



MAR 14 2014

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

James Fudge, #078875, Claimant

Do Not Write in These Spaces. Claim No. 14-0697-CC. Date Filed March 14, 2014. Amount of Claim \$?. Fund DOC.

State of Arkansas, Respondent Dept. of Correction

COMPLAINT Loss of Property Failure to Follow Procedure

James Fudge, #078875, the above named Claimant, of POB 400, Grady, AR 71644. County of LINCOLN represented by PRO SE / LOSS PROPERTY.

State agency involved: ARKANSAS DEPARTMENT OF CORRECTION (ADC) Amount sought: OCTOBER 2nd, 2012 VARNER SUPER MAX UNIT, CELL BLOCK SIX, CELL #636. Explanation: On Oct, 2nd, 2012 SECURITY Sgt. J. Plummer and Sgt. L. Smith approached and restrained myself I/M Fudge JAMES # 78875 of CBG-636 cell of ADC, once pulled outside of ASSIGNED LOCATION 636 cell, K-9/ERT Security Sgt. B. HAYES, Sgt. D. REAP, Sgt. J. LAWRENCE, Sgt. B. COCKRELL, Sgt. K. GLOVER PRIOR I.D. as JOHN DOES 1-5 Capt. CONNER, Lt. JOHNSON ACTING ON RETALIATORY DEMAND OF DEPUTY WARDEN CURTIS MEINZER FOR UNIT LEVEL GRIEVANCE(S) SUBMITTED AND TO HARRASS WITH SEARCH AND SEIZURE ALSO KNOWN AS "SHAKE-DOWN" DID ENTER CBG-636 CELL, STATING "HE'S GOT TO MUCH SHIT" THIS IS TOO MUCH SHIT, (VSM12-3922 BY UNDOCUMENTED, UNPROFESSIONAL CONFISCATION AND NONE PHOTOGRAPHIC RECORDINGS (VSM12-3796; VSM12-3792; VSM12-3794; (B) when K-9/ERT SERGEANT CONFISCATED AND SEIZED FUDGE'S RECENT DATED UNREAD ARKANSAS DEMOCRAT-GAZETTE NEWS-PAPERS PUTTING HIS UNREAD (3) NEWS PAPERS INSIDE THE FIRE RESISTANT PILLOW COVER ISSUED BY THE STATE FOR K-9/ERT SGT'S TRASH BAG (VSM12-3792; VSM12-3794); (C). FUDGE'S PEN-STORE 10R/ COMMISSARY PURCHASED CO2-CO2 BUTTER NEXT..1 BARS OF SOAP K-9/ERT SERGEANT TOOK HIS UTILITY KNIFE AND CHOPPED-HACKED IN HALFS AND CONFISCATED TO PROVOKE INCIDENT ALSO WAS ULTERIOR ACTS TO IMPLY THAT FUDGE DOSE NOT HAVE STAFF PERMISSION TO PRAY, SOAP BAR PRAYING HANDS,

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? NO; when? N/A; to whom? N/A; and that the following action was taken thereon: N/A. and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? N/A; if so, state name and address. and that the nature thereof is as follows: LOSS OF PROPERTY; 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.

JAMES C. FUDGE # 78875 (Print Claimant/Representative Name) James Charles Fudge # 78875 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Grady AR on this 14 day of March 2014. (Notary Public)

SF1- R7/99

My Commission Expires: 31 2014 (Month) (Day) (Year)

BEFORE THE STATE CLAIMS COMMISSION
of the STATE of Arkansas

James Fudge, ADC # 078875

Claimant

Vs.

Respondent (s)

State of Arkansas,

Do Not Write in These SPACES		
Claim No.	_____	
Date Filed	_____	
	(Month)	(DAY) (YEAR)
Amount of Claim \$	_____	
Fund	_____	

- CONTINUED COMPLAINT -

OF THE COMMISSARY/PEN STORE SHAPED COA-COA BUTTER NEXT-ONE (1) BAR OF BATH SOAP THAT COMMONLY LOOSE SHAPE /ALTERS WITH WATER AND USE (VSM12 - 3766; VSM12 - 3793; SEE CLAIMANT'S PAGES 3 of 5 (ADC - VSM CANTEEN RECEIPTS OF PURCHASED COCOA BUTTER SOAP 5 OZ. NEARLY EVERY MONTH, CAPTAIN CONNER, LT. JOHNSON, LT. J. PLUMMER, SGT. L. SMITH, B. HAYES, D. REAP, J. LAWRENCE, B. COCKRELL, K. GLOVER, REFUSED ANY (ADC PROPERTY CONFISCATION FORMALITY AT ALL TO CONCEAL THE DEPRIVATIONS MOTIVATED BY RETALIATION AND HARRASSMENT FOR SUBMITTED AND EXERCISED UNIT LEVEL GRIEVANCE (S) IN (VSM12 - 3793 CHIEF DEPUTY DIRECTOR'S RESPONSE STATES ACCORDING TO REVIEW "a Inter-office - Communication" WAS FORWARD TO CLAIMANT, STATING PROPER POLICY PROCEDURE SHOULD HAVE BEEN COMPLETED AND AFFORD TO CLAIMANT WITHIN 72 HOURS, YET CLAIMANT ONLY RECIEVED PAGES 4 of 5 AND 5 of 5 IN THE HERE DESCRIBED PERSONAL PROPERTY ALSO STATE ISSUED PROPERTY LOST DURING THE OCTOBER 2nd, 2012 UN RECORDED, UNDOCUMENTED VIOLATIONS OF ADC POLICY PROCEDURAL PROVISIONS TO DEPRIVE FUDGE OF HIS RIGHTS AND PROPERTY WHERE FORE CLAIMANT PRAYS THIS CLAIM COMMISSION GRANTS HIM THE AMOUNT OF \$ 84.00 EIGHTY-FOUR DOLLARS FROM EACH NAMED RESPONDENT FOR THE COCOA NEXT-1 SOAP CONFISCATED, \$ 30.00 THIRTY DOLLARS FROM EACH DEMOCRAT-GAZETTE NEWS PAPER CONFISCATED AND ANY ALL PROPER RELIEF ON AWARDED SUM DEEMED JUST FOR CONFISCATED BEDDING OF MATTRESS AND PILLOW FOR TEN (10) CALENDAR DAYS. RESPECTFULLY SUBMITTED, PRO SE JAMES C. FUDGE 78875

JAMES C. FUDGE #78875 PRO SE
(PRIME CLAIMANT / REPRESENTATIVE NAME)

James Charles Fudge #78875
SIGNATURE OF CLAIMANT / REPRESENTATIVE

SWORN TO and Subscribed before me at _____
(City) (STATE)
on this _____ day of _____, 20____
(year)

(SEAL)

(NOTARY PUBLIC)

MY COMMISSION Expires: _____
(MONTH) (DAY) (YEAR)

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Initial Balance: 12.00
 Ending Balance: 3.78

Initial Balance: 12.00
 Ending Balance: 0.28

Initial Balance: 12.00
 Ending Balance: 0.30

INDIGENT RECEIPT

INDIGENT RECEIPT

INDIGENT RECEIPT

Item	Qty	Price
Royal Crown Hair		
[075610018103]	1 @ 2.10	2.10
→ Soap Next Cocoa Butter		
[087381220968]	2 @ 0.84	1.68
TOP FLIGHT LEGAL PADS		
[075755411142]	1 @ 1.19	1.19
SECURITY BLACK PEN		
[087381212994]	1 @ 0.42	0.42
STAMPED ENVELOPE		
[121]	5 @ 0.49	2.45

Item	Qty	Price
→ Soap Next Cocoa Butter		
[087381220968]	2 @ 0.84	1.68
SECURITY BLACK PEN		
[087381212994]	9 @ 0.42	3.78
STAMPED ENVELOPE		
[121]	12 @ 0.49	5.88

Item	Qty	Price
→ Soap Next Cocoa Butter		
[087381220968]	1 @ 0.84	0.84
SECURITY BLACK PEN		
[087381212994]	10 @ 0.42	4.20
STAMPED ENVELOPE		
[121]	13 @ 0.49	6.37

Subtotal 7.84
 Sales Tax 0.38
 Total 8.22

Subtotal 11.34
 Sales Tax 0.38
 Total 11.72

Subtotal 11.41
 Sales Tax 0.35
 Total 11.76

April 11, 2012 01:19:55 PM

June 13, 2012 10:15:01 AM

August 08, 2012 10:53:24 AM

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Fudge, James
 Customer Number: 078875
 Housing Location: CB06/636

Initial Balance: 12.00
 Ending Balance: 0.14

Initial Balance: 12.00
 Ending Balance: 0.06

Initial Balance: 12.00
 Ending Balance: 0.26

INDIGENT RECEIPT

INDIGENT RECEIPT

INDIGENT RECEIPT

Item	Qty	Price
TOP FLIGHT LEGAL PADS		
[075755411142]	1 @ 1.19	1.19
Baby Powder 4oz		
[087381223761]	1 @ 1.11	1.11
→ Soap Next Cocoa Butter		
[087381220968]	2 @ 0.84	1.68
SECURITY BLACK PEN		
[087381212994]	6 @ 0.42	2.52
STAMPED ENVELOPE		
[121]	10 @ 0.49	4.90

Item	Qty	Price
→ Soap Next Cocoa Butter		
[087381220968]	1 @ 0.84	0.84
NEW DAY BATH/SHOWER POWDER 4oz		
[087381260001]	1 @ 1.40	1.40
SECURITY BLACK PEN		
[087381212994]	2 @ 0.42	0.84
TOP FLIGHT LEGAL PADS		
[075755411142]	1 @ 1.19	1.19
STAMPED ENVELOPE		
[121]	6 @ 0.49	2.94

Item	Qty	Price
TOP FLIGHT LEGAL PADS		
[075755411142]	1 @ 1.19	1.19
SECURITY BLACK PEN		
[087381212994]	10 @ 0.42	4.20
→ Soap Next Cocoa Butter		
[087381220968]	1 @ 0.84	0.84
STAMPED ENVELOPE		
[121]	10 @ 0.52	5.20

Subtotal 11.40
 Sales Tax 0.46
 Total 11.86

Subtotal 11.35
 Sales Tax 0.59
 Total 11.94

Subtotal 11.43
 Sales Tax 0.43
 Total 11.86

May 09, 2012 11:08:52 AM

July 11, 2012 10:52:11 AM

September 12, 2012 01:03:27 PM

eCMIS#: 2012-10-010

Section Number 005/409	Page Number 005-3 of 409-9 of 9
Board of Correction Approval Date: 9/27/87	
Supersedes: 005/409 Form	Date: 12/19/85
Attorney General Review Date: 6/11/87	Date filed secy. of state 10/02/87

ADMINISTRATIVE REGULATION
STATE OF ARKANSAS
DEPARTMENT OF CORRECTION
Fusion Center # _____

SUBJECT: Reporting of Incidents-005; Use of Force 409

005 Incident Report
409 Use of Force

Varner
UNIT/DIVISION

REPORTING EMPLOYEE: Hayes Billy R.
Last First Middle
RANK: K9 Sgt SHIFT ASSIGNMENT: K9
DATE: 10/02/2012 TIME: 7:00pm LOCATION: Varner VSM
INMATE(s) INVOLVED: N/A
(Names and ADC Numbers)

EMPLOYEE(s) INVOLVED: Sgt.B.Hayes,Sgt.D.Reap,Sgt.K.Glover,Sgt.J.Lawrence,and Sgt.B.Cockrell/"K9 Missi"
(Names, Titles, Rank)

INMATE(s) PRESENT: N/A
(Names and ADC Numbers)

EMPLOYEE(s) PRESENT: Sgt.B.Hayes,Sgt.D.Reap,Sgt.K.Glover,Sgt.J.Lawrence,and Sgt.B.Cockrell/"K9 Missi"
(Names, Titles, Rank)

OTHERS PRESENT/INVOLVED: (Specify) N/A
(Names and Addresses)

EXTENT OF INJURY TO INMATE(s): N/A

TREATMENT AFFORDED TO INMATE(s): N/A

EXTENT OF INJURIES TO OFFICER(s): N/A

TREATMENT AFFORDED TO OFFICER(s): N/A

STATEMENT OF FACTS (If force used, state type and explain: _____)

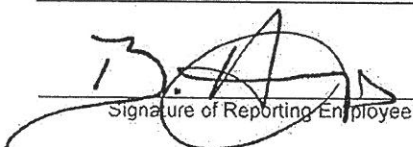
On the 2nd day of Oct. 2012 at approx. 7:00pm the K9 Team consisting of _____

Sgt. B. Hayes, Sgt. D. Reap, Sgt. K. Glover, Sgt. J. Lawrence, and Sgt. B. Cockrell/"K9 Missi" conducted a search of the Varner Unit VSM 6 cellblock per A/W Meinzer. The following cells were searched and alerts/finds are as follow.

Cell 636: No Alert (lots of Nuisance Contraband).

Cell 639: No Alert.

END OF STATEMENT.....


Signature of Reporting Employee

10/02/2012
Date


Signature of Supervisor

10-2-12
Date

Reviewed by (Signature) Warden/Center
Supervisor/Administrator

Date

RECOMMENDATION: _____

Reviewed by (Signature) Assistant Director

Date

RECOMMENDATION: _____

Reviewed by (Signature) Director

Date

DISTRIBUTION OF COPIES

Original to Assistant Director, then to Director, and then to Inmate Institutional File.

Assistant Director

Warden/Center Supervisor/Administrator

INCRT db

(Revised)

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name JAMES C. Fudge

ADC# 78875 Brks # CB6/636 Job Assignment Lev. Program

10/04/12 (Date) STEP ONE: Informal Resolution

10/09/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Destroyed Religious Symbol is undisputed and Not addressed at all in step - one

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

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

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON Tuesday October 2nd, 2012 in CB6 of VSMU

OF ADE AT cell # 636 Assigned to myself inmate Fudge, James # 78875 PLACED WITHIN VSM BEHAVIOR Modification incentive level Program (B-MIL) Program that restricts Religious Practices, That Capt Conner, Sgt. J. Plummer, Sgt. L. SMITH used a Exaggerated Cause of Chaplain's Need of inmate Fudge, J # 7887 for Family Emergency to allow UNKNOWN K-9 TEAM OF Five Members too Enter Inmate Fudge, J # 78875 cell where K-9 Team Leader produced an all purpose utility knife From his pocket and Issued it to an Africa-AMERICAN OR (BLACK) K-9 male member whom took the Shaped Soap-Bar carved Praying Hands of Commissary Purchase coaco-butter next-one soap and sawed those Joined Praying Hands apart Separating one Left hand From one Right hand, then throwing both detailed shraped Hands into a cult-opened STATE. Issued Pillow



EVIL K-9 TEAM MEMBERS SEIZURE AND DESTRUCTION OF MY Religious Symbol. I am very Affected by the acts to deny me any reminders too Pray this day No matter How that day tend to go, or who do or Say what to look and see those Self Shaped hands on my Bible. Encouraged my Practice of Studying and Praying

Inmate Signature James C. Fudge #78875

Date Thurs October 04, 2012

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

Co' P. Hill 88832 Co' D. Hill 10-7-12
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Nothing concerning his religious belief

Staff Signature & Date Returned James Fudge 10/9/2012
Inmate Signature & Date Received _____

This form was received on 10-11-12 (date), pursuant to **Step Two**. Is it an Emergency? NO (Yes or No)

Staff Who Received Step Two Grievance: [Signature] Date: 10-11-12

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

RECEIVED
OCT 04 2012

FOR OFFICE USE ONLY
GRV. # USM12-3766
Date Received: 10-11-12
GRV. Code #: 505

1037

INMATE NAME: Fudge, James

ADC #: 078875B

GRIEVANCE #: VSM12-03766

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Fudge, you state in your complaint, "On Tuesday October 2nd, 2012 in CB6 of VSMU of ADC at cell #636 assigned to myself inmate Fudge, James 78875 placed within VSM Behavior Modification incentive Level Program (B-MIL) Program that restricts religious practice, That Capt Conner, Sgt J Plummer, Sgt L Smith used a exaggerated cause of Chaplain's need of inmate Fudge, J 7887 for family emergency to allow unknown K-9 team of five member to enter Inmate Fudge, J #78875 cell where K-9 team Leader produced an all purpose utility knife from his pocket and issued it to an Africa-American or (Black) K-9 male member whom took the shaped soap-bar carved praying hands of commissary purchase coaco-butter next-one soap and sawed those joined praying hands apart separating one left hand from one right hand, then throwing both detailed shaped hands into a cutt-opened STATE Issued pillow Evil K-9 tem members SEIZURE and Destruction of my religious symbol I am very affected by the acts to deny me any reminders to Pray this day no matter how that day tend to go, or who do or say what to look and see those self shaped hands on my Bible Encouraged my practice of studying and Praying"

PER AD: 11-24 Searches of Inmates, Unit Searches and Control on Contraband -

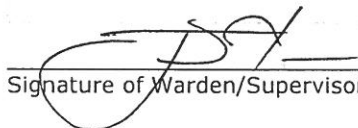
It shall be the policy of the Arkansas Department of Correction (ADC) to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

A. "Contraband" means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.

Inmate Fudge by your own admission you state " the shaped soap-bar carved praying hands of commissary purchase coaco-butter " which means you altered the bar of soap from its original purpose thereby making it contraband.

Therefore, I find this issue without merit.


Signature of Warden/Supervisor or Designee


Title

12/4/2012
Date

RECEIVED

INMATE'S APPEAL

DEC 10 2012

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? ALL SOAP BARS ARE ALTERED THE SECOND A DROPP OF WATER MAKES CONNECTION AND/OR CONTACT WITH THAT UNWRAPPED BAR OF SOAP ALTERING IT FROM ITS ORIGINAL SHAPE /SIZE ECT. ECT K-9 DIDNT SAW ALL BARS OF SOAP IN MY CELL IN HALF NOR CONFISCATE THAT ALTERED BAR OF SOAP IN MY SOAP DISH THAT CLEARLY WAS ALTERED FROM ITS ORIGINAL PURPOSE.

NAME: James E Fudge ADC# 78875 DATE: 12/05/2012

7

INMATE NAME: Fudge, James

ADC #: 078875

GRIEVANCE#:VSM12-03766

You state that a K-9 Team Member destroyed your religious symbol.

Based on the Warden's response in which he states in part, "PER AD: 11-24 Searches of Inmates, Unit Searches and Control on Contraband -

It shall be the policy of the Arkansas Department of Correction (ADC) to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

A. Contraband means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

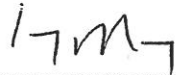
2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.

Inmate Fudge by your own admission you state " the shaped soap-bar carved praying hands of commissary purchase coaco-butter " which means you altered the bar of soap from its original purpose thereby making it contraband.

Therefore, I find this issue without merit."

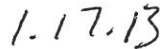
I find that I concur with the unit's response.

Appeal denied .



Director

Date



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name JAMES Fudge

ADC# 78875 Brks # ISO M4/5 Job Assignment (B-MILL) Pan. progr

10/10/12 (Date) STEP ONE: Informal Resolution

10/15/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: PER ADC #205: K-9 STAFF B. HAYES, D REAP, K. GLOVER, J. LAWRENCE AND B. COCKRELL SENT IN REPRISAL BY D/W G. MEINZER FOR DERE/GRIEV.

(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: _____

FOR OFFICE USE ONLY	
GRV. #	<u>USM12-3792</u>
Date Received:	<u>10-15-12</u>
GRV. Code #:	<u>512</u>

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 TUESDAY Oct 2nd, 2012 in CB6 at cell #636 of VSMU of ADC LOCATION Assigned to INMATE Fudge, JAMES #78875 DURING K-9 Members Conducting of Search and Seizure of I/M Fudge's Cell Area, K-9 STAFF JOHN DOE #1 USING A Pocket Knife, and state Issued Pillow cover, CONFISCATED INMATE FUDGE'S UNREAD ARKANSAS Democrat -Gazette Newspapers, using this STATE Issued PILLOW Cover AS A TRASH Bagg Basically,

I AM Affected that K-9 STAFF JOHN DOE #1, CONFISCATED MY NEWSPAPER WITHOUT JUSTIFICATION OR CAUSE AS HARRASSMENT AND PROVOCATIONAL OVERTONES WHILE I WAS ASSIGNED TO CB6-636 CELL CLOSED FRONT CONFINEMENT, OF ADC NEVER HAVE I BEEN ACCUSED OF HAVING STARTED A FIRE, MY NEWSPAPERS WERE UNDER MY FIRE RESISTANT MATTRESS IN WHICH I SLEPT ON UNTIL I WORKED AROUND TO READING THEM, ON REGARLAR OBSERVATION FROM OUT SIDE CELL DOOR THEY COULD NOT BE SEEN AT ALL! OR INSIDE CELL, ONE HAD TO LIFT FIRE RESISTANT MATTRESS TO SEE THREE (3) NEWSPAPERS

James C. Fudge # 78875
Inmate Signature

Wednesday October 10, 2012
Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

W Smith 72032 W Smith
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Description of action taken to resolve complaint, including dates: According to K-9 Officer Clean the States Key Hobbs has advised him to carry a knife & Re Open the Pillow up because it is an State issue pillow
10/10/12

James Fudge 10-12-2012
Staff Signature & Date Returned RECEIVED Inmate Signature & Date Received

This form was received on 10-15-12 (date), pursuant to Step Two. Is it an Emergency? No (Yes or No).
Staff Who Received Step Two Grievance: Sgt. R Date: 10-15-12
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

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

INMATE NAME: Fudge, James

ADC #: 078875B

GRIEVANCE #: VSM12-03792

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Fudge, you state in your complaint, "On Tuesday Oct 2nd, 2012 in CB 6 at cell 636 of VSMU of ADC location assigned to Fudge, James 78875 during K-9 members conducting of search and seizure of I/m Fudge's cell area, K-9 staff John Doe #1 using a pocket knife, and state issued pillow cover, confiscated inmate Fudge's unread Arkansas Democrat- Gazette newspaper, using this state issued pillow cover as a trash bagg basically.

I am affected that K=9 staff John doe #1 confiscated my newspaper without justification or cause as harassment and provocational overtones while I assigned to CB6-636 cell closed front confinement, of ADC never have I been accused of having started a fire, my newspapers where under my fire resistant mattress in which I slept on until I work around to reading them, on regular observation form outside cell door they could not be seen at all: or inside cell, one had to lift fire resistant mattress to see three (3) newspapers."

PER AD:11-24 Searches of Inmates, Unit Searches, and Control of Contraband - It shall be the policy of the Arkansas Department of Correction (ADC) to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

A. "Contraband" means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following: Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.

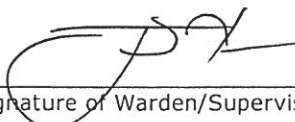
Searches may include but are not limited to the following elements: 1. Searches of inmates on or off ADC property, including search of persons, clothing, and other personal items;

Staff advises your mattress cover was removed due to several cuts in it which raised suspicion of possible contraband possibly being concealed within the mat. It was also noted that homemade pillow which had been opened and sewn back up by hand was also searched for possible contraband. VSM Staff was advised that you needed a replacement mat.

Therefore, I find this issue without merit.

RECEIVED

DEC 10 2012


Signature of Warden/Supervisor or Designee

INMATE GRIEVANCE
ADMINISTRATION Title Warden

12/4/2012
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? NO HOME MADE PILLOW WAS IN MY CELL AT ALL, THE PILLOW WAS A STATE ISSUED PILLOW CUT-OPEN AND ITS FIRE RESISTANT COVER USED AS A TRASH BAGG. INWHICH CONFISCATED ITEMS WAS PLACED INSIDE THAT "STATE ISSUED FIRE RESISTANT PILLOW COVER." SAME ACT CONDUCTED WITH STATE ISSUED MATTRESS. COVER CUTT OFF !!!

NAME: James Charles Fudge ADC: 78875 DATE: DEC 05, 2012

INMATE NAME: Fudge, James

ADC #: 078875

GRIEVANCE#: VSM12-03792

You state that a K-9 member confiscated your Arkansas Democrat - Gazette newspapers using a state issued pillow cover as a trash bag.

Based on the Warden's response in which he states in part, "PER AD:11-24 Searches of Inmates, Unit Searches, and Control of Contraband - It shall be the policy of the Arkansas Department of Correction (ADC) to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

A. Contraband means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following: Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.


Searches may include but are not limited to the following elements: 1. Searches of inmates on or off ADC property, including search of persons, clothing, and other personal items;

Staff advises your mattress cover was removed due to several cuts in it which raised suspicion of possible contraband possibly being concealed within the mat. It was also noted that homemade pillow which had been opened and sewn back up by hand was also searched for possible contraband. VSM Staff was advised that you needed a replacement mat.

Therefore, I find this issue without merit."

I find that I concur with the unit's response.

Appeal denied



Director

Date

1.17.13

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center YARNER SUPER MAX

Name JAMES FUDGE

ADC# 78875 Brks # ISO MX4/5 Job Assignment (B-MIL) PUN-PROG

FOR OFFICE USE ONLY	
GRV. #	<u>6m12-3793</u>
Date Received:	<u>10-15-12</u>
GRV. Code #:	<u>512</u>

10/10/12 (Date) STEP ONE: Informal Resolution

10/15/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: PER ADC #05: K-9 STAFF B. HAYES, D REAP, K. GLOVER, J. LAWRENCE and B. COCKRELL SENT IN REPRISAL BY NW C. HEINZLER FOR NO REC. EVID DERE-GRIEV.

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

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

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON Tuesday Oct 2nd 2012 in CBG at cell #636 of VSMU

OF ADC Assigned Location of Myself Inmate, Fudge, James #78875 WHEN AND DURING A K-9 TEAM MEMBER SHAKE-DOWN OR SEARCH AND SEIZURE K-9 STAFF JOHN DOE #1 PRODUCED A POCKET KNIFE, AND ISSUED THE POCKET-KNIFE TO K-9 STAFF JOHN DOE #2 WHOM CHOPPED INTO HALFS INMATE FUDGE, JAMES #78875 COMMISSARY PURCHASED BAR OF SOAP THEN, CONFISCATED SAID BAR OF SOAP AFTER CUTTING THE BAR INTO HALFS. NO CONFISCATION FORM F-401 HAS BEEN AFFORD ED OR PROVIDED TO MYSELF INMATE FUDGE, JAMES #78875 PER ADC POLICY AND PROCEDURE'S K-9 TEAM JOHN DOE #1, 2, 3 OR 4 HADD (72) SEVENTY-TWO HOURS TO PROVIDE INMATE FUDGE, JAMES #78875 WITH AN (ADC CONFISCATED FORM - AREA OR PERSON F-401) FORMALITY AND DID NOT. I AM AFFECT BY FAILURE TO PROVIDE INSTITUTIONAL DEPARTMENTAL FORMALITY OF RECEIPT OF ARTICLES SEIZED description and number of items WITH WRITTEN I.D OF OFFICER (S) conducting SEARCH ON DATE, TIME, AREA INFORMATION THAT VSM SECURITY HAVE RESPONDED TO HAVE NO KNOWLEDGE OF PURSUANT TO: Capt Conner, Sgt J. Plummer, Sgt L. Smith present during the unknown K-9 Five member search NOT Recording Articles CONFISCATED NOR INMATE COPY AFFORDED INMATE FUDGE PUR ADC policy.

James Charles Fudge #78875
Inmate Signature

Wednesday October 10, 2012
Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

PRINT STAFF NAME (PROBLEM SOLVER) Wm ID Number 7533 Staff Signature Wm Date Received 10/15

Describe action taken to resolve complaint, including dates: Adding to K-9 officer
reap who was was know commissary to
his knowledge

Staff Signature & Date Returned J Smith 10/12/12 RECEIVED Inmate Signature & Date Received James Fudge 10-12-2012

This form was received on 10-15-12 (date), pursuant to **Step Two**. Is it an Emergency? no (Yes or No). Staff Who Received Step Two Grievance Sgt Rec Date: 10-15-12

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.

INMATE NAME: Fudge, James

ADC #: 078875B

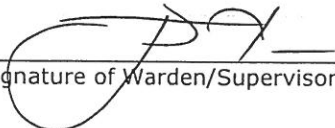
GRIEVANCE #: VSM12-03793

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Fudge, you state in your complaint, "On Tuesday Oct 2nd 2012 in CB 6 at cell 636 of VSMU of ADC assigned location of myself Inmate Fudge, James 78875 when and during a K-9 team member shake-down or search and seizure K-9 staff John Doe #1 produced a pocket knife, and issued the pocket knife to K-9 staff John Doe 2 whom chopped into halves Fudge, James 78875 commissary purchased bar of soap then, confiscated said bar of soap after cutting the bar into halves no confiscation form F-401 has been afforded or provided to myself Fudge, James 78875 per ADC policy and procedure K-9 team John Doe #1, 2, 3, or 4 hadd (72) seventy-hours to provide inmate Fudge, James 78875 with an (ADC confiscated form-area or person F-401) formality and did not: I am affect by failure to provide institutional departmental formality of receipt of articles seized description and number of items with written that VSM security have responded to have no knowledge of pursuant to Capt. Conner, Sgt J Plummer, Sgt L Smith present during the unknown K-9 five members search not recording articles confiscated nor inmate copy afforded inmate Fudge per ADC policy."

~~Inmate Fudge, you are correct that you should have been afforded a 401 Confiscation Form for the altered bar of soap that was confiscated during a search. However, you should have also been written a disciplinary for being in possession contraband and you did not receive one.~~

Therefore, I find this issue resolved.



Signature of Warden/Supervisor or Designee



Title



Date

RECEIVED

INMATE'S APPEAL

DEC 10 2012

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? **BEING DENIED THE NAMES OF THE OFFICIALS K-9 TEAM MEMBERS CONFISCATION OF ITEMS FROM MY ASSIGNED CELL / LOCATION AND AREA BY DENIAL OF ADC 401 AND OR ADC 841 FORMALITY DEPRIVES ACCESS TO COURT WHERE A PLAINTIFF IS UNABLE TO IDENTIFY THE WRONG-DOER WHOM VIOLATED HIS PERSONS, PROPERTY AND LIBERTY WITH OUT DUE PROCESS AND EQUAL PROTECTION OF LAW PURSUANT TO ARK CONST. 23 B AS WELL THE U.S. CONST. AMEND 14: XIV I SHOULDVE BEEN PROVIDED THE IDENTITY OF WHO CONFISCATED WHAT; WHEN, WHERE AND HOW MANY IN WHICH DENYS ME OF MY RIGHTS STATE AND FEDERAL PROTECTION OF THE CONST. LAW, REG: ORDINANCE OF THIS STATE: DISCIPLINARY ARE NOT AN GRIEVABLE ISSUE:**



Inmate Signature

78875

ADC#

12/05/2012

Date

INMATE NAME: Fudge, James

ADC #: 078875

GRIEVANCE#:VSM12-03793

You state that the K-9 cut your bar of soap and confiscated it without giving you a confiscation form.

Inmate Fudge, please be advised according to my review, a Inter-Officer Communication was forwarded to you stating in part that a confiscation form should have been completed and given to you within 72 hours as you stated. Warden Banks made staff aware of this. Therefore, I find no merit to your complaint and no further action is warranted from my office.

Appeal denied

LSM7

1.17.13

Director

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name JAMES Fudge

ADC# 78875 Brks # ISO.MX4/5 Job Assignment (B-MILL) pun progr

FOR OFFICE USE ONLY
GRV. # VSM-12-374
Date Received: 10/15/2012
GRV. Code # VSM-12-374

10/10/12 (Date) STEP ONE: Informal Resolution

10/15/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: PER ADC #005; K-9 Sgt B. Hayes, D. REAP, K. GLOVER, J. LAWRENCE and B. Cockrell Sent in Reprisal By D/W CURTIS MEINER FOR DERE/GRIV.

(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: VSM TREATMENT

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 Tuesday Oct 2nd, 2012 in CB 6 at cell #636 of VSMU of ADC Assigned Location of myself Inmate Fudge, James #78875 OBSERVED ADC K-9 TEAM MEMBER JOHN DOE #1, 2, 3, 4 AND 5 IN Green Attire Camoflodge Conducting Search and SEIZURE OR SHAKE DOWN when K-9 TEAM STAFF JOHN DOE #1 CONFISCATED INMATE FUDGE'S MEDICATION EXHIBIT OF A PAIN PILL/CAPSL. BOX WITH INMATE FUDGE, JAMES #78875 I.D. ON THE EXTERIOR OF THE BOX WITH NAME OF DOCTOR AND DATE; WHEN ISSUED, K-9 TEAM STAFF JOHN DOE #3 CONFISCATED INMATE FUDGE JAMES #78875 BOTTLED ~~THE~~ MEDICATION EYE DROPP SOLUTION WITH BLACK TOP WHILE CAPT. CONNER, SGT. J. PLUMMER AND SGT. L. SMITH OBSERVED WITH INMATE FUDGE, JAMES #78875 AS K-9 TEAM MEMBER JOHN DOE #1 USED CUTT-OPEN PILLBOX COVER FOR CONFISCATION SACK OF ARTICLES AND ITEMS SEIZED WITHOUT JUSTIFICATION. I AM AFFECTED THAT VSMU SECURITY ALLOWED K-9 TEAM TOO GROSSLY USE SHAKE DOWN / SEARCH AND SEIZURE AS HARRASSMENT AND RETALIATION FOR INMATE FUDGE, JAMES USE OF THE UNIT GRIEVANCE PROCEDURE CONFISCATING EMPTY MEDICINE CONTAINERS WITH I.D. AND DATES ON THEM TO BE USED AS LEGAL EXHIBITS OF PROOF OF INJURIES TREATMENTS DISPOSAL

James Charles Fudge #78875
Inmate Signature

Wednesday Oct 10, 2012
Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

PRINT STAFF NAME (PROBLEM SOLVER) W Smith ID Number 72032 Staff Signature W Smith Date Received 10/11/12

Describe action taken to resolve complaint, including dates: According to the K-9 Officer you had a lot of stuff that was not stated, I remanded amount of stuff & it was turned over. Suggesting Conner, 10/10/12

Staff Signature & Date Returned RECEIVED Inmate Signature & Date Received James C. Fudge 10-12-2012

This form was received on 10-15-12 (date), pursuant to **Step Two**. Is it an Emergency? NO (Yes or No). Staff Who Received Step Two Grievance: DEC 10 2012 Date: 10-15-12

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.

637

INMATE NAME: Fudge, James

ADC #: 078875B

GRIEVANCE #: VSM12-03794

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Fudge, you state in your complaint, "On Tuesday Oct 2nd, 2012 in CB6 at cell 636 of VSMU of ADC K-9 team member John Doe #1, 2, 3, 4, and 5 in green attire camouflage conducting search and seizure or shakedown when K-9 team staff John Doe #1 confiscated inmate Fudge's medication exhibit of a pain pill/capsil box with name of doctor and date; when issued, K-9 team staff John doe #3 confiscated inmate Fudge James 78875 bottled medication eye dropp solution Fudge, James 78875 as K-9 Team member John Doe #1 used cutt-open pillow cover for confiscation sack of articles and items seized without justification. I am affected that VS MU security allowed K-9 Team too grossly use shake down/ search and seizure as harassment and retaliation for inmate Fudge, James use of the Unit grievance procedure confiscating empty medicine containers with I.D. and dates on them to be used as Legal exhibits of proof of injures treatments disposal."

AD 11-24 - Searches of Inmates, Unit Searches and Control of Contraoand - A. "Contraoand" means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

1. Nuisance Contraoand - Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.
2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.

Staff advises that no medication was confiscated; the medication bottles were empty and no longer being used to hold medication. They were confiscated as contraoand.

Therefore, I find this issue without merit.

Signature of Warden/Supervisor or Designee

Title

12/4/2012
Date

RECEIVED

INMATE'S APPEAL

DEC 10 2012

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 WAS HOLDING ON TO THE EMPTY BOXES/BOTTLES OF PROSCRIBED MEDICATION CONTAINERS AS EVIDENCE OF TREATMENTS FOR INJURIES CAUSED BY VSMU / SECURITY STAFF'S DELIBERENT INDIFFERENCE AND DERECTION OF DUTY THAT CAUSED ME HEALTH INJURIES THESE BOXES AND BOTTLES HAD DATE OF ISSUANCE BY DOCTOR'S NAME TO INMATE FUDGE, JAMES #78875, THESE WERE MY LAWSUIT EXHIBITS AND K-9 TEAM MEMBERS WERE NOT JUSTIFIED TO CONFISCATE THEM.**

NAME: James Charles Fudge ADC # 78875 DATE: 12/05/2012

16

INMATE NAME: Fudge, James

ADC #: 078875

GRIEVANCE#:VSM12-03794

Your complaint is that K-9 staff confiscated your empty medicine containers.

Based on the Warden's response in which he states in part, "AD 11-24 - Searches of Inmates, Unit Searches and Control of Contraband - A. Contraband means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

1. Nuisance Contraband - Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.

2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.

Staff advises that no medication was confiscated; the medication bottles were empty and no longer being used to hold medication. They were confiscated as contraband.

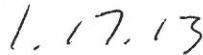
Therefore, I find this issue without merit."

I find that I concur with the unit's response.

Appeal denied



Director



Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Werner Super Max

Name James Fudge

ADC# 78875 Brks # _____ Job Assignment _____

FOR OFFICE USE ONLY	
GRV. #	<u>VSM12-3922</u>
Date Received:	<u>10/23/12</u>
GRV. Code #:	<u>512</u>

Write

10/15/12 (Date) STEP ONE: Informal Resolution

10/22/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: LACK OF TIMELY RESPONSE FORWARD PINK COPY PER ADC POLICY AND PROCEDURE ACCORDINGLY

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

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

On Tues. Oct 2nd 2012 in VSMU of ADC at C-6-CELL # 636 CAPTAIN CUNNER SUPERVISING RETALIATIVE ORDERED SHAKEDOWN OF SEARCH AND SEIZURE OF ASSISTANT Deputy Warden Curtis Meinzer 31 (M) ASSIGNMENT LOCATION and Area and Person(s) INMATE FUDGE JAMES # 78875 USING K-9 TEAM Sgt. R. HAYES, D. ROAD, J. LAWRENCE, B. COCKRELL AND K. GLOVER TO HARASS T/M FUDGE, JAMES # 78875 LEGAL CASE RECORD OF CAPITAL MURDER TRANSCRIPTS AND APPELLANT FILES POURING HIS LEGAL PAPERS OUT OF HIS LEGAL ENVELOPES MIXING UP AND BUILDING FIVE OR SIX PILES OF LOOSE LEGAL PAPERS ON THE CELL FLOOR WHILE K-9 OFFICER REPEATS OVER AND OVER "HE GOT TOO MUCH SHIT" THIS IS TOO MUCH SHIT" AT WHICH TIME CAPTAIN CUNNER SAID "WHY FUDGE DAVENT YOU LEADT YET? YOU ENIT DRAIN A GAINST US? I AM APPEALED BY HIS UNRECORDED ACT OF RETALIATION DIRECTED BY PER WARDEN CURTIS MEINZER FOR HIS DERELICTION OF DUTY SUBMITTED GRIEVANCES BY USA FUDGE AND CAPTAIN CUNNER'S SUPERVISOR AT UNRECORDED/UNPHOTOGRAPHIC ITEMS CONFISCATED AS WELL UNCOOPERATIVE NATURE TO GIVE T/M FUDGE 78875 THE NAMES OF K-9 TEAM MEMBERS DURING THE RETALIATIVE SHAKEDOWN WARDEN CURTIS MEINZER PROMISED TO CONDUCT OF HIS LEGAL FILES IN OCT 2

Inmate Signature James Fudge # 78875

Date _____

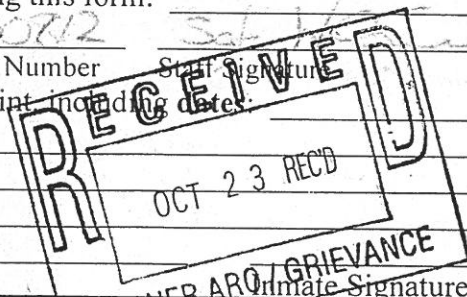
If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

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

Describe action taken to resolve complaint, including date: _____



RECEIVED

NOV 02 2012

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: 10-22-12

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.

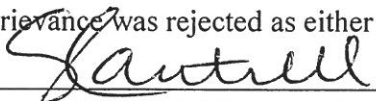
ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

OCT 2nd 2012
K-9 TEAM/D.W
Sitake Down

TO: Inmate Fudge, James
FROM: Cantrell, Sharon L
DATE: 10/23/2012

ADC #: 078875B
TITLE: ADC/DCC Program Specialist
GRIEVANCE #: VSM12-03922

Please be advised, I have received your Grievance dated 10/22/2012 on 10/23/2012 .
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.



Signature of ADC/DCC Program Specialist

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 VSM12-03796, or was frivolous or vexatious.

INMATE'S APPEAL

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

Inmate Signature

ADC #

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name JAMES FUDGE

ADC# 78875 Brks # CB6/636 Job Assignment RUN-LEV-PROGRAM

10/04/12 (Date) STEP ONE: Informal Resolution

10/09/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: UNTIMELY RESPONSE PER ADC POLICY FORWARD PINK-COPY TO STEP TWO

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

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

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On Tuesday October 2nd, 2012 in CB6 of VSMU of ADC Capt. Conner, Lt. Johnson, Sgt. J. Plummer and Sgt. L. Smith, in a conspired meeting of minds approached my assigned cell #636 lying about escorting me to the Chaplain for Family-Emergency to allow K-9 TEAM OF FIVE MEMBERS OF VN NAMED JOHN DOES TO ENTER MY CELL FOR SEARCH AND SEIZURE PURPOSES WHERE K-9 TEAM LEADER CONFISCATED AND DESTROYED MY STATE ISSUED MATTRESS LEAVING ME CONFINED IN MY ASSIGNED CLOSED FRONT CELL TOO NO MATTRESS AT ALL AFTER SEVERAL REQUEST FOR ANOTHER MATTERESS BE PROVIDED, TO SGT. J. PLUMMER, SGT. L. SMITH AND CAPT CONNER, CO.2 RYUS TO NO AVAIL FORCING ME TO BE ON COLD CONCRETE ON PRIOR INJURED BACK. THAT K-9 TEAM LEADER CONFISCATED MEDICINE BOX FOR BACK PAIN IN SEARCH. I AM AFFECTED BY THE ABOVE NAMED ADC OFFICIALS DELIBERATE DERELICTION OF DUTY TO FORCE ME TO BE ON COLD CONCRETE BUNK WITHOUT A MATTRESS HAVING KNOWN THAT MY BACK WAS INJURED IN JULY 27th, 2012 SHOVE DOWN STEEL STAIR CHASE IN THREE COMPONENT BODY RESTRAINTS FROM 2ND TIER TO FLOOR LEVEL WHILE ALLOWING UNNAMED K-9 TEAM OF FIVE JOHN DOES PRODUCE A KNIFE TO CUTT MATTRESS COVER OFF MATTRESS WITHOUT REISSUANCE OF NEW MATTRESS TO FURTHER CAUSE INJURY AND PAIN TO MY BACK IN WHICH I AM MEDCATED FOR.

James C. Fudge # 78875
Inmate Signature

Thurs October 04, 2012
Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

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

CO. D. Hill 88852 CO. D. Hill 10-4-12
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: - Laundry States I/O should have received a mattress on 10-20-12

D. Hill 10/11/12
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

637

INMATE NAME: Fudge, James

ADC #: 078875B

GRIEVANCE #: VSM12-03796

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Fudge, you state in your complaint, "On Tuesday October 2nd, 2012 in CB 6 of VSMU of ADC Capt Conner, Lt Johnson, Sgt Plummer and Sgt L Smith in a conspired meeting of minds approached my assigned cell 636 lying about escorting me to the Chaplain for family- emergency to allow K-9 team of five members of unnamed John Does to enter my cell fro search and seizure purposes where K-9 team leader confiscated and destroyed my state issued mattress leaving me confined in my assigned closed from cell too no mattress at all after several request for another mattress be provided, to Sgt J Plummer, Sgt L Smith and Capt Conner, Co 2 Ryus to no avail forcing me to be on cold concrete on prior injured back that K-9 team leader confiscated medicine box for back pain in search. I am affected by the above named ADC officials deliberate dereliction of duty to force me to be on cold concrete bunk without a mattress having known that my back was injured in July 27th, 2012 shove down steel stair chase in three component body restraints from 2nd tier to floor level while allowing unnamed K-9 teal of five John Does produce a knife to cut mattress cover off mattress without reissuance of new mattress to further cause injury and pain to my back in which I am medicated for."

Inmate Fudge, the issues as you state in this complaint have been previously addressed in several grievances. However, staff advises that you were issued another mat.

Therefore, I find this issue without merit.

Signature of Warden/Supervisor or Designee

RECEIVED

12/4/2012
Date

DEC 10 2012

INMATE'S APPEAL

INMATE GRIEVANCE SUPERVISOR

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? No Mentioning of How Many days Elapsed
That No Mattress was endured upon inmate Fudge, James #78875 After K-9 Team
CONFISCATED HIS FIRE RESISTANT MATTRESS: Each Grievance submitted Focus on a
One (1) complaint:
a. Religious Symbol Soap Praying Hands
b. Medication containers
c. STATE ISSUED PILLOW / and
d. STATE ISSUED MATTRESS THAT OCCURRED Oct 2nd, 2012:
e. PROCESS OF STATE FORMALITY F.401 / OR and 841 STAFF I.D.

Inmate Signature

78875

ADC#

12/05/2012

Date

INMATE NAME: Fudge, James

ADC #: 078875

GRIEVANCE#: VSM12-03796

You state that the K-9 team cut your mattress cover off leaving you without a mattress.

Officer Reap states, "At no time did I take any medication from Inmate J. Fudge ADC #78875, his mattress cover was removed from his mat due to several cuts in the cover which raised suspicions of possible contraband may be concealed in the mat. Once we completed the search the VSM staff was advised that Inmate Fudge needed a replacement mat."

Captain Conner states, "Inmate Fudge's mattress was searched for possible concealment of contraband, during the search staff had to cut the end of the mattress cover open. Inmate Fudge was issued another mattress."

Sgt. Plummer states, "Inmate Fudge #078875 did get another mat that night."

Inmate Fudge, based upon the above statements, I find no merit to your complaint and no further action is warranted at this time.

Appeal denied

17 M 7

Director

Date

1.17.13

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JAMES FUDGE (ADC 078875)

CLAIMANT

V.

NO. 14-0697-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

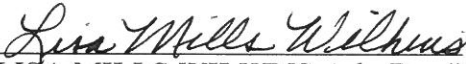
ANSWER

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 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

MAR 25 2014

RECEIVED

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 21 day of March, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

James Fudge (ADC 078875)
Varner Super Max
PO Box 400
Grady, AR 71644-0400


LISA MILLS WILKINS Ark. Bar #87190

Arkansas
State Claims Commission

APR 29 2014

RECEIVED
CLAIMANT

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JAMES FUDGE (ADC#078875)

V. NO. 14-0697-CC

ARKANSAS DEPARTMENT OF CORRECTION

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 unspecified damages for loss of personal property after a shakedown of his cell on October 2, 2012 by the K-9 team. He has failed to state a cause of action for this claim under ARCP Rule 12(b)(6) and the matter should be dismissed.

3. Claimant alleges a loss of medicine packages, boxes, and bottles. Officer will testify that these were empty containers and were removed as trash and to prevent concealment of contraband. Any medications were provided at state expense and Claimant is not out any monies. Claimant is an indigent inmate and has been since his incarceration in 2010. Any soap he purchased was bought with state funds. However, as he stated in grievance VSM 12-3766, the soap was carved into the shaped of praying hands, not melted by water as he states in the complaint. Claimant does not have a hobbycraft card and cannot possess hobbycraft items. Inmates are not allowed to purchase hobbycraft from other inmates (AD 11-39IC(C) nor can he create hobbcraft on his own. He must be enrolled in the program and Claimant is not. (AD 11-39IV(A)). Religious emblems must be mailed directly from a commercial source with a copy of the invoice included. (AD 14-03IV(G)(3)).

4. Officers will testify that the mattress cover was removed from his mat due to several cut in the cover which raised suspicions of possible contraband being concealed therein. Claimant had a homemade pillow which had been cut open and resewn by hand. It was confiscated. The mat is state property and the pillow was contraband.

5. None of the officers recall seeing any newspapers. Claimant did not file a grievance on the newspapers, something he would have had to purchase or have purchased for him, until eight (8) days after the incident occurred. There is no record in his Inmate Banking account of him authorizing any payment for an Arkansas-Democrat Gazette subscription. If Claimant had any such newspapers, they were likely contraband. Afterall, if he could have had them legally, why would he hid them under his mattress?

6. 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).

WHEREFORE, for the reasons stated above and the evidence submitted, Respondent requests that the claim be dismissed.

Respectfully submitted,
Department of Correction Office of Counsel

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor
Post Office Box 8707
Pine Bluff, AR 71611
(870)267-6844 Office
(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the MOTION TO DISMISS has been served this 28 day of April, 2014,
on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

JAMES FUDGE (ADC#078875)
Varner Supermax Unit
P. O. Box 400
Grady, AR 71644-0400



LISA MILLS WILKINS Ark. Bar #87190

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ _____ ?

Claim No. 14-0697-CC

James Fudge, #078875
vs. _____ Claimant

Attorneys
Pro se _____ Claimant

Department of Correction
State of Arkansas _____ Respondent

Lisa Wilkins, Attorney
_____ Respondent

Date Filed March 14, 2014

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 June 12, 2014

Date of Disposition June 12, 2014

Richard Mays Chairman
Bill Lancaster Commissioner
Patman Commissioner

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

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas
State Claims Commission

JUN 30 2014

RECEIVED

PRO SE

JAMES FUDGE, ADC # 78875

CLAIMANT

Vs

CLAIM NO. 14-0697-CC

ARKANSAS DEPT OF CORRECTIONS

RESPONDENT (S)

PRO SE MOTION FOR RECONSIDERATION OF FACTS / OF FINDING(S)

NOW COMES CLAIMANT JAMES FUDGE, ADC # 78875 IN THE ABOVE STYLED CLAIM MOVES THIS STATE CLAIMS COMMISSION FOR RECONSIDERATIONS ON ITS JUNE 12TH 2014 FINDINGS OF FACT TO UNANIMOUSLY GRANT THE RESPONDENT'S MOTION TO DISMISS, THAT CLAIMANT FUDGE HAS NOT RECIEVED TO RESPOND TOO. HOWEVER THE LAST COMMUNICATIONS OR CORRESPONDENCE CLAIMANT DID IN FACT RECIEVE DATED MARCH 22ND, 2014 ISSUED BY SECURITY LIEUTINANT WADE. TITLED "RESPONDENT'S ANSWER," BY A LISA MILLS WILKINS ATTORNEY SUPERVISOR, ADC: DATED MARCH 21, 2014 DENYING LIABILITY:

ON MARCH 25, 2014 THIS STATE CLAIMS COMMISSION STATING "THE ONLY ALTERNATIVE AVAILABLE TO CLAIMANT IS TO APPEAR BEFORE THE ARKANSAS STATE CLAIMS COMMISSION WHEN LIABILITY IS CONTESTED BY THE RESPONDENTS, TO PLEASE NOTIFY THIS OFFICE IN WRITING WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE DATE OF THE LETTER 03/25/2014.

CLAIMANT'S REPLY TO APPEAR WAS RECEIVED IN THE STATE CLAIMS COMMISSION OFFICE ON APRIL 2ND, 2014 IN WRITTING WITH FILE-MARKED COPY ENCLOSED, NEXT ON JUNE 18, 2014 CLAIMANT RECEVED THE STATE CLAIMS COMMISSION DOCKET OPINION FINDING OF FACTS UNANIMOUSLY GRANTING RESPONDENTS' MOTION TO DISMISS, SOLELY FOR CLAIMANTS' ALLEGED FAILURE TO RESPOND TO SUCH MOTION HE HAS NOT RECEIVED,

RESPECTFULLY SUBMITTED

PRO SE

James Charles Fudge 78875

27

James Charles Fudge 78875
JAMES C. FUDGE # 78875
VARNER SUPER MAX UNIT
POST OFFICE BOX 400
GRADY, ARKANSAS
71644

CERTIFICATE OF SERVICE

I, JAMES FUDGE, ADC# 78875 DO HEREBY CERTIFY THAT (5) COPIES WERE MADE AND PLACED IN ADC'S INSTITUTIONAL LEGAL MAIL -OUT-GOING SUPERVISOR'S CARE TO BE PLACED IN THE U.S. MAIL ADDRESSED TO THE ARKANSAS STATE CLAIMS COMMISSION AT 101 EAST CAPITOL AVENUE, SUITE 410 LITTLE ROCK, ARKANSAS 72201-3823 THIS 26th DAY OF JUNE 2014 WITH REQUEST FOR RECEIVED MARKED COPY RETURNED TO CLAIMANT / APPELLANT THANK YOU IN ADVANCE

SINCERELY

James Charles Fudge 78875
JAMES C. FUDGE # 78875
P.O. Box 400
GRADY, ARK
71644

EXECUTED THIS 06/26/2014

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ _____ ?

Claim No. 14-0697-CC

James Fudge, #078875 _____ Claimant

Attorneys
Pro se _____ Claimant

vs.
Department of Correction _____ Respondent

Lisa Wilkins, Attorney _____ Respondent

State of Arkansas
Date Filed March 14, 2014

Type of Claim Loss of Property &
Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously denies the Respondent's "Motion for Reconsideration" for failure to provide new evidence. Therefore, the Commission's June 12, 2014 order will remain in effect.

IT IS SO ORDERED.

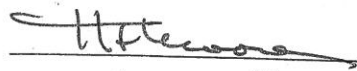

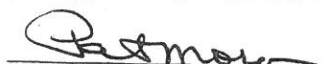
(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies the Respondent's "Motion for Reconsideration" for failure to provide new evidence. Therefore, the Commission's June 12, 2014 order will remain in effect.

Date of Hearing July 10, 2014

Date of Disposition July 10, 2014

 _____ 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.

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
JUN 30 2014
RECEIVED
CLAIMANT

PRO SE
JAMES FUDGE, ADC# 78875

Vs.

CLAIM NO. 14-0697-CC

ARKANSAS DEPT OF CORRECTIONS

RESPONDENT(S)

NOTICE OF APPEAL

NOW COMES CLAIMANT JAMES FUDGE IN THE ABOVE STYLED CLAIM TO GIVE NOTICE TO APPEAL THE JUNE 12, 2014 FINDING OF FACTS UNANIMOUSLY DENYING AND DISMISSING HIS CLAIM FOR FAILURE TO PROSECUTE AN ALLEGED RESPONDENT'S MOTION TO DISMISS UNKNOWN WHEN FILED / MAILED OR BY WHOM NOR SET HEARING SCHEDULED.

RESPECTFULLY SUBMITTED

PRO SE
James Charles Fudge #78875
VARNER SUPER MAX UNIT
POST-OFFICE BOX 400
GRADY, ARKANSAS
71644

CERTIFICATE OF SERVICE

I JAMES FUDGE DO HERE BY CERTIFY THAT FIVE COPIES OF THE HEREIN NOTICE OF APPEAL WAS MAILED TO THE ARKANSAS STATE CLAIMS COMMISSION AT 101 EAST CAPITOL AVENUE, SUITE 410 LITTLE ROCK, ARKANSAS 72201 THIS 26TH DAY OF JUNE 2014 WITH REQUEST FOR RETURNED RECEIVED MARK COPY.

James Charles Fudge #78875
EXECUTED THIS 06/26/2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
AUG 18 2014
RECEIVED

JAMES C. FUDGE, ADC# 78875
PRO SE APPELLANT

APPEAL

Vs

CLAIM NO: 14-0697-CC

ARKANSAS DEPARTMENT OF CORRECTIONS
APPELLEES

COMES NOW CLAIMANT - APPELLANT PRO-SE IN THE ABOVE CLAIMS OF FAILURE TO FOLLOW PROCEDURE, LOST OF PROPERTY THIS STATE CLAIMS COMMISSION DISMISSED WITHOUT, FORWARDING HIM RESPONDENT'S MOTION TO DISMISS NOR DID RESPONDENT'S ENSURE THAT CLAIMANT RECEIVED THEIR MOTION TO DISMISS, FOR THIS CLAIM'S COMMISSION TO DISMISS HIS CLAIM ON JUNE 12, 2014 AS WELL DENIED RECONSIDERATIONS DATED JULY 10th, 2014 STATES AS FOLLOWS:

- (1). CLAIMANT'S COMPLAINT HAS NOT BEEN GIVEN DUE DILIGENCE OF PROCESS THAT BECAUSE RESPONDENT'S FAILURE TO PROVIDE WITNESS SIGNATURE(S) OF LEGAL MAIL ISSUANCE TO CLAIMANT AS WELL DATE OF RECEIPT.
- (2). CLAIMANT COMPLAINT OF FAILURE TO FOLLOW PROPER PROPERTY PROCEDURE PERSUANT TO (AD-AR 401) CONFISCATION SEE ATTACHED UNDETESTED BY RESPONDENT(S) SHOULD HAVE REQUIRED CLAIMANT AN HEARING SOLELY.
- (3). AT LEAST THE ITEMS OF PROPERTY OFFICIALS CONFISCATED UPON ORDER BY DEPUTY WARDEN CURTIS MEINZER ON OCT. 2nd, 2012 A DEFINED DESCRIPTION OF "LOTS OF NUISANCE CONTRABAND", THAT CONSISTED OF APPROVED CANTEEN PURCHASED SOAP BAR, NEWS PAPERS, THAT A HEARING MUST HAVE BEEN CONVENED UPON SEE ATTACHED.

RESPECTFULLY SUBMITTED
James Charles Fudge
JAMES C. FUDGE 78875

James Charles Fudge 78875
JAMES C. FUDGE 78875
V.S.M. UNIT / CBS-512
P.O. BOX 400
GRADY, ARK
71644

CERTIFICATE OF SERVICE


I, JAMES C. FUDGE, PRO SE CLAIMANT - APPELLANT CERTIFY THAT
(5) FIVE PHOTO COPIES OF THE ABOVE HEREIN APPEAL WAS SUBMITTED
TO HIS INSTITUTIONS OFFICIAL LEGAL MAIL COLLECTIONS STAFF TO BE
POSTED "OUT-GOING" U.S. MAIL ADDRESSED TO ARKANSAS STATE CLAIMS
COMMISSION 101 EAST CAPITOL AVE STE #410 LITTLE ROCK, ARK,
72201-3823 WITH REQUEST FOR RETURN-DATED-RECEIVED MARK
THIS 14TH DAY OF AUGUST 2014

SINCERELY,

James C. Fudge 78875
JAMES C. FUDGE 78875

EXECUTED THIS 08/14 /2014

eOMIS#: 2012-10-010

 ADMINISTRATIVE REGULATION STATE OF ARKANSAS DEPARTMENT OF CORRECTION Fusion Center # _____	Section Number 005/409	Page Number 005-3 of 409-9 of 9
	Board of Correction Approval Date: 9/27/87	
	Supersedes: 005/409 Form	Date: 12/19/85
	Attorney General Review Date 6/11/87	Date filed secy. of state 10/02/87

SUBJECT: Reporting of Incidents-005; Use of Force 409

005 Incident Report

409 Use of Force

Varner
UNIT/DIVISION

REPORTING EMPLOYEE: Hayes Billy R.
Last First Middle

RANK: K9 Sgt SHIFT ASSIGNMENT: K9

DATE: 10/02/2012 TIME: 7:00pm LOCATION: Varner VSM

INMATE(s) INVOLVED: N/A
(Names and ADC Numbers)

EMPLOYEE(s) INVOLVED: Sgt. B. Hayes, Sgt. D. Reap, Sgt. K. Glover, Sgt. J. Lawrence, and Sgt. B. Cockrell/"K9 Missi"
(Names, Titles, Rank)

INMATE(s) PRESENT: N/A
(Names and ADC Numbers)

EMPLOYEE(s) PRESENT: Sgt. B. Hayes, Sgt. D. Reap, Sgt. K. Glover, Sgt. J. Lawrence, and Sgt. B. Cockrell/"K9 Missi"
(Names, Titles, Rank)

OTHERS PRESENT/INVOLVED: (Specify) N/A
(Names and Addresses)

EXTENT OF INJURY TO INMATE(s): N/A

TREATMENT AFFORDED TO INMATE(s): N/A

EXTENT OF INJURIES TO OFFICER(s): N/A

TREATMENT AFFORDED TO OFFICER(s): N/A

STATEMENT OF FACTS (If force used, state type and explain: _____)

On the 2nd day of Oct., 2012 at approx. 7:00pm the K9 Team consisting of _____

Sgt. B. Hayes, Sgt. D. Reap, Sgt. K. Glover, Sgt. J. Lawrence, and Sgt. B. Cockrell/"K9 Missi" conducted a search of the Varner Unit VSM 6 cellblock per A/W Meinzer. The following cells were searched and alerts/finds are as follow.

Cell 636: No Alert (lots of Nuisance Contraband).

Cell 639: No Alert.

END OF STATEMENT.....


Signature of Reporting Employee

10/02/2012
Date


Signature of Supervisor

10-2-12
Date

Reviewed by (Signature) Warden/Center
Supervisor/Administrator

Date

RECOMMENDATION: _____

Reviewed by (Signature) Assistant Director

Date

RECOMMENDATION: _____

Reviewed by (Signature) Director

Date

DISTRIBUTION OF COPIES

- Original to Assistant Director, then to Director, and then to Inmate Institutional File.
- Assistant Director
- Warden/Center Supervisor/Administrator

INCRT db

(Revised)

STATE OF ARKANSAS - DEPARTMENT OF CORRECTION
CONFISCATED FORM - AREA OR PERSON

(Check One) Inmate Visitor Staff Area

Unit: _____ Building or Area: _____ Barracks _____ Cell _____

Date and Time of Search: _____ / _____ / _____ : pm : am

Officer(s) Conducting Search: (Print) _____

Officer(s) Conducting Search: (Signature) _____

Inmate Name: _____ ADC #: _____

Articles Seized (description and number of items):

Number	Description

Reason Seized: Excess/Unauthorized Property Disciplinary/Criminal Evidence

Other _____

Inmate Signature: _____ () Refused to Sign

Area/Shift/Supervisor: (Signature) _____

Disposition of Contraband: _____

Copy Delivered to Inmate: Date: _____ Time: _____

Delivered By: (Signature) _____

Disciplinary Written: () No () Yes By: _____

Articles may be mailed to: _____

Inmate authorizes deduction of postage from pen store account:
() No () Yes Inmate Signature: _____

To be completed by UPCO

Destruction Date: _____ / _____ / _____

UPCO: (Signature) _____ Witnessing Staff: (Signature) _____

Distribution - White-Remains with Contraband; Yellow- Institutional File; Pink-Inmate Copy
(To Be Printed On NCR Paper)