

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
FAYETTEVILLE DIVISION

DANNY T. McCARTHY

PLAINTIFF

v.

Civil No. 05-5197

DR. NEIL MULLINS;
NURSE SUE; SHERIFF
FERGUSON; MAJOR DRAKE;
CAPTAIN PETRAY; and THE
DETENTION GUARDS, All
Three Shifts

DEFENDANTS

ORDER

Plaintiff's complaint was filed in this case on December 7, 2005. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information with respect to his claims.

Accordingly, it is ordered that plaintiff, Danny T. McCarthy, complete and sign the attached addendum to his complaint, and return the same to the court **by January 13, 2006**. **Plaintiff is advised that should he fail to return the completed and executed addendum by January 13, 2006, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.**

IT IS SO ORDERED this 13th day of December 2005.

/s/ Beverly Stites Jones
UNITED STATES MAGISTRATE JUDGE

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ADDENDUM TO COMPLAINT

TO: DANNY T. McCARTHY

This form is sent to you so that you may assist the court in making a determination as to the issue of whether your complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court **by January 13, 2006**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

RESPONSE

In your complaint, you allege that you were over medicated by Dr. Mullins between February 1, 2004, and April 1, 2005. From February 1st until sometime in September you allege you were refused prescribed medication for your eyes, for back pain, for your stomach, and stool softeners. You also alleged that for a period of time you were not allowed to worship or go to your Bible study group.

With respect to the conditions under which you were confined, you indicate you were forced to suffer cold temperatures, you were not always fed or given medication, threats were made against you, you were not allowed outside recreation, there was racial name calling from both the inmates and the guards, and you were not allowed to change clothing or shower after you had seizures even though you would lose control of your bowels.

1. You are currently in the Benton County Detention Center (BCDC). How long have you been incarcerated there? In answering please provide the court with exact dates if you can.

Answer:

2. Why are you incarcerated at the BCDC? Are you serving a sentence, or waiting trial on criminal charges, or has your probation, parole, or supervised release been revoked?

Answer:

3. You indicate you were over-medicated by Dr. Mullins. Please state: (a) what

(B). Are all decisions about medical care at the BCDC are made by the jail medical staff, Dr. Mullins and Nurse Sue?

Answer: Yes _____ No _____.

If you answered no, please explain who makes medical decisions at the BCDC.

6. You receive a diet adequate to maintain your health.

Agree _____ Disagree _____ Without knowledge to agree or disagree _____

If you disagree, explain. If you missed meals, please state how often you missed meals.

Answer:

9. You indicate you did not always get outside recreation. Please state: (a) how often you got outside recreation; (b) whether there was sufficient space in your cell or a day-room for you to exercise indoors; and (c) whether you suffered any physical injury as a result of not getting to exercise enough. If you suffered physical injury, describe the injury, the symptoms you experienced, and how long it took you to recover from the injury.

Answer:

If you answered yes, please state when you discussed it, who you discussed it with, and what their response was.

If you answered no, please explain why you did not discuss it with a doctor or nurse.

(B). When you requested clean clothing or a shower following a seizure did you explain why you needed clean clothing or a shower?

Answer: Yes _____ No _____.

If you answered yes, please state who you talked to and what they said in response.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY
THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

DANNY T. McCARTHY

DATE