

Please print in ink or type

EXHIBIT E.2

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Barry Ford Claimant

vs.

State of Arkansas, Respondent

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

COMPLAINT

Barry Ford (Name) the above named Claimant, of _____ (Street or R.F.D. & No.) _____ (City) _____ (State) _____ (Zip Code) _____ (Daytime Phone No.) County of _____ represented by Barry Ford (Legal Counsel, if any, for Claim) of _____ (Street and No.) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone No.) _____ (Fax No.) says:

State agency involved: Arkansas State Hospital Amount sought: 100,000.00

Month, day, year and place of incident or service: On November 25, 2017 I reported a incident

Explanation: On November 25, 2017 I reported to hospital police that April Hawkins was given me oral sex for money which she also was bringing me food coffee and alcohol into the hospital I have two people who is ready to go to court and tell every thing she was doing I gave her \$50 dollars on 2 different times for her to get out of the room and told her to get out of my room her name was Mrs. Sue I also have a letter that was named Scott written for sweep and money in a envelope and looked at me while I took it out and counted how much it was there was alot of staff who were under alot of medication at the time and was a easy target to her I have proof that I was a good used.

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? N/A (Month) _____ (Day) _____ (Year) _____ to whom? N/A (Department) _____ and that the following action was taken thereon: _____

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

Barry Ford
(Print Claimant/Representative Name)

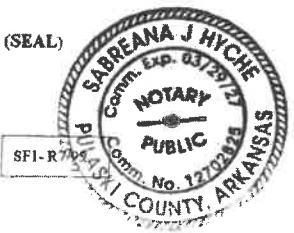
Barry Ford
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock, Arkansas (City) _____ (State) _____

on this 9 day of September, 2019 (Date) _____ (Month) _____ (Year) _____

Sabreana J. Hiche
(Notary Public)

My Commission Expires: March 29, 2027 (Month) _____ (Day) _____ (Year) _____



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BARRY FORD

CLAIMANT

V.

CLAIM NO. 200259

**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) is the motion filed by the Arkansas Department of Human Services (the “Respondent”) to dismiss the claim of Barry Ford (the “Claimant”). Based upon a review of Respondent’s motion, the arguments made therein, and the law of Arkansas, the Claims Commission hereby finds as follows:

1. Claimant filed the instant claim, alleging that an employee of Respondent “target[ed]” Claimant by “giv[ing] me oral sex for money . . . [and] she also was bringing me food, coffie [sic], and alcohol into the hospital.” Claimant seeks \$100,000.00 in damages.

2. Respondent filed a motion to dismiss, arguing that Claimant has failed to state a claim upon which relief can be granted as to Respondent. Respondent seeks dismissal pursuant to Rule 12(b)(6) of the Arkansas Rules of Civil Procedure.

3. Claimant failed to respond.

4. In reviewing this motion to dismiss, the Claims Commission must treat the facts alleged in the complaint as true and view them in a light most favorable to the Claimant. *See Hodges v. Lamora*, 337 Ark. 470, 989 S.W.2d 530 (1999). All reasonable inferences must be resolved in favor of the Claimant, and the complaint must be liberally construed. *See id.* However, the Claimant must allege facts, not mere conclusions. *Dockery v. Morgan*, 2011 Ark. 94 at *6, 380 S.W.3d 377, 382. The facts alleged in the complaint will be treated as true, but not “a plaintiff’s

theories, speculation, or statutory interpretation.” *See id.* (citing *Hodges*, 337 Ark. 470, 989 S.W.2d 530 (1999)).

5. The Claims Commission agrees with Respondent that dismissal of this claim is proper. Claimant did not allege facts to demonstrate how Respondent would be liable for his damages. In the absence of any allegations against Respondent, the Claims Commission must dismiss the claim.

6. As such, Respondent’s Motion to dismiss is GRANTED, and Claimant’s claim is DISMISSED pursuant to Ark. R. Civ. Proc. 12(b)(6) without prejudice.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: November 6, 2019

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).

NOV 21 2019

11-19-19

RECEIVED

My Name is Barry Ford
I am appealing this claim
because the hospital did
not protect me when I was
on alot of medication
they broke hospital rules
and laws. I am sorry I
didn't get back with you
all sooner but I was told
that I never receive any
mail from you all I deserve
to be paid for this because
I have people ready to go
to court in my behalf
of this matter