

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission JUL 20 2013

L2.

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

David Daniels, # 137484 Claimant

vs.

State of Arkansas, Respondent Dept. of Correction

Do Not Write in These Spaces Claim No. 14-0076-CC Date Filed July 20, 2013 Amount of Claim \$ 5,000.00 Fund DOC

COMPLAINT Loss of Property, Failure to Follow Procedure

David Daniels, #137484, the above named Claimant, of POB 180, Brickeys, AR 72320

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

State agency involved: Brickeys Unit Amount sought: 5,000.00

Month, day, year and place of incident or service:

Explanation: I came to Brickeys unit Aug 24, 2012 with 2 chicken boxes of legal paper work from the courts, which consist of transcripts from Washington and Benton County trials, evidence, motions, grievances, and grievances from my case in the claims court about my Magazine case # 13-0163-CC which was filed in 2012, which is an open case, and a case in Lee County and a Request forms pertaining to the Magazine case and others as well. I had the boxes for the past 6 years at different units.

Cpl D. Winfrey told me when I first came to the unit, that they cant throw out legal paper work. I filed a grievance on the Law Library Lady Ms. Gray, then Cpl D. Winfrey threaten to throw all my legal paper work out, I ask her please NOT to, I need my transcript to fight all my cases, but to no avail

Cpl D. Winfrey threw out All my legal paper work, which was in two chicken boxes which comes to \$2,239.00 worth of transcripts, and 200.00 worth of copies which comes to 2,439.00

plaintiff has 8 copies of evidence with this complaint

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? No; when? ; to whom? ; and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? ; if so, state name and address (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.

David Daniels (Print Claimant/Representative Name) Signature of Claimant/Representative

SWORN TO and subscribed before me at Brickeys (City) AL (State)

(SEAL) GENEVA V. JONES on this 1 day of July 2013 NOTARY PUBLIC-STATE OF ARKANSAS LEE COUNTY My Commission Expires 01-10-2015 (Notary Public)

My Commission Expires: 01 (Month) 10 (Day) 2015 (Year)

SP1-R799

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FEB 7 2013

FOR OFFICE USE ONLY

Unit/Center Brickeys

GRV. # EA-13-00293

Name David Daniels EAST AR REGIONAL UNIT

Date Received: 2-7-13

ADC# 137484 Brks # 6 Job Assignment \_\_\_\_\_

GRV. Code #: 500

2/6/13 (Date) STEP ONE: Informal Resolution

2/6/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I had all that legal papers, and transcript since I came to prison, and it has NEVER been a problem before, she throw away

2/6/13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: I Need my legal papers

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 1/23/13 Cpl D. Winfrey, who works over the property room, said she was going to throw my legal mail away, it's in two chicken boxes in the property room, I told her face to face and in a request, that I need some of my transcript papers from trial, but she never responded to my request, I told Cpl D. Winfrey that I had no where to send them, because most of my family pass away

RECEIVED

MAR 14 2013

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

[Signature]  
Inmate Signature

2/6/13  
Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 2-6-13 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No) This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No) If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

Sgt Hector 762 [Signature] 2-6-13  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: the request to send mail home so it had been destroyed for Cpl Winfrey

[Signature] 2-6-13 [Signature] 2-6-13  
Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

my transcripts from 1117 INMATE'S, CHRISTINA AND JOCELYN LAYE

INMATE NAME: Daniels, David

ADC #: 137484A

GRIEVANCE #: EA-13-00293

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Daniels, you grieve Corporal Winfrey told you she was going to throw away your legal work. Your complaint is noted. Corporal Winfrey, Property Officer, stated you have been afforded more than enough time to send this property out and you could not provide any documentation you had an active case in the courts. She also stated all the correct paperwork was completed and forwarded to you but you did not comply. Documentation denotes you received a property notification on 01/17/2013 stating you had an additional five (5) days from 01/18/2013 to send your property home at your own expense. You did not comply; therefore 01/25/2013 your property was destroyed. Proper protocol was followed. Your complaint is without merit.

[Redacted Signature Box]

DANNY BURD BY P.T. [Signature]  
Signature of Warden/Supervisor or Designee

[Signature]  
Title

3-7-13  
Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? I need All my COURT PAPERWORK, My Transcripts from My Trial that cost money, I had all my legal PAPERWORK since 2006, AND its been in the property room since; All of a sudden its a problem. You cant just throw my Legal PAPERWORK OUT!

[Signature]  
Inmate Signature

137484  
ADC#

3-7-13  
Date

RECEIVED  
MAR 14 2013  
INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

INMATE NAME: Daniels, David

ADC #: 137484

GRIEVANCE#: EA-13-00293

I have received your formal grievance date, 02/06/13 in reference to COII Winfrey throwing your property away, which was your legal work.

After reviewing all supporting documentation, I have determined that you were given notification about your excess property and told that you had 30 days to mail it home at your expense or it would be destroyed. Furthermore, you were also given 30 days to show proof that this legal work contained an active case.

After 30 days, you were unable to show proof of having an active case and you did not have the funds to mail the two chicken boxes home; so therefore your excess property was destroyed according to policy and procedures.

Therefore, I concur with the Warden's response of no merit.  
Appeal denied.

17M7

Director

Date

4.4.13

Arkansas Department of Correction  
Property Disposal Form

Ed R

10-5-12

Unit/Center

Date

I, Inmate Daniels, D, ADC# 137484, authorize the disposition of my unauthorized property listed on this form in the following manner:

Check One:  By Mail (At My Own Expense)  By Visitation  By Donation  By Destruction

This is to advise you the following item(s) will not be allowed to be in your possession or stored while at this unit/center. (Give complete description and quantity of items).

Two chicken boxes of legal work

Needs to provide proof of current active legal case

Check here if additional space is needed. Each additional sheet must be signed and dated.

BY MAIL

(Name) \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Check if you are requesting:  First Class Mail  Parcel Post Mail  Insured Mail

I authorize the deduction of the cost of postage from my inmate account to cover the expense of mailing. I understand that if I do not have funds to cover the cost of mailing the item(s) may be mailed at the department's expense and a lien placed on my inmate account to cover the cost of postage.

Item(s) Mailed By \_\_\_\_\_ (Signature of Staff) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_

BY VISITATION

It is my responsibility to inform this person of the need to make necessary arrangements to pick up this property. I also understand if these arrangements are not made within 30 days, the item(s) will be disposed of by donation or destruction.

Item(s) Picked Up By \_\_\_\_\_ (Please Print) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_

(Identification Type) \_\_\_\_\_ (Identification Number) \_\_\_\_\_ (Signature of Recipient) \_\_\_\_\_

BY DONATION

Donated to: \_\_\_\_\_ (Recipient) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_ By: \_\_\_\_\_ (Staff Signature) \_\_\_\_\_

BY DESTRUCTION

Item(s) destroyed By \_\_\_\_\_ (Please Print) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of Destruction Official/Date \_\_\_\_\_ Signature of Staff Witness/Date \_\_\_\_\_  
The method of disposition listed above was not accomplished within the specified time frame, and the item(s) were:  
\_\_\_\_\_ Destroyed \_\_\_\_\_ Donated to: \_\_\_\_\_ (Name or Location) \_\_\_\_\_

Signature of UPCO/Date \_\_\_\_\_ Signature of Staff Witness/Date \_\_\_\_\_

Your signature below indicates that you have been made aware of the disposition options for your stored property. If after 30 days you have not exercised one of the above options your property will be destroyed or donated as outlined in AD 06-14.

X \_\_\_\_\_ 137484  
Signature of Inmate \_\_\_\_\_ ADC# \_\_\_\_\_

OPID. W. H. 10-5-12  
Signature of Staff Witness/Date \_\_\_\_\_

cc: Original - Unit Personal Property Officer Pink Copy - Inmate Yellow Copy - Inmate's File



# STATE OF ARKANSAS

FOURTH JUDICIAL CIRCUIT - SECOND DIVISION  
WASHINGTON COUNTY COURTHOUSE

P.O. BOX 1206  
FAYETTEVILLE, AR 72702-1206

TELEPHONE: (479) 444-1552

FAX: (479) 444-1752

E-MAIL: [dmartin@co.washington.ar.us](mailto:dmartin@co.washington.ar.us)

KAREN S. MORROW  
OFFICIAL COURT REPORTER  
E-MAIL: [kmorrow@co.washington.ar.us](mailto:kmorrow@co.washington.ar.us)

JOAN LESTER  
TRIAL COURT ASSISTANT  
E-MAIL: [jlester@co.washington.ar.us](mailto:jlester@co.washington.ar.us)

DOUG MARTIN  
CIRCUIT JUDGE

May 28, 2013

Mr. David Daniels  
ADC# 137484  
P.O. Box 180  
Brickeys, AR 72320

Re: State of Arkansas v. David Daniels

Dear Mr. Daniels:

I previously prepared an appeal transcript in your case that included the transcript of your trial and any other hearings that were held. If you have not been able to obtain copies of your complete appeal transcript from the Arkansas Supreme Court, I can copy testimony transcripts from the trial, the hearings, and pleadings that were filed in your case. I do not have the exhibits as they were filed with your appeal transcript.

The cost for these pages is 50¢ per page, for an estimated amount of \$345. If you wish to order what I have, please remit this amount and I will send you the copies.

Sincerely,

A handwritten signature in cursive script that reads "Karen Morrow".

Karen Morrow

Sharon L. Fields, CVR-CM  
Certified Court Reporter  
P. O. Box 42  
Bentonville, Arkansas 72712-0042  
(479) 271-1063

November 2, 2010

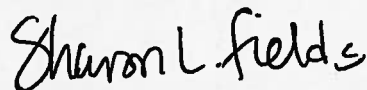
Mr. David Daniels #137484  
2501 State Farm Road  
Tucker, Arkansas 72168

Re: State of Arkansas v. David Daniels  
Benton Circuit No. CR-2005-902-2(A)

Dear Mr. Daniels:

The cost of the entire Appeal Record in the above-referenced matter is \$657.00. If I may be of further assistance, please let me know.

Sincerely,



Sharon L. Fields

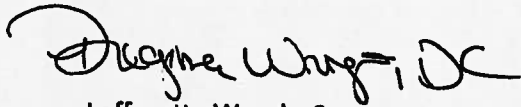
June 3, 2013

RE: CV-2010-581-5 & CV-2010-582-5

Dear Sir,

You requested copies of the file in the above –referenced matter. There is a \$.50 fee per page for copies. Your file has approximately 300 pages. A total of \$150.00 is due. Please forward this amount to our office. Thanks for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Laffayette Woods, Sr.", with a stylized flourish at the end.

Laffayette Woods, Sr.  
Jefferson County Circuit Clerk



**Office of the  
CRIMINAL JUSTICE COORDINATOR  
SUPREME COURT OF THE STATE OF ARKANSAS**

Sue Newbery  
Criminal Justice Coordinator  
Phone (501) 682-1637

Justice Building, Suite 1300  
625 Marshall Street  
Little Rock, Arkansas 72201

June 17, 2013

Mr. David Daniels  
ADC No. 137484  
East Arkansas Regional Unit  
P.O. Box 180  
Brickeys, AR 72320-0180

Dear Mr. Daniels:

Below please find the information you request concerning the fee for a copy of the records:

*David Daniels v. State*, CR 09-939-25 pages-\$12.50;

*David Lee Daniels v. State*, CR 08-885-32 pages-\$16.00;

*David Daniels v. State*, CACR 07-647-818 pages-\$409.00;

*David Daniels v. State*, CACR 07-592-1,299 pages-\$649.50.

Payment for all photocopying fees over the amount of \$10.00 must be made by check or money order payable to the Clerk of the Arkansas Supreme Court. We have no means of making change or sending refunds. Please send the exact amount of the photocopying fee.

Cordially,

Office of the Criminal Justice Coordinator

San:Ram

# Inmate Request Form

This form is to be used by inmates to contact staff with request on issues they may have. You should allow five working days to receive a response to your request. This is the East Arkansas Regional Unit in house form.

Name: <u>D. DANIELS</u>	ADC Number: <u>137484</u>	Barracks: <u>6-21</u>	Date: <u>1/17/13</u>
-------------------------	---------------------------	-----------------------	----------------------

Staff Directed to: <u>Cpl Winfrey</u>	Office: <u>Cpl D. Winfrey</u>
---------------------------------------	-------------------------------

My request is directed to the following area: (check one)

- |  |   |   |   |
|--|---|---|---|
| Chaplain <input type="checkbox"/>      | Classification <input type="checkbox"/> | Commissary <input type="checkbox"/>                 | Assistant/ Deputy Warden <input type="checkbox"/> |
| Issuance <input type="checkbox"/>      | Food Service <input type="checkbox"/>   | Hobby Craft <input type="checkbox"/>                | General Library <input type="checkbox"/>          |
| Law Library <input type="checkbox"/>   | Laundry <input type="checkbox"/>        | Mail Room <input type="checkbox"/>                  | Medical <input type="checkbox"/>                  |
| Mental Health <input type="checkbox"/> | Parole <input type="checkbox"/>         | <u>Property</u> <input checked="" type="checkbox"/> | Records <input type="checkbox"/>                  |
| Security <input type="checkbox"/>      | Visitation <input type="checkbox"/>     | Warden <input type="checkbox"/>                     | Other: _____ <input type="checkbox"/>             |

Give a detailed reason for your request: YES I DO HAVE AN OPEN CASE IN THE CLAIMS COMMISSION AND STATE COURT, AND I'M FILING MY APPEAL FOR MY POSSESSION CASE IN LITTLE ROCK, AND A TIME CUTT.

I'm writing this because Cpl Winfrey came to 6-BARRACKS AND TOLD ME SHE WAS GOING TO THROW OUT MY LEGAL PAPERS.

Copies To: Cpl Winfrey, David Daniels and family. Witness: Nehala Jue 655741

Have you talked to any staff about your request? Yes  No   
 If yes, to whom did you speak with and when? Cpl Winfrey, Ms. Gray, Warden Ball, Major Earl

[Signature] 1-17-13  
 Inmate Signature/ Date

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

Response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am referring this to: \_\_\_\_\_

Cc: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Staff Signature Date

TENTATIVE AGENDA  
Claims Subcommittee  
of the  
Joint Budget Committee

Monday, February 25, 2013  
UPON ADJOURNMENT OF BOTH CHAMBERS  
Room B, MAC  
Little Rock, Arkansas

Sen. Robert Thompson, Chair  
Sen. Stephanie Flowers  
Sen. David Burnett  
Sen. Bruce Holland  
Sen. Jeremy Hutchinson  
Sen. Bart Hester  
Sen. Bryan King  
Sen. Larry Teague, ex-officio  
Sen. Michael Lamoureux, ex-officio

Rep. Lane Jean, Chair  
Rep. Fredrick J. Love, Vice Chair  
Rep. Robert E. Dale  
Rep. John Charles Edwards  
Rep. John T. Vines  
Rep. Reginald Murdock  
Rep. Mark D. McElroy  
Rep. Duncan Baird, ex-officio  
Rep. Davy Carter, ex-officio

A. Call to Order.

Held Over from December 17, 2012 Meeting

B. Denied and Dismissed Claim/Appealed by Claimant

*Reversed, awarded  
\$1,000,000.00*

1. #12-0401-CC Nathan Nelson vs. Department of Human Services/Childcare & Early Childhood Education

*Remainder continued until later date.*  
Current Business

C. Awarded Claims/Un-appealed by either parties

1. #12-0661-CC Cameron Construction Co. Inc. vs. Arkansas Highway & Transportation Department
2. #12-0662-CC Cameron Construction Co. Inc. vs. Arkansas Highway & Transportation Department
3. #12-0748-CC Cameron Construction Co. Inc. vs. Arkansas Highway & Transportation Department

D. Negotiated Settlement

1. #13-0069-CC Powers-Mechanical Service Company vs. Arkansas Military Department
2. #12-0596-CC Pamela Perry vs. Arkansas Highway & Transportation Department
3. #12-0542-CC Delta Asphalt of Arkansas Inc. vs. Arkansas Highway & Transportation Department

E. Denied and Dismissed Claim/Appealed by Claimant

*← NOTE →*

1. #12-0810-CC ~~Mark Smith vs. Arkansas Department of Correction~~
2. #12-0757-CC ~~Charles Winston vs. Arkansas Department of Correction~~
3. #12-0922-CC Joe Franks vs. Arkansas Department of Corrections
4. #13-0096-CC Deverick Scott vs. Arkansas Department of Corrections
5. #12-0520-CC James Smith vs. Arkansas Department of Corrections
6. #12-0626-CC James McAlpin vs. Arkansas Department of Corrections

Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "Members and Staff Only"

- [REDACTED]
7. #13-0216-CC Joe Bell vs. Arkansas Department of Corrections [REDACTED]
  8. #13-0252-CC William Smith vs. Arkansas Department of Corrections
  9. #13-0271-CC Timothy Moore vs. Arkansas Department of Corrections
  10. #13-0370-CC Nathaniel Fitzgerald vs. Arkansas Department of Corrections
  11. #13-0315-CC Michael Long vs. Arkansas Department of Corrections
  12. #13-0163-CC David Daniels vs. Arkansas Department of Corrections ← Daniels
  13. #13-0413-CC Myron Anderson vs. Arkansas Department of Corrections

F. Other Business

G. Adjournment

[REDACTED]

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DAVID DANIELS (ADC 137484)

CLAIMANT

V.

NO. 14-0076-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**ANSWER**

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

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
  - a. Agency number: 0480
  - b. Cost Center: HCA0100
  - c. Internal Order: 340301
  - d. Fund Center: 509

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

Respectfully submitted,  
Department of Correction Office of Counsel

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

Arkansas  
State Claims Commission

AUG 14 2013

RECEIVED

**CERTIFICATE OF SERVICE**

I certify that a copy of this pleading has been served this 13 day of August, 2013, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

David Daniels (ADC 137484)  
East Arkansas Regional Unit  
PO Box 180  
Brickeys, AR 72320-0180

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DAVID DANIELS (ADC#137484)

Arkansas Claims Commission

CLAIMANT

V.

NO. 14-0076-CC

SEP 13 2013

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED

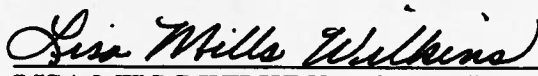
RESPONDENT

**RESPONDENT'S MOTION TO DISMISS**

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

1. Claimant seeks \$2,439.00 for loss of property and failure to follow policy when he alleges that his legal materials were destroyed in violation of policy. Claimant has failed to state a cause of action under ARCP 12(b)(6) and the claim should be dismissed.
2. Claimant states that he was told that legal materials cannot be destroyed, but fails to show any policy which states that legal materials cannot be destroyed.
3. Claimant has had two chicken boxes of materials stored in the property room for an indefinite amount of time. The property room is not a free storage area for inmate's property. Inmates are advised that they must store their property in their locker boxes, or send the additional property home, or donate it to the state. At times, legal paperwork may be kept in the property room if an inmate can show that he has an active case and the volume of paperwork is such that it is impossible for it to be stored in his locker box. Claimant failed to show any active case pending despite requests for him to do so.
4. Claimant was provided a written notice to dispose of the two boxes of legal work or show proof of current active legal work on October 5, 2012 and signed that he received this notification. See Exhibit "A". He was provided an additional property notification on January 17, 2013 advising him that he had an additional five (5) days to dispose of the property. See Exhibit "B". Claimant sent an inmate request form and was seen on January 22, 2013 and could not provide proof of an active open case. See Exhibit "C". On January 17, 2013, Claimant was provided a Final Property Notification, but refused to sign. See Exhibit "D". On January 25, 2013, Claimant's two chicken boxes of paperwork were destroyed as he had made no arrangements to dispose of it and had failed to provide any proof of an active case contained therein.
5. Based on the foregoing statements, Claimant has failed to state a claim upon which relief can be granted herein under ARCP Rule 12(b)(6).

Respectfully submitted,  
Department of Correction Office of Counsel

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

**CERTIFICATE OF SERVICE**

I certify that a copy of the above pleading has been served this 12 day of September, 2013, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

DAVID DANIELS (ADC#137484)

EARU

P. O. Box 180

Brickeys, AR 72320-0180

  
LISA MILLS WILKINS Ark. Bar #87190

2 boxes

Arkansas Department of Correction  
Property Disposal Form

Keaton

10-5-12

Unit/Center

Date

I, Inmate Daniels, D, ADC# 137484, authorize the disposition of my unauthorized property listed on this form in the following manner:

Check One:  By Mail (At My Own Expense)  By Visitation  By Donation  By Destruction

This is to advise you the following item(s) will not be allowed to be in your possession or stored while at this unit/center. (Give complete description and quantity of items).

Two chicken boxes of legal work

Needs to provide proof of current active legal case

Check here if additional space is needed. Each additional sheet must be signed and dated.

BY MAIL

(Name) \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Check if you are requesting:  First Class Mail  Parcel Post Mail  Insured Mail

I authorize the deduction of the cost of postage from my inmate account to cover the expense of mailing. I understand that if I do not have funds to cover the cost of mailing the item(s) may be mailed at the department's expense and a lien placed on my inmate account to cover the cost of postage.

Item(s) Mailed By \_\_\_\_\_ (Signature of Staff) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_

BY VISITATION

It is my responsibility to inform this person of the need to make necessary arrangements to pick up this property. I also understand if these arrangements are not made within 30 days, the item(s) will be disposed of by donation or destruction.

Item(s) Picked Up By \_\_\_\_\_ (Please Print) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_

(Identification Type) \_\_\_\_\_ (Identification Number) \_\_\_\_\_ (Signature of Recipient) \_\_\_\_\_

BY DONATION

Donated to: \_\_\_\_\_ (Recipient) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_ By: \_\_\_\_\_ (Staff Signature) \_\_\_\_\_

BY

Item(s) destroyed By \_\_\_\_\_ (Please Print) \_\_\_\_\_ On \_\_\_\_\_ (Date) \_\_\_\_\_



Exhibit

A

Signature of Destruction Official/Date \_\_\_\_\_ Signature of Staff Witness/Date \_\_\_\_\_  
The method of disposition listed above was not accomplished within the specified time frame, and the item(s) \_\_\_\_\_

Destroyed  Donated to: \_\_\_\_\_ (Name or Location) \_\_\_\_\_  
Signature of UPCO/Date 1/25/13

Signature of Staff Witness/Date 1/25/13

Your signature below indicates that you have been made aware of the disposition options for your stored property. If after 30 days you have not exercised one of the above options your property will be destroyed or donated as outlined in AD 06-14.

Signature of Inmate Daniels, D ADC# 137484

Signature of Staff Witness/Date 10-5-12





Arkansas Department of Correction  
East Arkansas Regional Unit  
PO Box 180  
Brickey's, Arkansas 72320-0108  
Phone (870-295-4700 FAX (870) 295-6564

Arkansas Department of Correction

Cpl. D. Winfrey UPCO - Ext 261

**PROPERTY NOTIFICATION**

TO: Daniels, D

ADC# 137484 BKS: 6-21

This notification is to advise you that your property has exceeded more than the 30 days allotted you, from the date your property was taken. You are now at this date: 1/17/13 out of compliance with the property control form given to you upon your arrival, or at the time your property was taken, for your convenience one has been attached.

You will have 5 additional days from this date: 1/18/13 to send your property home at your own expense, or donate the property. I (CPL Winfrey, UPCO) will need to hear from you in writing. If you do not comply, steps will be taken to dispose of all property with no further warning.

Cpl. D. Winfrey  
Unit Property Officer Cpl. D. Winfrey

Cc: Inmate Institutional File  
Property Office File

ADC  
Arkansas Department of Correction  
Exhibit  
B

# Inmate Request Form

This form is to be used by inmates to contact staff with request on issues they may have. You should allow five working days to receive a response to your request. This is the East Arkansas Regional Unit in house form.

Name: <u>D. DANIELS</u>	ADC Number: <u>137484</u>	Barracks: <u>6-21</u>	Date: <u>1/17/13</u>
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Staff Directed to: <u>Cpl. Winfrey</u>	Office: <u>Cpl. D. Winfrey</u>
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My request is directed to the following area: (check one)

- |  |   |   |   |
|--|---|---|---|
| Chaplain <input type="checkbox"/>      | Classification <input type="checkbox"/> | Commissary <input type="checkbox"/>                 | Assistant/ Deputy Warden <input type="checkbox"/> |
| Issuance <input type="checkbox"/>      | Food Service <input type="checkbox"/>   | Hobby Craft <input type="checkbox"/>                | General Library <input type="checkbox"/>          |
| Law Library <input type="checkbox"/>   | Laundry <input type="checkbox"/>        | Mail Room <input type="checkbox"/>                  | Medical <input type="checkbox"/>                  |
| Mental Health <input type="checkbox"/> | Parole <input type="checkbox"/>         | <u>Property</u> <input checked="" type="checkbox"/> | Records <input type="checkbox"/>                  |
| Security <input type="checkbox"/>      | Visitation <input type="checkbox"/>     | Warden <input type="checkbox"/>                     | Other: _____ <input type="checkbox"/>             |

Give a detailed reason for your request: Yes I do have an open case in the Claims Commission and State Court, AND I'm filing my Appeal for my possession case in Little Rock, and a time cutt.

I'm writing this because cpl Winfrey came to 6-BARRACKS and told me she was going to throw out my legal papers.

Copies to: Cpl Winfrey, David Daniels AND family. Witness: [Signature] 655741

Have you talked to any staff about your request? Yes  No   
 If yes, to whom did you speak with and when? Cpl. Winfrey, Ms J. Gray, Warden Ball, Major Earle  
[Signature] 1-17-13  
 Inmate Signature/ Date

Staff Responding:	Date:
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Response: Seen on 1/22/13 called out by Lt. Etherly and Cpl. Winfrey inmate could not provide info of any active open cases Lt. Etherly advised him again of his options to dispose of property

I am referring this to: \_\_\_\_\_

Cc: \_\_\_\_\_



Cpl. S. Winfrey 1/22/13  
 Staff Signature Date

Witnessed by [Signature]



**Arkansas Department of Correction**

Cpl. Denise A. Winfrey  
Unit Property Control Officer  
East Arkansas Regional Unit  
P.O. Box 180  
Brickeys, Arkansas 72320  
Telephone: 870-295-4700 Ext. 261  
Fax: 870-295-6564  
Email: Denise.Winfrey@Arkansas.gov

**FINAL PROPERTY NOTIFICATION**

Inmate Daniels, D #137484,

On 10/5/12 you were called to population property office by me, Cpl. Winfrey concerning your personal legal work that was forwarded to me. At this time, I informed you that by signing the Property Disposal Form, it gave you 30 days to present me with proof that you indeed had a current active legal case and that the property being stored was pertinent to your case. You have failed to do so and you received verbal notifications from me on 11/15/12 and 12/20/12 concerning this matter.

Attached you will find a property notification notice stating that you have five days from 1/18/13 to notify me in writing of how you wish to dispose of your property. If you fail to do so, steps will be taken to dispose of all property with no further warning.

*Cpl. D. Winfrey*  
\_\_\_\_\_  
Cpl. D. Winfrey

*1/17/13*  
\_\_\_\_\_  
Date

*Refused to Lisa Spivey*  
\_\_\_\_\_  
Inmate Signature

*1/17/13*  
\_\_\_\_\_  
Date

**ADC**  
Arkansas Department of Correction  
Exhibit  
D

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 5,000.00

Claim No. 14-0076-CC

David Daniels, #137484 Claimant  
vs.

Attorneys  
Pro se Claimant

Department of Correction Respondent  
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed July 29, 2013

Type of Claim Loss of Property & Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," solely for Claimant's failure to respond. Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

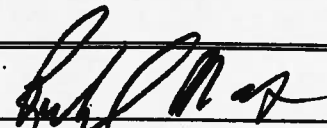
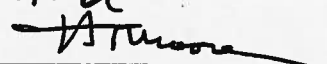
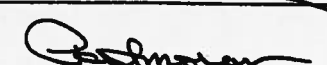
(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," solely for Claimant's failure to respond. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing October 9, 2013

Date of Disposition October 9, 2013

  
Chairman  
  
Commissioner  
  
Commissioner

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

STATE CLAIMS COMMISSION

10/15/13

DAVID DANIELS

CLAIMANT

VS

Arkansas  
State Claims Commission  
OCT 21 2013

DEPARTMENT OF CORRECTION

RECEIVED

RESPONDENT

Appeal

Comes Now the CLAIMANT DAVID DANIELS would like to Appeal this claim, due to the FACT that he did NOT Receive any mail from the Claim Commission saying that I had to Respond to the Respondents Request.

2. I did NOT Receive anything from the COURT CLERK saying I had to Respond.
3. I did NOT Receive anything from EARNESTINE STRICKLAND saying I had to Respond to the Respondents Request.
4. CLAIMANT has a legitimate case against the Respondents dealing with them throwing out ~~out~~ his Transcripts to All his cases, which he needed for his TIME CUT, AND HABEAS CORPUS, AND Appeals.

Wherefore CLAIMANT would like the COURT to hear his Appeal and GRANT it.

Copies To: COURT CLERK  
CHAIRMAN  
COMMISSIONER'S

Sincerely  
DAVID DANIELS #137484