

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

JUN 12 2014

G9.

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Larry York, #087973, Claimant

vs.

State of Arkansas, Respondent Dept. of Corr.

Do Not Write in These Spaces Claim No. 14-0936-CC Date Filed June 12, 2014 Amount of Claim \$ 10,000.00 Fund DOC

COMPLAINT Personal Injury, Negligence, Failure to Follow Procedure Pain & Suffering, Mental Anguish

Larry York #087973, the above named Claimant, of Fayetteville, AR, represented by McDermott, AR #0879505, County of Fayetteville, AR, 880 E. Gaines St. (City)

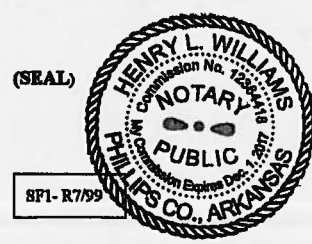
State agency involved: Arkansas Department of Correction Amount sought: 10,000 Ten Thousand

Month, day, year and place of incident or service: Security, Personal administration New I had a substantial risk Explanation: of serious harm, they disregard the risk by failing to take reasonable measures to protect. ON 3-20-13 I was stabbed in the chow hall, per policy security is to search every inmate coming out of the barracks, and per policy security is to be monitoring the metal detector at the time of inmates movements, which they fail to do considering a 72" x 36" piece of still made it out of the barracks, and through an unattended metal detector in to the chow hall and I was stabbed with it 6 times, Review Comama 5-14-12 I filled a emergency grievance informing security that sending me back to EARL could be fatal to me some grievances filed 12-09-13 and 12-12-09-13, finally informed security the white supremacist put a hit out on me. Action taken to resolve complaint, warden Craig called the unit in which I was being transferred to, He states if there was a problem then they will deal with it on that end, upon arrival at EARL unit I attempted to inform security, which was not informed of my situation before arriving. After repeatedly addressing this issue through informal, grievances, affidavit that the white supremacist was after me. I was put in isolation, and after all the warnings I was still housed with a AC member in the cell with me, the inmate was not supposed to even be housed with a inmate, because he killed his last cell-mate I was jumped, and when I was made to go back to population and on 3-20-13 I was stabbed by a AC member in the chow hall. After repeatedly addressing this issue through affidavit that the white supremacist was after me. Review EAM 12-04909, EAM 12-04500, EAM 12-03497, TR-12-00138 EAM 12-04497, TV-12-00137 EAM 12-04484 EAM 12-04666.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? NO when? to whom? (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address 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 verify believes that they are true Larry York (Print Claimant/Representative Name) Larry York (Signature of Claimant/Representative)



SWORN TO and subscribed before me at Brickley (City) AR (State) on this 26th day of May 2014 (Date) (Month) (Year) Henry L. Williams (Notary Public) My Commission Expires: 12/31/16 (Month) (Day) (Year)

ISSR101

*MS-18*

Arkansas Department of Correction

DISCIPLINARY HEARING ACTION

Inmate: York, Larry Neal

ADC#: 087973C

Unit: East AR Region. Unit

Code Violation(s):

- 04-8 Battery--Use of physical force on the person(s) of another inmate.
- 05-3 Assault any willful attempt OR threats(s) to inflict injury upon the person of another
- 12-1 Failure to obey verbal and/OR written orders of staff

Date/Time of Alleged Offense(s): 03/20/2013 3:50 AM

Hearing Date: 03/29/2013

Time: Start 10:51 AM

End 10:57 AM

Recorder: Taylor, Lorie A

Tape#: 012

Side: B

Meter: From

105

To 148

Plea: Not Guilty, Not Guilty, Not Guilty

Attendance Waived: No

Has waiver form been completed? \_\_\_\_\_

Inmate's Statement:

I. THEY HAD THE LINE BACKED UP IN THE KITCHEN, AND A GUY CAME UP BEHIND ME TRYING TO STAB ME AND I TOOK OFF RUNNING AND I TRIPPED AND FELL AND HE GOT ON TOP OF ME AND STABBED ME IN THE HEAD, FACE, SIDE, LEFT ARM AND BACK AND ALL I COULD DO WAS GRAB HIS WRIST. THAT'S WHY SHE THOUGHT I WAS FIGHTING HIM BACK.

Signature of Inmate

Court Questions:

I. Do you have a statement?

Sentencing Conditions:

Verdict: Guilty, Not Guilty, Guilty

Punitive Isolation Days to Serve: 15

Days Suspended: 15

GT Class Reduced to: IV

Class Suspended: IV

Sanctions are Suspended for 30 Days

*Cy McDonald*

*3/29/13*

*11:56am*

Disciplinary Hearing Action

03/29/2013 11:50 AM

Page 2

Inmate: York, Larry Neal

ADC#: 087973C

Unit: East AR Region. Unit

Additional Sanctions/General Comments:

**Factual Basis for Decision (This is a short synopsis of the facts as the Hearing Officer perceives them after reviewing all of the evidence.):**

YORK FOUGHT WITH INMATE SCHRADER IN THE MAIN HALLWAY AND REFUSED TO STOP FIGHTING WITH ORDERED BY STAFF. INMATE SCHRADER INSTIGATED THE FIGHT AND STABBED YORK IN HIS HEAD, FACE, SIDE, AND SCRATCHED HIM ON HIS BACK AND NECK AREA.

**Evidence Relied Upon:**

F-1 STATES YORK FOUGHT WITH INMATE SCHRADER IN THE MAIN HALLWAY AND REFUSED TO STOP FIGHTING WITH ORDERED BY STAFF. INMATE SCHRADER INSTIGATED THE FIGHT AND STABBED YORK IN HIS HEAD, FACE, SIDE, AND SCRATCHED HIM ON HIS BACK AND NECK AREA.

PHOTOS OF YORK WITH INJURIES AND HIS MEDICAL REPORT, PHOTOS OF SCHRADER WITH NO INJURIES, PHOTO THE HOMEMADE SHANK, ENEMY ALERT LISTS AND SUPPORTING 005 FROM OFFICER ALICE ATTACHED.

**Reasons Why Information Purporting to Exonerate Inmate was Discounted:**

Staff report is accepted.

**Reasons for Assessment of Punishment:**

YORK IS A CLASS II INMATE, WHO MUST LEARN THAT FIGHTING WITH ANOTHER INMATE AND FAILURE TO OBEY STAFFS ORDERS WILL NOT BE TOLERATED FOR SECURITY PURPOSES.

I have read this report and understand that I may appeal to the Warden about any decision made in this matter within fifteen (15) working days by completing the "Disciplinary Appeal" form.

Inmate's Signature \_\_\_\_\_

Counsel-Substitute \_\_\_\_\_

I affirm that the information is true to the best of my knowledge.

Hearing Officer \_\_\_\_\_

*Lorie A. Taylor*

Date \_\_\_\_\_

MX605

Arkansas Department of Correction

EACU Unit  
MAJOR DISCIPLINARY APPEAL FORM

PUNITIVE ISOLATION MARK AN "X"

Inmate York, Larry ADC # 87973 Date 4-1-13  
Concerning Disciplinary Given on (date) 3-20-13 by (officer) Walker, Dorothy

APPEAL TO WARDEN: (to be completed by inmate)  
State reasons why conviction or punishment should be reversed or modified:

*See attached inmate Request form*

Inmate's Signature: \_\_\_\_\_

RESPONSE FROM WARDEN: (due within ten.(10) calendar days of receipt of appeal if punitive)

Affirm:  Reverse: \_\_\_\_\_ Modify: \_\_\_\_\_

Reasons Action Taken:

I have received your disciplinary appeal for being found guilty of rule violations 04-8 "Battery - Use of physical force on the person(s) of another inmate," and 12-1 "Failure to obey verbal and/or written orders of staff." Staff observed you in a physical altercation with another inmate. This type of behavior will not be tolerated. There was no procedural error found to alter the punishment of your disciplinary. I am affirming the decision rendered. You may appeal my decision to the Hearing Officer Administrator, Mr. Raymond Naylor.

Signature: [Signature] Date: 4/16/13

NOTICE TO INMATE: If you do not agree with the warden's response, you may appeal it to the Hearing Officer Administrator. If you do not agree with the Hearing Officer Administrator's response, then you may appeal it to the Hearing Officer Administrator. If you decide to appeal, then write a letter repeating your reasons why your conviction or punishment should be reversed or modified.

# MAJOR Disciplinary Appeal Form Inmate Request Form

~~Unit~~ Unit In House Form

This form is to be used by inmates to contact with request on issues they may have.

NAME: LARRY YORK ADC# 87973 <sup>MAX</sup> BKS: 6-5 DATE: 4-1-13

My Request is directed to the following Department or Individual: (Circle One)

- |   |                  |                   |             |                 |
|---|------------------|-------------------|-------------|-----------------|
| <input checked="" type="radio"/> Warden | Assistant Warden | Chief of Security | Field Major | Business Office |
| <input type="radio"/> Chaplain          | Classification   | Commissary        | Gym         | Hobby Craft     |
| <input type="radio"/> Laundry           | Law Library      | Library           | Mail Room   | Maintenance     |
| <input type="radio"/> Mental Health     | Parole           | Property          | Records     | S.A.T.P.        |
| <input type="radio"/> Social Worker     | T.C.             | Telephone         | Visitation  | Other: _____    |

**RECEIVED**

APR 15 2013

By \_\_\_\_\_

Request directed to: Warden Burl Office: Warden

Provide a detail reason for request: This is a Disciplinary Appeal Form Regarding the Disciplinary Sgt Walker inmate on 3-20-2013 3:50 AM

I was not fighting back at any time. As you can see on the camera, I ran, fell, and grabbed his wrist, to keep from being killed. I'm asking for the charges to be reversed.

Inmate Signature: Larry York

Have you talked to staff about your request? (Circle One) NO - Yes - Who did you talk to and when?

Staff Responding: \_\_\_\_\_ DATE: \_\_\_\_\_

Have received your request and here are my findings:

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Person referring this to: \_\_\_\_\_

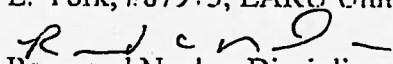


**Arkansas Department of Correction**

**I**nternal  
**A**ffairs  
**D**ivision

P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6218  
Fax: (870) 267-6226

MEMORANDUM

TO: L. York, #87973, EARU Unit  
FROM:   
Raymond Naylor, Disciplinary Hearing Administrator  
RE: Major Disciplinary Appeal  
DATE: 5/10/13

Please be advised I am in receipt of your disciplinary appeal dated 4/18/13, regarding the major disciplinary you received on 3/20/13, at 3:50am, by D. Walker.

After a thorough review of all the documents pertaining to this matter, I find that I must affirm the decision of the major disciplinary hearing officer.

If you so desire, you may appeal further to the Director of the Department of Correction.

RN(x)

cc: Warden  
File



**Arkansas Department of Correction**

Director's Office  
P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6200  
Fax: (870) 267-6244  
www.arkansas.gov/doc

**MEMORANDUM**

TO: Inmate L. York, ADC #087973  
East Arkansas Regional Maximum Unit

From: <sup>RH</sup> Ray Hobbs, Director

Date: June 25, 2013

RE: Disciplinary Appeal

I am in receipt of your disciplinary appeal regarding a major disciplinary you received on 03/20/2013, at 3:50 a.m., by Sergeant D. Walker.

After reviewing your appeal, I find that you have failed to provide any additional evidence that would warrant modification or reversal of the disciplinary hearing officer's decision. You were involved in an altercation with another inmate. Therefore, I find no evidence to support modification or reversal of this disciplinary.

Your appeal is denied.

RH/cv

cc: Warden/Inmate File  
Hearing Officer Administrator  
File

IGTT430  
3GD

Attachment VI

INMATE NAME: York, Larry N.

ADC #: 087973

GRIEVANCE#: EAM13-00925

Inmate York, I have received your formal grievance dated 3/22/2013, where you allege staff failed to protect you, due to being stabbed in the chow hall by a gang member.

After reviewing all supporting documentation, I find records indicate you and Inmate Schrader were involved in a physical altercation and were placed on each other's enemy alert list. Captain Barnes state in part, " On 3-20-2013 at approx. 3:50 a.m. while monitoring the hallway and feeding breakfast in Zone 2 in the Main Hallway I observed Inmate Schrader, R. 132087 coming toward Inmate York, L. 87973 and both inmates began fighting, I yelled for both of them to stop fighting and they did not and as I got closer I noticed Inmate Schrader, R. 132087 trying to stab Inmate York, L. 87973 with a homemade shank. I sprayed a short burst of chemical agent to both inmates, they still did not stop. At this time Captain Barnes kicked the shank from Inmate Schrader possession and subdued him, and placed him in cuffs. Inmate York was taken to the infirmary, and Inmate Schrader was taken to the Max. Both inmates were decontaminated, and given medical attention. Both inmates were also photographed and given a urinalysis." Due to the evidence submitted in your appeal, I concur with the Warden's response in which he states in part, " Documentation reveals you and Inmate Schrader were fighting in the main hallway. You were stabbed by Inmate Schrader. The officers had to spray a burst of chemical agent in order to separate each of you. The officers escorted both of you to the infirmary to receive medical attention and decontaminated. Inmate Schrader is on your enemy alert list. I find staff has acted appropriately. Your complaint is without merit."

Appeal denied

L.M.T

Director

Date

5.28.13

may 3-15

IGTT410  
3GS

Attachment III

INMATE NAME: York, Larry N.

ADC #: 087973C

GRIEVANCE #: EAM13-03497

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate York, you grieved that Warden Burl disregards the fact that you are in risk of serious harm. Your complaint has been noted. In your grievance you stated that skin heads would go to desperate measure to harm you. Documentation shows you only have one enemy on your alert list that is housed at East Arkansas Regional Unit. According to EOMIS the inmate who is on your enemy alert list is not affiliated with a white supremacists group. Documentation also shows that you are housed in a single man cell. Without further evidence I find your complaint without merit.

J. Burl

Signature of Warden/Supervisor or Designee

Warden

Title

10/22/13

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?

The complaints were not addressed in my response. First of all I can't put my enemies into EOMIS physically myself. A white supremacist was in the hallway working and they (white supremacists) were working in the kitchen while I was being escorted to medical - the door was left open! What else has to happen to me? I've been stabbed. Warden Burl is not informing his staff of these matters at this unit.

LARRY YORK

Inmate Signature

087973

ADC#

10/24/13

Date

RECEIVED

OCT 29 2013

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

9

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center E.A.K.M.U.

GRIEVANCE/RECEIVED

Name YORK LARRY M.

OCT 18 2013

ADC# 87973 Brks # 3/15 Job Assignment U/A

EAST AR REGIONAL UNIT

FOR OFFICE USE ONLY  
GRV. # EAMI3-03497  
Date Received: 10-18-13  
GRV. Code #: 803

0/10/13 (Date) STEP ONE: Informal Resolution

0-17-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: They not doing any thing about.

(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): WARDEN BURL KNOWS THAT I FACE

SUBSTANTIAL RISK OF SERIOUS HARM. HE DISREGARDS THE RISK BY FAILING TO TAKE REASONABLE MEASURES TO ABATE IT. IT WELL DOCUMENTED THAT SKIN HEADS AT THIS UNIT WOULD RATHER GO TO DESPERATE MEASURES TO HARM ME. I INFORMED THE STAFF AND ADMINISTRATION THAT THERE IS WHITE SUPREMACISTS WORKING AS PORTERS IN THE HALLS AND ALSO IN AN OPEN DOORED KITCHEN THROUGH A GRIEVANCE DATED 9/9/13.

ONCE AGAIN I WAS TOOK OUT OF MY CELL ON 10/11/13 IN RESTRAINTS AND PARADED ME DOWN THE HALLWAY FOR DOCTORS CALL. THERE WERE INMATES THAT ARE AFFILIATED WITH WAR, AND IN THE HALL AND IN A OPENED DOORED KITCHEN. I JUST WROTE A GRIEVANCE ON THIS MATTER ON 9-9-13 AND SENT WARDEN BURL THE RECEIPTS TO FORWARD THEM FOR ME AND TO MAKE SURE HE IS AWARE OF THE SUBSTANTIAL RISK OF SERIOUS HARM HIS OFFICERS CONTINUE TO PUT ME IN.

I'm requesting to speak to internal affairs.

RECEIVED

LARRY YORK

October 16, 2013 OCT 29 2013

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the warden or designated \_\_\_\_\_ INMATE GRIEVANCE SUPERVISOR

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

ADMINISTRATION BUILDING

This form was received on 17 Oct 13 (date), and determined to be Step One and/or an Emergency Grievance N (Yes or No). This form was forwarded to medical or mental health? N (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) SSZ ID Number 55027 Staff Signature [Signature] Date Received 10 Oct 13

Describe action taken to resolve complaint, including dates: Submit specific names of people who threatened you. For me anticipating being harmed by emergency entities.

Staff Signature & Date Returned [Signature] 10-17-13

Inmate Signature & Date Received [Signature] \_\_\_\_\_

This form was received on 10.17.13 (date), pursuant to Step Two. Is it an Emergency? N (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: 10-17-13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 10-17-13  
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.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

GRIEVANCE/RECEIVED

FOR OFFICE USE ONLY

Unit/Center EA Unit - Unit

DEC 10 2012

GRV. # EA1204909

Name Larry York

Date Received: 12/11/12

ADC# 87973 Brks # 1502-36 Job Assignment EAST AR REGIONAL UNIT

GRV. Code #: 803

12-6-12 (Date) STEP ONE: Informal Resolution

12-8-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The grievance has a lot more to do with than that answer. Why did I sense to go to back and

(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: Here is just some of the que # TU 12 00138

TU 12 00437, EA 12 04994 I have a copy of the Affidavit, and a pink & yellow shot of a gun, on 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): Even after I've been trying

To warn the personal with Not only grievance's dated all the way back to 5-14-12, But presented a Affidavit that led to a Sgt Robinson son telling other inmates I was a snitch and did not feel safe. on 7-11-12 I presented Affidavit to Lt. Mitchell, Lt. Barnett Capt Barris, The Camera will show me letting them read it and only handed it back with it cant do nothing. ALSO handed to Co-1 Matthews, Kedeizsha on camera and she made a copy of it and handed me one back, that would be in front of Capt Barris office at 7:30 pm on 11-07-12. I also told her I had a warning with the AC and war and some blood, that miss Green had been keeping me on the North Hall for that reason, she was not she was not hearing none of that, it was her then if she was going to write me up, because she told she was going to lock me up if I did not go to that BK's. I told her if so I would go in the BK's, but she would be held responsible if I got jumped on at Barris come out and no lock his ass up he tested the serit times OK. No one did anything but lock me back then they found a known violent gang member in my cell, I went back, he got wind of me being a snitch in Kite's from his Bros. and jump me and beat me bad. I had even been telling warden Burd of this and he just rode with them. Larry York

Inmate Signature

Date

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

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 12-06-12 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: Capt W. M... 12-08-12

CAPT W. M... 5834 Capt W. M... 12-08-12  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: 12-07-12 AFTER  
TALKING WITH CPT MATTHEWS ABOUT YOUR INCIDENT  
SHE STATED YOUR WORK PLACED IN GRAD UNIT  
FOR REFUSAL TO GO TO UPPER BANQUETS  
CAPT W. M... 12-07-12 Larry York  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 12-9-12 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No). Staff Who Received Step Two Grievance: Inf. North Date: 12-9-12

Action Taken: Inf. North (Forwarded to Grievance Officer/Warden/Other) Date: 12-9-12  
If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

3

IGTT430  
3GD

Attachment VI

INMATE NAME: York, Larry N.

ADC #: 087973

GRIEVANCE#: EAM12-04909

I have received your formal grievance dated 12/08/12 in reference to your refusal to go into 2 barracks that resulted in a disciplinary in which you stated you had been in altercations with some inmates and have enemies.

After reviewing all supporting documentation, I am unable to substantiate your claims that you have submitted any documentation to the Major addressing any enemies, which could be investigated. Furthermore, your disciplinary jacket does not identify that you have been in any altercations where you have been assaulted. You have one assault disciplinary dating 2003 in which you and 3 others were the aggressor to one inmate. At this time, I have determined that you are currently housed in 2 barracks with no reported incidents.

Based on the above stated information, I find no merit in your complaint.  
Appeal denied.

17M7

Director

Date

2.9.13

12

STATE OF ARKANSAS )  
 ) §  
COUNTY OF Lee )

AFFIDAVIT

I, Larry York, after first being duly sworn, do hereby swear, depose and state that: I tried to inform Sgt Robinson that inmate McKool had shanks and other contraband but while trying to tip Sgt Robinson off he began to tell others that I was snitching. I don't feel comfortable around him. nor do I feel safe in population, due to his behavior I fear for my life in population I am requesting P.C.

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

7 11 12  
DATE

Larry York  
AFFIANT

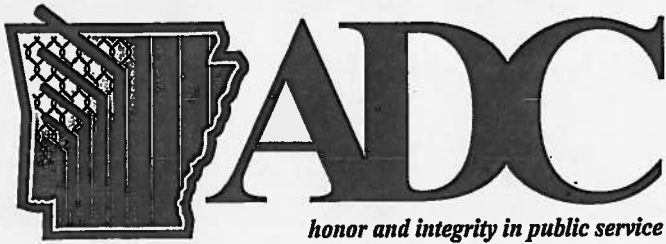
SOCIAL SECURITY # \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Goche man

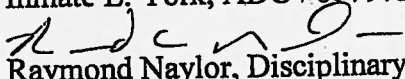


**Arkansas Department of Correction**

**I**nternal  
**A**ffairs  
**D**ivision

P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6218  
Fax: (870) 267-6226

MEMORANDUM

TO: Inmate L. York, ADC #087973, EARU Unit  
FROM:   
Raymond Naylor, Disciplinary Hearing Administrator  
RE: Major Disciplinary Appeal  
DATE: 12/14/12

Please be advised I am in receipt of your disciplinary appeal, regarding the major disciplinary you received on 11/07/12, at 9:42pm, by K. Matthews.

After a thorough review of all the documents pertaining to this matter, I find that I must Affirm the decision of the major disciplinary hearing office.

If you so desire, you may appeal further to the Director of the Department of Correction.

RN(x)

cc: Warden  
File

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center E.A.R.

GRIEVANCE/RECEIVED

Name L. York

MAR 25 2013

ADC# 87973 Brks # MMK 8 Job Assignment REGional UNIT

FOR OFFICE USE ONLY  
GRV. # EAM13-00975  
Date Received: 3-25-13  
GRV. Code #: 803

3-21-13 (Date) STEP ONE: Informal Resolution

3-22-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: A-C members I told them over & over

(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): I'm failing a Failure to

Protect Claim, on Warden Berry, Warden Bull, Capt Barus  
Det Smith, Lt Brown, Sgt Robinson, Lt Mitchell, Lt Marshall  
and A-detector Larry Miller.

I was stabbed in the chest wall by a AC member.  
After pulling down my pants and still trying to go  
and be helped with the going members.

RECEIVED

APR 23 2013

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

Larry York  
Inmate Signature

3-22-13  
Date

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

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 3-22-13 (date), and determined to be Step One and/or an Emergency Grievance N (Yes or No). This form was forwarded to medical or mental health? N (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) STL ID Number 55042 Staff Signature STL Date Received 3-22-13

Describe action taken to resolve complaint, including dates: There were no  
on your alert list.

STL 3-22-13  
Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 3-22-13 (date), pursuant to Step Two. Is it an Emergency? N (Yes or No). Staff Who Received Step Two Grievance: STL Date: 3-22-13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 3-22-13

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

15

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back

maxle-05

Attachment III

IGT1410  
3GS

INMATE NAME: York, Larry N.

ADC #: 087973C

GRIEVANCE #: EAM13-00925

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate York, you grieve staff has failed to protect you against other inmates. Your complaint is noted. Documentation reveals you and Inmate Schrader were fighting in the main hallway. You were stabbed by Inmate Schrader. The officers had to spray a burst of chemical agent in order to separate each of you. The officers escorted both of you to the infirmary to receive medical attention and decontaminated. Inmate Schrader is on your enemy alert list. I find staff has acted appropriately. Your complaint is without merit.

*HUBM*

Signature of Warden/Supervisor or Designee

*Warden*

Title

*4/19/13*

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?

*Warden Ball Warden Berul CAPT Barns*

*would and me MR. may, and many other officers would not lessen to my Plea for help). You may Review Grievances, also Affidavit giving to*

*Eam - 12-04909 Capt Barns, K. Matthews, and Lt Barnett.*

- TU - 12-00137*
- EAM - 12-04666*
- EAM 12-04500*
- EAM 12-04497*
- EAM 12-04494*
- TU - 12-00138*

*Larry York*

Inmate Signature

*87973*

ADC#

*4-20-13*

Date

RECEIVED

APR 23 2013

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

16

UNIT LEVEL GRIEVANCE FORM (Attachment I) <sup>2</sup>

Unit/Center Turkey  
Name York Larry  
ADC# 87973 Brks # A1 Job Assignment \_\_\_\_\_

FOR OFFICE USE ONLY  
GRV. # TU-12-00137  
Date Received: 5/13/12  
GRV. Code #: 101

5-14-12 (Date) STEP ONE: Informal Resolution

5-14-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I've put grievance to Warden Craig, they would not let me do the grievance process

5-14-12 (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: Warden Craig, Warden Ball, & Warden Williams is putting my life in danger

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): Do to warden Ball & fail to place anyone on my name best, I've brought it to warden Craig, Capt Bailey, Maj Cobb, Lt Knought. For my people talk'd with warden Craig, they told him about me telling on some inmates, that was going to stab an officer, and that I told on other's a sharks, and they still insist to send me back there, even knowing I'm in danger. Tell me oh you can get locked down there why should I be put through all that and being put in danger on my life, for helping them.

Also there giving me a hard time about these grievance.

RECEIVED  
JUN 15 2012

Larry York  
Inmate Signature \_\_\_\_\_ Date 5-14-12 INMATE GRIEVANCE SUPERVISOR ADMINISTRATION BUILDING

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

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 5/14/12 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name

of the person in that department receiving this form: Sgt. Brazel 5869 Staff Signature Sgt. Brazel Date 5/14/12

Describe action taken to resolve complaint, including dates: Warden Craig has already called the Unit in which you're transferring to and if there's a problem then they will deal with it on that end.

Staff Signature & Date Returned Sgt. Brazel 5/14/12 Inmate Signature & Date Received York L 5-14-12

This form was received on 5/14/12 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No). Staff Who Received Step Two Grievance: Sgt. Brazel Date: 5/14/12

Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 5/14/12  
If forwarded, provide name of person receiving this form: Mrs. Mosson Date: 5/14/12

2

IGTT430  
3GD

Attachment VI

INMATE NAME: York, Larry N.

ADC #: 087973

GRIEVANCE#: TU-12-00137

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**


I have reviewed your grievance dated 05/14/12 in reference to being transferred to East AR Regional unit.

Based on the information provided to me, I concur with the Warden's response. You have failed to provide any information to substantiate your claim that you should not be transferred due to enemies at this current unit.

Furthermore, per AR 12-16 unit transfers are not grievable matters.

Based on the information above, I find no merit in your complaint.

Appeal denied.

  
Director

7/23/12  
Date

02

Attachment III

IGTT410  
3GS

INMATE NAME: York, Larry N.      ADC #: 087973C      GRIEVANCE #: TU-12-00137

WARDEN/CENTER SUPERVISOR'S DECISION

upon reviewing your grieving, I learned that you had been transferred to East AR Regional Unit. However, you grieved that you did not want to be returned to East AR Regional Unit because you had enemies there and Warden Ball had failed to put them on your Enemy Alert List. According Classification standard operating procedure, Inmates who are terminated from programs are transferred back to their parent unit. Mrs. Mena Classification Officer, reviewed your Enemy Alert list and the enemies listed, are not housed at East AR Regional Unit. You were also advised that Warden Craig had notified staff at East AR, regarding your complaint and he was assured that if there were problems they would be dealt with upon your return. Additionally, for your peace of mind, please address your concerns to the major and/or the warden of that Unit. I find your grievance without merit.

Stephen D. Williams

Warden

5/29/2012

Signature of Warden/Supervisor or Designee

Title

Date

RECEIVED

JUN 15 2012

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

THE DAY I got to Brickyard, I went to the unit, the very next night, I was back out in pop - which I tried to talk to Lt Good, he knocked me around, ran me into a door and pulled music out me, I tried to tell him I had enemies and he did not want to hear it, he made me go to 3 BKs, and put me next to one of the guys that was my enemy. I could not be heard, if it was not for Miss Green, she

*James [unclear]*

Inmate Signature

*8/19/13*

ADC#

*5-2-12*

Date

got me put in max the next morning,  
and put <sup>me</sup> down and other stuff, the point is  
that now is danger, put me in

I was also put in danger in the  
max, put in handcuffs, with other inmates waiting  
around, one of my many other inmates was back there,  
when I was in handcuffs, the other inmates  
at the end of the way to the max, from back to  
front, the one enemy, being said, was in fact  
the one that was there, because  
the other inmates, the other inmates, I was  
at the end trying to talk to him. The warden at  
the end, would not let me, stop me transfer  
until everything was checked, then put  
me in the max, in danger, and don't know how  
long I was in there, but I was there, and I was  
there, to make me inside again,

RECEIVED

JUN 15 2012

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

22

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Toker

FOR OFFICE USE ONLY	
GRV. #	<u>TU-12-00138</u>
Date Received:	<u>5/13/12</u>
GRV. Code #:	<u>101</u>

Name York  
ADC# 87973 Brks # 14 Job Assignment \_\_\_\_\_

5-14-12 (Date) STEP ONE: Informal Resolution

5-14-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I TALKED TO AND MY FAMILY HAVE TALK TO WARDENS, THEY STILL INSIST

5-14-12 (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: MY LIFE IS IN DANGER

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

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I TURNED A LOT OF INMATES IN, FOR SHANKS, AND OTHER STUFF, WARDEN BALL HAD ME HEAD OUT IN A CLASS ONE BK, UNTILL I GOT SHIP, OVER HERE. I TALK TO WARDEN CREG ABOUT THIS AND ABOUT 3 MONTHS AGO, I NEED TO TALK WITH SOMEONE. I CANT NOT GO BACK TO B.E.A-RU I NEED TO TALK WITH SOMEONE, MY LIFE IS IN DANGER, ILL ASK TO SPEAK TO CAPT BENTLEY. I TRIED TO DRUG BENTLEY, TOLD ME HE WOULD NOT CONTACT NO ONE TO ADDRESS THIS MATTER, WOULD NOT TAKE THIS GRIEVANCE FOR ME, I TALK TO CAPT. MOORE ABOUT THIS FRIDAY, AND HE DID NOT FOLLOW UP ON IT.

Larry York  
Inmate Signature

5-14-12  
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 5/14/12 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

Sgt. Brazel 5869 Sgt. Brazel 5/14/12  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Came here on 10/10 for TC. You have been removed from the program and now have to return to your unit of origin.

Staff Signature & Date Returned M. Mena Inmate Signature & Date Received Larry York 5-24-12

This form was received on 5/14/12 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: Forwarded Date: 5/14/12

Action Taken: forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 5/14/12

If forwarded, provide name of person receiving this form: Mrs. Mosson Date: 5/14/12

IGTT410  
3GS

Attachment III

INMATE NAME: York, Larry N.      ADC #: 087973C      GRIEVANCE #: TU-12-00138

WARDEN/CENTER SUPERVISOR'S DECISION

Upon review of your grievance, I recognized that this grievance it is similar to Grievance number TU-12 00137, of which you complained of not wanting to return to East AR Regional Unit because you had enemies there, was addressed. Please review it. Your grievance is without merit.

Steph D. William

Warden

5/26/2012

Signature of Warden/Supervisor or  
Designee

Title

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?

22

2

IGTT410  
3GS

Attachment III

INMATE NAME: York, Larry N. ADC #: 087973C GRIEVANCE #: TU-12-00137

WARDEN/CENTER SUPERVISOR'S DECISION

upon reviewing your grieving, I learned that you had been transferred to East AR Regional Unit. However, you grieved that you did not want to be returned to East AR Regional Unit because you had enemies there and Warden Ball had failed to put them on your Enemy Alert List. According Classification standard operating procedure, Inmates who are terminated from programs are transferred back to their parent unit. Mrs. Mena Classification Officer, reviewed your Enemy Alert list and the enemies listed, are not housed at East AR Regional Unit. You were also advised that Warden Craig had notified staff at East AR, regarding your complaint and he was assured that if there were problems they would be dealt with upon your return. Additionally, for your peace of mind, please address your concerns to the major and/or the warden of that Unit. I find your grievance without merit.

Stephen D. Williams

Warden

5/29/2012

Signature of Warden/Supervisor or Designee

Title

Date

RECEIVED

JUN 15 2012

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

THE DAY I got to Brocky, I went to the max, the very next night, I was back out in pop - where I tried to talk to Lt Ford, he knocked me around, ran me into a door and pulled my ass out me. I tried to tell him I had enemies and he did not want to hear it, he made me go to 3 BKS and put me next to one of the guys that was my enemy. I could of been hurt, if it was not for miss Green. She

23

JUN 19 2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RECEIVED

LARRY YORK (ADC 087973)

CLAIMANT

V.

NO. 14-0936-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: HCA 0100
c. Internal Order: 340301	d. Fund Center: 509

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

Respectfully submitted,  
Department of Correction Office of Counsel

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

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 18 day of June, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Larry York (ADC 087973)  
East Arkansas Max Unit  
PO Box 180  
Brickeys, AR 72320-0180

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

Arkansas  
State Claims Commission  
SEP 18 2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

LARRY YORK (ADC#087973)

CLAIMANT RECEIVED

V.

NO. 14-0936-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 alleges that on MARCH 20, 2013, he was attacked with a homemade shank by another inmate in the chow hall and seeks \$10,000.00 for failure to follow policy, pain and suffering, personal injury, negligence, and mental anguish. Claimant has failed to state a cause of action upon which relief can be granted under ARCP 12(B)(6) and (3).
2. Claimant alleges officers failed to protect him. Failure to protect is a constitutional violation under the 8<sup>th</sup> amendment. Any claim for failure to protect must be raised in federal court as the claims commission does not hear constitutional claims pursuant to their rules and they have no jurisdiction over federal claims. Therefore, any failure to protect or failure to follow procedure, should be dismissed for lack of jurisdiction under ARCP 12(b)(3).
3. In addition to this argument, officers did render aid and protect Claimant. When Sgt. Walker noticed the fight break out between Inmate Schrader and Inmate York, she ordered both inmates to stop fighting, but they did not comply. Inmate York, the Claimant, was also engaged in fighting in violation of policy. Sgt. Walker saw that Inmate Schrader was trying to stab Claimant and administered a short burst of a chemical agent to prevent the stabbing. Both inmates continued to fight. At this time Captain Barnes assisted by kicking the shank away from Inmate Schrader's possession, subdued him and placed him in restraints. Claimant was taken to the infirmary where he was decontaminated and provided with medical treatment for a 2' cut to his chin and a superficial wound to his scalp and left side of his abdomen.
4. No officer was disciplined for any failure to act. It was never determined from where Inmate Schrader obtained the shank and could have had it hidden in the chow hall thereby bypassing the metal detector. Claimant has offered no proof that Respondent failed to screen inmates entering the chow hall, that the equipment was not operating properly, or from where Inmate Schrader obtained the shank.
5. Inmates were asked to write statements and both inmates refused to write a statement as to why the fight occurred. See Exhibit "A".
6. Claimant was transferred from Tucker to EARU on May 14, 2012. This incident did not occur until March 20, 2013, almost 10 months after his arrival at EARU. He was in general population without incident for 6 months, then received a 30 day disciplinary and upon release on December 16, 2012, he remained disciplinary free until he was charged with Battery, Use of Force on an Inmate and Failure to Obey Order of Staff for his role in this incident on March 20, 2013 involving Inmate Schrader whereupon he was found guilty.

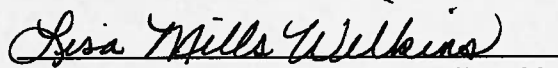
7. Claimant's reputation for assisting officers with information regarding contraband and illegal activities in the barracks is most likely what caused the incident according to the statement he made during one of his interviews.

8. Claimant remained at EARU without further incident until September 11, 2014 when he was transferred to Delta Regional Unit where he remains.

8. Based on the foregoing statements, has failed to state a claim upon which relief can be granted herein under ARCP Rule 12(b)(3) and (6).

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

Respectfully submitted,  
Department of Correction Office of Counsel

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

#### CERTIFICATE OF SERVICE

I certify that a copy of this MOTION TO DISMISS has been served this 17 day of September, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

LARRY YORK (ADC#087973)  
DELTA REGIONAL UNIT  
880 E. GAINES STREET  
DERMOTT, AR 71638

  
LISA MILLS WILKINS Ark. Bar #87190





STATE CLAIMS COMMISSION LOCKET  
OPINION

Amount of Claim \$ 10,000.00

Claim No. 14-0936-CC

Larry York, #087973 Claimant  
vs.

Attorneys  
Pro se Claimant

Department of Correction Respondent  
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed June 12, 2014

Type of Claim Personal Injury, Negligence, Failure to  
Follow Procedure, Pain & Suffering,  
Mental Anguish

FINDING OF FACTS

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

Date of Hearing October 15, 2014

Date of Disposition October 15, 2014

[Signature] Chairman  
[Signature] Commissioner  
[Signature] Commissioner

Before The Arkansas State Claims Commission  
\* General Assembly \*

Arkansas Claims Commission

NOV 04 2014

RECEIVED

October 31<sup>st</sup> 2014

Re: Larry York #0819943 Petition to Appeal  
Claim No. #14-0936-CC Respondent's Request to Dismiss

Dear Mr. Norman L. Hedges Jr and or General Assembly;

I Larry York, the Claimant in claim Case No. #14-0936-CC with all due respect would like and appreciate if the Arkansas State Claims Commission decision to Dismiss my claim against the Arkansas Department of Correction be reverse and my claim be reinstated and set for a hearing.

My reason for Appealing the Claims Commission decision to Dismiss my claim 14-0936-CC is as follows:

1. My claim is valid and I have and can show proof of my accusations.
2. I am uneducated and therefore I ~~was~~ <sup>am</sup> law illiterate and did not know that I was suppose to respond to the Respondent's Motion to Dismiss my claim, "It didn't say in the Motion that I had to respond."
3. I was transferred on Sept 10<sup>th</sup> 2014 from East Arkansas Regional Unit in Berleys Arkansas to Delta Regional Unit in Beemott Arkansas and therefore I was in the midst of getting settled and learning my surroundings, too about the time I reced<sup>d</sup> the Respondent's Motion to dismiss my Claim No. #14-0936-CC the Claims Commission had decided to grant Respondent's Motion to Dismiss my Claim.

Therefore I Larry York #0819943 the Claimant in Case No. #14-0936-CC submit this Motion to the General Assembly Appealing the Arkansas State Claims Commission decision to Dismiss my Claim No. #14-0936-CC.

Wherefore I hope and pray the General Assembly see fit  
to grant my Appeal and reinstate my Chair and set me a  
hearing to present the facts of my claim

Sincerely

Larry Noel #1819973  
Larry Noel #1819973  
Delta Regional Unit  
880 East Graves St  
Dermott AR 71638-9505