

Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or type

ARKANSAS STATE
CLAIMS COMMISSION

JUN 19 2013

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Gary Crawford, #129963, Claimant

vs.

State of Arkansas, Respondent
Dept. of Correction

Do Not Write in These Spaces		
Claim No.	13-0906-CC	
Date Filed	June 19, 2013	
	(Month)	(Day) (Year)
Amount of Claim \$	10,000.00	
Fund	DOC	

COMPLAINT 1) Loss of Property (Monies),
Failure to Follow Procedure

Gary Crawford, #129963, the above named Claimant, of 300 Correction Dr., Newport, AR 72112
(Name) (Street or R.F.D. & No.) (City)

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

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

State agency involved: Arkansas Department of Correction Amount sought: \$10,000.00

Month, day, year and place of incident or service: 2/23/13, Grimes Complex Unit (AdC)

Explanation: on 12-14-12, Gary Crawford #129963 received a Christmas Deposit from AdC for the amount of \$6.00. On 3-23-13, 10:51:33 AM AdC withdrew \$4.00 medical copay charge leaving a \$2.00 balance. BA 13-00540 states AdC can not collect from Holiday Funds. AdC still refused to replace my funds. I went to the next level but got no response. Therefore, I filed another grievance BA 13-00821. Finally this issue was addressed. Grimes Complex willfully and maliciously violated policy there is no time frame for which I must spend this holiday money. As I was on restrictive tions and could not spend these funds \$1,000 is a lot to some one that do not receive funds. This \$1.00 was finally replaced, and spent separately all most 2 months later. Therefore: AdC intentionally violated Policy 10-38 Section (B) inmate liens.

(Claimant) Holiday Funds credited during the month of December approved by the board of corrections, shall not be collected to satisfy any outstanding lien/debt (Per Policy)

(Claimant) AdC breached Policy/duty when it intentionally refused to respond to GR 13-00540 in the (30) day allotted time frame or extension concerning this matter.

Grimes Complex (AdC) has a bad habit of taking things illegally and refusing to give them back. As you will see from a previous claim concerning me Gary Crawford

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

No; when? _____; to whom? _____; (Department)

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

and that the nature thereof is as follows: _____ (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

: and was acquired on _____, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Gary Crawford (Print Claimant/Representative Name) Gary Crawford (Signature of Claimant/Representative)

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

(SEAL) on this 15 day of June 2013 (Date) (Month) (Year)

Key Cartell (Notary Public)

My Commission Expires: March 5, 2022 (Month) (Day) (Year)

IBSR160_ARDOC - 48

SCHEDULED INMATE RECEIPT

UNIT: Grimes Unit
BANK ACCOUNT ID: 0147828

FACILITY: Grimes Unit
ENTERED BY: EOIR612

INMATE NAME: Crawford, Gary Steven
HOUSING AREA/BED: BK08/0002

ADC #: 129963A

ACCOUNT TYPE: Inmate Checking Account

DATE	TIME	WITHDRAWAL TYPE	PAYABLE TO	AMOUNT	TASK #
03/23/2013	1:05:33 AM	Medical Co-pay Charge		\$1.00	03588418
COMMENTS:		None			

CURRENT BALANCE: \$5.00

*Mrs ^W Cloud
Inmate Bank*

Davis Received/Grievance

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Grimes

APR 01 2013

Name Gary Crawford

Grimes Unit

ADC# 129963

Brks # 8

Job Assignment Hoe squad

FOR OFFICE USE ONLY	
GRV. #	<u>GR13-00540</u>
Date Received:	<u>4/13</u>
GRV. Code #:	<u>599</u>

3-27-13 (Date) STEP ONE: Informal Resolution

3-28-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: medical said it's AdC's fault for this stupidity (breach of duty) state claims are available for this

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

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

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

To Mr McCloud, I made Banking Concerning Medical Co-pay Charge 3/23/13 at 1:05:33 am Amount \$1.00 Task, D358 8418 with Drawal type. Please transfer my money back to my account. The six Dollars is a Christmas gift from AdC. And there is no medical Co payment for chronic care. The \$ dollar Balance is in correct. Therefore please transfer my one dollar to my money replacing my 6 dollars. Medical informed me that it's not their fault, and to contact you about this situation. Your Assistance is appreciated Thank you!

Gary Crawford
Inmate Signature

3/27/13
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 3-27-13 (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 _____

Cpl Ricky Davis 87220 _____ 3-27-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: It states they cannot collect for outstanding but anything new you incur they can collect for that.
Cpl [Signature] 3-28-13 [Signature] 3-28-13
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 GRIEVANCETO: Inmate Crawford, Gary S.
FROM: Jeffrey, Ricky M
DATE: 04/01/2013ADC #: 129963A
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: GR-13-00540

Please be advised, I have received your Grievance dated 03/27/2013 on 04/01/2013.
You should receive communication regarding the Grievance by 04/29/2013



Signature of ADC Inmate Grievance Coord
CHECK ONE OF THE FOLLOWING

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

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature_____
ADC #_____
Date

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center Grines

Name Gary Crawford

ADC# 129963 Brks # Seg 118 Job Assignment N/A

Grines Unit
MAY 06 2013

FOR OFFICE USE ONLY	
GRV. #	<u>GR-13-00821</u>
Date Received:	<u>5-1-13</u>
GRV. Code #:	<u>713</u>

Received/Grievance

5-1-13 (Date) STEP ONE: Informal Resolution

5-2-13 (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 done deliberately I can show a pattern of rule violations

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

Is this Grievance concerning Medical or Mental Health Services? 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): The warden/Center Supervisor has failed to respond in a timely fashion in Grievance GR-13-00540 dated 3-27-13 on 4/1/13

This response was due 4-29-13. If there has been some kind of misunderstanding. Please explain. Or if you have decided to file an extension. Please inform me. I have my receipt if needed. I'm sure there must be a mistake or malfunction I have everything needed from acknowledgment of Grievance, and readable receipts. If you would for a change abide by your own policy. Its clear Adc violated policy AD 10-38-Inmate Lien Section (31)(Holiday Funds) Perhaps this is the reason Adc refuses to answer in a timely fashion

I have my receipt if needed. I'm sure there must be a mistake or malfunction I have everything needed from acknowledgment of Grievance, and readable receipts. If you would for a change abide by your own policy. Its clear Adc violated policy AD 10-38-Inmate Lien Section (31)(Holiday Funds) Perhaps this is the reason Adc refuses to answer in a timely fashion

I have my receipt if needed. I'm sure there must be a mistake or malfunction I have everything needed from acknowledgment of Grievance, and readable receipts. If you would for a change abide by your own policy. Its clear Adc violated policy AD 10-38-Inmate Lien Section (31)(Holiday Funds) Perhaps this is the reason Adc refuses to answer in a timely fashion

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I have my receipt if needed. I'm sure there must be a mistake or malfunction I have everything needed from acknowledgment of Grievance, and readable receipts. If you would for a change abide by your own policy. Its clear Adc violated policy AD 10-38-Inmate Lien Section (31)(Holiday Funds) Perhaps this is the reason Adc refuses to answer in a timely fashion

Gary Crawford Inmate Signature Date 5-1-13

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 5-1-13 (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 _____

Cecil Wright 76913 [Signature] 5-1-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: If you do not receive a response in the allotted time you can move to the next step using a copy of the page of your grievance receipt. Thank you.

[Signature] 5-2-13
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.

IGTT410
3GS

Attachment III

INMATE NAME: Crawford, Gary S.

ADC #: 129963A

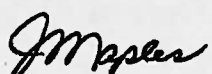
GRIEVANCE #: GR-13-00821

WARDEN/CENTER SUPERVISOR'S DECISION

A review of our records showed that we did not respond to grievance GR13-00540 within the allotted twenty (20) working day time frame, due to a large volume of grievance received by the Grievance Office , and an extension was not sent to concerning this grievance. This part of your grievance is with merit.

Policy AD12-16, Inmate Grievance Procedure, page 10 of 29 # 8, states, " If an inmate has not received a reponse to his/her Unit Level Grievance within the allotted time frame as stated on the Acknowledgement Form and/or the Extension Form, if applicabie, the inmate may move to the nexxt level of the process, an appeal to the Chief Deputy/Deputy/Assistant Director's level within five (5) working days.

Your grievance is without merit.



Signature of Warden/Supervisor or Designee

Warden
Title

5-21-13
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?

Inmate Signature

ADC#

Date

RECEIVED

MAY 21 2013

WARDEN'S OFFICE

6

IGTT410
3GS

Attachment III

INMATE NAME: Crawford, Gary S.

ADC #: 129963A

GRIEVANCE #: GR-13-00540

WARDEN/CENTER SUPERVISOR'S DECISION

Regina Goldman Fiscal Support Supervisor of TCB states, "That you will receive your 1.00 back but does not know how long it will take. She also advises that the reason your money was taken was due to you not spending the money. The system is programmed to protect Christmas money for 90 days." Therefore, I this matter is resolved but with merit.

J. Maples by A. Jenkins
Signature of Warden/Supervisor or Designee

Title

5/14/13
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?

Inmate Signature

ADC#

Date

7

IBSR160_ARDOC - 48

SCHEDULED INMATE RECEIPT

UNIT: Grimes Unit
BANK ACCOUNT ID: 0147828

FACILITY: Grimes Unit
ENTERED BY: MCDDI02

INMATE NAME: Crawford, Gary Steven
HOUSING AREA/BED: BK08/0019

ADC #: 129963A

ACCOUNT TYPE: Inmate Checking Account

DATE	TIME	DEPOSIT TYPE	RECEIVED FROM	AMOUNT	TASK #
05/21/2013	8:04:37 AM	Deposit Money for Inmate		\$1.00	03846081

COMMENTS: Auditor of St of AR - Refund Christmas funds collected on Medical Co-pay

CURRENT BALANCE: \$1.00

Name: Crawford, Gary S.

ADC #: 129963A PID #: 0147828

BSS042B

Inmate Bank Account

Thursday April 04, 2013 03:04:10 PM

Banking Location*: AR Department of Corrections

Account Type: Inmate Checking Account

Account ID: 0147828

Name: Crawford, Gary S.

ADC #: 129963A

Current Balance: \$ 5.00

Unposted Deposits: \$ 0.00

On Hold: \$ 0.00

Canteen Weekly Spending Limit*: \$ 100.00

Pending Checks: \$ 0.00

Canteen Weekly Spending Balance: \$ 100.00

Pending Withdrawals: \$ 0.00

Status*: Active

Available To Spend: \$ 5.00

As Of Date*: 05/25/2012

Comments


None

Account Transactions (1 - 8 of 8)

Date	Type	Status	Transaction Location	Reference	Task #	Amount	Balance
03/23/2013	Medical Co-pay Charge	Posted	Grimes Unit	AA 004 01	03588418	\$ (1.00)	\$ 5.00
12/14/2012	Christmas Deposit (ADC)	Posted	Grimes Unit	201211CD	00000000	\$ 6.00	\$ 6.00
12/14/2011	Indigent Canteen Sale	Posted	Delta Regional Unit	1617647	01568610	\$ (0.27)	\$ 0.00
12/14/2011	Canteen Sale to Inmate	Posted	Delta Regional Unit	1617647	01568600	\$ (5.73)	\$ 0.27
12/13/2011	Christmas Deposit (ADC)	Posted	Delta Regional Unit	201111CD	00000000	\$ 6.00	\$ 6.00
12/17/2010	Indigent Canteen Sale	Posted	Delta Regional Unit	1617647	00056039	\$ (0.11)	\$ 0.00
12/17/2010	Canteen Sale to Inmate	Posted	Delta Regional Unit	1617647	00056017	\$ (5.89)	\$ 0.11
12/16/2010	Christmas Deposit (ADC)	Posted	0099999	201011CD	00000000	\$ 6.00	\$ 6.00

Export Results Shown to:

[Show Last Updated Information](#)

5. State Filing Fees – Collection of lien shall not reduce the account balance below \$10.00.
 6. Work Release Uniforms – Collection of lien shall not reduce the account balance below \$25.00.
 -  7. Federal Filing Fees Initial Partial – Collection of lien shall be collected as directed by the court.
 8. Federal Filing Fees Remaining Balance – Collection of lien will not reduce the account balance below \$10.00.
 9. Medical Co-Pay – Collection of lien will not reduce the account balance below \$5.00.
 10. Cost of Privileged Correspondence – Collection of lien will not reduce the account balance below \$5.00.
 11. Cost of Copier Usage for Legal Purposes – Collection of lien will not reduce the account balance below \$5.00.
 12. Cost of Postage & Proof of Delivery for Property Returns – Collection of lien will not reduce the account balance below \$5.00).
- B. “Holiday Funds” credited to eligible inmates during the month of December, as approved by the Board of Corrections, shall not be collected to satisfy any outstanding lien.
- C. “Holiday Prize Money” credited to an inmate’s account from the Inmate Welfare Fund or Inmate Council Funds shall not be collected to satisfy any outstanding lien.

10-38
10Dec17

Arkansas ADC
Grimes Unit Main Canteen

Crawford, Gary S.
Customer Number: 129963
Housing Location: BK08/0019

Initial Balance: 5.00
Ending Balance: 0.74
Spending Limit: 95.74

REGULAR RECEIPT

Item	Qty	Price
LD Fudge Brownies		
[024300041259]	1 @ 1.85	1.85
LEMON DROPS DIGBYS		
[087381406096]	1 @ 0.67	0.67
PEANUTS - DOUBLE DIP		
[075186055014]	1 @ 1.29	1.29
Legal Clasp Envelope		
[087381202438]	2 @ 0.13	0.26
Subtotal		4.07
Sales Tax		0.19
Total		4.26

May 15, 2013 11:11:31 AM

X _____
Crawford, Gary S.

JUN 28 2013

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

GARY CRAWFORD (ADC 129963)

RECEIVED
CLAIMANT

V. NO. 13-0906-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER

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

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

a. Agency number: 0480	b. Cost Center: HCA0100
c. Internal Order: 340301	d. Fund Center: 509

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

Respectfully submitted,
Department of Correction Office of Counsel

Lisa Mills Wilkins
 LISA MILLS WILKINS Ark. Bar #87190
 Attorney Supervisor
 Post Office Box 8707
 Pine Bluff, AR 71611
 (870)267-6844 Office
 (870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 28 day of June, 2013, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Gary Crawford (ADC 129963)
Grimes Unit
300 Corrections Drive
New Port, AR 72112

Lisa Mills Wilkins
 LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

GARY CRAWFORD (ADC #129963)

Arkansas Claims Commission

CLAIMANT

V.

NO. 13-0906-CC

JUL 11 2013

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED

RESPONDENT

RESPONDENT'S MOTION TO DISMISS

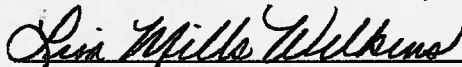
COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant alleges a violation of the policy and seeks \$10,000.00 in damages. Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.
2. Claimant alleges that \$1.00 of his \$6.00 Holiday Funds which were received on December 16, 2012, was wrongfully taken from his banking account to pay his medical copay on March 23, 2013. Claimant filed a grievance on March 27, 2013.
3. The computer system protects money from being seized for liens for a period of 90 days. The money was automatically withdrawn on March 23, 2013.
4. However, the \$1.00 was refunded to him on May 21, 2013. This issue has been resolved and Claimant has been made whole.
5. Respondent prays that the claim be dismissed.

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

Respectfully submitted,

Department of Correction
Office of Counsel



LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the above MOTION TO DISMISS has been served this 9 day of July 2013, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

GARY CRAWFORD (ADC #129963)
GRIMES UNIT
300 CORRECTIONS DRIVE
NEWPORT, AR 72112



LISA MILLS WILKINS Ark. Bar #87190

JUL 18 2013

BEFORE THE STATE CLAIMS COMMISSION

RECEIVED

GARY CRAWFORD

CLAIMANT

V.

NO. 13-0906-CC

ARKANSAS DEPARTMENT OF CORRECTIONS

RESPONDANT

CLAIMANTS RESPONSE TOO RESPONDANTS MOTION TO DISMISS

COMES NOW, the Claimant, and for his motion to continue: states, and responds as follows:

1. Claimant alleges a deliberate violation of policy and seeks \$10,000.00 in damages.

Through legalism claimant states a valid cause of action under ARCP 12 (B) (6) and the Claim must proceed.

2. Respondant willfully and maliciously violated policy taking \$1.00 of his \$6.00

“Holiday funds” received 12-16-12, for a medical co pay on 3-23-13.

Claimant was subjected to punitive, which resulted in commissary restrictions which exceeded well past 90 days from multiple major disciplinarys. Therefore: Claimant could not spend holiday funds within a timely manner.

3. The computer system will reveal Claimant was on restrictions from punitive time from 12-16-12 well past a 90 day time frame, violating policy inmate liens AD 10-38.

4. Claimant received a \$1.00 refund separately from \$5.00 which was spent separately

Therefore: Claimant was not made whole.

5. Respondant did not respond in the 20 day allotted time frame permitted by policy, and

Claimant moved to next level but unable to get a response. Therefore: Claimant filed

grievance GR-13-00821, in which respondent admits it did not respond in a timely

manner.

It should be obvious Respondent clearly willfully and maliciously violated policy. As Respondant was well aware of Claimants Commissary restrictions due to Punitive time from multiple disciplinarys. All of which well exceeded 90 days.

Wherefore, for legalism and the reasons stated above and evidence submitted Claimant prays the claim proceed.

Respectfully submitted,

Gary Crawford #129963

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 10,000.00

Claim No. 13-0906-CC

Gary Crawford, #129963 Claimant
vs.

Attorneys
Pro se Claimant

Department of Correction Respondent
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed June 19, 2013

Type of Claim Loss of Property & Failure to Follow Procedure

FINDING OF FACTS

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

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

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

Date of Hearing August 16, 2013

Date of Disposition August 16, 2013

Rubel May
Chairman

Patmore
Commissioner

Jim Baker
Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

BEFORE THE ARKANSAS GENERAL ASSEMBLY

GARY CRAWFORD

CLAIMANT

V.

CLAIM NO. 13-0906-CC

ARKANSAS DEPARTMENT OF CORRECTIONS

RESPONDENT

Comes now the Claimant and appeals to the Arkansas General Assembly from the Claims Commission's dismissal on August 16, 2013 from Respondent's Motion to Dismiss on July 9, 2013 for paragraphs 2-5 contained in Respondent's Motion to Dismiss.

1. Claimant alleges a deliberate violation of policy and procedure according to AD 10-38: Inmate Liens section (B), and seeks \$10,000.00 in damages. Claimant states a valid cause of action under ARCP 12(B)(6). As a result of Claims Commission's order of denial, Claimant has suffered a miscarriage of justice.
2. "Per Policy" AD 10-38: Inmate Liens section (B) states:

"Holiday 'funds' credited to eligible inmates during the month of December, as approved by the Board of Corrections, shall not be collected to satisfy any outstanding lien/debt."
3. Regardless of any computer, and how it protects Christmas funds, policy does not reflect Claimant has 90 days to spend holiday funds; in fact, there is no time limit that Claimant must spend his Christmas funds stated in policy AD 10-38.
4. Respondent admits that on 21 May 2013, at warden/center level that initial grievance GR-13-00821, that respondent did not respond within the 20 working day time frame permitted by policy, and did not send Claimant an extension concerning this issue in Claimant's initial grievance GR-13-00540 (see warden/center 5-21-13 and warden/center response 5-14-13).
5. Due to Claims Commission's dismissal on 16 August 2013, resulted in a miscarriage of justice. Policy does not permit Claimant's holiday funds to be used after a 90 day period to pay any outstanding debt/medical co-payment. Respondent was aware of Claimant's holiday funds, and what they were intended for (see Claimant's inmate bank account).
6. Respondent wilfully and maliciously violated its policy, taking \$1.00 of Claimant's \$6.00 Christmas funds to satisfy a debt/medical co-payment. Respondent admits to violating policy and procedure.

WHEREFORE, the facts and evidence submitted to the Commission, Claimant respectfully prays the Arkansas General Assembly entertain this claim.

Arkansas
State Claims Commission

AUG 26 2013

Respectfully submitted,

Gary Crawford 129963
Gary Crawford # 129963

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