

ARKANSAS CLAIMS COMMISSION

F.01

(501)682-1619
(501)682-2823 FAX



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission

SEP 24 2022

CLAIM FORM

RECEIVED

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant(s)

Mr. Marcus A. Kellebrew

(title/last name/first name or company)

[Redacted]

(email)

[Redacted]

(address)

(city)

(state)

(zip)

(primary phone)

2. Claimant's Legal Counsel - proceed to section 2)

(If representing yourself (Pro Se) please check this box and

Hall

(last name)

John Wesley

(first name)

[Redacted]

(email)

1202 Main St

(address)

Little Rock,

(city)

Arkansas 72202 -

(state)

(zip)

(501)371-9131

(primary phone)

Arkansas Bar Number:

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

Arkansas Community Corrections Monticello, Ar. 71655
(state agency involved) Phone (870) 46367-3201

4. Incident Date

5. Claim Type: Civil Rights Multiple Civil Rights Violations
Civil Rights Division Department of Justice Case# attachment tracking #'s

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident Personal Family Estate property by ACC Officers

Explanation of Incident [Redacted] See Attached Complaint and Complaint attachments.

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

Please do not include a copy of your insurance card. You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
 2. Three (3) estimates for repair of the damaged property, OR
 3. An explanation why repair bill(s) or estimate(s) cannot be provided.
6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury. Reported to Civil Rights Division of the Federal Bureau of Investigation 24 Shackelford Little Rock AR.

All personal injury claims require a copy of your medical insurance information in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$550,000 (Punitive Damages) \$150,000,000 Award Settlement
We assert Right of Appeal

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.



Claimant

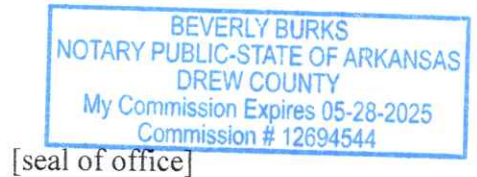
ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 21 day of Sept, 2022, before me, the undersigned notary, personally appeared Marcus Kellebrew known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


Signature of Notary Public



My Commission Expires: 5-28-25

**Arkansas Community Correction
GRIEVANCE, REPORTING SEXUAL ABUSE, EMERGENCY CONTACT
PAROLE/PROBATION**

Offender Name: Marcus Kellebrew PID#: 

Grievance Procedure Notice for Parolees & Probationers.

Note: For sexual assaults there are no time restrictions on reporting, and there are different reporting instructions; refer to the "Reporting Sexual Abuse" information below.

A parolee/probationer may file a grievance with the Parole/Probation Area Manager at the address below within 5 business days of the occurrence of the incident.

If you do not agree with the Area Manager's response to your grievance, an appeal may be submitted within 5 business days of receiving the response. See addresses below.

In the grievance, you must provide the following information on a plain sheet of paper:

- The date, your name and your parole or probation identification number
- The name of the officer or employee involved in the incident
- A clear statement of the complaint, including the date and time of the incident
- How the incident affected you
- Specifically what you want done about the situation
- Your telephone number, address and email address so we may contact you
- Your signature

Submit Grievances to

Thomas McBroome

Arkansas Community Correction
2801 S. Olive, Suite 6-D
Pine Bluff, AR 71601

Submit an Appeal to a Grievance Response to

ATTN: Parole/Probation Services Assistant Director
105 West Capitol Ave, 3rd Floor
Little Rock, AR 72201

Reporting Sexual Abuse. If you were sexually assaulted while confined in a local, state or federal jail, prison, or residential facility, or an ACC-licensed transitional housing facility, you may report that assault.

If you choose to report the alleged assault, you may report it in several ways, as explained on a poster that is displayed in your Parole/Probation office and on the Arkansas Community Correction website.

After-Hours Emergency Parole/Probation Services. If you have an urgent situation after normal office hours you may call this number: 501-686-9800.

When you receive an answer, identify yourself and state your business. Give the phone number where you can be reached. A message will be sent to the appropriate Parole/Probation staff.

Marcus A. Kellebrew
Parolee or Probationer Signature

4/6/2022
Date Signed

John Wesley Hall
Criminal Defense Lawyer

1202 Main Street, Suite 210
Little Rock, AR 72202-5057

Telephone: 501-371-9131
Facsimile: 501-378-0888
forhall@aol.com
www.johnwesleyhall.com

John Wesley Hall
1202 Main St., Suite 210
Little Rock, AR 72202

RECEIPT		DATE <u>8/31/22</u>	No. <u>955669</u>
RECEIVED FROM <u>Marcus Kellebrew</u>		<u>\$20000⁰⁰</u>	
<u>twenty-thousand dollars + ⁰⁰/₁₀₀</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>File Review</u>	
<input type="radio"/> FOR			
ACCOUNT	<u>20,000⁰⁰</u>	<input type="radio"/> CASH	FROM _____ TO _____
PAYMENT	<u>20,000⁰⁰</u>	<input type="radio"/> CHECK	
BAL. DUE	<u>0</u>	<input checked="" type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		BY <u>[Signature]</u>	3-11

Account Detail
FROM PRIMARY SHARES

[REDACTED]

Amount 20000.00

Balance Available 3613.23

Payee JOHN HALL LAW FIRM

MARCUS KELLERBREN

[REDACTED]

Marcus A. Kellerbren

NON-NEGOTIABLE Chk [REDACTED] 22 AUG 22 14:43 Br 2-58 Amt 20000.00



1090 OLD WARREN RD.
MONTICELLO, AR 71655
870-460-9080

NO. [REDACTED]

81-7605/2929

VOID AFTER 90 DAYS

TO THE
ORDER
OF

PAY JOHN HALL LAW FIRM *****
TWENTY THOUSAND DOLLARS ONLY

DATE 22 AUG 22

\$20,000.00

MARCUS KELLERBREN

[REDACTED]

ARKANSAS SUPERIOR FEDERAL CREDIT UNION

Sandra Coe

AUTHORIZED SIGNATL

[REDACTED]

9/16/2022

Thomas McBroome
Arkansas Community Corrections
2801 S. Olive, Suite 6-D
Pine Bluff, Ar. 71601

Marcus A. Kelbrow
ADC# [REDACTED]

RE: Multiple Civil Rights Violations/
Mrs. Melody Anderson & Ofc. Katrina Barrow

Mr. Tom Broome,

This Grievance & Complaint seems concurrent
with Dept. of Justice Civil Rights Division
18 U.S. Title II Complaint filings
United States of America

Department of Justice

Civil Rights Division Claims & Tracking
Numbers: 198106-RTN; DOJ # 195950-PDB
DOJ # 195894 JPC; DOJ # 198316-HWT &
DOJ # 198643-LHT

Federal Bureau of Investigation Civil Rights
Washington, DC. Headquarters Tracking #'s

First, Mr. Boone & I would like to inform
your offices that my Case File #CR 2010-
134-1 is under Case Review Post Conviction
Attorney at Counsel: U.S. Supreme Court
John Wesley Hall Law Firm Arkansas Supreme
1202 Main Street, Suite 210 Court
Little Rock, Ar. 72202-5057
POC # 501-371-9131
Associate Attorney
Samantha J. Carpenter

On Sept 15, 2020 I reported as usual
for ACC Classes with Mrs. Melody
Anderson at or about 9:30 AM. Handled
in a homework assignment given the
following month homework assignment:
"Triggers" sexual triggers on this home
work assignment to list your Sexual
Triggers" I signed, Dated and placed
my ABC # along with my Attorney
information Retained Counsel.
Mrs. Anderson has targeted me
multiple times and singled me
out directly several occasions
as well since being referred over
to SOAP ACC from the beginning.

Since Being Released from Grady, At
ADC in April 2022.

On This Incident Report and Tracking
member to Dept. of Justice Civil
Rights Division reporting Mrs. Andersen
Violated my right to be silent
during this Class session and
say nothing listening to others
yet still being present in class
with the others. Her interrogative
questioning made me feel threatened
and very afraid and insecure.
Her secondary Question was appalling
and self-incriminating of Everyone
in the Class. The Question is along
the lines of "if you were 'hit' by a
Woman, Female, Significant Other would
you hit her BACK!" She made Predicate
Statements trying to lead, or leading
the others on almost like just how
far would you "Beat Her" i.e. "you
know what I'm talking about."
Mr. McBryone this leading and
an absolute form of Entrapment
through self-incrimination by
leading Questions! This cannot be

State of Arkansas "Socap" Standard
and Code of Ethics Board Standard
Operating Procedures for teaching
a class on "Sexual Triggers. Nor
can this line of Questioning and
Others like it in previous class
questions.

So, the Question ^{came} ~~came~~ me
and being hesitant and withdrawn
around others. Might I remind
you I've just paid \$20,000
retainer fee to John Hall Law
firm, Little Rock, Ar. With Attorney
Carol in my pocket "My case is
Under Review!!" Mr. McBroone I
have attorney retained. Obviously
my answer I guess I'll have
to claim "Self defense" was not
sufficient for her likeness. I
was not saying things according
to the way she wished with
my attorney Rights and Protection
along with Civil Rights to Remain
Silent if I ~~say~~ chose I also
have 5th Amendment Rights
and Protections Under Self Incrimination

or Misleading Questions, She then
has me removed from the Other
then Orders Cfc. Katrina Barron
to have me removed from the
Building, At which time I
Contacted the Federal Bureau of
Investigation - Civil Rights/
Disability Rights Division Washington
DC, The Dept of Justice 18 USC
Title III Civil Rights Division

* Police Brutality / Incarcerated Persons
Jail, Communitis Corrections Dept, etc.
American Veterans with Disability
Veterans Representative Little Rock,
Monticello Ar. Along with Human
Rights Watch, Org Executive Offices
New York New York Awaiting
Representation by Special Attorney
Civil Affairs Division Human
Rights Abused Disabled People &
Veterans Organization

I have filed due to the fact
* that I have had my rights violated
* By being removed Under Color
of Arms, UNDER COLOR OF ARMS
Armed Law Enforcement being 91

a [REDACTED] a
Appellate Arkansas Supreme
Court Attorney retained at
\$ 20,000 to protect my rights
Sir, which has been violated
By Mrs. Anderson and your
Police Officer Katrina Barrow.

Now, let me move on to today's
Dept. of Justice Civil Rights Division
Case file tracking # 198643-LHT
Unreasonable search, Pilfering
of a home, Pilfering of a religious
table with Bible, placed on
display and 4th Amendment
violations by Ofc. Katrina
Barrow and Ofc. Sanders were
Ofc. Sanders ransacked my couch
and personal dresser drawers like
a prison shake down violating
my home and sanctuary along
with pilfering of a religious display
table for my family Bible.
This has been duly reported to
Dept. of Justice Washington, D.C.
as well as other Civil Rights &

Civil Liberties Sanctity of Home
and Home Unreasonable Search,
pilfering and Overreach and
Abuse of Authority and State
Power. My attorney has claimed
this to be Retaliation Actions by
Law Enforcement - John Hall Law
Firm Little Rock, Ar. Attorney at
Counsel, Retained Attorney Case
file Review Ark. Supreme Court.
CR #2010-134-1 State of Ark vs
Marcus A. Kellebrew, 10/01/1972
A copy and attachment of
Attorney Retainer fees will be
attached to this Grievance and
report of Redress of Grievances
Civil Rights Violations, Violation
of Under Color of ARMS Law
Enforcement Officers Abuses of
Search of a Personal Home and
Personal Effects pilfering.
This report will be sent to
Governor ASA, Hutchenson Off.
West Capital St.
Little Rock, Ar.
With Attorney at Counsel

attachments, At this time I wish to respectfully inform your Offices and/or Committee that whatever decision your Chair makes it will be appealed through Appellate Procedures by and through assistance of Attorney Retained Counsel.

Yours, Respectfully

Marcus A. Kelleher
APC# [REDACTED]
9/16/2022

Attorney at Counsel:
John W. Hall
1202 Main St. Suite 210
Little Rock, Ar. 72202-
5057

Copy Sent: Gov. Lisa Hutchinson
Little Rock, Ar.

Additional I was "Served" a copy on 9/16/2022 by OTC Katrina Barrow. I should have been given a copy upon Signature of Grievance Procedure Sexual Abuse Policy. My Attorney will be notified of your violation withholding of Grievance Procedure form which I signed 4/6/2022
MAK-

9/16/2022

Thomas McBroome
Arkansas Community Corrections
2801 S. Olive St, Suite 6-D
Pine Bluff, Ar. 71601

Marcus A. Kellebrew
ADC# [REDACTED]

RE: Specifically what I want done about
this Matter, Per Grievance Procedure

Mr. T. McBroome,

Under Dept of Justice Civil Rights
Division Filing dated 9/16/2022
18 USC Title VI Case # 198643-LHT
These three individuals will be
terminated effective immediately
for there Civil Rights Division
Violations under 18 USC Title VI
There individuals Violations exceeds
my Constitutional Rights Protections
and Freedoms

Further more these three State

employees will be removed from any and all A.C.I.C; NCIC access and any and all State Security Clearances will be Revoked indefinitely. This additional Grievance Filing will be sent to John W. Hall Law Firm 1202 Main Street, Little Rock, Ar. 72202

Gov. ASA Hutchinson Little Rock, Ar.

You are hereby placed on notice that Marcus A Kellebrew along with John W. Hall will be Filing and seeking damages with Arkansas State Claiming Commission, Little Rock, AR as well for any and all damaged items involved with Religious Sanctuaries and Civil Rights Violations. You are hereby Placed on notice.

Respectfully
Submitted.

Marcus A. Kellebrew
ADC# [REDACTED]

From: [ASCC New Claims](#)
To: [Amber Schubert \(DOC\)](#)
Cc: [Kathryn Irby](#)
Subject: CLAIM: Marcus A. Kellebrew v. ACC, Claim No. 230414
Date: Tuesday, September 27, 2022 2:09:00 PM
Attachments: [Marcus A. Kellebrew ACC agency ltr .pdf](#)
[Marcus A. Kellebrew Claim.pdf](#)

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

September 27, 2022

Ms. Amber Schubert
Arkansas Community Correction
2 Union National Plaza, Third Floor
Little Rock, AR 72201

(via email)

RE: ***Marcus A. Kellebrew v. Arkansas Community Correction***
Claim No. 230414

Dear Ms. Schubert,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Community Correction. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: John Wesley Hall, *counsel for Claimant* (w/ encl.) (via email)

From: [ASCC New Claims](#)
To: [REDACTED]
Bcc: ["Kathryn Irby"](#)
Subject: Marcus A. Kellebrew v. ACC, Claim No. 230414
Date: Tuesday, September 27, 2022 2:09:00 PM
Attachments: [Marcus A. Kellebrew ACC agency ltr .pdf](#)

Dear Mr. Hall,

Attached please find a copy of the letter sent with Mr. Kellebrew's claim to the Arkansas Community Correction.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [REDACTED]
To: [Kathryn Irby](mailto:Kathryn.Irby)
Subject: Re: Marcus A. Kellebrew v. ACC, Claim No. 230414
Date: Tuesday, September 27, 2022 3:07:28 PM

thank you for your promptness. You prove that state employees really do their work and do it well.

JWH

-----Original Message-----

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
To: [REDACTED]
Cc: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Tue, Sep 27, 2022 2:56 pm
Subject: RE: Marcus A. Kellebrew v. ACC, Claim No. 230414

Mr. Hall, I am attaching a copy of the complaint filed in this matter listing you as counsel for Mr. Kellebrew.

I will remove you as counsel of record and send notice to the parties (and you) advising that Mr. Kellebrew is proceeding *pro se*.

Thank you for this information.

Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [REDACTED]
Sent: Tuesday, September 27, 2022 2:47 PM
To: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Subject: Re: Marcus A. Kellebrew v. ACC, Claim No. 230414

I am not counsel for Mr. Kellebrew on this. He and I have a limited engagement that has nothing to do with ASCC claims. If I were counsel, I would have filed the claim.

Now that I think of it, can you please send me a copy of what is attributed to me?

John Wesley Hall
1202 Main St., Suite 210
Little Rock, Arkansas 72202-5057
501-371-9131 / fax 501-378-0888

FourthAmendment.com (ABA Journal Web 100 Law Blog 2015-17 (discontinued 2018))
Author, Search and Seizure (5th ed. 2013); Trial Handbook for Arkansas Lawyers (4th ed. 2018)
Past President (2008-09), Life Member, National Association of Criminal Defense Lawyers
Best Lawyers in America, Criminal Defense and White-Collar Defense (18 years)
(Criminal Defense Lawyer of the Year 2018, 2020, 2023)
SuperLawyers (18 years), Top 50 Arkansas lawyers in all areas (2021)
American Board of Criminal Lawyers (38 years)

-----Original Message-----

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>

To: [REDACTED]

Sent: Tue, Sep 27, 2022 2:09 pm

Subject: Marcus A. Kellebrew v. ACC, Claim No. 230414

Dear Mr. Hall,

Attached please find a copy of the letter sent with Mr. Kellebrew's claim to the Arkansas Community Correction.

Thank you,

Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [ASCC New Claims](#)
To: [REDACTED]; [Amber Schubert \(DOC\)](#)
Cc:
Subject: CORR: Marcus A. Kellebrew v. ACC, Claim No. 230414
Date: Tuesday, September 27, 2022 3:07:00 PM
Attachments: [Kellebrew v. ACC -- 230424 -- CI is not represented by atty.pdf](#)
[Marcus A. Kellebrew ACC agency ltr .pdf](#)

Mr. Kellebrew, Ms. Schubert, and Mr. Hall, please see attached.

Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Tuesday, September 27, 2022 2:09 PM
To: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: CLAIM: Marcus A. Kellebrew v. ACC, Claim No. 230414

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

September 27, 2022

Mr. Marcus A. Kellebrew

(via email)

[REDACTED]
[REDACTED]

Ms. Amber Schubert
Arkansas Community Correction
2 Union National Plaza, Third Floor
Little Rock, Arkansas 72201

(via email)

RE: ***Marcus A. Kellebrew v. Arkansas Community Correction***
Claim No. 230414

Dear Mr. Kellebrew and Ms. Schubert,

After transmitting this claim to Arkansas Community Correction today (and providing a copy of the enclosure letter to Mr. John Wesley Hall, who is listed as Mr. Kellebrew's attorney in this matter), Mr. Hall sent electronic correspondence to the Claims Commission confirming that he is not representing Mr. Kellebrew in this matter. As such, Mr. Hall has been removed as the attorney of record in this matter, such that Mr. Kellebrew is currently representing himself.

If Mr. Kellebrew retains an attorney in this matter, that attorney can file a notice of appearance by sending it to ascpleadings@arkansas.gov.

I am copying Mr. Hall on this correspondence to provide confirmation to him that he is no longer listed as Mr. Kellebrew's attorney in this matter.

Additionally, I am attaching a copy of the September 27, 2022, letter transmitting this claim to Arkansas Community Correction for Mr. Kellebrew's records.

Sincerely,

Kathryn Irby

ES: kmirby

cc: John Wesley Hall (via email)

From: [Amber Schubert \(DOC\)](#)
To: [ASCC New Claims](#)
Subject: Re: CORR: Marcus A. Kellebrew v. ACC, Claim No. 230414
Date: Tuesday, September 27, 2022 3:35:57 PM
Attachments: [Kellebrew v. ACC -- 230424 -- CI is not represented by atty.pdf](#)
[Marcus A. Kellebrew ACC agency ltr .pdf](#)

Thank you.

Sent from my iPhone

On Sep 27, 2022, at 4:07 PM, ASCC New Claims
<ASCC.New.Claims@arkansas.gov> wrote:

Mr. Kellebrew, Ms. Schubert, and Mr. Hall, please see attached.

Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Tuesday, September 27, 2022 2:09 PM
To: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: CLAIM: Marcus A. Kellebrew v. ACC, Claim No. 230414

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [Amber Schubert \(DOC\)](#)
To: [ASCC Pleadings](#)
Subject: Marcus Kellebrew v. Arkansas Division of Community Correction, Claim No. 230414
Date: Tuesday, October 11, 2022 2:19:34 PM
Attachments: [Kellebrew Enclosure Letter.pdf](#)
[image001.jpg](#)
[Kellebrew MTD and BIS.pdf](#)

Please see attached enclosure letter and Motion to Dismiss with Incorporated Brief in Support for filing in this claim.

Thank you.



Confidentiality Notice: The information contained in this email message and any attachment(s) is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to whom this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distributing this transmission is STRICTLY PROHIBITED. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by return email and delete the message and attachment(s) from your system.



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Community Correction

1302 Pike Avenue, Suite B
North Little Rock, Arkansas 72114
Phone: (501) 682-9510 | Fax: (501) 682-9513
DOC.ARKANSAS.GOV

October 11, 2022

Ms. Kathryn Irby, Director
Arkansas State Claims Commission
Via Email to: ASCCPleadings@arkansas.gov

Re: *Marcus Kellebrew v. Arkansas Division of Community Correction*
Claim No. 230414

Dear Ms. Irby:

Please find enclosed a Motion to Dismiss for filing in the above-referenced claim.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Amber Schubert", written in a cursive style.

Amber Schubert
General Counsel

cc: Marcus Kellebrew, Claimant

**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MARCUS KELLEBREW

CLAIMANT

V.

Claim No. 230414

**ARKANSAS DIVISION OF
COMMUNITY CORRECTION**

RESPONDENTS

MOTION TO DISMISS AND INCORPORATED BRIEF IN SUPPORT

Comes now Respondent, Arkansas Department of Correction – Division of Community Correction (ACC), by and through counsel and for its Motion to Dismiss and Incorporated Brief in Support states:

1. Claimant, a parolee and sex offender conditionally released from prison to the supervision Arkansas Department of Corrections – Division of Correction (ACC), alleges that ACC has violated his United States constitutional rights by enforcing various conditions of his supervised release.
2. Because Claimant has failed to state facts supporting a claim for relief his Complaint must be dismissed in its entirety. Moreover, the Commission lacks jurisdiction over the claims Claimant purports to bring because they are for civil rights violations that can be brought in a court of general jurisdiction.
3. Claimant states no facts in his Complaint, but refers to various documents attached to his claim form including two letters addressed to Thomas McBroom at ACC. In those letters, Claimant states that he has reported various civil rights violations allegedly committed against him by ACC officers to the Department of Justice and Federal Bureau of Investigation.

4. Specifically, Claimant alleges that his Fifth Amendment right to be silent was violated when he was required to participate in a treatment/counseling program that included class participation as part of the Sex Offender After Care Program (SOAP) as a condition of his release on parole.
5. The Fifth Amendment of the United States Constitution prohibits an individual from being compelled to be a witness against themselves in a criminal case. Required participation in a treatment program does not invoke Fifth Amendment constitutional concerns as it is not a criminal proceeding, and therefore Claimant has failed to state a claim for which relief may be granted under the Fifth Amendment.
6. Claimant also alleges that his Fourth Amendment rights were violated when parole officers “pilfered” his home during a parole home visit. Pursuant to Ark. Code Ann. § 16-93-106, Claimant was subject to “a warrantless search of his...person, place or residence, or motor vehicle at any time, day or night, whenever requested by the certified law enforcement officer or division officer.” Therefore, Claimant’s claim that his home was “pilfered” in violation of the Fourth Amendment must be dismissed as he consented to the search as a term of his supervised release.
7. Moreover, as Claimant stated numerous times, the actions of the ACC officers he alleges violated his civil rights were done under color of state law. These claims could be brought in federal or state court and therefore the Commission lacks jurisdiction over the claims.
8. Ark. Code Ann. § 19-10-204(b)(2)(A) specifically states that “[t]he commission shall have jurisdiction only over those claims which are barred by the doctrine of sovereign

immunity from being litigated in a court of general jurisdiction.” Claims of constitutional violations can be brought as federal civil rights action under 42 U.S.C. § 1983.

9. Additionally, Claimant is currently on parole. Pursuant to A.C.A. § 19-10-204(b)(1)(A)(iii)(b), the Claims Commission lacks jurisdiction over claims against ACC by a person while that person is subject to conditions of parole or probation under Arkansas law.
 10. For the foregoing reasons, Claimant’s Complaint should be dismissed in its entirety.
- WHEREFORE, Respondent respectfully requests that Claimant’s Complaint be dismissed and for all other relief to which it may be entitled.

Respectfully submitted,

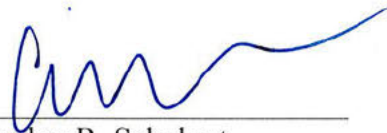
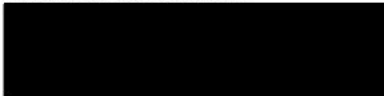


Amber R. Schubert, Bar No. 2009150
General Counsel
Arkansas Department of Correction –
Division of Community Correction
1302 Pike Avenue, Suite B
North Little Rock, AR 72114
(501) 747-3783
amber.schubert@arkansas.gov

CERTIFICATE OF SERVICE

I, Amber R. Schubert, certify that on October 11, 2022, I forwarded a copy of the foregoing, by U.S. Mail, postage prepaid, addressed to the following:

Marcus Kellebrew



Amber R. Schubert

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



arclaimscmission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission

OCT 21 2022

CLAIM FORM

RECEIVED

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant(s)

Mr. Kellebrew, Marcus A.

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

2. Claimant's Legal Counsel - proceed to section 2)

(If representing yourself (Pro Se) please check this box and

Kellebrew

(last name)

Marcus A.

(first name)

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number: _____

If not licensed to practice law in Arkansas, please
contact the Claims Commission for more information.

3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

State of Arkansas (ACC) Arkansas Community Corrections

(state agency involved)

4. Incident Date

See Attached Claim/Complaint Form; Counter Complaint(s)

5. Claim Type Counter lawsuit for Damages by Arkansas State Agents in Violation of Civil Rights/Breach of Search/Warrantless

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident

Explanation of Incident

Multiple Civil Rights Violations by Agents of the
State of Arkansas (ACC) Ark. Community Corrections

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

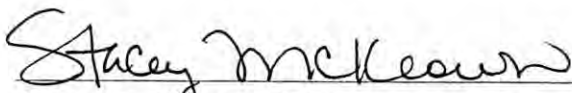

Claimant

ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 20th day of October, 2022 before me, the undersigned notary, personally appeared Marcus Kellebrew known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


Signature of Notary Public

My Commission Expires: 03/21/2027



5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

Please do not include a copy of your insurance card.
You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
 2. Three (3) estimates for repair of the damaged property, OR
 3. An explanation why repair bill(s) or estimate(s) cannot be provided.
6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury. *Civil Rights Violations of Rule 10(E) by State Agents/Agency; Warrantless Search*

All personal injury claims require a copy of your medical insurance information in place at the time of the incident.

I do not have health insurance

8. Amount Sought: *\$ To be Determined by Ark. Claims Commissioner(s)*
Plaintiff/Claimant Reserves absolute Right(s) of Appeal.

STATE OF ARKANSAS
ARKANSAS CLAIMS COMMISSION
101 EAST CAPITAL AVE., SUITE 410
LITTLE ROCK, AR 72201-3832

MARCUS A. KELLEBREW
CLAIMANT
CLAIM #230414

VS.

STATE OF ARKANSAS
ARKANSAS COMMUNITY
CORRECTIONS- ACC

RESPONDENT

MOTION TO PROCEED/ RESPONSE TO INCORPERATED BRIEF

NOW COMES THE PLAINTIFF/ CLAIMANT MARCUS A. KELLEBREW, ESQ. PRO SE, FOR HIS MOTION TO *PROCEED AND RESPONSE TO INCORPERATED BRIEF AND OF THE SAME IN THE ABOVE STYLE MATTER STATES AFFIRMEDLY AND DOES ALLEGE;*

1) THAT THE CLAIMANT ,MARCUS A. KELLEBREW ,ESQ., PRO SE., CLAIM #_____ HAS PROPER VENUE IN THE ARKANSAS CLAIMS COMMISSION ACORDING TO ARK. RULES OF CIVIL PROCEEDURE AND ARK. CODE ANN. SECT. 16-60-101)A)(3); 16-60-102etc., AND IN ACCORDANCE WITH...ARK. CODE ANN. SUB.SECT. 16-17-706(b)(1), (b)(2) ARKANSAS CIVIL PRACTICE AND PROCEEDURES. THE INDIVIDUALS NAMED IN ARKANSAS STATE CLAIMS COMMISSION ARE AGENTS/AGENCES OF THE STATE OF ARKANSAS IN ACCORDANCE WITH PROCEEDURES OF VENUE AND JUREASEPRUDENCE BY AND OF ARKANSAS CLAIMS COMMISSION FILING STADARDS. THE AFOREMENTIONED CLAIM IS DAMAGES IN SUIT OF CLAIMS BY AGENTS OF THE STATE OF ARKANSAS

2) IN RESPONSE TO RESPONDENTS INCORPERATED BRIEF IN SUPPORT THAT THE PLAINTIFF/CLAIMANT, MARCUS A. KELLEBREW,ESQ. PRO SE., CLAIM #230414, AFFIRMS THAT HE IS ON PAROLE ON REMAND BY AND THROUGH THE ARKANSAS STATE DEPARTMENT OF CORRECTIONS--DIVISION OF COMMUNITY

CORRECTIONS(ACC) AND FURTHER STATES AND CLAIMS IN SUPPORT OF HIS MOTION TO PROCEED THAT ACC VIOLATED PLAINTIFF/CLAIMANT, MARCUS A. KELLEBREW,ESQ.,PRO SE, UNITED STATES CONSTITUTIONAL RIGHTS BY BEING IN BREACH OF RULE 10, RULE 10 (E)REASONABLE SEARCH CRITERIA AND DOCTRINS OF SEARCH/ WARRENTLESS SEARCH. THESE ARE DAMAGES CAUSED BY AGENTS KATRINA BARROW, AGENT LASANDRA SANDERS AND AGENT MELODY ANDERSON OF ARKANSAS COMMUNITY CORRECTIONS OF ARKANSAS STATE EMPLOYEES AND AGENTS THEREOF. AND FOR FILING A COMPLAINT ON ARKANSAS COMMUNITY CORRECTIONS AGENT MELODY ANDERSON FOR REMOVAL OF CLASSROOM SETTING UNDER COLOR OF ARMS BY AGENT KATRINA BARROW.

3) PLAINTIFF/ CLAIMANT FURTHER ALLEGES AND STATES UNDER SWORN TESTIMONY THAT ILLEGAL SEARCH HAPPENED THE FOLLOWING DAY AT APPROX. 210-215P.M. AT HIS FAMILY ESTATE PROPERTY AND ESTOPPLE LOCATED ON [REDACTED] AND WAS SERVED COMPLAINT FORM/ COMPLAINT PROCEDURE AS WRIT TO SEARCH/SEARCH WARRANT IN THE ABOVE STYLE CLAIM MATTER. CLAIMANT, MARCUS A. KELLEBREW, ESQ. PRO SE., CLAIM#230414,... FURTHER ALLEGES AND STATES THAT ILLEGAL SEARCH WAS A " RETALIATORY STRIKE" ON THE CLAIMANT MARCUS A. KELLEBREW AFTER BEING REMOVED FROM CLASSROOM SETTING THE DAY PRIOR BY AGENT MELODY ANDERSON OF ACC S.OA.P. AND FURTHER PLEADS AND STATES FOR THE RECORD OF CLAIMS COMMISSION OF THE STATE OF ARKANSAS THAT THIS FOURTH AMENDMENT VIOLATION OF BREACH OF REASONABLE SERCH WENT INTO SEARCH OF GOVERNMENT DOCUMENTS, VITAL STATISTICS, INNER CLOSETS. PRIVATE DRAWERS, RELIGIOUS SANCTUARY, ANTIQUE KIMBALL PIANO OF MY GRANDMOTHER'S FURTHER RELIGIOUS RELICS AND ARTIFACTS WITH OPEN DISPLAY.

PAGE 3 SUMMARY

4) PLAINTIFF/ CLAIMANT, MARCUS A. KELLEBREW, ESQ. PRO SE, CLAIM# 230414 FURTHER PLEADS ARKANSAS CLAIMS COMMISSIONS HAS PROPER VENUE AND JURISDICTION IN THE ABOVE STYLE CLAIM MATTER AND THIS CLAIM IS NOT A GENERAL COURT MATTER OF THE LOWER COURTS BUT EXCLUSIVE VENUE IN ARKANSAS CLAIMS COMMISSIONS BY DAMAGES CAUSED BY STATE AGENTS/AGENCIES OF THE STATE OF ARKANSAS...IN REGARDS TO RESPONDENT CLAIMS OF COURT OF GENERAL JURISDICTION IT IS IN THE VENUE OF THE PLAINTIFF/CLAIMANT CONCERNING CASE FILING(S) UNDER CR#2010-134-1 IN LOWER COURTS OF JURISDICTION FOR WRIT OF HABOUS CORPUS, 42USC1982, ETC.,ETC...AND NOT UNDER THE VENUE OR AUTHORITY OF ACC RESPONDENT FOR COURT VIOLATIONS ACCORDANCE TO RULE 4 EVIDUCIARY IN LOWER COURT PROCEEDING WITH ADDITIONAL INTERLOCTORY REVIEW BY AND THROUGH ARKANSAS SUPREME COURT SEE....RULE 6.1 ARKANSAS SEPREME COURT UNDER WRIT/ PETITION FOR EXTRAORDINARY APPEALS AND PROCEEDINGS.

AND NOW COMES, PLAINTIFF/CLAIMANT MARCUS A. KELLEBREW, ESQ. PRO SE., CLAIM NO.#230414 IN THE ABOVE STYLED CLAIM MATTER AND THE AFORE MENTION PLEADINGS FOR MOTION TO PROCEED...THAT RESPONDANT MOTION TO DISMISS SHALL AND SHOULD BE DEPOSED AND OVERRULED IN ITS ENTIRETY.....UPHOLDING VENUE AND JURISDICTIONS IN ARKANSAS CLAIMS COMMISSION PROCEEDING(S).....AND FURTHER STATES AND PLEADS FOR PRAYER TO THE COMMISSION FOR JUST AND ENTITLED CLAIMS REMEDY AND RELIEF AS HE HAS SOUGHT.AND BE UPHELD VENUE AND FURTHER PLEADINGS IN LOWER COURT AS WELL PROPER AND DUE RLEIF FOR DAMAGES CAUSED BY ARKANSAS STATE AGENTS OF THE STATE OF ARKANSAS.....

AND FOR THIS WE PRAY FOR MOTION TO PROCEED WITH PROPER VENUE AND

JURISDICTION IN THE ABOVE CASE MATTER IN ARKANSAS CLAIMS COMMISSION
PROCEEDING.....AND FOR ANY OTHER JUSTIFIABLE RELIEF THAT MY BE
SOUGHT IN ARKANSAS SUPREME COURTS.....

RESPECTFULLY SUBMITTED,

MARCUS A. KELLEBREW, ESQ., PRO SE.



I, MARCUS A. KELLEBREW, CERTIFY THAT ON OCT. 20, 2022, I FORWARDED A
COPY OF THE AFOREGOING, BY U.S. MAIL, POSTAGE PAID, ADDRESSED TO THE

FOLLOWING:

AMBER R. SCHUBERT, ARKANSAS BAR NO. 2009150
GENERAL COUNSEL
ARKANSAS DEPARTMENT OF CORRECTIONS
1302 PIKE AVENUE, SUITE B
NORTH LITTLE ROCK, AR. 72114
(501) 747-3783

INVOICE

Marcus Kellebrew

Invoice Date
Oct 17, 2022

Invoice Number
INV-0543

James Quick Print
xxx-xx-3432

James Quick Print
112 East Gaines
MONTICELLO AR 71655

Description	Quantity	Unit Price	Tax	Amount USD
Copy set 1 2 sets of 46	92.00	0.25	9.75%	23.00
Copy Set 2 2 sets of 35	70.00	0.25	9.75%	17.50
Photo prints 2 sets of 15	30.00	1.25	9.75%	37.50
Images Burned to 4 discs	4.00	20.00	9.75%	80.00
			Subtotal	158.00
			TOTAL STATE 6.5%	10.27
			TOTAL CITY 1%	1.59
			TOTAL COUNTY 2.25%	3.55
			TOTAL USD	173.41

Due Date: Oct 17, 2022

[View and pay online now](#)

Monticello Branch Library

1263 HIGHWAY 425 N
MONTICELLO, AR 71655-4460
870-723-5052


10/20/2022
12:14 PM

Custom Amount x 1	\$22.80
.114 Copies at .20 per page	
Total	\$22.80

Receipt PNLs
Authorization 125104

MasterCard
8971

**Arkansas Community Correction
GRIEVANCE, REPORTING SEXUAL ABUSE, EMERGENCY CONTACT
PAROLE/PROBATION**

Offender Name: Marcus Kellebrew PID#: 

Grievance Procedure Notice for Parolees & Probationers.

Note: For sexual assaults there are no time restrictions on reporting, and there are different reporting instructions; refer to the "Reporting Sexual Abuse" information below.

A parolee/probationer may file a grievance with the Parole/Probation Area Manager at the address below within 5 business days of the occurrence of the incident.

If you do not agree with the Area Manager's response to your grievance, an appeal may be submitted within 5 business days of receiving the response. See addresses below.

In the grievance, you must provide the following information on a plain sheet of paper:

- The date, your name and your parole or probation identification number
- The name of the officer or employee involved in the incident
- A clear statement of the complaint, including the date and time of the incident
- How the incident affected you
- Specifically what you want done about the situation
- Your telephone number, address and email address so we may contact you
- Your signature

Submit Grievances to
Thomas McBroom
Arkansas Community Correction
2801 S. Olive, Suite 6-D
Pine Bluff, AR 71601

Submit an Appeal to a Grievance Response to
ATTN: Parole/Probation Services Assistant Director
105 West Capitol Ave, 3rd Floor
Little Rock, AR 72201

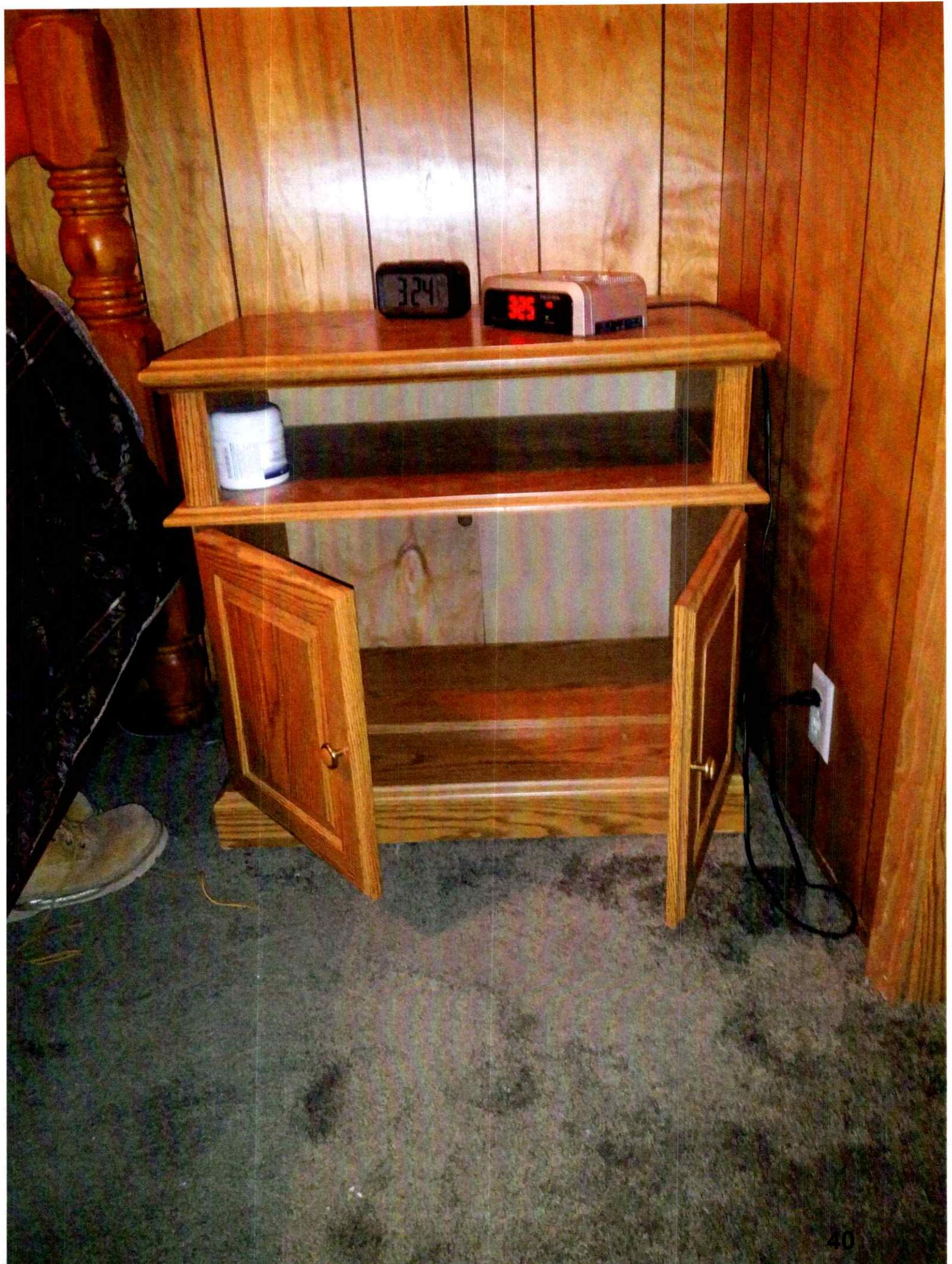
Reporting Sexual Abuse. If you were sexually assaulted while confined in a local, state or federal jail, prison, or residential facility, or an ACC-licensed transitional housing facility, you may report that assault.

If you choose to report the alleged assault, you may report it in several ways, as explained on a poster that is displayed in your Parole/Probation office and on the Arkansas Community Correction website.

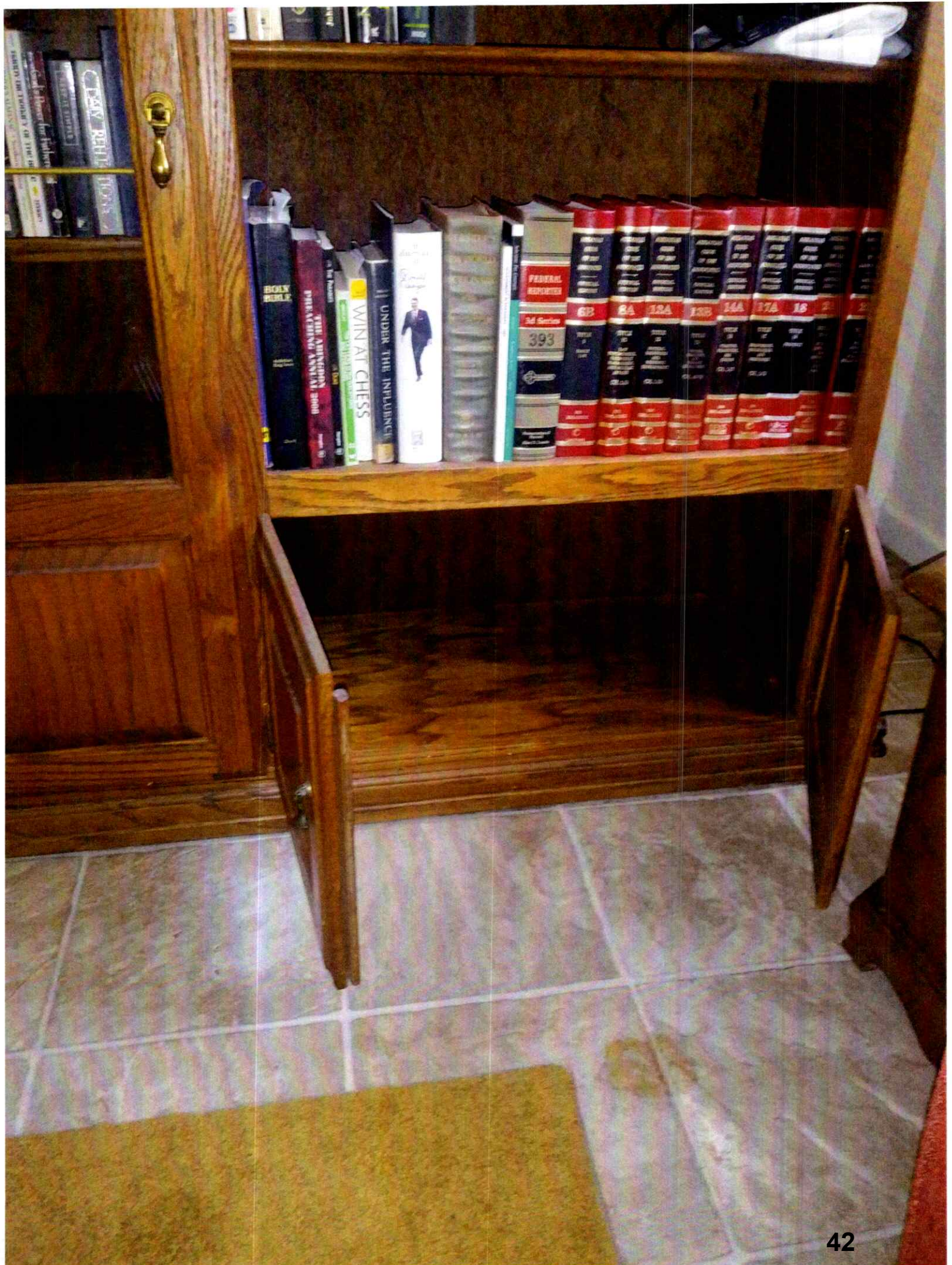
After-Hours Emergency Parole/Probation Services. If you have an urgent situation after normal office hours you may call this number: 501-686-9800. When you receive an answer, identify yourself and state your business. Give the phone number where you can be reached. A message will be sent to the appropriate Parole/Probation staff.

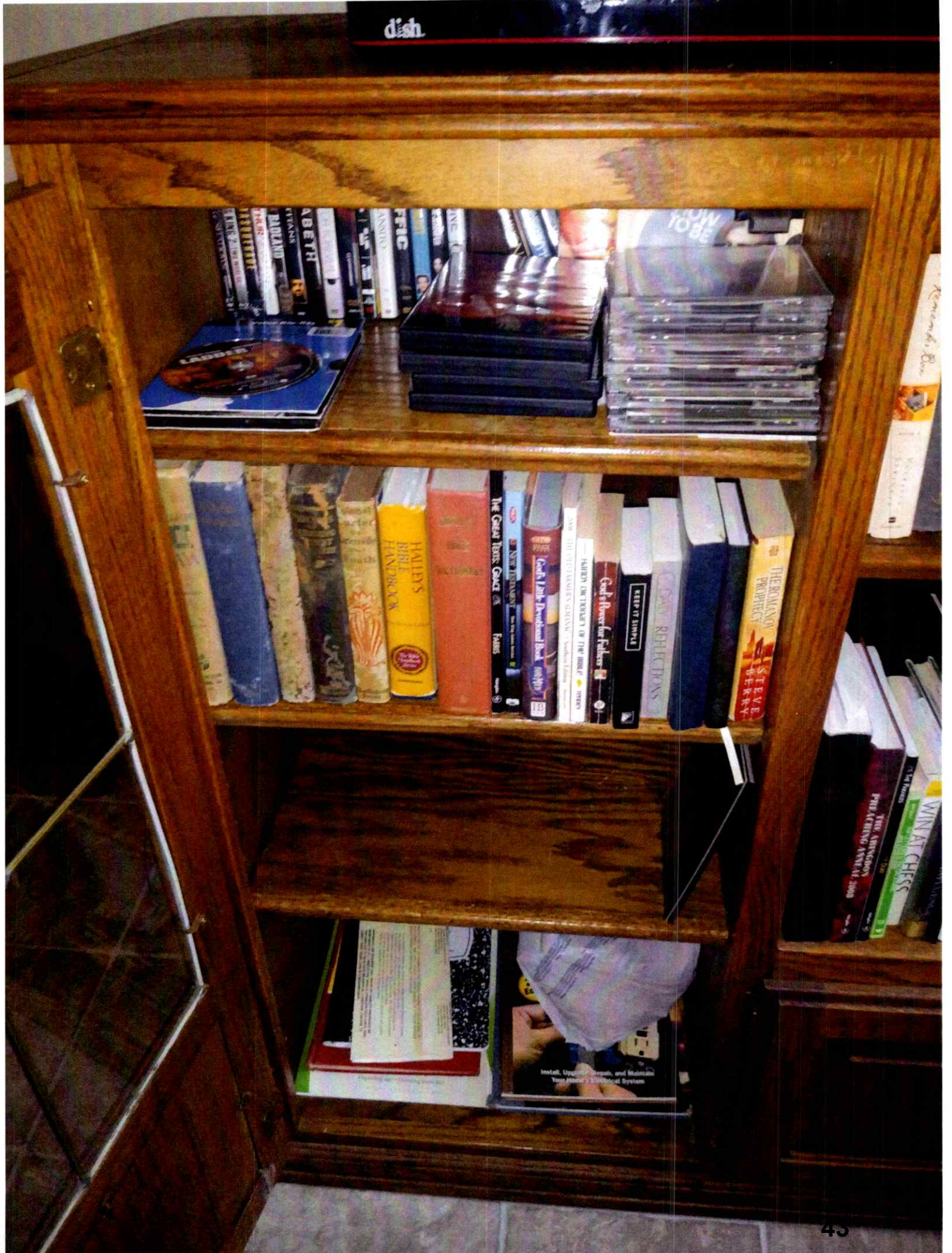
Marcus Kellebrew
Parolee or Probationer Signature

4/6/2022
Date Signed









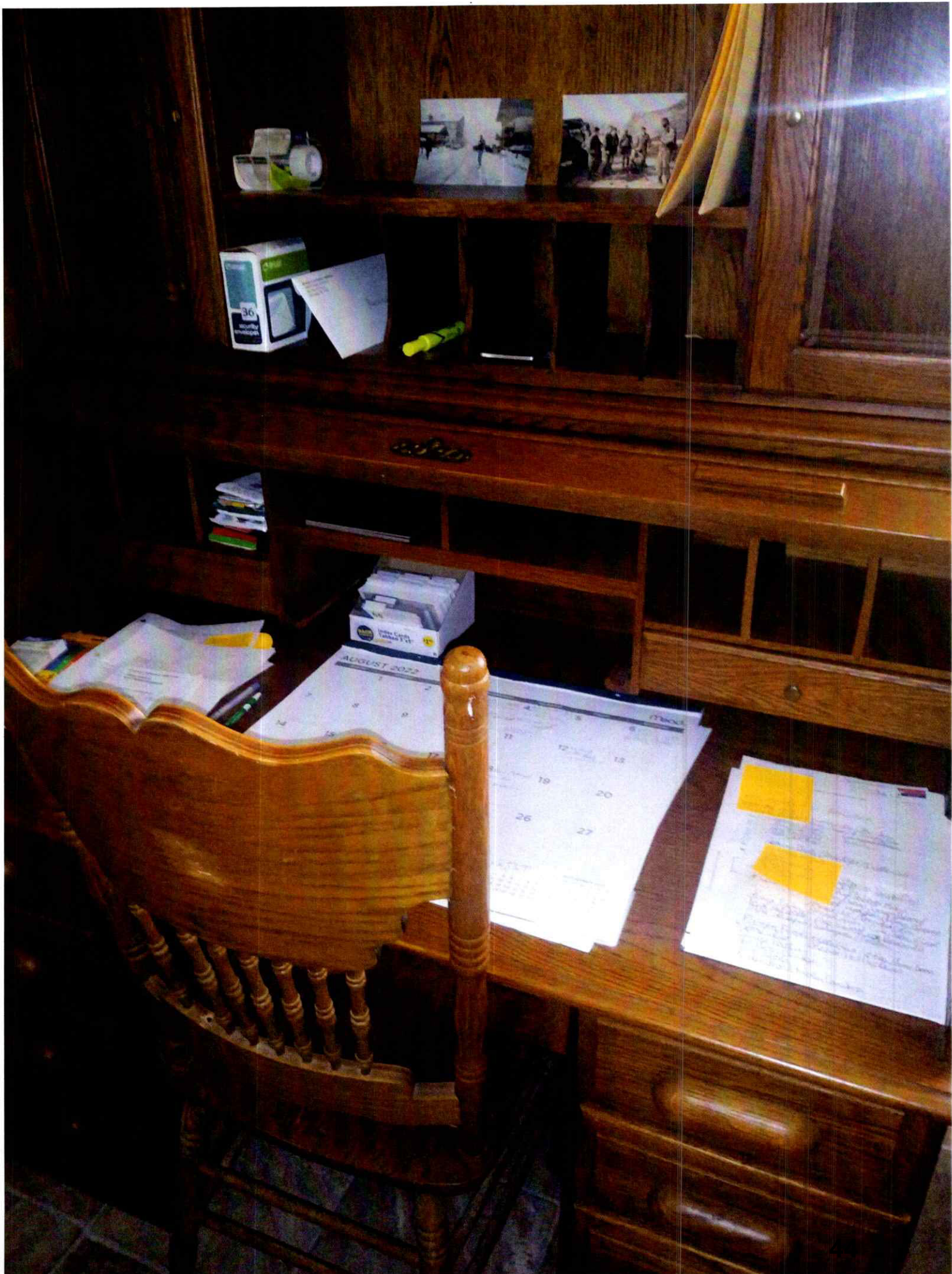
dish

TO BE
LARRY
ABETH
BARAN
CYANUS
AMINO
FFIC
LINE
CENS
HOW TO BE

HALLIDAY'S BIBLE HANDBOOK
The Great Jesus Guide
NEW TESTAMENT
God's Love Development Book
THE GREAT JESUS GUIDE
KEEP IT SIMPLE
DAVID REFLECTIONS
THE ROMANIAN PROPHET
STEVE WERRIT

WIN AT CHESS
THE AMERICAN PUBLISHING AND AT 2008
OF THE MAN

Install, Upgrade, Repair, and Maintain Your Home's Electrical System
A Step-By-Step Guide to Keeping Your Home Safe



AUGUST 2022

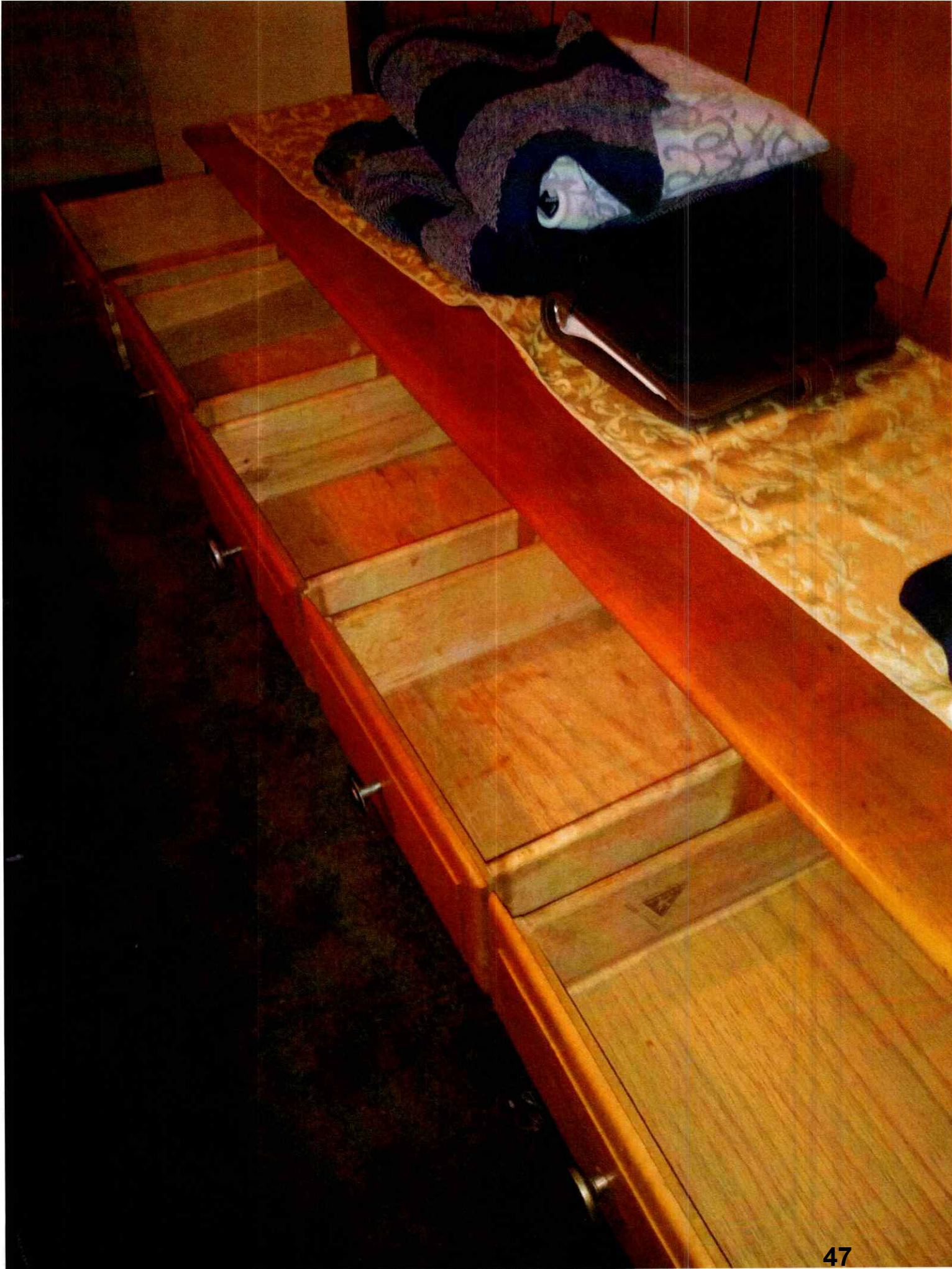
Calendar for August 2022 showing dates from 1 to 31.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Document with two yellow sticky notes.













SENDER: COMPLETE THIS SECTION

- Complete items 2 and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:
 Jerry Bradshaw, Director
 AR Parole
 105 W. Capital Ave.
 LR AR 72201



9590 9402 7055 1225 3388 52

2 Article Number (Transfer from carrier label)
 7021 2720 0001 7138 2441

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

RESTRICTED DELIVERY

RESTRICTED DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AR Parole Board
 John Felts
 105 W Capital
 Little Rock AR 72201



9590 9402 7055 1225 3388 21

2. Article Number (Transfer from service label)
 9642 8E72 7000 0222 7202

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (over 5000)

CERTIFIED MAIL



7021 2220 0001 7136 2441



U.S. POSTAGE PAID
POST OFFICE, AR
KANSAS
AMOUNT
\$17.20
R2301 D166590-1007

**RESTRICTED
DELIVERY**

Terry Bradshaw, Director
Arkansas Parks/Preserves

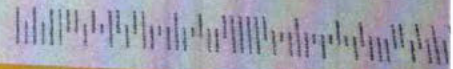
NIXIE 731 CE 1 0110/07/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 71655919384 2266N280192-01329

**RETURN RECEIPT
REQUESTED**

UTP



CR-2010-134-1

Drew County Sheriff's Office Complaint Form OCT 12 2022

Court Case #: _____ SO Case #: _____ (A)M 1/2/3/4/5/6/7/8/9/10/11/12PM

Complainant Name: Marcus A. Kellebrew Race: Cau Sex: M DOB: [REDACTED]

Address: [REDACTED] Phone: [REDACTED]

Victim Name: Marcus A. Kellebrew Race: Cau Sex: M DOB: [REDACTED]

Address: [REDACTED] Relation to Complainant SELF

(1) Offender Name: Off. Katrina Barrow Race: B Sex: F DOB: _____

Address: [REDACTED] Phone: [REDACTED]

Date of Offense: 10/10/2022 Time of Offense: _____ Location of Offense: ACC of Monticello
See Attached

Details of Offense: (State fully all circumstances of Offense. Please continue on back if necessary) [REDACTED]

I hat, Marcus A. Kellebrew, states for the Record of Drew County District Court Complainant/Victim is in Proceedings Arkansas Claims Commission Little Rock, Ar against State of Arkansas ACC Mrs Melody Anderson, Off. K. Barrow, Off. L. Sanders for Civil Rights Violations Claims # 230414
See Attached Affidavit.

Notice to Complainant: You must fill out all the above information and PRINT (must have a physical address NO P.O. Boxes, city and zip code). Failure to do so may result in your complaint not being filed with the prosecutor. If you are requesting any restitution you need to include the amount and a break down (both price wise and the name of the item) that was allegedly stolen or broken. It is the complainant's responsibility to provide the District Court Clerk's Office with a copy of this form for the Prosecuting Attorney to review and enact charges, if any, against the Offender. Also it is the Complainant's responsibility to stay in contact with the clerk's office to determine the status of their claim.

Reporting Officer & Badge Number Signature _____

Marcus A. Kellebrew
Complainant Signature

Date _____

Date _____

DO NOT WRITE BELOW THIS LINE!!!

Charges Approved or Declined by Deputy Prosecutor Nina Pamplin _____

District Court of Drew County, Arkansas
Affidavit

State of Arkansas
County of Drew

I, Marcus A. Kellebrew of _____
(Complaining Witness)

(City, State Zip Code)

do solemnly swear that there are reasonable grounds that

Nelody Anderson, OFC Barrett, OFC Sanders of _____
(Alleged Offender)

Hwy 425 South ACC
(Address)

Monticello, AR 71655
(City, State Zip Code)

, in jurisdiction of this court on or about the

_____ day of _____ 20 _____ committed the acts of:

Multiple Title VI Civil Rights Violation, Amended 4 Breach of Warrantless Search, Breach of Religious Display & Certificates Due Process Violation upon Ankle Monitor GPS Locator Pilfering & Search of Government Documents and Otherwise "Ramp Sucking of Sanctuaries of House & Home; Federal Violation of Writ to Search Property.

ARCP 16.2(c)

And pray a warrant from the District Court of Drew County, Arkansas, for the arrest of said person, for the issuance of a summons to such person, to be dealt with according to the law. Affiant understands that should he or she fail to assist in the prosecuting of said person that affiant may be assessed cost by the court and/or penalties.

Notice to Plaintiff: Once charges have been filed, they are in the State's hand, ONLY the Prosecuting Attorney can drop charges. There will be a \$100.00 Court Fee that YOU will have to pay if the charges are withdrawn by your request.

(Affiant Signature)

(Date)

Signed in presence of:

(Signature)

(Date)

(Witness Signature)

(Date)

Drew County Sheriff's Office
Drew County Sheriff Mark Gober
Attachment # 2
Complaint Form: A(2)

Complainant/Victim:

Marcus A. Kellebrew Race: [redacted] Sex: M, D

DOB: [redacted]

Address: [redacted]

Offenders: Telephone: [redacted]

1) Mrs. Melody Anderson Race: B; Sex: F; DOB: [redacted]

Address: 309 Hwy 425 South; Phone: 870-367-3201

Location of Offense/Violation: 309 Hwy 425 South
Monticello, AR 71655 (Drew County) State of Arkansas ACC

Time: _____ Date: _____ of Offense Violation:
(See Attached Complaint/Counter-Complaint) Claim # 230414

2) Ofc. Katrina Barrow Race: B; Sex: F; DOB: [redacted]

Address: 309 Hwy 425 South, Monticello, Ar. 71655
Telephone: 870-~~466-2188~~ ACC of Monticello, AR 367-3201

See Attached Complaint/Counter-Complaint Claim # 230414

3) Ofc. Lasandra Sanders Race: B; Sex: F; DOB: [redacted]

Address: 309 Hwy 425 South, Monticello, Ar. 71655
Telephone: (870) 367-3201 ACC of Monticello

See Attached Complaint/Counter-Complaint Claim # 230414

Exhibit A

Arkansas Community Correction
Adult Probation and Parole
309 Hwy. 425 South
Monticello, AR 71655

Exhibit
"B"

Arkansas Community Correction
GRIEVANCE, REPORTING SEXUAL ABUSE, EMERGENCY CONTACT
PAROLE/PROBATION

Offender Name: Marcus Kellebrew PID#: 

Grievance Procedure Notice for Parolees & Probationers.

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In the grievance, you must provide the following information on a plain sheet of paper:

- The date, your name and your parole or probation identification number
- The name of the officer or employee involved in the incident
- A clear statement of the complaint, including the date and time of the incident
- How the incident affected you
- Specifically what you want done about the situation
- Your telephone number, address and email address so we may contact you
- Your signature

Submit Grievances to

Thomas MCBroom

Arkansas Community Correction
2801 S. Olive, Suite 6-D
Pine Bluff, AR 71601

Submit an Appeal to a Grievance Response to

ATTN: Parole/Probation Services Assistant Director
105 West Capitol Ave, 3rd Floor
Little Rock, AR 72201

Reporting Sexual Abuse. If you were sexually assaulted while confined in a local, state or federal jail, prison, or residential facility, or an ACC-licensed transitional housing facility, you may report that assault.

If you choose to report the alleged assault, you may report it in several ways, as explained on a poster that is displayed in your Parole/Probation office and on the Arkansas Community Correction website.

After-hours Emergency Parole/Probation Services. If you have an urgent situation after normal office hours you may call this number: 501-686-9800.

When you receive an answer, identify yourself and state your business. Give the phone number where you can be reached. A message will be sent to the appropriate Parole/Probation staff.

Marcus H. Kellebrew
Parolee or Probationer Signature

4/6/2022
Date Signed

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Ark. Claims Comm.
Claims # 230414

CLAIM FORM

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant(s)

Mr. Marcus A. Kellebrew

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

2. Claimant's Legal Counsel - proceed to section 2)

(If representing yourself (Pro Se) please check this box and

Hall

(last name)

John Wesley

(first name)

(email)

1202 Main St.

(address)

Little Rock,

(city)

Arkansas

(state)

72202 -

(zip)

(501)371-9131

(primary phone)

Arkansas Bar Number:

If not licensed to practice law in Arkansas, please
contact the Claims Commission for more information.

3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

Arkansas Community Corrections Monticello, Ar. 71655
(state agency involved) Phone (870) 463-3201

4. Incident Date

5. Claim Type: Civil Rights Multiple Civil Rights Violations
Civil Rights Division Department of Justice Case # attachment tracking #'s

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident Personal Family Estate Property by ACC Officers

Explanation of Incident See Attached Complaint and Complaint attachments.

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

Please do not include a copy of your insurance card.
You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury. Reported to Civil Rights Division of the Federal Bureau of Investigation 24 Shackelford Little Rock AR.

All personal injury claims require a copy of your medical insurance information in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$550,000 (Punitive Damages) \$150,000,000 Award Settlement
We assert Right of Appeal

STOP!

The following section **MUST** be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Marcus A. Kelbrew
Claimant

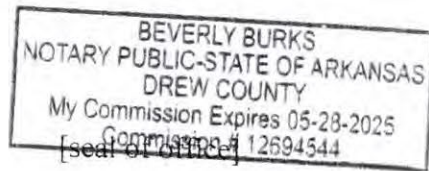
ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 21 day of Sept., 2022, before me, the undersigned notary, personally appeared Marcus Kelbrew known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.


In witness whereof I hereunto set my hand and official seal.

Beverly Burks
Signature of Notary Public



My Commission Expires: 5-28-25

Arkansas Community Correction
GRIEVANCE, REPORTING SEXUAL ABUSE, EMERGENCY CONTACT
PAROLE/PROBATION

Offender Name: Marcus Kellebrew PID#: 

Grievance Procedure Notice for Parolees & Probationers.

Note: For sexual assaults there are no time restrictions on reporting, and there are different reporting instructions; refer to the "Reporting Sexual Abuse" information below.

A parolee/probationer may file a grievance with the Parole/Probation Area Manager at the address below within 5 business days of the occurrence of the incident.

If you do not agree with the Area Manager's response to your grievance, an appeal may be submitted within 5 business days of receiving the response. See addresses below.

In the grievance, you must provide the following information on a plain sheet of paper:

- The date, your name and your parole or probation identification number
- The name of the officer or employee involved in the incident
- A clear statement of the complaint, including the date and time of the incident
- How the incident affected you
- Specifically what you want done about the situation
- Your telephone number, address and email address so we may contact you
- Your signature

Submit Grievances to

Thomas MCBroom
Arkansas Community Correction
2801 S. Olive, Suite 6-D
Pine Bluff, AR 71601

Submit an Appeal to a Grievance Response to

ATTN: Parole/Probation Services Assistant Director
105 West Capitol Ave, 3rd Floor
Little Rock, AR 72201

Reporting Sexual Abuse. If you were sexually assaulted while confined in a local, state or federal jail, prison, or residential facility, or an ACC-licensed transitional housing facility, you may report that assault.

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After-Hours Emergency Parole/Probation Services. If you have an urgent situation after normal office hours you may call this number: 501-686-9800.

When you receive an answer, identify yourself and state your business. Give the phone number where you can be reached. A message will be sent to the appropriate Parole/Probation staff.

Marcus A. Kellebrew
Parolee or Probationer Signature

4/6/2022
Date Signed

Contract Terminated

John Wesley Hall
Criminal Defense Lawyer

1202 Main Street, Suite 210
Little Rock, AR 72202-5057

Telephone: 501-371-9131
Facsimile: 501-378-0888
forhall@aol.com
www.johnwesleyhall.com

John Wesley Hall
1202 Main St., Suite 210
Little Rock, AR 72202

RECEIPT		DATE <u>8/31/22</u>	No. <u>955669</u>
RECEIVED FROM <u>Marcus Kellebrew</u>		\$ <u>20000⁰⁰</u>	
<u>Twenty-Thousand dollars + ⁰⁰/₁₀₀</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>File Review</u>	
<input type="radio"/> FOR			
ACCOUNT	<u>20,000⁰⁰</u>	<input type="radio"/> CASH	FROM _____ TO _____ BY <u>[Signature]</u>
PAYMENT	<u>20,000⁰⁰</u>	<input type="radio"/> CHECK	
BAL DUE	<u>0</u>	<input checked="" type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	

* Contract Terminated Under Rule RPC 1.5
Retainer Agreements Verbals
Code of Conduct by Staff Members

Contract Terminated

ACCOUNT Detail FROM PRIMARY SHARES

Account # [REDACTED]

20000.00

Balance Available 3613.23 3603.23

Payee JOHN HALL LAW FIRM

MARCUS KELLEREW [REDACTED]

Marcus A. Kellerew

NON-NEGOTIABLE Chk [REDACTED] 22 AUG 22 14:43 Br 2-58 Amt 20000.00



1090 OLD WARREN RD. MONTICELLO, AR 71655 870-460-9080

NO. 062185

81-7605/2829

VOID AFTER 90 DAYS

TO THE ORDER OF

JOHN HALL LAW FIRM *****

DATE 22 AUG 22

PAY TWENTY THOUSAND DOLLARS ONLY

\$20,000.00

MARCUS KELLEREW [REDACTED]

ARKANSAS SUPERIOR FEDERAL CREDIT UNION


Sandra Cole
AUTHORIZED SIGNATURE

*Contract Terminated Under Rule RPC 1.5
Retainer Agreement Verbal(s)
Code of Conduct by Staff Member(s)*

Counter Complaint

AREA Manager
Thomas McBroome
Div. of Community Corrections
etc. of Adult Probation & Parole
2801 S. Olive St.
Pine Bluff, Ar. 71603
870-850-8950

Marcus A. Kellebrew



RE: Response to Grievance Submitted on
9/16/2022; Move to Strike - Recessure
of Rights Case File # CR-2010-134-1
Case File Review John W. Hall Law Firm
1202 Main St. Suite #210 ~~1702~~
Little Rock, Ar 72202
1-501-371-9131

2) Civil Rights Violations Reported to FBI
24 Shackelford Little Rock, AR 72202; FBI
Headquarters Washington, DC. Special Agmt Coleman
Dept. of Justice Civil Rights Division / Buse
Title III Washington, D.C. Deputy Director

Counter Filings to Arkansas Claimings
Commission 101 East Capital Ave. Suite 410
Little Rock, Ar. 72201-3823; Per John W. Hall
Law Firm Little Rock, Ar. Case file #CR2010-134-1
and Revo Filings Bradley County Court Violations.

Mr. Thomas McBroome,

By and through, Atty John W. Hall, Marcus
A. Kellebrew ADC# [REDACTED] DOB [REDACTED] Do
hereby give notice to Div. of Adult
Probation and Parole; AREA Manager Thomas
McBroome

D We, reassert Right(s) under Case File
Review Case #CR 2010-134-1/Revo. et seq
John W. Hall Law Firm Per Assertion
of Rights:

- 1) I do not consent to search of any
Kind; Any search will be conducted
by and through the Presence of Land &
Property Owners Family Estate Property
of Melvin Glen Kellebrew and Doris, M.
Kellebrew, ASSESS SEARCH WARRANT!!
- 2) I want to call A Lawyer and member
of Family before any and All Requests to
Interrogate or Questions begin.

- 3) I hereby exercise and Assert my Right to Remain silent and to consult with a lawyer without exception before any, Any Questioning or Interrogations begin of any kind.
- 4) I do not even want to talk about giving up my rights or making a statement until I have consulted a Lawyer or My Attorney at Counsel John W. Hall Law Firm, Little Rock, Ar. 72202-5057 CV 2010-134-1/REWD et seq.
- 5) We, John W. Hall Law Firm; Marcus A. Kellebrew Refuse any and all Polygraph/Polygraphing Procedures We move to Strike any Polygraph/Stress Analysis of Marcus A. Kellebrew ADC # [REDACTED] DOB [REDACTED] Case File Review # CR 2010-134-1 Ark. Supreme Court.

5(b) Mrs. Melody Anderson Revealed Polygraph in Classroom to a African American Male, Right Next to me, her questioning and Relatratory Statements were interrogative, Abusive, used directly to Punish him & Her Questioning to me directly was Abusive I could not

ANSWER her Abusive Questioning at that time after her Revealing Poly-graphs Poly graphing/Stress Analysis of another Class Member; This alone will be Request of Investigation to the OFFICE of the GOV. ASA. Hutchinson. !!

- 5) I, Again Reassert and Strike that Melody Anderson will be Investigated,
 - 1) Removed from Her OFFICE,
 - 2) She will be Terminated Immediately.
- (2) Any and All State Security Clearances Background Investigation Authority will be Removed and Barred. Along with and including any and All A.C.I.C. F.C.I.C. Clearances and Access, NCIC, etc.

- 6) OFFICER/Agent Katrina Barrow, OFFICER Agent LaSandra Sanders Served Grievance Complaint Form Procedures to Marcus A. Kelkrew [REDACTED] as Writ to Search Defendant Complaintant States Exhibits A, B, are true and correct. They were Served as Instrument to Search and this Not a Writ of Search Warrent According to State Law. IN Violation of Condition 10 SEARCH and SEIZURE Defendant and

Complainant Asserted Right of Counsel if Officer/Agents begin Search of Home and Personal Effect, Case File Review Rights!

(6) Marcus A. Kellebrew Complainant in the above said matter contacted John W Hall Law Firm before search. Attorney John W. Hall Firm was on the phone while Officers/Agents Barrow and Sanders, were doing a "Shake Down" and Pilfering of Personal Effects of Marcus A Kellebrew's Personal Home Residency and Property in Violation of Arkansas Officer Ethic Commission Policy and Procedures

(7) The OFF. of John W. Hall Firm Asserts Affirmly this search was "Retaliatory" for Filing a Complaint for Removal of Complainant from ACC Classroom by Mrs. Melody Anderson ORDERING Agent ofc Barrow to Remove Complainant Marcus A. Kellebrew, DOB [REDACTED] and him "Removed" from the Building in Violation of Complainant's Rights.

7) We, Affirmly state and REASSERT, Mr. Marcus A Kellebrew; DOB [REDACTED] asserts his Rights to NOT say anything.

to Any Official, ACC Class Coordinator,
Officer/Agents of ACC. And OR
Certified Law Enforcement, Arkansas
State Law Enforcement, City/County
Law Enforcement, or Sheriff Dept.
County Officials. thereby exercise
of Rights to Remain Silent
Under Assertion of Rights.

Attorney at Law Jahn W. Hall
Law Firm Little Rock, Ar. 72202

(501) 371-9131

7b. That the Victim/Complainant Marcus
Kellebrew, DOB [REDACTED] was instructed
by Deputy Direct of the Federal Bureau
of Investigation, 24 Shackelford, Little
Rock, Ar. 72202 to please come up to
Field Offices Headquarters of the FBI
and give a Complaint and Report.

7(c) After these Violations of Rule 10;
Civil Rights Violations under Dept of
Justice Civil Rights Division Reporting
that Marcus A. Kellebrew, [REDACTED]
Victim/Complainant did physically
go to Field Offices of FBI as

instructed by FBI Headquarters
Field Office Operator of the FBI
Little Rock, AR. Division.

8. To notify all parties involved
that Mr. Marcus A. Kellebrew, [REDACTED]
Victim, Complainant did report these
Violations of Rule 10; Violations of
Writ of Service to Search-Search
Warrant deemed as Complaint Form
Complaint Procedures; Religious
Sanctuary Violations Religious Artifacts
Search and Pilfered at my Family
Estate Property. By Special Agent
of the Day. Special Agent Coleman
FBI Field Office, 34 Shackelford
Little Rock, AR. 72202 #1-501-221-9100

9. That, Mr. Marcus A. Kellebrew, Complainant
of the FBI Field Office of Little Rock.
Division. Special Agent J.T. Coleman
Received Complaint of Marcus A. Kellebrew
DOB [REDACTED]

10) Special Agent J.T. Coleman gave

Mr. Marcus A. Kellebrew, DOB [REDACTED]
Special Instructions on what to do
in regards to the Above styled
Matters concerning Writ of Service
Violations; Violations of Religious
Sanctuary; Civil Rights Violations
of Search & Seizure; Rule 10 Violations
of ACC of Monticello.

11(e) After giving Complainant/Complaint to
Special Agent J.T. Coleman FBI Little
Rock, AR 72202 Suing Adult Probation
and Parole Services of the Arkansas
Department of Corrections of the
Civil Rights and Rule 10 Violations

11(b) Marcus A. Kellebrew Complainant
FBI Field Office and Attorney at Law
John W. Hall Law Firm Little Rock, AR
Instructions to file with Arkansas
Claim Commission. And did as he
was duly instructed. Arkansas CV File
CR 2010-134-1 / Ark. CV File # REVO
Case File Review(s) \$20,000 Retainer
fee. We Assert Right Counterfile.

Upon Receiving of Complainant Gierome
Response Sept 28, 2022 by AREA Manager
Thomas McBroome. By and through
Attorney John W. Hall Law Firm, Little
Rock, Ar. That Marcus A. Kellebrew
Moves to Strike statements
made by Thomas McBroome, defending
the Rule #10 Violations of Agent Katrina
Barrow; Agent/OFC. Lasandra Sanders
As Reported to FBI Headquarters
Little Rock, Ar. 72202 Special Agent of
the Day Special Agent JT Coleman
Receiving Agent Complainant.

That on 9/15/2022 Agent Melody
Anderson did Violate Confidentiality
of Polygraph/Polygraphing while in
a Classroom Setting. She, Agent Melody
Anderson used Polygraph in a extremely
Abusive manner to this African
American male next to me. This
individual was being punished by her
interrogative Questions and Statements
that she was verbally attacking him
and also Mr. Marcus A. Kellebrew

Upon her interrogative Questioning
Mr. Marcus A Kellebrew's [REDACTED]
Answers to Agent Melody Anderson
did NOT Suit her.

Then Marcus A. Kellebrew was
Removed from Class after Mr. Marcus
A. Kellebrew [REDACTED] asserted his
Rights to "Listen, while in class to
the others in a Classroom setting."

Also, Asserting his Constitutional
Right(s) to Remain Silent Under
Attorney Protects. And 1st Amendments
of Freedom Speech Violations by Agent
Melody Anderson, v. And Being Removed
from building by Orders Under
Color of Arms / Color of the LAW
Removal from Classroom setting by
ARMED Persons / Personnel.

All these Violations have been
Reported to Special Agent TJ Coleman
FBI Headquarters Little Rock, Ar. 72202
Special Agent in Charge will be Served
All these Counterfiling and interrogatories
At FBI Headquarters Little Rock Division

Now Comes, Marcus A. Kellebrew [REDACTED]
with his Counterfiling(s) of Div. of Community
Corrections, Office of Adult Probation and
Parole Services Response to Grievances & Redress
1) That Agent Melody did Violate Confidential
Information of Polygraph. Agent Melody Anderson
Altered Polygraph Structure of Mr. Marcus
Kellebrew on 4/22/2022; Agent Melody
Wrote in Statements as She Saw fit
Violating Application, AFTER, Marcus
Kellebrew [REDACTED] Signed Signature!!
That Agent Melody Violated 5th Amendments
Protections and Rights

We, Move to Strike, Polygraph
Alterations Made by Agent Melody
Anderson, we further, Move to
Strike, Any and All Polygraph
Polygraphing or Stress Analysis
of Any Claims to Perform any
Such Said Analysis of Marcus
Kellebrew, [REDACTED] Claimant,
Complainant FBI Headquarters Little Rock
Division Civil Rights Complaint and
Compliance Department.

We further State and under Counterfile and Counterclaiming that on 9/16/2022 Agent Katrina Barrow; Agent/Ofc. Lasandra Sanders did Violate Rule #10 Search and Seizure of Mr. Marcus A. Kellebrew [REDACTED]; Violation of Code of Ethics & Rules accordance to Law Enforcement Commission of Standards of Law Enforcement Officer/Agents. Under Pilfering of Personal Effects in an Unethical Manner and Statements Made Upon Leaving the Family Estate Property of Mr. Marcus Kellebrew's Family Estate.

We further Assert these Claims and Strike Statements and Claims Seeking their Immediate Removal and Termination; Barred from Federal or State Security Clearances and Access to ACIC, NCIC or FCIC Secured Data information Centers or Sites.

And We Further Assert and Urge all

Rights Violated by Agent Meledy
Anderson ACC Coordinator; Agent
Katrina Barrow along with
Agent Lasandra Sanders. ACC Monticello

With this we pray for Proper Remedy
and Resolve in the ABOVE Said
Matters dated this Date Sept 28, 2022.
Signed by Marcus A. Kellebrew

Respectfully
Submitted.
Marcus A. Kellebrew,
FBI Complainant
FBI # [REDACTED]

* [REDACTED]
* [REDACTED]
* [REDACTED]
[REDACTED]

9/16/2022

Thomas McBroom
Arkansas Community Corrections
2801 S. Olive, Suite 6-D
Pine Bluff, Ar. 71601

Maranda Kellebrew
ADC# [REDACTED]

RE: Multiple Civil Rights Violations/
Mrs. Melody Anderson & Ofc. Katrina Barrow

Mr. Tom McBroom,

This Grievance & Complaint runs concurrent
with Dept. of Justice Civil Rights Division
18 U.S. Title II Complaint filings
United States of America

Department of Justice

Civil Rights Division Claims & Tracking
Numbers: 198106 - RJN; DOJ # 195950 - PDB
DOJ # 195894 JPC; DOJ # 198316 - HWT &
DOJ # 198643 - LHT

Federal Bureau of Investigation Civil Rights
Washington, DC. Headquarters Tracking # 79 # 'S

List, Mr. Boone & would to inform
your offices that my Case File # CR 2010-
134-1 is under Case Review Post Conviction
Attorney at Counsel: U.S. Supreme Court
John Wesley Hall Law Firm Arkansas Supreme
1202 Main Street, Suite 210 Court
Little Rock, Ar. 72202-5057
POC # 501-371-9131
Associate Attorney
Samantha J. Carpenter

On Sept 15, 2020 I reported as usual
for ACC Classes with Mrs. Melody
Anderson at or about 9:30 AM. Homed
in a homework assignment given the
following month homework assignment:
"Triggers" sexual triggers on this Home
work assignment to list your Sexual
Triggers" I signed, Dated and placed
my ADC # along with my Attorney
information Retained Counsel.
Mrs. Anderson has targeted me
multiple times and singled me
out directly several occasions
as well since being referred over
to SOAP ACC from the beginning. 80

Since Being Released from Grady, Ar.
ADC in April 2022.

On this incident Report and Tracking
member to Dept. of Justice Civil
Rights Division reporting Mrs. Anderson
Violated my right to be silent
during this Class session and
say nothing listening to others
yet still being present in class
with the others. Her interrogative
questioning made me feel threatened
and very afraid and insecure.
Her secondary Question was appalling
and self-incriminating of everyone
in the class. The Question is along
the lines of "if you were 'hit' by a
Woman, Female, Significant Other would
you hit her BACK!" She made Predicate
Statements trying to lead, or leading
the others on almost like just how
far would you "Beat Her" i.e. "you
know what I'm talking about."
Mr. McBrene this leading and
an absolute form of Entrapment
through self-incrimination by
leading Questions! This cannot be

State of Arkansas "SACP" Standard
and Code of Ethics Board Standard
Operating Procedures for teaching
a class on "Sexual Triggers. Not
com this line of Questioning and
others like it in previous class
questions.

So, the Question ^{Came} ~~Came~~ to me
and being hesitant and withdrawn
around others. Might I remind
you I've just paid \$20,000
retainer fee to John Hall Law
Firm, Little Rock, Ar. With Attorney
Carob in my pocket "My case is
Under Review!!" Mr. McBroome I
have attorney retained. Obviously
my answer of I guess I'll have
to claim "Self defense" was not
sufficient for her likemess. I
was not saying things according
to the way she wished with
my attorney Rights and Protection
along with Civil Rights to Remain
Silent if I ~~say~~ chose I also
have 5th Amendment Rights
and Protections Under Self Incrimination

or Misleading Questions, She then
has me removed from the Other
then Orders c/o Katrina Barron
to have me removed from the
Building, At which time I
Contacted the Federal Bureau of
Investigation - Civil Rights/
Disability Rights Division Washington
DC. The Dept of Justice 18 USC
Title IV Civil Rights Division

* Police Brutality / Unconnected Persons
Jail, Communit Corrections Dept, etc.
American Veterans with Disability
Veterans Representative Little Rock,
Monticello Ar. Along with Human
Rights Watch, Org Executive Offices
New York New York Awaiting
Representation by Special Attorney
Civil Affairs Division Human
Rights Abused Disabled People &
Veterans Organization

I have filed due to the fact
* That I have had my rights violated
* By being removed Under Color
of Arms, UNDER COLOR OF ARMS
Armed Law Enforcement being 83

[REDACTED] a
HPPaletta Arkansas Supreme
Court Attorney retained at
\$20,000 to protect my Rights
'Sir', which has been violated
By Mrs. Anderson and your
Peace Officer Katrina Barrow.

Now, let me move on to Today's
Dept. of Justice Civil Rights Division
Case file Tracking # 198643-LHT
Unreasonable search, Pilfering
of a home, Pilfering of a Religious
Table with Bible, placed on
Display and 4th Amendment
Violations by Ofc. Katrina
Barrow and Ofc. Sanders were
Ofc. Sanders Ransacked my Couch
and personal Dresser Drawers like
a Prison Shake down Violating
my Home and Sanctuary along
with Pilfering of a Religious Display
Table for my Family Bible.
This has been duly report to
Dept. of Justice Washington, D.C.
as well as other Civil Rights &

Civil Liberties Sanctity of Home
and Home Unreasonable Search,
pilfering and Overreach and
Abuse of Authority and State
Power. My attorney has claimed
this to be Retaliation actions by
Law Enforcement - John Hall Law
Firm Little Rock, Ar. Attorney at
Counsel; retained Attorney Case
file Review Ark. Supreme Court.
CR #2010-134-1 State of Ark.
Marcus A. Kellebrew [REDACTED]

A copy and attachment of
Attorney Retainer fees will be
attached to this Grievance and
report of Redress of Grievances
Civil Rights Violations; Violation
of Under Color of ARMS Law
Enforcement Officers Abuses of
Search of a Personal Home and
Personal Effects pilfering.

This report will be sent to
Governor ASA Hutchenson Off.
West Capital St.
Little Rock, Ar.
With Attorney at Counsel

attachments, At this time I wish to respectfully inform your Offices and/or Committee that whatever decision your Chair makes it will be appealed through Appellate Procedures by and through assistance of Attorney Retained Counsel.

Yours, Respectfully

Francis A. Keller

APC # [REDACTED]
9/16/2022

Attorney at Counsel:
John W. Hall
1202 Main St. Suite 210
Little Rock, Ar. 72202-
5057

Copy Sent: Gov. Lisa Hutchinson
Little Rock, Ar.

Additional I was "Served" a copy on 9/16/2022 by OTC Kitrina Barrow. I should have been given a copy upon Signature of Grievance Procedure Sexual Abuse Policy. My Attorney will be notified of your violation withholding of Grievance Procedure form which I signed 4/6/2022

9/16/2022

Thomas McBroome
Arkansas Community Corrections
2801 S. Olive St, Suite 6-D
Pine Bluff, Ar. 71601

Marcus A. Kellebrew
APC# [REDACTED]

RE: Specifically what I want done about
this Matter, Per Grievance Procedure

Mr. T. McBroome,

Under Dept of Justice Civil Rights
Division Filing dated 9/16/2022
18 USC Title VI Case# 198643-LHT
These three individuals will be
terminated effective immediately
for there Civil Rights Division
Violations under 18 USC Title VI
There individuals Violations exceeds
my Constitutional Rights Protections
and Freedoms

Further more these three State

employees will be removed from any and all A.C.I.C; NCIC access and any and all State Security Clearances will be Revoked indefinitely. This additional Grievance Filing will be sent to John W. Hall Law Firm 1202 Main Street, Little Rock, Ar. 72202

Gov. ASA Hutchinson Little Rock, Ar.

You are hereby placed on notice that Marcus A Kellebrew along with John W. Hall will be Filing and seeking damages with Arkansas State Claiming Commission, Little Rock, AR. as well for any and all damaged items involved with Religious Sanctuaries and Civil Rights Violations. You are hereby Placed on notice.

Respectfully
Submitted.

Marcus A. Kellebrew
ADC# [REDACTED]



**Arkansas Department of Corrections
Division of Community Correction
Office of Adult Probation & Parole
2801 S Olive St
Pine Bluff, Ar. 71603
Telephone: 870-850-8950
Fax: 870-536-4924**

Response to Grievance submitted on 9/16/2022

TO: KELLEBREW, Marcus ADC# [REDACTED]
FROM: Area Manager Thomas McBroome
DATE: 9/23/2022

Mr. Kellebrew,

I am in receipt of a grievance you submitted requesting the termination of employment for Agent Katrina Barrow and Agent Lasandra Sanders.

I investigated the incident you reported regarding Agent Katrina Barrow removing you from the Monticello Parole and Probation office on 9/15/2022. It was requested by Agent Melody Anderson that you be escorted out of the building due to your refusal to participate in class. Agent Barrow walked you out of the office, as requested.

I investigated the incident that you reported regarding Agent Katrina Barrow and Agent Lasandra Sanders conducting a home visit at your residence on 9/16/2022. I have attached the following paperwork to this response. On 4/5/2022, you signed the Order of Conditional Release paperwork. Condition #10 SEARCH AND SEIZURE states the following, "You must submit your person and/or property, place of residence, and motor vehicle to search and seizure at any time, day or night, with or without a search warrant by any Arkansas Community Correction officer."

I have also included the Warrantless Search Waiver that you signed on 4/5/2022. It states the following, "As a condition of my supervised parole or probation, I agree to allow any Arkansas Community Correction officer, or any certified law enforcement officer, to conduct a warrantless search of my person, place of residence, or motor vehicle at any time, day or night, whenever requested by the Arkansas Community Correction officer, or certified law enforcement officer."

I have also included a copy of the Standard Conditions of Release paperwork that you went over with Agent Katrina Barrow. You both signed the paperwork and initialed next to condition #10 SEARCH AND SEIZURE.

[Type the author name]

As a result of my investigation, I have found no merit in any of the allegations you have made and your request for the termination of Agent Katrina Barrow and Agent Lasandra Barrow has been denied.

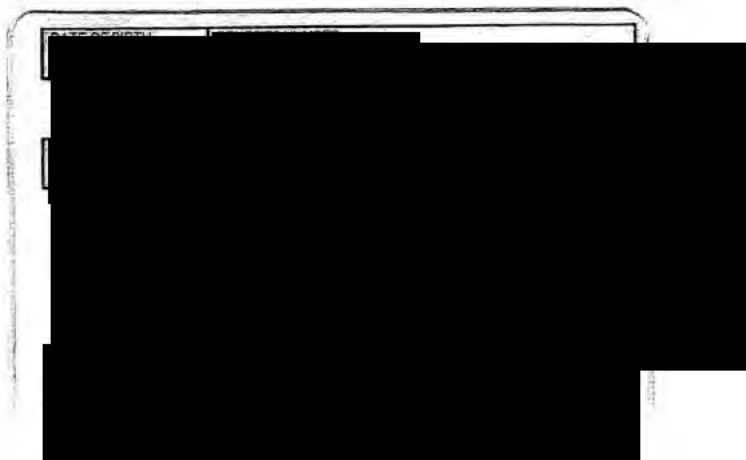
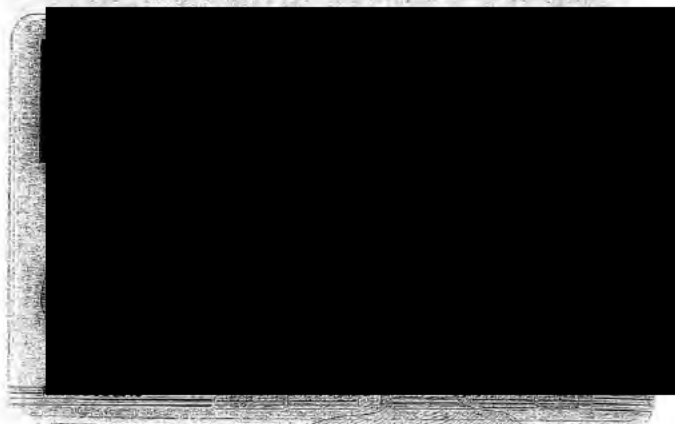
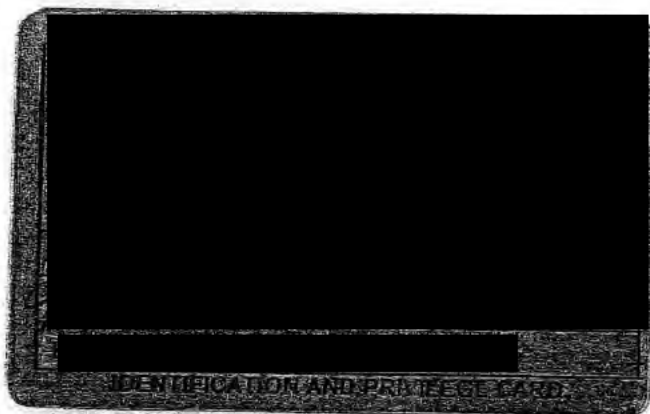
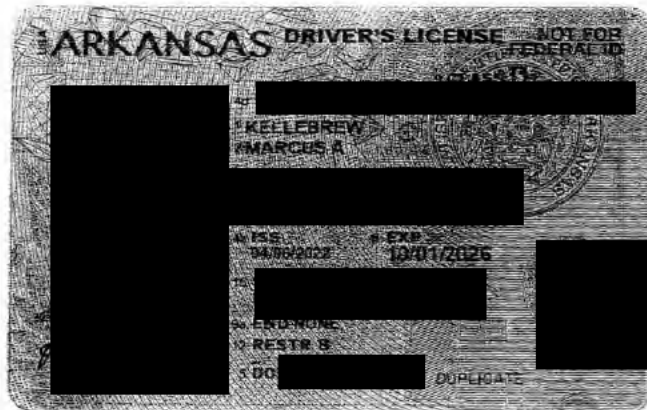
Agent Melody Anderson is under the supervision of Area Manager Jennifer Dean. A copy of your grievance has been provided to her for review and response.

If I can be of any further assistance in the matter, please contact me.

Respectfully,

Thomas McBroome, Area Manager





ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission

OCT 21 2022

CLAIM FORM

RECEIVED

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant(s)

Mr. Marcus A. Kellebrew

(title/last name/first name or company)

(email)

2. Claimant's Legal Counsel - proceed to section 2)

(If representing yourself (Pro Se) please check this box and

Hall

(last name)

John Wesley

(first name)

(email)

1202 Main St

(address)

Little Rock,

(city)

Arkansas 72202 -

(state)

(zip)

(501)371-9131

(primary phone)

Arkansas Bar Number: _____

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

Arkansas Community Corrections Monticello, Ar. 71655
(state agency involved) Phone (870) 463-3201

4. Incident Date

5. Claim Type: Civil Rights Multiple Civil Rights Violations
Civil Rights Division Department of Justice Case# attachment Tracking #'s

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident Personal Family Estate Property by ACC Officers

Explanation of Incident see Attached Complaint and Complaint Attachments

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

Please do not include a copy of your insurance card.
You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
 2. Three (3) estimates for repair of the damaged property, OR
 3. An explanation why repair bill(s) or estimate(s) cannot be provided.
6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury. Reported to Civil Rights Division of the Federal Bureau of Investigation 24 Shackelford Little Rock AR.

All personal injury claims require a copy of your medical insurance information in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$550,000 (Punitive Damages) \$150,000,000 Award Settlement. We assert Right of Appeal

STOP!

The following section **MUST** be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Marcus A. Kellebrew
Claimant

ACKNOWLEDGEMENT

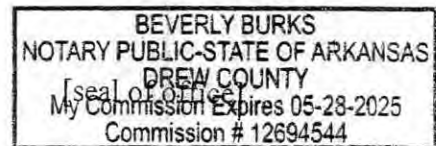
State of Arkansas
County of Drew

On this the 21 day of Sept., 2023, before me, the undersigned notary, personally appeared Marcus Kellebrew known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Beverly Burks
Signature of Notary Public

My Commission Expires: 5-28-25



**Arkansas Community Correction
GRIEVANCE, REPORTING SEXUAL ABUSE, EMERGENCY CONTACT
PAROLE/PROBATION**

Offender Name: Marcus Kellebrew PID#: [REDACTED]

Grievance Procedure Notice for Parolees & Probationers.

Note: For sexual assaults there are no time restrictions on reporting, and there are different reporting instructions; refer to the "Reporting Sexual Abuse" information below.

A parolee/probationer may file a grievance with the Parole/Probation Area Manager at the address below within 5 business days of the occurrence of the incident.

If you do not agree with the Area Manager's response to your grievance, an appeal may be submitted within 5 business days of receiving the response. See addresses below.

In the grievance, you must provide the following information on a plain sheet of paper:

- The date, your name and your parole or probation identification number
- The name of the officer or employee involved in the incident
- A clear statement of the complaint, including the date and time of the incident
- How the incident affected you
- Specifically what you want done about the situation
- Your telephone number, address and email address so we may contact you
- Your signature

Submit Grievances to

Thomas MCBroom

Arkansas Community Correction
2801 S. Olive, Suite 6-D
Pine Bluff, AR 71601

Submit an Appeal to a Grievance Response to

ATTN: Parole/Probation Services Assistant Director
105 West Capitol Ave, 3rd Floor
Little Rock, AR 72201

Reporting Sexual Abuse. If you were sexually assaulted while confined in a local, state or federal jail, prison, or residential facility, or an ACC-licensed transitional housing facility, you may report that assault.

If you choose to report the alleged assault, you may report it in several ways, as explained on a poster that is displayed in your Parole/Probation office and on the Arkansas Community Correction website.

After-Hours Emergency Parole/Probation Services. If you have an urgent situation after normal office hours you may call this number: 501-686-9800.

When you receive an answer, identify yourself and state your business. Give the phone number where you can be reached. A message will be sent to the appropriate Parole/Probation staff.

Marcus A. Kellebrew
Parolee or Probationer Signature

4/6/2022
Date Signed

John Wesley Hall
Criminal Defense Lawyer

1202 Main Street, Suite 210
Little Rock, AR 72202-5057

Telephone: 501-371-9131
Facsimile: 501-378-0988

www.johnwesleyhall.com

John Wesley Hall
1202 Main St., Suite 210
Little Rock, AR 72202

RECEIPT		DATE <u>8/31/22</u>	No. <u>955669</u>
RECEIVED FROM <u>Marcus Kellebrew</u>		<u>\$2000⁰⁰</u>	
<u>twenty-thousand dollars & ⁰⁰/₁₀₀</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>File Review</u>	
<input type="radio"/> FOR			
ACCOUNT	<u>20,000⁰⁰</u>	<input type="radio"/> CASH	FROM _____ TO _____
PAYMENT	<u>20,000⁰⁰</u>	<input type="radio"/> CHECK	
BAL. DUE	<u>0</u>	<input checked="" type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	BY <u>[Signature]</u>

3-11



Account Detail FROM PRIMARY SHARES Account # Amount Balance Available

Payee JOHN HALL LAW FIRM

MARCUS KELLERBEN
[Redacted]

Marcus A. Kellerben

NON-NEGOTIABLE Chk [Redacted] 22 AUG 22 14:43 Br 2-58 Amt 20000.00



1090 OLD WARREN RD.
MONTICELLO, AR 71655
870-460-9080

NO. [Redacted]

VOID AFTER 90 DAYS

TO THE
ORDER
OF

PAY JOHN HALL LAW FIRM *****
TWENTY THOUSAND DOLLARS ONLY

DATE 22 AUG 22

\$20,000.00

MARCUS KELLERBEN
[Redacted]

ARKANSAS SUPERIOR FEDERAL CREDIT UN
Shandra Cole
AUTHORIZED SIGN.

[Redacted]

ORDER OF CONDITIONAL RELEASE



Name: Kellebrew Marcus A
Parole/Transfer Date: 04/05/2022
Number: [REDACTED]
Restricted to State: Arkansas

Residence: Kellebrew, Melvin G
Father
[REDACTED]
Employer: Unknown/None

Failure to abide by any of the conditions as instructed may result in revocation of your conditional release.

The conditions of your release on Parole are as follows:

You must report to your supervising officer the next day after you are released unless that day is a weekend or holiday. In such cases you must report the next day the Parole Office is open to, Katrina D Barrow or her representative, at Monticello, 309 Highway 425 S, Monticello, Arkansas 71655 Phone: (870) 367-3201.

Attached is a copy of the release rules and regulations.

The following special conditions apply:

Employment Plan

Must Register As A Sex Offender

Inmate/Parolee must petition the board to have any condition(s) changed/deleted that does not apply to his/her case and receive approval in writing for any exceptions granted.

Order of Conditional Release

FOR: Kellebrew Marcus A

Number: [REDACTED]

Page 2 of 2

You shall remain in legal custody of the Department of Community Corrections and subject to the order of the Board of Parole until discharged from your sentence, or until returned to the Arkansas Department of Correction by order of the Board of Parole.

I have read (or have had read to me) this order of conditional release. I agree to comply with all conditions set out in the order during the period of my conditional release. I fully understand that failure to comply with any or all of these conditions may result in reduction in class, loss of all good time, the revocation of my release and my re-incarceration for the remainder of my sentence.

Date: 4-5-2022



Signature:

Marcus A. Kellebrew

Witness:

Sonya Johnson

Standard Conditions of Release

1. **REPORTING.** You must report to your supervising officer the next day after you are released unless that day is a weekend or holiday. In such cases you must report the next day the Parole Office is open. Thereafter, you must report as instructed by your supervising officer. If you are transferring to another state, follow Interstate Compact reporting instructions.
2. **EMPLOYMENT/EDUCATION.** You must maintain approved employment or be enrolled in an approved education program unless otherwise directed. You must obtain permission from your supervising officer before quitting your employment or education program. If you lose your job or are terminated from your education program, you must notify your supervising officer within 48 hours.
3. **RESIDENCE AND TRAVEL.** You must obtain prior approval from your supervising officer to change your place of residence or stay away from your approved residence overnight. You must receive written permission to leave Arkansas.
4. **LAWS.** You must obey all Federal and State laws, local ordinances and court orders. You must not associate with individuals who are engaged in criminal activity.
5. **WEAPONS.** You must not own, possess, use, pawn, sell or have under your control any firearm (or imitation) or other dangerous weapon, or be in the company of any person possessing such weapons. You must not possess any ammunition.
6. **ALCOHOL/CONTROLLED SUBSTANCES.** You must avoid the excessive use of alcohol, or abstain completely if directed. You must NOT go into bars, taverns, clubs, liquor stores or anywhere the main product offered for purchase is alcohol. You must not sell, deliver or possess, or use controlled substances except as prescribed by a licensed physician. You must submit yourself to testing for the use of intoxicants and/or controlled substances.
7. **WAIVER OF EXTRADITION.** Your acceptance of your release conditions constitutes an agreement to waive extradition to the State of Arkansas from any jurisdiction in or outside the United States where you may be found. You also agree that you will not contest any effort by any jurisdiction to return you to the State of Arkansas to answer a charge of violating your conditions of release.
8. **FINANCIAL OBLIGATIONS.** You must pay a monthly supervision fee and applicable program fees. You are required to pay all court ordered financial obligations as directed. This includes, but is not limited to, fines, fees, child support, and restitution.
9. **COOPERATION.** At all times you must cooperate with your supervising officer and the Parole Board. You must participate in any rehabilitative, medical, or counseling program that the Parole Board or your supervising officer deems appropriate. You must comply with all imposed sanctions. All written and oral statements made by you to your supervising officer must be truthful.
10. **SEARCH AND SEIZURE.** You must submit your person and/or property, place of residence, and motor vehicles to search and seizure at any time, day or night, with or without a search warrant by any Arkansas Community Correction officer. You must also submit your person, place of residence, or motor vehicle to search at any time, day or night, whenever requested by any other certified law enforcement officer.
11. **SPECIAL CONDITIONS.** You must also comply with all special conditions and sex offender conditions imposed by the Parole Board.



Inmate: Marcus A. Kellebrew [REDACTED]
 Marcus A Kellebrew ADC# 150855
Date: 4-5-2022
Witness: Dorothy Johnson

**Arkansas Community Correction
WARRANTLESS SEARCH WAIVER**

Kellebrew, Marcus A.



Parolee/Probationer Name

ADC Number

PID Number

As a condition of my supervised parole or probation, I agree to allow any Arkansas Community Correction officer, or any certified law enforcement officer, to conduct a warrantless search of my person, place of residence, or motor vehicle at any time, day or night, whenever requested by the Arkansas Community Correction officer, or certified law enforcement officer.

I understand that a warrantless search based on this waiver must be conducted in a reasonable manner but does not need to be based on a clearly expressed suspicion that I am committing or I have committed a criminal offense.

Arkansas law code annotated §16-93-106 requires this waiver to be signed by a person who is placed on supervised probation or is released on parole under this section as a condition of his or her supervised parole or probation.

If you are a parolee revoked to the Division of Correction (ADC) with an option for early release after 90 days, you will be subject to the same conditions of supervision that were in place prior to the revocation including warrantless search of your person, residence, and vehicle.

Parolee/Probationer Signature
Apr 5, 2022 09:40:36 CDT

Sonya Johnson (JOHS001) - ACC Employee
Apr 5, 2022 09:40:36 CDT

Arkansas Parole Board
Standard Conditions of Release

- MK 1. **REPORTING.** You must report to your supervising officer the next day after you are released unless that day is a weekend or holiday. In such cases you must report the next day the Parole Office is open. Thereafter, you must report as instructed by your supervising officer. If you are transferring to another state, follow Interstate Compact reporting instructions.
- MK 2. **EMPLOYMENT/EDUCATION.** You must maintain approved employment or be enrolled in an approved education program unless otherwise directed. You must obtain permission from your supervising officer before quitting your employment or education program. If you lose your job or are dismissed from your education program, you must notify your supervising officer within 48 hours.
- MK 3. **RESIDENCE AND TRAVEL.** You must obtain prior approval from you supervising officer to change your place of residence or stay away from your approved residence overnight. You must receive written permission to leave Arkansas.
- MK 4. **LAWS.** You must obey all federal and state laws, local ordinances, and court orders. You must not associate with individuals who are engaged in criminal activity.
- MK 5. **WEAPONS.** You must not own, possess, use, pawn, sell or have under your control any firearm (or imitation) or other dangerous weapon, or be in the company of any person possessing such weapons. You must not possess any ammunition.
- MK 6. **ALCOHOL/CONTROLLED SUBSTANCES.** You must avoid the excessive use of alcohol or abstain completely if directed. You must NOT go into bars, taverns, clubs, liquor stores, or anywhere the main product offered for purchase is alcohol. You must not sell, deliver, possess, or use controlled substances except as prescribed by a licensed physician. You must submit yourself to testing for the use of intoxicants and/or controlled substances.
- MK 7. **WAIVER OF EXTRADITION.** Your acceptance of your release conditions constitutes an agreement to waive extradition to the State of Arkansas from any jurisdiction in or outside the United States where you may be found. You also agree that you will not contest any effort by any jurisdiction to return you to the State of Arkansas to answer a charge of violating your conditions of release.
- MK 8. **FINANCIAL OBLIGATIONS.** You must pay a monthly supervision fee and applicable program fees. You are required to pay all court-ordered financial obligations as directed. This includes, but is not limited to, fines, fees, child support, and restitution.
- MK 9. **COOPERATION.** At all times you must cooperate with your supervising officer and the Parole Board. You must participate in any rehabilitative, medical, or counseling program that the Parole Board or your supervising officer deems appropriate. You must comply with all imposed sanctions. All written and oral statements made by you to your supervising officer must be truthful.
- MK 10. **SEARCH AND SEIZURE.** You must submit your person and/or property, place of residence, and motor vehicles to search and seizure at any time, day or night, with or without a search warrant by any Arkansas Community Correction officer. You must also submit your person, place of residence, or motor vehicle to search at any time, day or night, whenever requested by any other certified law enforcement officer.
- MK 11. **SPECIAL CONDITIONS.** You must also comply with all special conditions and sex offender conditions imposed by the Parole Board.

Offender Name:

Marcus A. Kellebrew

ADC#



Offender Signature:

Marcus A. Kellebrew

Date:

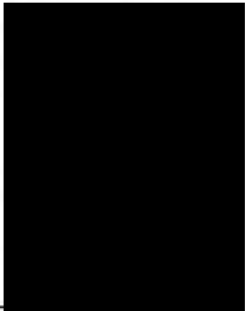
Officer Signature:

Katherine Garrison

STATE OF ARKANSAS
PAROLE BOARD

Date: 04/04/2022
Time: 01:57 PM

ORDER OF CONDITIONAL RELEASE



Name: Kellebrew Marcus A
Parole/Transfer Date: 04/05/2022
Number: [REDACTED]
Restricted to State: Arkansas

Residence: Kellebrew, Melvin G
Father
[REDACTED]
Employer: Unknown/None

Failure to abide by any of the conditions as instructed may result in revocation of your conditional release.

The conditions of your release on Parole are as follows:

You must report to your supervising officer the next day after you are released unless that day is a weekend or holiday. In such cases you must report the next day the Parole Office is open to, Katrina D Barrow or her representative, at Monticello, 309 Highway 425 S , Monticello, Arkansas 71655 Phone: (870) 367-3201.

Attached is a copy of the release rules and regulations.

The following special conditions apply:

Employment Plan

Must Register As A Sex Offender

Inmate/Parolee must petition the board to have any condition(s) changed/deleted that does not apply to his/her case and receive approval in writing for any exceptions granted.

2022 APR 11 PM 12:36

You shall remain in legal custody of the Department of Community Corrections and subject to the order of the Board of Parole until discharged from your sentence, or until returned to the Arkansas Department of Correction by order of the Board of Parole.

I have read (or have had read to me) this order of conditional release. I agree to comply with all conditions set out in the order during the period of my conditional release. I fully understand that failure to comply with any or all of these conditions may result in reduction in class, loss of all good time, the revocation of my release and my re-incarceration for the remainder of my sentence.

Date: 4-5-2022



Signature:

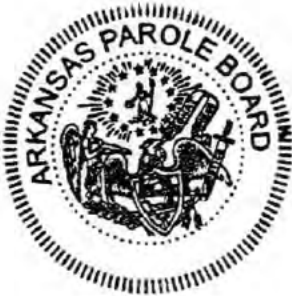
Marcus A. Kellebrew

Witness:

Senya Johnson

Standard Conditions of Release

1. **REPORTING.** You must report to your supervising officer the next day after you are released unless that day is a weekend or holiday. In such cases you must report the next day the Parole Office is open. Thereafter, you must report as instructed by your supervising officer. If you are transferring to another state, follow Interstate Compact reporting instructions.
2. **EMPLOYMENT/EDUCATION.** You must maintain approved employment or be enrolled in an approved education program unless otherwise directed. You must obtain permission from your supervising officer before quitting your employment or education program. If you lose your job or are terminated from your education program, you must notify your supervising officer within 48 hours.
3. **RESIDENCE AND TRAVEL.** You must obtain prior approval from your supervising officer to change your place of residence or stay away from your approved residence overnight. You must receive written permission to leave Arkansas.
4. **LAWS.** You must obey all Federal and State laws, local ordinances and court orders. You must not associate with individuals who are engaged in criminal activity.
5. **WEAPONS.** You must not own, possess, use, pawn, sell or have under your control any firearm (or imitation) or other dangerous weapon, or be in the company of any person possessing such weapons. You must not possess any ammunition.
6. **ALCOHOL/CONTROLLED SUBSTANCES.** You must avoid the excessive use of alcohol, or abstain completely if directed. You must NOT go into bars, taverns, clubs, liquor stores or anywhere the main product offered for purchase is alcohol. You must not sell, deliver or possess, or use controlled substances except as prescribed by a licensed physician. You must submit yourself to testing for the use of intoxicants and/or controlled substances.
7. **WAIVER OF EXTRADITION.** Your acceptance of your release conditions constitutes an agreement to waive extradition to the State of Arkansas from any jurisdiction in or outside the United States where you may be found. You also agree that you will not contest any effort by any jurisdiction to return you to the State of Arkansas to answer a charge of violating your conditions of release.
8. **FINANCIAL OBLIGATIONS.** You must pay a monthly supervision fee and applicable program fees. You are required to pay all court ordered financial obligations as directed. This includes, but is not limited to, fines, fees, child support, and restitution.
9. **COOPERATION.** At all times you must cooperate with your supervising officer and the Parole Board. You must participate in any rehabilitative, medical, or counseling program that the Parole Board or your supervising officer deems appropriate. You must comply with all imposed sanctions. All written and oral statements made by you to your supervising officer must be truthful.
10. **SEARCH AND SEIZURE.** You must submit your person and/or property, place of residence, and motor vehicles to search and seizure at any time, day or night, with or without a search warrant by any Arkansas Community Correction officer. You must also submit your person, place of residence, or motor vehicle to search at any time, day or night, whenever requested by any other certified law enforcement officer.
11. **SPECIAL CONDITIONS.** You must also comply with all special conditions and sex offender conditions imposed by the Parole Board.



Inmate: Marcus A. Kelleher [REDACTED]

Date: 7-5-2022

Witness: George Johnson

**Arkansas Community Correction
WARRANTLESS SEARCH WAIVER**

Kellebrew, Marcus A.



Parolee/Probationer Name

ADC Number

PID Number

As a condition of my supervised parole or probation, I agree to allow any Arkansas Community Correction officer, or any certified law enforcement officer, to conduct a warrantless search of my person, place of residence, or motor vehicle at any time, day or night, whenever requested by the Arkansas Community Correction officer, or certified law enforcement officer.

I understand that a warrantless search based on this waiver must be conducted in a reasonable manner but does not need to be based on a clearly expressed suspicion that I am committing or I have committed a criminal offense.

Arkansas law code annotated §16-93-106 requires this waiver to be signed by a person who is placed on supervised probation or is released on parole under this section as a condition of his or her supervised parole or probation.

If you are a parolee revoked to the Division of Correction (ADC) with an option for early release after 90 days, you will be subject to the same conditions of supervision that were in place prior to the revocation including warrantless search of your person, residence, and vehicle.

Parolee/Probationer Signature
Apr 5, 2022 09:40:36 CDT

Sonya Johnson (JOHSO01) - ACC Employee
Apr 5, 2022 09:40:36 CDT



ARKANSAS PAROLE BOARD
NOTICE OF RIGHT TO APPEAL REVOCATION

Offender Name: Kellebrew, Marcus A., ADC#: [REDACTED]

I understand that my release from either the Arkansas Department of Correction or Arkansas Community Correction is conditional and subject to my continued adherence to the orders/conditions of the Arkansas Parole Board (the Board).

I understand that failure to comply with any, or all, of these conditions may result in the revocation of my release and my re-incarceration for the remainder of my sentence.

I understand that if my parole/transfer is revoked, I may appeal the Parole Revocation Judge's decision by submitting a written appeal to the Board within thirty (30) days from the date of the revocation hearing disposition unless the time period requirement is waived by the Board.

I understand that the appeal must be made in writing and signed by myself or my attorney.

I understand that appeals submitted by persons other than myself or my attorney will not be accepted by the Board.

I understand that the Board will only consider one (1) appeal for each revocation and any subsequent appeal(s) will not be considered by the Board.

I understand that the Board's decision regarding my appeal is final and not subject to any other consideration by the Board.

Kellebrew, Marcus A. 04/05/2022

Offender's Printed Name Date

Offender's Signature

Sonya L Johnson 04/05/2022

Witness's Printed Name Date

Witness's Signature

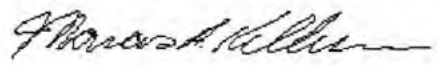
Arkansas Community Correction OCSE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name: Marcus Kellebrew

Date of Birth: [REDACTED]

Offender ID: [REDACTED]

I, Marcus Kellebrew, provide consent for the Office of Child Support Enforcement (OCSE) and the Arkansas Community Correction (ACC) to exchange information regarding my child support case. I agree that OCSE may release to ACC information regarding any open OCSE child support case in which I am identified as a noncustodial parent and have a support obligation, my monthly support obligations, payment history, arrears owed, status of case, and other applicable information related to my child support obligations. I understand that part of my conditions of release include payment of all fines, fees owed, and all other court-ordered obligations, which include child support. I understand that I have the right to revoke this consent prior to its expiration. Unless otherwise revoked, this consent will expire upon the successful completion of all conditions of release and discharge from ACC supervision.



Signature of Offender

Kellebrew, Marcus A.

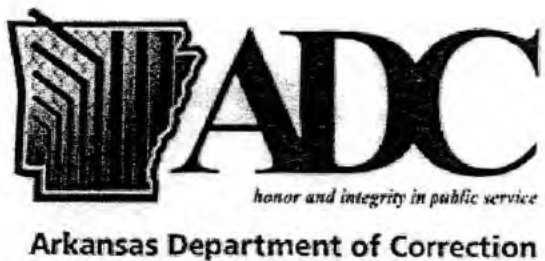
Offender's Name

04/05/2022

Date

[REDACTED]

PID Number



Letter of Achievement

DATE: 04/05/2022

This letter acknowledges that Kellebrew, Marcus A. [REDACTED] completed the following program(s) and/or classes during his/her incarceration.

Program

Date of Completion



**Arkansas Crime Information Center State Sex Offender Registry
Change of Information Form for Registered Sex Offenders**

Failure to report any change of information as required by Act 989 of 1997 as amended constitutes a Class C Felony and may result in subsequent arrest and prosecution.

Form completed by: Jennifer Downen Date form completed: 4/5/2022
(law enforcement personnel)

Offender's Name (please print): MARCUS A KELLEBREW Race: White Sex: Male

Date of Birth: [REDACTED]

Social Security No: [REDACTED]

Current Address:

[REDACTED]
Street name or Rural Route & box number
[REDACTED]
City State Zip

New Place of Residence: (DO NOT use Post Office Box for residential address)

[REDACTED]
Street name or Rural Route & Box number
[REDACTED]
City State Zip
Phone # [REDACTED]

New Institute of Higher Education:

Name of institution (if currently attending) Location

Jurisdictional Agency Name(at a new place of residence)
[AR0220100] MONTICELLO POLICE

New Place of Employment:

NONE
Name of employer (company or individual) Phone #

New Mailing Address: If different from new place of residence (may use PO Box if not your residence)

[REDACTED]
Street name or Rural Route & box or PO Box number
[REDACTED]
City State Zip
Date moved or planning to move: 4/5/2022

[REDACTED]
Address (street name, number or box number)
City State Zip

If new place of residence has been physically verified, sign below:

Professional License:

License Number

Law enforcement official Signature date verified

New Vehicle(s) Information:

Year/make/ model /color Vehicle license # / State

New Email addresses currently used and all IM screen names used and any social web pages registered (MySpace, Facebook, etc)

Name of registered owner if not your own

Year/make/ model /color Vehicle license # / State

Email 1

Email 2

Name of registered owner if not your own

New Aircraft(s) Information:

Registration # License type

[Signature]

Signature of offender(required)
4/5/2022

Date signed (required)

Aircraft year make/model style/color

New Vessel/Vehicle(s) Information:

ID Number License number

Color/Description Vehicle/Vessel Misc Info

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender



Sex Offender Acknowledgement Form

Offender must carefully read and sign this form

1. Anyone convicted of a sex offense as defined by state and federal law are required to register prior to release from incarceration, placed on probation or upon entry to this state from another state. All offenders are required to provide fingerprints, palm prints, photos, DNA and pay all fees pertaining to registration before or upon registration.
2. Arkansas state law requires the offender to report any changes in residence, mailing address, temporary domicile, employment, volunteer, email, social network information, all information pertaining to any vehicle the offender owns or has access to **IN Person** to the local law enforcement agency having jurisdiction at the time of the change. When changing residence/mailing address or temporary domicile, this must be done no later than five (5) days before the offender establishes residence or temporary domicile unless otherwise indicated such as eviction or natural disaster. When changing address within the state of Arkansas the offender must also report to the local law enforcement agency having jurisdiction at the new address within five (5) days after relocation to the new address. If the offender moves here from another state and is required or has been required to register in the other state, the offender must report to the jurisdictional law enforcement agency any residency or temporary domicile in which you will be residing for an aggregate of five (5) or more consecutive days during a calendar year. Other than a change of address, an offender shall report a change of any other information required to the local law enforcement agency having jurisdiction within five (5) days of the change.
3. Pursuant to § 12-12-925 Offender must report any travel or move to a foreign country to the jurisdictional agency. This must be done twenty-one (21) days before leaving the US. The offender must provide the dates of travel and the name(s) of the foreign country to which the offender is moving or visiting.
4. Pursuant to § 12-12-906 (g) (3) the offender must submit any passport(s) and/or any immigration documents to the jurisdictional agency along with any other documents pertaining to travel out of the US.
5. If the offender moves to another state or lives in Arkansas and works in another state, the offender must register in that state no later than five (5) business days after the offender establishes residency or employment in the new state. If the offender attends school, does volunteer work or is employed at any institute of higher education, the offender shall register with the law enforcement agency having jurisdiction over the campus. This may be a Department of Public Safety or the local law enforcement agency. A nonresident worker or student shall register in compliance with Pub. L. No. 109-248 as exists 01-01-07 no later than five (5) calendar days after establishing residency, employment or student status.
6. Pursuant to § 12-12-909, the offender is required to verify their residence within five (5) days after the *Verification of Residency date* indicated on the bottom portion of this form. Verification of residency is required of every registered offender either every six (6) months after registration, or every ninety (90) days depending on the offender's assessment level. Offenders who claim to be homeless shall verify registration every thirty (30) days during the period of time in which the offender is required to register as a sex offender and claims to be homeless.
7. All offenders who were convicted as adults or were adjudicated as juveniles and moved to Arkansas from another state and are now 18 years of age or older, are required to submit to a risk assessment to be completed by the Sex Offender Community Notification Assessment Program (SOCNA). If the offender was adjudicated delinquent in juvenile court in another state and is now under the age of 18, will be assessed by the Family Treatment Center (FTC) or other agency or entity authorized to conduct juvenile sex offender assessments. The offender will be notified by certified mail of the location, date and time of the assessment. It is a Class C Felony to fail to appear for assessment or to not fully submit to the assessment process. The offender will be assessed as a default Level 3 or Level 4 - Sexually Dangerous Person (SDP) should this occur. The offender, assessed as an adult, can request a reassessment after 5 years from the date of the original assessment. The offender is responsible for contacting SOCNA to arrange this reassessment.

Sex Offender Acknowledgement form

8. Pursuant to § 5-14-128. It is unlawful for a sex offender who is required to register and who has been assessed as a Level 3 or Level 4 offender to reside within two thousand (2,000) feet of the property on which any public, private, secondary school or daycare facility is located. Act 818 of 2007 (Act 963 defines public parks as that portion of any privately owned land over which an easement has been granted to the state or a county, city or town and is used as part of the public park system trails) includes public parks and youth centers and Act 394 of 2007 prohibits Level 3 and Level 4 offenders from residing within 2,000 feet of the residence of his/ her victim or to have direct or indirect contact with his/ her victim for the purpose of harassment as defined under § 5-17-208. Act 376 of 2015 amended § 12-12-128 to wit: level 4 offenders may not knowingly reside within two thousand (2,000) feet of a church or any other place of worship.
9. Pursuant to the Sex Offender Registration Act of 1997, §12-12-901 et seq., it is unlawful for a sex offender who is required to register, and who has been assessed as a Level 3 or Level 4 offender to engage in an occupation or participate in a volunteer position that requires the sex offender to work or interact primarily and directly with children under sixteen (16) years of age.
10. Pursuant to § 5-14-133 it is unlawful for a sex offender who has been assessed as a level 3 or level 4 offender to knowingly enter a water (aquatic) park owned or operated by a local government. This is defined as all areas dedicated to aquatic activities for children. It is also unlawful for a registered sex offender who has been assessed as a level 3 or level 4 to enter a swimming area or children's playground contained within an Arkansas State Park pursuant to § 5-14-134. Violation of either of these offenses is a Class D felony. This does not include privately owned water parks.
11. Pursuant to § 12-12-907, no later than five (5) days after release from incarceration or after the date of sentencing, the offender shall report to the local law enforcement agency having jurisdiction to update registration information. Even if you have registered either during or upon release from incarceration, you must report to the local authorities no later than five (5) days after release. Pursuant to § 5-14-130(1) it is a Class D Felony to provide false information or obtain identification cards or driver's license with incorrect permanent physical addresses.
12. Pursuant to Title 18, United States Code, Section 2250; Whoever is required to register under the Sex Offender Registration and Notification Act; by reason of a conviction under Federal law (including the Uniform Code of Military Justice), the law of the District of Columbia, Indian tribal law, or the law of any territory or possession of the United States; or travels in interstate or foreign commerce, or enters or leaves, or resides in, Indian country; and knowingly fails to register or update a registration as required by the Sex Offender Registration and Notification Act; shall be fined under this title or imprisoned not more than 10 years, or both.
13. Pursuant to § 5-14-132 et seq., it is unlawful for a registered sex offender who has been assessed as level 3 or level 4 to knowingly enter upon the campus of an of a public school except under certain circumstances listed in the act. Level 3 offenders may enter a ticketed school sponsored event if they are a parent, guardian or relative as defined by § 5-14-132 and give a 24 hour notice to the school. Level 4 offenders may not attend ticketed school sponsored events. It is also unlawful for a registered sex offender who is a level 3 or level 4 to enter the campus of a private school without notifying the school and complying with any terms the private school requires.
14. Pursuant to §12-12-919 termination of obligation to register is the responsibility of the offender. In order to be removed from the Arkansas state registry the offender who has been convicted as an adult must petition the sentencing court if convicted in Arkansas. If the conviction was out of state, the offender must petition the circuit court in the county in which they reside or the last resided in Arkansas. All offenders must register for a minimum of 15 years from the date first registered. The offender will continue to be required to register in Arkansas if petition is not granted or if the offender does not petition. Not every offender is eligible to petition for removal. If a court denies a petition the offender may not file a new petition for three (3) years.

Sex Offender Acknowledgement form

- 15. Pursuant to § 12-12-925 anyone required to register as a sex offender cannot provide goods and services under the Arkansas Medicaid Program.
- 16. Pursuant to Act 987 of the 92nd general assembly a registered sex offender who has been assessed level 2, 3 or 4 may not hold a position of public trust in a public agency that provides public safety including but not limited to a fire department, law enforcement agency or emergency medical service agency.
- 17. Pursuant to Act 621 of the 92nd general assembly a registered sex offender who has been assessed as a level 3 or 4 is prohibited from recording (as defined by the act) a person under fourteen (14) years of age.
- 18. Pursuant to Act 463 of the 92nd general assembly a registered sex offender who has been assessed as a level 3 or level 4 is prohibited from participating in certain Halloween related activities (as defined in the act) that occurs any time during the two (2) weeks before or after October 31 of each year.
- 19. Pursuant to Act 499 of the 93rd general assembly if a person is found guilty of a sexual offense under § 5-14-101 et seq. or incest involving a minor the person is prohibited as a condition of their probation from residing in a residence with any minor unless the court makes specific finding otherwise.

I hereby acknowledge that I have been advised of my duty to register as a sex offender required by Arkansas ACA 12-12-907. I have also been advised that failure to verify my address or failure to report any change of address, School or employment status as required by ACA 12-12-904 constitutes a Class C Felony and may result in subsequent arrest and/or prosecution.

I acknowledge I have read and/or understand that I must verify my residence every 6 month(s)/days (calculated from the initial registration date) by appearing in person to the jurisdictional law enforcement where I reside as required Arkansas statute. I understand that not doing so could result in arrest and prosecution. I acknowledged that I have received a copy of this document upon signing and understand the content.



4/5/2022

Offender Signature

Date signed

MARCUS A KELLEBREW

Print Offender name clearly



DOC-Cummins Unit

Witness signature (law enforcement only)

Agency Name

OFFEN3DER MUST BE PROVIDED A COPY OF THIS SIGNED FORM

**Arkansas Community Corrections
Request for Parole Action**

Location: Monticello

To: Arkansas Parole Board

From: Anderson, Melody E

Date: 04/18/2022

Re: Kellebrew, Marcus A., PID# [REDACTED] ADC# [REDACTED]

Type of Request(Choose One):

New Felony Commitment

Special Condition

Warrant Recall

Request for Regular Parole

90 Day PV Removal

Explanation

This is a DCC Request:

Offender Marcus Kellebrew, ADC# [REDACTED] meets the criteria for the DCC Sex Offender Aftercare Program:
DCC respectfully requests he be placed in the DCC Sex Offender Aftercare Program for more intensive supervision in order to enhance community safety and provide for additional offender accountability measures, to include the below specified Special Conditions:

- MK You must participate in the DCC Sex Offender Aftercare Program to include group sessions and/or individual sessions as directed.
- MK You must submit yourself to periodic polygraph/computer voice stress analysis examination and pay a \$100 examination fee for any examination administered by a DCC employee.
- MK You must not have any unsupervised contact or physical contact with children under the age of 18, unless authorized in writing by the Arkansas Parole Board. Any contact with a minor(s) must be immediately reported to your supervising officer.
- MK You must not date, socialize, fraternize, form a romantic interest or have a sexual relationship with any person who has a minor child even if they do not have physical custody of their children.
- MK You must not possess or produce any pornographic, sexually oriented, or sexually stimulating, visual, auditory, telephonic, or electronic media, including computer programs and services.
- MK You must not enter or remain in the vicinity of any establishment that derives its primary source of income through the sale of sexually oriented or sexually stimulating products or services, such as adult book stores, gentleman's clubs, or strip clubs.
- MK You must not reside or stay overnight in a residence where minor children are living or staying overnight- regardless of relationship to the minor child-unless authorized in writing by the Arkansas Parole Board.

- MK You must abide by a curfew imposed by the supervising officer and comply with GPS if so ordered.
- MK You must not have contact, directly or through third parties, with your victim(s). You must not reside by your victim(s).
- MK You must not be present, attend functions, games or events in places where children congregate, such as any school property, schoolyards, parks, playgrounds, daycares, church youth programs or arcades without written permission from your supervising officer and you shall notify school authorities if the law requires you to do so.
- MK You must not access the Internet on any electronic devices, such as computers, notebooks, or phones, unless authorized in writing by the Arkansas Parole Board. You are prohibited from using any email or other Internet based accounts unless such authorization is obtained. Any and all electronic devices in your possession that you own or have access to are subject to search and seizure to include forensic examination by any law enforcement officer.
- MK You must totally abstain from alcoholic beverages. You must not enter or remain in the vicinity of bars, taverns, clubs and liquor stores or any business that derives a significant amount of income from the sale of alcohol.
- MK You must not use, sell, or deliver controlled substances. You must not possess or use controlled substances except as prescribed by a physician. You will submit yourself to random testing for the use of intoxicants and/or controlled substances.
- MK You must avoid high risk situations as defined by you and your supervision team.

Melody E. Anderson

04/18/2022

Probation/Parole Officer

Date

I Concur I Do Not Concur

Jennifer L. Dean

04/18/2022

Area Manager/Area Assistant Manager

Date

I Concur I Do Not Concur

John Deth

04/18/2022

Parole Board Chairman

Date

Parole Board Comments

Francis Kellin
Sign

4/22/22
Date



ARKANSAS COMMUNITY CORRECTION
SEX OFFENDER AFTERCARE PROGRAM

Intake History Questionnaire Form

Name: Marcus Anthony Kellebrew Today's Date: 4/22/2022
First Middle Last

Social Security Number: [REDACTED] Age: [REDACTED]

Date of birth: [REDACTED] ADC/PID number: [REDACTED]

Current address: [REDACTED]

Marital Status: Single

Drivers License and Method of Transportation [REDACTED] ArAC

Telephone Numbers: [REDACTED]

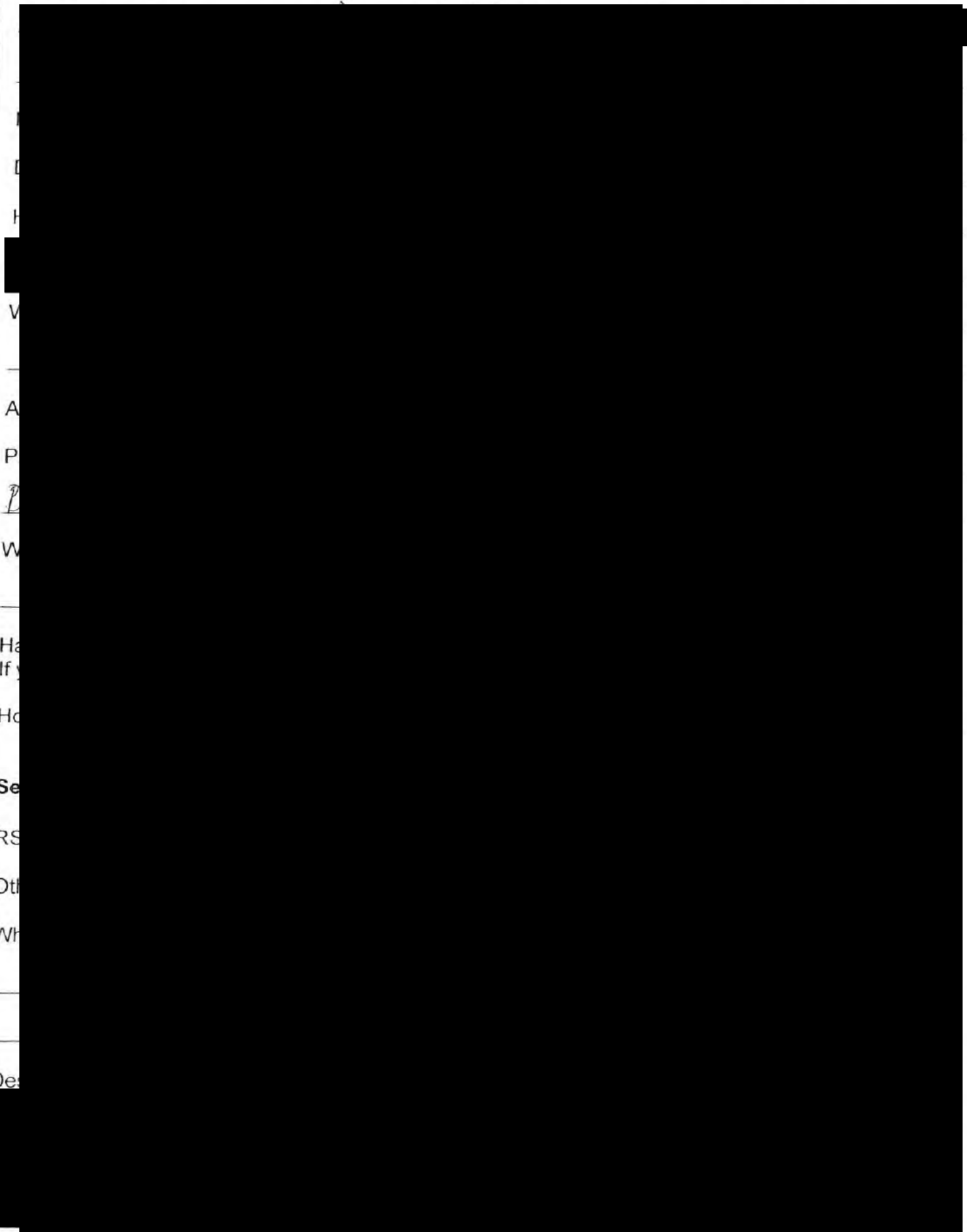
Who else lives in your home/proposed address (names & ages): None

What risk level was assigned to you by SOCNA? 2

Education History:

[REDACTED]

HEALTH HISTORY



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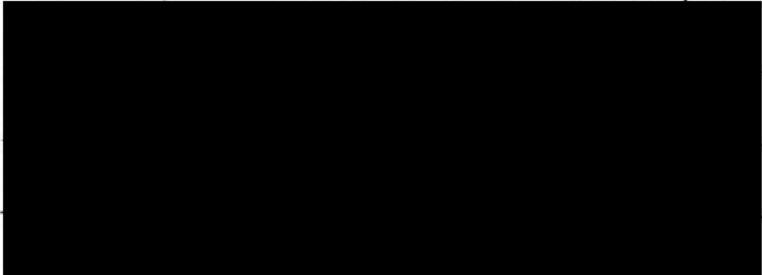
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How have you benefited from sexual offender-specific treatment?



Index Offense History

Charge(s): Sexual Assault (2nd Degree) Offense Date(s): _____

Date Convicted: _____ Sentence Rcd: _____

County of Conviction: Drew Plea: _____

Victim(s) information- list additional victims on back if needed:

- | | | | |
|--------------------|-----------------------------|-------------------------------|--|
| 1. Age: <u>50+</u> | Relationship: <u>friend</u> | <input type="checkbox"/> Male | <input checked="" type="checkbox"/> Female |
| 2. Age: _____ | Relationship: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 3. Age: _____ | Relationship: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 4. Age: _____ | Relationship: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Brief Explanation of Charge: _____

He ripped a females shirt during an altercation or disagreement about various things. He said that he did touch her breast. But totally denies having done anything sexually.

Parole History

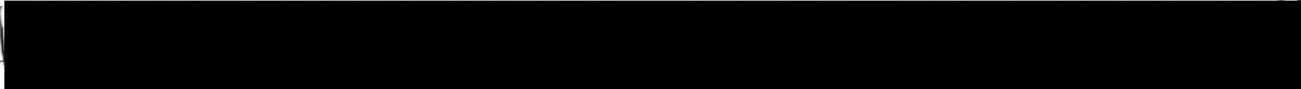
Date Paroled: 4-5-22 Minimum End Date: 09/31/23

Maximum Flat Date: 03-28-24 Time Remaining: _____

NOTES:

Work History

Where are you currently working? (Name of Business and City Located) Process, Inc.




How long have you worked there? Since 1995

What type of work is this and what are some of the main duties you typically perform?

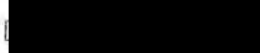


Where was your previous job & why did you leave? Locksmith/physical Security; 

How long did you work there; what type of work was this; and, what were some of your main duties?
From 1998-99; to 2007 - Locking Veh, Residents, Commercial Locks Keys, Changing Panel Locks, Etc.

How many times have you been fired from a job? 

Why have you been fired? _____

Do you receive Social Security Income or Social Security Disability? 

If yes, why do you receive benefits? 

Hobbies/Interests:

Stamp Collecting, Coin Collections, History, English Hist Genealogy, Veteran History

Military



What type of discharge did you receive? _____

Were you ever stationed overseas? _____

Relationship History

What is the longest amount of time you have lived with a sexual partner (eg wife, live-in girlfriend, etc

3 yrs.

How many times have you been married? (1)

How many times divorced? (1)

Please list the approximate dates/time frames of these marriages? Nov. 5, 1995

2004

Please explain the reasons for any divorces? Irreconcilable Differences

Money problems, drinking & arguments

<u>Children's Names</u>	<u>Gender</u>	<u>Age</u>	<u>Custody</u>	<u>Location</u>
<u>Dalton Kellebrew</u>	<u>M</u>	<u>22</u>	<u>NO</u>	<u>WARREN</u>

Child Support? Yes No Explain: _____

Illegal/Nonprescription Drug/Alcohol Use

On average, how much alcohol do you currently drink per week? (0)

What year or years would you say you drank the heaviest? Always Moderate, Heavy

How much and how often did you drink at this time? Every week (Imports!)

Has alcohol ever caused problems with any of the following: Your relationships, your jobs, with the law your finances, your sexual behavior? Yes No If yes, please explain.

My signature below indicates that I have been fully open and honest on this Personal History Questionnaire. I understand that withholding information, or providing false information, is viewed as a failure to fully comply with the assessment process.

A. Kellie

Offender Signature

4/22/2022

Date

Melody E. Anderson

Aftercare Coordinator Signature

04-22-22

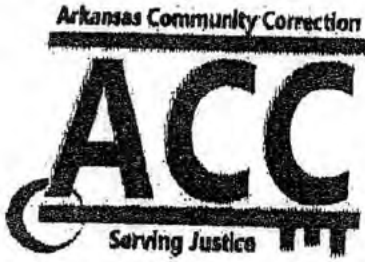
Date

*In accordance with accepted tenants of the containment approach to sex offender management, a referral will be made to polygraph/CVSA examiner. **Intake form will serve as said referral.***

Assigned Examiner: DCC Staff

Referral Made: Yes No Reason, if no is marked: _____

Date: 04/22/22 SOCNA Level: 2



ARKANSAS COMMUNITY CORRECTION
SEX OFFENDER AFTERCARE PROGRAM
 3416 N. College Ave., Suite 3
 Fayetteville, AR 72703
 Office: 479.443.8000
 Fax: 479.443.7099

Name: Marcus Kellebrew Date of Birth: [REDACTED]

Please provide the information requested to the designated representative of the Arkansas Community Correction at the above address.

Designated Arkansas Community Correction representative: _____

<u>Information Authorized for Release</u>	<u>Initials</u>	<u>Information Authorized for Release</u>	<u>Initials</u>
1. Medical History	<u>MK</u>	4. School History	<u>MK</u>
2. Psychological/Psychiatric History	<u>MK</u>	5. Social History	<u>MK</u>
3. Military Records	<u>MK</u>	6. Other(Specify in Comments)	<u>MK</u>

Comments:

Named client agrees to allow open communication as it pertains to his case and issues related to management with named examiner upon signing and returning this document. This inquiry is to determine suitability for polygraph and/or cvsa examination as the examination process alone may induce stress. Client is required by his conditions of release to submit to random sex offender maintenance examinations to determine compliance with parole conditions. Client reported the below named medical issues/concerns:

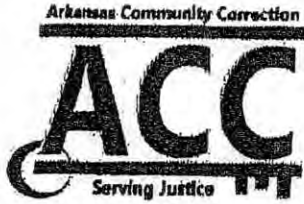
My signature below authorizes the release of requested information to the Arkansas Community Correction who may furnish the information obtained to the referring court or other duly authorized agency. All information received is to be maintained in a confidential manner and will be used only in determining an appropriate Probation/Parole or Counseling/Treatment Plan or for other legitimate supervisory activities.

Marcus Kellebrew
 Offender Signature
Marcus Kellebrew
 Offender Printed Name

4/22/2022
 Date

 Date

Melody L. Anderson
 Witness Signature
Melody Anderson
 Witness Printed Name



ARKANSAS COMMUNITY CORRECTION
SEX OFFENDER AFTERCARE PROGRAM
3416 N. College Ave., Suite 3
Fayetteville, AR 72703
Office: 479.443.8000
Fax: 479.443.7099

Community Partners Confidentiality Waiver Form

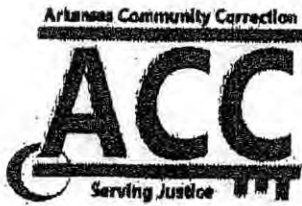
I, _____, understand- in accordance with evidence based practices utilizing the Containment Approach in sex offender management- collaboration with community partners is a critical part of community safety. As part of the Sex Offender Aftercare Program (SOAP) requirements, it is deemed necessary to openly share progress and participation with community partners.

I hereby waive my rights of confidentiality pertaining to information concerning my supervision for my sexual offense in the process of obtaining and maintaining employment, training, education, treatment services, religious services, and any sponsors. I understand that only "need to know" information is subject to disclosure at the discretion of my supervisory team. I understand that as part of my supervision, community safety checks to my employer and/or other community partners of which I participate is probable wherein communication between my supervisory team is to occur as it pertains strictly to community safety.

I have read and/or have had read to me, the above waiver of confidentiality, and hereby waive any right or claim that I may have against the county, city, or state and its employees for the release or disclosure of such information for the purposes stated above.

Offender Signature: *Francis A. Kellelin* Date 04/22/22

Witness Signature: *Melody E. Anderson* Date 04/22/22



ARKANSAS COMMUNITY CORRECTION
SEX OFFENDER AFTERCARE PROGRAM
3416 N. College Ave., Suite 3
Fayetteville, AR 72703
Office: 479.443.8000
Fax: 479.443.7099

SEX OFFENDER AFTERCARE PROGRAM BEHAVIOR CONTRACT

I, Marcellus Kellebra, hereby enter into this Behavior Contract with Arkansas Community Correction (ACC) to allow supervisory staff to provide me with services for my sexual behavior. I understand that the primary goals of the Sex Offender Aftercare Program (SOAP) are to help me reduce my risk to reoffend and to protect the community from my deviant sexual behavior.

I understand that my sex offender aftercare will focus on six areas: (1) Accepting responsibility for my offense behaviors; (2) Developing a supervision network of carefully selected family and/or friends who can help me with my recovery; (3) Identifying thinking patterns that contributed to my offense(s); (4) Developing empathy for my victims and others; (5) Improving social skills related to my offending behavior such as anger management, conflict resolution, self-esteem, alcohol and drug abuse, and stress management; and (6) Developing relapse prevention skills by identifying and learning how to avoid high risk situations and intervening in my offense cycle.

I understand that sex offender aftercare techniques that will be used in the SOAP include group sessions, writing, reading, films, lecture, and discussion. I understand that I may be asked to discuss my progress and assignments in group sessions, with my supervision officer, and other significant adults in my life.

1. I agree to be honest and assume full responsibility for my offense(s) and my behavior. I understand that my success depends upon full acknowledgement of my offense(s).
2. I agree if required to attend private sex offender counseling to sign an acknowledgement of limited confidentiality and waiver and to sign any releases of information required to obtain information about my behavior.
3. I understand that I am required to report for twenty-four SOAP group sessions at a minimum. Full participation is required or I will not be given credit for attendance.
4. I will attend all group sessions and attend on time. I understand that the only acceptable excuse for absence or lateness is a verifiable medical or other personal emergency. I will notify Aftercare Coordinator as soon as possible about any situation that affects my attendance or promptness.
5. I will not engage in the use of alcohol and/or other drugs with the understanding that it interferes with my employment, the welfare of my family, others, and self-management. I understand I will be required to submit to urinalysis testing as required while on parole supervision.
6. I will not purchase, possess, or use sexually stimulating materials of any kind as defined by my Aftercare Coordinator. I will not frequent any institution wherein the primary source of income is derived by such materials.
7. I will not become verbally threatening or assaultive toward any supervisory staff member or group member either inside or outside the office.

8. I will advise my Aftercare Coordinator of any change in my residence, employment or relationship status.
9. I will not disclose any information regarding another group member to anyone outside this program. I understand that I am to have no contact with other sex offenders outside the SOAP group without prior approval of supervisory staff. I will keep supervisory staff informed of the nature of any contact I have with another sex offender outside group sessions.
10. I will actively participate in group. I understand that aftercare typically consists of bi-monthly group sessions and may include periodic individual, couples, and family sessions and can generally be expected to last a minimum of one year followed by a maintenance phase of the SOAP.
11. I understand that ongoing assessment of my progress through polygraph and/or computer voice stress analysis is part of my aftercare.
12. I understand that aftercare involves certain risks. I understand that I may find certain aspects of my aftercare stressful. For example, discussing possibly embarrassing personal issues with my aftercare coordinator, undergoing evaluations, and making disclosures in group may cause me to feel anxious, nervous, upset, angry, guilty, ashamed, or depressed. I will inform my Aftercare Coordinator if I experience stress as a result of any intervention and understand that I may be referred to clinical treatment at my expense if any such symptoms should present.
13. I agree to avoid situations and behaviors that will place me at high risk of reoffending. I also agree to provide my Aftercare Coordinator with a "contact log" that details any accidental, incidental, or intentional contact that I have had with potential victims immediately upon such contact.
14. I agree to abide by the conditions/special conditions of parole. I understand that my parole officer may be notified of any violation of this contract. I also understand and agree that any violation of the conditions of this contract may be grounds for receiving a strike/sanction per the Sanctions Agreement.
15. I agree that this contract is not all inclusive. If any behavior issue arises, my Aftercare Coordinator will issue a verbal warning for any other problem behavior not outlined above and it is my responsibility to correct my behavior in group. I also understand and agree that failure to do so may be grounds for receiving a strike/sanction per the Sanctions Agreement.
16. I understand that a staff member is on call for emergencies on a twenty-four (24) hour basis by calling: 501 686-9800

I have read, understand, and acknowledge that I am required to follow all the conditions listed above regarding my aftercare and behavior. If I have any questions about this Behavior Contract, I have discussed them to my satisfaction with my Aftercare Coordinator. By signing this Behavior Contract, I agree to participate in all the above.

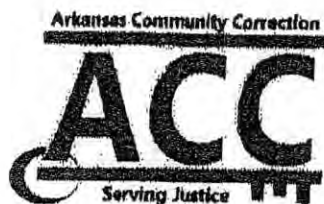
Signed: Marcus A. Kelleher

Date: 4/22/22

Witness: Melody E. Anderson

Date: 04/22/22

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ARKANSAS COMMUNITY CORRECTION

Offender Printed Name: Marcus A. Kellebrew
PID#: _____

This letter is to serve as notice that offenders who have a special condition imposed by the Arkansas Parole Board (APB) of, "You must submit to yourself to periodic Polygraph and/or Computer Voice Stress Analysis (CVSA) examination," are required to pay a \$100 examination fee per examination administered on behalf of an Arkansas Community Correction (ACC) examiner. Additionally, ICOTS offenders who have a special condition requiring them to submit to polygraph and/or other truth verification technique are required to pay a \$100 examination fee per examination administered on behalf of an ACC examiner.

By your signature below, you acknowledge being advised of this policy change. This policy is effective immediately.

Marcus A. Kellebrew

Offender Signature

04/22/22

Date

M. Anderson

Witness Signature

04/22/22

Date



Jami Cook
Secretary

ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov



William J. Bryant
Director

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

**ARKANSAS
STATE POLICE
COMMISSION**

Steve Edwards
*Chairman
Marianna*

Murray Benton, Sr.
*Vice-Chairman
Jonesboro*

Jeff Teague
*Secretary
El Dorado*

John Allison
Conway

Jim Hinkle
Conway

Ken Reeves
Harrison

Neff Basore
Bella Vista

August 29, 2022

Marcus Kellebrew



Re: FOIA Request

Mr. Kellebrew,

Arkansas State Police CID Commander has confirmed Arkansas State Police has no records related to the Sexual Assault case involving you. Therefore, I have to deny your request based on ASP is no in possession, custody, or control of any records responsive to your request.

Sincerely,

Katlyn Nelson
Legal Support Specialist
Arkansas State Police
1 State Police Plaza Dr
Little Rock, AR 72209

INVOICE

Marcus Kellebrew

Invoice Date

Oct 17, 2022

Invoice Number

INV-0543

James Quick Print

xxx-xx-3432

James Quick Print

112 East Gaines

MONTICELLO AR 71655

Description	Quantity	Unit Price	Tax	Amount USD
Copy set 1	92.00	0.25	9.75%	23.00
2 sets of 46				
Copy Set 2	70.00	0.25	9.75%	17.50
2 sets of 35				
Photo prints	30.00	1.25	9.75%	37.50
2 sets of 15				
Images Burned to 4 discs	4.00	20.00	9.75%	80.00
			Subtotal	158.00
			TOTAL STATE 6.5%	10.27
			TOTAL CITY 1%	1.59
			TOTAL COUNTY 2.25%	3.55
			TOTAL USD	173.41

Due Date: Oct 17, 2022

[View and pay online now](#)



PAYMENT ADVICE

To: James Quick Print
112 East Gaines
MONTICELLO AR 71655

Customer	Marcus Kellebrew
Invoice Number	INV-0543
Amount Due	173.41
Due Date	Oct 17, 2022
Amount Enclosed	

Enter the amount you are paying above

From: [Kathryn Irby](#)
To: [Amber Schubert \(DOC\)](#); marcuskellebrew@gmail.com
Subject: CLARIFICATION RE CLAIM NUMBERS: Kellebrew v. ACC claims
Date: Wednesday, November 2, 2022 4:09:00 PM
Attachments: [Marcus A. Kellebrew ACC agency ltr .pdf](#)

Mr. Kellebrew and Ms. Schubert,

I apologize that the agency letter sent a few minutes ago contained the wrong claim number. I have attached a corrected agency letter for your records.

Just to clarify, the first claim filed by Mr. Kellebrew is Claim No. 230414. The second claim (that was just transmitted to ACC) is Claim No. 230565.

Please let me know if there are any questions.

Thanks,
Kathryn Irby

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501)682-1619
FAX (501)682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

November 2, 2022

Ms. Amber Schubert
Arkansas Community Correction
2 Union National Plaza, Third Floor
Little Rock, AR 72201

(via email)

RE: ***Marcus A. Kellebrew v. Arkansas Community Correction***
Claim No. 230565

Dear Ms. Schubert,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Community Correction. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: kmirby

cc: Marcus Kellebrew, *Claimant* (w/ encl.) (via email)

Note to Claimant or Claimant's counsel: The Claims Commission copied you on this correspondence to provide you with confirmation that your claim has been processed and served upon the respondent agency.

STATE OF ARKANSAS
ARKANSAS CLAIMS COMMISSION
101 EAST CAPITAL AVE., SUITE 410
LITTLE ROCK, ARK. 72201-3832
(501) 682-1619

Arkansas
State Claims Commission

DEC 12 2022

RECEIVED

DECEMBER 7, 2022

MARCUS A. KELLEBREW, ESQ.

KATHERINE IRBY
101 EAST CAPITAL AVE., SUITE 410
LITTLE ROCK, ARK 72201

RE; REIMBURSEMENT AND COMPENSATION FOR EXPENDITURES

DEAR MS. IRBY,

ATTACHED ARE THE RECEIPTS OF EXPENDITURES RESULTING IN THE CLAIMS AGAINST
STATE OF ARKANSAS ACC- ARKANSAS COMMUNITY CORRECTIONS OF MONTICELLO
ARKANSAS CLAIM NO. # 230414; ARKANSAS CLAIM NO. # 230565; ARKANSAS CLAIM
NO. # 230636.

PLEASE DO AN ACCOUNTING AUDIT OF THE RECEIPTS AND TOTAL AMOUNT FOR
IMBURSEMENTS TO ME FOR MY EXPENSES DO TO THE FAILURE OF THE AGENTS OF
ARKANSAS AGENT KATRINA BARROW AND ARKANSAS AGENT LASANDRA SANDERS
FAILURE TO WEAR MASKS AND GLOVES WHILE CONDUCTING A ILLEGAL SEARCH AND
RADSACKING OF MY PERSONAL RESIDENCY AND THE SUBSEQUENT COUNTER ACTIONS
AND FILING....

FEEL FREE TO CONTACT ME AT [REDACTED] IF YOU OR YOUR ACCOUNTING OFFICER(S)
HAVE ANY, ANY QUESTIONS WHAT SO EVER..

ONCE AGAIN, THANK YOU FOR YOUR SERVICE TO THE STATE OF ARKANSAS.....

RESPECTFULLY SUBMITTED,

Marcus A. Kellebrew
MARCUS A. KELLEBREW

* TUE 11-08-22 09:50 A *

Item #2 Purchased:
DELUXE WASH

Item Price \$ 13.00
Total \$ 13.00

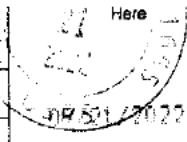
Card No. XXXX XXXX 8971

Charge Amount \$ 13.00

Change \$ 0.00

7021 2720 000

Certified Mail Restricted Delivery \$ 4.00
 Adult Signature Required \$ 4.00
 Adult Signature Restricted Delivery \$
 Postage \$ 11.92
 Total Postage and Fees \$ 19.92



Service **AR Claims Commission**
 Street and Apt. No. or P.O. No. **101 E Capitol Ave Ste 410**
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Tracking #: 7021272000171382328 \$4.00
 Return Receipt Tracking #: 9590 9402 7055 1225 3365 10 \$3.25
 Total \$9.17
 Grand Total: \$9.17
 Debit Card Rent \$9.17

Approval #: 173677
 Transaction #: 698
 Receipt #: 037928
 Debit Card Purchase: \$9.17

PIN: Verified DEBIT

 Every household in the U.S. is now eligible to receive a third set of 8 free test kits. Go to www.covidtests.gov

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @
<https://informdelivery.usps.com>

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: <https://postalexperience.com/Pos> or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 045895-0655
 Receipt #: 840-57200019-2-5841375-2
 Clerk: 1007

7021 2720 000

Certified Mail Restricted Delivery \$ 20.00
 Adult Signature Required \$ 4.00
 Adult Signature Restricted Delivery \$

Postage \$ 11.92
 Total Postage and Fees \$ 13.17



AR Claims Commission
 101 E. Capitol Ave Ste 410
 City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Tracking #: 70212720000171362328
 Return Receipt Tracking #: 9590 9402 7055 1225 3389 13
 Total \$9.17

Grand Total: \$9.17

Debit Card Remit \$9.17

Approval #: 173677
 Transaction #: 698
 Receipt #: 037928
 Debit Card Purchase: \$9.17
 PIN: Verified DEBIT

 Every household in the U.S. is now eligible to receive a third set of 8 free test kits.
 Go to www.covidtests.gov

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @ <https://informedelivery.usps.com>

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.

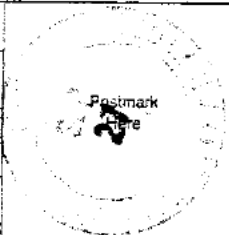
Tell us about your experience.
 Go to: <https://postalexperience.com/Pos>
 or scan this code with your mobile device.



or call 1-800-416-7420.

UFN: 045895-0655
 Receipt #: 340-57200019-2-5841375-2
 Clerk: 1007

7021 2720 0001 714

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4*		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Recipient Name
 JERRY BRADSHAW
 Tracking #: 70212720000171432283 \$3.25
 Return Receipt \$3.25
 Tracking #: 9590 9402 7289 2028 4170 15
 Total \$15.52
 Grand Total: \$15.52
 Debit Card Remit \$15.52

Approval #: 215497
 Transaction #: 041
 Receipt #: 043274
 Debit Card Purchase: \$15.52
 AID: A0000000042203 Chtp
 AL: DEBIT DEBIT
 PIN: Verified

Preview your Mail
 Track your Packages
 Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage
 Refunds for guaranteed services only.
 Thank you for your business.

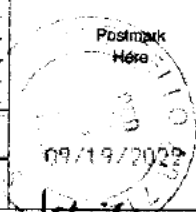
Tell us about your experience.
 Go to: <https://postalexperience.com/Pos>
 or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 045895-0655
 Receipt #: 840-57200019-1-6417104-2
 Clerk: 03

7021 2720 0001 714

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$1.08	
Total Postage and Fees	\$14.68	
Sent To	Gov. Asa Hutchinson	
Street and Apt. No., or PO Box No.		
City, State, ZIP+4*		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Tracking #: 70212720000171382274 \$3.25
 Return Receipt \$3.25
 Tracking #: 9590 9402 7001 1225 3985 75
 Total \$8.93
 First-Class Mail® 1 \$1.08
 Letter
 Little Rock, AR 72201
 Weight: 0 lb 2.90 oz
 Estimated Delivery Date
 Wed 09/21/2022
 Restricted Del \$10.35
 Recipient name
 GOVERNOR ASA HUTCHINSON
 Tracking #: 70212720000171382281
 Return Receipt \$3.25
 Tracking #: 9590 9402 7055 1225 3385 75
 Total \$14.68
 Grand Total: \$23.61
 Debit Card Remit \$73.61

Approval #: 10000
 Transaction #: 665

Arkansas Governor
Asa Hutchinson
500 Woodlane Rm 250
Little Rock AR 72201



9590 9402 7055 1225 3389 82

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2281

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas McBroom
2801 S. Olive St 6D
Pine Bluff AR 71603



9590 9402 7055 1225 3389 75

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2274

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Patricia Lake* Agent
 Addressee

B. Received by (Printed Name)

Patricia Lake C. Date of Delivery

9-21
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

SEP 21 2022

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AR Claims Commission
101 East Capital Ave
LR AR 72201 Ste 410



9590 9402 7055 1225 3389 13

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2328

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Carie P. B. 123* Agent
 Addressee

B. Received by (Printed Name)

Carie P. B. 123 C. Date of Delivery

9-25-22
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

Arkansas Governor
Asa Hutchinson
500 Woodlane Rm 250
Little Rock AR 72201



9590 9402 7055 1225 3389 82

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2281

U. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas McBroome
2801 S. Olive St 6D
Pine Bluff AR 71603



9590 9402 7055 1225 3389 75

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2274

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Thomas McBroome* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Thomas McBroome 9-21
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

SEP 21 2022

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AR Claims Commission
101 East Capital Ave
LR AR 72201 Ste 410



9590 9402 7055 1225 3389 13

2. Article Number (Transfer from service label)

7021 2720 0001 7138 2328

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Carie P. Brooks* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Carie P. Brooks 9-25-22
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CHECK FEE FOR U6Z185
TO PRIMARY SHARES

5.00

Restricted

Tfr: 5.00

MARCUS KELLEBREW

Uch68(1) 22 AUG 22 14:45 Br 2 Op 58 Net Amt 0.00

313 S MARTIN

**** PROCESS TRANSACTION TR#290 ****

Account Detail	Account #	Amount	Balance	Available
FROM PRIMARY SHARES		20000.00	3619.23	3608.23
Check Withdrawal		20000.00		

MARCUS KELLEBREW

Uch66(1) 22 AUG 22 14:43 Br 2 Op 58 Net Amt 20000.00

313 S MARTIN

WALGREENS

#10666 640 W GAINES ST
MONTICELLO, AR 71655
870-367-6146

118 3374 0021 09/29/2022 5:40 PM

BSK PLANNER ENTERPRISE 7X11		
69993190608	A	7.99
RETURN VALUE 7.99		
WEXFORD CLASP ENVLPS 9X12" 8S PPR		
04902206948	A	3.99
RETURN VALUE 3.99		
WEXFORD CLSP EVLPS 10"X13" 7S PPR		
04902206949	A	7.98
2 @ 3.99		
RETURN VALUE 3.99 ea		
WEXFORD VIEW PENCIL CASE DISP		
04902270560	A	1.29
RETURN VALUE 1.29		
PILOT G2 FINE PT PEN BLACK 4S		
07283831057	A	7.29
RETURN VALUE 7.29		
ZEBRA GEL PEN BLACK G-301	2S	
04588841312	A	5.99
RETURN VALUE 5.99		
SUBTOTAL		34.53
SALES TAX A=9.75%		3.37
TOTAL		37.90
DEBIT CARD		37.90
AUTH CODE		229716
CHANGE		.00

Sale
AID A0000000042203
DEBIT
Integrated chip card
PIN Verified

THANK YOU FOR SHOPPING AT WALGREENS

REDEEM \$5 WALGREENS CASH REWARDS ON YOUR
NEXT PURCHASE! WALGREENS CASH REWARDS
CANNOT BE REDEEMED ON SOME ITEMS. FOR
FULL DETAILS SEE MYWALGREENS.COM

RFN# 1066-6213-3748-2209-2903



Date 9-6-22

Reg. No.	Clerk	Account Forward
1	Arkansas Code books book	
2		53.00
3		5.00
4		<u>58.00</u>
5		5.78
6		<u>63.78</u>
7		
9	Card	
10	Man	
13		
14	5737-18	
15		

A-1200:35100530 Your Account Stated to Date - If Error is Found - Return to Office
T-45202/45202/46200

Give us feedback @ survey.walmart.com
Thank you! ID #:7RHI1N3RYNH



870-367-0409 Mgr: JEFFERY
427 HIGHWAY 425 N
MONTICELLO AR 71655

STW 00348 OP# 000147 TEN 17 TRM 04260
SAFE 004907402118 54.00 X
SAFE 004907402118 54.00 X
PAPER CLIPS 005050572514 1.62 X
PAPER CLIPS 005050572514 1.62 X
SUPERSTICKY 005114136613 6.24 X
SUPERSTICKY 005114136613 6.24 X
HONEY BAG 695803709173 4.24 X
HONEY BAG 695803709173 4.24 X
1 INCH BNDR 692173492147 6.12 X
1 INCH BNDR 692173492147 6.12 X

SUBTOTAL 144.44
TAX 1 9.750 14.08
TOTAL 158.52
DEBIT TEND 158.52
CHANGE DUE 0.00
EFT DEBIT PAY FROM PRIMARY
158.52 TOTAL PURCHASE
DEBIT **** * 8971 I I
REF # 227200305161
NETWORK ID. 0056 APPR CODE 002466
DEBIT
AID A0000000042203
AAC 7E70EE5386220846
TERMINAL # SC010831
09/29/22 18:10:42
ITEMS SOLD 10
TCN 5396 6942 9905 0990 6230 7



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Low Prices You Can Trust. Every Day.
09/29/22 18:10:47

WELCOME
CIRCLE K 247
CIRCLE K
274 HIGHWAY 425 N
MONTICELLO AR
71657

DATE 7/17/22 17:38
TRAN# 9061590
PUMP# 06
SERVICE LEVEL: SELF
PRODUCT: Plus
GALLONS: 23.160
PRICE/G: \$4.619
FUEL SALE \$106.98
DEBIT \$106.98

USD\$106.98
Payment from
Primary Account
*****8971
Entry: Chip Read
AppName: DEBIT
AuthNet: MAE DIR
MODE: Issuer
AID: A0000000042203
Auth #: 420580
Resp Code: 000
Stan: 08381598716
Invoice #: 927628
Shift #: 1
Store # 9986209

Verified By PIN
No Signature Needed

THANK YOU
HAVE A NICE DAY

KELLEBREW, MARCUS

07/17/22 3:26:41 PM ST:ST CLK:ALICIA

INV#: **453467**



COMET LAUNDRY & CLEANERS

tel: (870)367-9270

Pickup: **TUE** 10/18 - Pickup After 4PM

1 SPECIAL SHIRT	\$16.50
1 L SHIRTS M/S	\$3.16
2 L PANTS M/S	\$9.50
2 L PANT SPECIAL M/S	\$22.74

SUBTOTAL:	\$51.90
ENV. CHG:	\$3.11
TAX:	\$4.54
** TOTAL:	\$59.55

[Total PC] **15 PC**
 [Dry] 6 [Ldy] 9 [Alt] 0 [PO] 0
9 M/S

KELLEBREW, MARCUS

07/17/22 3:26:39 PM ST:ST CLK:ALICIA

INV#: **453467**



COMET LAUNDRY & CLEANERS

tel: (870)367-9270

Pickup: **TUE** 10/18 - Pickup After 4PM

1 SPECIAL SHIRT	\$16.50
1 L SHIRTS M/S	\$3.16
2 L PANTS M/S	\$9.50
2 L PANT SPECIAL M/S	\$22.74

SUBTOTAL:	\$51.90
ENV. CHG:	\$3.11
TAX:	\$4.54
** TOTAL:	\$59.55

[Total PC] **15 PC**
 [Dry] 6 [Ldy] 9 [Alt] 0 [PO] 0
9 M/S

KELLEBREW, MARCUS

0/28/22 11:11:46 AM ST:ST [Mileage:02.4] CLK:GABRIELLA

LN# : **453817**



COMET LAUNDRY & CLEANERS

tel: (870)367-9270

Pickup: **MON 10/31** - Pickup After 4PM

2 SPECIAL SHIRT	\$33.00
1 L SHIRTS L/S	\$3.16

SUBTOTAL:	\$36.16
ENV. CHG:	\$2.17
TAX:	\$3.16
** TOTAL:	\$41.49

[Total] PC] **13 PC**
 [Dry] 12 [Ldy] 1 [Att] 0 [PO] 0
1 L/S

Nov 2 2022 1:05 PM

\$41.49

Subtotal \$41.49

Total \$41.49

Payment [Redacted]

authorized

Trans. ID TS-3679273537

Comet Cleaners
 122 Carla Ln
 Monticello, AR 71655



Spalon
122 Carla Ln
Monticello, AR 71655

PS Form 3800, April 2015 PSN 7530-02-000-9047



MONTICELLO
1492 N HYATT ST
MONTICELLO, AR 71655-9998
(800)275-8777

10/03/2022 02:25 PM

Product	Qty	Unit Price	Price
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First-Class Mail® Large Envelope	1		\$3.60
Little Rock, AR 72201			
Weight: 0 lb 10.50 oz			
Estimated Delivery Date			
Wed 10/05/2022			
Restricted Del			\$10.35
Recipient name			
JOHN FLEETS			
Tracking #:			
70212720000171382496			
Return Receipt			\$3.25
Tracking #:			
9590 9402 7055 1225 3388 21			
Total			\$17.20

First-Class Mail® Large Envelope	1		\$3.60
Pine Bluff, AR 71603			
Weight: 0 lb 10.50 oz			
Estimated Delivery Date			
Wed 10/05/2022			
Restricted Del			\$10.35
Recipient name			
THOMAS MCBROOME			
Tracking #:			
70212720000171382489			
Return Receipt			\$3.25
Tracking #:			
9590 9402 7055 1225 3388 14			
Total			\$17.20

Grand Total: \$34.40

Debit Card Remit \$34.40

Card Name: MasterCard
Account #: XXXXXXXXXX8971
Approval #: 009166
Transaction #: 816
Receipt #: 038056
Debit Card Purchase: \$34.40

AL: DEBIT
PIN: Verified DEBIT

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7021 2720 0001 7138 2434

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Little Rock, AR 72202

Certified Mail Fee \$ 47.75
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.25
 Return Receipt (electronic) \$ 11.00
 Certified Mail Restricted Delivery \$ 10.00
 Adult Signature Required \$ 11.00
 Adult Signature Restricted Delivery \$

Postage \$ 11.27

Total Postage and Fees \$ 114.52

Sent to James A Dawson (SAC)
Street and Apt. No., or PO Box No.
City/State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

JAMES A DAWSON

Tracking #:

70212720000171382434

Return Receipt

\$3.25

Tracking #:

9590 9402 7055 1225 3388 69

Total

\$14.92

Grand Total:

\$14.92

Debit Card Remit

\$14.92

Card Name: [REDACTED]
Account #: [REDACTED]
Approval #: 008106
Transaction #: 808
Receipt #: 038046
Debit Card Purchase: \$14.92

AL: DEBIT
PIN: Verified DEBIT

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MONTICELLO
 1492 N HYATT ST
 MONTICELLO, AR 71655-9998
 (800) 275-8777

Product	Qty	Unit Price	Price
10/03/2022			01:08 PM
First-Class Mail® Large Envelope	1		\$3.60
Little Rock, AR 72201			
Weight: 0 lb 10.30 oz			
Estimated Delivery Date			Wed 10/05/2022
Restricted Del			\$10.35
Recipient name			JERRY BRADSHAW
Tracking #:			70212720000171382441
Return Receipt			\$5.25
Tracking #:			9590 9402 7055 1225 3388 52
Total			\$17.20

First-Class Mail® Large Envelope	1		\$1.92
Monticello, AR 71655			
Weight: 0 lb 3.60 oz			
Estimated Delivery Date			Wed 10/05/2022
Certified Mail®			\$4.00
Tracking #:			70212720000171382458
Return Receipt			\$3.25
Tracking #:			9590 9402 7055 1225 3388 45
Total			\$9.17

First-Class Mail® Large Envelope	1		\$1.92
Monticello, AR 71655			
Weight: 0 lb 3.70 oz			
Estimated Delivery Date			Wed 10/05/2022
Certified Mail®			\$4.00
Tracking #:			70212720000171382465
Return Receipt			\$3.25
Tracking #:			9590 9402 7055 1225 3388 58
Total			\$9.17

Grand Total: \$35.54

Debit Card Remit: \$35.54

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Paul Wilkerson C. Date of Delivery 10/4/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Article Addressed to:
Drew City Sheriff
Mark Goyer
P.O. S. Main
Monticello AR 71655

Article Number (Transfer from service label) 7021 2720 0001 7138 2465

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number (Transfer from service label) 7021 2720 0001 7138 2465

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Jason Akers C. Date of Delivery 10/5/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Article Addressed to:
Kers MPD
Police Dept.
Church St.
16 AR 71655

Article Number (Transfer from service label) 70 0001 7138 2458


Domestic Return Receipt


COMPLETE THIS SECTION

1. Article Addressed to:
 Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number (Transfer from service label) 70 0001 7138 2458

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Laci Willerson</i></p>
<p>1. Article Addressed to:</p> <p><i>Drew City Sheriff Mark Gober 210 S. Main Monticello AL 36055</i></p>  <p>9590 9402 7055 1225 3388 38</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Laci Willerson</i></p> <p>C. Date of Delivery <i>10/4/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7021 2720 0001 7138 2465</i></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Jason Akers</i></p>
<p>1. Article Addressed to:</p> <p><i>Chief Akers MPD Monticello Police Dept. 101 N. Church St. Monticello AL 36055</i></p>  <p>9590 9402 7055 1225 3388 45</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Jason Akers</i></p> <p>C. Date of Delivery <i>10/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7021 2720 0001 7138 2458</i></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

DKK

7021 2720 0001 7138 2496



Arkansas People Bears
Attn: John Felt, Director
105 W. Cayton, Suite 500

MIXIE 731 CC 1 0110/07/22
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 71555919284 2266N289192-01333
|||



1000



72201

U.S. POSTAGE PAID
FOR THE
MONTH OF
OCTOBER 22
AMOUNT
\$17.20
R2301 D155690-04

RESTRICTED DELIVERY

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AR Parole Board
 John Felts
 105 W Capitol
 Little Rock AR 72201

9590 9402 7055 1225 3388 21



2. Article Number (Transfer from service label)

9642 RETL T000 0222 T202

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

B. Received by (Printed Name)

Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Mail
 Restricted Delivery
 (over 3500)

Domestic Return Receipt

RESTRICTED DELIVERY

7021 2720 0001 7138 2441



RESTRICTED DELIVERY

RETURN RECEIPT REQUESTED

NYT

*Terry Bradshaw, Director
ATK Curves Park/Dalh...*

NIXIE 731 CE 1 0110/07/22
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 71555919284 2255N280192-01329



U.S. POSTAGE PAID
F. CM. LG. ENV.
MONTICELLO, AR
71855
OCT 09, 22
AMOUNT
\$17.20
R2301D155590-1007

SENDER: COMPLETE THIS SECTION

- Complete items **RESTRICTED DELIVERY** so that we can return the card to you or on the front if space permits
- Print your name and address on the card
- Attach this card to the back of the mail piece

Article Addressed to:

Jerry Bradshaw, Director

*APC Parolee
105 W Capital Ave.
LE AP 72201*



9590 9402 7055 1225 3388 52

7021 2720 0001 7138 2441

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

B. Received by (Printed Name)

Addressee

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes
 No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Community Correction

1302 Pike Avenue, Suite B
North Little Rock, Arkansas 72114
Phone: (501) 682-9510 | Fax: (501) 682-9513
DOC.ARKANSAS.GOV

December 14, 2022

Ms. Kathryn Irby, Director
Arkansas State Claims Commission
Via Email to: ASCCPleadings@arkansas.gov

Re: *Marcus Kellebrew v. Arkansas Division of Community Correction and Arkansas
Division of Correction*
Claim Nos. 230636, 230565, 230414

Dear Ms. Irby:

Please find enclosed a Response to Claimant's Motion for Directed Verdict and Motion for Summary Judgment on behalf of both the Arkansas Division of Correction and the Arkansas Division of Community Correction for filing in the above-referenced claims.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Amber Schubert", written in a cursive style.

Amber Schubert
General Counsel

cc: Marcus Kellebrew, Claimant

**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MARCUS KELLEBREW

CLAIMANT

V.

Claim Nos. 230636, 230565, 230414

**ARKANSAS DIVISION OF
COMMUNITY CORRECTION
and
ARKANSAS DIVISION OF
CORRECTION**

RESPONDENTS

**RESPONSE IN OPPOSITION TO MOTION FOR DIRECTED VERDICT
AND MOTION FOR SUMMARY JUDGMENT**

Come now Respondents, Arkansas Department of Corrections – Division of Community Correction (ACC), and Arkansas Department of Corrections – Division of Correction (ADC), by and through undersigned counsel and for their Response to the Motion for Directed Verdict and Motion for Summary Judgment filed by Claimant state:

1. Claimant, a parolee and sex offender conditionally released from prison to the supervision of the Arkansas Department of Corrections – Division of Community Correction (ACC), has filed three separate Claims based on the same or similar facts. All Claims allege that ACC has violated Claimant’s constitutional rights by enforcing various conditions of his supervised release and primarily based on ACC’s searches of his property pursuant to Ark. Code Ann. § 16-93-106, and the Warrantless Search Waiver he signed as a condition of his parole.
2. ACC has pending Motions to Dismiss based on failure to state a claim and lack of jurisdiction by the Commission in all three Claims. Although no factual allegations have been made against the ADC, it was named as a Respondent in one of the Claims and a Motion to Dismiss is pending on its behalf as well.

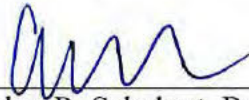
3. As stated in the pending Motions to Dismiss, it's clear that the Claims must be dismissed because the Commission doesn't have jurisdiction over Claimant's Claims, and that Claimant has failed to state a claim for relief in any of his Claims.
4. In his Motion for Directed Verdict and Summary Judgment, Claimant continues to assert that ACC violated his "civil constitutional rights" including the Eighth Amendment and due process. These assertions support Respondents' position that the Claims must be dismissed for lack of jurisdiction by the Commission.
5. Claimant is not entitled to a directed verdict pursuant to Ark. R. Civ. P. 50(a) primarily because there has been no trial in this case. Rule 50(a) motions for directed verdict may only be granted during a trial and at the end of a party's presentation of evidence. Claimant's motion is improper and should be denied.
6. Similarly, Claimant's Motion for Summary Judgment is premature at this stage of the case. First, Rule 56(a) only allows a claimant to make a motion for summary judgment "after the expiration of 20 days from the commencement of the action..." Claim No. 230565 was docketed on November 2, 2022, and Claim No. 230636 was docketed on November 8, 2022, both less than 20 days after November 21, 2022 – the date on which Claimant signed his Motion and cover letter.
7. Second, there are pending motions to dismiss that would dispose of the Claims entirely if granted. If Respondents' motions to dismiss are denied, Respondents must be afforded the opportunity to engage in discovery and present evidence supporting their positions.
8. Moreover, the information before the Commission does not support Claimant's contention that he has proven his Claims and is entitled to judgment in his favor. On the contrary, as more thoroughly set out in the motions to dismiss pending in each case, the

facts show that the Commission lacks jurisdiction, and that Respondents did not violate Claimant's civil rights by enforcing the conditions of his supervised release from prison.

9. For the foregoing reasons, Claimant's Motion for Directed Verdict and Motion for Summary Judgment should be denied and his Claims should be dismissed in their entirety.

WHEREFORE, Respondents ADC and ACC respectfully request that Claimant's Claims be dismissed and for all other relief to which they may be entitled.

Respectfully submitted,



Amber R. Schubert, Bar No. 2009150
General Counsel
Arkansas Department of Corrections
1302 Pike Avenue, Suite B
North Little Rock, AR 72114
(501) 747-3783
amber.schubert@arkansas.gov

CERTIFICATE OF SERVICE

I, Amber R. Schubert, certify that on December 14, 2022, I forwarded a copy of the foregoing, by U.S. Mail, postage prepaid, addressed to the following:

Marcus Kellebrew



Amber R. Schubert

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MARCUS KELLEBREW

CLAIMANT

V.

CLAIM NO. 230414

CLAIM NO. 230565

**ARKANSAS DIVISION OF
COMMUNITY CORRECTION**

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) are the motions filed by the Arkansas Department of Correction – Division of Community Correction (the “Respondent”) to dismiss Claim Nos. 230414 and 230565 of Marcus Kellebrew (the “Claimant”). Based upon a review of the motions, the arguments made therein, and the law of Arkansas, the Claims Commission hereby finds as follows:

Claim No. 230414

1. On September 24, 2022, Claimant filed Claim No. 230414 against Respondent, seeking “\$550,000 (Punitive Damages) [and] \$150,000,000 Award Settlement” related to “Multiple Civil Rights Violations[.]” In support of his claim, Claimant attached a letter to Respondent alleging “Multiple Civil Rights Violations” by Respondent’s employees related to an “S.O.A.P.” class. In the letter, Respondent also alleges that his 5th Amendment right to remain silent was violated and that there was an unreasonable search and pilfering of a home.

2. Respondent filed a motion to dismiss, arguing, *inter alia*, that Claimant has failed to state facts supporting his claim and that the Claims Commission lacks jurisdiction over Claimant’s claims for civil rights violations and constitutional violations as those claims can be brought in a court of general jurisdiction.

3. Claimant responded to the motion to dismiss, arguing that dismissal was not proper.

4. The Claims Commission agrees with Respondent that Claimant's claim is premised upon alleged constitutional and civil rights violations. Because such claims can be brought a court of general jurisdiction, the Claims Commission does not have jurisdiction to hear them. *See* Ark. Code Ann. § 19-10-204.

5. Respondent's motion is granted pursuant to Ark. R. Civ. Proc. 12(b), and Claimant's Claim No. 230414 is DISMISSED.

6. Any other pending motions are denied as moot.

Claim No. 230565

7. On October 21, 2022, Claimant filed Claim No. 230565 against Respondent, seeking unspecified damages in his claim described as a "Counterlawsuit for damages by Arkansas State Agents in Violation of Civil Rights/Breach of Search/Warrantless." Claimant explained the incident giving rise to his claim as "Multiple Civil Rights Violations by Agents of the State of Arkansas (ACC) Ark. Community Corrections." This claim was submitted by Claimant with documents related to Claim No. 230414.

8. Respondent filed a motion to dismiss, arguing, *inter alia*, that Claimant has failed to state facts supporting his claim and that the Claims Commission lacks jurisdiction over Claimant's claims for civil rights violations as those claims can be brought in a court of general jurisdiction.

9. Claimant did not file a response to the motion to dismiss.

10. The Claims Commission agrees with Respondent that Claimant's claim is premised upon alleged civil rights violations. Because such claims can be brought a court of general jurisdiction, the Claims Commission does not have jurisdiction to hear them. *See* Ark. Code Ann. § 19-10-204.

11. Moreover, the Claims Commission agrees with Respondent that Claimant has failed to state facts supporting his claim as the claim contained no factual allegations to support the causes of action specified.

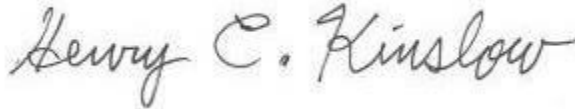
12. Respondent's motion is granted pursuant to Ark. R. Civ. Proc. 12(b), and Claimant's Claim No. 230565 is DISMISSED.

13. Any other pending motions are denied as moot.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair

DATE: January 20, 2023

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Misty Scott](#) on behalf of [ASCC Pleadings](#)
To: [Thomas Burns \(DOC\)](#); [Amber Schubert \(DOC\)](#); [REDACTED]
Cc: [Leslie Browning \(DOC\)](#); [ASCC Pleadings](#); [Mika Tucker](#)
Subject: ORDERS: Marcus Kellebrew v. ADC, Claim Nos. 230414, 230565, and 230636
Date: Friday, January 20, 2023 4:01:00 PM
Attachments: [Marcus Kellebrew-order1.pdf](#)
[Kellebrew-order2.pdf](#)

Mr. Kellebrew, Mr. Burns, and Ms. Schubert:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

From: [Marcus Kellebrew](#)
To: [ASCC Pleadings](#)
Subject: Re: ORDERS: Marcus Kellebrew v. ADC, Claim Nos. 230414, 230565, and 230636
Date: Saturday, January 21, 2023 5:14:38 PM

You don't often get email from marcuskellebrew@gmail.com. [Learn why this is important](#)

Thank you for your email petition of reconsideration is forthcoming along with proper documentation of itemized claims and counter claims along with motions for habuas corpus Relief....and counter response to Order of Arkansas Claims Commissioner Ruling...Once again thank you for you Email...

Sign,
Marcus A. Kellebrew

On Fri, Jan 20, 2023, 4:01 PM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Mr. Kellebrew, Mr. Burns, and Ms. Schubert:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott

Arkansas State Claims Commission

From: [Misty Scott](#) on behalf of [ASCC Pleadings](#)
To: [Kathryn Irby](#)
Cc: [Mika Tucker](#)
Subject: Notice of Appeal: FW: Request for claim files
Date: Tuesday, January 24, 2023 4:25:32 PM

Is this for all three claims? I have not uploaded but will once confirmed.

From: Marcus Kellebrew <ma[REDACTED]>
Sent: Tuesday, January 24, 2023 4:22 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Subject: Re: Request for claim files

You don't often get email from [REDACTED]. [Learn why this is important](#)

Notice of Appeal:

I want a copy of all files send to address listed on file at:

[REDACTED]
[REDACTED]

To include all receipts of Expenditure sent, All Color Photos, Disk # 1, and additional evidence submitted to Katherine Irby. Of the Arkansas Claims Commission..

I hereby give notice of Appeal

Signed, Marcus A. Kellebrew

On Tue, Jan 24, 2023, 10:39 AM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:



Mr. Kellebrew, your claim files are too large to email. I have uploaded all three to a Dropbox link. You should be able to access everything through this link:

[REDACTED]

Thanks,
Kathryn Irby

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [Kathryn Irby](#)
To: [Desikan, Suba](#)
Cc: [Seaton, Gina](#)
Bcc: [Kathryn Irby](#)
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636
Date: Wednesday, January 25, 2023 2:19:00 PM
Attachments: [Appealed to GA \(ADC claim\) -- form.pdf](#)

Suba, please confirm receipt of these three appealed claims. The claim documents can be found at this Dropbox 


Thanks,
Kathryn

ARKANSAS STATE CLAIMS COMMISSION

(501)682-1619
FAX (501)682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

MEMORANDUM

DATE: January 25, 2023

TO: Suba Desikan (via email)
Bureau of Legislative Research

FROM: Kathryn Irby

RE: Claim referred to the Claims Review Subcommittee pursuant to Ark. Code Ann. § 19-10-211

Marcus Kellebrew v. Arkansas Community Correction
Claim No. 230414
Claim No. 230565

Marcus Kellebrew v. Arkansas Community Correction and Arkansas Division of Correction
Claim No. 230636

This memorandum is sent to transmit the above-referenced claim to the Claims Review Subcommittee pursuant to Ark. Code Ann. § 19-10-211.

cc: Mr. Marcus Kellebrew, *Claimant* (w/o encl.) (via email)

Mr. Jerry Bradshaw, *Director of Respondent ACC* (w/o encl.) (via email)
jerry.bradshaw@arkansas.gov
kerry.knuckles@arkansas.gov

Mr. Thomas Burns, *counsel for Respondent ADC* (w/o encl.) (via email)
thomas.burns@arkansas.gov
leslie.browning@arkansas.gov.

Ms. Gina Seaton, Bureau of Legislative Research (w/ encl.) (via email)

From: [Kathryn Irby](#)
To: [Amber Schubert \(DOC\)](#); [Jerry Bradshaw \(DOC\)](#); kerry.knuckles@arkansas.gov; [Thomas Burns \(DOC\)](#); [Leslie Browning \(DOC\)](#)
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636
Date: Wednesday, January 25, 2023 2:22:00 PM
Attachments: [Appealed to GA \(ADC claim\) -- form.pdf](#)

Amber and Thomas, please see attached CRS memo sent with these claim files over to the Legislature.

Thanks,
Kathryn

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [Kathryn Irby](#) on behalf of [ASCC Pleadings](#)
To: [REDACTED]
Subject: RE: Notice of Appeal: FW: Request for claim files
Date: Wednesday, January 25, 2023 2:34:00 PM
Attachments: [Appealed to GA \(ADC claim\) -- form.pdf](#)

Mr. Kellebrew, your appealed claims have been transmitted to the Bureau of Legislative Research. Please see attached memo.

Yesterday, I provided the claim files to you electronically through a Dropbox link. If you would like for us to mail these records, you will need to pay the mailing costs. I do not know what the mailing cost will be, but it could be \$20-30 given the amount of pages involved. If this is what you would like for us to do, and if you're willing to pay the mailing costs, please confirm, and we will get those copies made.

Thanks,
Kathryn Irby

From: Marcus Kellebrew [REDACTED]
Sent: Tuesday, January 24, 2023 4:22 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Subject: Re: Request for claim files

You don't often get email from [REDACTED] [Learn why this is important](#)

Notice of Appeal:

I want a copy of all files send to address listed on file at:

[REDACTED]
[REDACTED]

To include all receipts of Expenditure sent, All Color Photos, Disk # 1, and additional evidence submitted to Katherine Irby. Of the Arkansas Claims Commission..

I hereby give notice of Appeal

Signed, Marcus A. Kellebrew

On Tue, Jan 24, 2023, 10:39 AM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Mr. Kellebrew, your claim files are too large to email. I have uploaded all three to a Dropbox link. You should be able to access everything through this link:

[REDACTED]

Thanks,
Kathryn Irby

Arkansas State Claims Commission

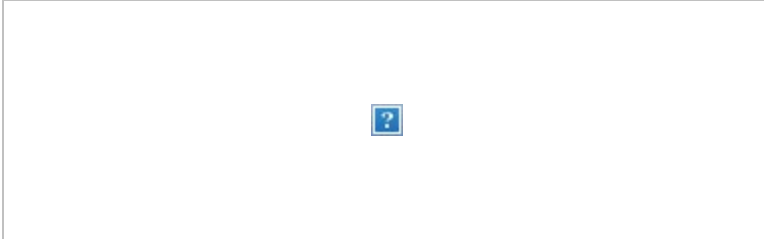
101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [Amber Schubert \(DOC\)](#)
To: [Kathryn Irby](#)
Subject: RE: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636
Date: Wednesday, January 25, 2023 2:35:17 PM
Attachments: [image001.jpg](#)

Thanks, Kathryn.



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From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Wednesday, January 25, 2023 2:23 PM
To: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>; Jerry Bradshaw (DOC) <Jerry.Bradshaw@arkansas.gov>; kerry.knuckles@arkansas.gov; Thomas Burns (DOC) <Thomas.Burns@arkansas.gov>; Leslie Browning (DOC) <Leslie.Browning@arkansas.gov>
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

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Thanks,
Kathryn

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [Marcus Kellebrew](#)
To: [ASCC Pleadings](#)
Subject: Re: Notice of Appeal: FW: Request for claim files
Date: Wednesday, January 25, 2023 5:26:04 PM

You don't often get email from marcuskellebrew@gmail.com. [Learn why this is important](#)

I confirm to pay...Let me Know how much to Mail Hard Copies.

Thank you,
Marcus A. Kellebrew

On Wed, Jan 25, 2023, 5:23 PM Marcus Kellebrew <[REDACTED]> wrote:
Yes, please send. I will pay all costs involved for federal Court and Supreme Court Filings I have to have all Receipts as well because of State of Arkansas failures to use PPE Gloves and Masks during a illegal Search...

Mr. Marcus A. Kellebrew

On Wed, Jan 25, 2023, 2:34 PM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Mr. Kellebrew, your appealed claims have been transmitted to the Bureau of Legislative Research. Please see attached memo.

Yesterday, I provided the claim files to you electronically through a Dropbox link. If you would like for us to mail these records, you will need to pay the mailing costs. I do not know what the mailing cost will be, but it could be \$20-30 given the amount of pages involved. If this is what you would like for us to do, and if you're willing to pay the mailing costs, please confirm, and we will get those copies made.

Thanks,
Kathryn Irby

From: Marcus Kellebrew <[REDACTED]>
Sent: Tuesday, January 24, 2023 4:22 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Subject: Re: Request for claim files

You don't often get email from <[REDACTED]>. [Learn why this is important](#)

Notice of Appeal:

I want a copy of all files send to address listed on file at:

[REDACTED]

[REDACTED]

To include all receipts of Expenditure sent, All Color Photos, Disk # 1, and additional evidence submitted to Katherine Irby. Of the Arkansas Claims Commission..

I hereby give notice of Appeal

Signed, Marcus A. Kellebrew

On Tue, Jan 24, 2023, 10:39 AM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Mr. Kellebrew, your claim files are too large to email. I have uploaded all three to a Dropbox link. You should be able to access everything through this link:

[REDACTED]

Thanks,

Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [Marcus Kellebrew](#)
To: [ASCC Pleadings](#)
Subject: Amendum to Pleading before State Legislature Art. 1
Date: Wednesday, January 25, 2023 11:59:35 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

Amendum to Pleading(s)

Art. 1.

Add Amendum to include that Arkansas Agent Katrina Barrow and Arkansas Agent Lasandra Sanders were NOT, REPEAT NOT WEARING P.P.E. FACE MASKS AND LATEX GLOVES WHILE CONDUCTING ILLEGAL RETALIATORY STRIKE ON CLAIMANT FAMILY ESTATE PROPERTY AT [REDACTED]

VIOLATION OF SEARCH WITHOUT PPE PROTECTION INTO INNER CLOTHING OF CLOSETS AND CLOSET SPACES,, ALONG WITH INNER DRAWERS AND REFRIGERATOR...OF CLAIMANTS PERSONAL PROPERTY..
END OF CLAIMANTS AMENDUM

From: [Kathryn Irby](#)
To: [Desikan, Suba](#)
Cc: [Seaton, Gina](#)
Subject: Kellebrew -- correction re email address
Date: Wednesday, January 25, 2023 3:05:00 PM
Attachments: [image001.jpg](#)

Suba, I had Kerry Knuckles listed as an ACC contact, but her name is Kelly Knuckles. Her email is below. Apologies for any confusion.

Kathryn

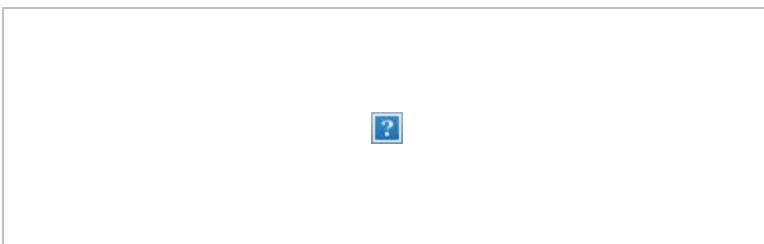
From: Kelly Knuckles <Kelly.Knuckles@arkansas.gov>
Sent: Wednesday, January 25, 2023 2:57 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>
Subject: RE: Kerry Knuckles email question

Hello, Kathryn!

From: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>
Sent: Wednesday, January 25, 2023 2:50 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: Kelly Knuckles <Kelly.Knuckles@arkansas.gov>
Subject: RE: Kerry Knuckles email question

It should be Kelly Knuckles. She is copied on this email with her correct email address.

Thanks.



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From: Kathryn Irby <Kathryn.Irby@arkansas.gov>

Sent: Wednesday, January 25, 2023 2:49 PM
To: Amber Schubert (DOC) <Amber.Schubert@arkansas.gov>
Subject: Kerry Knuckles email question

Amber, can you please review the below email address? My email to Kerry Knuckles bounced back, and I cannot figure out why. Any thoughts?

Kathryn

From: Microsoft Outlook
<MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@arkansas.gov>
Sent: Wednesday, January 25, 2023 2:23 PM
To: Kathryn Irby
Subject: Undeliverable: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

Delivery has failed to these recipients or groups:

kerry.knuckles@arkansas.gov (kerry.knuckles@arkansas.gov)

The email address you entered couldn't be found. Please check the recipient's email address and try to resend the message. If the problem continues, please contact your email admin.

Diagnostic information for administrators:

Generating server: CM-SAS-EXCH-07.sas.arkgov.net

kerry.knuckles@arkansas.gov

Remote Server returned '550 5.1.10 RESOLVER.ADR.RecipientNotFound; Recipient not found by SMTP address lookup'

Original message headers:

Received: from CM-SAS-EXCH-06.sas.arkgov.net (170.94.157.25) by CM-SAS-EXCH-07.sas.arkgov.net (170.94.157.26) with Microsoft SMTP Server (version=TLS1_2, cipher=TLS ECDHE RSA WITH AES_128_GCM_SHA256) id 15.1.2176.14; Wed, 25 Jan 2023 14:22:32 -0600
Received: from GCC02-BL0-obe.outbound.protection.outlook.com (170.94.39.218) by CM-SAS-EXCH-06.sas.arkgov.net (170.94.157.25) with Microsoft SMTP Server (version=TLS1_2, cipher=TLS ECDHE RSA WITH AES_128_GCM_SHA256) id 15.1.2176.14 via Frontend Transport; Wed, 25 Jan 2023 14:22:32 -0600
ARC-Seal: i=1; a=rsa-sha256; s=arcselector9901; d=microsoft.com; cv=none; b=Xt+znASq1oCM4GFLl/b2gPGB48vJ8j1jHlxc10WPi9e6Oo15+8az+35xteSlPPY7GPwLXp4skShmub17imybu6BtocktVVVVLvoYB1/vG1lsUU749p7DdmCzNgYTn3r1zb/b/jdfKgM75Skqs6fO2md3FA48BWYv83B9cYjiMX/+66IQoay6My6zgekSQ7lH5LnbQ7iUUnAEwMmgDf0BmOb/NpZ8/BT8Vcr yutVZz+r+/mHyfcguHqeEeyhbyKenoveluuHZTkwTPfKh3CVSKSA/y5ofxa0oDk6puy5/wHbwi+ny gTDj7pRW6dbv4GQeZ5w2AKIk5LFRP4xqiBwvA==
ARC-Message-Signature: i=1; a=rsa-sha256; c=relaxed/relaxed; d=microsoft.com; s=arcselector9901;
h=From:Date:Subject:Message-ID:Content-Type:MIME-Version:X-MS-Exchange-AntiSpam-MessageData-ChunkCount:X-MS-Exchange-AntiSpam-MessageData-0:X-MS-Exchange-AntiSpam-MessageData-1;
bh=RszRx9SQsSxENTpd0BkGneMtL9+PudHwJyL+JTRBwtM=;
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OubcW8XrXxbqHwWXQ8Kby2fg0/ovlGk4DN1LA==
ARC-Authentication-Results: i=1; mx.microsoft.com 1; spf=pass
smtp.mailfrom=arkansas.gov; dmarc=pass action=none header.from=arkansas.gov;
dkim=pass header.d=arkansas.gov; arc=none
DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=arkansas.gov;
s=selector1;
h=From:Date:Subject:Message-ID:Content-Type:MIME-Version:X-MS-Exchange-
SenderADCheck;
bh=RszRx9SQsSxENTpd0BkGneMtL9+PudHwJyL+JTRBwtM=;
b=ZXZVnZtqmQbt8yAm5z1Y0xHmkolTg5+W+apr2iy2pCtFwJw4o3iJNdtSsQgYRIWTJJ4014g1LL
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LM4KKJZ4wGri8xwxk9b0=
Received: from SA0PR09MB6266.namprd09.prod.outlook.com (2603:10b6:806:7d::20)
by SJ0PR09MB6990.namprd09.prod.outlook.com (2603:10b6:a03:269::16) with
Microsoft SMTP Server (version=TLS1_2,
cipher=TLS_ECDHE_RSA_WITH_AES_256_GCM_SHA384) id 15.20.6002.33; Wed, 25 Jan
2023 20:22:30 +0000
Received: from SA0PR09MB6266.namprd09.prod.outlook.com
([fe80::f0dd:f8f0:b4e3:e4]) by SA0PR09MB6266.namprd09.prod.outlook.com
([fe80::f0dd:f8f0:b4e3:e4%9]) with mapi id 15.20.6043.021; Wed, 25 Jan 2023
20:22:30 +0000
From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
To: "Amber Schubert (DOC)" <Amber.Schubert@arkansas.gov>, "Jerry Bradshaw
(DOC)" <Jerry.Bradshaw@arkansas.gov>, "kerry.knuckles@arkansas.gov"
<kerry.knuckles@arkansas.gov>, "Thomas Burns (DOC)"
<Thomas.Burns@arkansas.gov>, "Leslie Browning (DOC)"
<Leslie.Browning@arkansas.gov>
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636
Thread-Topic: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636
Thread-Index: Adkw+njmv8KWvOebThG4n4fYllsSpQ==
Date: Wed, 25 Jan 2023 20:22:30 +0000
Message-ID:
<SA0PR09MB62664F6A954E4D2DABDE466EE1CE9@SA0PR09MB6266.namprd09.prod.outlook.c
om>
Accept-Language: en-US
Content-Language: en-US
X-MS-Has-Attach: yes
X-MS-TNEF-Correlator:
authentication-results: dkim=none (message not signed)
header.d=none;dmarc=none action=none header.from=arkansas.gov;
x-ms-publictraffictype: Email
x-ms-trafficdiagnostic: SA0PR09MB6266:EE |SJ0PR09MB6990:EE
x-ms-office365-filtering-correlation-id: 0f93d015-6039-45ef-ea5c-08daff11e273
x-ms-exchange-atpmessageproperties: SA|SL
x-microsoft-antispam: BCL:0;
x-microsoft-antispam-message-info:
uRABjctnmD1GQHzZ00V157CAKJ18nNpzzyOCpkWDEYiyDPO9iZ1fkoE8rSQcgl4tVMWmgcmEwxVo
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2we6E3Efj4rR1wSpfp1vIEEiGw200QpySHIIXPH6DyxQmy2/vqdw+wDocKW7qKudpt2aMQ+L6VSKa
bnHroyIWMdJzdHS7rtytvK5PJaP3jdr+h4ZY2UBfB+WGbLvAPjLewfkTVZhtTj5/H3FuwLL3Qzzh+
GJi6f8Rg8XiAA7LnS5Wps4K1H+3nZ04OpjaF5sk+zRstQigXV8jVeZA6Sqa/91A4E79Fan4rqSu4D
CQjVUrMiYQ2MHqqGu/qWOKArQzYKGI1BrMM9qHYgDcsHB4X0uQktb+FDDPJ4/QBGEi84yLwtHP2Sh
V92/8Kb68XbMYc4JVygQ==
x-forefront-antispam-report:
CIP:255.255.255.255;CTRY:;LANG:en;SCL:-1;SRV:;IPV:NLI;SFV:SKI;H:SA0PR09MB6266
.namprd09.prod.outlook.com;PTR:;CAT:NONE;SFS:;DIR:INB;
x-ms-exchange-atpsafelinks-stat: 0
x-ms-exchange-atpsafelinks-bitvector: 3000:0x0|0x0|0x3000|0x0;
Content-Type: multipart/mixed;

boundary=" 004 SA0PR09MB62664F6A954E4D2DABDE466EE1CE9SA0PR09MB6266nampr_ "
MIME-Version: 1.0
X-MS-Exchange-CrossTenant-AuthAs: Internal
X-MS-Exchange-CrossTenant-AuthSource: SA0PR09MB6266.namprd09.prod.outlook.com
X-MS-Exchange-CrossTenant-Network-Message-Id: 0f93d015-6039-45ef-ea5c-
08daff11e273
X-MS-Exchange-CrossTenant-originalarrivalttime: 25 Jan 2023 20:22:30.4652
(UTC)

X-MS-Exchange-CrossTenant-fromentityheader: Hosted
X-MS-Exchange-CrossTenant-id: 5ec1d8f0-cb62-4000-b327-8e63b0547048
X-MS-Exchange-Transport-CrossTenantHeadersStamped: SJ0PR09MB6990
X-OrganizationHeadersPreserved: SJ0PR09MB6990.namprd09.prod.outlook.com
Return-Path: Kathryn.Irby@arkansas.gov
X-CrossPremisesHeadersPromoted: CM-SAS-EXCH-06.sas.arkgov.net
X-CrossPremisesHeadersFiltered: CM-SAS-EXCH-06.sas.arkgov.net
X-OriginatorOrg: arkansas.gov

From: [Kathryn Irby](#)
To: [REDACTED]
Subject: Invoice re mailed documents
Date: Friday, February 17, 2023 1:51:00 PM
Attachments: [Kellebrew Invoice.pdf](#)

Mr. Kellebrew, attached is the invoice for shipping the requested documents to you. Please remit payment to the Claims Commission at the address below.

Thanks,
Kathryn Irby

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619



Delivery Service Invoice
 Invoice Date February 4, 2023
 Invoice Number 0000081841053
 Shipper Number 081841
 Page 2 of 3

Delivery Service Invoice
 Invoice Date **February 4, 2023**
 Invoice Number 0000081841053
 Shipper Number 081841
 Control ID 9T20
 Page 1 of 3



0744A00000818418 77366010024114
 AB 01 035526 61849 H 105 B

ARKANSAS CLAIMS COMMISSION
 SABREANA HYCHE
 101 E CAPITOL AVE
 LITTLE ROCK, AR 72201-3811

**Account Status Summary
 Weekly Payment Plan**

Amount Due This Period	\$ 43.13
Amount Outstanding (prior invoices)	\$ 71.50
Total Amount Outstanding	\$ 114.63

Please include the **Return Portion** of each outstanding invoice with your payment. See **Account Status** for details.

Have you seen the new bill payment platform?

The UPS Billing Center, our new billing portal, can make your bill payment experience easier. You can view and organize your UPS account information using your mobile device or desktop. You can also pay your bill on the go. Sign up today or pay your bill at www.ups.com/guestpay/us.

Balance Due
 \$ 18.87
 \$ 32.70
 \$ 38.28
 \$ 1.98
 \$ 82.82
 \$ 8.48
 \$ 71.80
 \$ 71.80

**Sign up for electronic billing today!
 Visit ups.com/billing**

For questions about your invoice, call:
 (800) 811-1648
 Monday - Friday
 8:00 a.m. - 6:00 p.m. E.T.
 or visit:
www.ups.com/billing

**Thank you for using UPS.
 Summary of Charges**

Page	Outbound	Charge
3	UPS Internet Shipping	\$ 28.08
3	Adjustments & Other Charges	\$ 15.05
Amount due this period		\$ 43.13

UPS payment terms require payment of this invoice by March 6, 2023.

Payments received late are subject to a late payment fee of 8% of the Amount Due This Period. (see Tariff/Terms and Conditions of Service at ups.com for details)

Note: This invoice may contain a fuel surcharge as described at ups.com. For more information, please visit ups.com.



Return Portion

ARKANSAS CLAIMS COMMISSION
 SABREANA HYCHE
 101 E CAPITOL AVE
 LITTLE ROCK, AR 72201-3811

Please tear off and send with your payment in the enclosed envelope. Do not use staples or paper clips.

Invoice Date **February 4, 2023**
 Invoice Number **0000081841053**
 Shipper Number **081841**

Amount due this period	\$ 43.13
Amount enclosed	

If this billing address is incorrect, mark an "X" in this box and make the appropriate changes above.

UPS
 P.O. BOX 650116
 DALLAS, TX 75265-0116

081841 0 020423 0744 1 00000043130 0

Mika Tucker

From: Kathryn Irby
Sent: Friday, February 17, 2023 2:16 PM
To: Misty Scott
Subject: please upload: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

Misty, please upload BLR's confirmation of receipt in the three Kellebrew claims listed below as "BLR confirmed receipt of claim file"

From: Desikan, Suba <desikans@blr.arkansas.gov>
Sent: Friday, February 17, 2023 2:03 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: Seaton, Gina <seatong@blr.arkansas.gov>
Subject: RE: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

Kathryn,

We have received those 3. Please see below for all the claims we have pending. Please let me know if we have missed something.

Denied and Dismissed Claims - Appealed by Claimant

1. #230126 William Iversen v. Arkansas Department of Transportation

Corrections Denied and Dismissed Claims - Appealed by Claimant

1. #221100 Kwasi McKinney v. Arkansas Division of Correction
2. #230414 Marcus Kellebrew v. Arkansas Community Correction
3. #230565 Marcus Kellebrew v. Arkansas Community Correction
4. #230636 Marcus Kellebrew v. Arkansas Community Correction and Arkansas Division of Correction

Outside Timeframe For Appeal

1. #191008 Marsha Frazier, as Administratrix of the Estate of Marshall Frazier, Jr v. University of Arkansas for Medical Sciences

Thank You,
Suba Desikan

Suba Desikan

Legislative Attorney | Administrative Rules Review Section
Bureau of Legislative Research
1 Capitol Mall, 5th Floor
desikans@blr.arkansas.gov
Office: 501-537-9185

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From: Kathryn Irby [<mailto:Kathryn.Irby@arkansas.gov>]
Sent: Friday, February 17, 2023 1:54 PM
To: Desikan, Suba <desikans@blr.arkansas.gov>
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

Suba, can you confirm receipt, please?

Thanks,
Kathryn

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Wednesday, January 25, 2023 2:20 PM
To: Desikan, Suba <desikans@blr.arkansas.gov>
Cc: Seaton, Gina <seatong@blr.arkansas.gov>
Subject: APPEALED CLAIMS: Kellebrew, Claim Nos. 230414, 230565, 230636

Suba, please confirm receipt of these three appealed claims. The claim documents can be found at this Dropbox link:

[REDACTED]

Thanks,
Kathryn

Mika Tucker

From: Marcus Kellebrew [REDACTED]
Sent: Saturday, February 18, 2023 3:58 AM
To: Kathryn Irby
Subject: Re: Invoice re mailed documents

Thank you!

On Fri, Feb 17, 2023, 1:52 PM Kathryn Irby <Kathryn.Irby@arkansas.gov> wrote:

Mr. Kellebrew, attached is the invoice for shipping the requested documents to you. Please remit payment to the Claims Commission at the address below.

Thanks,

Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

Mika Tucker

From: Marcus Kellebrew [REDACTED]
Sent: Saturday, February 18, 2023 4:03 AM
To: Kathryn Irby
Subject: Re: Invoice re mailed documents

Appeal has been additionally Filed in Federal Court as well..

On Sat, Feb 18, 2023, 3:59 AM Marcus Kellebrew [REDACTED] > wrote:
Send me confirmation of transfer and Appeal to Arkansas State Legislature as well...
Thank You,
M. Kellebrew

On Sat, Feb 18, 2023, 3:57 AM Marcus Kellebrew [REDACTED] wrote:
Thank you!

On Fri, Feb 17, 2023, 1:52 PM Kathryn Irby <Kathryn.Irby@arkansas.gov> wrote:

Mr. Kellebrew, attached is the invoice for shipping the requested documents to you. Please remit payment to the Claims Commission at the address below.

Thanks,

Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

Mika Tucker

From: Kathryn Irby
Sent: Thursday, February 23, 2023 10:25 AM
To: Marcus Kellebrew
Subject: RE: Invoice re mailed documents
Attachments: RE: Notice of Appeal: FW: Request for claim files

Mr. Kellebrew, your appealed claims were transmitted to the Legislature on January 25. Attached is the email that we sent to you at the time with confirmation.

Thanks,
Kathryn Irby

From: Marcus Kellebrew [REDACTED]
Sent: Saturday, February 18, 2023 3:59 AM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: Re: Invoice re mailed documents

Send me confirmation of transfer and Appeal to Arkansas State Legislature as well...
Thank You,
M. Kellebrew

On Sat, Feb 18, 2023, 3:57 AM Marcus Kellebrew [REDACTED] wrote:

Thank you!

On Fri, Feb 17, 2023, 1:52 PM Kathryn Irby <Kathryn.Irby@arkansas.gov> wrote:

Mr. Kellebrew, attached is the invoice for shipping the requested documents to you. Please remit payment to the Claims Commission at the address below.

Thanks,
Kathryn Irby

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

Mika Tucker

From: Kathryn Irby on behalf of ASCC Pleadings
Sent: Wednesday, January 25, 2023 2:34 PM
To: [REDACTED]
Subject: RE: Notice of Appeal: FW: Request for claim files
Attachments: Appealed to GA (ADC claim) -- form.pdf

Mr. Kellebrew, your appealed claims have been transmitted to the Bureau of Legislative Research. Please see attached memo.

Yesterday, I provided the claim files to you electronically through a Dropbox link. If you would like for us to mail these records, you will need to pay the mailing costs. I do not know what the mailing cost will be, but it could be \$20-30 given the amount of pages involved. If this is what you would like for us to do, and if you're willing to pay the mailing costs, please confirm, and we will get those copies made.

Thanks,
Kathryn Irby

From: Marcus Kellebrew <[REDACTED]>
Sent: Tuesday, January 24, 2023 4:22 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Subject: Re: Request for claim files

You don't often get email from marcuskellebrew@gmail.com. [Learn why this is important](#)

Notice of Appeal:

I want a copy of all files send to address listed on file at:

[REDACTED]

To include all receipts of Expenditure sent, All Color Photos, Disk # 1, and additional evidence submitted to Katherine Irby. Of the Arkansas Claims Commission..

I hereby give notice of Appeal

Signed, Marcus A. Kellebrew

On Tue, Jan 24, 2023, 10:39 AM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Mr. Kellebrew, your claim files are too large to email. I have uploaded all three to a Dropbox link. You should be able to access everything through this link:

[REDACTED]

Thanks,
Kathryn Irby

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619