STATE OF ARKANSAS
BUREAU OF LEGISLATIVE RESEARCH

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: Travon Higgins v. Arkansas Division of Correction

Docket Number: Claim No. 240463

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

Arkansas State Claims Commission, Attorney Specialist
Title and Agency

Mika Tucker
Name

July 22, 2024
Date

One Capitol Mall, 5th Floor, Little Rock, AR 72201 | Phone: (501) 682-1937

Arkansas
State Claims Commission

SEP 21 2023

RECEIVED

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Travon Higgins (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

Travon Higgins (ADC [redacted]), the above named Claimant, of [redacted] (Street or R.F.D. & No.) (City) represented by _____ (Legal Counsel, if any, for Claim)

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

State agency involved: [redacted] Amount sought: 10,000

Month, day, year and place of incident or service: June 16-2023 [redacted]

Explanation: ON 06-16-2023 at Arkansas Department of correction [redacted] I was located in the eastbuilding eastwingshower behind locked bars waiting to be put in cell after eating lunch I started banging the shower wall to use restroom after banging Co. f. Adams came in to eastbuilding eastwing I told him I had to use it He told me shit on the floor I started banging again He came back laughing which cause me to call him a bitch Co. f. Adams then pepper sprayed me in my face for no reason I was behind shower lock door I pose no threat He didn't ask for permission on use of force He didn't inform any officer above him before use of force didn't give any direct orders or he didn't have camera operator on scene when applying the use of force after me he then walked off spraying with water hose in my face which had max pressure to it

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 (Yes or No); when? _____ (Month) (Day) (Year); to whom? _____ (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? NO; if so, state name and address _____ (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: _____: 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.

Travon Higgins [redacted] (Print Claimant/Representative Name)

Travon Higgins [redacted] (Signature of Claimant/Representative)

COREY D. HAYNIE
NOTARY PUBLIC - STATE OF ARKANSAS
(SEAL) JEFFERSON COUNTY
COMM. #12720317 EXP. MARCH 10, 2032

SWORN TO and subscribed before me at Grady (City) AR (State)

on this 30 (Date) day of August (Month), 2023 (Year)

Corey D. Haynie (Notary Public)

SF1- R7/99

My Commission Expires: March (Month) 10 (Day) 2032 (Year)

Rejection: Disciplinary Matter

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY
GRV. # [redacted]-23-00539
Date Received: 7/3/23
GRV. Code #: 400

Unit/Center [redacted]

Name Travon Higgins

ADC# [redacted] **Brks #** East **Job Assignment** [illegible]

RECEIVED SUMMINS UNIT JUL 03 2023 GRIEVANCE OFFICE

06-16-2023 (Date) STEP ONE: Informal Resolution

06-20-2023 (Date) STEP TWO: Formal Grievance (Complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The problem was not solve need next step

_____, (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 Inmate T.Higgins [redacted] 06-16-2023 was brought back To ADC from court after being back on compound I was placed in east wing Shower waiting to be placed in a open cell while waiting on bed space I Inmate T.Higgins [redacted] started to Hit the wall for officers attention due to me having to use the restroom after 15 min of banging corpal Adams made contact with East wing shower I informed him about me wanting to use restroom He stated back sit on shower floor and exit the east wing door about 20 min later corpal adams made His round on east low side while doing his round He made contact with me laughing in my face. I stated He was a bitch so He then took out mase and sprayed my face and back area for no reason after the fact He never made report to Lt or Sgt they had to see me to know corpal Adams mase also sprayed me without anyone present

Travon Higgins 06-20-2023

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

RECEIVED JUL 10 2023 INMATE GRIEVANCES SECTION ADMINISTRATION BUILDING

This form was received on 6-17-23 (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 _____

Getty [redacted] 6-17-23

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

Describe action taken to resolve complaint, including **dates:** None of this is not true. You spit on me then you spit on the nurse and we both was trying to help you.

FAILURE TO FOLLOW POLICY HAS RESULTED IN REFUSAL TO ACCEPT APPEAL AND MARKS THE END OF THE APPEAL PROCESS

Sgt TR 6-20-23 Travon Higgins 6-20-23

Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 6-20-23 (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: Sgt [illegible] Date: 6-23-23

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.

ADCF-15 www.acicatalog.com

Attachment II
00

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

East/E8

TO: Inmate Higgins, Travon D. **ADC#:** [redacted]
FROM: King, Ashley N **TITLE:** ADC Inmate Grievance Coord
DATE: 07/03/2023 **GRIEVANCE #:** [redacted]23-00539

Please be advised, I have received your Grievance dated 06/16/2023 on 07/03/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Ashley King ☑

ASHLEY KING, ADC INMATE GRIEVANCE COORD
JUL 3, 2023 08:40:16 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 (Disciplinary matter), 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.

I was violated and wrote grievance and nothing Is getting done about It Proper investigation need to be done due to me being placed for no reason while locked behind a shower door. don't see how It's a disciplinary grievance when I told how I got violated and made.

INMATE SIGNATURE

Travon Higgins

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

RECEIVED
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

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

TRUCK Mail TRUCK mail TRUCK Mail

Director officee
Director office
Director office
Director office

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Higgins, Travon D.
FROM: Reed, Marshall (Dale) D
RE: Receipt of Grievance [redacted]-23-00539

ADC#: [redacted]
TITLE: Chief Deputy Director
DATE: 07/10/2023

Please be advised, the appeal of your grievance dated 06/16/2023
was received in my office on this date 07/10/2023

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)
  - [x] (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
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

STATE OF ARKANSAS)
)
)
COUNTY OF Licoln)

AFFIDAVIT

I, Travon D. Higgins, after first being duly sworn, do hereby swear, depose and state that: ON the day of 06-16-2023 I was located in the east wing shower waiting to be Place in a cell while waiting I started to make loud noise due to me having to use restroom after banging for 15 minutes corpal adams made contact with east wing shower to see the matter after asking me whats the problem I stated I had to use restroom in which he stated "SHIT..." on the floor and made His way to exit east wing door after 20 minutes of being denied my rights to use restroom corpal adams entered the east wing laughing when I notice him laughing I stated He was a bitch then corpal adams mase me without the presents of another officer Ltnt or Srgt which was Excessive force He also sprayed me with Water Hose I Have more grieve on officer for Harrassing

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

06-16-2023
DATE

Travon Higgins
AFFIANT

[redacted]
SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 24 day of June, 2023.

NOTARY PUBLIC

12-14-2028
My Commission Expires:

ISAAC WADE
NOTARY PUBLIC-STATE OF ARKANSAS
JEFFERSON COUNTY
My Commission Expires 12-14-2028
Commission # 12707238

ISSR100

Arkansas Department of Corrections [redacted]

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 notify the Director.

Inmate: Higgins, Travon Dshun **ADC#:** [redacted] E-B **Assignment:** AM:Ext Restrictive Housing PM:Punitive

Class: IV **is being charged by** Adams, Fredrick J **Title:** Corporal

with code violation(s):

12-3 Failure or refusing to obey verbal and/or written order(s) of staff
04-17 Throwing OR attempting to throw substances,known or unknown,toward or upon another person. Rule violation may result in loss of all time.
11-1 Insolence to a staff member.
04-4 Battery on Staff. Use of physical force upon staff (examples include, but are not limited to, staff, volunteers, vendors and/or contractors).

Date & Time: 06/16/2023 12:30 PM

Notice of Charges:

Incident Report Unit: [redacted]
Incident Report Date/Time: 06/18/2023/12:45:50 PM
Incident Report Number: 2023-06-156
Incident Report Comments By: Fredrick J Adams

On June 16, 2023 at approx., 12:30pm I, COII Fredrick Adams was conducting a Security Check on the North wing of the East Building (Zone 1). When I arrived at the North wing Shower where Inmate Higgins, Travon ADC# [redacted] was placed for holding, he started to become aggressive, yelling and spiting at me. Inmate Higgins then spit at me hitting me in the facial area, that's when I sprayed a burst of MK-3 (Lot#35214) into the cell hitting Inmate Higgins in the facial area causing him to cease his actions. At that point Inmate Higgins was afforded copious amounts of water and a bar of soap for decontamination, and i held the hose while he flush his eyes for cooler water because of the shower water was warm. Inmate Higgins was seen by Infirmary staff for a medical assessment. Video footage downloaded. After inmate Higgins decontaminated he was placed in cell East-8 without any further incident. Inmate Higgins [redacted] s aware that this behavior is against ADC policy. Major Disciplinary was written.

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

NOTIFICATION: **Officer** Cpl. Russ **Date & Time Notified** 6/22/23 7:52 AM

Witness Statements: **No** X **If yes, list:** ✓

Inmate's Signature

C.S.O. Review: **Outcome:** Refer to Hearing Officer/Comm.
By: Coleman, Jimmy IV **Date** 06/21/2023

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** _____

From: ASCC New Claims
To: Thomas Burns (DOC)
Cc: Kathryn Irby; Mika Tucker
Subject: CLAIM: Travon Higgins v. ADC, Claim No. 240463
Date: Tuesday, October 3, 2023 12:02:00 PM
Attachments: ~~Travon Higgins v. ADC agency ltr.pdf~~
~~Travon Higgins v. ADC claim.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

October 3, 2023

Mr. Thomas Burns (*via email*)
Arkansas Division of Correction
6814 Princeton Pike
Pine Bluff, Arkansas 71602

RE: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

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: Travon Higgins (ADC [redacted]), *Claimant* (w/ encl.)

Note to Claimant or Claimant's counsel: 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.

From: Thomas Burns (DOC)
To: ASCC Pleadings
Subject: Tavron Higgins v ADC 240463
Date: Monday, October 9, 2023 10:29:57 AM
Attachments: ~~113v v1.pdf~~
~~image001.png~~

Answer

Thank you,
-TB

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TAVRON HIGGINS ([redacted] **CLAIMANT**

v. **NO. 240463**

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION **RESPONDENT**

ANSWER 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 9th day of October 2023 on the Claimant by placing a copy of the same in the U. S. Mail, regular postage, to:

Tavron Higgins ([redacted]

Thomas Burns

Arkansas
State Claims Commission
NOV 01 2023
RECEIVED

I Have wrote you guys and sent in a completed state claim form filed against Arkansas division of correction with claim NO 240463 which you guys sent paper back stating my allisation was filed I Have recieve nothing else from you guys after that letter which started off dear mr. burns I also Have more evidience I will like to be brousnt fourth on this same claim for proof of truth in my alligations Can I be updated on the where abouts with my claim on file and another state claim form needs to be sent to me thankyou Have a bless day.

240463

From: Misty Scott on behalf of ASCC Pleadings
To: Thomas Burns (DOC)
Cc: ASCC Pleadings; Mika Tucker
Subject: CORR: Travon Higgins v. ADC, Claim No. 240463
Date: Wednesday, November 8, 2023 9:27:28 AM
Attachments: Travon [redacted] ADC.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

November 8, 2023

Mr. Travon Higgins (ADC [redacted]

RE: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

Dear Mr. Higgins,

Please be advised that the Arkansas Division of Correction (the "Respondent") in the above-styled claim filed an Answer disputing liability. When liability is contested by the Respondent, you have two options:

1) You may request a hearing before the Arkansas State Claims Commission (the "Claims Commission") in writing within fifteen (15) calendar days from the date of this correspondence.

2) You may do nothing. If this office does not receive any communication from you within fifteen (15) calendar days from the date of this correspondence, your claim will be dismissed by the Claims Commission for failure to respond.

Please note that even if you request a hearing on your claim, the filing of a dispositive motion (such as a Motion to Dismiss or a Motion for Summary Judgment) by the Respondent could result in dismissal of your claim before hearing. The failure of a party to file a timely response is sufficient basis for the granting of a motion by the Claims Commission.

It is your responsibility to know when responses are due to any motions or other pleadings filed in your claim. It is also your responsibility to notify both the Claims Commission and the Respondent if you have a change in mailing address.

Sincerely,

Mika Tucker

ES: msscott

cc: Thomas Burns, *counsel for Respondent* (via email)

Arkansas
State Claims Commission

NOV 15 2023

RECEIVED

Nov-11-23 TRavon Higgins

Hey I'm Travon Higgins and I ~~to~~ got letter saying to inform this Commission yes I wanna go foward with my Claim against Arkansas division of correction my Claim No. 240463.

Yes I will like to move foward with my lawsuit my Claim number is 240463. Thankyou. This letter is to Request a hearing before the Arkansas State Claims commission (The "Claims commission") which Is in Time limit of ~~oo~~ correspondence.

TRavon Higgins Claim No 240 463

From: Thomas Burns (DOC)
To: ASCC Pleadings
Subject: Travon Higgins v ADC 240463
Date: Monday, November 27, 2023 4:17:32 PM
Attachments: 1910_01.pdf
image001.png

MSJ

Thank you,
-TB

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TRAVON HIGGINS [redacted] **CLAIMANT**

v **NO. 240463**

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION **RESPONDENT**

MOTION 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 appealing his major disciplinary, has failed to exhaust his administrative remedies, and failed to respond to the Commission.

5. The Inmate filed a grievance but that grievance was rejected as a disciplinary matter. *See attached Ex A.*

6. The inmate even attached the disciplinary he received in relation to the incident. *See attached Ex B.* The Claims Commission was not designed the be the appellate arm of the ADC's disciplinary process.

7. The Arkansas State Claims Commission does not have jurisdiction when an inmate makes claims about their disciplinary action and fails to exhaust. "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).

8. 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 ae 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.

9. The inmates grievance was rejected and since more than 15 days has elapsed since that rejection the inmate has failed to exhaust. "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).*

10. 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.*

11. The inmate failed to respond to the letter the Claims Commission sent him on November 8, 2023. In that letter it states: "If this office does not receive any communication from you within fifteen (15) calendar days from the date of this correspondence, your claim will be dismissed by the Claims Commission for failure to respond." *See attached Ex C.*

12. 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."

13. 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.

14. 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.

15. The ADC has attached all the documentation and has demonstrated a prima facia 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).*

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

(a) First, the inmate has failed to exhaust his administrative remedies

(b) Second, the inmate is appealing his disciplinary conviction.

(c) Third, the inmate failed to respond to the Claims Commission.

(d) Fourth, the inmate fails to cite any legal authority for his contention that summary judgment is inappropriate.

17. 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 27th day of November 2023, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Travon Higgins [redacted]

Thomas Burns

Attachment II
00

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

EastHE8

TO: Inmate Higgins, Travon D. **ADC#:** [redacted]
FROM: King, Ashley N **TITLE:** ADC Inmate Grievance Coord
DATE: 07/03/2023 **GRIEVANCE #:** [redacted]23-00539

Please be advised, I have received your Grievance dated 06/16/2023 on 07/03/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Ashley King ☑

ASHLEY KING, ADC INMATE GRIEVANCE COORD
JUL 3, 2023 08:40:16 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 (Disciplinary matter), 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.

I was violated and wrote grievance and nothing Is getting done about It Proper investigation need to be done due to me being placed for no reason while locked behind a shower door. don't see how It's a disciplinary grievance when I told how I got violated and mace.

INMATE SIGNATURE

Travon Higgins

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

RECEIVED
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

[illegible]

Ex. A

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Higgins, Travon D.
FROM: Reed, Marshall (Dale) D
RE: Receipt of Grievance [redacted]-23-00539

ADC#: [redacted]
TITLE: Chief Deputy Director
DATE: 07/10/2023

Please be advised, the appeal of your grievance dated 06/16/2023
was received in my office on this date 07/10/2023

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
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

ISSR100

Arkansas Department of Corrections

[redacted]

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 notify the Director.

Inmate: Higgins, Travon Dshun **ADC#:** [redacted] **Assignment:** AM:Ext Restrictive Housing PM:Punitive

Class: IV **is being charged by** Adams, Fredrick J **Title:** Corporal

with code violation(s):

12-3 Failure or refusing to obey verbal and/or written order(s) of staff
04-17 Throwing OR attempting to throw substances,known or unknown,toward or upon another person. Rule violation may result in loss of all time.
11-1 Insolence to a staff member.
04-4 Battery on Staff. Use of physical force upon staff (examples include, but are not limited to, staff, volunteers, vendors and/or contractors).

Date & Time: 06/16/2023 12:30 PM

Notice of Charges:

Incident Report Unit: Cummins Unit
Incident Report Date/Time: 06/18/2023/12:45:50 PM
Incident Report Number: 2023-06-156
Incident Report Comments By: Fredrick J Adams

On June 16, 2023 at approx., 12:30pm I, COII Fredrick Adams was conducting a Security Check on the North wing of the East Building (Zone 1). When I arrived at the North wing Shower where Inmate Higgins, Travon ADC# [redacted] as placed for holding, he started to become aggressive, yelling and spiting at me. Inmate Higgins then spit at me hitting me in the facial area, that's when I sprayed a burst of MK-3 (Lot#35214) into the cell hitting Inmate Higgins in the facial area causing him to cease his actions. At that point Inmate Higgins was afforded copious amounts of water and a bar of soap for decontamination, and i held the hose while he flush his eyes for cooler water because of the shower water was warm. Inmate Higgins was seen by Infirmary staff for a medical assessment. Video footage downloaded. After inmate Higgins decontaminated he was placed in cell East-8 without any further incident. Inmate Higgins [redacted] is aware that this behavior is against ADC policy. Major Disciplinary was written.

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

NOTIFICATION: **Officer** Cpl. Russ **Date & Time Notified** 6/22/23 7:52 AM

Witness Statements: **No** X **If yes, list:** ✓

Inmate's Signature

C.S.O. Review: **Outcome:** Refer to Hearing Officer/Comm.
By: Coleman, Jimmy IV **Date** 06/21/2023

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** _____

E.B

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

November 8, 2023

Mr. Travon Higgins (ADC [redacted]

RE: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

Dear Mr. Higgins,

Please be advised that the Arkansas Division of Correction (the "Respondent") in the above-styled claim filed an Answer disputing liability. When liability is contested by the Respondent, you have two options:

1) You may request a hearing before the Arkansas State Claims Commission (the "Claims Commission") in writing within fifteen (15) calendar days from the date of this correspondence.

2) You may do nothing. If this office does not receive any communication from you within fifteen (15) calendar days from the date of this correspondence, your claim will be dismissed by the Claims Commission for failure to respond.

Please note that even if you request a hearing on your claim, the filing of a dispositive motion (such as a Motion to Dismiss or a Motion for Summary Judgment) by the Respondent could result in dismissal of your claim before hearing. The failure of a party to file a timely response is sufficient basis for the granting of a motion by the Claims Commission.

It is your responsibility to know when responses are due to any motions or other pleadings filed in your claim. It is also your responsibility to notify both the Claims Commission and the Respondent if you have a change in mailing address.

Sincerely,

Mika Tucker

ES: msscott

cc: Thomas Burns, *counsel for Respondent* (via email)

Ex. C

TRAVON HIGGINS [redacted] CLAIMANT

v

No. 240463

ARKANSAS DIVISION of Correction RESPONDENT

Motion for Summary Judgment "Reply"

Come now the Claimant submits this Response To Respondent motion for summary Judgment because Respondent failed to meet their burden of demostrating that there is no dispute as to any material facts and because the facts set forth in Claimant Statement of material facts and the attached evidence show that Officals Violated His Rights This court Should deny motion for summary Judgment.

1. The Pleadings filed herein reveal that the facts in this case are undisputed or are settled.

2. As a result thereof, The (ADC) motion for summary Judgment Is inappropriate.

3. when a motion for summary Judgment Is made and supported as Provided in this rule, ARK. R. Civ. P. 56 an adverse party may not rest upon there mere alligations 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 trail.

4. The inmate Has failed to exhaust his administrative remedies.

Respondent argue that the Inmate Has failed to exhaust his administrative remedies To overcome that attached documentation will Show where such administrative remedies was exhausted and ARKansas Division of Correction Had Knowledge of exhaust steps. See attach ex. A-L

5. The inmate is appealing his disciplinary conviction.

Respondent argue that inmate Is appealing his disciplinary conviction and that the Claims commission was not designed to be the appellate arm of the ADC's disciplinary Process. therefore the inmate attached documentation describing that Is plainly incorrect to appeal a disciplinary The proper form will be F-831-4 major disciplinary appeal form See attached ex.M, ex.N However the inmate did Submit His major disciplinary Incident Report (ISSR100) to Show that His alligations on (ADC's) offical took place on 06-16-2023 See attached ex.O

6. The inmate failed to respond to Claims commission.

Respondent argue inmate fail to respond to Claims Commission Inmate disagree saying He Responded to Commission and sent it out to be Place in (ADC) mail room also inmate argue He Has no control over mail room and there duties Inmate wrote a sworn statement out and attached that statement saying He did However Respond to commission see attached ex.P

7. The inmate fail to cite any legal authority for His contention that summary Judgment Is inappropriate.

finally Respondent argue Inmate fail to cite any legal authority for His contention that Summary Judgment Is inappropriate. They Have failed, However, to carry their "heavy burden" in Showing where (ADC) offical use of force was in a good faith - manner to want oneness and not to inflict pain or cause Harm they fail to Submitt any new evidence to Show where (ADC) offical did follow Policy and Procedures. on 6-16-2023 I was located in the eastbuilding eastwing Shower behind locked bars waiting to be put in cell after eating lunch I Started banging the Shower wall to use restroom after banging Corf. Adams came

into eastbuilding eastwing I told Him I Had To use it He told me shit on the floor I Started banging again He came back laughing which cause me to call Him a bitch Cor. f. adams then Sprayed me with MK-3 (Lot# 35214 in my face for no reason I was behind locked Shower door I Pose no threat to Him or myself He didn't get authorize Permission on use of force He didn't inform any officer above Him before use of force He didn't inform any officer about use of force right after didn't give any direct orders or He didn't Have Camera on scene when applying the use of force Cor. f. adams also sprayed me in the face with water Hose. because of above reason. Inmate feel there Is still a genuine Issue for trial.[3]

8 ARK. Admin. Code 004.00.2-409
Alternatively cited as. AR ADC 004 00.001

use of force which State: In Section V of that Administrative Directive that.

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 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.

9 see united state V. Gaubert, 499 U.S. 315, 327 (1991); scheuer, 416 U.S. at 236-37

10. The Inmate Has attached all the documentation and Has demonstrated a genuine Issues of material fact that would preclude a summary Judgment in favor of the ADC therefore; this commission should deny ADC motion for summary judgment.

11. Wherefore; The Inmate, Prays that their motion for summary Judgment be denied.

Respectfully Submitted

Travon Higgins

Travon Higgins

[redacted]

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name Travon Higgins

ADC# [redacted] **Brks #** East # 8 cell **Job Assignment** _____

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

6-21-23 (Date) STEP ONE: Informal Resolution

7-1-2023 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: don't feel the Issue was properly Handeld

6-21-23, (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): on The Date of 06-16-23 I was Located in The east wing Shower awaiting To Be Placed in a cell. After Lunch was Served and Trays were Picked up I Started Beating on The Shower wall To Get Someone attention Because i Had To use The RestRoom. After Banging For 10 minutes CPl. Adams approached The shower and stated To me "Shit on The Floor". He Then Left And i Continued To Bang. ~~He~~ CPl. ADAMS Then came Back and Lettat Warning ~~Sprayed me in my Face with Pepper Spray~~ And Refused To Take me To The RestRoom. i Then called Him a "Bitch". CPl Adams Then Maced me in My Face with Pepper Spray. CPl. Adams Then Left The wing Then came Back with a water Hose and started Spraying me with Water while at The same Time Mocking me. ~~This~~ ~~CPl~~ By CPl. Adams actions He violated my Rights. He violated AR 225 Violated my 8th and 4th Amendment and 14 and also used Excessive Force when none was needed. I Posed no Threat and i was Behind a Shower Door. This was Cruel and unusual Punishment. ~~CPl~~ Since The incident I Have Been Being Harassed By Officers keep Trying To pull up with a camera at My cell Trynin Take Pictures of me also CPl. Adams also Has Been Harrasing me and Intimidating me Sayin Things like "I'll come in yo cell and Beat yo ass". I Do not Feel Safe on This unit or around These Officers. Something needs to Be Done. I'm Pushing For a lawsuit

Travon Higgins 6-21-23

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 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? NO (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Corey Haynie [redacted] Corey D Haynie 6-22-23

PRINT STAFF NAME (PROBLEM SOLVER) [redacted] Staff Signature Date Received

Describe action taken to resolve complaint, including **dates:** Cpl. adams stated he was proffesional at all times.

Corey D Haynie 7-1-2023 Travon Higgins 7-1-2023

Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 7-1-23 (date), pursuant to **Step Two.** Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: Lt. C. Haynie Date: 7-1-23

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.

ADCF-15 www.acicatalog.com

Ex. A

803/53

Rejection: Untimely

UNIT LEVEL GRIEVANCE FORM (Attachment I)

RECEIVED CUMMINS UNIT JUL 03 2023 GRIEVANCE OFFICE

FOR OFFICE USE ONLY
GRV. # 7/3/23
Date Received [redacted]-23-00538
GRV. Code #: 800

Unit/Center [redacted]

Name Travon Higgins 06-21-2023

ADC# [redacted] **Brks #** East/8 **Job Assignment**

6-22-2023 (Date) STEP ONE: Informal Resolution

7-1-23 (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 don't feel This issue was properly handled

_____, (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 the date of 06-16-23~~ From the Incident That Happend on 6-16-23 With me Being Pepper Sprayed By CPl. Adams when I was Behind a Shower Door Trying use the Restroom so I was Beating on The Shower Wall And he came and Told me "To Sit on The Floor" Then He Left and I continued Beating Trying get someone To Take me To the Restroom. CPl Adams Then came Back and Peppersprayed me. No pictures were Taken of me and since That Day Several officers on Different Shifts Night and Day Have Been Harassing Me Trying Speak up on my cell Trying Take pictures of me and Threatening me To let them Take pictures of me. I've Filed a Grievance of This incident and The grievance was not properly investigated. Basically I Feel like my Life and Saftey at This unit is in Jeopardy Because Based on The CPl. Adams early Anger unproffessional manner and also From The Threats I've Recieved From Him like "I'll come in yo cell and Beat yo ass" and calling me The police and saying He gets a Raise From screw people. My Rights are Being violated everyDay and policy is Being overlooked. I Fear Retaliation. I Don't Feel safe during Any Gov Unit.

Travon Higgins

RECEIVED JUL 10 2023 INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

Inmate Signature 6-21-2023 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 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? No (Yes or No). If yes, name of the person in that department receiving this form: [redacted]

Corey Haynie [redacted] Corey Haynie 6-22-23
PRINT STAFF NAME (PROBLEM SOLVER) Staff Signature Date Received

Describe action taken to resolve complaint, including **dates:** Cpl. Adams stated at no time did he threaten this inmate. He said also ~~stated~~ that he remain proffesional at all times.

Corey Haynie 7-1-2023 Travon Higgins 7-1-2023
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 7-1-2023 (date), pursuant to **Step Two**. Is it an Emergency? NO (Yes or No).
Staff Who Received Step Two Grievance: Lt. C. Haynie Date: 7-1-2023
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.

Ex. B ADCF-15 www.acicatalog.com

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Higgins, Travon D.
FROM: Reed, Marshall (Dale) D
RE: Receipt of Grievance ([redacted]-23-00538

ADC#: [redacted]
TITLE: Chief Deputy Director
DATE: 07/10/2023

Please be advised, the appeal of your grievance dated 06/22/2023
was received in my office on this date 07/10/2023

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

- [x] 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 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

Ex. C

Attachment II
00

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

East|E8

TO: Inmate Higgins, Travon D. **ADC#:** [redacted]
FROM: King, Ashley N **TITLE:** ADC Inmate Grievance Coord
DATE: 07/03/2023 **GRIEVANCE #:** [redacted]23-00538

Arkansas
State Claims Commission
DEC 08 2023
RECEIVED

Please be advised, I have received your Grievance dated 06/22/2023 on 07/03/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Ashley King ☑

ASHLEY KING, ADC INMATE GRIEVANCE COORD
JUL 3, 2023 08:10:10 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.

RECEIVED
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

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. I need this Grievance to still be looked into due to me being violated by unecessary use of force and Proper Help because somehow all my stuff been untimely and has not been investagated for me to have my Justice

INMATE SIGNATURE

Travon Higgins

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

Ex.D

Rejection. Disciplinary Hearing

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY
GRV. # [redacted]-23-0 0539
Date Received: 7/3/23
GRV. Code #: 400

Unit/Center [redacted]

Name Travon Higgins

ADC# [redacted] **Brks #** East **Job Assignment** [illegible]

RECEIVED CUMMINS UNIT JUL 03 2023 GRIEVANCE OFFICE

06-16-23 (Date) STEP ONE: Informal Resolution

06-20-2023 (Date) STEP TWO: Formal Grievance (Complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: The problem was not solve need next step

_____, (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 Inmate T.Higgins #[redacted] 06-16-202 was brought back to ADC from court after being back on compound I was placed in east wing shower waiting to be placed in a open cell while waiting on bed space I Inmate T.Higgins #[redacted] started to hit the wall for officers attention due to me having to use the restroom after 15 min of banging Corpal Adams made contact with East wing shower I informed him about me wanting to use restroom He stated back sit it on shower floor and exit the east wing door about 20 min later Corpal Adams made his round on east low side while doing his round He made contact with me laughing in my face I stated He was a bitch so He then took out mase and sprayed my face and back area for no reason after the fact He never made report to Lt or Sgt they had to see me to know Corpal Adams also sprayed me without anyone seeing me with water to see if I was faking

Travon Higgins 06-20-2023

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

RECEIVED JUL 10 2023 INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

This form was received on 6-17-23 (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 _____

Gency [redacted] Staff Signature 6-17-23

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

Describe action taken to resolve complaint, including **dates:** None of this is not true! You spit on me then you spit on the nurse and we both was trying to help you.

Sgt 6-20-23 Travon Higgins 6-20-23

Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 6-20-23 (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: Sgt Date: 6-23-23

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.

ADCF-15 www.acicatalog.com

EX: E

Attachment II
00

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

East/E8

TO: Inmate Higgins, Travon D. **ADC#:** [redacted]
FROM: King, Ashley N **TITLE:** ADC Inmate Grievance Coord
DATE: 07/03/2023 **GRIEVANCE #** [redacted]-23-00539

Please be advised, I have received your Grievance dated 06/16/2023 on 07/03/2023.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Ashley King ☑

ASHLEY KING, ADC INMATE GRIEVANCE COORD
JUL 3, 2023 08:40:16 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 (Disciplinary matter), 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.

I was violated and wrote grievance and nothing Is getting done about It Proper investigation need to be done due to me being placed for no reason while locked behind a shower door. don't see how It's a disciplinary when I told how I got violated and grievance

INMATE SIGNATURE

Travon Higgins

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

RECEIVED
JUL 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

FAILURE TO FOLLOW THIS POLICY MAY RESULT IN A REJECTION OF THE APPEAL AND MARKS THE END OF THE APPEAL PROCESS

Ex. F

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Attachment V
00

TO: Inmate Higgins, Travon D.
FROM: Reed, Marshall (Dale) D
RE: Receipt of Grievance [redacted]23-00539

ADC#: [redacted]
TITLE: Chief Deputy Director
DATE: 07/10/2023

Please be advised, the appeal of your grievance dated 06/16/2023
was received in my office on this date 07/10/2023

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 10 2023
INMATE GRIEVANCES SUPERVISOR
ADMINSTRATION BUILDING

EX·G

Evidence

RECEIVED
CUMMINS UNIT
JUL 19 2023
GRIEVANCE OFFICE

UNIT LEVEL GRIEVANCE FORM (Attachment I)

[redacted]

FOR OFFICE USE ONLY
GRV. # [redacted]:23:00575
Date Received: 7.19.23
GRV. Code #: 803

Name Travon Higgins D 7-10-23 **Brks #** North B **Job Assignment** N/A

[redacted]

7-10-23 (Date) STEP ONE: Informal Resolution

7-14-23 (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 is in not a True statement Corpal Wheatley wrote this on paper

7-10-23, (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: Because of me constantly being Harrased a threating by Corpal adams and He targeting me

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 the above date of 7-10-23 I was located on east wing yard call waiting to be escorted back inside to my cell The guards ON scene at that yard call was Corpal Wheatley and corpal F. Adams Soon as Adams Cpl made contact with me walking by my cage He stated "that I got some for your bitch ass today" after Hearing this my anxiety shot up because of the fear He brought upon me after Corpal Adams stating the above threat He went to Corpal JD Wheatley stating that He was take everyone In a leave me out last and that when everyone is gone as in inmates He wanted Corpal JD Wheatley To also leave Him alone with me instead of corpal JD Wheatley doing as told by Corpal F. Adams He Reported the Situation to Sgt Weat after informing Sgt Weat He and Corpal JD Wheatley escorted me to Lt Haynie office and He Was informed ON the Situation He Said He Was gone report it due to me being Harrased, threatend, over and over by corpal F. Adams I fear for my well being and safety at the Unit with Him. CPL JD Wheatley wrote Witness statements.

RECEIVED
AUG 07 2023
INMATE GRIEVANCES SUPERVISOR

TRAVON Higgins 7-10-23
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 7-10-23 (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
Sgt N. Lewis		Sgt N. Lewis	7-10-23

Describe action taken to resolve complaint, including **dates:** 7-11-2023 none of the above Statement is true. I do not talk to this inmate. This grievance is wrote because of A Disciplinary that was wrote on you.

Lt. C. Haynie 7-14-23 — Travon Higgins 7-14-23
Staff Signature & Date Returned — Inmate Signature & Date Received

This form was received on 7-14-2023 (date), pursuant to **Step Two**. Is it an Emergency? No (Yes or No).
Staff Who Received Step Two Grievance: Lt. C. Haynie Date: 7-14-23
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.

Ex. H ADCF-15 www.acicatalog.com

EB/NS

Attachment II
00

ACKNOWLEDGEMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

Evidence

TO: Inmate Higgins, Travon D. **ADC#:** [redacted]
FROM: Green, Shakita S **TITLE:** ADC Inmate Grievance Coord
DATE: 07/19/2023 **GRIEVANCE #:** [redacted]23-00575

Please be advised, I have received your Grievance dated 07/10/2023 on 07/19/2023.
You should receive communication regarding the Grievance by 08/16/2023

SIGNATURE OF ADC INMATE GRIEVANCE COORD

Shakita Green ☑

SHAKITA GREEN, ADC INMATE GRIEVANCE COORD
JUL 19, 2023 08:37:33 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)

Ex. I

Evidence EB|N19

Attachment III
00

WARDEN'S/CENTER SUPERVISOR'S DECISION

INMATE NAME: Higgins, Travon D. **ADC #:** [redacted] **GRIEVANCE #:** [redacted]-23-00575

WARDEN/CENTER SUPERVISOR'S DECISION:
I have reviewed your complaint dated July 10, 2023. You stated "On the above date of 7/10/23 I was located on east wing yard call waiting to be escorted back inside to my cell the guards on scene at that yard was corpal w Heatley and Corpal F. Adams soon as adams cpl made contact with me walking by my cage He stated "that I got some for your bitch ass today" after Hearing this my anxiety shot up because of the fear He brought upon me after Corpal Adams stating the above threat He went to corpal JD Wheatley stating that he was take everyone In a leave me out last and that when everyone is gone as in inmates He wanted Corpal JD Wheatly To also leave Him alone with me instead of Corpal JD Wheatley doing as told by Corpal F. Adams He Reported the situation to Srgt Weat after informing Srgt Weat He and corpal JD Wheatley escorted me to Lt. Haynie office and He was informed ON the situation He said He was gone report it due to me being Harrased, threatened, over and over by Corpal F. Adams I fear for my well being and safety at the Unit with Him. CRPl JD Wheatley wrote witness statements."

Please be advised, Corporal F. Adams has denied your allegations, at no time did he make the statement mentioned in your complaint. However, you were taken to Lt. C. Haynie's office, and he addressed this complaint with you. All staff mentioned in your complaint advised you were brought in last from the yard due to your disruptive behavior. Therefore, I find your complaint without merit.

SIGNATURE OF WARDEN/SUPERVISOR OR DESIGNEE

M Musselwhite

8-1-23 Warden

Date Title

RECEIVED
AUG 07 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?

This Is untrue I was talken to Lt. Haynie office for them to tell Him about the statement that was told to JD Wheatley and JD Wheatley wrote statement and save It to Lt. Haynie why nobody didn't ask Him and Srgt Weat was on the scene

INMATE SIGNATURE

Travon Higgins

Aug-3-2023

Date

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

Ex. J

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL OR REJECTION OF APPEAL

Evidence

Attachment V
00

TO: Inmate Higgins, Travon D.
FROM: Reed, Marshall (Dale) D
RE: Receipt of Grievance [redacted]23-00575

ADC#: [redacted]
TITLE: Chief Deputy Director
DATE: 08/07/2023

Please be advised, the appeal of your grievance dated 07/10/2023
was received in my office on this date 08/07/2023

The Chief Deputy/Deputy/Assistant Director will answer this appeal by 09/19/2023
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

Ex. K

Evidence

DEPUTY/ASSISTANT DIRECTOR'S DECISION

Attachment VI
00

INMATE NAME: Higgins, Travon D. **ADC #:** [redacted] **GRIEVANCE#:** [redacted]-23-00575

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION:
In your grievance dated 7/10/23, you stated, "On the above date of 7/10/23 I was located on east wing yard call waiting to be escorted back inside to my cell the guards on scene at that yard was corpal w Heatley and Corpal F. Adams soon as adams cpl made contact with me walking by my cage He stated "that I got some for your bitch ass today" after Hearing this my anxiety shot up because of the fear He brought upon me after Corpal Adams stating the above threat He went to corpal JD Wheatley stating that he was take everyone In a leave me out last and that when everyone is gone as in inmates He wanted Corpal JD Wheatly To also leave Him alone with me instead of Corpal JD Wheatley doing as told by Corpal F. Adams He Reported the situation to Srgt Weat after informing Srgt Weat He and corpal JD Wheatley escorted me to Lt. Haynie office and He was informed ON the situation He said He was gone report it due to me being Harrased, threatened, over and over by Corpal F. Adams I fear for my well being and safety at the Unit with Him. CRPl JD Wheatley wrote witness statements."

On 8/1/23 the Warden responded, "Please be advised, Corporal F. Adams has denied your allegations, at no time did he make the statement mentioned in your complaint. However, you were taken to Lt. C. Haynie's office, and he addressed this complaint with you. All staff mentioned in your complaint advised you were brought in last from the yard due to your disruptive behavior. Therefore, I find your complaint without merit."

Your appeal was received 8/7/23. I have reviewed your appeal, as well as the Warden's response and I concur with the Warden's decision. Your allegations were denied by Cpl. Adams, Lt. Haynie and Cpl. Wheatley and no other evidence was presented to prove otherwise. Therefore, I find no merit in your appeal.

Appeal denied.

DIRECTOR

8-11-23

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.

Ex. L

F-831-4

Major Disciplinary Appeal Form

Inmate Name Travon Higgins ADC# [redacted]

Unit/Center [redacted] Punitive Isolation ✓ Yes ____ No

Disciplinary (date) 06-16-23 by (charging officer) fredrick Adams J

6-26-23 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: [signature] Date 7-11-23

____ 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: ____ Date ____

____ 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: ____ 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: The disciplinary I got dated 06-16-23 by fredick adams should be reversed because of him stating that He was conducting Search on north wing shower of East building and said thats were I was located and that I spit at him then He said in the same disciplinary He made me into the cell. on this date I recieve two disciplinar for same Incident but the nurse Quinones, Aleeshia stated that she was called to east building east wing shower on 6-16-23 due to use of force that took place with Pepper spray due to the different locations I was given on same Incident someone have to be stating some false.

Inmate's Signature: Travon Higgins Date: 6-26-2023

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

Ex. M

4-17-18
RECEIVED
JUL 11 23
CUMMINS UNIT
ARO OFFICE

F-831-4
Major Disciplinary Appeal Form

Inmate Name Travon D Higgins ADC# [redacted]

[redacted] Punitive Isolation ✓ Yes ____ No

Disciplinary (date) 6-16-23 by (charging officer) Quinones, Aleeshia R

6-26-23 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: _____ Date _____

Reject

_____ 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: _____ Date _____

_____ 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: _____ 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 6-16-23 I got wrote up on major disciplinary by Quinones say I spit at her which I didn't do she stated she arrived on East wing shower east building due to use of force by fredrick adams Pepper spraying me but on the same ~~disciplinary~~ Incident fredrick adams place me in the north wing of east building then also stated I was made in shower then on here report she stated I was locate in east wing shower due to the big difference in my location on the same ~~disciplinary~~ Incident of me being ~~[illegible]~~ Pepper sprayed I feel It's only write to consider lack of truth in someone statement

Inmate's Signature: Travon D Higgins Date: 6-26-23

Original to be submitted for appeal; copies for inmate's use to proceed to next level if timely response not received.

Ex. N

ISSR100

Arkansas Department of Corrections
Cummins Unit **Unit**
MAJOR DISCIPLINARY

If the C.S.O. determines that the viola
described on this document are feloni
must hand carry this document to the
who must immediately notify the Dire

Inmate: Higgins, Travon Dshun **ADC#:** [redacted] E-B **Assignment:** AM:Ext Restrictive Housing
PM:Punitive

Class: IV **is being charged by** Adams, Fredrick J **Title:** Corporal
with code violation(s):

12-3 Failure or refusing to obey verbal and/or written order(s) of staff
04-17 Throwing OR attempting to throw substances,known or unknown,toward or upon another person. Rule violation may result in los
time.
11-1 Insolence to a staff member.
04-4 Battery on Staff. Use of physical force upon staff (examples include, but are not limited to, staff, volunteers, vendors and/or contr

Date & Time: 06/16/2023 12:30 PM
Notice of Charges:

Incident Report Unit: Cummins Unit
Incident Report Date/Time: 06/18/2023/12:45:50 PM
Incident Report Number: 2023-06-156
Incident Report Comments By: Fredrick J Adams

On June 16, 2023 at approx., 12:30pm I, COII Fredrick Adams was conducting a Se[redacted]heck on the North wing of the East Building (1). When I arrived at the North wing Shower where Inmate Higgins, Travon ADC# [redacted] was placed for holding, he started to become aggressive, yelling and spiting at me. Inmate Higgins then spit at me hitting me in the facial area, that's when I sprayed a burst of MK-3 (Lot#35214) into the cell hitting Inmate Higgins in the facial area causing him to cease his actions. At that point Inmate Higgins was affor copious amounts of water and a bar of soap for decontamination, and i held the hose while he flush his eyes for cooler water because of th shower water was warm. Inmate Higgins was seen by Infirmary staff for a medical assessment. Video footage downloaded. After inmate Higgins decontaminated he was placed in cell East-8 without any further incident. Inmate Higgins [redacted] aware that this behavior is against ADC policy. Major Disciplinary was written.

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

NOTIFICATION: **Officer** Cpl. Russ **Date & Time Notified** 6/22/23 7:52 AM

Witness Statements: **No** X **If yes, list:** ✓

Inmate's Signature

C.S.O. Review: **Outcome:** Refer to Hearing Officer/Comm.
By: Coleman, Jimmy IV

Extension: **No** X **Yes** _____ **Has extension form been completed?** _____ **Date** 06/21/2023

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** _____

Ex. O

STATE OF ARKANSAS)
) SS
COUNTY OF Licoln)

AFFIDAVIT

I, Travon D Higgins, after first being duly sworn, do hereby swear, depose and state that : everything I attach in my motion for summary Judgment Response and everything I said Is true and Honest I also swear that I did Respond to Claims commission requesting a Hearing but do not Have control over mail room also I swear the alligations in my Complaint did take place and I swear I ~~tried~~ did exhaust remedies on alligations

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

12-5-2023
DATE

Travon Higgins
AFFIANT

[redacted]

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

_____
NOTARY PUBLIC

My Commission Expires: _____

Ex. P

Evidence

STATE OF ARKANSAS)
)
)
COUNTY OF Licoln)

AFFIDAVIT

I, Travon D. Higgins, after first being duly sworn, do hereby swear, depose and state that: ON the day of 06-16-2023 I was located in the east wing shower awaiting to be Place in a cell while waiting I started to make loud noise due to me having to use restroom after banging for 15 minutes corpal adams made contact with east wing shower to see the matter after asking me whats the problem I stated I had to use restroom in which he stated "SHIT" on the floor and made His way to exit east wing door after 20 minutes of being denied my rights to use restroom corpal adams entered the east wing laughing when I notice him laughing I stated He was a bitch then corpal adams mase me without the presents of another officer Ltnt or Srgt which was Excessive fo

He als sprayed me Water Hose with I He more gr on offic for Herras

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

06-16-2023
DATE

Travon Higgins
AFFIANT

[redacted]
SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 24 day of June, 2023.

NOTARY PUBLIC

My Commission Expires: 12-14-2028

ISAAC WADE
NOTARY PUBLIC-STATE OF ARKANSAS
JEFFERSON COUNTY
My Commission Expires 12-14-2028
Commission # 12707238

ex. P

AFFIDAVIT OF TRUTH

Evidence

State Of Arkansas)
) SS:
County Of Lincoln)

I, Traven Higgins, hereinafter, being duly sworn according to law, having first hand knowledge of facts herein, and being competent to testify, do affirm that the facts herein stated by me are true, correct, complete and not misleading.

On The date of 7-16-23 I Traven Higgins was located on east building yard call escorted out by D. Mooney while on yard call I was threaten by fredrick adams Cpral He stated that He had some for my bitch ass today" after stating this Cpral fredrick adams went to Cpral Sp. Wheatley telling Him that after all inmates was took in from yard with me still on yard He wanted Him Sp. Wheatley to leave off yard so It can be Just me and Him after hearing this cpral Wheatley Inform sgt West then sgt West and Sp Wheatley cpral escorted me to Lt. Haynie office informing Him of the above Statement after informing Him I was escorted to north B Sp. Wheatley then told me He wrote a witness Statement on the situation giving it to Lt Haynie, also Trying to write another witness statement for my paper work but He stated cpt Simon came and snatch the statement out His possesion in the middle of writting it also I was never told to write statement on my behalf. because me already reporting cpl adams to hotline and to grievance office this was a act of retaliation and Cummins unit Is not properly investigating of following Policy on my complaints on the above name fredrick Adams, Cpral

Further Affiant Saith Naught

Traven Higgins
Signature

Before me Isaac Wade, a Notary Public for the State Of Arkansas, County of Lincoln and authorized to administer oaths, appeared before and after having identified himself to me and swearing to the truthfulness of the foregoing facts, placed his bona Fide signature upon this document under penalties of perjury on this 14, day of July, 2023.

Notary Public I Wade My commission Expires 12-14-2028.

AFFIDAVIT OF PROOF OF MAILING

ISAAC WADE
NOTARY PUBLIC-STATE OF ARKANSAS
JEFFERSON COUNTY
My Commission Expires 12-14-2028
Commission # 12707238

ex. Q

TRAVON HIGGINS [redacted]

V

NO. 240463

ARKANSAS DIVISON OF CORRECTION

PLAINTIFFS FIRST INTERROGATORIES TO DEFENDANT FREDRICK ADAMS.

Pursuant to Rule 26 and Rule 33 of the federal Rules of civil Procedure, plantiff requests that defendant ~~Fre~~ fredrick Adams answer the following interrogatories:

1. Please identify all Positions and titles, with corresponding dates of employments that you Have Held as an employee at (ADC) Arkansas State Prison. Describe your Job responsibilities for each Position and title.

2. Please describe in as much detail as Possible the training you have received while working at (ADC) Arkansas State Prison on the use of force, including but not limited to the use of "chemical agents" and other control devices.

3. Please describe in as much detail as possible every policy, Procedure, and practice that governs the use of "chemical agent" and other irriants control devices.

4. Please identify all officials responsible for formulating, implementing, and monitoring compliance with the policies, Procedures, and Practices described in your response to interrogatory #3

5. Please describe in as much detail as Possible the complete circumstances surronding your use of force against the Plantiff on June 16, 2023.

6. Please state the name, affiliation, title, last known address, and last known telephone number of each person who has knowledge of any of the facts stated in your response to Interrogatory #5.

7. Please identify each document, as the term is defined in federal rule of civil procedure 34(a)(1), that evidences, mentions, or refers to any of the facts stated in your response to Interrogatory #5.

8. Please describe in as much detail as possible the complete circumstances surrounding all other instances in which you have use "chemical agent" or other control devices, or threatened to do so, while working at (ADC) Arkansas State Prison. Include in your response the circumstances surrounding any review or disciplinary action that occurred after each actual or threatened application of force.

9. Please identify each person known to you and not otherwise identified in your answers to these interrogatories who has provided any information, or assistance of whatever nature or description, relating to any of your answers to these interrogatories.

10. Please identify each person who has made to you sworn or unsworn statements or provided information for affidavits or statements that relate to the allegations made in plaintiff's complaint and state the information provided.

CERTIFICATE OF SERVICE

I certify that a copy of the above pleading has been served this 17th day of December 2023, on the above defendant by placing a copy of the same in the U.S. mail, regular postage to:

Arkansas Claim Commission
101 E. Capitol Ave, Suite 410
Little Rock Arkansas 72201-3823

Trawon Higgins

Trawon Higgins

Dear State Claims I'm writting to inform you that as of 12-10-2023 I was moved to another mailing address this Is to update you on my new address for future correspondence Thankyou

New address P.O box 970
marianna ark
72360

I wish to go foward with my lawsuit and fix any delay due to me being moved to anothe mailing address.

Respectfully wrote
Travon Hissins

[redacted]

Hey State Claims Commission my name Trawon o Higgins I Have an open case With you guys case# 240463 I'm wondering Why I Have not been hearing from you guys regarding my Claim I do wish to go foward with my Claim I answer ever motion that actually made it to me the last motion I Replied to was a motion that other Party put in for Summary Judgment which been well over 2 to 3 weeks ago In that motion I attch everything that needed to be attach to show genieve issue I also wrote you guys explaining that my adress Change from Po. box 500 grady ark to po. box 970 marianna ark 72360 Can someone please update me with my Claim I feel something going on with my mail thankyou Have a bless new years.

Respectfully wrote
Trawon Higgins
[redacted]

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

April 5, 2024

Mr. Travon Higgins (ADC [redacted])
[redacted]

RE: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

Dear Mr. Higgins,

This office received your correspondence on December 22, 2023. The Motion for Summary Judgment is still pending. When the Claims Commission enters an order on the motion, you will receive a copy via US Mail. The Claims Commission will rule on the motion as quickly as it can.

Sincerely,

Mika Tucker

ES: msscott

From: Misty Scott on behalf of ASCC Pleadings
To: Tawnie Rowell (DOC)
Cc: ASCC Pleadings; Mika Tucker
Subject: ORDER: Travon Higgins v. ADC, Claim No. 240463
Date: Tuesday, May 14, 2024 8:53:00 AM
Attachments: ~~Travon Higgins v. ADC.pdf~~
~~Travon Higgins Order.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

May 14, 2024

Mr. Travon Higgins (ADC [redacted])
[redacted]

Ms. Tawnie Rowell *(via email)*
Arkansas Division of Correction
6814 Princeton Pike
Pine Bluff, Arkansas 71602-9411

Re: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

Dear Mr. Higgins and Ms. Rowell:

Enclosed please find an Order entered on May 9, 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

TRAVON HIGGINS (ADC [redacted]) **CLAIMANT**

V. **CLAIM NO. 240463**

ARKANSAS DIVISION OF CORRECTION **RESPONDENT**

ORDER

Now before the Arkansas State Claims Commission (the "Commission") is the motion filed by the Arkansas Division of Correction (the "Respondent") for summary judgment as to the claim of Travon Higgins (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 September 21, 2023, seeking $10,000.00 in damages related to his allegations regarding use of force by Respondent's employee. Claimant attached disciplinary documents to his claim, as well as documentation showing that his grievance was rejected because it was a disciplinary matter.

2. Respondent filed a motion for summary judgment, arguing, *inter alia*, that the Commission does not have jurisdiction over Respondent's disciplinary matters.

3. Claimant filed a response to the motion for summary judgment.

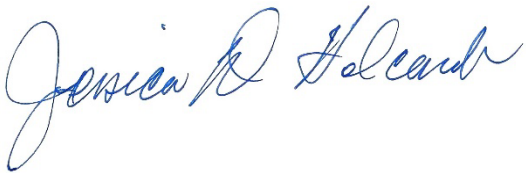
4. The Commission agrees with Respondent that dismissal of this claim is proper. Because this claim is inexorably entwined with the disciplinary incident, it is beyond the scope and purpose of the Commission to consider disciplinary issues or to insert itself into Respondent's disciplinary process.

5. If Claimant believes he was deprived of due process in the disciplinary process or if 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. As such, pursuant to Ark. Code Ann. § 19-10-204 and Ark. R. Civ. P. 12(h)(3) and 56, Respondent's motion is granted and the Commission DISMISSES Claimant's claim.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb

ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair

DATE: May 9, 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).

Dear State Claim I recieve a letter from April 5, 2024 Saying my Summary Judment Is inside you guys, dkke and that Judgment of law Is Spending however since that letterry ~~Is~~ been a month and I have yet to recieve any further update I do wish to see The comission The recieve a whole or any percentage of the sought amount on State Claim Complaint form To be Resonable I'll ask for 1500 in cash and 1500 on a fully Store call and for my case to pro-long To federal review and I also motion on interogatories (e-mo) that I have still yet to Hear back on which was sent in same mailing with Summary Judgment Dec. 22, 2024 Respectfully sign

Deavon Higgins

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TRAVON HIGGINS [redacted]) CLAIMANT

v NO. 240463

ARKANSAS DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTION RESPONDENT

MOTION 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 appealing his major disciplinary, has failed to exhaust his administrative remedies, and failed to respond to the Commission.

5. The Inmate filed a grievance but that grievance was rejected as a disciplinary matter. *See attached Ex A.*

6. The inmate even attached the disciplinary he received in relation to the incident. *See attached Ex B.* The Claims Commission was not designed the be the appellate arm of the ADC's disciplinary process.

10. 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*.

11. The inmate failed to respond to the letter the Claims Commission sent him on November 8, 2023. In that letter it states: "If this office does not receive any communication from you <u>within fifteen (15) calendar days from the date of this correspondence,</u> your claim <u>will be dismissed</u> by the Claims Commission for failure to respond." *See attached Ex C.*

12. 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."

13. 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.

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 27th day of November 2023, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Travon Higgins [redacted])
[redacted]

Thomas Burns

Teavon Higgins
vs #240-463
Arkansas Division
Of Corrections

Arkansas
State Claims Commission
MAY 23 2024
RECEIVED

Comes now the Claimant Is Contacting Arkansas Claim Commission (the "Commission") with a Respectful Response to May. 9, 2024 Notice of Appeal with the Claims Commission. ARK. code Ann § 19-10-211(a)(1). which Respectfuy gives me (40) days to submitted herein In that order sent by commission the following was stated:

1) Claimant filed his Claim september 21, 2023 seeking 10,000 in damages related use of force by Respondent's employee. Claimant attached disciplinary documents to his Claim, as well as documentation showing that his grievance was rejected because it was a disciplinary matter.

2) Respondent filed a motion for summary judgment, arguing, "inter alia", that the commission has no jurisdiction over Claimant disciplinary matters.

3) Claimant filed a Response to the motion for Summary Judgment.

4) The Claimant disagrees with Respondent, as well so much the Commission that dismissal to Claim is unproper.

5) Because In ~~Arkan~~ Respondent (order) before the ARK Claims Commission ("the commission") Stated The Claimaint filed his Claim 21 of September, 2023 with allegations regarding use of force AD/ Administrative director however that use of force policy is also Supported by (BOC) Board of Correction as well ARK. Admin. Code. 004.00.2.409 Alternatively cited as ARK ADC 004.00.001 or 004.00.2-409 use of force which Should not be beyond the Scope and purpose of the Commission.

6) Because In Respondent (Order) that was sent before ARK Claim Commission Citing (4) States the Claim is inexorably entwined with the disciplinary incident. however in Claimaint Response to Summary judgment he brought fourth AR.225 Revised 12-33AD to support why he brought fourth disciplinary and Claimaint brought to attention within that material fact (Iss R100). that no where in complaint did he wish to use commission for appeal and that he wished to Show that Report as Substantial evidence to Show use of force incidents and to Show where AR. 225/AD-12-33 was violated which states the following.

7) ARK-225 employee conduct Standards, employees must give Clear, Complete, and accurate information in completing applications, work records, written Statements/verbal information, inmate records, investigation, and Claims for reimbursement. Which Should not be beyond the scope and purpose of the Commission. Revise AR/AD 12-33

8) Because before sending in sep 21, 2023 Claim ~~was filed~~ Claimant went fourth on behalf of himself to Notarize the complaint by bringing that complaint to Notary public COREY D Haynie [redacted] which with mr. Haynie being public Notary who can Respectfully legallize documents and swear under oath truths to the complaint because He or She Is familiar with the matters and things set forth in complaint that Aug 30, 2023 oath alone Should have held a dispute for me to Respectfully come infront of Commission as well as material facts therein Summary Judgment such as 24 of June, 2023 ISAHC made oath with legal notary stamp upon Claimant AFFIDAVIT Submitted as supported documents with Claim and judgment under ARK. R. CIV. P. 56. States

9) pursuaint ARK. Code Ann. § 19-10-211 (a)(1) and ARK. R. Civ. P. 56 Claimant wish His motion for Reconsideration as well As Claimant motion for Summary judgment be reversed and granted

Tevon Higgins
5-18-2024
[redacted]
[redacted]
Respectfully Sought

From: Mika Tucker
To: Tawnie Rowell (DOC)
Subject: CORR: Travon Higgins v. ADC, Claim No. 240463
Date: Thursday, June 27, 2024 11:00:00 AM
Attachments: Higgins v. ADC [redacted] requesting clarification.pdf
Higgins v. [redacted] Filing.pdf

Hi, Tawnie.

Please see the attached correspondence.

Thanks,
Mika

Mika Tucker
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2818

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 27, 2024

Mr. Travon Higgins (ADC [redacted]

RE: ***Travon Higgins v. Arkansas Division of Correction***
Claim No. 240463

Dear Mr. Higgins,

Our office has reviewed your enclosed motion for reconsideration received May 23, 2024. which references a "May 9, 2024[,] Notice of Appeal[.]" A dismissal order was entered in this matter on May 9, 2024, and there is no May 9, 2024, notice of appeal filed in this matter. As such, our office is unable to determine whether the May 23, 2024, filing was also intended to be a notice of appeal. Please inform the Claims Commission and the ADC promptly if your May 23, 2024, filing is intended to also be a notice of appeal.

Sincerely,

Mika Tucker

ES: mtucker

cc: Tawnie Rowell, counsel for Respondent (*via email with enclosure*)

#1 of 1

Travon Higgins
vs # 240-463
Arkansas division of correction

Dear ~~Ms.~~ Mika Tucker

I have Reviewed your letter dated June 27, 2024 on July, 3, 2024, however I do apologize for May 9, Letter for reconsideration by mistakely stating I'm Responding to May 9, 2024 notice of appeal which made it to you guys office May, 23, 2024 how-ever I was wishing to appeal The decision made by the Arkansas claim Commission (#4) which agreed to dismiss This claim # 240-463 so out of respect Towards This commission I wish to now make ~~June~~ May, 23, 2024 letter for reconsideration crystal clear by confirming I do wish to be given a "hearing" on claim by reversal of may 9, 2024 "order" agreeing To "dissmiss Claim" #240-463
Thankyou

Sincerely
MR. Higgins

#1 of 1

Travon Higgins
VS # 240-463
ARKansas division of Correction

ARK division correction

Dear Ms. Tawnie Rowell
I'm contacting your office to inform you of ~~Ms~~ mika Tucker June 27, Letter by notifying you on my behalf confirming That I do apologize for may, 9, 2024, Letter for reconsideration by mistakely stating i'm Responding to may, 9, 2024 Letter of appeal or notice of appeal however to clear this misconvience I will now like to confirm That letter was sent out to over turn The dissmissal I was given In may 9 order section #4 so as of now 7-3-24 I do wish to appeal that decision and wish to be granted a hearing Thankyou

Sincerely
Mr. Higgins