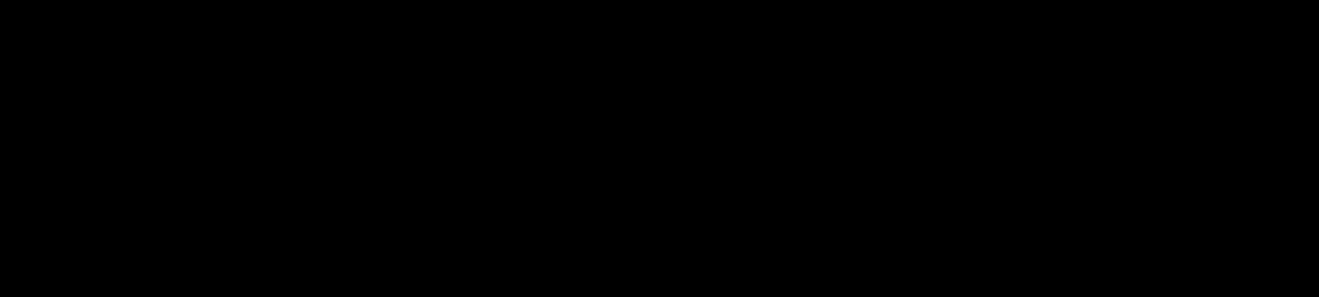
DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-23-00550

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



Your appeal is with merit.

Appeal Upheld.

DIRECTOR

 6-8-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

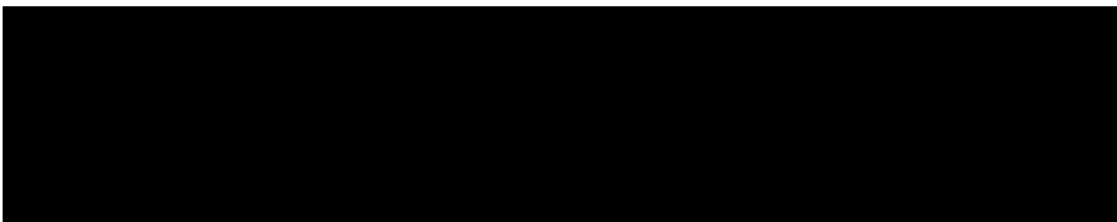
Attachment III

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00550

WARDEN/CENTER SUPERVISOR'S DECISION



Claudia Harris
Signature of Warden/Supervisor or Designee

Deputy Warden 4/27/2023
Title Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the 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?

This is a lie I have copies of the ~~grievance~~ Request I sent to the Chaplin date before April 7, 2023 before I was in Isolation and I talked to Chaplin Freeman in Person before April 7, 2023 My Constitutional Rights, Civil Liberties and Religious Freedom was violated

[Signature]
Inmate Signature

RECEIVED
MAY 11 2023

ADC#: [REDACTED] 4-27-2023
Date

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

APR 12 2023

FOR OFFICIAL USE ONLY
GRV. # <u>23-00550</u>
Date Received: <u>4-12-23</u>
GRV. Code #: <u>906</u>

Unit/Center [REDACTED]

Name Michael Shane Wilmoth

ADC# [REDACTED] Brks # ISO 211 Job Assignment _____

4-5-23 (Date) STEP ONE: Informal Resolution

4-10-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: I did write Chaplin on 3-21-23 and told staff in ISO on 3-28-23

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



[Signature] (Date) _____
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-6-24 (date), and determined to be Step One and/or an Emergency Grievance
Yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name
of the person in that department receiving this form: _____ Date _____

Sgt. Ricky Henry (PRINT STAFF NAME (PROBLEM SOLVER)) ID Number [REDACTED] Staff Signature [Signature] Date Received 4-6-23

Describe action taken to resolve complaint, including dates:
All inmates had until 3-24-23 to make it known to the chaplain to fill out the Ramadan papers to get placed on the list.

[Signature] 4-10-23 Staff Signature & Date Returned Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: MAY 11 2023

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

If forwarded, provide name of person receiving this form: INMATE GRIEVANCES SUPERVISOR Date: _____
----- ADMINISTRATION BUILDING -----

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

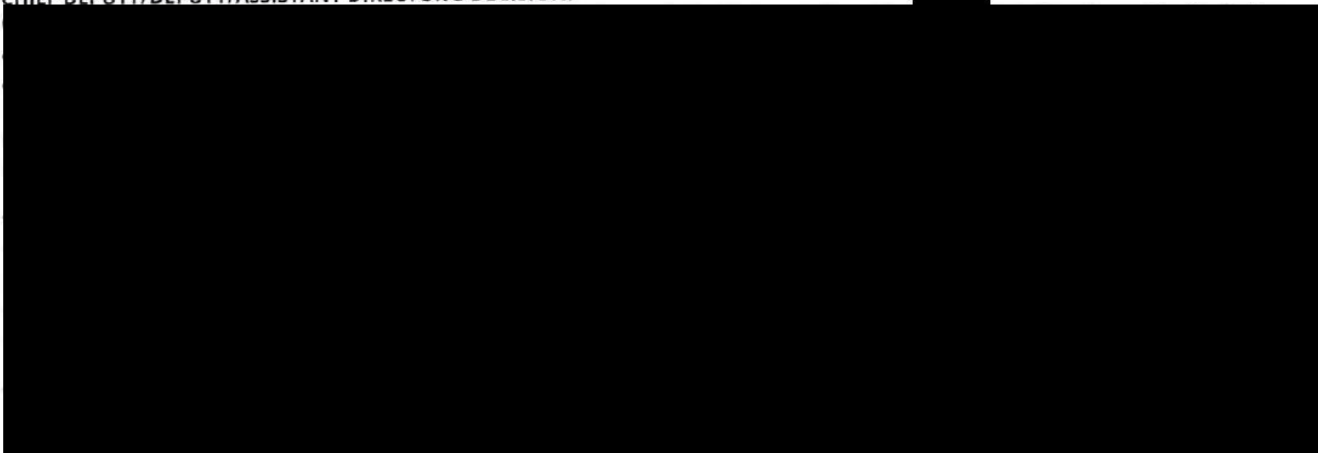
DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: GR-23-00604

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



Appeal Upheld.

DIRECTOR

W. Huff 6-8-23

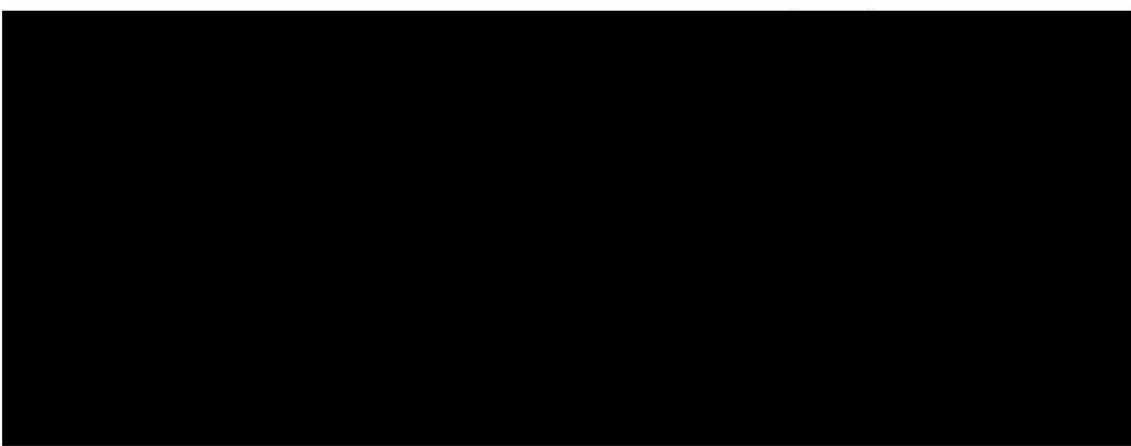
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

Attachment III

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE #: [REDACTED]-23-00604

WARDEN/CENTER SUPERVISOR'S DECISION



Claudia Hains
Signature of Warden/Supervisor or Designee


Deputy Warden 4/27/2023
Title Date

RECEIVED
MAY 11 2023

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision with a file number by filling in the information requested below and mailing it to the appropriate Chief of Inmate Administration Building with a file number by filling in the information requested below and mailing it to the appropriate Chief of Inmate Administration Building 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.




Inmate Signature

ADC#: 4-27-23
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED
MAY 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

RECEIVED

Name Michael Shane Wilmot APR 20 2023

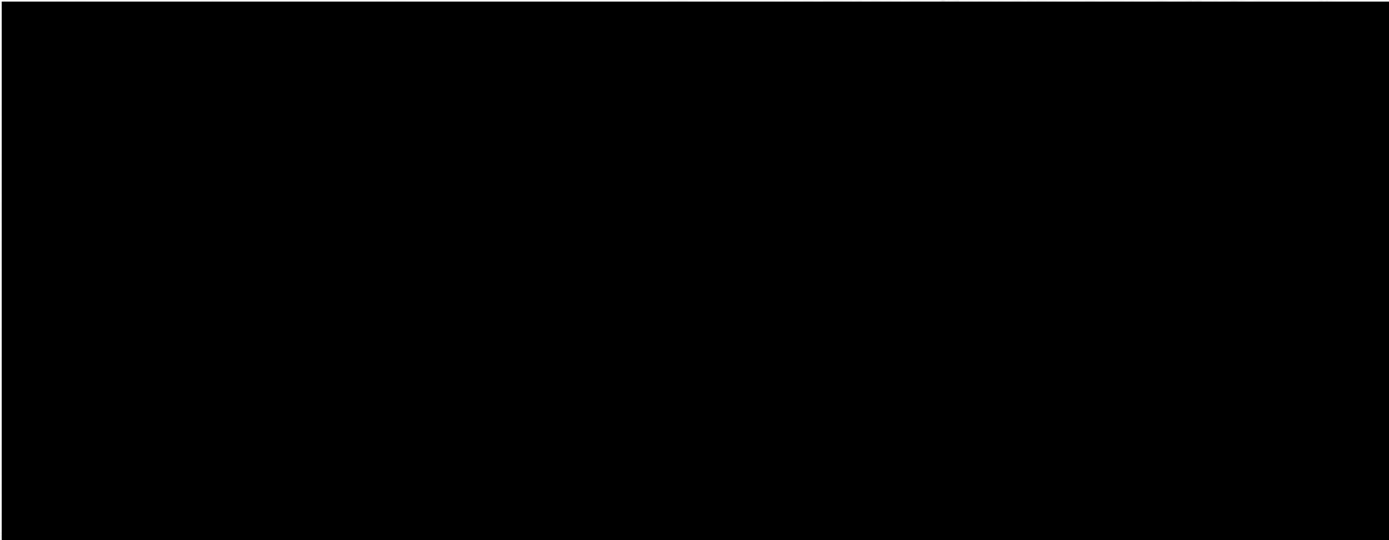
ADC# [Redacted] Brks # 150 Job Assignment GRIEVANCE

FOR OFFICE USE ONLY	
GRV. #	<u>23-09604</u>
Date Received:	<u>4-20-23</u>
GRV. Code #:	<u>501</u>

4-17-23 (Date) STEP ONE: Informal Resolution

4-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Informal Resolution was Never Answered

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____



[Signature]
Inmate Signature

4-12-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-17-23 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

RECEIVED
MAY 11 2023

Staff Signature & Date Returned

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00651

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

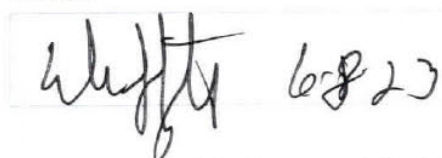
On April 24, 2023, you stated the following complaint: "Chaplin Freeman, Warden Harris, and Warden Hurst said all Islamic Muslims on Punitive can not partake in Ramadan and will not the Ramadan Feast. This is denying me my Religious accommodations, I was denying all the same Religious accommodations as all the Islamic Muslims in Population all Islamic Muslims in Isolation was denied Ramadan violating our Civil Rights and civil liberties and constitutional Rights I'm a Islamic Muslim in Isolation"

The Warden responded to your grievance on May 6, 2023, by stating the following: "You are currently housed in Restrictive Housing on punitive status. Per AD 2022-10, inmates in Punitive Isolation cannot receive food items associated with special events. Therefore, I find this grievance is without merit."

Your appeal was received on May 11, 2023. After review of your appeal and supporting documentation, I find your appeal with merit. This matter is being addressed and corrected.

Appeal Upheld.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

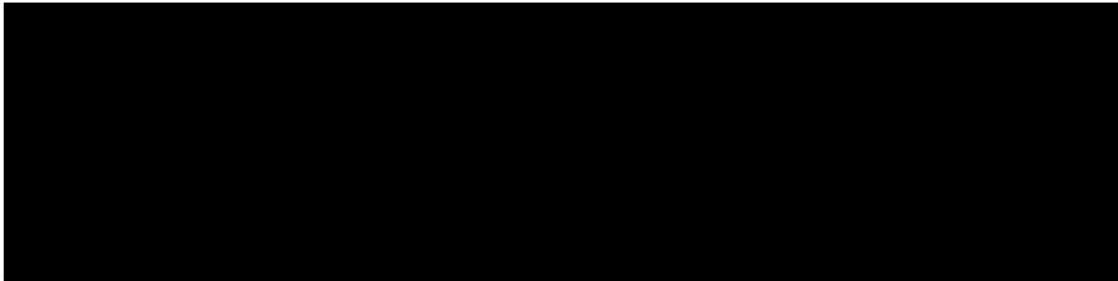
Attachment III

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED]-23-00651

WARDEN/CENTER SUPERVISOR'S DECISION



Shamir W. Hunt
Signature of Warden/Supervisor or Designee

Warden
Title

5-16-23
Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

My Civil Rights and Civil liberties was violated by denying me my Religious Accommodations

RECEIVED

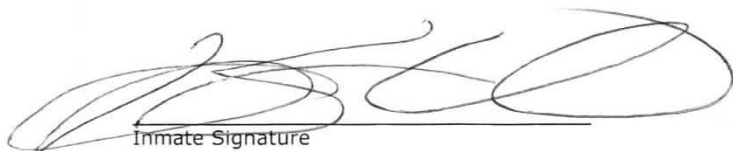
MAY 17 2023

[Handwritten Signature]

INMATE
AT



8-23



Inmate Signature

Date 5-8-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

GRV. Code #:	23-00 651
Date Received:	5-1-23
GRV. Code #:	906

Unit/Center

Name Michael Shane Wilmore

MAY 01 2023 GRIEVANCE

ADC# _____ rks # ISO 211 Job Assignment _____

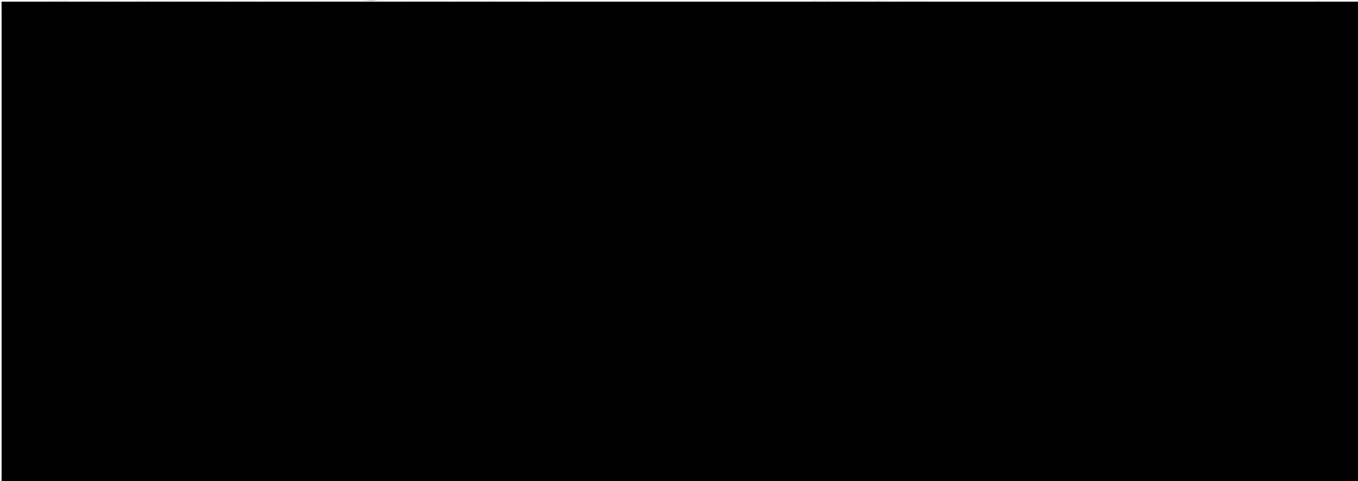
4-24-23 (Date) STEP ONE: Informal Resolution

4-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This is bias and violates my Constitutional Rights

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



[Signature]
Inmate Signature

MAY 11 2023

4-24-2023
Date

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/24/23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Brad Robertson [Redacted] Sgt Brad Robertson 4/24/23
PROB. STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: AD 2022-10 states Special Event. Any activity not held in the normal course or day to day operations of a facility or program. The Warden may allow certain food items to be taken to inmates on lockdown, except on punitive isolation, but amounts will be limited to those consistent with health and sanitation procedures.

Sgt Brad Robertson 4/24/23 [Signature] 4-24-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-00635

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

matter is being addressed and corrected.

Appeal Upheld.

DIRECTOR

 6-8-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

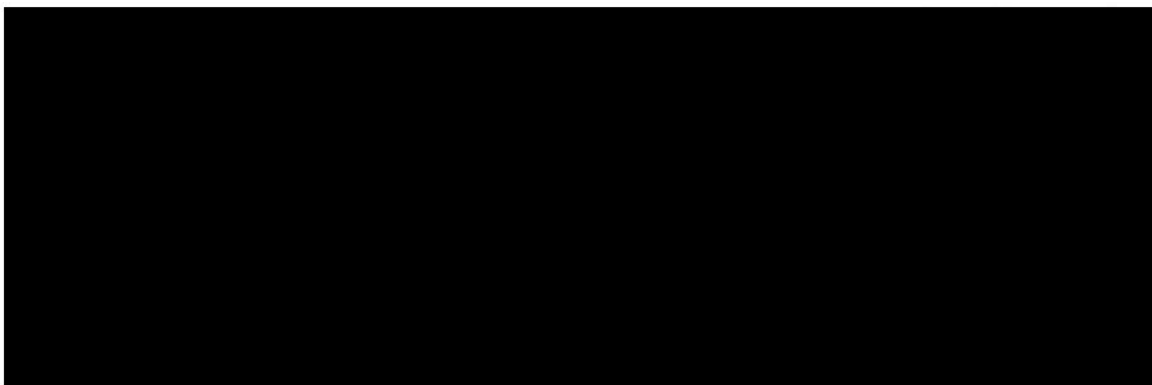
Attachment III

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED]-23-00635

WARDEN/CENTER SUPERVISOR'S DECISION



Thomas W. Hunt

Signature of Warden/Supervisor or Designee

Warden

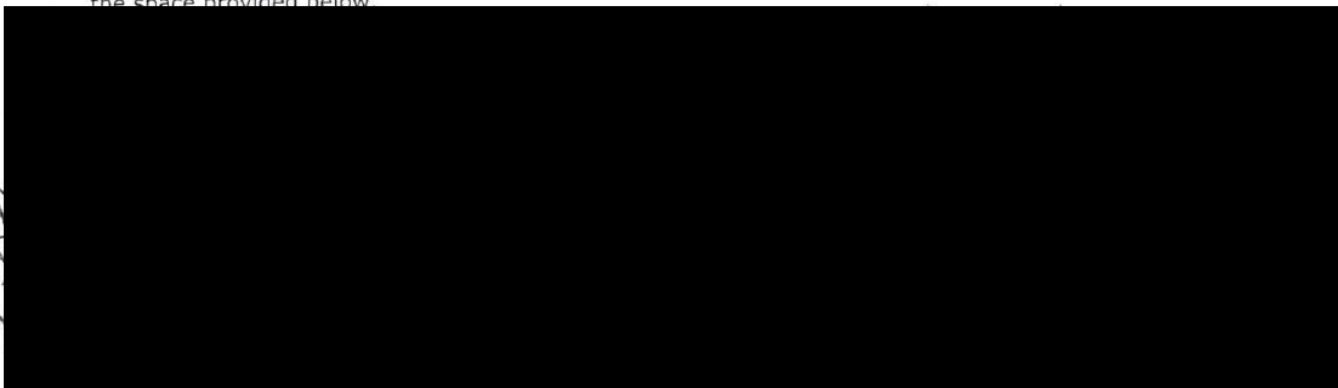
Title

5-3-23

Date

INMATE'S APPEAL

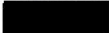
If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision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



MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING


Inmate Signature

ADC#:  5-3-2023
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

MAY 11 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Shane Wilmore

ADC# [Redacted] Brks # 150 211

Job Assignment

RECEIVED

APR 26 2023

GRIEVANCE

GRIEVANCE OFFICER USE ONLY	
GRV. Code #: 23-001635	Date Received: 4-26-23
GRV. Code #: 900	

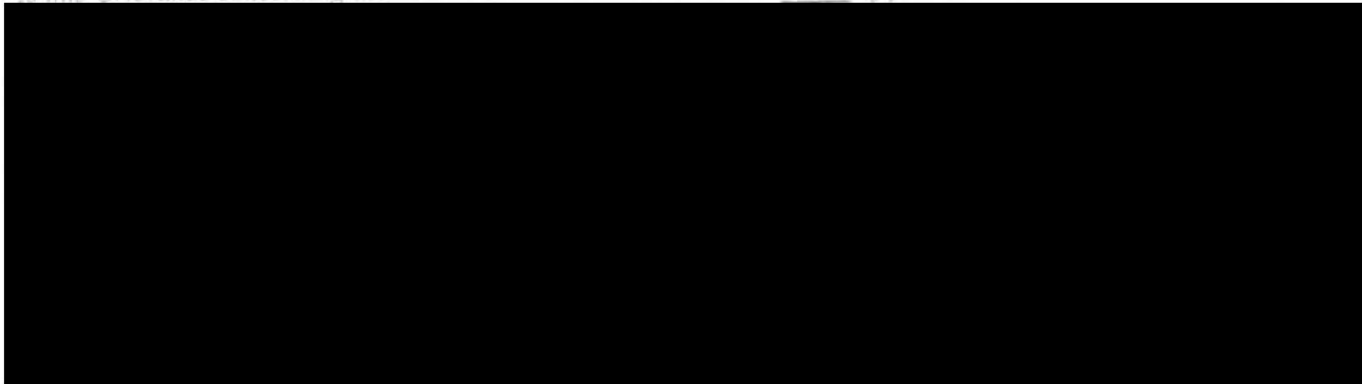
4-24-23 (Date) STEP ONE: Informal Resolution

4-24-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This violates my Constitutional Rights

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental



[Signature]

4-24-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-24-23 (date), and determined to be Step One and/or an Emergency Grievance

YES (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:

Sgt Brad Robertson [Redacted] Sgt Brad Robertson 4-24-23

Describe action taken to resolve complaint, including dates: It has nothing to do with a holiday, but your housing assignment, and your punitive status.

Sgt Brad Robertson 4/24/23 [Signature] 4-24-23

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

Staff Who Received Step Two Grievance: RECEIVED: MAY 11 2023

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

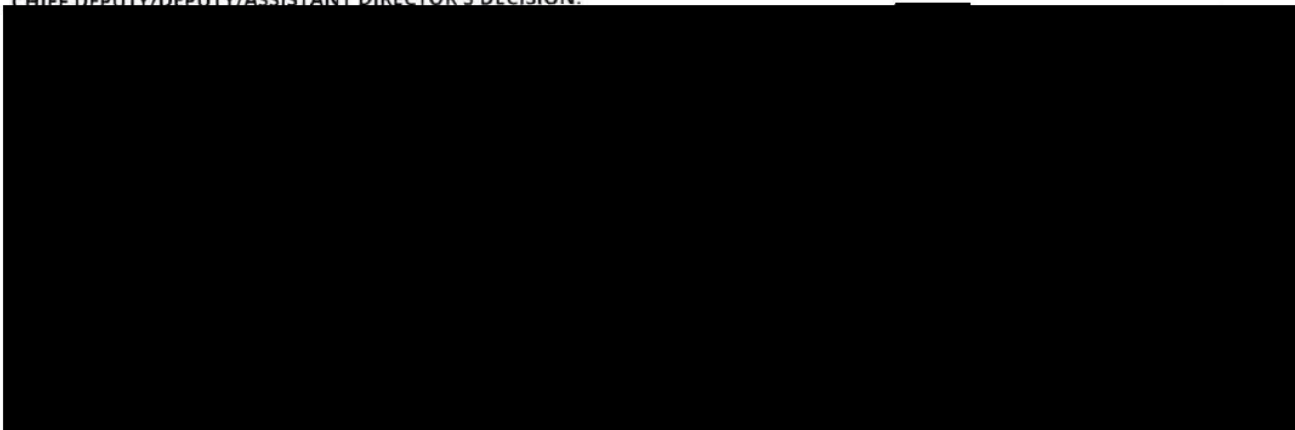
DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-23-00629

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



Appeal Upheld.

DIRECTOR

[Handwritten signature] 6-8-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

IGTT410
3GS

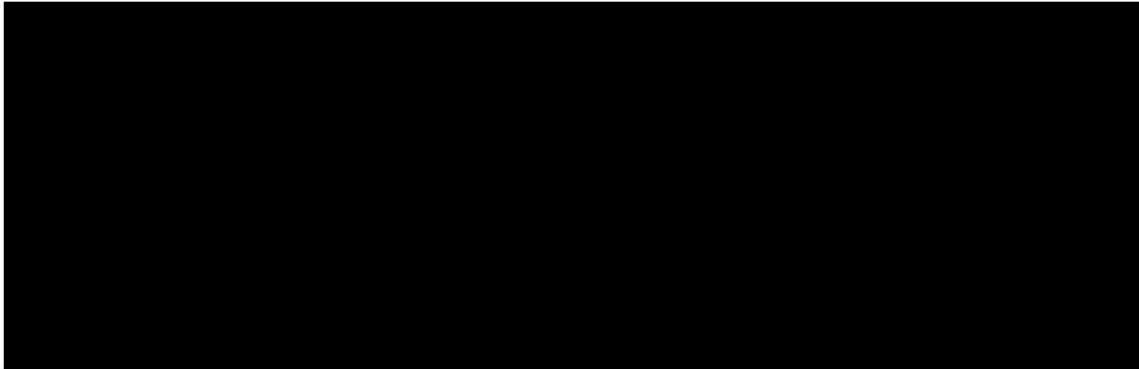
Attachment III

INMATE NAME: Wilmoth, Michael S.

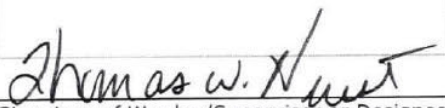
ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00629

WARDEN/CENTER SUPERVISOR'S DECISION



Therefore, I find this grievance is without merit.


Signature of Warden/Supervisor or Designee

Warden
Title

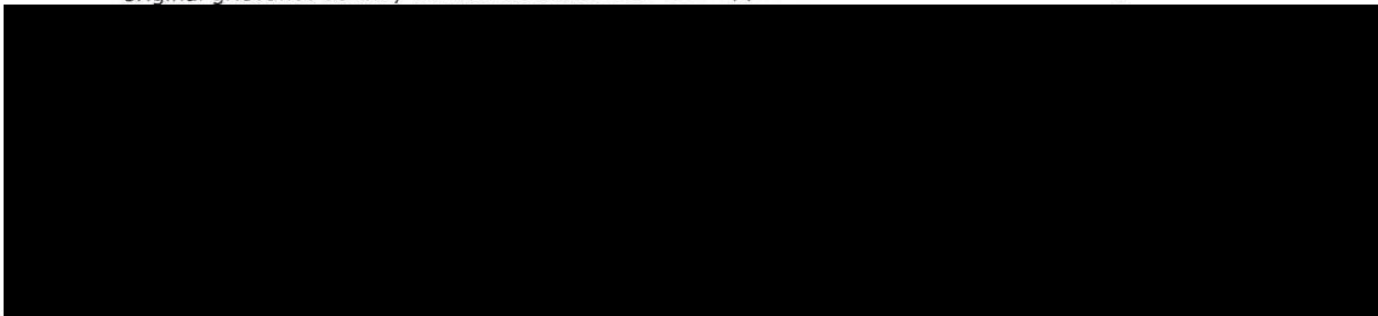
5-3-23
Date


RECEIVED

MAY 11 2023

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision with five working days by filling in the information requested below and mailing it to the appropriate Building 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




Inmate Signature

ADC#: 5-3-2023
Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED
MAY 11 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 150 / 211 Job Assignment _____

APR 26 2023

GRIEVANCE

FOR OFFICE USE ONLY	
GRV. #	[redacted] - 23-00629
Date Received:	4-26-23
GRV. Code #:	906

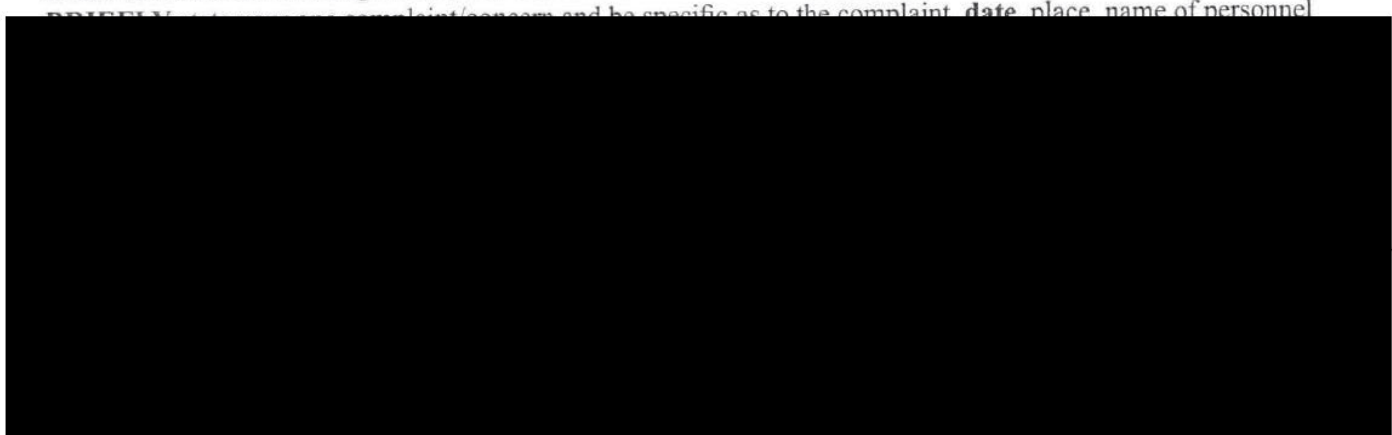
4-20-23 (Date) STEP ONE: Informal Resolution

4-21-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This violates my Constitutional Rights

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



RECEIVED

MAY 11 2023

[Signature]
Inmate Signature

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

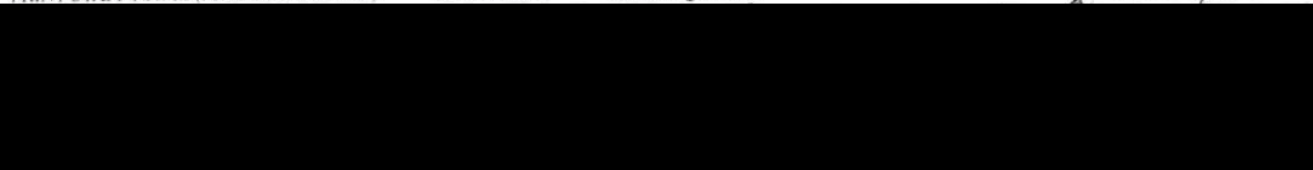
4-20-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/21/23 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

[Signature] ID Number _____ Staff Signature [Signature] Date Received 4/21/23



Staff Signature & Date Returned _____ Inmate Signature & Date Received _____
This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Kilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-13-23 (Date) STEP ONE: Informal Resolution

8-17-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: This is a

8-13-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: This is putting my life at risk of Physical Harm or Death

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On June 30, 2023 ADC Policies and Procedures was violated for falsifying Legal Document, OOS's, Disciplinary, statements, Reports, ect. by Cpl. Willie Harris and other ADC Security Staff Do not know Names at this point Use of Force, Medical Attention after Use of Force, Retaliation, and other ADC Policies and Procedures. All these Policies and Procedures are still being violated as of 8-13-2023 and I'm being denied the Grievance Procedure concerning these Policies and Procedures being violated by ADC Staff, Warden T. Hurst, Deputy Warden Harris, Major Warner is allowing ADC staff to violate these Policies and Procedures at Unit in Isolation.

[Signature]
Inmate Signature

8-13-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

SGT. Jeremy Haverstick _____ SGT. J. Haverstick 8-13-23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: This is not an Emergency Grievance due to the fact that your grieving about policies not being followed, however your complaints will be looked into.

SGT. J. Blumenthal 8-17-23
Staff Signature & Date Returned

[Signature] 8-17-23
Inmate Signature & Date Received

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

Staff. Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-9-23 (Date) STEP ONE: Informal Resolution

8-17-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: this is not medical issue

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Not Medical

Is this Grievance concerning ~~Medical~~ or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 8-4-2023 Cpl. Willie Harris signed a Medical Grievance for L.P.N. Sheila Armstrong stating I refused to sign the Informal Resolution but Cpl. Willie Harris was not present to witness this, so he should of never signed this Informal Resolution as a witness. I never at any time refused to sign any Informal Resolution. L.P.N. Sheila Armstrong never at any time on 8-4-2023 asked me to sign a Informal Resolution, this is falsifying legal documents and violates ADC Policy and Procedure

[Signature]
Inmate Signature

8-9-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date 8/17/23

SGT. Jeremy Haverstick ID Number _____ SGT. Jeremy Haverstick Staff Signature Date Received 8-13-23

Describe action taken to resolve complaint, including dates: Your Informal Was Addressed per Policy, you Refused to Sign for the informal so Security An myself Signd this.

[Signature] 8/17/23
Staff Signature & Date Returned

[Signature] 8-17-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

Got on 8-21-23

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S. **ADC #:** [REDACTED] **GRIEVANCE#:** [REDACTED] 23-00890

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

On June 28, 2023, you stated the following complaint: "The ADC Director found Grievance # 23-00-00550, 00604, 00651, 00635, 00629 with Merit and stated the matter is being addressed and corrected but the matter was not addressed and corrected on 6-28-2023 Chaplin

Your unit level grievance was rejected for being a duplicate on July 5, 2023.

Your appeal was received on July 13, 2023. After review of your appeal and supporting documentation, I find all the above mentioned grievances were upheld. You have exhausted all of your administrative remedies on the above mentioned grievances. Therefore, the issues has been resolved. Your appeal is without merit.

Appeal denied.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/05/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-00890

Please be advised, I have received your Grievance dated 06/28/2023 on 07/05/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 5, 2023 08:40:11 CDT

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of GR-23-00889 , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Addressed

INMATE SIGNATURE

[Handwritten Signature]

July 5, 2023

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICE USE ONLY	
GRV. #	23-00890
Date Received:	7-5-23
GRV. Code #:	803

Unit/Center [Redacted]

JUL 05 2023

Name Michael Sharpe Wilkins

GRIEVANCE

ADC [Redacted] Brks # 244 Job Assignment

6-28-23 (Date) STEP ONE: Informal Resolution

7-4-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Informal was Never Answered

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:



Inmate Signature [Signature]

Date

6-28-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-20-23 (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: [Redacted] Date

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

RECEIVED

JUL 13 2023

Staff Signature & Date Returned

Inmate Signature & Date Received

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

Staff Who Received Step Two Grievance: Date:

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

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

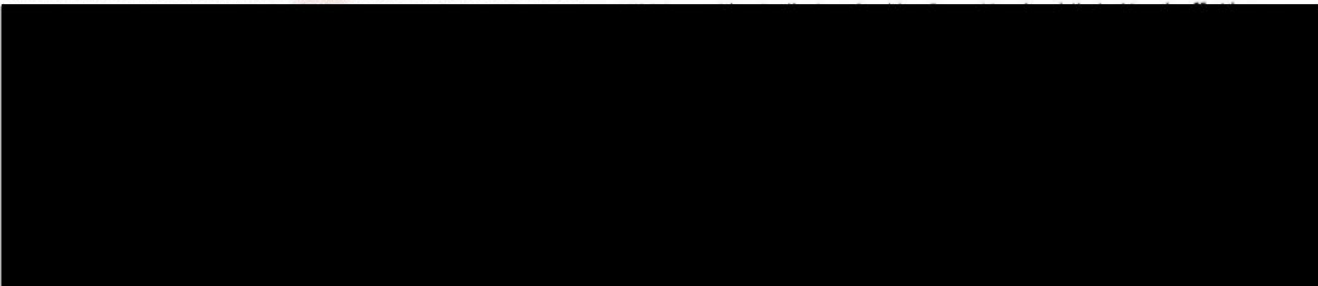
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

Got on 8-21-2023

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE#: [REDACTED]-23-00901

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:



Your appeal was received on July 13, 2023. After review of your appeal and supporting documentation, I find an Internal Affairs Investigation was completed with the Use of Force being found within reason. Your appeal is without merit.

Appeal denied.

DIRECTOR

[Handwritten signature] 83-23

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

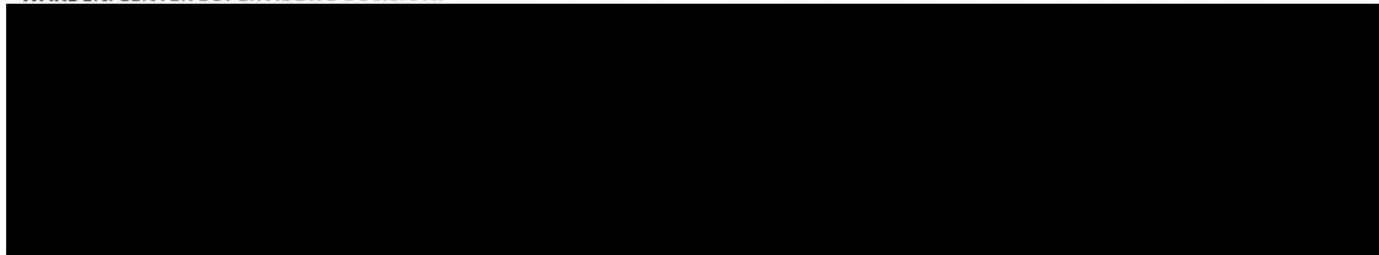
WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00901

WARDEN/CENTER SUPERVISOR'S DECISION:



SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

C. Harris

7/10/2023

Date

Deputy Warden

Title

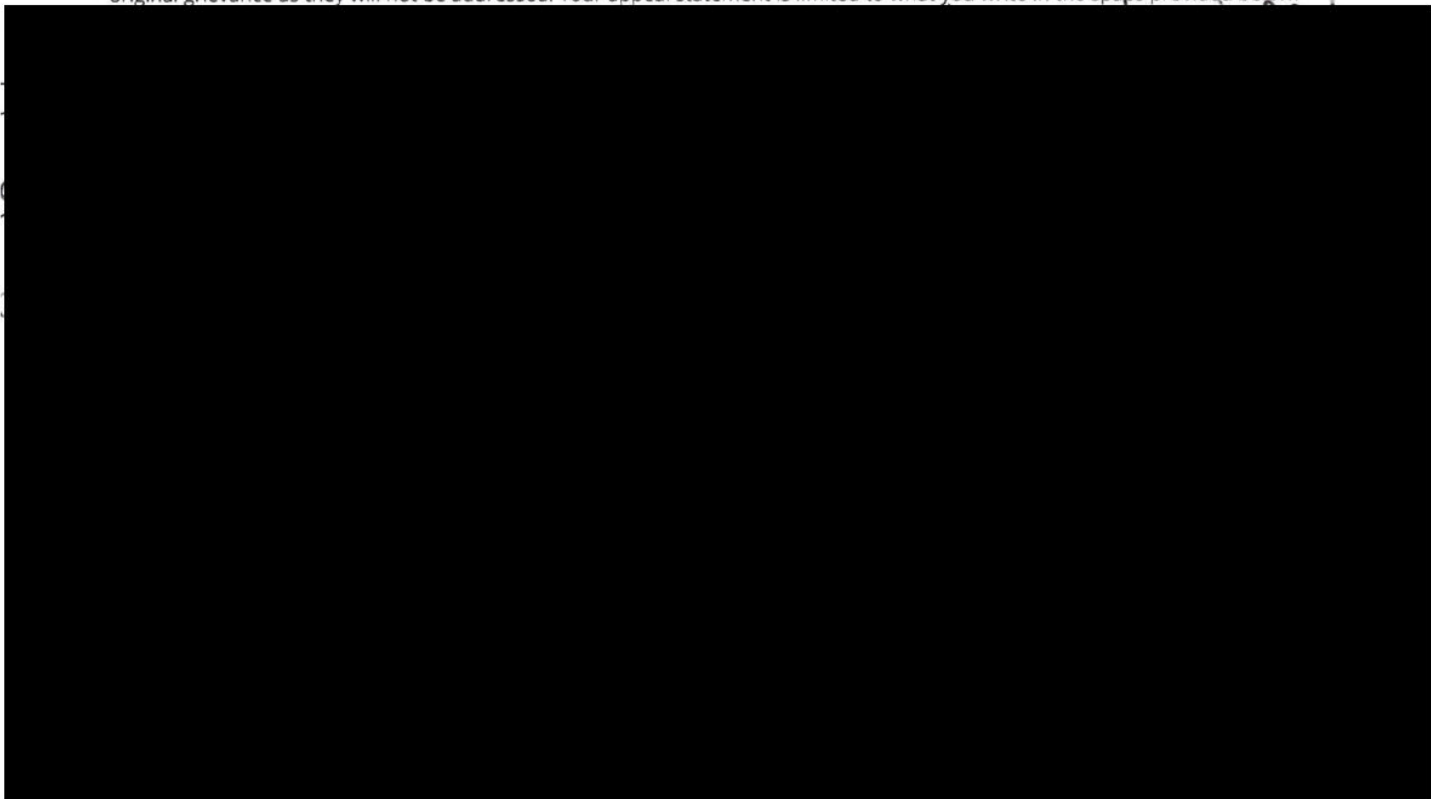
RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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.



UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

JUL 10 2023

GRIEVANCE

FOR [REDACTED] USE ONLY
GRV. [REDACTED] -23-00901
Date Received: 7-10-23
GRV. Code #: 801

Unit/Center _____

Name Michael Shane Wilmoth

ADC [REDACTED] Brks # 123 Job Assignment _____

7-3-23 (Date) STEP ONE: Informal Resolution [REDACTED]

7-9-23 (Date) STEP TWO: Formal Grievance (An complaint/concern [REDACTED])

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

Informal was not A [REDACTED]

7-3-23 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to Step 2

a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Life at risk of Physical Harm

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel



RECEIVED

JUL 13 2023

July 3, 2023

[Signature]
Inmate Signature

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/9/23 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Boys Gms [REDACTED] [Signature] 7/9/23
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Spoke to cpl Harris who stated he learned profession) at all times and never threatened inmate Wilmoth. This is also a disciplinary matter which would need to be resolved through the appeal process.

[Signature] 7/9/23 [Signature] 7-9-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

Very

Inmate Request Form

Important

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael S. Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>4-24-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Assit. Warden</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Warden Harris



Have you talked to any staff member about this request? Yes ___ No If so, whom?
Staff member(s) contacted: Chaplin Freeman Date: _____

[Signature] 4-24-2023
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

AD 2000-10) inmates in Punitive Isolation
Rt cannot receive food items
associated with special events.
Cm items

Staff Signature

I am referring this request to: _____ 1/03/18

RECEIVED
APR 25 2023
DW SECURITY

Inmate Request Form

Very Important

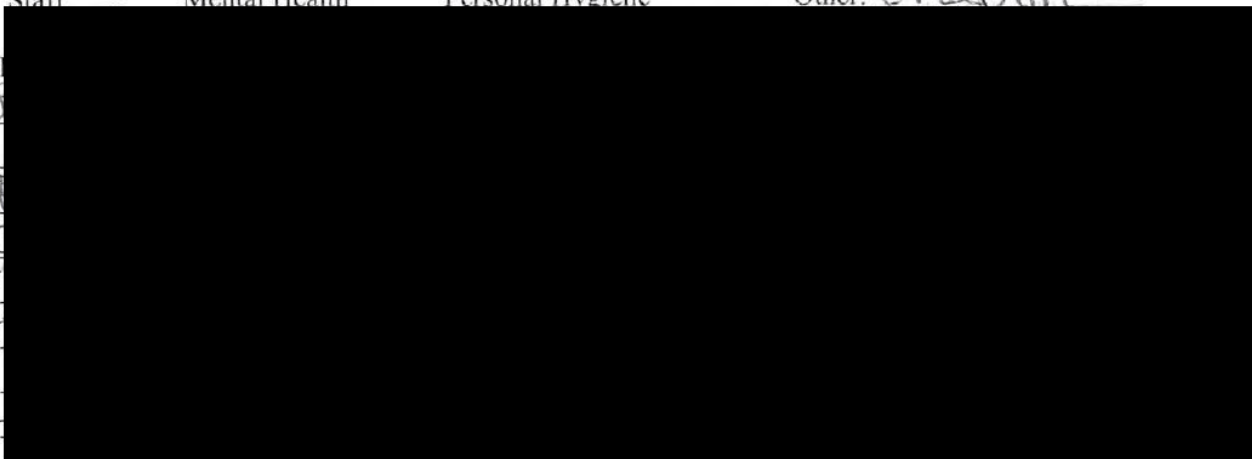
*Way way bless you
you call yourself a Man of God*

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <i>Michael S. Wilmoth</i>	ADC Num: [Redacted]	Date: <i>4-24-23</i>
Housing Assignment: <i>ISO 211</i>	Job Assignment:	
To (Staff Member): <i>Chaplin Freeman</i>	Office: <i>Chaplin</i>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: *Chaplin*



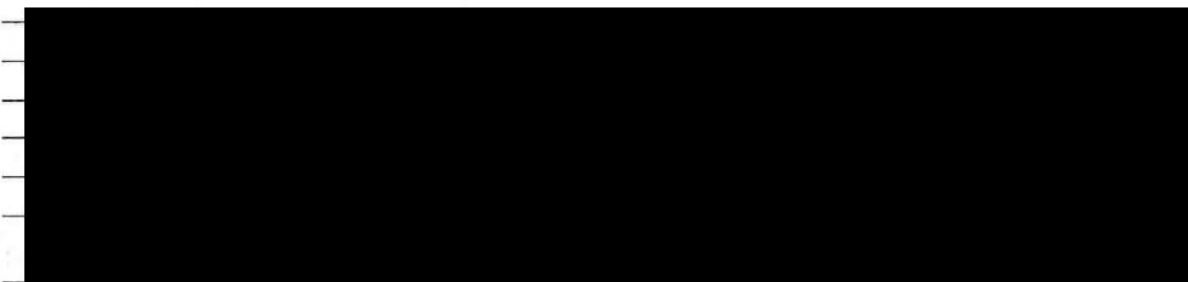
Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: *Warden Harris* Date: _____

[Signature] *4-24-2023*
Inmate's Signature Date

Staff Member Responding: <i>R. Freeman</i>	Date: _____
--	-------------

I have reviewed your request and my finding is as follows: _____



Staff Signature

[Signature]

I am referring this request to: _____ 1/03/18

Very Very Important

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael S. Wilmoth</u>	ADC Number:	Date: <u>4-14-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Warden Harris

Detailed Reason for Request: Ms. Harris I have Legal Documents I need copies made of I wrote the Law Library Ms. Barnett she sent me the Form to complete and have signed by a Sgt. but ADC Sgt. in ISO are not making there round signing legal mail and stuff I also need a Sgt. to take these Legal Documents to Ms. Barnett to be copied this is time sensitive I need these copy's so I can get them mailed out

Have you talked to any staff member about this request? Yes No whom?

Staff member(s) contacted: Ms. Barnett Date: 4-13-23

Inmate's Signature

Date

Staff Member Responding:	Date: <u>4/19/2023</u>
--------------------------	------------------------

I have reviewed your request and my finding is as follows: _____

Complete paperwork and send request to Ms. Barnett that its ready.

Comitamy
Staff Signature

RECEIVED
APR 19 2023
DW SECURITY

I am referring this request to: _____ 1/03/18

GU 1.5.0

Emergency Inmate Request Form

ATTACHMENT 1

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>4-6-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff

Other: Chaplin
Denied

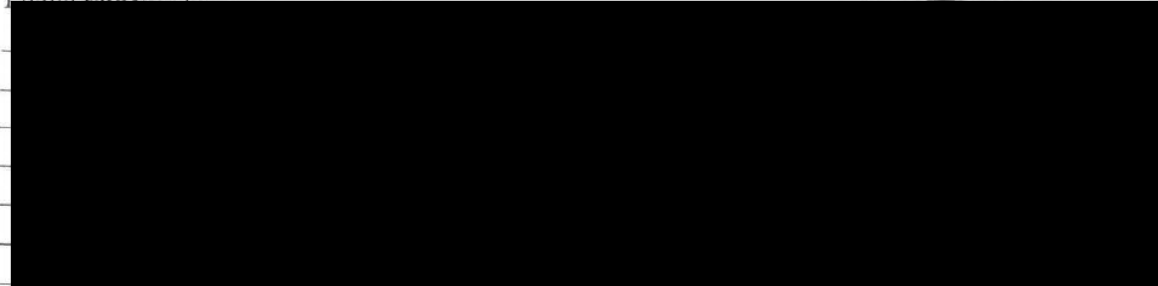


Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____ Date: _____

[Signature]
Inmate's Signature Date

Staff Member Responding: _____ Date: _____



[Signature]
Staff Signature

I got back a reply on 4-14-23
I am referring this request to: MSW

4-7-23

Inmate Request Form Grimes Unit

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>7-22-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Law</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: I need all Rules and Regulations for the Arkansas State Claims

Have you talked to any staff member about this request? Yes ___ No If so, whom?
 Staff member(s) contacted: Major Warner Date: _____
Captain Baker [Signature] 7-22-23
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows: _____

Staff Signature

I am referring this request to: _____ 1/03/18

UNIT LEVEL GRIEVANCE FORM (Attachment 1)

RECEIVED AUG 23 2023 3 27 2023

FOR OFFICIAL USE ONLY
GRV # 23-01053
Date Received: 8-23-23
GRV. Code #: 801

Unit/Center [redacted]
Name Michael Shane Wilmoth
Brks # 123 Job Assignment

7-11-23 (Date) STEP ONE: Informal Resolution

7-11-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)
If the issue was not resolved during Step One, state why: [redacted]

7-11-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the at [redacted]

Is this Grievance concerning Medical or Mental Health Services? [redacted] 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



RECEIVED JUL 13 2023 7-11-2023
Inmate Signature [Signature] Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/6/23 (date), and determined to be Step One and/or an Emergency Grievance
NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No) If yes, name of the person in that department receiving this form: Date

PRINT STAFF NAME (PROBLEM SOLVER) [redacted] Staff Signature [Signature] Date Received 7/11/23

Describe action taken to resolve complaint, including dates: IF you are satisfied that the
Documentation was falsified, policy was not followed, and proper action was
not taken, I suggest going to Step two.
RECEIVED NOV 17 2023

Staff Signature & Date Returned [Signature] 7/11/23 Inmate Signature & Date Received [Signature] 7/11/23

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

Staff Who Received Step Two Grievance: [redacted] Date: [redacted]

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

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

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

RETURNED TO INMATE FOR THE FOLLOWING REASON(S) NOT PROCESSED PREVIOUSLY ANSWERED, REJECTED, OR A DUPLICATE

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED] 23-00994

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 11/16/2023

Please be advised, the appeal of your grievance dated 07/27/2023
 was received in my office on this date 11/16/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

RECEIVED

NOV 16 2023

INMATE GRIEVANCES SUPERVISOR
 ADMINISTRATION BUILDING

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00994

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated July 27, 2023. You stated, "The A.D.C. Director, Deputy Director's and Disciplinary Appeal Director are allowing A.D. [REDACTED] hit Warden Deputy Warden, Major Warner, Security Staff COII Zuber, COII Harris, Lt. Lee, Sgt. Mcfarland, and all other Grimes Unit Security Staff, Isolation Staff to Violate A.D.C. Policies and Procedures concerning Major Disciplinarys, Falsifying Legal Documents oo5, Logs, Incident Reports, Hunger Strite Logs, ISSR 100 and 101 Forms Grievances, Statements, Use of Force, Restraint Chair, Medical Attention after Use of Force or Hunger Strike, Classification, Restrictive Housing, Release from Isolation/Restrictive Housing, Confiscation forms, cell searches, Restraints Hair cut and shaves, Food and Drinks, [REDACTED] use of Grievance system. Legal Phone Calls, Yard Call, Religious Services, Rooming Etc. of Inmate Administrative Segration, Indigent Supplies Law Library, Legal Copies, Legal Suppies, Cell Clean up, 48 hour Relief This is putting my life in Danger of Physical Harm or Death at Grimes Unit Isolation"

Per policy, you have failed to be specific (dates, times, and locations) in your complaint against staff. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt

9-7-23
Date

Warden
Title

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?

*Being Denied
Grievance Process*

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

INMATE SIGNATURE

[Handwritten Signature]

9-7-23
Date

RECEIVED
NOV 16 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICIAL USE ONLY
GRV. # 23-00 994
Date Received: 8-10-23
GRV. Code #: 599

Unit/Center [redacted]
 Name Michael Shane Wilmoth
 ADC# [redacted] Brks # 123 Job Assignment _____

7-27-23 (Date) STEP ONE: Informal Resolution
8-2-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I've been very specific as to the issues

7-27-23 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: My Life is at Risk of Physical Harm or Death Due to all this

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): The A.D.C. Director, Deputy Director's and Disciplinary Appeal Director are allowing A.D.C. [redacted] Jail Warden Deputy Warden, Major Warner, Security Staff, Coll Zuber, Coll Harris, Lt. Lee, Sgt. McFarland and all other [redacted] Unit Security Staff, Isolation Staff to Violate A.D.C. Policies and procedures concerning Major Disciplinarys, falsifying legal documents, logs, Incident Reports, Hunger Strike Logs, ISSB 100+101 Form Grievances, Statements, Use of Force, Restraint Chair, Medical Attention after Use of Force or Hunger Strike, Classification, Restrictive Housing, Release from Isolation/Restrictive Housing, Confiscation Forms, Cell searches, Restraint Haircut and ~~Shaves~~ Shaves, Food and Drinks, Retaliation, [redacted] and use of Grievance System, Legal Phone Calls, Yard Call, Religious Services/ [redacted], Administrative Separation, Inigent Supplies Law Library, Legal Copies, Legal Supplies, Cell Clean up, 48 hour Relief
This is putting my life in danger of Physical Harm or Death at Grimes Unit Isolation

[Signature] Inmate Signature Date 7-27-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-29-23 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or NO). This form was forwarded to medical or mental health? NO (Yes or NO). If yes, name of the person in that department receiving this form: _____ Date _____

Avery Cox PRINT STAFF NAME (PROBLEM SOLVER) ID Number [redacted] Staff Signature [Signature] Date Received 7-29-23

Describe action taken to resolve complaint, including dates: You have not been specific in your concern. No proof of life being in danger or at risk.

[Signature] Staff Signature & Date Returned 8-2-23 [Signature] Inmate Signature & Date Received 8-2-23

This form was received on _____ (date) pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No). Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded, provide name of person receiving this form: _____ Date: _____

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance ■-23-01395

ADC#: ■■■■■■
TITLE: Deputy Director
DATE: 11/16/2023

Please be advised, the appeal of your grievance dated 08/07/2023
was received in my office on this date 11/16/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
- (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
- (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

RECEIVED

NOV 16 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

NOV 09 2023
GRIEVANCE

FOR OFFICIAL USE ONLY
GRV. # [redacted] 23-01395
Date Received: 11-9-23
GRV. Code #: [redacted] 803

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 123 Job Assignment [redacted]

8-7-23 (Date) STEP ONE: Informal Resolution

8-14-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This has been happening since June 30, 23

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): The Week of July 30 thur Aug. 5 2023 I turn in (3) three Step Two Unit Level Grievance to ADC Inmate Grievance Coordinator Shurika Brown at [redacted] Unit I've still got No Acknowledgement or Rejection of Unit Level Grievance Form for these (3) three Step Two Unit Level Grievances I Filed at [redacted] Unit.

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

RECEIVED

NOV 16 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

[Signature] Inmate Signature

8-7-2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-8-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: [redacted] Date [redacted]

PRINT STAFF NAME (PROBLEM SOLVER) Joshua Jones ID Number [redacted] Staff Signature [Signature] Date Received 8-8-23

Describe action taken to resolve complaint, including dates: On 8-11-23, Ms. Brown was notified by Central Office that they had received many Step 2 grievances from you. Ms. Brown did not mail these to Central Office and is awaiting receipt of them via mail

Staff Signature & Date Returned [Signature] 8-14-23 Inmate Signature & Date Received [Signature] 8-14-23

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

Staff Who Received Step Two Grievance: [redacted] Date: [redacted]

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

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

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

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Cowell, Paula L
DATE: 11/09/2023

ADC#: [REDACTED]
TITLE: Adm Review Officer
GRIEVANCE #: [REDACTED]-23-01395

Please be advised, I have received your Grievance dated 08/07/2023 on 11/09/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADM REVIEW OFFICER

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

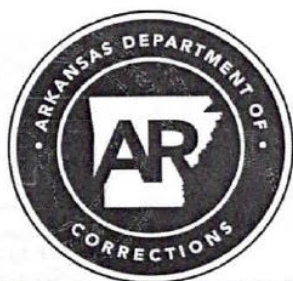
Being Denied Grievance Process

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED
NOV 16 2023

INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING



Aundrea Culclager
Deputy Director of Health &
Correctional Programs

November 21, 2023

Wilmoth, Michael

ADC [REDACTED]

Mr. Wilmoth,

Your grievance # [REDACTED]-23-00928 received a response from Deputy Director Culclager on September 27, 2023. Deputy Director Culclager's response to your grievance marked the end of the appeal process for this grievance. I am returning your documents. I encourage you to adhere to AD 19-34 Inmate Grievance Procedure in the future.

Sincerely,

A handwritten signature in blue ink that reads 'Brandy Johnson'. The signature is stylized and includes a circular flourish at the end.

Brandy Johnson
Inmate Grievance Coordinator- Medical
Office of Aundrea Culclager Deputy Director of Health & Correctional Programs

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE #: [REDACTED] 23-00928

(605) Your 7/17/23 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.



In conclusion [REDACTED]
Therefore, your grievance is without merit.

SIGNATURE OF HEALTH SERVICES
ADMINISTRATOR/MENTAL HEALTH SUPERVISOR OR
DESIGNEE

Sheila Armstrong LPN

SHEILA ARMSTRONG, LIC PRACTICAL NURSE
AUG 15, 2023 09:55:25 CDT

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Process I'm being denied grievance

INMATE SIGNATURE

[Handwritten Signature] 8-15-23

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Received
NOV 21 2023
Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I) RECEIVED

FOR OFFICE USE ONLY	
GRV. #	23-00928
Date Received:	7-24-23
GRV. Code #:	600

Unit/Center [Redacted]
 Name Michael-Dane Wilmoth 11 24 2023
 ADC# [Redacted] Brks # 350 123 Job Assignment GRIEVANCE

7-17-23 (Date) STEP ONE: Informal Resolution Took to Step two
7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
 BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature _____ Date July 17, 2023
 If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7/17/23 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received 7-17-23
 Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____
 This form was received on 7/18/23 (date), pursuant to **Step Two**. Is it an Emergency? No (Yes or No).
 Staff Who Received Step Two Grievance: Cow Date: 7/18/23
 Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded to _____ name of person receiving this form: _____ Date: _____

DISTRIBUTE YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to inmate after completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I) RECEIVED

FOR OFFICE USE ONLY	
GRV. #	23-00928
Date Received:	7-24-23
GRV. Code #:	600

Unit/Center [Redacted]
 Name [Redacted]
 ADC# [Redacted] Brks # [Redacted] Job Assignment [Redacted]

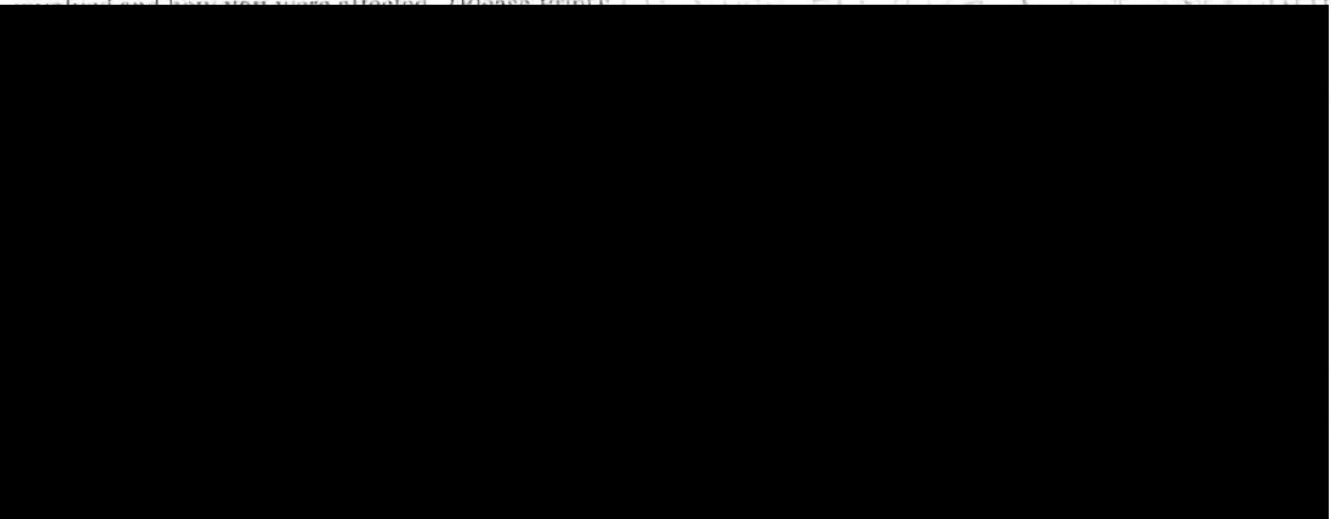
PH 24 2023

GRIEVANCE

7-11-23 (Date) STEP ONE: Informal Resolution Took to Step two
 7-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

[Redacted], (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
 BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): _____



Inmate Signature _____ Date _____
 If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____
 This form was received on 7/18/23 (date), pursuant to **Step Two**. Is it an Emergency? No (Yes or No).
 Staff Received Step Two Grievance: Cor Date: 7/18/23
 Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
 If forwarded, provide name of person receiving this form: _____ Date: _____

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

Deputy Director
 Health & Correctional Programs

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 07/24/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-00928

Please be advised, I have received your Grievance dated 07/17/2023 on 07/24/2023.
You should receive communication regarding the Grievance by 08/21/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
JUL 24, 2023 09:03:16 CDT

CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE



If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

NOV 21 2023

Deputy Director
Health & Correctional Programs

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-23-01053

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

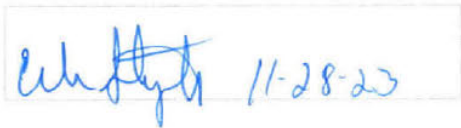
[REDACTED]

receive the findings of the investigation when it is completed, but those findings will not come from the Grievance Office. Therefore, I will not address the merit of this grievance."

Your appeal was received on November 17, 2023. After review of your appeal and supporting documentation, I find this matter has been investigated with your allegations being unfounded. Your appeal is without merit.

Appeal denied.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

JAN 04 2023

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-01053

RECEIVED

WARDEN/CENTER SUPERVISOR'S DECISION:

[REDACTED]

from the Grievance Office. Therefore, I will not address the merit of this grievance.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Zhamon Hunt
8-23-23 Warden
Date Title

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?

Process *I'm being denied grievance*

RECEIVED
NOV 17 2023

INMATE SIGNATURE

[Signature]
8-23-23
Date

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

GU 1.5.0

Emergency Inmate Request Form

ATTACHMENT 1

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: [Redacted]	Date: <u>4-6-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin

Date: [Redacted]

g Denied

Have you talked to any staff member about this request? Yes No If so, whom? _____

Staff member(s) contacted: _____ Date: _____

[Signature] _____
 Inmate's Signature Date

Staff Member Responding: _____ Date: _____

I have responded to your request. [Redacted]

[Signature]
 Staff Signature

I got back a reply on 4-14-23
 I am referring this request to: MSW

4-7-2023

Inmate Request Form

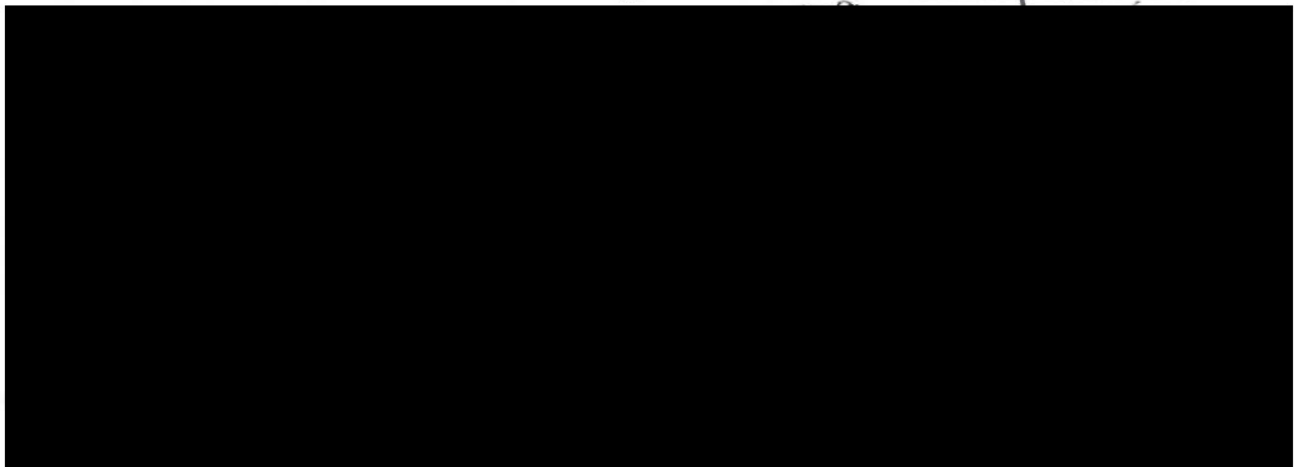


This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin



Staff member(s) contacted: you Date: _____
Warden Harris 4-11-23
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows:



Staff Signature

I got reply on 4-14-23

I am referring this request to: MSW

*Received
4-12-2023
PWH*

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED

FOR OFFICE USE ONLY	
GRV. #	23-00067
Date Received:	1-17-23
GRV. Code #:	400

Unit/Center _____
 Name Michael Wilmoth
 ADC# _____ Brks # ISO 236 Job Assignment _____

17 2023

GRIEVANCE

1-5-23 (Date) STEP ONE: Informal Resolution

1-13-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Not a discipline matter

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On Dec. 26, 2022 Sgt. McFarland falsified legal documents stating he found 2 altered ink pen tubes under Bed 207A, when the truth is he found 2 altered ink pen tubes in a pair of Reebk Tennis shoes that belonged to my cellmate Chris Har and had his ADC # on the shoes. Then On 1-3-2023 Major Warren came to my cell and asked if I was bought anything I said No why he said my cellmate Chris Harner came to him, Asst. Warden Harris, Sgt. McFarland and other ADC Staff say the Contraban ~~bed~~ found in his shoes belonged to him he was told to write a statement

FAILURE TO FOLLOW POLICY HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS
 Inmate Signature _____ Date 1-5-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-7-22 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) D Jaramila ID Number _____ Staff Signature _____ Date Received 1-7-22

Describe action taken to resolve complaint, including dates: This is a disciplinary matter. Go through disciplinary appeal process.

Staff Signature & Date Returned [Signature] Inmate Signature & Date Received [Signature] 1-13-23

This form was received on 1-13-23 INMATE GRIEVANCES SUPERVISOR ADMINISTRATION UNIT Step Two. Is it an Emergency? No (Yes or No).

Staff Who Received Step Two Grievance: Esty Howard Date: 1-13-23

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

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

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

IGTT405
3GT

Attachment V

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

TO: Inmate Wilmoth, Michael S. ADC #:
FROM: Straughn, William F TITLE: Deputy Director
RE: Receipt of Grievance -23-00067 DATE: 02/03/2023

Please be advised, the appeal of your grievance dated 01/05/2023
was received in my office on this date 02/03/2023

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

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

RECEIVED
FEB 03 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

IGTT400
3GR

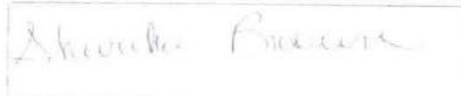
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 01/17/2023

ADC #: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-00067

Please be advised, I have received your Grievance dated 01/05/2023 on 01/17/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.



Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

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

FAILURE TO FOLLOW POLICY HAS RESULTED IN A REJECTION FOR THIS MATTER. THIS IS THE END OF THE APPEAL PROCESS.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filing in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

This is not Disciplinary Matter this Matter, incident is about falsifying legal Documents concern Contraband that did not belong to me



RECEIVED ADC 105408 Date 1-19-2023
FEB 03 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

Inmate Signature

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

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

RECEIVED

FEB 03 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

UNIT LEVEL GRIEVANCE FORM(Attachment I)

Unit/Center _____

Name Michael Shane White

ADC# _____ Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	_____
Date Received: _____	_____
GRV. Code #: _____	_____

(Date) STEP ONE: Informal Resolution

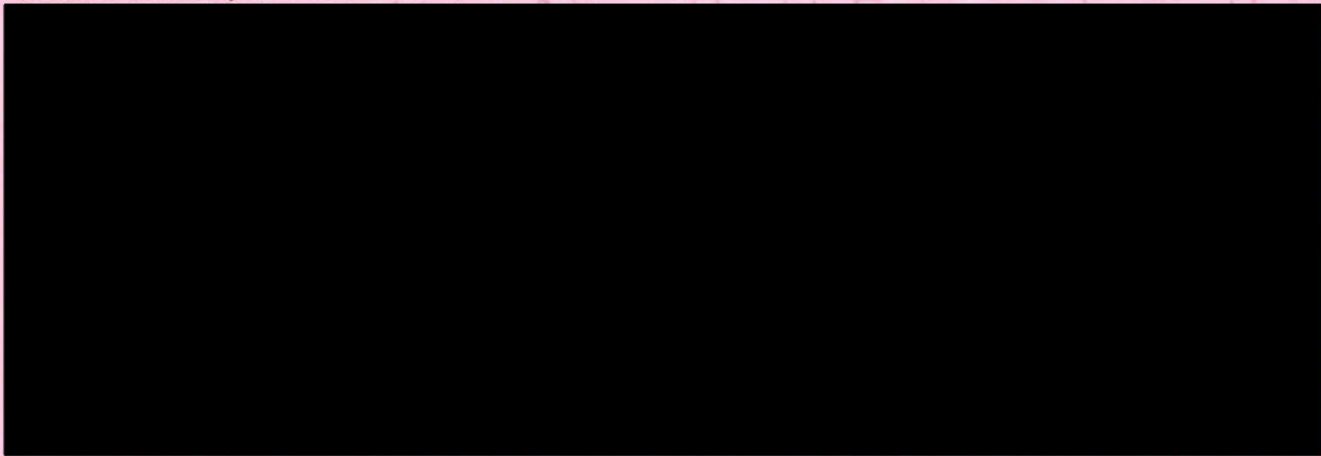
(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

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

I have followed grievance policy and procedure

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): _____



Inmate Signature _____

Date 8-1-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received [Signature] 8-3-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name [Redacted]

ADC# [Redacted] Brks # [Redacted] Job Assignment [Redacted]

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

(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: I have not

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print):



Inmate Signature _____ Date 0-1-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received [Signature] 8-3-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name _____

ADC# _____ Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	Date Received: _____
GRV. Code #: _____	

_____ (Date) STEP ONE: Informal Resolution Sgt. Jones 8-9-2023

8-2-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I've been very

specific as to the issues

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print):



Inmate Signature _____ Date 7-27-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received [Signature] 8-2-2023

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

(Date) STEP ONE: Informal Resolution _____

Gave to Officer Dew on 8-13-23

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

If the issue was not resolved during Step One, state why: Never got answer on 8-1-23 or rejection

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental **BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature _____

Date _____

8-1-2020

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

ASD 8-3-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael David Wilmoth

ADC# _____ Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

7-24-23 (Date) STEP ONE: Informal Resolution

Sgt. Jones 8-9-2023

7-29-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Policy and procedure are being violated

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 7-23-2023 I took 11 days off to come off Hunger strike I didn't follow any procedure and I was not followed concerning Hunger strike
As of 7-24-2023 at Brechtas I'm back on Hunger strike, I was not seen by the Doctor for my sick calls

Inmate Signature _____

Date 7-24-23

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-24-23 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____

ID Number _____

Staff Signature _____

Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received 7-26-23

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name _____

ADC# _____ Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

_____, (Date) STEP ONE: Informal Resolution

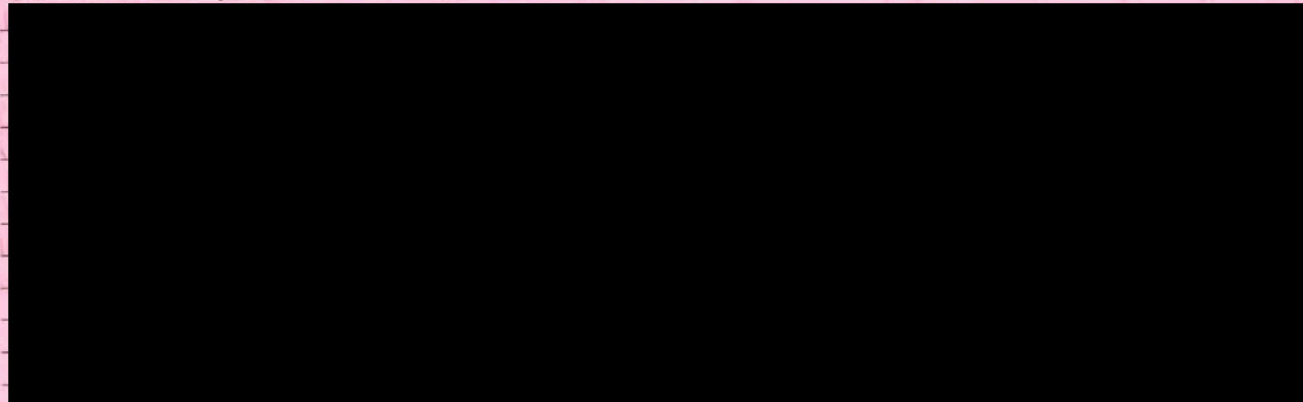
Egt. Jones 8-9-2023

8-7-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

I have a open on going case

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: *medical* or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): _____



Inmate Signature _____

Date _____

7-27-2023
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

8-19-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael [redacted]

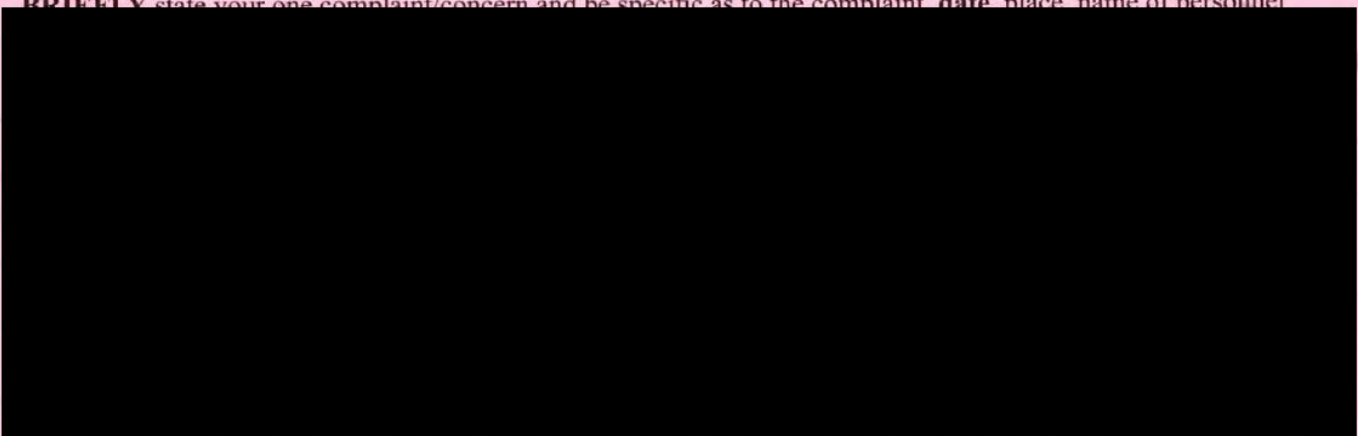
ADC# _____ Brks # _____ Job Assignment _____

_____, (Date) STEP ONE: Informal Resolution

_____, (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature _____

Date _____

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

8-19-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shure Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-6-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel



Inmate Signature _____ Date 8-6-2023

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

8-11-2023 turned in for step two

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Michael Lewis Wilmoth

ADC# [redacted] Brks # 128 Job Assignment

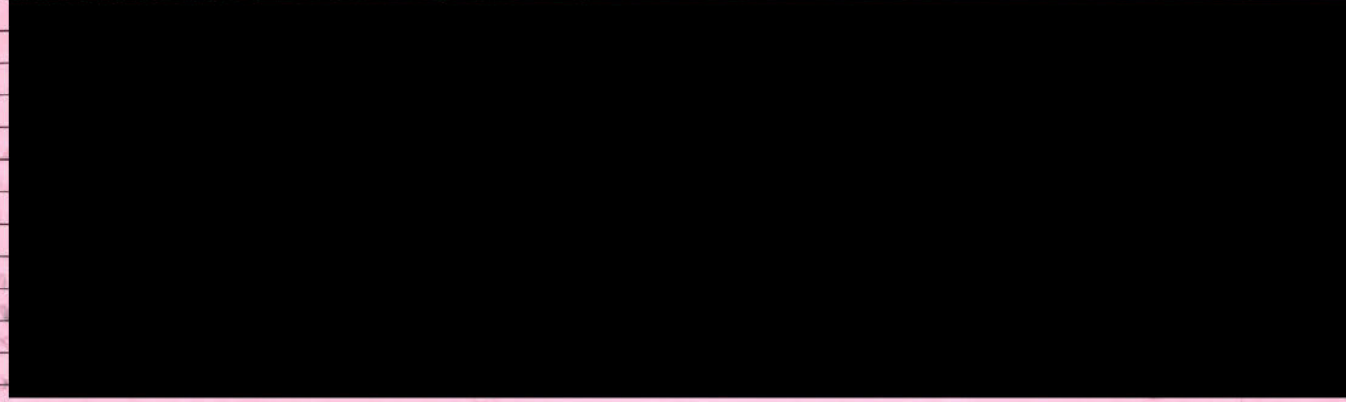
FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

1327 (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: _____

1523 (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):



Inmate Signature _____ Date Aug 13, 2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

8-8-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

Per ADC Policy and Procedure we are to be given hair cut and shave (3) times a week at _____ Unit Isolation we have not had hair cut or shave at all in (5) five weeks this is a violation of ADC Policy and Procedure and Warden Hunt, Deputy Warden Harris and Mayor Warner is allowing these violation of ADC Policy and Procedure in Grimes Unit Isolation

[Signature]
Inmate Signature

8-8-2023
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V 00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F
RE: Receipt of Grievance 23-01009

ADC#:
TITLE: Deputy Director
DATE: 11/17/2023

Please be advised, the appeal of your grievance dated 08/01/2023 was received in my office on this date 11/17/2023

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

- The time allowed for appeal has expired
The matter is non-grievable and does not involve retaliation:
(a) Parole and/or Release matter
(b) Transfer
(c) Job Assignment (Unrelated to Medical Restriction)
(d) Disciplinary matter
(e) Matter beyond the Division's control and/or matter of State/Federal law
(f) Involves an anticipated event
(g) Publication
You did not send the proper Attachments:
(a) Unit Level Grievance Form (Attachment 1)
(b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
(c) Acknowledgement and/or Rejection form (Attachment II)
(d) Step Two was appropriately rejected
(e) Did not give reason for disagreement in space provided for appeal
(f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
(g) Unsanitary form(s) or documents received
This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED
NOV 17 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 11/09/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-01396

Please be advised, I have received your Grievance dated 08/18/2023 on 11/09/2023.
You should receive communication regarding the Grievance by 12/12/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shurika Brown

SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
NOV 9, 2023 08:30:35 CST

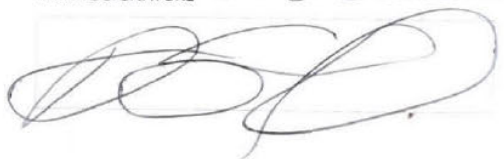
CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

Process Being denied Grievance


If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

GU 1.5.0

Warden Harris

ATTACHMENT 1

Inmate Request Form

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

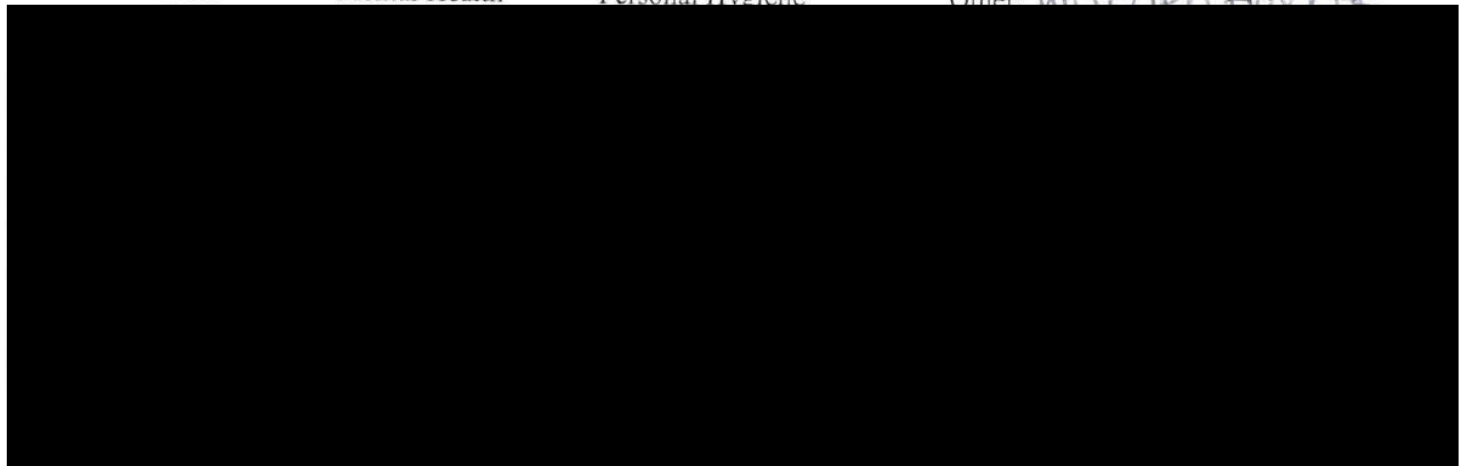
Name: <u>Michael S. Wilkerson</u>	ADC Number: [REDACTED]	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Warden Harris

Emergency

Emergency



Have you talked to any staff member about this request? Yes No If so, whom?
Staff member(s) contacted: _____ Date: _____

Inmate's Signature _____ Date _____

Staff Member Responding: _____	Date: <u>4/12/2023</u>
--------------------------------	------------------------

I have reviewed your request and my finding is as follows: _____



Amittan

Staff Signature

RECEIVED

APR 12 2023

DW SECURITY

I am referring this request to: _____

I got back on 4-14-23
DELL
1/03/18

Warden Harris Emergency

ATTACHMENT 1

GU 1.5.0

Inmate Request Form

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

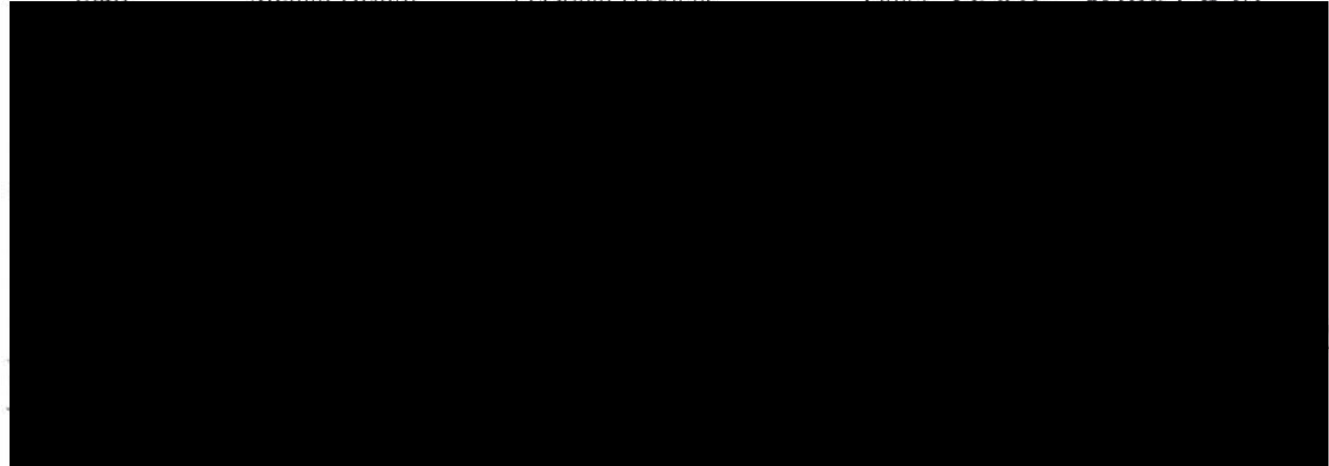
Emergency

Emergency

Name: <u>Michael S. Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>4-11-2023</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Asst Warden

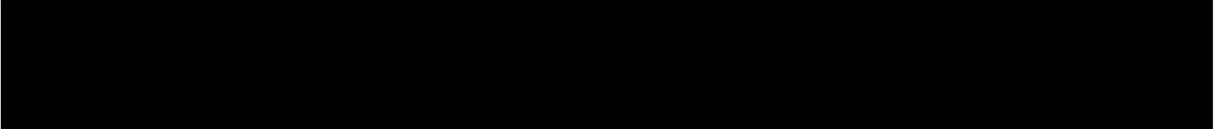


Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: Chapman Date: _____
and all ISO staff [Signature] @ 4-11-23
Inmate's Signature Date

Staff Member Responding:	Date: <u>4/12/2023</u>
--------------------------	------------------------

I have reviewed your request and my finding is as follows:



[Signature]
Staff Signature

RECEIVED
APR 12 2023
DW SECURITY

I am referring this request to: I got back on 4-14-23
MSL 1/03/18

GU 1.5.0

Emergency Inmate Request Form

ATTACHMENT 1

This form is to be used by inmates in [redacted] on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number: [redacted]	Date: <u>4-6-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment: [redacted]	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Chaplin

Denial
Denied

[redacted]

Have you talked to any staff member about this request? Yes No If so, whom? _____
Staff member(s) contacted: _____ Date: _____

[Signature]
 Inmate's Signature _____ Date _____

 Staff Member Responding: _____ Date: _____

I have reviewed _____
 [redacted]

[Signature]
 Staff Signature _____

I got back a reply on 4-14-23
 I am referring this request to: MSW

4-7-23

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin



Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: you Date: _____

Warden Harris 4-11-23

Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows:



Staff Signature

I got reply on 4-14-23

I am referring this request to: MSW

Received
4-12-2023

GU 1.5.0 *Can you also send me address for Islamic Tempels?*
ATTACHMENT 1
Inmate Request Form

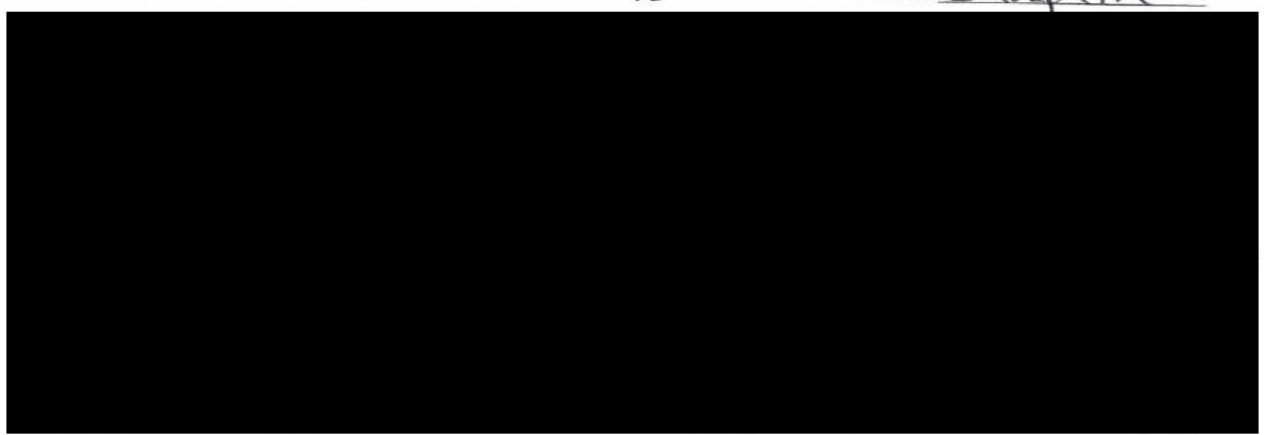


This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <i>Michael S. Wilmoth</i>	ADC Number:	Date: <i>3-21-23</i>
Housing Assignment: <i>BKS 2</i>	Job Assignment:	
To (Staff Member): <i>Chaplin</i>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: *Chaplin*



Have you talked to any staff member about this request? Yes No If so, whom?
Staff member(s) contacted: _____ Date: _____

[Signature] *3-21-23*
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------



[Signature]
Staff Signature

I got Reply on *4-14-23* *4-7-23* with Request
I am referring this request to: *msw* *Dated 4-6-23*

GU 1.5.0

Warden Harris

ATTACHMENT 1

Inmate Request Form



This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Emergency

Emergency

Name: <u>Michael S. Wilkerson</u>	ADC Number:	Date: <u>4-11-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Warden Harris</u>	Office: <u>Warden</u>	

I have a request concerning the following area (circle one):

- Classification
- Parole
- Visitation
- Medical
- Telephones
- Property
- Mail
- Law Library
- Commissary
- General Library
- Job Assignment
- Staff
- Mental Health
- Personal Hygiene
- Other: Warden Harris



Have you talked to any staff member about this request? Yes No If so, whom? Staff member(s) contacted: _____ Date: _____

***** Inmate's Signature _____ Date _____ *****

Staff Member Responding:	Date: <u>4/12/2023</u>
--------------------------	------------------------

I have reviewed your request and my finding is as follows: _____



Amittans
Staff Signature

RECEIVED

APR 12 2023

DW SECURITY

I am referring this request to: _____

I got back on 4-14-23
PSU
1/03/18

Emergency Inmate Request Form



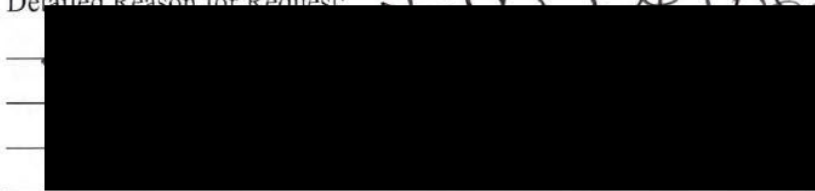
This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Michael Wilmoth</u>	ADC Number:	Date: <u>4-6-23</u>
Housing Assignment: <u>ISO 211</u>	Job Assignment:	
To (Staff Member): <u>Chaplin</u>	Office:	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: Chaplin

Detailed Reason for Request: I'm being Denied



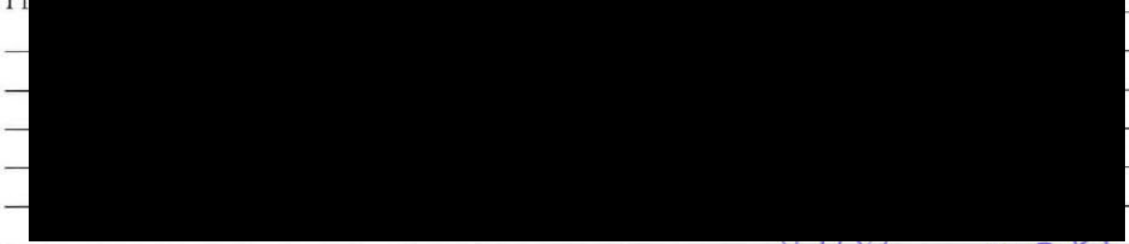
Have you talked to any staff member about this request? Yes No If so, whom?

Staff member(s) contacted: _____ Date: _____

[Signature]
Inmate's Signature Date

Staff Member Responding:	Date:
--------------------------	-------

I have reviewed your request and my finding is as follows:



[Signature]
Staff Signature

Rec'd
4-7-2023

I got back a reply on 4-14-23
I am referring this request to: MSW

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____
 Name Michael Shane Wilmoth
 ADC# _____ Brks # 244 Job Assignment _____

5-26-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I have several Formal Grievances

[redacted]-23-00555, [redacted]-23-00620 others that has not been Answered by Medical I've got No Responce from Medical at all Medical are not Answering my Formal Grievances trying to keep me from filing a law suit.

[Signature]
 Inmate Signature

5-26-2023
 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 5/26/23 (date), and determined to be **Step One** and/or an Emergency Grievance

Yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Russell P. [redacted] Date 5-26-23

Sgt Brad Robertson ID Number _____ Staff Signature [Signature] Date Received 5/26/23

Describe action taken to resolve complaint, including dates: These Grievances Have been Addressed and your Copy sent to you

[Signature] 5/31/23
 Staff Signature & Date Returned

[Signature]
 Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name MICHAEL STANLEY WILLIAMS

ADC# _____ Brks # _____ Job Assignment _____

_____, (Date) STEP ONE: Informal Resolution

_____, (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: *medical or mental*
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print):

[REDACTED]

Inmate Signature _____ Date July 3, 2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Elaine Wilketh

ADC# _____ Brks # 244 Job Assignment _____

_____, (Date) STEP ONE: Informal Resolution

_____, (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state the complaint (summarize) in the complaint, date, class, name of personnel in _____

Inmate Signature _____

Date 5-26-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____

ID Number _____

Staff Signature _____

Date Received 5/26/23

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

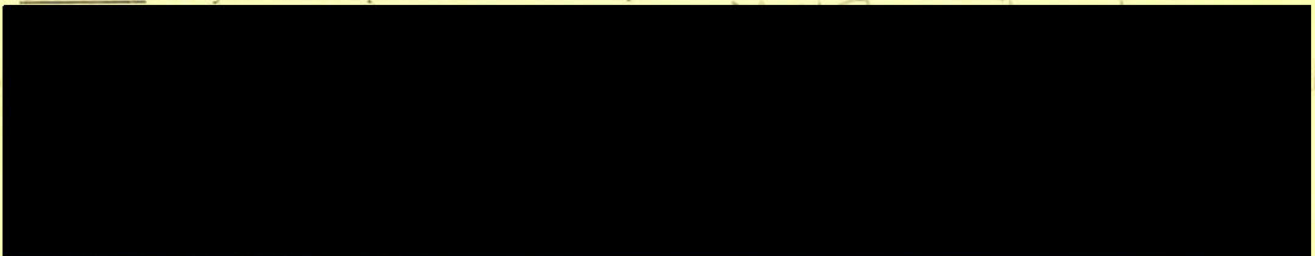
Unit/Center _____
 Name Michael Page Kilmoth
 ADC# _____ Brks # 244 Job Assignment _____

6-22-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: *medical* or *mental*
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



[Signature]
 Inmate Signature

6-22-2023
 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6/22/23 (date), and determined to be **Step One** and/or an Emergency Grievance
UPS (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 _____

<u>Sgt Brad Robertson</u>	<u>46716</u>	<u>[Signature]</u>	<u>6/22/23</u>
PRINT STAFF NAME (PROBLEM SOLVER)	ID Number	Staff Signature	Date Received

Describe action taken to resolve complaint, including **dates**: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 150 214 Job Assignment _____

6-20-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I've been in Isolation for 90 days and have not been taken before classification then Warden Harris is on some racist actions releasing Black inmate from Isolation on Banding together charge and using a weapon on White inmates to Rob them but refuses to release me from Isolation because I'm White

Inmate Signature _____

Date

6-20-23

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____

Inmate Signature & Date Received _____

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance -23-00856

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 07/13/2023

Please be advised, the appeal of your grievance dated 06/20/2023 was received in my office on this date 07/13/2023

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

RECEIVED
JUL 13 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-00856

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated June 20, 2023. You stated, "I've been in Isolation for 90 days and have not been taken before classification then Warden Harris is on some racist actions releasing Black inmate from Isolation on Banding together charge and using a weapon on White inmates to Rob them but refuses to release me from Isolation because I'm White".

You were seen for Classification on June 20, 2023 and were advised that you will remain in Restrictive Housing due to being found in possession of a weapon. The Classification Committee does not make decisions based on race. You are reviewed on the actions you committed to be placed in Restrictive Housing. You have failed to provide any factual evidence to support your claim of violation of policy in any manner. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Newt

6-26-23

Date

Warden

Title

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?

Warden Harris is releasing Black Inmate on the exact same charges I've been held for over 90 days on without them Black inmates serving their Punitive days

INMATE SIGNATURE

[Handwritten Signature]

6-28-2023

Date

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

RECEIVED

JUL 13 2023

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [Redacted]

Name Michael Shane Wilmoth

ADC [Redacted] Brks # 244 Job Assignment

FOR [Redacted] USE ONLY
GRV. # - 23-00856
Date Received: 6-21-23
GRV. Code #: 717

JUN 21 2023 GRIEVANCE

6-20-23 (Date) STEP ONE: Informal Resolution

6-20-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Warden Harris is a Racist

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I've been in Isolation for 90 days and have not been taken before classification then Warden Harris is on some racist actions releasing Black inmate from Isolation on banding together charge and using a weapon on white inmates to Rob them but refuses to release me from Isolation because I'm white

RECEIVED

JUL 13 2023

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

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

[Signature] Inmate Signature

6-20-23 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-20-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: Date

Joshua Jones [Signature] ID Number [Redacted] Staff Signature Date Received 6-20-23

Describe action taken to resolve complaint, including dates:

Inmate was seen on 6/20/2023.

Staff Signature & Date Returned [Signature] 6-20-23 Inmate Signature & Date Received [Signature] 6-20-23

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

Staff Who Received Step Two Grievance: Date:

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

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

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

RH 123

**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

 RH 123
Housing and Barracks

Wilmoth, Michael
Name and ADC #

 8-9-23 8-12-23
Date out Date Due

AD19-34 (Inmate Grievance Procedure)
AD12-23 (Typing Services in the Law Library)
GU 9.13.0 (Use of Force)
GU 10.3.0 (Hunger Strike)
GU 14.6.0 (Law Library)

Inmate Copy

Barracks RH**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

RH 123
Housing and Barracks

Wilmoth, Michael [REDACTED]
Name and ADC #

8-15-23 8-17-23
Date out Date Due

Ark. State Claims Rules Handout
2022 Federal Rules of Civil Procedure
AR 409 Use of Force
AR 800 Series
AD 17-06 Use of Force
GU 9.13.0 Use of Force

Inmate Copy

RH 123

**LEGAL BOOKS, CASE(S), AD'S, AR'S
CHECK OUT LOG**

By signing below, I acknowledge that I have requested Legal Book(s), Case(s), AD(s), AR(s), and/or Policy(ies).

Inmates will be allowed to view these legal texts, cases, and or policies for 5 DAYS.

By signing this document , you take full responsibility for the materials checked out to you and returned in the same condition that they were brought to you.

If we receive any materials in a worse condition, or we don't receive them at all, it will result in a lien on your inmate account and disciplinary action.

 RH 123
Housing and Barracks

Wilmoth, Michael [REDACTED]
Name and ADC #

¹⁰
 8-9-23 8-11-23
Date out Date Due

Ark. State Claims Rules (Handout (7pages))
2022 Fed. Rules of Civil Procedure

Inmate Copy

Ark. Admin. Code 004.03.1-409
Formerly cited as AR ADC 004.00.2-409

004.03.1-409. Use of Force

Currentness

I. AUTHORITY:

The Board of Correction and Community Punishment (BCCP) is vested with the authority to promulgate this administrative rule by Ark. Code Ann. ss 12-27-105. (Michie Supp. 1995)

II. PURPOSE:

To provide personnel with guidance regarding the use of force.

III. APPLICABILITY:

Department of Correction employees and inmates.

IV. DEFINITIONS:

- A. Force: A directed movement or overt action with or without weapons or devices, with the intention of restraining, regaining, or maintaining control of an inmate or inmates.
- B. Non-Deadly Force: Force that, under normal circumstances, will not result in death or serious bodily injury.
- C. Deadly Force: Any force that under the circumstances is readily capable of causing death or serious physical injury.
- D. Inmate: Any individual in the custody of the Department of Correction.

V. POLICY:

- A. The Board of Correction and Community Punishment authorizes the use of force only to the extent necessary to maintain order and discipline, and to ensure the safety of persons and the security of operations.
- B. Force may be used to restrain, regain, or maintain control of an inmate or inmates. Employees shall use the minimum amount of force necessary to control the situation.
- C. Force may also be used to prevent unauthorized entry into an institution, property, or work area by any person.
- D. Force shall never be used as a means of punishment.

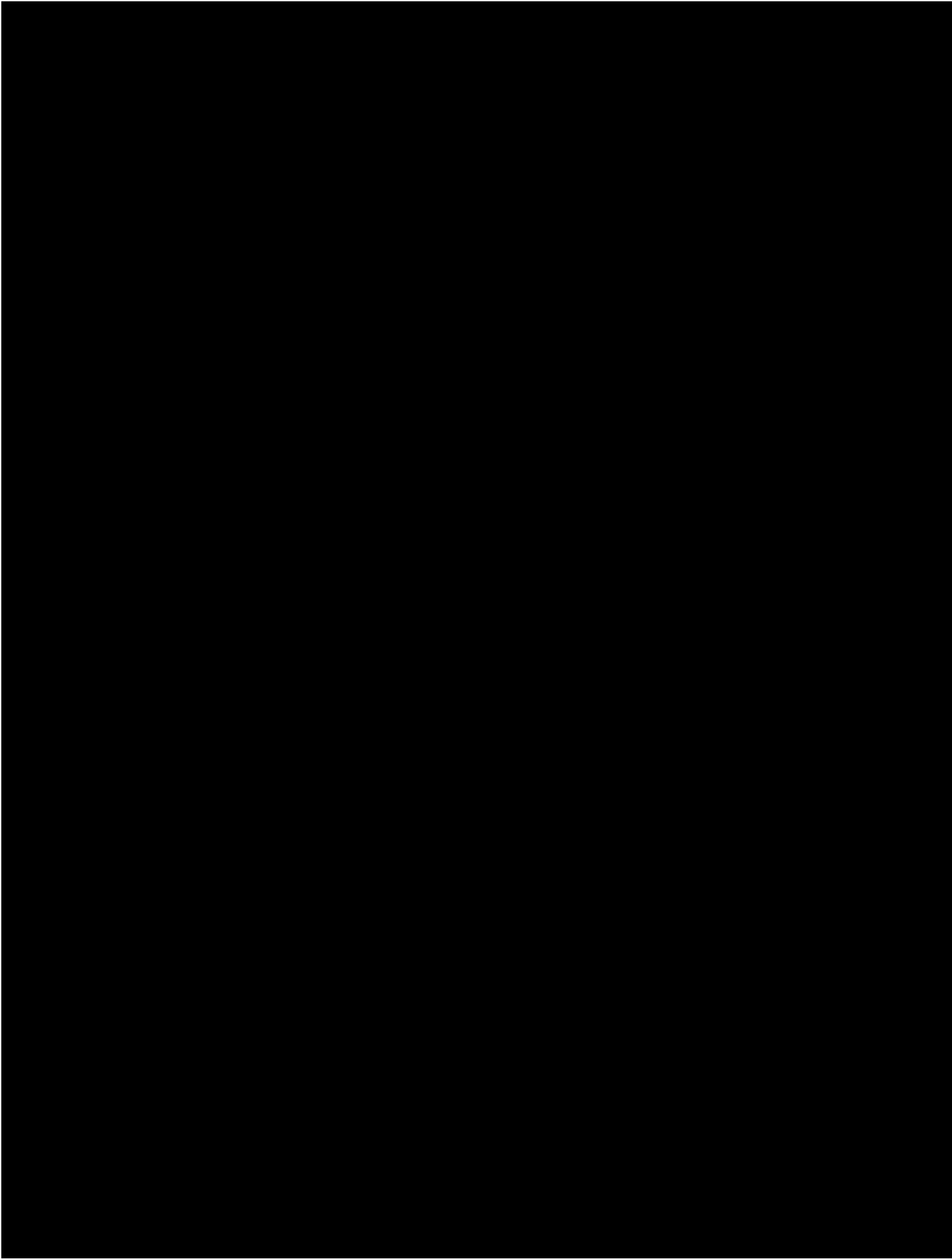
VI. PROCEDURES:

A. Authorized Levels of Force:

- 1. Force may be used only when necessary to restrain, maintain, or regain control of an inmate or inmates with a minimum of injury to staff, inmate(s), and others.
- 2. The employee must respond with a level of force necessary to control the situation. As inmate(s)' resistance or force increases or decreases, the amount of force used by the employee should also increase or decrease to a point where control is obtained.
- 3. The levels of force may include, but are not limited to, the following:
 - a. An officer's presence;
 - b. Use of chemical agents, irritants or control devices;
 - c. Non-deadly physical force;
 - d. Deadly force; or
 - e. Force otherwise authorized by the Director or his designee.

B. Authorized Use of Force:

- 1. Use of approved chemical agents, irritants and other approved control devices are authorized if the use of non-deadly force is necessary. Only employees who have received training approved by the Department of Correction Training Academy shall be permitted to use chemical agents or other control devices.
- 2. Non-deadly force may be used in, but not limited to, the following situations:



123 ✓

Inmate Request Form

AUG 14 2023

CB

This form is to be used by inmates in contacting staff with requests on issues. Staff should be given 5 working days to respond.

Name: <u>Wilmoth</u>	ADC Number: [REDACTED]	Date: <u>8-13-23</u>
Housing Assignment: <u>ISO 123</u>	Job Assignment:	
To (Staff Member): <u>Ms. Barnett</u>	Office: <u>Law</u>	

I have a request concerning the following area (circle one):

- Classification Parole Visitation Medical Telephones Property
- Mail Law Library Commissary General Library Job Assignment
- Staff Mental Health Personal Hygiene Other: _____

Detailed Reason for Request: AD 17-06 Use of Force
AR 409 Use of Force
AR 885 Grievance Procedure
GU 1.3.0 Use of Force
800 Series Inmate & Program Management
Arkansas State Claims Rules
Fed. Rules of Civil Procedure

Have you talked to any staff member about this request? _____ Yes _____ No If so, whom?
Staff member(s) contacted: _____ Date: _____

[Signature] 8-13-23
Inmate's Signature Date

Staff Member Responding: <u>DB</u>	Date: <u>8/14/23</u>
------------------------------------	----------------------

I have reviewed your request and my finding is as follows: _____

Attached: Above requested publications

Please note, per policy you can only check the same law book 2 times consecutively.

[Signature]
Staff Signature

I am referring this request to: _____ 1/03/18

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

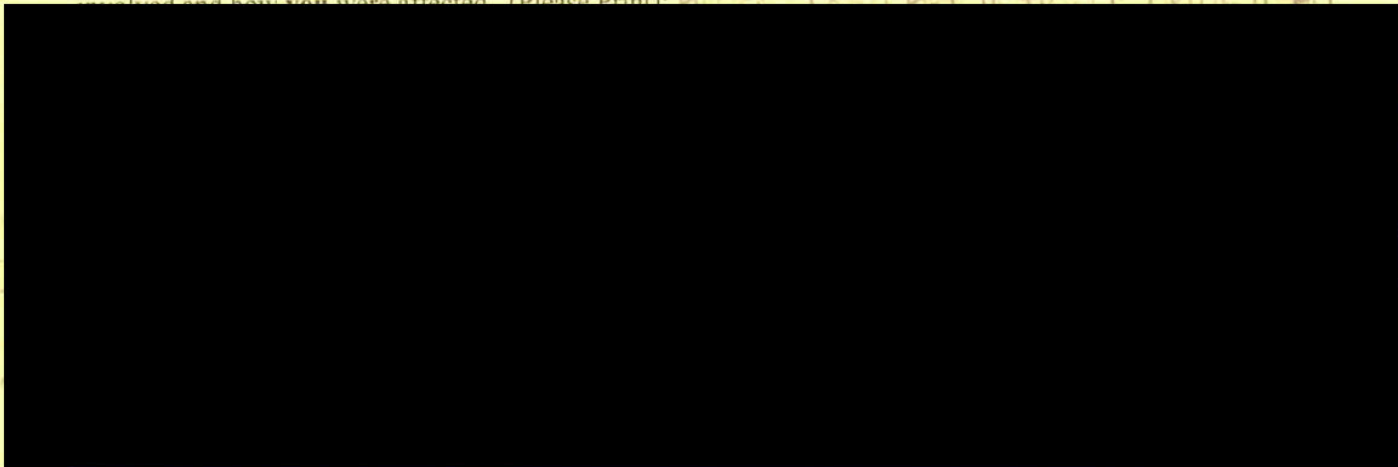
ADC# _____ Brks # 123 Job Assignment _____

8-16-23 (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: _____

8-16-23, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: My Life is at risk or Physical Harm or Death

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print): _____



[Signature] _____ Date 8-19-2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

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

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-23-01399

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

On August 22, 2023, you stated the following complaint: "On 8-10-2023 I requested Legal Copies from Law Library Clerk Danielle Barnett all these Legal Copies being mailed to My Attorney, Arkansas State Claims Commission, The United District Cour and Benton County Curcuit Court, and The Federal I.R.S. about my Identity Theft issues but on 8-21-2023 at Mail call my Legal Documents was returned to me signed by Law Library Clerk Danielle Barnett on 8-17-2023 refusing/Denying to make my Legal Copies of all my Legal Documents this is a Direct Violation of many ADC Policies and Procedures and Warden T. Hurst Deputy Warden Harris, Major Warner are allowing Law Library Clerk Danielle Barnett to violate these ADC Policies and Procedures all of them doing this out of Reprisal and Retaliation for use of the Inmate Grievance Procedures on all of then and other ADC Security Staff this is also denying me my rights of Due Process and Access tot he Courts hindng my Legal Cases and State Claims. This been a ongoing problem since incident on June 30, 2023 with Cpl. W. Harris"

The Warden responded to your grievance on November 29, 2023, by stating the following: "Per policy, "Requests for copies will be submitted to the Law Library Supervisor/designee on a "Typing and Copy" form. All requests must be of a legal nature and the need validated." You failed to validate said need and Mrs. Barnett was following policy, and no retaliation was displayed. Therefore, I find this grievance is without merit."

Your appeal was received on December 4, 2023. After review of your appeal and supporting documentation, I find you have violated AD 19-34: Inmate Grievance Procedure, by failing to state why you disagree with the Problem Solvers response. Also, your grievance form is untimely. Your original complaint was written on August 22, 2023. The problem solver signed for the complaint on August 23, 2023. The form was returned to you on August 28, 2023, the same date you dated step two. However, you failed to submit the grievance form to the Grievance Office until November 9, 2023. You are out of the time frame to file this complaint. Due to your violations of policy and procedure, the merits of your appeal will not be addressed.

DIRECTOR



Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-01399

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated August 22, 2023. You stated, "On 8-10-2023 I requested Legal Copies from Law Library Clerk Danielle Barnett all these Legal Copies being mailed to My Attorney, Arkansas State Claims Commission, The United District Cour and Benton County Curcuit Court, and The Federal I.R.S. about my Identity Theft issues but on 8-21-2023 at Mail call my Legal Documents was returned to me signed by Law Library Clerk Danielle Barnett on 8-17-2023 refusing/Denying to make my Legal Copies of all my Legal Documents this is a Direct Violation of many ADC Policies and Procedures and Warden T. Hurst Deputy Warden Harris, Major Warner are allowing Law Library Clerk Danielle Barnett to violate these ADC Policies and Procedures all of them doing this out of Reprisal and Retaliation for use of the Inmate Grievance Procedures on all of them and other ADC Security Staff this is also denying me my rights of Due Process and Access to the Courts hindng my Legal Cases and State Claims. This been a ongoing problem since incident on June 30, 2023 with Cpl. W. Harris"

Per policy, "Requests for copies will be submitted to the Law Library Supervisor/designee on a "Typing and Copy" form. All requests must be of a legal nature and the need validated." You failed to validate said need and Mrs. Barnett was following policy, and no retaliation was displayed. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

11-29-23
Date

Warden
Title

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?

I'm being denied the full grievance process out of retaliation I'm being denied copies of my Legal Documents and I did show ~~proof~~ validation ADC Policies and procedures was not followed.

RECEIVED
DEC 04 2023

INMATE SIGNATURE

[Handwritten Signature]

11-24-23
Date

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

NOV 09 2023

FOR OFFICE USE ONLY	
GRV #	23-01399
Date Received:	11-9-23
GRV. Code #:	717

Unit/Center [Redacted]

GRIEVANCE

Name Michael Shane Wilmoth

ADC# [Redacted] Brks # 123 Job Assignment [Redacted]

8-22-23 (Date) STEP ONE: Informal Resolution

8-23-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: [Redacted] Unit Isolation

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

On 8-10-2023 I requested legal copies from Law Library Clerk Danielle Barnett @ all these legal copies being mail to My Attorney, Arkansas State Claims Commission, The United District Law and Benton County Circuit Court, [Redacted] and The Federal I.R.S. about my Identity Theft issues, but on 8-21-2023 at Mail call my legal documents w returned to me signed by Law Library Clerk Danielle Barnett on 8-17-2023 refusing/denying to make my legal copies of all my legal documents this a direct violation of many ADC Policies and Procedures and Warden T. Hurst Deputy Warden Harris, Major Warner are allowing Law Library Clerk Danielle Barnett to violate these ADC Policies and Procedures all of them doing this out of Reprisal and Retaliation for use of the Inmate Grievance Procedures on all of them and other ADC security staff this is also denying me my rights of Due Process and Access to the Courts hindering my legal cases and state claims, this been a on going problem since incident on June 30, 2023 with Col. W. Harris and incident with Lt. Lee [Redacted] and Lt. Lee tabling legal documents 8-22-2023

Inmate Signature [Redacted]

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-23-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department received [Redacted] Date 8-23-23

Joshua Jones PRINT STAFF NAME (PROBLEM SOLVER) ID Number [Redacted] Staff Signature [Redacted] Date Received 8-23-23

Describe action taken to resolve complaint, including dates: According to GU 14.6, section H, "All requests must be of a legal nature and the need validated." There were no legal documents drawn up proving that these items are being sent to the courts. The items included by you was inmate requests, grievances, and IRS paperwork.

Staff Signature & Date Returned [Redacted] 8-28-23 Inmate Signature & Date Received [Redacted] 8-28-23

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

Staff Who Received Step Two Grievance: _____ Date: DEC 04 2023

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

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

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

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE#: [REDACTED] 23-01040

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

[REDACTED]

with merit but resolved."

Your appeal states, "Being Denied Grievance Process."

[REDACTED]

Therefore, this appeal is without merit.

DIRECTOR

Quandra Cufelager

12/4/2023

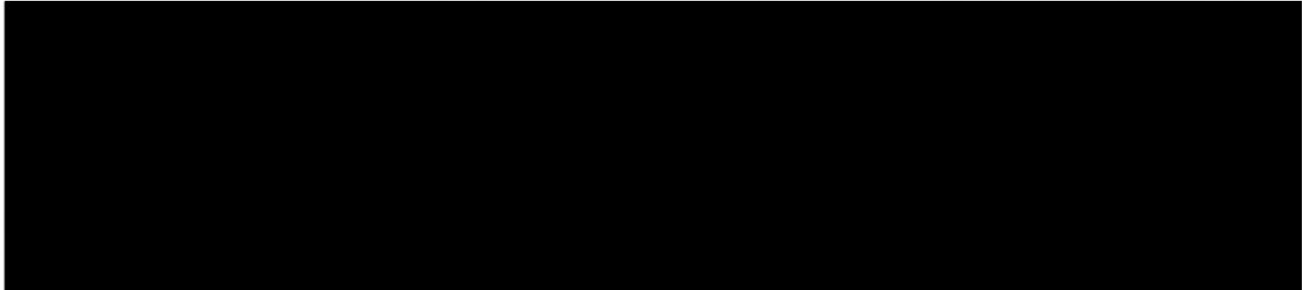
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-01040



SIGNATURE OF HEALTH SERVICES
ADMINISTRATOR/MENTAL HEALTH SUPERVISOR OR
DESIGNEE


CHARLOTTE GARDNER, MEDICAL SVCS MANAGER
SEP 18, 2023 10:52:47 CDT

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Being Denied
Grievance Process

INMATE SIGNATURE



If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Received

NOV 20 2023

Deputy Director
Health & Correctional Programs

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

AUG 21 2023

GRIEVANCE

FOR OFFICE USE ONLY	
GRV. #	23-01040
Date Received:	8-21-23
GRV. Code #:	600

Unit/Center

Name Michael Shane Wilmoth

ADC# Brks # 123 Job Assignment

8-13-23 (Date) STEP ONE: Informal Resolution

8-13-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

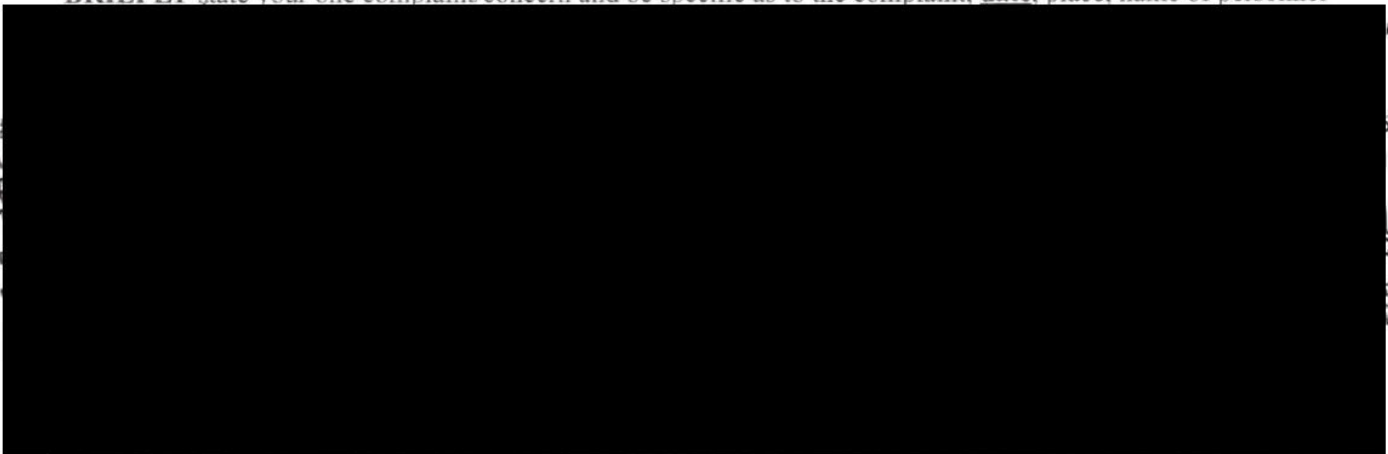
If the issue was not resolved during Step One, state why: This does not resolve issue

8-13-23 (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 serious nature).

If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: This is put my life at risk of Physical Harm or Death

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel



Inmate Signature

Date

Aug 13, 2023

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-13-23 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or NO). If yes, name of the person in that department receiving this form: Date

Sgt. Jeremy Haverstick ID Number Sgt. Jay Haverstick Date Received 8-13-23

Describe action taken to resolve complaint, including dates: you were referred to be seen by the provider on 8-12-23 by Nurse D. Stapleton.

8-13-23 Sgt. Jay Haverstick Staff Signature & Date Returned

[Signature] 8-13-23 Inmate Signature & Date Received

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

Staff Who Received Grievance: Date:

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

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

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

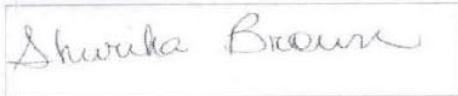
ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S.
FROM: Brown, Shurika R
DATE: 08/21/2023

ADC#: [REDACTED]
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: [REDACTED]-23-01040

Please be advised, I have received your Grievance dated 08/13/2023 on 08/21/2023.
You should receive communication regarding the Grievance by 09/19/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD





SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
AUG 21, 2023 09:48:50 CDT

CHECK ONE OF THE FOLLOWING

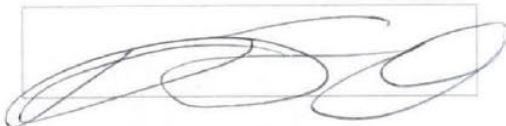
- This Grievance will be addressed by the Warden/Center Supervisor or designee.
 - This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
 - This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Being Denied Grievance Process

INMATE SIGNATURE



If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

NOV 20 2023

Deputy Director
Health & Correctional Programs

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S. ADC #: [REDACTED] GRIEVANCE#: [REDACTED] 23-00988

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:

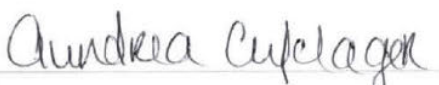
On July 24, 2023, you grieved, "On 7-23-2023 I took (1) one tray to come off Hunger Strike because ADC Policies and Procedures are not being followed concerning Hunger Strike As of 7-24-2023 at Breakfast I'm back on Hunger Strike I was not seen by the Doctor for my sick calls."

Your appeal was rejected at the unit level for being untimely. However, your appeal states, "Being Denied Grievance Process"

According to the grievance policy, "the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, personnel involved or witnesses and how the policy or incident affected the inmate submitting the form." You did not give specific dates and times in which you claim that you were being denied the grievance process.

Therefore, this appeal is without merit.

DIRECTOR

 12/4/2023

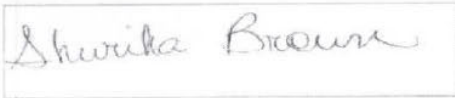
Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S. **ADC#:** ██████████
FROM: Brown, Shurika R **TITLE:** ADC Inmate Grievance Coord
DATE: 08/10/2023 **GRIEVANCE #:** ████████23-00988

Please be advised, I have received your Grievance dated 07/24/2023 on 08/10/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
AUG 10, 2023 10:14:15 CDT

CHECK ONE OF THE FOLLOWING


- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

INMATE SIGNATURE

 *Being Denied Grievance Process*

If appealing a rejection, please return the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Received

NOV 20 2023

Deputy Director
Health & Correctional Programs

UNIT LEVEL GRIEVANCE FORM (Attachment I) AUG 10 2023 GRIEVANCE

Unit/Center [redacted] Name Michael Shane Wilmoth ADC# [redacted] Brks # 123 Job Assignment [redacted]

OFFICE USE ONLY GRV # 23-60988 Date Received: 8-10-23 GRV. Code #: 600

7-24-23 (Date) STEP ONE: Informal Resolution

7-29-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: Policy and Procedure are being violated

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 7-23-2023 I took (1) one tray to come off Hunger Strike because ADC Policies and Procedures are not being followed concerning Hunger Strike

As of 7-24-2023 at Breakfast I'm back on Hunger Strike I was not seen by the Doctor for my sick calls

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-26-23 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: [redacted]

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received 7-24-23

Describe action taken to resolve complaint, including dates: The provider noted on 7/26/23 he was unable to evaluate you due to security.

Staff Signature & Date Returned SA [redacted] 7/26/23

Inmate Signature & Date Received [redacted] 7-26-23

This form Received (date), pursuant to Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: NOV 20 2023 (Forwarded to Grievance Officer/Warden/Other) Date:

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

Deputy Director STATE CORRECTIONAL PROGRAMS & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center _____

Name Michael Shane Wilmoth

ADC# _____ Brks # 123 Job Assignment _____

8-14-23 (Date) STEP ONE: Informal Resolution

8-18-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Coffee is being sent but only 1 one Jug not enough 8 and 16 side, so only 8 is being serve

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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): On 8-14-2023 ADC Kitchen Staff did not send any coffee to be served in Isolation this is a direct violation to ADC Policy and Procedure and is part of our daily calorie intake is coffee set by ADC Dietitian. I do not know Kitchen Staff Names

This is a on going problem in Isolation

[Signature]
Inmate Signature

8-14-23
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-14-23 (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 _____

Sgt. Nicholas Naracen [Signature] 8-14-2023
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including **dates**:
I spoke with the kitchen and they sent 2 containers of coffee down here for the morning chow.

Sgt 22 2 8-18-2023
Staff Signature & Date Returned

[Signature] 8-18-23
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

STATE OF ARKANSAS)
COUNTY OF Jackson) §§

AFFIDAVIT

I, Michael Shane Wilmoth, after first being duly sworn, do hereby swear, depose and state that: On Dec. 26, 2022 I was given a Disciplinary for Contraband that did not belong to me but belonged to Christopher Harner my cellmate. He verbally told and wrote a statement to Warden Harris, Major Warr Sgt. Shannon L. McFarland ~~and Lt. LEE~~ Lt. LEE and other A.D.C. Staff yet I was still wrote a Disciplinary Found guilty and punished for something I had No knowledge of or never belonged to me? Illegal Disciplinary proceedings are being held at [redacted] Unit and falsifying legal Documents by ADC Staff
Please request Copy of Christopher Harner's Statement concerning this Matter?

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

5-19-2023
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 19 day of May, 20 23.

[Signature]
NOTARY PUBLIC

My Commission Expires: 5/6/2026



State of Arkansas
County of White

AFFIDAVIT

I, Michael Shane Wilmoth, A.D.C.# [REDACTED] after first being duly sworn, do hereby swear, depose and state that: At [REDACTED] Unit in Isolation the ADC Policies and Procedures are being violated by Grimes Unit Security Staff, Isolation Security Staff, ADC Inmate Grievance Coordinator Shurika Brown, Major Disciplinary Hearing Officer Cpl. E. Zober, Cpl. Willie Harris, Lt. Richard E. Lee, Sgt. McFarland, I do not know the Names of all Grimes Unit Security Staff and Isolation Security Staff, Warden Hurst, Deputy Warden Harris, Major Warner and A.D.C. Director Dexter Payne, Deputy Director William Straughn, Deputy Director of Grievance's Gaylon Lay, Disciplinary Appeal Director Thomas Bowland are allowing all these Policies and Procedures of the A.D.C. to be violated by these Grimes Unit ADC Staff.

#1) AD 19-34 and AR 835 Inmate Grievance Procedure and Grievance Procedure for Offenders are being violated at Grimes Unit by A.D.C. Inmate Grievance Coordinator Shurika Brown, Warden Thomas Hurst Deputy Warden Harris, all Grimes Unit Problem Solver's do not know the names will list these names after Discovery Motion's, A.D.C. Director Dexter Payne, Deputy Director William Straughn, Deputy Director of Grievance's Gaylon Lay, are allowing these direct violations to take place at Grimes Unit by these Grimes Unit Staff knowingly and willingly. Grimes Unit Problem Solver's are not answering my Informal Resolution's, they also refuse the Unit Level Grievance Form Step Two Receipt at the bottom of the Unit Level Grievance Form and Forward Step Two Unit Level Grievance to the A.D.C. Inmate Grievance Coordinator, Ms. Shurika Brown. Warden T. Hurst, Deputy Warden Harris, and Major Warner are allowing this to happen and allowing the violation of A.D.C. Policy and Procedure on Grievances and Step Two Unit Level Grievances at Grimes Unit.

AD 19-34 Inmate Grievance Procedure, IV. PROCEDURES, C. Accessibility, States "Each inmate shall be entitled to utilize the Inmate Grievance Procedure regardless of his or her security status, custody level, job classification, disciplinary status, or any administrative/judicial decisions affecting the inmate."

I can show proof I'm being denied the Inmate Grievance Procedure, that all my Unit Level Step Two Grievance are not being processed by A.D.C. Inmate Grievance Coordinator, Ms. Shurika Brown, I'm getting No Unit Level Grievance Acknowledgment, Attachment II, all of my Unit Level Step Two Grievance's are being mailed to ADC Central Office without being processed to Step Two at the Unit Level, it is ADC staff mailing my Unit Level Step Two Grievance's to central office and not forwarding the Unit Level Step Two Grievance's to A.D.C. Inmate Grievance Coordinator, Ms. Shurika Brown to be processed to Step Two at Unit Level, this is being done out of Reprisal and Retaliation for use of, or participation in, the grievance procedure. This is a direct violation to (AD 19-34 Inmate Grievance Procedure, IV. PROCEDURES, K. Reprisals or Retaliation (1)(2)(3)(4). (1) states "No inmate shall suffer any Threat or action based on his or her appropriate use of, or participation in, the grievance procedure. If an inmate believes he/she has been retaliated against for the use of the grievance procedure, he/she must contact the Warden/Center Supervisor or in a case of alleged retaliation by the Warden/Center Supervisor, the inmate shall contact the appropriate Chief Deputy/Deputy/Assistant Director. Regardless, the inmate must exhaust their remedies through the grievance process."

First, I'm being denied the grievance process to exhaust my remedies through the grievance process, I have factual proof of this that will be file with this Affidavit as Exhibits in the Arkansas State Claims Commission along with copies of the Affidavit's I sent to Warden T. Hurst and Grievance Director Gaylon Lay showing I've tried to resolve this issue.

(2) states "Any reprisal or retaliation by staff is absolutely prohibited and will be dealt with in accordance with the appropriate policy regarding employee conduct and discipline. All personnel shall

receive written and oral notice that formal and/or informal reprisals will not be tolerated.

The Training Academy has implemented a training program regarding inmate problem resolutions and complaints. The training is mandatory for all staff involved in the inmate grievance process.

(3) Once an inmate initiates the grievance process, the process shall be followed through all stages without interference by administrators or employees of the division. Anytime an inmate voluntarily decides to withdraw a grievance, he or she must submit a Grievance Waiver Form (See Attachment IX). The appropriate staff will verify receipt of the waiver in writing.

(4) If reprisal or retaliation is suspected or determined after the unit center investigation, the grievance shall be forwarded to Internal Affairs for ~~Review~~ further review with all relevant documentation.

I can further show Reprisal and Retaliation was used on Claimant repeatedly ~~in~~ the Inmate Grievance Procedure, IV. PROCEDURES, ~~and~~ See all Filed Exhibits)

The Claimant can also show Reprisal and Retaliation ~~is~~ against the Claimant violates ADC Policies in Fabricated Legal Documents, Major Disciplinary Policies and Procedures, DDS's, Isolation Logs, Disciplinary, Hunger Strike Logs, Food Logs, ISSP 100 & 101 forms, Grievances, Reports Statements, Incident Reports, Use of Force, Restraint Chair, Medical Attention after Use of Force, Medical Attention while on Hunger Strike, Classification, Mail Room Supervisor / Mail, Books / Journal, Legal Mail, Legal Copies, Restrictive Housing, Release from Isolation, Cell Searches, Restrain Hair Cuts and Shaves, Food and Drinks, Retaliation for Use of Grievance System, and PREA Hotline, Legal Phone Calls, Yard Call, Religious Services Ramadan, Ad. Seq., Indigent Supplies Legal, Cell Clean up, 48 hour Relief, Grievances, PREA ADC Policies and Procedures

Due to all these Policies and Procedures being violated by ADC Director Dexter Payne, Deputy Director William Straughn, Deputy Director of Grievances Gaylon Lay, Disciplinary Appeal Director Thomas Rowland, Warden T. Hurst, Deputy Warden Harris, Major Warner, Inmate Grievance Coordinator, Ms. Shurika Brown, Major Disciplinary Hearing Officer Col. E. Zuber, Cpl. Willie Harris, Lt. Richard E. Lee, Sgt. McFarland, [redacted] Unit Law Library Clerk Danille Barnett, Grimes Unit Security staff don't know Names (File Names after Discovery), Grimes Unit Isolation Security staff don't know Names (File Names after Discovery) my Life is at extreme risk of Physical harm or Death at Grimes Unit and Reprisal and Retaliation is being used against me over this Claim before the Arkansas State Claims Commission

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

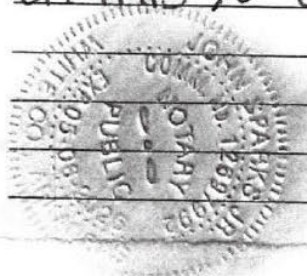
Date: 8-10-23

Affiant: [Signature]

Subscribed and Sworn to Before me, a Notary Public, on this 10 day of August 2023

[Signature]
Notary Public

My Commission Expires: 5/6/2026



Arkansas Department of Corrections
Attn: Michael Wilmoth, ADC # [redacted]
Crimes Unit



Arkansas State Claims Commission

Arkansas
State Claims Commission

March 3, 2024

MAR 09 2024

RECEIVED

Re: Michael Wilmoth vs. Arkansas Division
of Correction Claim No. 240132

Dear Ms. Mika Tucker

I write you concerning (2) two letters I got from ~~you~~ you (1) one dated Dec. 1, 2023 and (1) one dated Dec. 11, 2023. I did not get these until February 2024.

First, Yes the 200 pages of documents needs to be filed in Claim No. 240132, I'm enclosing a Motion explain this and why these documents was only sent to Arkansas State Claims Commission. I will also explain this to you, in this letter.

As in my Statement of Claim states; I'm being denied legal copies by the ADC Grime Unit Law Library Clerk Ms. D. Barnett and the [REDACTED] Unit Wardens (see Grievances) filed in Claim No. 240132 so I only have (1) one copy of these 200 pages of documents.

So I was only able to send these 200 pages of documents to the Arkansas State Claims Commission

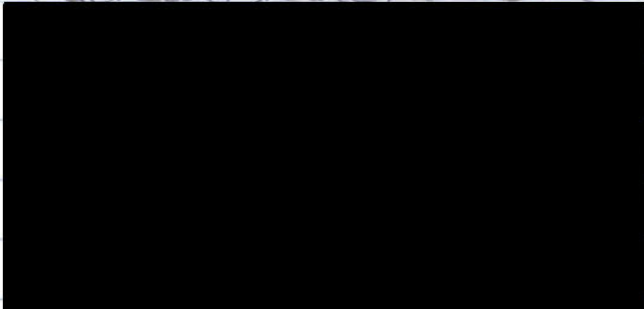
Next, Letter dated December 11, 2023 states "Enclosed please find an Order entered on December 8, 2023, by the Arkansas State Claims Commissioner. IF you have any questions, please do not hesitate to contact my office."

First, I didn't get this letter until February 2024 then there was No Order Enclosed so I don't even know what this Order is that was entered on December 8, 2023.

Lastly, I wrote the Arkansas State Claims Commission requesting a complaint form and the letter dated December 1, 2023 stated one was enclosed but there is not a complaint form enclosed with the letter and documents. Can you please send me a complaint form for a completely different claim?

I Thank you very much for your time in these matters!

Sincerely,
Michael Shane Wilmoth



There is also (14) pages of Documents needs Copied and filed with Claim #240132
Back Side

Because [REDACTED] Unit won't give me
Legal Copies of my Legal Document
so I can't mail them to Respondent
and file them with my Claim

Before the Arkansas State Claims Commission

Michael Wilmoth ([REDACTED]) Claimant

Arkansas
State Claims Commission

Vs. Claim# 240132

MAR 09 2024

RECEIVED

Arkansas Department of Corrections
Division of Correction

Respondent

Motion Concerning 200
Pages of Documents

Comes now Claimant, Michael Shane Wilmoth
ADC# [REDACTED] with this Motion for all the following
reasons:

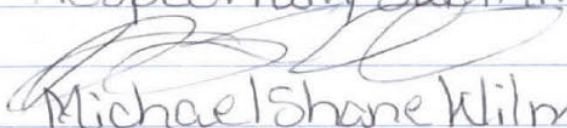
1) Claimant, can't send the Documents to
the Respondent because he is being denied
legal copies of his legal Documents at Grimes
Unit by [REDACTED] Unit Warden and Law
Library Clerk Ms. Barnett hindering the
Claimant's Arkansas State Claims Case
#240132.

2) Claimant, Michael Wilmoth [REDACTED] got
(2) two Letters from the Arkansas State
Claims Commission in February 2024 (1) one
letter dated December 1, 2023, (1) one letter
dated December 11, 2023, the letter dated
dated December 1, 2023 stated a complaint

Form was enclosed as I had wrote and requested but NO Complaint form was enclosed cutting into the (2) two year time limit I have to file my Complaint, then letter dated December 11, 2023 states "Enclosed please find an Order entered on December 8, 2023" No Order was enclosed so I the Claimant do not know what this order is.

3) All 200 pages of Documents should be file in case #240132.

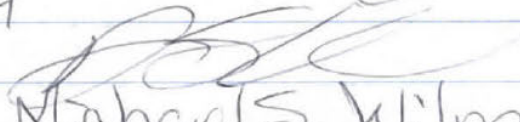

Respectfully Submitted


Michael Shane Wilmoth



Certificate of Service

I certify that this was sent to the Arkansas State Claims Commission only because Grimes Unit refuses to give me legal copies of my legal Document on March 3, 2024


Michael S. Wilmoth
ADC 

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

AUG 21 2023 GRIEVANCE

FOR [redacted] USE ONLY
GRV. # [redacted] -23-01039
Date Received: 8-21-23
GRV. Code #: 803

Name Michael Shane Wilmoth

ADC# [redacted] Brks # 123 Job Assignment [redacted]

8-6-23 (Date) STEP ONE: Informal Resolution

8-8-23 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

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

(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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

ADC Policy and Procedure on Grievance at [redacted] Unit is being Violated. Ms. Shurika Brown A.D.C. Inmate Grievance Coordinator, and [redacted] Unit Problem Solver's Refuse to sign the Unit level Grievance Form Step Two Receipt at the bottom of the Unit Level Grievance form and Forward Step Two Unit Level Grievance to the A.D.C. Inmate Grievance Coordinator Ms. Shurika Brown, Warden Hurst, and Deputy Warden Harris and Major Warner are allowing this to happen and Allowing the Violation of A.D.C. Policy and Procedure on Grievances and Step Two Unit level Grievances at [redacted] Unit.

RECEIVED

JAN 05 2024

FAILURE TO FOLLOW POLICY IS TO BE TREATED IN A REPEALABLE MANNER. APPEAL TO THE END OF THE PROCESS

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

[Signature] Inmate Signature

8-6-2023 Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 8-6-23 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form:

Sgt. H. Robertson [redacted] [Signature] Date 8-6-23

Describe action taken to resolve complaint, including dates: Per policy if you do not receive the informal Resolution back at the end of 3 working days, please proceed to step two using the pink or yellow copy to be processed.

[Signature] 8-8-23 Staff Signature & Date Returned

[Signature] 8-8-23 Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: Date:

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 23-01039

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated August 6, 2023. You stated, "ADC Policy and Procedure on Grievance's at [REDACTED] Unit is being violated Ms. Shurika Brown A.D.C. Inmate Grievance Coordinator, and [REDACTED] Unti Problem Solvers because Grimes Unit Problems Solvers Refuse to sign the Unit level Grievance For step Two Receipt at the bottom of the Unit Level Grievance Form and Foward step two Unit Level Grievance to the A.D.C. Inmate Grievance Coordinator M.s Shurika Brown, Warden Hurst, Deputy Wardden Harris, and Major Warner are allowing this to happen and Allowing the violation of A.D. C Policy and Procedure on Grievances and Step Two Unit level Grievances at [REDACTED] Unit".

As addressed in grievance number [REDACTED]-23-01011, "It was found that several of your grievances were forwarded to Central Office in Pine Bluff by mailroom staff without being processed at the [REDACTED] Unit. However, they have been returned to you and Ms. Brown and those that could be processed were processed in accordance with DOC policy". Ms. Brown, Deputy Warden Harris, Major Warner, problem solvers nor I had no involvement in this matter. Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

8-29-23
Date

Warden
Title

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?

I'm being denied the Grievance Process

FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION OF THE
APPEAL AND MARK THE END
OF THE APPEAL PROCESS

INMATE SIGNATURE

[Handwritten Signature]

8-30-23
Date

RECEIVED
JAN 05 2024
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

JAN 18 2024
GRIEVANCE

FOR OFFICE USE ONLY	
GRV #	<u>24-00060</u>
Date Received:	<u>1-18-24</u>
GRV. Code #:	<u>906</u>

Unit/Center [Redacted]

Name Michael Shane Wilmoth

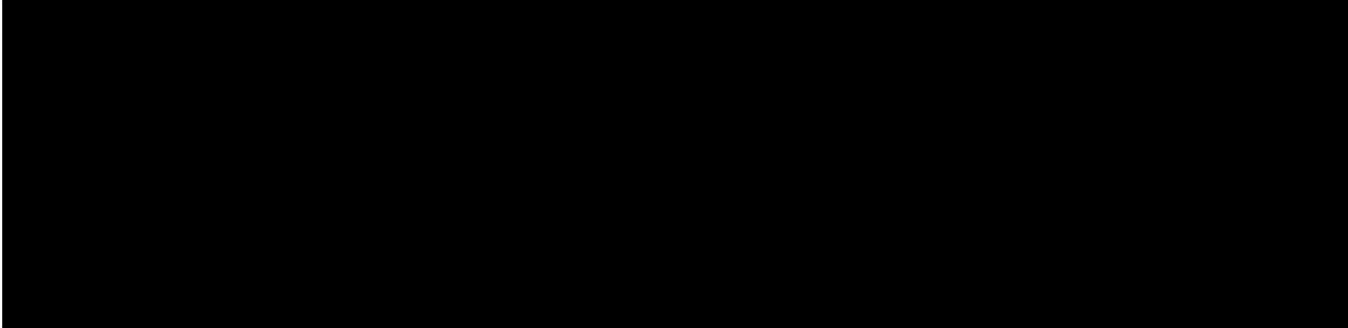
ADC# [Redacted] Brks # 150 Job Assignment [Redacted]

1-14-24 (Date) STEP ONE: Informal Resolution

1-16-24 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)

[Redacted], (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental



Organic Only
With 100% Real Fruit Juice and Organic Milk
to Drink

RECEIVED
FEB 01 2024

1-14-24

Inmate Signature

INMATE GRIEVANCES SUPERVISOR

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-14-24 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Brad Roberts [Redacted] Sgt Brad Roberts 1-14-24
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Chaplin stated that you are listed as Islam, and there is no special diet except you can not eat pork, he also stated that he did not know of any religion that offers what you wanting.

Sgt Brad Roberts [Redacted] [Redacted] 1-15-24
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 24-00060

WARDEN/CENTER SUPERVISOR'S DECISION:

[REDACTED]

Therefore, I find this grievance is without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hunt

1-20-24

Date

Warden

Title

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.

[REDACTED]

INMATE SIGNATURE

[Handwritten Signature]

1-20-24

Date

RECEIVED
FEB 01 2024
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

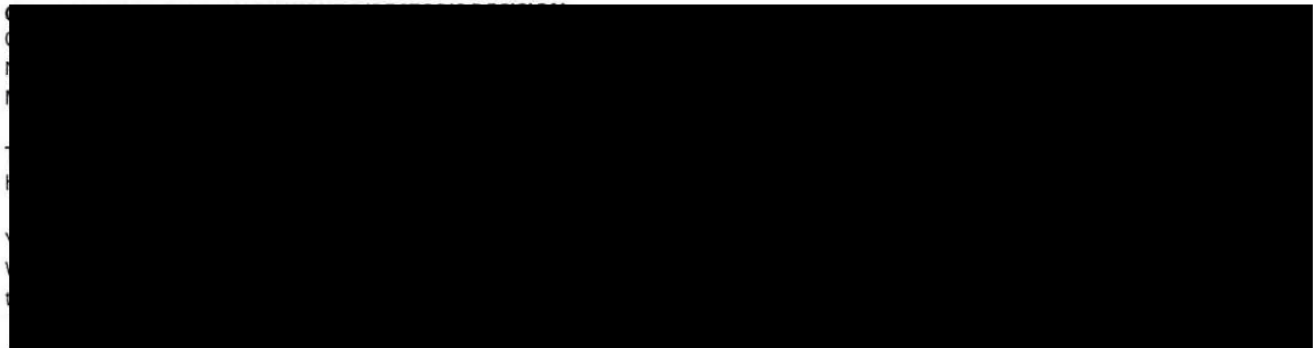
If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

DEPUTY/ASSISTANT DIRECTOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

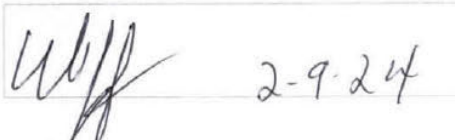
ADC #: [REDACTED]

GRIEVANCE#: [REDACTED]-24-00060



Appeal denied.

DIRECTOR

A handwritten signature in black ink, followed by the date "2-9-24", is written inside a thin rectangular border.

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance 24-00064

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 02/21/2024

Please be advised, the appeal of your grievance dated 01/17/2024 was received in my office on this date 02/21/2024

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED
FEB 21 2024
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 24-00064

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated January 17, 2024. You stated, "At night it is below Freezing in Our Isolation Cells at [REDACTED] Unit and isn't much better during the day there is No Heat at all in Isolation. This violates ADC Policies and Procedures".

Due to the drop in temperatures overnight, the boiler had to be adjusted. Temperatures are now within DOC guidelines. Therefore, I find this grievance is with merit but has been resolved.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

2-2-24
Date

Warden
Title

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?

Fixed This issue was never

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

INMATE SIGNATURE

[Signature]

2-2-24
Date

RECEIVED

FEB 21 2024

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

JAN 19 2024
GRIEVANCE

GRV #	24-000604
Date Received:	1-19-24
GRV. Code #:	912

Unit/Center [Redacted]
 Name Michael Shane Wilmoth
 ADC# [Redacted] Brks # 134 Job Assignment _____

1-17-24 (Date) STEP ONE: Informal Resolution

1-18-24 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This does not solve the problem

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): At night it is below freezing in our isolation cells at [Redacted] Unit and isn't much better during the day there is no heat at all in isolation. This violates ADC policies and procedures.

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

RECEIVED
FEB 21 2024

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

[Signature]
Inmate Signature

1-17-2024
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-17-24 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Nathan Williams [Redacted] [Signature] 1-17-24
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: a maintenance request has been submitted regarding the Heating in PHU.

[Signature] 1-18-24
Staff Signature & Date Returned

[Signature] 1-18-24
Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL
OR REJECTION OF APPEAL**

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [REDACTED]-24-00070

ADC#: [REDACTED]
TITLE: Deputy Director
DATE: 02/21/2024

Please be advised, the appeal of your grievance dated 01/19/2024
was received in my office on this date 02/21/2024

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED

FEB 21 2024

**INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING**

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Wilmoth, Michael S.

ADC #: [REDACTED]

GRIEVANCE #: [REDACTED] 24-00070

WARDEN/CENTER SUPERVISOR'S DECISION:

I received your grievance dated January 19, 2024. You stated, "On Jan. 19, 2024 the Maintenance Supervisor came to [REDACTED] Unit Isolation to check the temperature he never checked the temperature inside the cells where there is NO HEAT at All and only checked the temperature at the ceiling/Roof of the Day Room area where it's going to be warmest because warm air raises. This is falsifying Legal Documents and Records to cover up inmates are being held in Cell in below Freezing temperature with No Heat at all. This violates ADC Policies and Procedures".

This matter has been addressed in [REDACTED] 4-00064. Therefore, I find this grievance is with merit but has been resolved.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

Thomas W. Hurst

2-2-24
Date

Warden
Title

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?

*This was not resolved
we went from 1-17-2024 until 1-27-24*

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

INMATE SIGNATURE

[Handwritten Signature] [REDACTED]

2-2-24
Date

**RECEIVED
FEB 21 2024**

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)

JAN 22 2024 GRIEVANCE

FOR OFFICE USE ONLY
GRV. [Redacted] 24-00070
Date Received: 1-22-24
GRV. Code #: 912

Unit/Center [Redacted]
Name Michael Shane Wilmoth
ADC# [Redacted] Brks # 136 Job Assignment

1-19-24 (Date) STEP ONE: Informal Resolution
1-21-24 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: No they are not and there is No Heat at all
(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On Jan. 19, 2024 the Maintenance Supervisor came to [Redacted] Unit Isolation to check the temperature he never checked the temperature inside the cells where there is NO HEAT at All and only checked the temperature at the Ceiling/Roof of the Day Room area where it's going to be warmest because warm air raises. This is falsifying Legal Documents and Records to cover up inmates are being held in cells in below freezing temperatures with No Heat at all. This violates ADC Policies and Procedures

RECEIVED
FEB 21 2024

POLICY HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

Inmate Signature [Signature] Date Jan. 19, 2024
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATIVE BUILDING

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-20-24 (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: [Redacted] Date [Redacted]
Sgt J. Burchan [Redacted] ID Number [Redacted] Staff Signature Sgt John B Date Received 1-20-24
Describe action taken to resolve complaint, including dates: Temperature checks are being completed daily by staff and maintenance request are completed as needed

Sgt John B 1-21-24 [Signature] 1-21-24
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 1-21-24 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No)
Staff Who Received Step Two Grievance: Sgt J. Burchan Date: 1-21-24
Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:
If forwarded, provide name of person receiving this form: Date:

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

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Wilmoth, Michael S.
FROM: Straughn, William F.
RE: Receipt of Grievance [redacted] 24-00131

ADC#: [redacted]
TITLE: Deputy Director
DATE: 02/21/2024

Please be advised, the appeal of your grievance dated 01/18/2024 was received in my office on this date 02/21/2024

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

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - (a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment (Unrelated to Medical Restriction)
 - (d) Disciplinary matter
 - (e) Matter beyond the Division's control and/or matter of State/Federal law
 - (f) Involves an anticipated event
 - (g) Publication
- You did not send the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)
 - (c) Acknowledgement and/or Rejection form (Attachment II)
 - (d) Step Two was appropriately rejected
 - (e) Did not give reason for disagreement in space provided for appeal
 - (f) Did not complete Attachment III or IV by signing your name, ADC#, and/or the date
 - (g) Unsanitary form(s) or documents received
- This appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

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

RECEIVED
FEB 21 2024

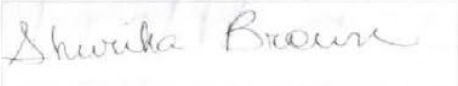
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wilmoth, Michael S. **ADC#:** ██████████
FROM: Brown, Shurika R **TITLE:** ADC Inmate Grievance Coord
DATE: 02/05/2024 **GRIEVANCE #:** █-24-00131

Please be advised, I have received your Grievance dated 01/18/2024 on 02/05/2024.
 Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD



SHURIKA BROWN, ADC INMATE GRIEVANCE COORD
 FEB 5, 2024 12:16:55 CST

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.

- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (untimely) was a duplicate of GR-24-00060, or was frivolous or vexatious.

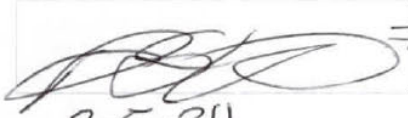
RECEIVED
 FEB 21 2024

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Was not Untimely

INMATE SIGNATURE


 ██████████
 2-5-24

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

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

UNIT LEVEL GRIEVANCE FORM (Attachment I)
Unit/Center _____

RECEIVED
FEB 15 2024
GRIEVANCE

USE ONLY
[Redacted] 24-00131
Date Received: 2-5-24
GRV. Code #: 906

Name Michael Joseph Wilcox
ADC# [Redacted] Brks # 136 Job Assignment _____

1-18-24 (Date) STEP ONE: Informal Resolution.

2-1-24 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: Informal never answered

_____, (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 serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I'm a Israeli Muslim we are to practice a Religious Diet/Meal that is Chem Free, with only Fresh Veggies, Vegetables, Fruits, Grains, Nuts, Unleavened Bread with No Eggs, Only Organic, 100% Real Fruit and Vegetable Juices and Organic Milk Product, No GMO's, Pesticides. Yet I'm being denied My Religious Meal/practices (Daniel 2 in the Bible) it will be filing a lawsuit concerning my Religious Rights being violated at [Redacted] Unit by Unit Chaplain's, Warden T. Hurst, Deputy Warden Harris and Unit Doctor.
Nothing Eaten or Processed

Inmate Signature _____ Date 1-18-2024

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

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

RECEIVED
FEB 21 2024

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

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

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

Pg 1 of 4

Arkansas
State Claims Commission

JUN 17 2024

RECEIVED

In the Arkansas State Claims
 Michael S. Wilmoth
 ADC# [REDACTED]

Claimant

Vs. Claim/Case # 240132

Arkansas Division of Correction Respondant

Motion to Compel Discovery

Now comes Claimant, Michael S. Wilmoth ADC [REDACTED] with his Motion to Compel Discovery for all the following reasons:

- 1) On Aprox. Jan. 21, 2024 Claimant mailed his Discovery Request to Arkansas Division of Correction's Attorney but got No reply.
- 2) On Aprox. Feb. 19, 2024 the Claimant wrote a letter to Arkansas Division of Correction's Attorney concerning Discovery Request but got No Reply.
- 3) The Claimant has a right to these Discovery Request; all Discovery Request listed below:
 - 1) All A.D.C. Policies and Procedures concerning Claim # 240132
 - 2) All Grimes Unit Policies and Procedures concerning claim # 240132
 - 3) Claimant, request a internal Affairs investigation into Claim # 240132 and a copy of

Pg 2 of 4

all Document concerning all Internal Affairs Investigations done into all incidents and Claims in Claim #240132

4) Claimant Request all Videos of Disciplinary Proceedings related to Claim #240132 all Incident Reports, Repo Statements, investigation Reports, Disciplinary, Disciplinary Appeals, all Disciplinary Matters.

5) Copy of All Grievances and Grievance Appeals concerning Claim #240132 Filed by Claimant.

6) All Grimes Unit logs concerning Claim #240132 and the Claimant.

7) All Video Footage of all incidents concerning Claimant and Claim #240132

8) All phone records concerning Claimant and Claim #240132 including recordings.

Claimant, Michael Shane Wilmoth A.D. [REDACTED] has filed a Response to Motion for Summary Judgment, Filed over 200 pages of Documents and Requested Hearing with the Arkansas State Claims Commission. The last thing the Claimant got in the mail from the Arkansas State Claims Commission is a Order, Dated December 8, 2023 the Claimant again requests a Hearing before the Arkansas State Claims Commission concerning Claim #240132.

Pg 3 of 4

Claimant, Michael Shane Wilmoth A.D.C. # [REDACTED] mailed the Respondent's Attorney Thomas Burns the Claimant's Discovery Request and a Follow up letter concerning Discovery Request the Claimant got No Reply, the only thing the Claimant has ever gotten from Respondent's Attorney Thomas Burns was Motion for Summary Judgment Dated October 16, 2023.

Therefore the Claimant Michael Shane Wilmoth A.D.C. # [REDACTED] respectfully requests the Arkansas State Claims Commission grant this Motion, Compel the Respondent's Attorney Thomas Burns to Answer the Claimant's Discovery Request and Set Claim #240132 For a Hearing before the Arkansas State Claims Commission.

Respectfully Submitted



Michael Shane Wilmoth

[REDACTED]

Pg 4 of 4


Certificate of Service

I certify that I mailed the Motion to Compel Discovery on the 13th day of June, 2024 by U.S. Mail to:

Arkansas State Claims Commission
101 East Capitol Avenue
Suite 410
Little Rock, Ark.
72201-3823

and

Thomas Burns (02006)
Legal Services Unit
Division of Correction
6814 Princeton Pike
Pine Bluff, Ark.
71602


Michael Shane Wilmoth
ADC [REDACTED]

Mika Tucker

From: Misty Scott on behalf of ASCC Pleadings
Sent: Friday, June 21, 2024 8:22 AM
To: Tawnie Rowell (DOC)
Cc: ASCC Pleadings; Mika Tucker
Subject: ORDER: Michael S. Wilmoth v. ADC, Claim No. 240132
Attachments: Michael Wilmoth v. ADC .pdf; Michael Wilmoth-order2.pdf

Ms. Rowell:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

June 21, 2024

Mr. Michael S. Wilmoth (ADC [REDACTED])
[REDACTED]

Ms. Tawnie Rowell
Arkansas Division of Correction
1302 Pike Avenue, Suite C
North Little Rock, Arkansas 72114

(via email)

Re: ***Michael S. Wilmoth v. Arkansas Division of Correction***
Claim No. 240132

Dear Mr. Wilmoth and Ms. Rowell:

Enclosed please find an Order entered on June 14, 2024, by the Arkansas State Claims Commission. If you have any questions, please do not hesitate to contact my office.

Sincerely,

Mika Tucker

ES: msscott

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH (ADC [REDACTED]) CLAIMANT

V. CLAIM NO. 240132

ARKANSAS DIVISION OF CORRECTION RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Commission”) is a motion for summary judgment filed by the Arkansas Division of Correction (the “Respondent”) as to the claim of Michael Wilmoth (the “Claimant”). Based upon a review of the motion, the arguments made therein, and the law of Arkansas, the Commission hereby finds as follows:

1. Claimant filed his claim on July 31, 2023, seeking \$20,000.00 in damages related to three distinct claims.¹ In Claim One, Claimant alleges that Respondent’s employees violated major disciplinary policies and falsified legal documents from December 2022 to July 2023. Claimant seeks an emergency transfer with respect to Claim One. In Claim Two, Claimant alleges, *inter alia*, that, in May 2023, Respondent violated Respondent’s “Policy and Procedure for Religious Services” by denying Claimant and other [REDACTED] housed in the isolation unit their [REDACTED]. In Claim Two, Claimant also alleges that Respondent discriminated against [REDACTED] and retaliated against them for using the grievance process. In Claim Three, Claimant alleges that Respondent’s law library clerk denied him legal copies he needed for a lawsuit, legal supplies, legal forms and access to the law library materials. Claimant also alleges retaliation by Respondent’s employees in Claim Three.

¹ The Commission granted Claimant’s motion for leave to exceed page limitations set forth in Ark. Code Ann. § 19-10-208(f)(1) on September 22, 2023.

2. Respondent filed a motion for summary judgment, arguing, *inter alia*, that Claimant is making constitutional claims and that the Commission does not have jurisdiction over Claimant's claim. Respondent also argues that the Commission cannot grant injunctive relief.

3. Claimant responded to the motion for summary judgment.²

4. The Commission agrees with Respondent that Claimant's claim is premised upon alleged constitutional violations. Because such claims can be brought a court of general jurisdiction, the Commission does not have jurisdiction to hear them. *See* Ark. Code Ann. § 19-10-204(b)(2)(A) ("The Commission shall have jurisdiction only over those claims which are barred by the doctrine of sovereign immunity from being litigated in a court of general jurisdiction").

5. If Claimant believes he has federal law claims against individual employees of Respondent, those claims can be brought in a court of general jurisdiction. The Commission does not have jurisdiction to hear such claims. *See* Ark. Code Ann. § 19-10-204.

6. The Commission also notes it is not authorized to grant such relief and must DENY Claimant's motion. *See* Ark. Code Ann. § 19-10-201, *et seq.* Claimant will have to seek injunctive relief from the courts.

7. As such, pursuant to Ark. Code Ann. § 19-10-204 and Ark. R. Civ. P. 12(h)(3), the Commission DISMISSES Claimant's claim.

8. The Commission encourages Respondent to utilize motions to dismiss when seeking dismissal based on lack of jurisdiction in the future where the argument requires no review of matters outside Claimant's claim.

9. Any other pending motions are denied as moot.

² The Commission granted Claimant's extension of time to file a response to the motion for summary judgment on December 8, 2023.

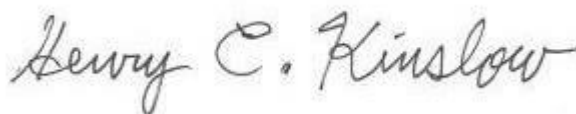
IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

DATE: June 14, 2024

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

Pg 1 of 4

RefileArkansas
State Claims Commission

JUL 05 2024

RECEIVED

In the Arkansas State Claims
Michael S. Wilmoth

ADC [REDACTED]

Claimant

Vs. Claim/Case # 240132

Arkansas Division of Correction Respondant

Motion to Compel Discovery

Now comes Claimant, Michael S. Wilmoth ADC #105408 with his Motion to Compel Discovery for all the following reasons:

- 1) On Aprox. Jan. 21, 2024 Claimant mailed his Discovery Request to Arkansas Division of Correction's Attorney but got No reply.
- 2) On Aprox. Feb. 19, 2024 the Claimant wrote a letter to Arkansas Division of Correction's Attorney concerning Discovery Request but got No Reply.
- 3) The Claimant has a right to these Discovery Request; all Discovery Request listed below:
 - 1) All A.D.C. Policies and Procedures concerning Claim # 240132
 - 2) All [REDACTED] Unit Policies and Procedures concerning claim # 240132
 - 3) Claimant, request a internal Affairs investigation into Claim # 240132 and a copy of

Pg 2 of 4

all Document concerning all Internal Affairs Investigations done into all incidents and Claims in Claim #240132

4) Claimant Request all Videos of Disciplinary Proceedings related to Claim #240132 all Incident Reports, Rep Statements, investigation Reports, Disciplinary Disciplinary Appeals, all Disciplinary Matters.

5) Copy of All Grievances and Grievance Appeals concerning Claim #240132 Filed by Claimant.

6) All Grimes Unit logs concerning Claim #240132 and the Claimant.

7) All Video Footage of all incidents concerning Claimant and Claim #240132

8) All phone records concerning Claimant and Claim #240132 including recordings.

Claimant, Michael Shane Wilmoth A.D.C. [REDACTED] has filed a Response to Motion for Summary Judgment, Filed over 200 pages of Documents and Requested Hearing with the Arkansas State Claims Commission. The last thing the Claimant got in the mail from the Arkansas State Claims Commission is a Order, Dated December 8, 2023 the Claimant again requests a Hearing before the Arkansas state Claims Commission concerning Claim #240132.

Pg 3 of 4

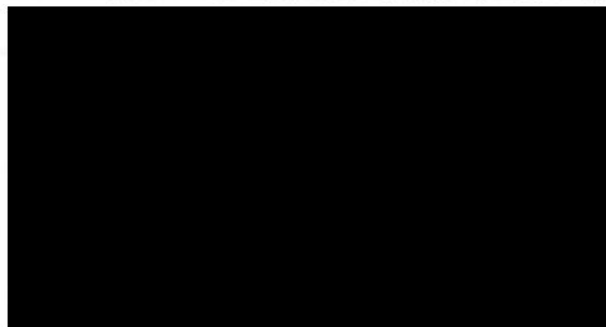
Claimant, Michael Shane Wilmoth A.D.C. [REDACTED] mailed the Respondent's Attorney Thomas Burns the Claimant's Discovery Request and a Follow up letter concerning Discovery Request the Claimant got No Reply, the only thing the Claimant has ever gotten from Respondent's Attorney Thomas Burns was Motion for Summary Judgment Dated October 16, 2023.

Therefore the Claimant Michael Shane Wilmoth A.D.C. [REDACTED] respectfully requests the Arkansas State Claims Commission grant this Motion, Compel the Respondent's Attorney Thomas Burns to Answer the Claimant's Discovery Request and Set Claim #240132 for a Hearing before the Arkansas State Claims Commission.

Respectfully Submitted



Michael Shane Wilmoth



Pg 4 of 4


Certificate of Service

I certify that I mailed the Motion to Compel Discovery on the 9th day of June, 2024 by U.S. Mail to:

Arkansas State Claims Commission
101 East Capitol Avenue
Suite 410
Little Rock, Ark.
72201-3823

and

Thomas Burns (02006)
Legal Services Unit
Division of Correction
6814 Princeton Pike
Pine Bluff, Ark.
71602


Michael Shane Wilmoth
ADC [REDACTED]

Before the Arkansas State Claims Commission
 Michael Shane Wilmoth (A [REDACTED]) Claimant
 Vs. Claim # 240132
 Arkansas Division of Correction Respondent

Arkansas
State Claims Commi

JUL 05 2024

RECEIVED

Motion For Reconsideration

Now comes the Claimant, Michael S. Wilmoth ADC # [REDACTED] with his Motion for Reconsideration for Order dated June 14, 2024 Dismissing Claimant's Claims. The Claimant did not get this Order until June 24, 2024. The Claimant files his Motion for Reconsideration for all the following reasons:

- 1) All the Claimant's Claims are only concerning the violations of A.D.C. Policies and Procedures and has nothing to do with any constitutional violations.
- 2) The Claimant can show by ADC Policies and Procedures set by Arkansas Law that these ADC Policies and Procedures was violated and the Arkansas State Claims Commission does under Arkansas Law have jurisdiction over the violation of ADC Policies and Procedures.
- 3) No where in the Claimants Claim does he state, he believes he has

Federal law claims against individual employees" of Respondent, the Claimant is filing his claims about the violation of ADC Policies and Procedures not Federal law. The Respondent does have sovereign immunity from being litigated in a court of general jurisdiction from them violating ADC Policies and Procedures set by Arkansas Law so therefore the Claimant has filed his claim before the Arkansas State Claims Commission where the Commission has jurisdiction over those claims which are barred by the doctrine of sovereign immunity.

4) All Major Disciplinary matters and falsifying Legal Document are barred by the doctrine of sovereign immunity from being litigated in a court of general jurisdiction but violates ADC Policies and Procedures set by Arkansas Law, therefore the Commission does have jurisdiction to hear them.

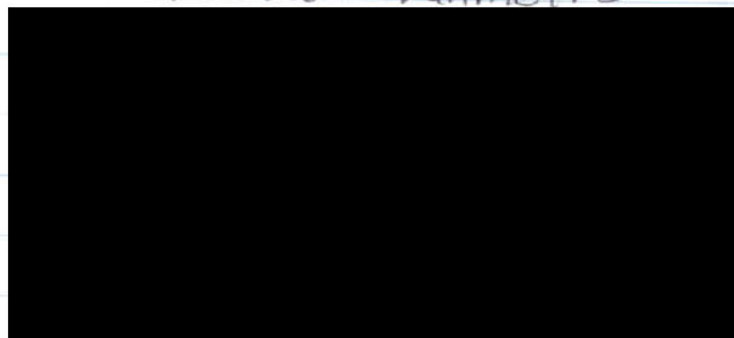
5) The violations of All the ADC Policies and Procedures ~~of~~ ^{of the} Claimant are not addressed in this Order date June 14, 2024 by the Commission, not one of the Claimant's Claims has anything to do with Federal law or constitutional violations but violations of ADC Policies and Procedures set by Arkansas Law and ~~that's all~~ nothing else!

- 6) The Claimant filed his Discovery Request with the Respondent's Attorney and they have refused to address or answer the Claimant's Discovery Request, these Discovery Request would prove the Respondent has violated ADC Policies and Procedures, not any Federal laws or the Claimant's constitutional rights.
- 7) Under Ark. R. Civ. P. the Claimant filed a Motion to Compel Discovery ~~to~~ with the Commission to show these violations of ADC Policies and Procedures set by Arkansas Law, the Commission denied all pending motions as moot.
- 8) The Claimant ask the Commission to grant the Claimant's motion to Compel Discovery, set this case for a hearing before the Commission and let the show proof the Respondent has and still is violating ADC Policies and Procedures not Federal law or Constitutional violations.
- 9) The Claimant feels this Motion is a waste of his efforts so he is also filing a Notice of Appeal with this Motion before the Commission.

Respectfully



Michael S. Wilmoth



Claim #240132
Notice of Appeal

Comes now the Claimant, Michael Shane Wilmoth ADC [REDACTED] with his Notice of Appeal to his Motion to Reconsideration because the Claimant believes his Motion For Reconsideration is a waste of effort before the Arkansas State Claims Commission so he is filing his Notice of Appeal now.

A handwritten signature in cursive script, appearing to read "Michael S. Wilmoth".

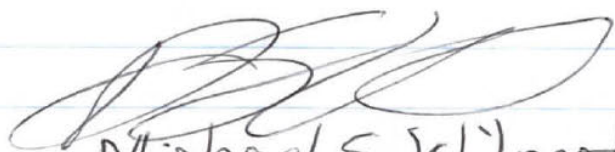
Michael Shane Wilmoth

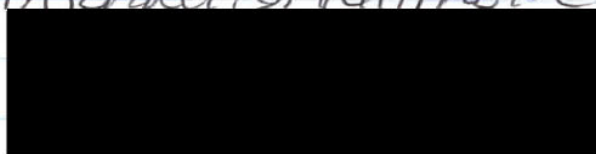


Certificate of Service

I certify that I mailed my Motion for Reconsideration and Notice of Appeal on this 1st day of July, 2024 by U.S. Postal Service to:

Arkansas State Claims Commission
101 E. Capitol Ave
Suite #410
Little Rock, Ark.
72201-3823


Michael S. Wilmoth



Mika Tucker

From: Kris Higdon (DOC)
Sent: Tuesday, July 9, 2024 9:11 AM
To: ASCC Pleadings
Cc: Tawnie Rowell (DOC)
Subject: Michael Wilmoth v. ADC, 240132
Attachments: Response to Motion to Compel Discovery.pdf

Please see attached Response to Motion to Compel Discovery.

Kris Alan Higdon
Attorney at Law
Office of the Secretary
1302 Pike Ave., Suite C
North Little Rock, AR 72114
Phone: 501-862-9593
Kris.a.higdon@doc.arkansas.gov

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MICHAEL S. WILMOTH (ADC # [REDACTED])****CLAIMANT****v.****NO. 240132****ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION****RESPONDENT****RESPONSE TO MOTION TO COMPEL DISCOVERY**

COMES NOW the Respondent, Arkansas Department of Corrections, and for its Response to Motion to Compel Discovery, states:

1. On July 8, 2024, the undersigned received Claimant's Motion to Compel Discovery.

2. In his motion, Claimant states that on Jan. 21, 2024, he mailed "Discovery Request" to the Arkansas Division of Correction's attorney but did not receive a reply. Claimant further states that on approximately February 18, 2024¹, he wrote a letter to the attorney for the Division of Corrections concerning the discovery requests but received no reply. The undersigned states affirmatively that there is no record of any discovery requests or correspondence concerning discovery requests in the Division of Corrections' file for this matter.

3. In paragraph 3 of his motion Claimant sets out eight (8) numbered sentences which could be best characterized as request for production of documents.

4. Having never received the initial discovery requests and subsequent letter, the Division of Corrections will treat those eight (8) numbered sentences as request for production and will respond timely.

¹ This alleged letter was sent out well within the 30-days allowed for discovery responses set out in the Arkansas Rules of Civil Procedure from the date Claimant states he initially mailed the discovery requests.

5. The Division of Corrections specifically denies that Claimant is entitled to an order compelling discovery responses.

6. Claimant further states that he has filed a response to the Division of Corrections' Motion for Summary Judgment. The undersigned states affirmatively that no such pleading is in the file for this matter maintained by the Division of Corrections. In its December 8, 2023, order, the Commission noted that Claimant had previously failed to set forth a certificate of service.

7. Claimant further states he has filed over 200 pages of documents and a request for a hearing. The undersigned states affirmatively that no such voluminous filings have been received. Further, discovery has just started and this matter is not ripe for a hearing on the merits.

WHEREFORE, for the reasons cited herein, Respondent respectfully requests that Claimant's Motion to Compel Discovery be denied, Respondent's already pending Motion for Summary Judgment be granted, Claimant's claim be dismissed with prejudice and that Claimant take nothing.

Respectfully submitted,

/s/ Kris Alan Higdon
Kris Alan Higdon #2004115
Arkansas Department of Corrections
1302 Pike Ave., Suite C
North Little Rock, AR 72114
Telephone: (501) 682-9593
Kris.a.higdon@doc.arkansas.gov

CERTIFICATE OF SERVICE

I, Kris Alan Higdon, hereby certify that a true and correct copy of the foregoing has been served upon persons set out below, via first class mail, on this 8th day of July 2024.

Michael Shane Wilmoth [REDACTED]
[REDACTED]

/s/ Kris Alan Higdon
Kris Alan Higdon

Mika Tucker

From: Misty Scott on behalf of ASCC Pleadings
Sent: Tuesday, December 17, 2024 11:51 AM
To: Kris Higdon (DOC)
Cc: ASCC Pleadings; Yolanda Charles (DOC); Mika Tucker
Subject: ORDER: Michael S. Wilmoth v. ADC, Claim No. 240132
Attachments: Michael Wilmoth v. ADC2.pdf; Michael Wilmoth-order5.pdf

Mr. Higdon:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

December 17, 2024

Mr. Michael S. Wilmoth (ADC [REDACTED])
[REDACTED]

Mr. Kris A. Higdon
Arkansas Division of Correction
1302 Pike Avenue, Suite C
North Little Rock, Arkansas 72114

(via email)

Re: ***Michael S. Wilmoth v. Arkansas Division of Correction***
Claim No. 240132

Dear Mr. Wilmoth and Mr. Higdon:

Enclosed please find an Order entered on December 13, 2024, by the Arkansas State Claims Commission. If you have any questions, please do not hesitate to contact my office.

Sincerely,

Mika Tucker

ES: msscott

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WILMOTH (ADC [REDACTED])

CLAIMANT

V.

CLAIM NO. 240132

ARKANSAS DIVISION OF
CORRECTION

RESPONDENT

**ORDER ON CLAIMANT'S
MOTION FOR RECONSIDERATION**

Now before the Arkansas State Claims Commission (the "Commission") is a motion filed by Michael Wilmoth (the "Claimant") for reconsideration of the Commission's June 14, 2024, order dismissing Claimant's claim against the Arkansas Division of Correction (the "Respondent"). Based upon a review of the motion, the arguments made therein, and the law of Arkansas, the Commission hereby finds as follows:

1. Claimant filed his claim on July 31, 2023, seeking \$20,000.00 in damages related to three distinct claims. In Claim One, Claimant alleges that Respondent's employees violated major disciplinary policies and falsified legal documents from December 2022 to July 2023. Claimant seeks an emergency transfer with respect to Claim One. In Claim Two, Claimant alleges, inter alia, that, in May 2023, Respondent violated Respondent's "Policy and Procedure for Religious Services" by denying Claimant and other [REDACTED] housed in the isolation unit their [REDACTED]. In Claim Two, Claimant also alleges that Respondent discriminated against [REDACTED] and retaliated against them for using the grievance process. In Claim Three, Claimant alleges that Respondent's law library clerk denied him legal copies he needed for a lawsuit, legal supplies, legal forms and access to the law library materials. Claimant also alleges retaliation by Respondent's employees in Claim Three.

2. Respondent filed a motion for summary judgment, and Claimant responded.

3. The Commission entered an order on June 14, 2024, finding that Claimant’s claim is premised upon alleged constitutional violations and dismissing Claimant’s claim.

4. Claimant then filed the instant motion for reconsideration, arguing, *inter alia*, that his claim relates to Respondent’s policies and procedures and “has nothing to do with any constitutional violations.”

5. Respondent did not file a response to the motion for reconsideration.

6. In analyzing a motion for reconsideration, Rule 7.1 of the Commission Rules and Regulations states that motions for reconsideration “will only be entertained if they set forth new or additional evidence which was not [previously] available”

7. The Commission finds that the motion does not set forth new or additional evidence not previously available.

8. As such, Claimant’s motion for reconsideration is DENIED, and the June 14, 2024, Commission order remains in effect.

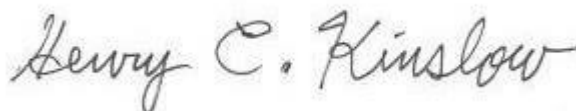
9. Any other pending motions are denied as moot.

10. The Commission notes that Claimant’s motion for reconsideration contains a notice of appeal. Therefore, the Commission will transmit this claim file to the Arkansas General Assembly pursuant to Ark. Code Ann. § 19-10-211.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair

DATE: December 13, 2024

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).