From:	ASCC New Claims
To:	Tawnie Rowell (DOC)
Cc:	Trent Rigdon (DOC); Miles S. Morgan; Yolanda Charles (DOC); Kathryn Irby; Mika Tucker
Subject:	CLAIM: Michael Joyce v. ADC, Claim No. 251107
Date:	Tuesday, April 15, 2025 9:58:00 AM
Attachments:	Michael Joyce v. ADC agency ltr.pdf Michael Joyce Claim form, supporting docs, def ltr, and claim update (combined) - 251107.pdf

Dear Ms. Rowell,

Please confirm receipt of the attached claim file. The agency may file its response to this claim electronically by sending it to asccpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

Please contact Mika Tucker with any questions.

Thank you,
Caitlin

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

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

April 15, 2025

Ms. Tawnie Rowell (*via email*)
Mr. Miles Morgan
Mr. Trent Rigdon
Arkansas Division of Correction
1302 Pike Avenue, Suite C
North Little Rock, Arkansas 72114

RE: ***Michael Joyce v. Arkansas Division of Correction***
Claim No. 251107

Dear Ms. Rowell, Mr. Morgan, and Mr. Rigdon,

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

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

Sincerely,

Mika Tucker

ES: cmcdaniel

cc: Michael Joyce (ADC [redacted], *Claimant* (w/ encl.)

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

ARKANSAS CLAIMS COMMISSION

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

Questions? Send an email to
ascc.new.claims@arkansas.gov

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

CLAIM FORM

1. **Claimant Information.**

Mr. Joyce Michael [redacted]
(title) [redacted] (ADC Number)
(addr
(city)

2. **Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding *pro se*). If a claimant is proceeding *pro se*, this section may be left blank.

(title) (last name) (first name) (email)
(address) (AR bar number)
(city) (state) (zip) (primary phone)

3. **State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission. Wellpath

4. **Date of Incident** approximately between 4-26-23 – 12-26-24

5. **Location of Incident** [redacted]

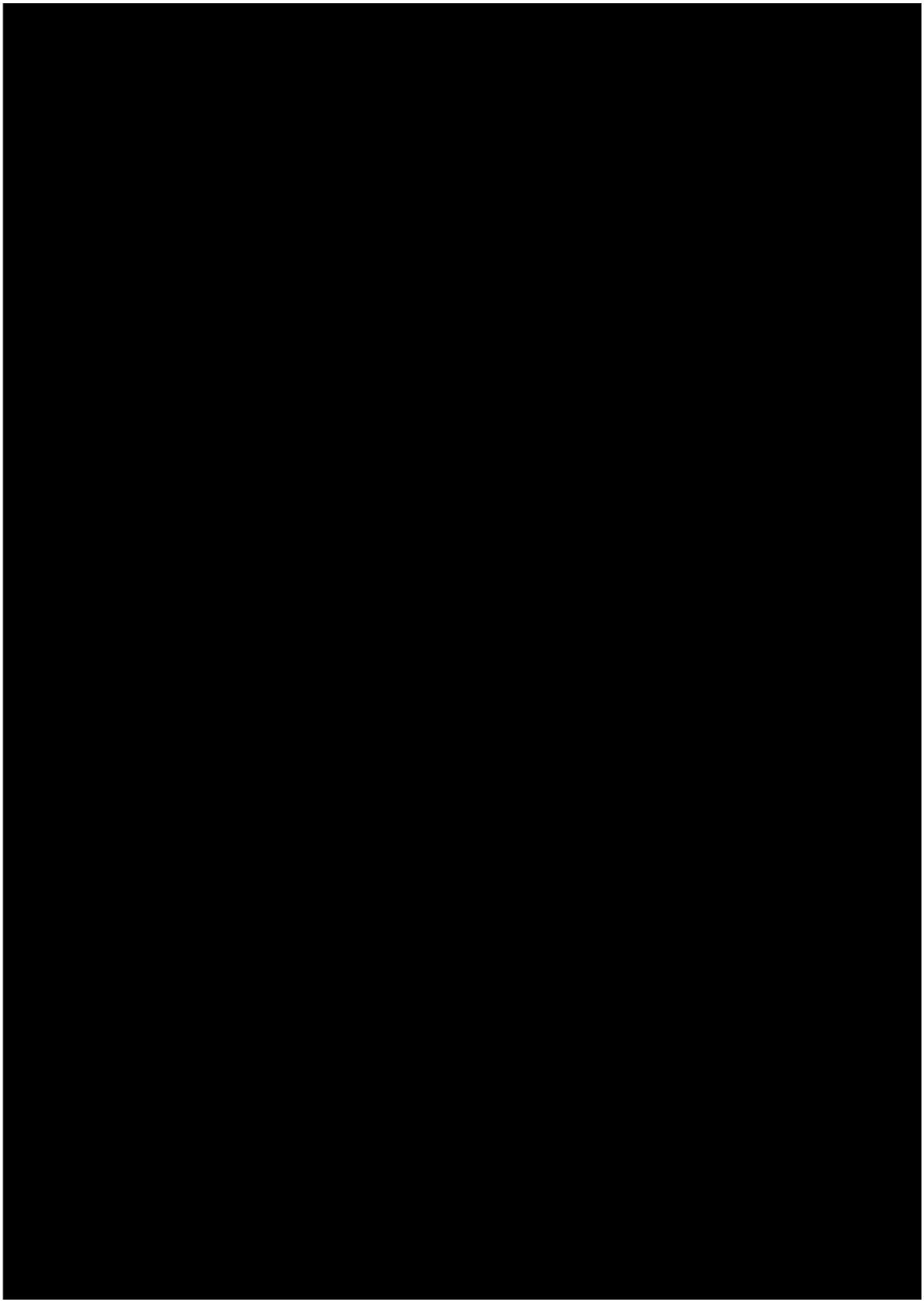
6. **Explanation of Incident.** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form. Please note that a claimant who is an inmate of the Division of Correction or the Division of Community Correction at the time the claim is filed is subject to the

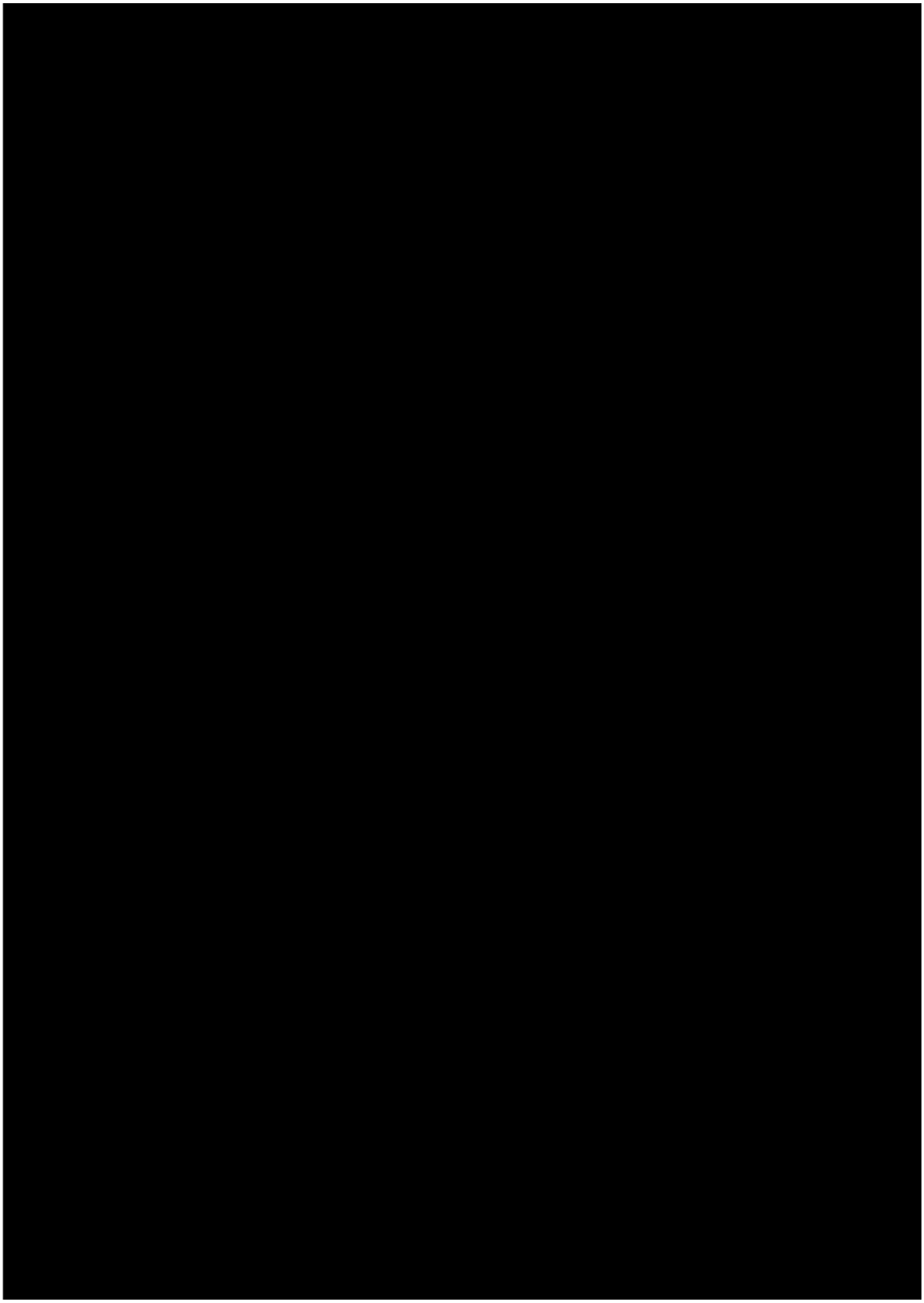
[redacted]

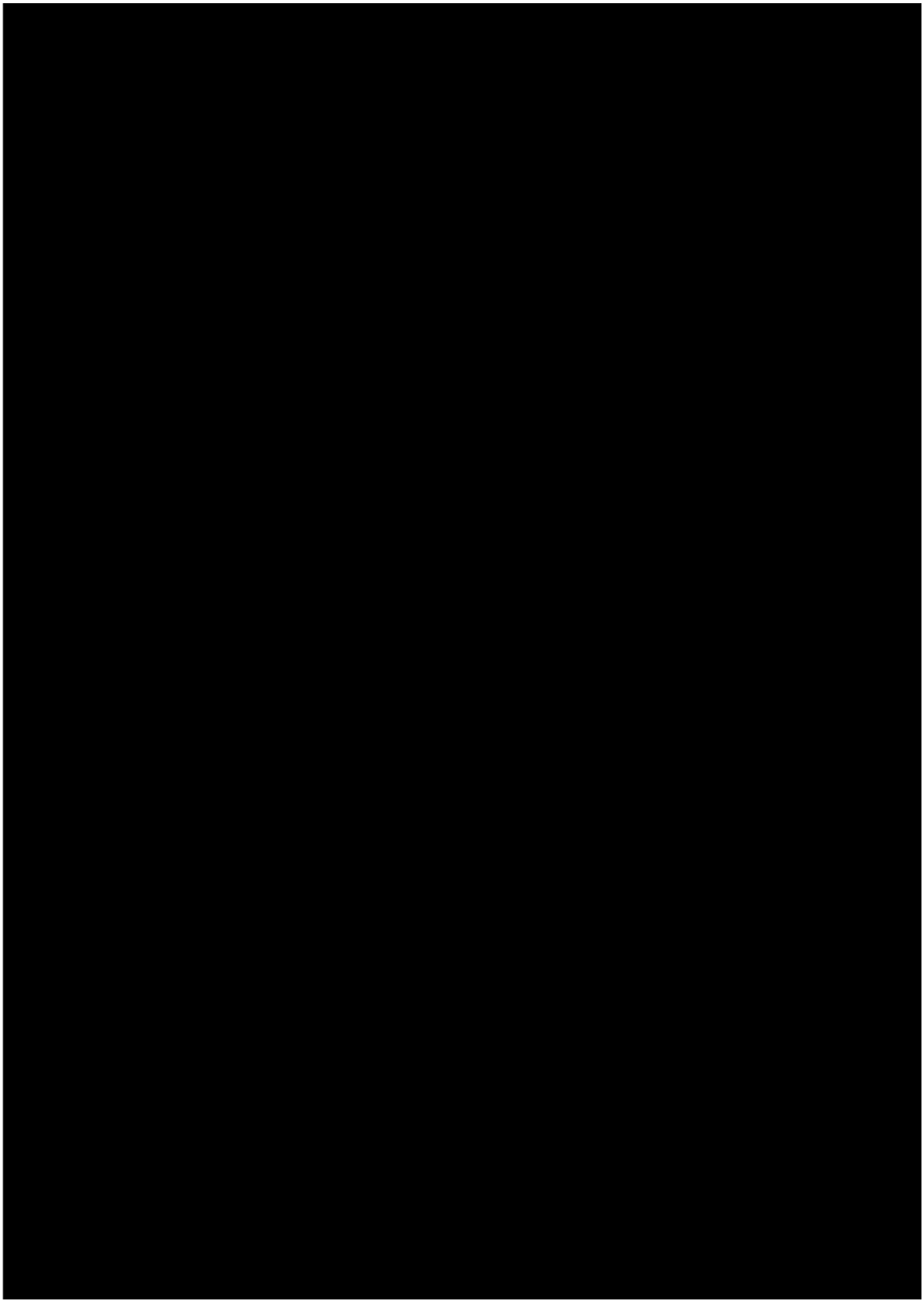
7. **Amount of Damages, if known:** $2,000

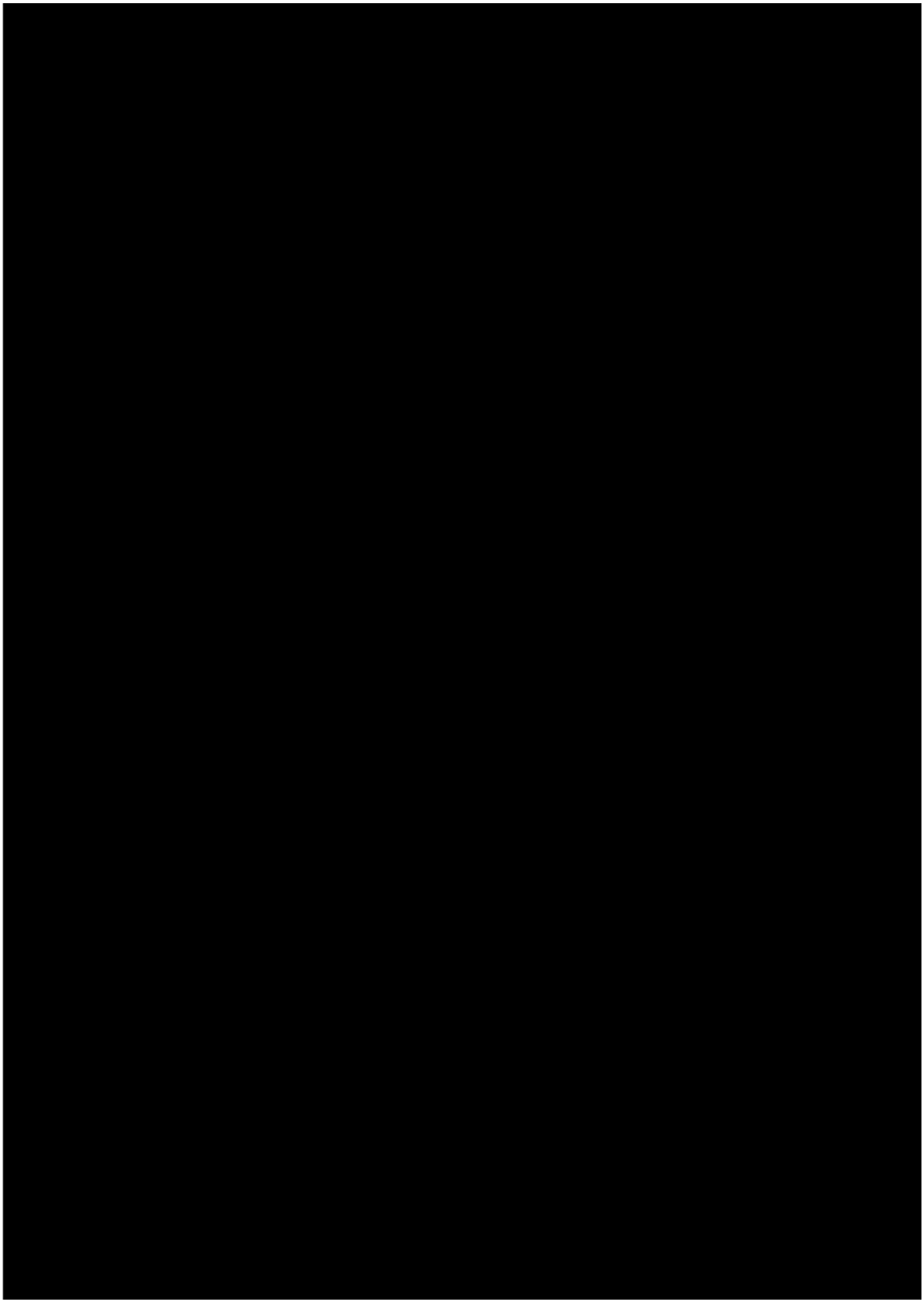
IMPORTANT!

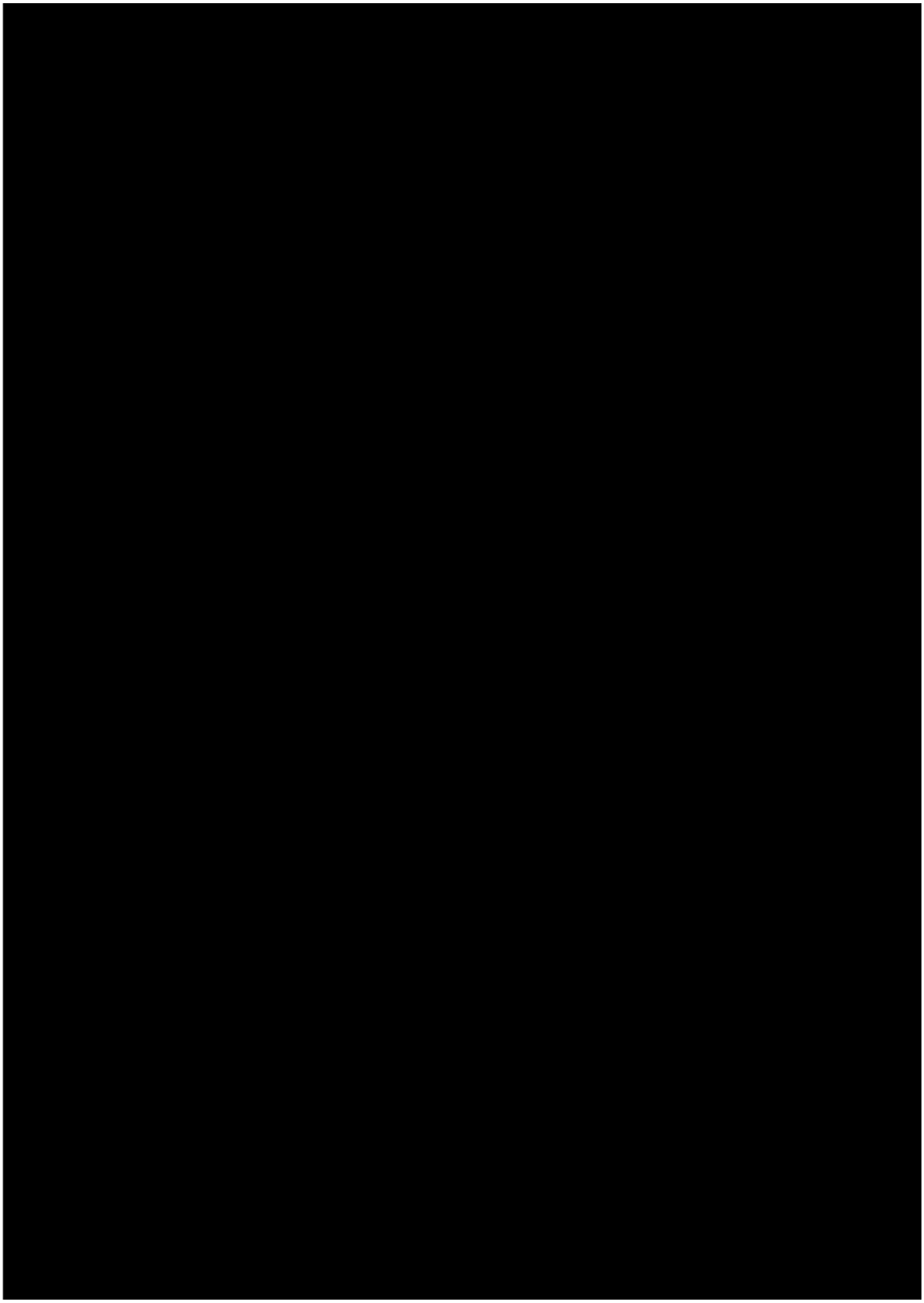
A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission follows the Arkansas Rules of Civil Procedure and has its own rules of practice and procedure. Both sets of rules may be found in your law library.











UNIT LEVEL GRIEVANCE FORM (Attachment I)

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

Unit/Center [redacted]

Name Michael Joyce

ADC# [redacted] **Brks #** 14 **Job Assignment** Loe Squad

12-16-23 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

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

Is this Grievance concerning Medical or Mental Health Services? Yes *If yes, circle one:* (medical) *or mental*

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel in

[redacted]

Michael Joyce 12 16 23
Inmate Signature Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 12-17-23 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date 12/18/23

Sgt Warren Talley [redacted] Sgt [redacted] 12-17-23

[redacted]

Warren Wells RN DON 12/21/23 Michael Joyce 12-21-23
Staff Signature & Date Returned Inmate Signature & Date Received

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

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

ADCF-15 www.acicatalog.com

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center [redacted]

Name _____

ADC# [redacted] **Brks #** _____ **Job Assignment** _____

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

3-7-21 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

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

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

[redacted]

Medical 3-7-21
Inmate Signature Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 3-7-21 (date), and determined to be **Step One** and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department rec[redacted] Date _____

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

Describe action taken to resolve complaint, including **dates:** _____

Staff Signature & Date Returned Inmate Signature & Date Received

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

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

ADCF-15 www.aclicatalog.com

RECEIVED
JUL 15 2024
GRIEVANCE

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY
GRV. [redacted]-24-00781
Date Received: 7-15-24
GRV. Code #: 600

Unit/Center [redacted]

Name Michael Joyce

ADC# [redacted] **Bnks #** 3 **Job Assignment** garden squad

7-11-24 (Date) STEP ONE: Informal Resolution

7-12-24 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

[redacted]

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

Is this Grievance concerning Medical or Mental Health Services? YES *If yes, circle one:* (medical) or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel

[redacted]

Michael Joyce — Inmate Signature

7-11-24 — Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 7-12-24 (date), and determined to be **Step One** and/or an Emergency Grievance YES (Yes or No). This form was forwarded to (medical) or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: Kelly Daniel Date 7-12-24

Heath Sunagan [redacted] Heath Sunagan 7-12-24

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

[redacted]

Ashley Jackson RN DON 7/12/24 — Staff Signature & Date Returned

Michael Joyce 7-12-24 — Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ADCF-15 www.aricatalog.com

UNIT LEVEL GRIEVANCE FORM (Attachment I)

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

Unit/Center [redacted]

Name Michael Joyce

ADC# [redacted] **Brks #** 3 **Job Assignment** garden squad

1-6-25 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: _____

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

Is this Grievance concerning Medical or Mental Health Services? Yes *If yes, circle one: (medical) or mental*

[redacted]

Michael Joyce 1-6-25

Inmate Signature Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-7-25 (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or (No)). This form was forwarded to medical or mental health? _____ (Yes or (No)). If yes, name of the person in that department receiving this form: [redacted] LPN Date 1-7-25

Sgt William Tolley [redacted] SGT [redacted] 1-7-25

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

Describe action taken to resolve complaint, including **dates:** This was addressed by Mrs. Jessup HSA

[redacted]

Crystal Reed LPN 1-9-2025. Michael Joyce 1-9-25

Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ADCF-15 www.acicatalog.com

STOP HERE!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

Signature Page for Claim Filed by an Individual Claimant

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.

Michael Joyce
Claimant Signature

ACKNOWLEDGEMENT

State of Arkansas
County of White

On this the 20th day of January, 2025 before me, the undersigned notary, personally appeared Michael Joyce 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.

Heath Dungan
Signature of Notary Public

[seal of office]

My Commission Expires: November 8, 2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680

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

February 11, 2025

Michael Joyce (ADC [redacted]

RE: **Claim No. 251107 – deficient filing**

Dear Mr. Joyce,

The Claims Commission is in receipt of your enclosed claim documents listing "Wellpath" as the respondent. Wellpath is not a state agency recognized by the Claims Commission. If your claim is against a state agency or department, please write that agency or department name on line 3 ("State Agency Involved") of your enclosed claim form and return the completed form to our office. If your claim is not against a state agency or department, you will need to file your claim elsewhere.

Sincerely,

Mika Tucker

ES: cmcdaniel

Enclosures (claim form file-marked 1/24/2025)

ARKANSAS CLAIMS COMMISSION

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

Questions? Send an email to
ascc.new.claims@arkansas.gov

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

CLAIM FORM

1. **Claimant Information.**

Mr.	Joyce	Michael	[redacted]
(title)	(last name)	(first name)	(ADC Number)

(addre[redacted]

(city) (state) (zip)

2. **Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding *pro se*). If a claimant is proceeding *pro se*, this section may be left blank.

(title) (last name) (first name) (email)

(address) (AR bar number)

(city) (state) (zip) (primary phone)

3. **State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission. Wellpath

4. **Date of Incident** Approximately between 4-21-23 - 12-21-24

5. **Location of Inciden**[redacted]

6. **Explanation of Incident.** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form. Please note that a claimant who is an inmate of the Division of Correction or the Division of Community Correction at the time the claim is filed is subject to the

7. **Amount of Damages, if known:** $7,000

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission follows the Arkansas Rules of Civil Procedure and has its own rules of practice and procedure. Both sets of rules may be found in your law library.

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Signature Page for Claim Filed by an Individual Claimant

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.

Michael Joyce
Claimant Signature

ACKNOWLEDGEMENT

State of Arkansas
County of White

On this the 20th day of January, 2025, before me, the undersigned notary, personally appeared Micheal Joyce 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.

Heath Dungan
Signature of Notary Public

[seal of office]

My Commission Expires: November 8, 2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680

2-19-25

To the State claims Commission,

This is a change of address notice and I also was wondering if there was any progress in solving my claim against WellPath. Thank you and God bless you.

-Michael Joyce

Micheal Joyce [redacted]

[redacted]

LITTLE ROCK AR 720
21 FEB 2025 PM 4 L

Arkansas State claims Commission
101 E. Capitol Ave., Suite 410
Little Rock, Ar 72201

legal mail

72201-382410

legal mail

3-19-25

To whom it may concern,

This is a notice of change of address and also concerning claim # 251107. I am an inmate at [redacted] the Arkansas Division of Correction and to my knowledge Wellpath, LLC is the governing agency over th[redacted]ay. So I guess my claim would be against the Arkansas Department of Correction. Thank you and God bless you. I don't know how else to go about this matter so please help me and grant this claim.

Respectfully,
[redacted]

ARKANSAS CLAIMS COMMISSION

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

Questions? Send an email to
ascc.new.claims@arkansas.gov

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

CLAIM FORM

1. **Claimant Information.**

Mr. Joyce Michael [redacted]
(title) (last name) (first name) (ADC Number)

[redacted]
(address)

[redacted]
(city) (state) (zip)

2. **Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding *pro se*). If a claimant is proceeding *pro se*, this section may be left blank.

(title) (last name) (first name) (email)

(address) (AR bar number)

(city) (state) (zip) (primary phone)

3. **State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission. Wellpath, LLC - Arkansas Department of Corrections - [redacted]

4. **Date of Incident** approximately between 4-26-23 - 12-26-24

5. **Location of Incident** [redacted]

6. **Explanation of Incident.** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form. Please note that a claimant who is an inmate of the Division of Correction or the Division of Community Correction at the time the claim is filed is subject to the page limitations set forth on page 4 of this form (*see* Ark. Code Ann. § 19-10-208(f)).

7. **Amount of Damages, if known:** $2,000

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission follows the Arkansas Rules of Civil Procedure and has its own rules of practice and procedure. Both sets of rules may be found in your law library.

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Signature Page for Claim Filed by an Individual Claimant

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.

Michael Joyce
Claimant Signature

ACKNOWLEDGEMENT

State of Arkansas
County of White

On this the 20th day of January, 2025 before me, the undersigned notary, personally appeared Michael Joyce 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.

Heath Dungan
Signature of Notary Public

[seal of office]

My Commission Expires: November 8, 2032

HEATH DUNGAN
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 08, 2032
Commission No. 12721680

[redacted]

GRIMES
UNIT

GRIMES
UNIT

Arkansas State Claims Commission
101 E. Capitol ave., Suite 410
Little Rock, Ar 72201-3823

legal mail

From: Yolanda Charles (DOC)
To: ASCC New Claims; Tawnie Rowell (DOC)
Cc: Trent Rigdon (DOC); Miles S. Morgan; Kathryn Irby; Mika Tucker
Subject: RE: CLAIM: Michael Joyce v. ADC, Claim No. 251107
Date: Tuesday, April 15, 2025 10:36:29 AM
Attachments: image001.png

Received thank you

Yolanda Charles
Administrative Specialist III
Arkansas Department of Corrections
Division of Community Correction
Legal Division
1302 Pike Avenue, Suite B
North Little Rock, Arkansas 72114
501-682-6054
Yolanda.charles@doc.arkansas.gov

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Tuesday, April 15, 2025 9:59 AM
To: Tawnie Rowell (DOC) <Tawnie.Rowell@doc.arkansas.gov>
Cc: Trent Rigdon (DOC) <Trent.Rigdon@doc.arkansas.gov>; Miles S. Morgan <Miles.S.Morgan@doc.arkansas.gov>; Yolanda Charles (DOC) <Yolanda.Charles@doc.arkansas.gov>;

Kathryn Irby <Kathryn.Irby@arkansas.gov>; Mika Tucker <Mika.Tucker@arkansas.gov>
Subject: CLAIM: Michael Joyce v. ADC, Claim No. 251107

Dear Ms. Rowell,

Please confirm receipt of the attached claim file. The agency may file its response to this claim electronically by sending it to asccpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

Please contact Mika Tucker 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: Miles S. Morgan
To: ASCC Pleadings
Cc: Yolanda Charles (DOC)
Subject: Michael Joyce v. ADC 251107
Date: Thursday, May 1, 2025 11:32:41 AM
Attachments: Answer-Joyce.pdf
image001.png

Answer.

Thanks,

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL JOYCE (ADC 150227) **CLAIMANT**

v. **NO. 251107**

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

ANSWER

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

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of an investigation by internal affairs, if warranted, and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
    a. Agency number: 0480 b. Cost Center: HCA 0100
    c. Internal Order: 340301 d. Fund Center: 509
3. The Respondent states that the Arkansas State Claims Commission does not have jurisdiction to hear this matter pursuant to Ark. Code Ann. § 19-10-204.

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

Respectfully submitted,

/s/ Miles S. Morgan
Miles S. Morgan Ark. Bar No. 2017049
Arkansas Department of Corrections
1302 Pike Avenue, Suite C
North Little Rock, AR 72114
Miles.S.Morgan@doc.arkansas.gov

CERTIFICATE OF SERVICE

I certify that a copy of the above pleading has been served this 1st day of May 2025, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Michael Joyce (ADC [redacted]
[redacted]

/s/ Miles S. Morgan
Miles S. Morgan

From:	Misty Scott on behalf of ASCC Pleadings
To:	Tawnie Rowell (DOC); Miles S. Morgan; Trent Rigdon (DOC)
Cc:	Yolanda Charles (DOC); ASCC Pleadings; Mika Tucker
Subject:	CORR: Michael Joyce v. ADC, Claim No. 251107
Date:	Wednesday, May 21, 2025 12:29:00 PM
Attachments:	Michael Joyce v. ADC.pdf

Dear Counselors:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

May 21, 2025

Mr. Michael Joyce (ADC [redacted]
[redacted]

RE: ***Michael Joyce v. Arkansas Division of Correction***
Claim No. 251107

Dear Mr. Joyce,

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

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

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

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

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

Sincerely,

Mika Tucker

ES: msscott

cc: Tawnie Rowell, Miles Morgan, and Trent Rigdon, *counsel for Respondent* (via email)

5-23-2

To whom it may concern,

I am requesting a hearing before the Arkansas State Claims Commission regarding Claim no. 25110?. Do I need to bring evidence or any relevant material to the hearing? I'm only seeking justice, fairness, and someone being held accountable and/or liable in this terrible and irresponsible matter. Thank you and God bless you.

Respectfully submitted,
Micheal Joyce

From:	Misty Scott on behalf of ASCC Pleadings
To:	Tawnie Rowell (DOC); Miles S. Morgan; Trent Rigdon (DOC); Taylor Reavis (DOC)
Cc:	Yolanda Charles (DOC); ASCC Pleadings; Mika Tucker
Subject:	ORDER: Michael Joyce v. ADC, Claim No. 251107
Date:	Monday, July 21, 2025 9:51:03 AM
Attachments:	Michael Joyce v. ADC.pdf Michael Joyce-order.pdf

Dear Counselors:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

July 21, 2025

Mr. Michael Joyce (ADC [redacted]
[redacted]

Ms. Tawnie Rowell *(via email)*
Mr. Miles Morgan
Mr. Trent Rigdon
Ms. Taylor Reavis
Arkansas Division of Correction
1302 Pike Avenue, Suite C
North Little Rock, Arkansas 72114

Re: ***Michael Joyce v. Arkansas Division of Correction***
Claim No. 251107

Dear Mr. Joyce, Ms. Rowell, Mr. Morgan, Mr. Rigdon, and Ms. Reavis:

Enclosed please find an Order entered on July 18, 2025, by the Arkansas State Claims Commission. If you have any questions, please do not hesitate to contact my office.

Sincerely,

Mika Tucker

ES: msscott

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL JOYCE (ADC [redacted]) **CLAIMANT**

V. **CLAIM NO. 251107**

ARKANSAS DIVISION OF CORRECTION **RESPONDENT**

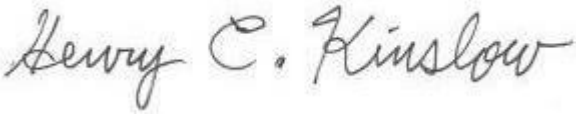
ORDER

Now before the Arkansas State Claims Commission (the "Commission") is the request for hearing filed by Michael Joyce (the "Claimant") related to his claim against the Arkansas Division of Correction (the "Respondent"). Based upon a review of the filings, the arguments made therein, and the law of Arkansas, the Commission hereby finds as follows:

Having reviewed the pleadings in this matter, the Commission finds that Claimant may be asserting a claim against Respondent's contracted medical provider, which would be outside the jurisdiction of the Commission. The Commission finds it to be prudent and efficient to address any jurisdictional concerns now to avoid any surprises after the parties and the Commission have expended more time and resources. **Therefore, the Commission directs the parties to file briefs within 40 days of this Order, addressing whether the Commission has jurisdiction over this claim. This claim will be placed in abeyance until the Commission enters an order on the jurisdictional issue.** The Commission declines to set this claim for hearing at this time.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: July 18, 2025

Notice(s) which may apply to your claim

(1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).

(2) If a Claimant is awarded less than $15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

(3) Awards or negotiated settlement agreements of $15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: Miles S. Morgan
To: ASCC Pleadings
Cc: Yolanda Charles (DOC)
Subject: Michael Joyce v. ADC 251107
Date: Wednesday, August 6, 2025 4:00:50 PM
Attachments: image001.png
Brief JX-Joyce.pdf

Brief on jurisdiction.

Thanks,

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL JOYCE (ADC [redacted] **CLAIMANT**

V. **CLAIM NO. 251107**

ARKANSAS DIVISION OF CORRECTION **RESPONDENT**

BRIEF IN SUPPORT OF DISMISSAL

COMES NOW, Respondent, and for its Brief in Support of Dismissal, states:

1. Claimant filed his claim with this Commission on April 15, 2025, seeking $7,000 in damages related to his allegations that he is s[redacted]
2. Respondent filed a timely response, denying responsibility.
3. On July 18, 2025, this Commission entered an Order for briefs on whether the Commission has jurisdiction to hear this matter.
4. Respondent believes that the Commission does not have jurisdiction to hear this matter.
5. [redacted]Furthermore, Claimant's form states that "Wellpath" is the Stage Agency involved with his claim.
6. Any claim regarding the actions of medical services personnel should be brought against the contracted medical provider, not Respondent.
7. All medical care is handled by the Respondent's medical contractor, Wellpath.
8. Wellpath is not a state agency and, as such, is outside of the Commission's jurisdiction. *See* Ark. Code Ann. § 19-10-204.

9. Because Claimant's claim could be filed against Wellpath in a court of general jurisdiction, the Commission has no jurisdiction to consider it. *See* Ark. Code Ann. § 19-10-204(b)2(A).
10. Moreover, the alleged harm suffered by Claimant is premised upon alleged constitutional violations.
11. "After incarceration, only the unnecessary and wanton infliction of pain constitutes cruel and unusual punishment forbidden by the Eighth Amendment." Jackson v. Gutzmer, 866 F.3rd 969, 974 (8th Cir. 2017).
12. The Arkansas State Claims Commission does not have jurisdiction over Constitutional matters. Ark. Code Ann. § 19-10-204.
13. Because the doctrine of sovereign immunity does not bar plaintiff from litigating his 42 U.S.C. § 1983 claim against defendant individually in state or federal courts of general jurisdiction, the Arkansas Claims Commission has no jurisdiction over the constitutional claim. Smith v. Johnson, 779 F.3d 867 (8th Cir. 2015).
14. This is a matter that is only for a Court of competent jurisdiction to hear as it involves parties and alleged constitutional violations not subject to the Arkansas Claims Commission's jurisdiction.

WHEREFORE, the ADC prays that the matter be dismissed; for their attorney's fees and costs, and for all other just and proper relief to which they may be entitled.

Respectfully submitted,

BY: /S/ MILES S. MORGAN
Miles S. Morgan, Ark. Bar No. 2017049
Deputy General Counsel
Arkansas Department of Corrections
1302 Pike Avenue, Suite C
North Little Rock, AR 72114
(501) 682-9540
Miles.S.Morgan@doc.arkansas.gov

CERTIFICATE OF SERVICE

I certify that a copy of the above pleading has been served this 6th day of August 2025 on the below Claimant by placing a copy of the same in the U.S. Mail, regular postage to:

Michael Joyce ([redacted]
[redacted]
[redacted]

/s/ Miles S. Morgan
Miles S. Morgan

claim no. 251107

8-20-25

~~Brief in support of Hearing~~

Comes now, claimant, and his Brief in Support of Hearing.

1) I filed my original claim on Jan. 24th, 2025 which is file-marked with this commission. The form was sent back due to Wellpath not being a "state agency." However, the amended claim listed Arkansas dept. of Correction which this commission has jurisdiction according to § 19-10-204.

2) The cause for this jurisdiction is based this unit itself had prior knowledge of the injuries sustained as I came to this dept. on crutches which were taken from me by staff even though I could not walk or barely. The Exhibits of my medical jacket will show that the staff of this unit had previous knowledge due to the fact that everything piece of information involving medical restrictions are updated and placed into Comis for staff to reference to.

3) The claim also states that work assignments and duties were limited due to the injury and this dept. was aware.

4) As respondent has already stated this agency is a contractor of this department. So being said and admitted by respondent it would indeed fall under liability or some kind of responsibility to same.

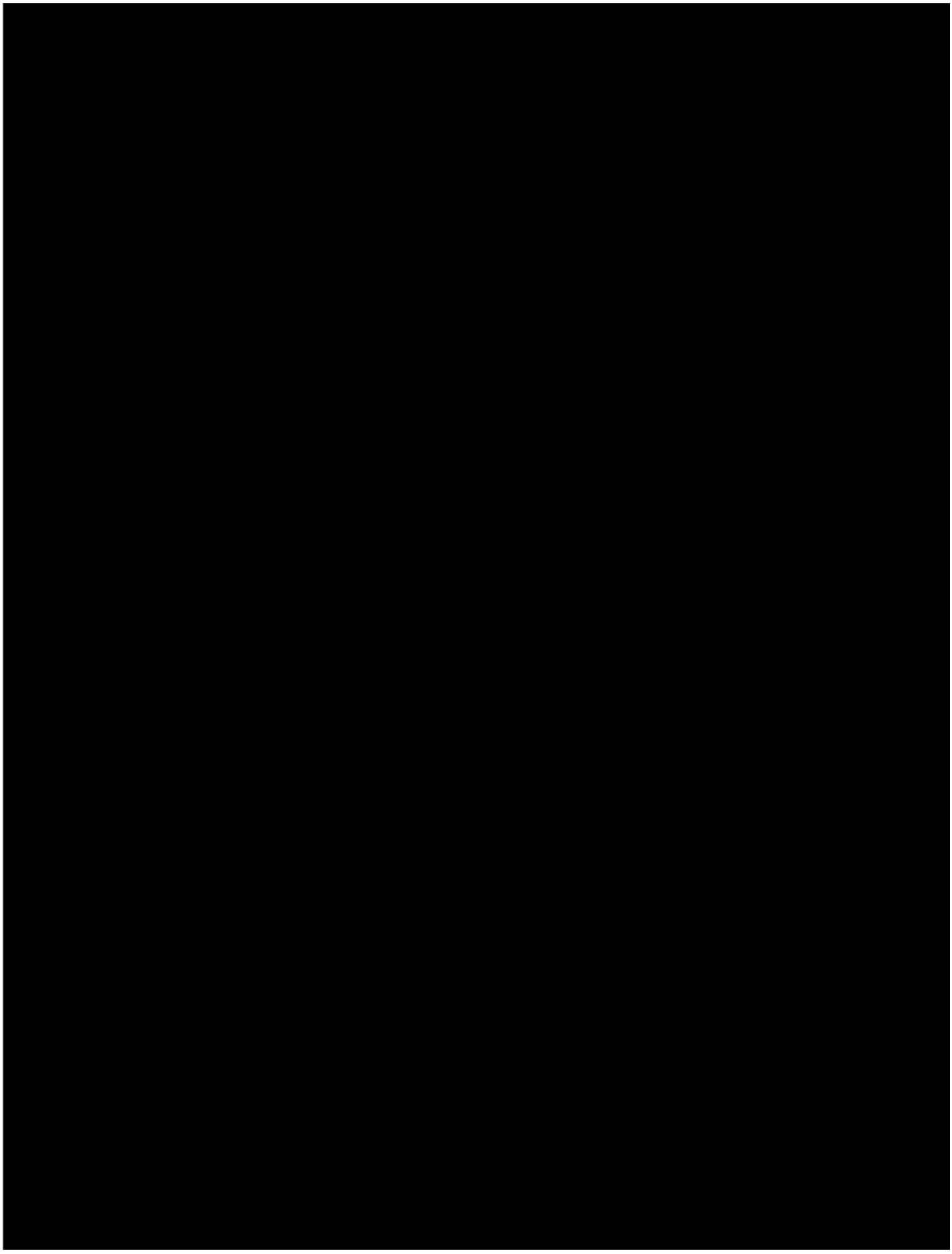
5) The times and places of circumstances all happened within an "agency" of this state being Arkansas dept. of Correction.

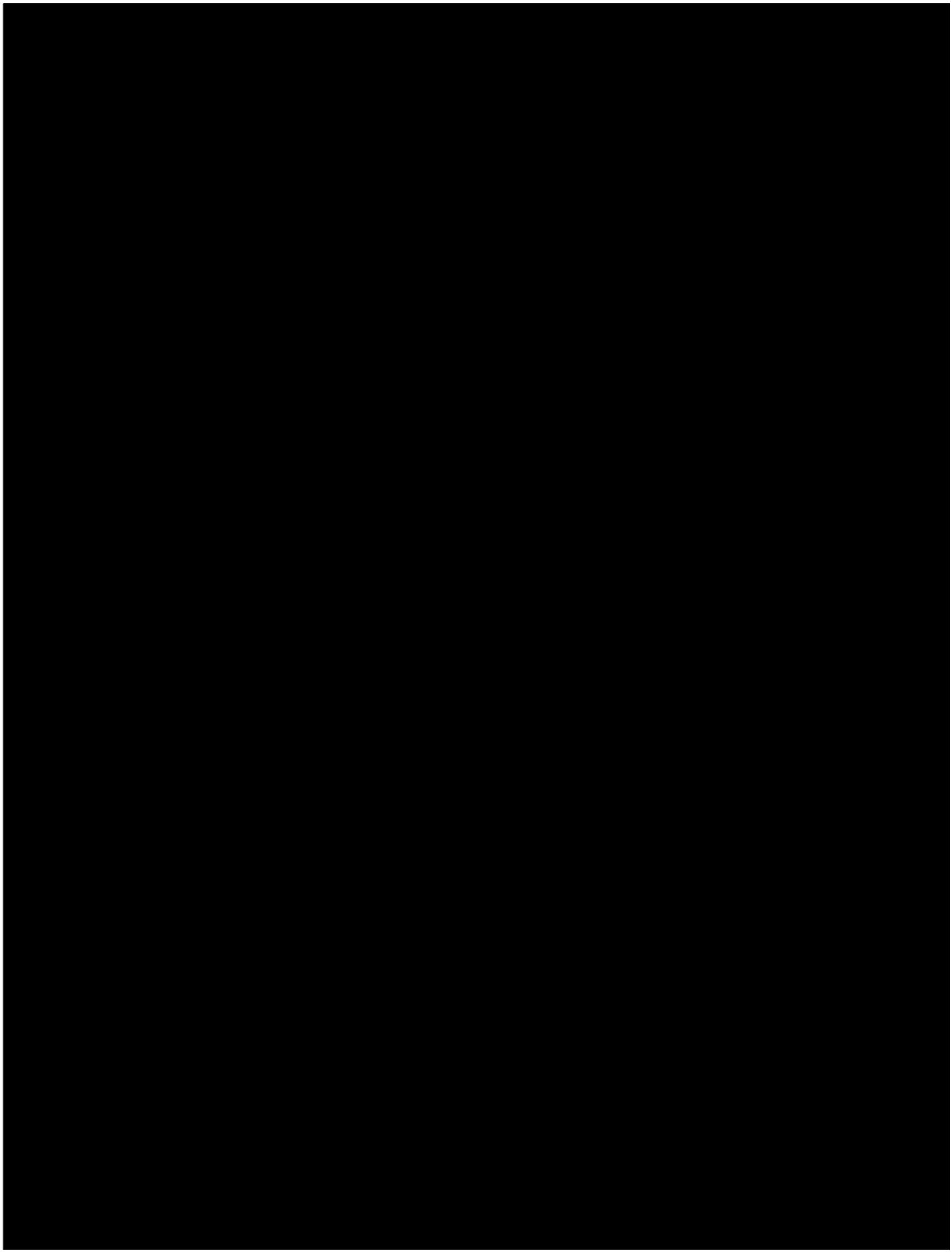
Also claim has been presented to the director of program and health Andrea Culclager, who is also an employee of a "State agency" being Ark. dept. of correction.

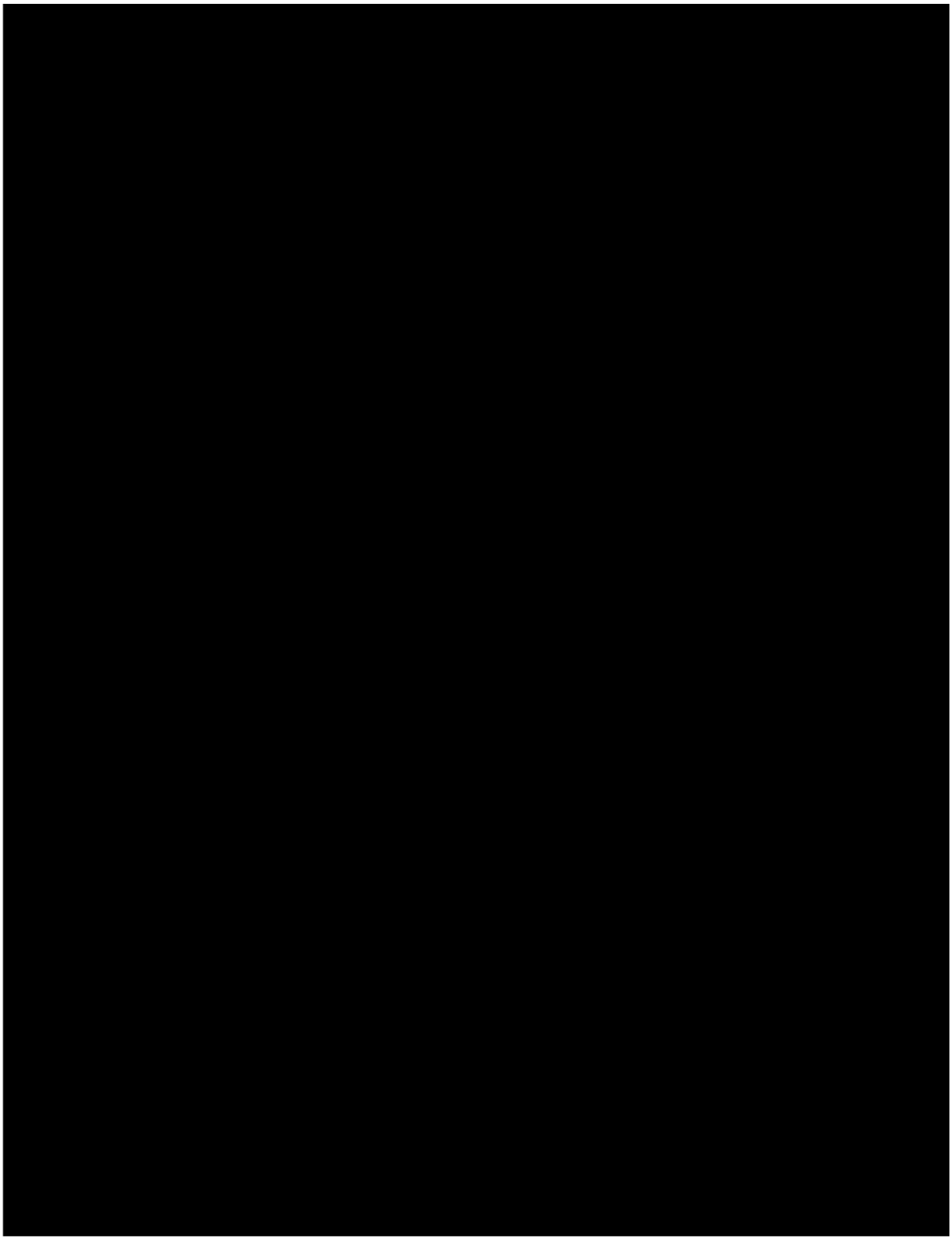
6) Finally, there is no constitutional violations or matters at hand in this circumstance. Considering, negligence does not have to be medical when a layperson can see that I was and am still in distress. My medical jacket shows this and all staff is available to this knowledge. This Commission is more than competent to hear this matter. At least give me the chance for justice and to present my case pursuant to § 19-10-210(b)(1) where full opportunity for fair and impartiality for justice.

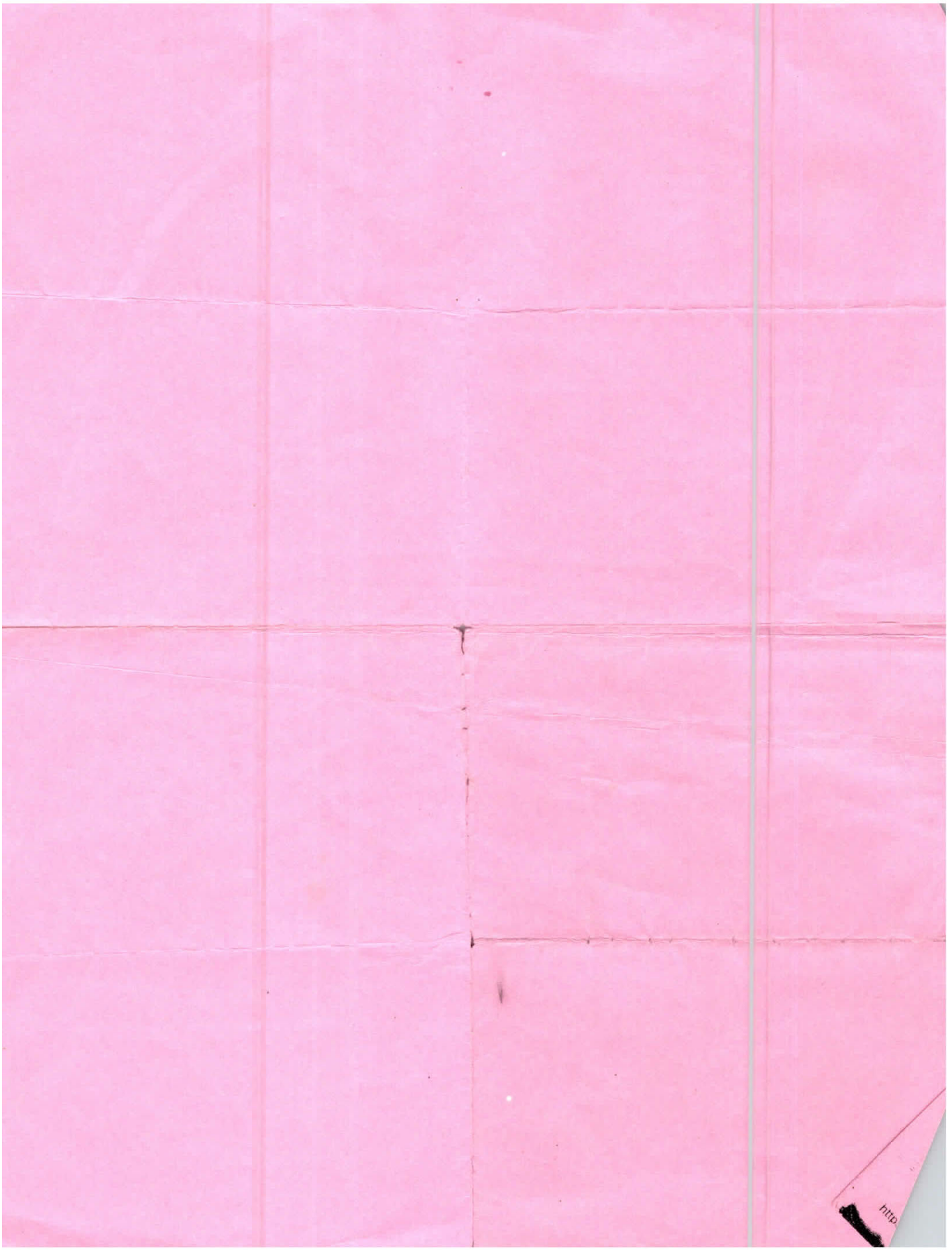
Wherefore, claimant prays that this commission allow justice to be served and continue with this claim. As well as deem all just and proper relief that this court may allow claimant to be entitled.

Respectfully submitted,
Michael Joyce









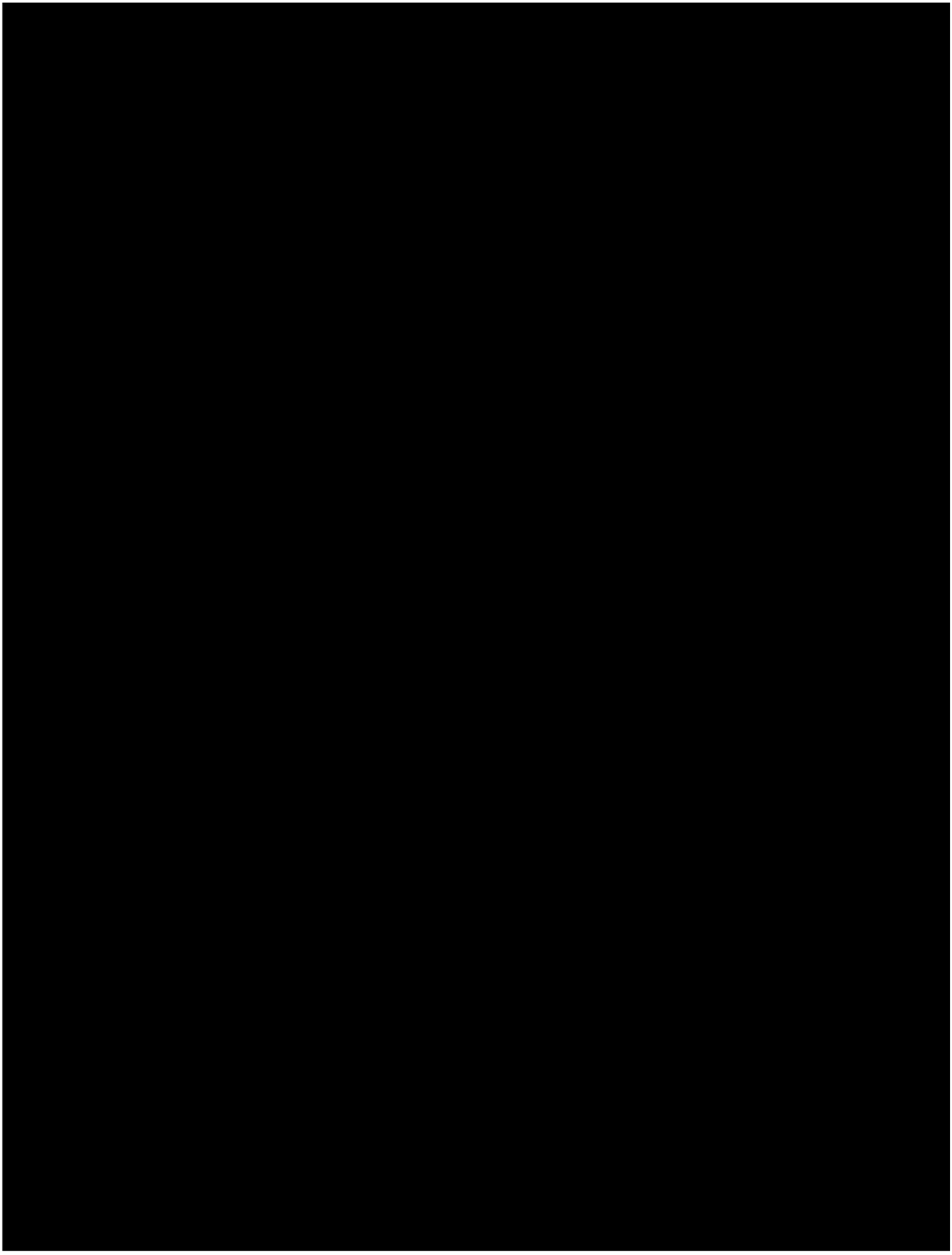
Claim NO. 251107

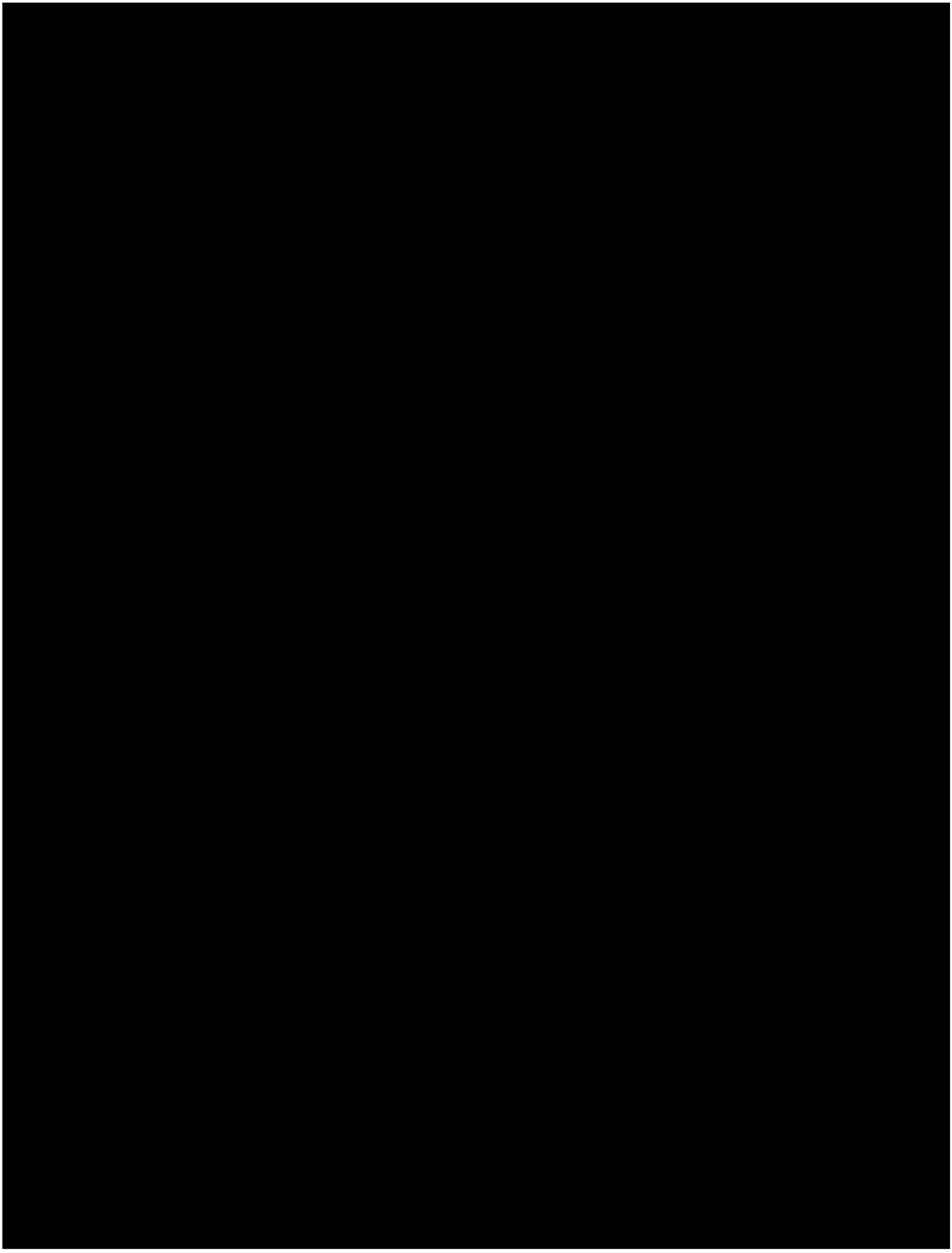
8-27-25

To whom it may concern.

This is more evidence as to why jurisdiction is valid by this claim commission. This staff and this [redacted] my favor and in favor of justice. Thank you and God bless you.

Respectfully submitted.
Michael Joyce





Deanna Stapleton, RN

2-4-24

Michael Byce

Medical Jacket = ADC

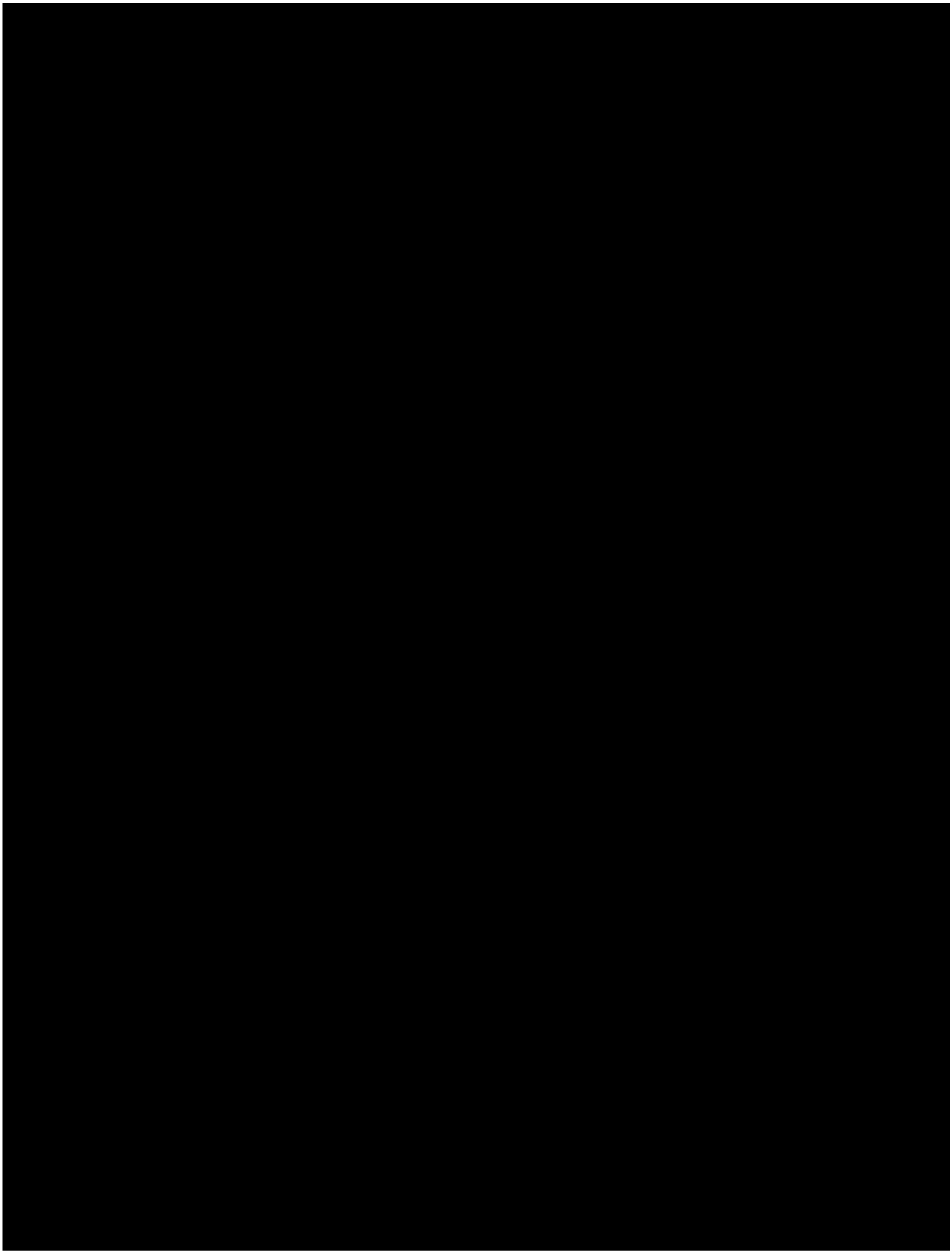
State of Arkansas
County of White

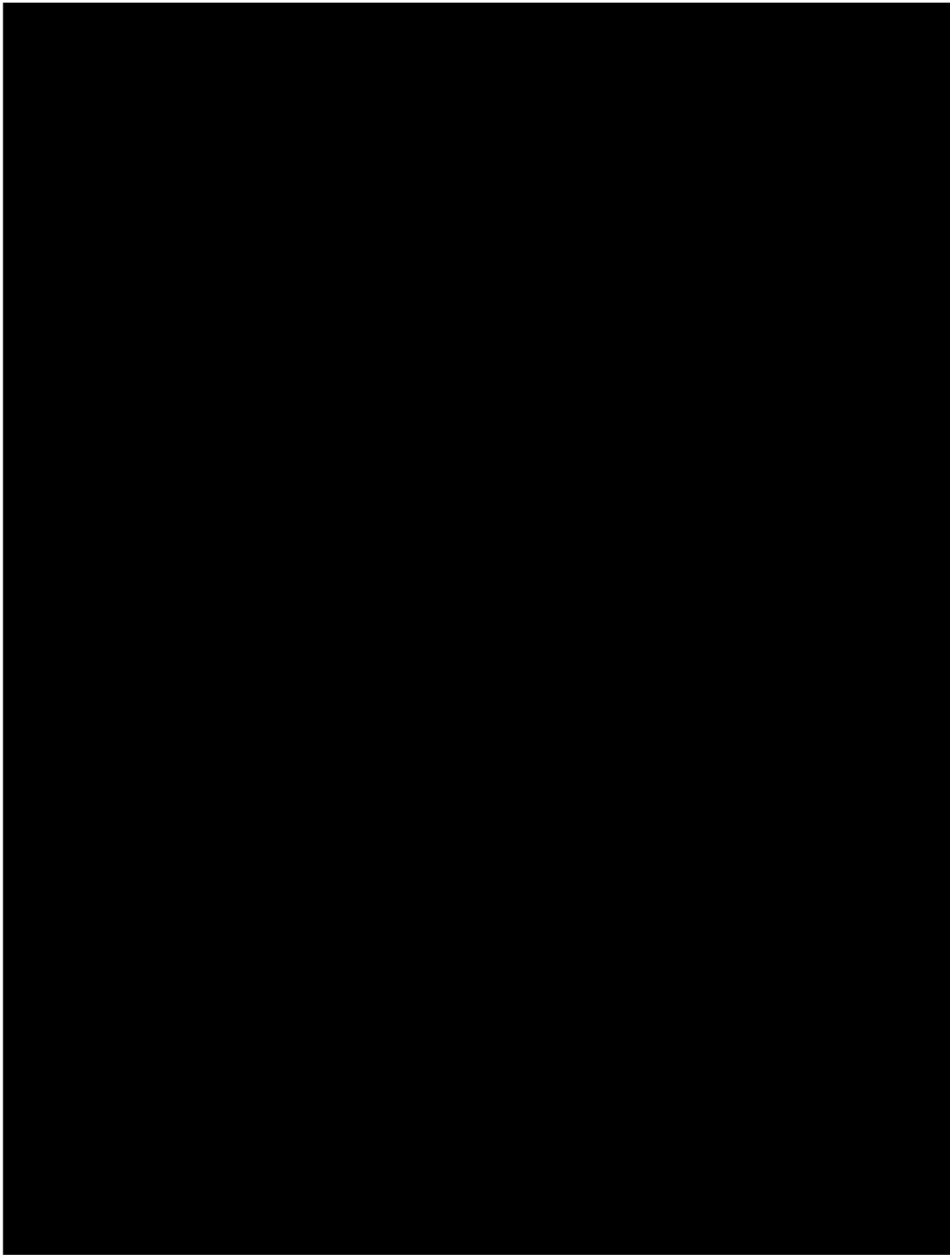
Subscribed and Sworn before me on this
22 day of July 2025

Notary

Commission expires - 1-5-2033

MICHAEL MORRIS
WHITE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires 1-5-2033
Commission No. 12723798





From:	Misty Scott on behalf of ASCC Pleadings
To:	Tasha Tidwell (DOC); Miles Morgan (DOC)
Cc:	ASCC Pleadings; Yolanda Charles (DOC); Mika Tucker
Subject:	ORDER: Michael Joyce v. ADC, Claim No. 251107
Date:	Friday, December 12, 2025 9:34:00 AM
Attachments:	Michael Joyce v. ADC3.pdf Michael Joyce-order.pdf

---

Ms. Tidwell and Mr. Morgan:

Please see attached. Contact Mika Tucker with any questions.

Thank you,

Misty

Misty Scott
Arkansas State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

December 12, 2025

Mr. Michael Joyce (ADC [redacted]
[redacted]

Ms. Tasha Tidwell *(via email)*
Mr. Miles Morgan
Arkansas Division of Correction
1302 Pike Avenue, Suite C
North Little Rock, Arkansas 72114

Re: ***Michael Joyce v. Arkansas Division of Correction***
Claim No. 251107

Dear Mr. Joyce, Ms. Tidwell, and Mr. Morgan:

Enclosed please find an Order entered on December 4, 2025, by the Arkansas State Claims Commission. If you have any questions, please do not hesitate to contact my office.

Sincerely,

Mika Tucker

ES: msscott

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL JOYCE (ADC [redacted]) **CLAIMANT**

V. **CLAIM NO. 251107**

ARKANSAS DIVISION OF CORRECTION **RESPONDENT**

ORDER

Now before the Arkansas State Claims Commission (the "Commission") is the claim filed by Michael Joyce (the "Claimant") against the Arkansas Division of Correction (the "Respondent"). Based upon a review of the filings, the arguments made therein, and the law of Arkansas, the Commission hereby finds as follows:

1. Claimant filed his claim on March 22, 2025, seeking $7,000.00 in damages related to his allegations about medical issues and treatment.

2. Respondent filed an answer denying liability.

3. Claimant requested a hearing.

4. In its July 18, 2025, order, the Commission noted that Claimant's claim may be outside the jurisdiction of the Commission and found it prudent and efficient to address any jurisdictional concerns before the parties and the Commission expended more time and resources. The Commission directed the parties to file briefs addressing whether the Commission has jurisdiction over this claim and placed the claim in an abeyance pending a decision on the jurisdictional issue.

5. Respondent filed a brief in response to the Commission's directive, arguing, *inter alia*, Claimant's claim is against medical contractor and the Commission does not have jurisdiction over Respondent's medical contractor.

6. Claimant filed a brief in response to the Commission's directive, arguing, *inter alia*, that Respondent would be liable for its medical contractor.

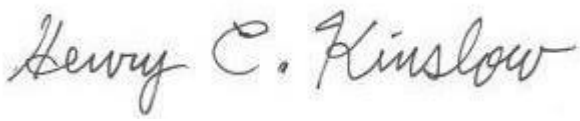
7. Respondent is correct that, as to any claim regarding the actions of medical services personnel, that claim would be against the contracted medical provider, not Respondent. The medical provider is not a state agency and, as such, is outside of the Commission's jurisdiction. *See* Ark. Code Ann. § 25-44-204. Because Claimant's claim could be filed against the medical provider in a court of general jurisdiction, the Commission has no jurisdiction to consider it. *See* Ark. Code Ann. § 25-44-204(b)(2)(A).

8. As such, pursuant to Ark. Code Ann. § 25-44-204 and Ark. R. Civ. P. 12(h)(3), Claimant's claim is DISMISSED.

9. Any pending motions are denied as moot.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: December 4, 2025

Notices which may apply to this claim

(1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).

(2) If a Claimant is awarded $15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

(3) Awards or negotiated settlement agreements of more than $15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).

1-9-26

To the clerk,

If this notice is late it's because the [redacted] delayed my notary. Thank you and God bless you.

IN THE CIRCUIT COURT OF _____, COUNTY, ARKANSAS

_____ DIVISION

Micheal Joyce PETITIONER

VS. NO. _____

STATE OF ARKANSAS RESPONDENT

NOTICE OF APPEAL

Notice is hereby given that Micheal Joyce, Pro se Petitioner, appeals to the ~~Supreme Court~~ General Assembly of Arkansas from the final Order of the ~~Ark. State Claims Commission~~ of _____ County, entered on Dec. 4, 20 25.

APPELLATE JURISDICTION

The appellate jurisdiction of the Supreme Court or the Court of Appeals is invoked pursuant to Rule 2, Rules of Appellate Procedure – Criminal.

DESIGNATION OF RECORD

Petitioner/Appellant hereby designates the entire record, and all proceedings, exhibits, evidence, and documents introduced in evidence to be contained in the record on appeal.

CERTIFICATE OF ORDER OR TRANSCRIPT

Petitioner/Appellant states, that for good cause shown, he/she has requested the Circuit Court to cause the Transcript of the Designated Record of Appeal, deemed essential, to be ordered, certified, transmitted to the Clerk of the Supreme Court for filing and docketing. *(See attached Petition for Leave to Proceed In Forma Pauperis with supporting affidavit.)*

Micheal Joyce
PETITIONER/APPELLANT
[redacted]

State of Arkansas)
) §§
County of White)

NOTARY PUBLIC ARKANSAS
BRYAN GRAY
No. 00003062
WHITE COUNTY
Commission Expires 2-27-2034

Subscribed and sworn to before me, a notary, on this 10th day of January, 2026.

Notary Public

My Commission expires: 2-27-2034

IN THE _____ COURT OF _____ COUNTY, ARKANSAS

IN RE PETITION OF _____

TO PROCEED ***IN FORMA PAUPERIS***

CASE NO. _____

PETITION FOR LEAVE TO PROCEED ***IN FORMA PAUPERIS***

COMES NOW the Plaintiff, Micheal Joyce, *pro se*, who hereby petitions the court for Leave to Proceed ***In Forma Pauperis*** and does allege and state as follows:

1. That Plaintiff, a resident of the State of Arkansas, has prepared and desires to file with this Court a Notice of Appeal.

2. That Plaintiff has completed an Affidavit in Support of Request to Proceed ***In Forma Pauperis*** setting out his/her income and assets. Plaintiff's Affidavit accompanies this petition.

3. That Plaintiff's income barely suffices to meet the costs of life's daily essentials and includes no allotment that could be budgeted to pay for court fees and costs incident to this proceeding.

4. That Plaintiff has no other income in addition to that described in his/her Affidavit and no means of paying such costs without being reduced to total impoverishment.

5. That Plaintiff believes that he/she is entitled to the relief requested in the accompanying Notice of Appeal and that such action is not brought for a frivolous or malicious purpose.

WHEREFORE, Plaintiff prays that the court enter an order allowing the Plaintiff to prosecute this action ***In Forma Pauperis*** and that the Plaintiff may have the necessary writs and processes without payment of fees or costs for the same.

Respectfully submitted,
Michael Joyce
Plaintiff, *pro se*,
[redacted]

IN THE _____ COURT OF _____ COUNTY, ARKANSAS

IN RE PETITION OF _____

TO PROCEED ***IN FORMA PAUPERIS***

CASE NO._____

AFFIDAVIT IN SUPPORT OF

REQUEST TO PROCEED ***IN FORMA PAUPERIS***

I, _____ , being first duly sworn, depose and say that I am the petitioner in the above entitled case; that in support of my petition to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.

I further swear that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes (No)

(a) If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer.

(b) If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received.

2. Have you received within the past twelve months any money from any of the following sources?

(a) Business, profession or any form of self-employment? Yes (No)

(b) Rent payments, interest or dividends? Yes (No)

(c) Pensions, annuities or life insurance payments? Yes (No)

(d) Gifts or inheritances? Yes (No)

(e) Any other sources? Yes (No)

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

3. Do you own any cash, or do you have money in a checking or savings account? Yes (No)

If the answer is yes, state the total amount in each account.

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes (No)

If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

6. TO BE COMPLETED ONLY IF PETITIONER IS INCARCERATED IN THE ARKANSAS DEPARTMENT OF CORRECTION OR ANY OTHER PENAL INSTITUTION.

Do you have any funds in your inmate banking account? Yes (No)

If the answer is yes, state the total amount in such account and have the certificate found below completed by the authorized officer of the institution. Amount: $ 0.28

I understand that false statement or answer to any questions in this affidavit will subject me to penalties for perjury.

Signature of Petitioner Micheal Joyce

BRYAN GRAY
NOTARY PUBLIC ARKANSAS
No. 00003062
WHITE COUNTY
Commission Expires 2-27-2034

STATE OF ARKANSAS)
)§§
COUNTY OF White)

Petitioner, Michael Joyce, being first duly sworn under oath, presents that he/she has read and subscribed to the above and states that the information therein is true and correct.

SUBSCRIBED AND SWORN to before me this 10th day of January, 2026.

Notary Public: [signature]

My commission expires: 2-27-2034

[(To be completed by authorized officer of penal institution)

CERTIFICATE

I hereby certify that the petitioner herein, , has the sum of $ 120 on account to his/her credit at the institution where he/she is confined.

I further certify that petitioner likewise has the following securities to his/her credit according to the records of said institution:

Grimes Unit.

Authorized Officer of Institution

Cheryl Cantrell, Business Office.

IN THE _____ COURT OF _____ COUNTY, ARKANSAS

_____ PLAINTIFF

VS. NO. _____

_____ DEFENDANT

ORDER GRANTING LEAVE TO PROCEED ***IN FORMA PAUPERIS***

On this day comes to be heard the petition of _____ prays that he/she be permitted to prosecute his/her action in the above case ***in forma pauperis***. The Court being satisfied of the truth of the facts alleged and good cause appearing therefore, IT IS HEREBY ORDERED:

1. That _____ be authorized and permitted to prosecute this action ***in forma pauperis***.

2. That the Clerk of the _____ Court of _____ County shall receive and file any necessary forms or pleadings incident to Plaintiff's action without requiring the payment of fees or costs.

3. That the sheriffs of the several counties of the State of Arkansas shall service writs or processes incident to Plaintiff's action without requiring the payment of fees or costs.

4. That no other office shall require of the Plaintiff any fees or costs incident to Plaintiff's action.

_____
JUDGE

_____
DATE

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS

_____ DIVISION

STATE OF ARKANSAS **PLAINTIFF**

VS. **NO. _____**

_____ **DEFENDANT**

MOTION TO ORDER INMATE'S PRESENCE AT A SCHEDULED HEARING

COMES now the defendant, _____ ADC#_____ and for this motion states:

1 That a filing of the Plaintiff in 20____ commenced this action.

2 That a hearing has been set on the matter for (date and place) _____.

3 That the Defendant is a prisoner incarcerated in the Arkansas Department of Correction and cannot be in personal attendance for any hearing set unless this Court orders the Sheriff to deliver Defendant to such hearing and return Defendant to the Arkansas Department of Correction thereafter.

WHEREFORE, the Defendant prays that this Court order the Sheriff of _____County, Arkansas, to deliver the Defendant to Court for the above

mentioned hearing, and afterward return the Defendant to the Department of Correction thereafter.

Respectfully submitted,

Micheal Joyce

DEFENDANT Pro Se

[redacted]

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS

_____ DIVISION

STATE OF ARKANSAS **PLAINTIFF**

VS. **NO. _____**

_____ **DEFENDANT**

ORDER TO TRANSPORT

On this day comes this cause on the Court's own initiative and the Court being well and sufficiently advised in the premises doth find and order:

1 That a hearing in the above styled cause of action is set for (date) _____at_____th at the Defendant is currently an inmate incarcerated at the Grimes Unit, 300 Corrections Drive Newport, AR.

2 That the sheriff of _____ County, Arkansas, is hereby authorized and directed to pick up (name, ADC#) _____and bring him/her to Court on the

aforementioned date and time, and thereafter return said inmate to the Department of Correction at the close of the hearing.

This Order shall be honored at any Department of Correction or Department of Community Correction facility if it so happens that the inmate has been transferred.

IT IS SO ORDERED.

_____

CIRCUIT JUDGE

_____

DATE

STATE OF ARKANSAS)
) §§
COUNTY OF White)

HEATH DUNGAN
NOTARY PUBLIC - STATE OF ARKANSAS
WHITE COUNTY
MY COMMISSION EXPIRES 11/8/2032
COMMISSION # 12721680

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 13 day of January, 2026.

Heath Dungan
NOTARY PUBLIC

My Commission Expires: 11/08/2032

CERTIFICATE OF SERVICE

Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury, that the foregoing is true and correct. This is to Certify that on this 13 day of January, 20 26, a copy of the foregoing was mailed by U.S. Postal Service, with sufficient postage paid to the following:

Ark. State Claims
101 East Capitol
Little Rock, Ar

Commission
ave., Suite 410
72201

Micheal Joyce
Petitioner, pro se
[redacted]