

**BEFORE THE ARKANSAS DEPARTMENT OF EDUCATION  
STATE BOARD OF EDUCATION**

September 14, 2017

**E X H I B I T S**

**A-4: WAIVER HEARING - MICHAEL P. HYNES**

ADE EXHIBIT ONE (1)

Background Notice to Mr. Hynes (08/01/17)

ADE EXHIBIT TWO (2)

Email from Mr. Hynes requesting a hearing (08/08/17)

ADE EXHIBIT THREE (3)

Hearing Notice (08/09/17)

ADE EXHIBIT FOUR (4)

Little Rock District Court Docket Sheet

ADE EXHIBIT FIVE (5)

Order to Seal Record (12/29/08)

ADE EXHIBIT SIX (6)

Pulaski County Circuit Court Appearance &  
Execution Docket Sheets

ADE EXHIBIT SEVEN (7)

Pulaski County Circuit Court Criminal Docket

ADE EXHIBIT EIGHT (8)

Pulaski County Circuit Court's Response to Hynes'  
Petition to Seal Record (11/18/02)

ADE EXHIBIT NINE (9)

Felony Information - Count 1 (11/18/1999)

(cont.)

**LINDA PARKER, CCR  
(501) 847-9448**

**ORIGINAL**

ADE EXHIBIT TEN (10)

Waiver of Jury Trial (01/07/2000)

ADE EXHIBIT ELEVEN (11)

Bench Warrant (11/18/1999)

ADE EXHIBIT TWELVE (12)

Arkansas Arrest/Disposition Report (04/24/1999)

ADE EXHIBIT THIRTEEN (13)

Criminal Information Cover Sheet (11/18/1999)

ADE EXHIBIT FOURTEEN (14)

Educator's License

ADE EXHIBIT FIFTEEN (15)

Arkansas Code Annotated 6-17-410 (2017)

ADE EXHIBIT SIXTEEN (16)

Hynes' Application for Educator's License (06/07/17)

ADE EXHIBIT SEVENTEEN (17)

Hynes' Little Rock Police Department Incident Report  
(06/27/08)

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EDUCATOR'S EXHIBIT ONE (1)

Letter from Mr. Hynes (08/16/17)

EDUCATOR'S EXHIBIT TWO (2)

Letter from Stephanie Hynes (08/16/17)

EDUCATOR'S EXHIBIT THREE (3)

Letter from Damien Nelson (08/16/17)

EDUCATOR'S EXHIBIT FOUR (4)

Letter from Jamil Thompson (08/24/17)

EDUCATOR'S EXHIBIT FIVE (5)

Letter from Kenoris Saine (08/25/17)

EDUCATOR'S EXHIBIT SIX (6)

Letter from Derek Givens (08/29/17)

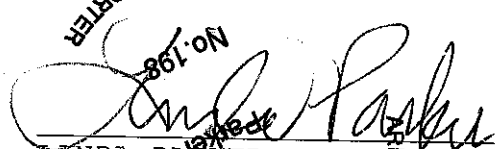
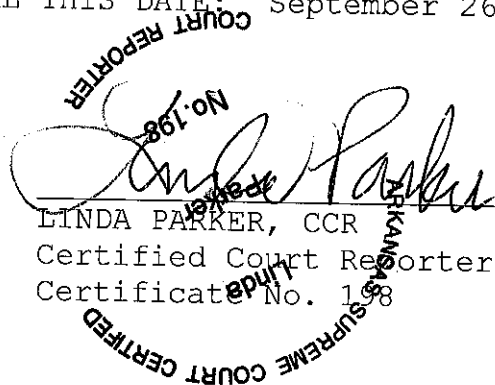
EDUCATOR'S EXHIBIT SEVEN (7)

Letter from Dan Carter (08/30/17)

**C E R T I F I C A T E**

I, LINDA PARKER, a Certified Court Reporter, do hereby certify that the exhibits contained herein, and as listed above, are true and correct copies of the exhibits provided to me in the captioned matter.

WITNESS MY HAND AND SEAL THIS DATE: September 26, 2017.

  
LINDA PARKER, CCR  
Certified Court Reporter  
Certificate No. 198  


## WAIVER HEARING FOR MICHAEL P. HYNES

### ARKANSAS DEPARTMENT OF EDUCATION'S EXHIBIT LIST

| EXHIBITS | DESCRIPTION OF DOCUMENTS                                                                   |
|----------|--------------------------------------------------------------------------------------------|
| ADE-1    | Background Notice to Hynes dated 8/1/17                                                    |
| ADE-2    | Email from Hynes requesting a hearing dated 8/8/17                                         |
| ADE-3    | Hearing Notice to Hynes dated 8/9/17                                                       |
| ADE-4    | Little Rock District Court Docket Sheet                                                    |
| ADE-5    | Order to Seal Record Filed 12/29/2008                                                      |
| ADE-6    | Pulaski County Circuit Court Appearance & Execution Docket Sheets                          |
| ADE-7    | Pulaski County Circuit Court Criminal Docket                                               |
| ADE-8    | Pulaski County Circuit Court's Response to Hynes' Petition to Seal Record dated 11/18/2002 |
| ADE-9    | Felony Information – Count 1 document filed 11/18/1999                                     |
| ADE-10   | Waiver of Jury Trial dated 1/7/2000                                                        |
| ADE-11   | Bench Warrant dated 11/18/1999                                                             |
| ADE-12   | Arkansas Arrest/Disposition Report dated 4/24/1999                                         |
| ADE-13   | Criminal Information Cover Sheet filed 11/18/1999                                          |
| ADE-14   | Educator's License                                                                         |
| ADE-15   | Arkansas Code Annotated § 6-17-410 (2017)                                                  |
| ADE-16   | Hynes' Application for Educator's License dated 6/7/2017                                   |
| ADE-17   | Hyne's Little Rock Police Department Incident Report dated 6/27/2008                       |

**ADE EXHIBIT ONE (1)**

**LINDA PARKER, CCR  
(501) 847-9448**



**NOTICE CONCERNING BACKGROUND CHECK**

Michael Patrick Hynes  
[REDACTED]

08/01/2017

**PERSONAL AND CONFIDENTIAL**

**Ark. Code Ann. § 6-17-410**

provides that the Department of Education shall not issue a first-time license nor renew an existing license and shall revoke any existing license not up for renewal of any person who has a true report in the Child Maltreatment Central Registry or has pled guilty or nolo contendere to or has been found guilty of any of [certain listed] offenses, *including offenses which have been expunged or pardoned.*

**Ark. Code Ann. § 6-17-411**

requires a background check for initial employment with a charter school, school district, or education service cooperative.

**VIA REGULAR MAIL AND CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED NO.:**

Re: Background Check

Dear Mr. Hynes:

The Arkansas Department of Education has reviewed your background checks required under Ark. Code Ann. § 6-17-410 and § 6-17-411 as a condition of your licensure or employment with a charter school, school district, or education service cooperative.

Your background check revealed the disqualifying offense identified below. Therefore, the Department will recommend that the State Board of Education deny your eligibility for licensure and employment in an Arkansas public school or education service cooperative.

Date: 04/24/1999  
Offense: Domestic Battering 3<sup>rd</sup> Degree (Felony)  
Agency: Little Rock Police

You have the right to challenge or complete the accuracy of the information in the record with the DHS Child Maltreatment Central Registry, the FBI, or the Arkansas State Police, whichever is applicable. You must contact this office within fourteen (14) days of the date of this letter if you intend to challenge a record, or wish to provide this office with additional information about the disposition of the disqualifying offense(s).

Failure to contact us or provide this information within fourteen (14) days of the date of this letter may result in denial of your licensure and disqualify you for employment in a charter school, school district, or education service cooperative.

**EXHIBIT**

tabbies  
ADE-1

You are entitled to a hearing in front of the State Board of Education regarding denial of your license. Ark. Code Ann. § 6-17-410(f) authorizes the State Board to grant waivers of the licensure eligibility provisions of § 6-17-410(c) upon request of an affected applicant for licensure. To request a hearing for a waiver of the disqualifying offense, you must submit your written request to this office, by mail or by email, within thirty (30) days of the date of this letter. If you are seeking to have your name removed from the Child Maltreatment Central Registry, you may request that your hearing before the State Board be postponed until you have a final determination from the Department of Human Services.

State Board of Education meetings occur once a month and are available to the public through live video-streaming. A request to be placed on the agenda must be received not less than three weeks before the meeting date. The Board meets in the Auditorium of the Arkansas Department of Education - Arch Ford Education Building, Four Capitol Mall, Little Rock. Meeting dates may be found at: [http://www.arkansased.org/events/event\\_categories/state-board-of-education](http://www.arkansased.org/events/event_categories/state-board-of-education)

The circumstances that the State Board may consider includes, but is not limited to:

- The age at which the crime or incident was committed
- The circumstances surrounding the crime or incident
- The length of time since the crime or incident
- Subsequent work history
- Employment references
- Character references
- Other evidence demonstrating that the applicant does not pose a threat to the health or safety of school children or school personnel.

If you request a hearing, you will be asked to provide to this office a written statement and any supporting documents that at a minimum address those considerations, including the names and phone numbers of persons who may verify information contained in your statement or documentation.

You may obtain information concerning the disqualifying offense or schedule a hearing to request a waiver from the State Board of Education by contacting Cheryl L. Reinhart, Arkansas Department of Education, Four Capitol Mall, Little Rock, AR 72201, (501) 682-4342; or by email at: [Cheryl.Reinhart@arkansas.gov](mailto:Cheryl.Reinhart@arkansas.gov).

Sincerely,



Karmesha Smith, Administrative Analyst

Office of Professional Educator Licensure

Enclosure

**ADE EXHIBIT TWO (2)**

**LINDA PARKER, CCR  
(501) 847-9448**



**From:** Mike  
**To:** Cheryl Reinhart (ADE)  
**Cc:** [REDACTED]  
**Subject:** Fwd: AELS CID: 89630  
**Date:** Wednesday, August 09, 2017 9:25:46 AM

---

Sent from my iPhone

Begin forwarded message:

**From:** Stephanie Hynes <[REDACTED]>  
**Date:** August 8, 2017 at 5:32:23 PM CDT  
**To:** Hynes57 <[REDACTED]>  
**Subject:** AELS CID: 89630

Office of Educator Licensure

ATTN: Cheryl L. Reinhart

Department of Education

Four Capitol Mall

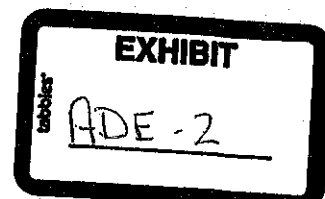
Little Rock, AR 72201

August 8, 2017

I hereby request a waiver hearing from the State Board of Education concerning the denial to renew my teaching license.

Sincerely,

Michael Hynes



**ADE EXHIBIT THREE (3)**

**LINDA PARKER, CCR  
(501) 847-9448**



# Arkansas Department of Education

*Transforming Arkansas to lead the nation in student-focused education*

Johnny Key  
Commissioner

AELS CID: 89630

August 9, 2017

**PERSONAL AND CONFIDENTIAL**

State Board  
of Education

Michael Hynes

Mireya Reith  
Fayetteville  
Chair

Dr. Jay Barth  
Little Rock  
Vice Chair

**VIA REGULAR MAIL AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED NO.:** \_\_\_\_\_

Joe Black  
Newport

Re: State Board Waiver Request

Susan Chambers  
Bella Vista

Dear Mr. Hynes:

Charisse Dean  
Little Rock

I have received your letter requesting a hearing to seek a waiver from the State Board of Education for the following offense:

Dr. Fitz Hill  
Little Rock

|                                      |                                          |
|--------------------------------------|------------------------------------------|
| <b>Date of conviction or arrest:</b> | <b>4/14/2000</b>                         |
| <b>Nature of offense:</b>            | <b>Domestic Battering, Felony D</b>      |
| <b>Jurisdiction:</b>                 | <b>Little Rock, AR Police Department</b> |

Quida Newton  
Poyen

The hearing will be scheduled for **Thursday, September 14, 2017**, if we receive the documentation requested in this letter by Friday, August 18. If we do not receive the documents by that date, the hearing will be set instead for Thursday, October 12, 2017.

R. Brett Williamson  
El Dorado

Please return **as soon as possible** the enclosed release forms signed and notarized so that we may review the police report and court documents. You may also obtain the records and provide them to us by August 18. Please also provide to me a written statement and any supporting documents that at a minimum address the circumstances that the Board will consider (see attached notice). Include names and phone numbers of persons who may verify information contained in your statement or documentation.

Diane Zook  
Melbourne

Four Capitol Mall  
Little Rock, AR  
72201-1019  
(501) 682-4475  
ArkansasEd.gov

The Board meets at **10:00 a.m.** in the Auditorium of the Arkansas Department of Education – Arch Ford Education Building, Four Capitol Mall, Little Rock. I am not able to tell you an exact time that your matter will be heard as that is always at the Board's discretion on that meeting date. However, once the agenda is published, you will be able to see the agenda item.

An Equal  
Opportunity  
Employer

**EXHIBIT**

tabbies

ADE-3

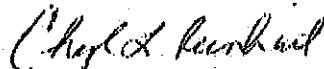
CONFIDENTIAL

August 9, 2017

Page 2

If you have any questions, please feel free to contact me by phone at (501) 682-9983, or by email at [Cheryl.Reinhart@arkansas.gov](mailto:Cheryl.Reinhart@arkansas.gov).

Sincerely,



Cheryl L. Reinhart, Director  
Office for Professional Educators

Enclosures - Requesting a Waiver  
Request(s) for Release of Sealed Records

cc: Daryl Taylor, PLSB Attorney  
Clara Toney, Educator Licensure

**ADE EXHIBIT FOUR (4)**

**LINDA PARKER, CCR  
(501) 847-9448**

# LITTLE ROCK DISTRICT COURT

**CERTIFIED DOCKET**

**CITY DOCKET**

Cases as of:  
09/11/2017 09:56 AM

Case Id: LRCR-08-4160  
Description: STATE V MICHAEL P HYNES

Filing Date:  
06-27-08

CASE TYPE: CITY DOCKET CRIMINAL  
LITTLE ROCK DISTRICT COURT

| End Date | Party Type | ID     | Party Name                                   | Payplan Balance |
|----------|------------|--------|----------------------------------------------|-----------------|
|          | JUDGE      | DJ60L1 | DISTRICT JUDGE OF LITTLE ROCK DISTRICT COURT | 154866          |
|          |            |        |                                              | 158214 \$90.00  |
|          |            |        |                                              | 109986 \$0.00   |
|          |            |        |                                              | 133453 \$0.00   |
|          |            |        |                                              | 136876          |

DEFENDANT: 906133061 HYNES, MICHAEL P  
OFFICER: LRPD27105 PARKER, SCOTT EDWARD  
OFFICER: LRPD26341 COOPER, EDWARD L.

| Service Documents | Signed | Served? | Date | Event Description | Service Reason |
|-------------------|--------|---------|------|-------------------|----------------|
|-------------------|--------|---------|------|-------------------|----------------|

HYNES, MICHAEL P

D.O.B [REDACTED]

| Address Type | Since      | Address Type | Since    |
|--------------|------------|--------------|----------|
| LB           | [REDACTED] | MA           | 01-02-06 |

Violation: 1 Citation#  
5-26-305(b)(1) DOMESTIC BATTERING 3RD DEGREE  
Level: MU UNCLASSIFIED MISDEMEANOR  
Violation Date: 06-27-08  
Violation Time: 02:30:00

Age at Violation: 40 Plea:  
Disp: 08-21-09 DISMISSED

Original (5-26-305): DOMESTIC  
BATTERING 3RD DEGREE  
ARREST LOCN: [REDACTED]

**EXHIBIT**  
ADE - 4

**ADE EXHIBIT FIVE (5)**

**LINDA PARKER, CCR  
(501) 847-9448**

Pursuant to A.C.A. § 16-90-906, this Order to Seal form has been adopted and provided by ACIC. Arkansas law mandates the use of this form by all petitioners and by all Circuit and District Courts in the state of Arkansas.

In the Circuit Court of Pulaski County, Arkansas  
First Division

State of Arkansas

VS.

Case No. CR 1999 4216

Michael Hynes  
(first, middle and last name)

### Order to Seal

FILED 12/29/2008 11:48:30  
Pat O'Brien Pulaski Circuit Clerk

Now on this 29 day of December, 2008, the Court having examined the petition to seal and other matters presented, finds that the defendant was arrested on the 24 day of April, 1999, and charged with the offense(s) of domestic battery, A.C.A. § 5-26-305 and that the defendant was found:

(Please complete the appropriate section: A and/or B)

#### Section A

☒ Guilty of domestic battery 3°, A.C.A. § 5-26-305 FD, and was sentenced to 3 yrs probation, 300 fine, on the 14<sup>th</sup> day of April, 2000. The Court further finds that the defendant was sentenced under the provisions of A.C.A. § 16-93-1201-1210 (Act 531), which provides for the sealing of a defendant's record. The Court now finds that the defendant has satisfactorily complied with the orders of this Court, that the defendant has been rehabilitate and the petition to seal the record of the offense(s) should be granted.

#### Section B

Date of Final Disposition \_\_\_\_\_

- ☐ Dismissed Offense(s) \_\_\_\_\_  
☐ Acquitted at Trial \_\_\_\_\_  
☐ Case Not Filed \_\_\_\_\_  
☐ Nolle Prossed \_\_\_\_\_  
☐ Transferred to Juvenile Court (If marked, please provide original circuit court disposition, if applicable)  
☐ Governor's Pardon / Other Reason \_\_\_\_\_

The Court now finds that under authority of A.C.A. § 16-90-906, which provides for the sealing of a defendant's records, the petition to seal the record of the offense(s) should be granted.

It is therefore considered, ordered and adjudged that the following offense(s) in this case be sealed to all except those authorized by law to have access: \_\_\_\_\_

The Court Clerk is directed to mail a copy of this order to the Arkansas Crime Information Center, to the Administrative Office of the Courts, to the arresting agency, and to the prosecuting attorney, who shall seal all records maintained by them relating to the offense(s).

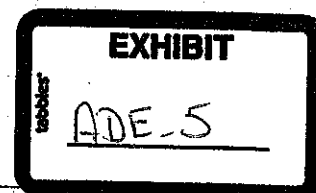
The following information is required for proper identification of the defendant in the state and national record systems:

Race B Arrest Tracking No. 02310819  
Sex M SID No. 636213 (If Known)  
DOB [REDACTED] FBI No. 9949437A6 (If Known)

Marion A. Humphrey  
Signature of Judge

Marion A. Humphrey  
Type and print name of Judge

ACIC Order-Seal.Doc 02/27/08





**ADE EXHIBIT SIX (6)**

**LINDA PARKER, OCR  
(501) 847-9448**

CR 1999 004216

File Date:11/18/1999 (Pg 1)  
Stat Date:04/20/2000

## Charges

### Description

**Disp.**      **Date**

STATE OF ARKANSAS

526305FD

# DOMESTIC BATTERING

3RD C

04/14/2000

MICHAEL HYNES

| Date of    | Page | Pleadings Filed, Orders and Decreases                                                                                              | Amount  |
|------------|------|------------------------------------------------------------------------------------------------------------------------------------|---------|
| 11/18/1999 |      | SURETY BOND WRITTEN WRITTEN 4/27/99<br>AMOUNT: 10,000.00<br>MERI GENTRY DEFENDANT: HYNES, MICHAEL<br>ACTIVE<br>FIRST AR BAIL BONDS |         |
| 11/18/1999 |      | BENCH WARRANT<br>WARRANT ISSUED ON: 11/18/1999<br>FOR: HYNES, MICHAEL                                                              |         |
| 11/22/1999 |      | PLEA/ARRAIGNMENT 01/07/2000 08:30 AM<br>JUDGE: 1ST - HON MARION HUMPHREY LOC: 420<br>PLEA/ARRAIGNMENT                              |         |
| 01/07/2000 |      | PLEA & ARRAIGNMENT DEF APPD W/ATTY WV READ WV<br>SERVICE SET BT                                                                    |         |
| 01/07/2000 |      | JURY WAIVER FILED                                                                                                                  |         |
| 01/07/2000 |      | SPEED LETTER RECALL WAR                                                                                                            |         |
| 01/07/2000 |      | BENCH WARRANT<br>WARRANT WITHDRAWN ON: 01/07/2000<br>FOR: HYNES, MICHAEL<br>RTND 1-11-00                                           |         |
| 01/10/2000 |      | BENCH TRIAL 03/08/2000 09:30 AM<br>JUDGE: 1ST - HON MARION HUMPHREY LOC: 420<br>BENCH TRIAL                                        |         |
| 01/13/2000 |      | MOTION FOR DISCOVERY (DEF)                                                                                                         |         |
| 01/13/2000 |      | MOTION FOR DISCOVERY (STATE)                                                                                                       |         |
| 01/13/2000 |      | RESPONSE TO DISC MOT (STATE)                                                                                                       |         |
| 01/18/2000 |      | MOTION FOR DISCOVERY (DEF)                                                                                                         |         |
|            |      | SUBPOENA SERVED (PROSECUTOR)<br>R MUSTICCHI<br>3-8-00                                                                              | 25.00Pd |

25.00Pd

**EXHIBIT**

ADE-6

CIRCUIT-ML COURT OF PULASKI COUNTY, ARKANSAS  
APPEARANCE AND EXECUTION DOCKET

CR 1999 004216

Judge: 1ST-HON MARION HUMPHREY  
Status: CLOSED

File Date:11/18/1999 (Pg 2)  
Stat. Date:04/20/2000

Stat Date: 04/20/2000

Title of Case

## Charges

### Description

|              |             |
|--------------|-------------|
| <b>Disp.</b> | <b>Date</b> |
|--------------|-------------|

04/14/2000

STATE OF ARKANSAS

526305FD

DOMESTIC BATTERING - 3RD C

-VS.  
MICHAEL HYNES

| Date of    | Page | Pleadings Filed, Orders and Decrees                                                       | Amount   |
|------------|------|-------------------------------------------------------------------------------------------|----------|
| 01/19/2000 |      | SUBPOENA SERVED (PROSECUTOR)<br>JENNIFER ELMORE<br>3-8-00                                 | 25.00Pd  |
| 01/31/2000 |      | RESPONSE TO DISC MOT (STATE)                                                              |          |
| 01/31/2000 |      | MOTION FOR DISCOVERY (STATE)                                                              |          |
| 02/28/2000 |      | MOTION TO CONTINUE (DEF)                                                                  |          |
| 03/08/2000 |      | COURT APPEARANCE DEF APPD PASS ON DEF MOT                                                 |          |
| 03/08/2000 |      | BENCH TRIAL 04/14/2000 09:30 AM<br>JUDGE:1ST - HON MARION HUMPHREY LOC:420<br>BENCH TRIAL |          |
| 03/09/2000 |      | SUBPOENA SERVED (PROSECUTOR)<br>STEPHANIE WALKER HYNES<br>3-8-00                          | 25.00Pd  |
| 3/20/2000  |      | SUBPOENA SERVED (PROSECUTOR)<br>OFC MUSTICCHI<br>4-14-00                                  | 25.00Pd  |
| 03/21/2000 |      | SUBPOENA SERVED (PROSECUTOR)<br>JENNIFER ELMORE<br>4-14-00                                | 25.00Pd  |
| 04/14/2000 |      | COURT APPEARANCE DEF APPD W/ATTY PLEA GU                                                  |          |
| 04/14/2000 |      | PLEA FILED                                                                                |          |
| 04/14/2000 |      | SENTENCE ACT 531 3 YRS PROB 300 FN/CC 5 D JAIL CR                                         |          |
| 04/14/2000 |      | FINE                                                                                      | 250.00Pd |
| 04/14/2000 |      | FELONY                                                                                    | 213.25Pd |
| 04/14/2000 |      | ORDER PAY PLAN 4-13-01                                                                    |          |
|            |      | INSTALLMENT FEE ACT 1262                                                                  | 60.00Ar  |

CIRCUIT-ML COURT OF PULASKI COUNTY, ARKANSAS  
APPEARANCE AND EXECUTION DOCKET

CR 1999 004216      Judge: 1ST-HON MARION HUMPHREY      File Date: 11/18/1999 (Pg 3)  
Status: CLOSED      Stat Date: 04/20/2000

| Title of Case                               | Charges  | Description                | Disp. | Date       |
|---------------------------------------------|----------|----------------------------|-------|------------|
| STATE OF ARKANSAS<br>-VS.-<br>MICHAEL HYNES | 526305FD | DOMESTIC BATTERING - 3RD C |       | 04/14/2000 |

| Date of    | Page | Pleadings Filed, Orders and Decrees                               | Amount  |
|------------|------|-------------------------------------------------------------------|---------|
| 04/20/2000 |      |                                                                   |         |
| 04/24/2000 |      | JUDGMENT FILED                                                    |         |
|            |      | SUBPOENA SERVED (PROSECUTOR)<br>STEPHANIE WALKER HYNES<br>4-14-00 | 25.00Ar |
| 04/24/2000 |      |                                                                   |         |
| 03/09/2001 |      | NOTICE OF LIEN #20000027312                                       |         |
| 10/30/2002 |      | RELEASE OF LIEN #2001015844                                       |         |
| 11/18/2002 |      | PETITION TO SEAL (EXPUNGE CASE)                                   |         |
|            |      | RESPONSE TO PET TO SEAL DENIED : STATE                            |         |
| TOTAL      |      |                                                                   | 673.25  |

**ADE EXHIBIT SEVEN (7)**

**LINDA PARKER, CCR  
(501) 847-9448**

CRIMINAL DOCKET  
OFFICE OF THE CIRCUIT CLERK  
STATE OF ARKANSAS  
PULASKI COUNTY CIRCUIT COUF

STATE 1ST - HON MARION HUMPHREY CR 99 004216  
MICHAEL HYNES AD: 04/24/1999

BLACK/M

Cust Stat: RELEASED ON SURETY BOND *FR 88-61 Det*  
Bond: \$ 10,000.00 MERI GENTRY FIRST ARKANSAS BAI  
526305FD DOMESTIC BATTERING - 3RD ( 1 )  
HAB:

Presumptive Sentence \_\_\_\_\_  
Seriousness Level of Offense \_\_\_\_\_  
Criminal History Score \_\_\_\_\_

ATTORNEY: *Shawn Vess*

OMNIBUS HEARING: \_\_\_\_\_ TIME: \_\_\_\_\_ JURY TRIAL: \_\_\_\_\_ TIME: \_\_\_\_\_

MOTION CUT-OFF: \_\_\_\_\_ BENCH TRIAL: *3/8/00* TIME: *9:30* ATTY: \_\_\_\_\_

DATE

REGISTER OF ACTIONS

*1/7/00*

**PLEA NG; WAIVE SERVICE AND PLEADING**

**JURY WAIVER FILED.**

**NO OBJECTION FROM STATE.**

*3/8/00*

*Pass on D's motion 4/14/00 at 9:30*

**SPEEDY TRIAL TOLLED**

**FROM 3/8/00 TO 4/14/00**

*4/14/00*

**PLEA OF NOT GUILTY WITHDRAWN,**

**PLEA OF GUILTY ENTERED,**

**PLEA STATEMENT FILED.**

**DEFENDANT SENTENCED TO 3 YEARS PROBATION;**

**\$ 300 PLUS COSTS DUE *as statement***

**5 DAYS IN PULASKI COUNTY JAIL, *applied to fine***

**HOURS OF COMMUNITY SERVICE AT**

**DRIVER'S LICENSE SUSPENDED**

*Mandatory alcohol treatment / domestic  
battering classes*

EXHIBIT

*ADE-7*

ADE EXHIBIT EIGHT (8)

LINDA PARKER, CCR  
(501) 847-9448

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS  
FIRST DIVISION

02 NOV 18 PM 2:07

CIRCUIT-COUNTY CLERK

STATE OF ARKANSAS

PLAINTIFF

VS.

CR.NO. 1999-4216

MICHAEL HYNES

DEFENDANT

STATE'S RESPONSE TO DEFENDANT'S PETITION TO SEAL

Comes now the State, by and through its attorney, Terry Raney,  
Deputy Prosecuting Attorney, and for its Response states the following:

1. State objects to Defendant's Petition to Seal.
2. Defendant was ordered by the Court to undergo alcohol abuse classes and failed to do so.
3. Further, Defendant was charged with DWI on December 29, 2000, approximately 8 months after being placed on probation with the above noted order.

WHEREFORE, the State of Arkansas respectfully requests the Defendant's Petition to Seal be denied.

EXHIBIT

tabbier  
ADE-8



Respectfully submitted,

**LARRY JEGLEY**  
Prosecuting Attorney  
Sixth Judicial District

By: Terry Loney  
Deputy Prosecuting Attorney  
122 South Broadway  
Little Rock, AR 72201  
(501)340-8000

**CERTIFICATE OF SERVICE**

This is to certify that I have this 18 day of Nov, 2002, served counsel or petitioner for all parties in the foregoing matter a copy of this pleading by depositing same in the U.S. Mail, postage prepaid.

Terry Loney  
Deputy Prosecuting Attorney

**ADE EXHIBIT NINE (9)**

**LINDA PARKER, CCR  
(501) 847-9448**

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS  
DIVISION

FILED

99 NOV 19 AM 2:43 2-3-13

STATE OF ARKANSAS

vs.

NO. CR99-4216

CAROLYN STALEY  
CIRCUIT COURT CLERK

MICHAEL HYNES

DEFENDANT

FELONY INFORMATION  
COUNT 1

Larry Jegley, Prosecuting Attorney of the Sixth Judicial District of Arkansas, in the name, by the authority, and on behalf of the State of Arkansas, charges MICHAEL HYNES with the crime of violating Ark. Code Ann. 5-26-305 DOMESTIC BATTERY IN THE THIRD DEGREE--2ND OFFENSE committed as follows, to wit: The said defendant(s), in Pulaski County, on or about April 29, 1999, unlawfully, feloniously, with the purpose of causing physical injury to a family or household member, did cause physical injury to STEPHANIE WALKER-HYNES, a family or household member, after having previously been convicted of Domestic Battery in the Third Degree, against the peace and dignity of the State of Arkansas.

LARRY JEGLEY  
PROSECUTING ATTORNEY

By: [Signature]  
Deputy Prosecuting Attorney

EXHIBIT

ADE-9

**ADE EXHIBIT TEN (10)**

**LINDA PARKER, CCR  
(501) 847-9448**

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

STATE OF ARKANSAS

DOCKET NO. 99-4216

VS.

Michael Hynes

WAIVER OF JURY TRIAL

The charge(s) of Domestic Battery 2nd (2<sup>nd</sup> offense)  
(are) is pending against me in this court.

The charge(s) (are) is (misdemeanor) (felony) (habitual) for which upon conviction, I could receive a sentence of from 0 to 6 in the (County Jail) (State Penitentiary) and/or a fine of up to \$ 10,000.

I understand I have a right to be tried before a jury with the burden on the State of proving my guilt beyond a reasonable doubt. At the trial, I would have the right to testify or not testify. If I were found not guilty, I would be released on the charges for which I was tried. If, after determining the facts, with instructions on the law from the Court, the jury found me guilty, then they would fix my punishment. I further understand that I may waive my right to a trial by jury and elect a Court Trial, before the Judge only, wherein the Court will determine both the facts and the law, and, if I am found not guilty, I will be released; but, if I am found guilty by the Judge, then the Court will fix my punishment.

I hereby waive my right to a trial by jury and elect to be tried by the Court and have the Judge determine both the facts and the law.

I HAVE READ EVERYTHING ON THIS PAPER AND HAVE GONE OVER ALL OF IT WITH MY LAWYER, I UNDERSTAND WHAT MY RIGHTS ARE, I KNOW WHAT I AM DOING, AND AM VOLUNTARILY WAIVING MY RIGHT TO A TRIAL BY JURY.

Michael Hynes  
DEFENDANT

I have carefully gone over this paper with the accused. To the best of my knowledge he understands all of it and the defendant's waiver of a trial by jury is an informed and voluntary decision.

DATE 1/7/00

Stuart Voss  
ATTORNEY

EXHIBIT

ADE-10

**ADE EXHIBIT ELEVEN (11)**

**LINDA PARKER, CCR  
(501) 847-9448**

CIRCUIT COURT, PULASKI COUNTY, AT LITTLE ROCK, ARKANSAS 72201

BENCH WARRANT

CASE NO. CR 99 004216  
1ST - HON MARION HUMPHREY  
TYPE OF CASE: FELONY

THE STATE OF ARKANSAS, TO ANY SHERIFF, CONSTABLE, CORONER, OR POLICEMAN  
IN THIS STATE:

YOU ARE COMMANDED FORTHWITH TO ARREST MICHAEL HYNES

BRING HIM/HER BEFORE THE PULASKI COUNTY CIRCUIT COURT TO ANSWER AN INDICTMENT  
IN THE COURT AGAINST HIM/HER FOR THE OFFENSE OF  
526305FD DOMESTIC BATTERING - 3RD

OR IF THE COURT BE ADJOURNED FOR THE TERM, THAT YOU DELIVER HIM TO THE JAILER  
OF PULASKI COUNTY.

THE DEFENDANT IS ADMITTED TO BAIL IN THE SUM OF FIRST AR BAIL BONDS  
(SURETY) (MERI GENTRY) AND THE SAME MAY BE TAKEN BY THE SHERIFF OF THE COUNTY  
IN WHICH HIM/HER IS ARRESTED, OR BY THE SHERIFF OF PULASKI COUNTY.

WITNESS my hand and the seal of said Court,  
this day November 18, 1999.  
CAROLYN STALEY, Circuit Clerk

BY: [Signature] D.C.

SHERIFF'S RETURN AND FEES

STATE OF ARKANSAS)

COUNTY OF PULASKI)SS.

I HAVE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 19\_\_\_\_,  
DULY SERVED THE WITHIN BY ARRESTING THE SAID

SERVICE \$ \_\_\_\_\_  
MILEAGE \$ \_\_\_\_\_  
JAIL COMMITMENT \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
SHERIFF

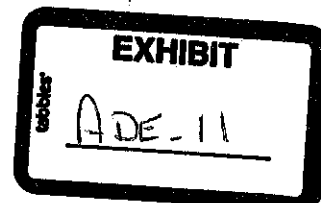
\_\_\_\_\_  
DEPUTY SHERIFF

RETURN FILED:

THIS IS TO CERTIFY THAT THIS IS A TRUE AND  
CORRECT COPY OF THE BENCH WARRANT NOW ON  
FILE IN THIS OFFICE IN THE ABOVE STYLED  
CASE.

CAROLYN STALEY, CIRCUIT CLERK

BY: \_\_\_\_\_ D.C.



ADE EXHIBIT TWELVE (12)

LINDA PARKER, CCR  
(501) 847-9448



ARKANSAS CRIME INFORMATION CEN  
**ARKANSAS ARREST / DISPOSITION REPORT** 665674

|                                                                            |                                                                                                                                                                                                                                                       |                                                                                                    |                             |                            |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
| <b>DEFENDANT IDENTIFICATION</b>                                            |                                                                                                                                                                                                                                                       | Arresting Agency Name<br><b>L.R.P.D.</b>                                                           |                             | NCIC #<br><b>AR0600200</b> |
| Name<br><b>ANASOS</b>                                                      | Last<br><b>ANASOS</b>                                                                                                                                                                                                                                 | First<br><b>Michael</b>                                                                            | Middle                      |                            |
| [Redacted]                                                                 |                                                                                                                                                                                                                                                       | [Redacted]                                                                                         |                             |                            |
| Computer Use / SRN                                                         | P.S.I. No.                                                                                                                                                                                                                                            | State I.D. No.                                                                                     |                             |                            |
| Social Security No.                                                        | Driver License No./State                                                                                                                                                                                                                              | Local I.D. No.                                                                                     |                             |                            |
| Sex<br><input checked="" type="checkbox"/> M<br><input type="checkbox"/> F | Race<br>1 <input type="checkbox"/> White<br>2 <input checked="" type="checkbox"/> Black<br>3 <input type="checkbox"/> American Indian or Alaskan Native<br>4 <input type="checkbox"/> Asian or Pacific Islander<br>5 <input type="checkbox"/> Unknown | Ethnicity<br><input type="checkbox"/> Hispanic<br><input checked="" type="checkbox"/> Not Hispanic | Date of Birth<br>[Redacted] | Age<br>[Redacted]          |
| Hair<br><b>Blk</b>                                                         | Eyes<br><b>Bro</b>                                                                                                                                                                                                                                    | Weight<br><b>205</b>                                                                               | Height<br><b>6'04"</b>      | Scars and Marks            |
| Complexion<br><b>medium</b>                                                | Build<br><b>medium</b>                                                                                                                                                                                                                                | Employer/Occupation                                                                                |                             |                            |
| Name of Nearest Relative<br><b>Refused</b>                                 |                                                                                                                                                                                                                                                       |                                                                                                    | Phone No.                   |                            |
| Street Address                                                             |                                                                                                                                                                                                                                                       | City, State, Zip                                                                                   |                             |                            |

**ARREST** PLEASE PRESS HARD - You are making five copies

| Arresting Officers<br><b>Musticchi 1744/Garland 1953</b> |                                          |                  |             |        |                             |                        |                |
|----------------------------------------------------------|------------------------------------------|------------------|-------------|--------|-----------------------------|------------------------|----------------|
| Date of Arrest<br><b>04-24-99</b>                        | Time of Arrest<br><b>0930</b>            |                  |             |        |                             |                        |                |
| Bail Amount Set<br><b>None</b>                           | Offense No.<br><b>99-48458</b>           |                  |             |        |                             |                        |                |
| Agency Received From<br><b>L.R.P.D.</b>                  | Agency Transferred to<br><b>P.C.R.T.</b> |                  |             |        |                             |                        |                |
| No.                                                      | Computer USE-SRN                         | Caser/Docket No. | Statute No. | Counts | Charge Desc.                | Law Enforcement Action | Date of Action |
| 1                                                        |                                          |                  | 5-13-203    | 1      | BATT. 2 Domestic Abuse      | Felony                 | 04-24-99       |
| 2                                                        |                                          |                  | 5-13-301    | 1      | Terroristic Threatening 1st | Felony                 | 04-24-99       |
| 3                                                        |                                          |                  |             |        |                             |                        |                |
| 4                                                        |                                          |                  |             |        |                             |                        |                |

Facts of Arrest (Explain in Detail)

*Suspect involved in assault on former wife. Victim sustained physical injuries & required medical treatment.*

Fingerprint Card ☐ Yes ☐ No  
 More Charges? ☐ Yes ☐ No

**\*No Contact Order\***

Court Date **04-26-99**

Court Trying Case **LMC**

Complainant and Witness Names  
 Complainant **Stephanie Walker Hynes**  
 Witness **TR-2310819**  
 Witness **FBI - 9949437AL**  
 Witness **SID-636213**

Address  
 Home [Redacted]  
 Business [Redacted]  
 Home [Redacted]  
 Business [Redacted]  
 Home [Redacted]  
 Business [Redacted]

Right Thumb Print  
*Too Concave!*

**EXHIBIT**  
 tabbies **ADE-12**

**ADE EXHIBIT THIRTEEN (13)**

**LINDA PARKER, CCR  
(501) 847-9448**

STATE OF ARKANSAS  
CRIMINAL INFORMATION

This criminal information cover sheet or the standard criminal information form is required by Supreme Court Administrative Order Number 8 to be completed for every defendant and filed by the prosecutor. The data contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court rule. Instructions are located on the back of the form.

County PULASKI District 6TH Case Number \_\_\_\_\_  
 Judge \_\_\_\_\_ Division \_\_\_\_\_ Filing Date NOV 18 1999  
 Style of Case CRIMINAL  
 Prosecutor Providing Information LARRY JEGLEY

Is this an Amended Information? ☐ Yes ☒ No  
 If Yes, are you \_\_\_\_\_  
 Adding Offense(s)? ☐ Yes ☒ No  
 Dropping Offense(s)? ☐ Yes ☒ No  
 Changing Offense(s)? ☐ Yes ☒ No  
 Is D being charged as a Habitual? ☐ Yes ☒ No  
 Are multiple D's charged in the information? ☐ Yes ☒ No

| Defendant's Full Name | Date of Birth | Race     | Sex      | SID #          | Arrest Date    |
|-----------------------|---------------|----------|----------|----------------|----------------|
| <u>Michael Hynes</u>  | [REDACTED]    | <u>B</u> | <u>M</u> | <u>1636213</u> | <u>4-24-99</u> |

| Address (Street, City, State, Zip) | SS#        | Driver's License No.               |
|------------------------------------|------------|------------------------------------|
| [REDACTED]                         | [REDACTED] | [REDACTED]                         |
| Arrest Tracking # <u>02310819</u>  |            | Prosecutor's File # <u>99-2254</u> |

| Alias 1 | Alias 2 | Alias 3 |
|---------|---------|---------|
|         |         |         |

The attached information accuses the above named defendant of the following crime(s):

| Code #          | Offense                         | A/S/C | Offense Date   | Counts   | F/M      | Class    |
|-----------------|---------------------------------|-------|----------------|----------|----------|----------|
| <u>5-26-305</u> | <u>Dom Batt - 3rd - 2nd Off</u> |       | <u>4-29-99</u> | <u>1</u> | <u>F</u> | <u>D</u> |
|                 |                                 |       |                |          |          |          |
|                 |                                 |       |                |          |          |          |
|                 |                                 |       |                |          |          |          |
|                 |                                 |       |                |          |          |          |
|                 |                                 |       |                |          |          |          |

Jeanette Lewis  
 Circuit Clerk/Deputy Clerk

[Signature]  
 Prosecuting Attorney/Deputy Prosecuting Attorney

**EXHIBIT**  
ADE-13

ADE EXHIBIT FOURTEEN (14)

LINDA PARKER, CCR  
(501) 847-9448



# ARKANSAS

## DEPARTMENT OF EDUCATION

### EDUCATOR'S LICENSE

**MICHAEL PATRICK HYNES**

**MASTERS**

| CODE        | AREA                         | TYPE       |
|-------------|------------------------------|------------|
| GRADE LEVEL | VALID FROM                   | VALID TO   |
| 159         | MIDDLE SCHOOL SOCIAL STUDIES | STANDARD   |
| 5 - 8       | 1/1/2012                     | 12/31/2016 |
| 184         | ELEMENTARY                   | STANDARD   |
| 1 - 6       | 1/1/2012                     | 12/31/2016 |
| 271         | COACHING                     | STANDARD   |
| K - 12      | 1/1/2012                     | 12/31/2016 |
| 293         | COACHING                     | STANDARD   |
| 7 - 12      | 1/1/2012                     | 12/31/2016 |

--Invalid Below this Line--

\_\_\_\_\_  
COMMISSIONER OF EDUCATION

\_\_\_\_\_  
DIRECTOR - EDUCATOR LICENSURE

**EXHIBIT**

tabler

ADE-14

**ADE EXHIBIT FIFTEEN (15)**

**LINDA PARKER, CCR  
(501) 847-0448**

Arkansas Code of 1987 Annotated Official Edition  
© 1987-2017 by the State of Arkansas  
All rights reserved.

\*\*\* Current through all 2016 laws; and including unofficial updates through laws effective April 7, 2017 of the 2017 Regular Session and laws effective May 4, 2017 of the 2017 First Extraordinary Session. Unofficial updates do not include changes and corrections by the Arkansas Code Revision Commission. The final official version of statutes affected by the 2017 Regular Session will appear on Lexis Advance and lexis.com in July-Aug. 2017. \*\*\*

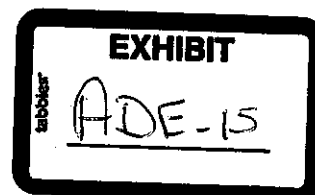
Title 6 Education  
Subtitle 2. Elementary And Secondary Education Generally  
Chapter 17 Personnel  
Subchapter 4 -- Licensure Generally

A.C.A. § 6-17-410 (2017)

**6-17-410. Teacher licensure -- Application, renewal application, revocation, suspension, and probation.**

(c) The state board shall not issue a first-time license nor renew an existing license and shall revoke any existing license not up for renewal of any person who has a true report in the Child Maltreatment Central Registry or has pled guilty or nolo contendere to or has been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court:

- (1) Capital murder as prohibited in § 5-10-101;
- (2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
- (3) Manslaughter as prohibited in § 5-10-104;
- (4) Battery in the first degree as prohibited in § 5-13-201 and battery in the second degree as prohibited in § 5-13-202;
- (5) Aggravated assault as prohibited in § 5-13-204;
- (6) Terroristic threatening in the first degree as prohibited in § 5-13-301;
- (7) Kidnapping as prohibited in § 5-11-102;
- (8) Rape as prohibited in § 5-14-103;
- (9) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 -- 5-14-127;
- (10) Incest as prohibited in § 5-26-202;



- (11)** Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, employing or consenting to the use of a child in a sexual performance, or producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-7-303, 5-27-305, 5-27-402, and 5-27-403;
- (12)** Distribution to minors as prohibited in § 5-64-406;
- (13)** Any felony in violation of the Uniform Controlled Substances Act, § 5-64-101 et seq.;
- (14)** Sexual indecency with a child as prohibited in § 5-14-110;
- (15)** Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205;
- (16)** Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child as prohibited by § 5-27-304;
- (17)** False imprisonment in the first degree as prohibited in § 5-11-103;
- (18)** Permanent detention or restraint as prohibited in § 5-11-106;
- (19)** Permitting abuse of a child as prohibited in § 5-27-221(a);
- (20)** Negligent homicide as prohibited by § 5-10-105(a);
- (21)** Assault in the first degree as prohibited by § 5-13-205;
- (22)** Coercion as prohibited by § 5-13-208;
- (23)** Public sexual indecency as prohibited by § 5-14-111;
- (24)** Indecent exposure as prohibited by § 5-14-112;
- (25)** Endangering the welfare of a minor in the second degree as prohibited by § 5-27-206;
- (26)** Criminal attempt, criminal solicitation, or criminal conspiracy as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection;
- (27)** Computer child pornography as prohibited in § 5-27-603;
- (28)** Computer exploitation of a child in the first degree as prohibited in § 5-27-605;
- (29)** Felony theft as prohibited in §§ 5-36-103 -- 5-36-106 and 5-36-202;
- (30)** Robbery as prohibited by §§ 5-12-102 and 5-12-103;
- (31)** Breaking or entering as prohibited by § 5-39-202;
- (32)** Burglary as prohibited by § 5-39-201 and aggravated residential burglary as prohibited by § 5-39-204;
- (33)** Forgery as prohibited by § 5-37-201;



**(34)** Video voyeurism as prohibited by § 5-16-101;

**(35)** Domestic battering in the first degree as prohibited by § 5-26-303;

**(36)** Domestic battering in the second degree as prohibited by § 5-26-304;

**(37)** Felony violation of an order of protection as prohibited by § 5-53-134;

**(38)** Prostitution as prohibited by § 5-70-102;

**(39)** Sexual solicitation as prohibited by § 5-70-103;

**(40)** Promoting prostitution in the first degree as prohibited by § 5-70-104;

**(41)** Promoting prostitution in the second degree as prohibited by § 5-70-105;

**(42)** Stalking as prohibited by § 5-71-229;

**(43)** Failure to notify by a mandated reporter in the first degree as prohibited by § 12-18-201; and

**(44)** Any felony not listed in this subsection and involving physical or sexual injury, mistreatment, or abuse against another.

ADE EXHIBIT SIXTEEN (16)

LINDA PARKER, CCR  
(501) 847-9448

## APPLICATION FOR EDUCATOR'S LICENSE



# Arkansas

 DEPARTMENT OF EDUCATION  
 Educator Licensure

PLEASE PRINT IN INK OR TYPE

|                                                                                                          |                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Central Registry Check:<br><input checked="" type="checkbox"/> Being Forwarded To DHS                    | All coursework must be documented by providing original college transcripts:<br><input type="checkbox"/> On File <input type="checkbox"/> Enclosed <input type="checkbox"/> Being Forwarded <input type="checkbox"/> On File | Applicable Fees:<br><input type="checkbox"/> Enclosed <input type="checkbox"/> Pay Online |
| Non-Criminal Background Check:<br><input checked="" type="checkbox"/> Being Forwarded To AR State Police |                                                                                                                                                                                                                              |                                                                                           |

 Date: 6-7-17 Date of Birth: [REDACTED] SSN: [REDACTED]

 Name: Michael Patrick HYNES  
                     First                    Middle                    Last                    Maiden

 Mail License To: Michael Hynes Home Phone: [REDACTED]

[REDACTED] Cellular Phone: [REDACTED]

[REDACTED] Work Phone: [REDACTED]

[REDACTED] Fax: [REDACTED]

[REDACTED] Email: [REDACTED]

 City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Years of Licensed Teaching Experience: 18 years

 FOR STATISTICAL PURPOSES ONLY: Gender: ☒ Male ☐ Female

 Ethnicity: Check One  
☐ Hispanic / Latino ☐ Non-Hispanic / Latino

 Race: Check one or more  
☐ American Indian Or Alaskan Native ☐ Asian or Pacific Islander

☒ Black or African American

☐ White

☐ Native Hawaiian or Other Pacific Islander

☐ Other

 U.S. Citizen ☐ Yes ☐ No

 PROCESSING FEE CHECK ONE (IF APPLICABLE)  
☐ \$75 - 5 YEAR STANDARD  
☒ \$75 - 5 YEAR RENEWAL  
☐ \$50 - DUPLICATE  
☐ \$75 - 5 YEAR TECHNICAL PERMIT

 PLEASE NOTE:  
 NO PERSONAL CHECKS ACCEPTED:  
 Educators can pay on-line by credit or debit card at <https://www.ark.org/teachers/licensure>. Money orders or cashier checks may also be accepted.

 Have you ever held an Arkansas teaching license?  
☒ Yes ☐ No

 Have you ever had a license revoked in any state?  
☐ Yes ☒ No

 Have you ever had a "true finding" with the Arkansas Department of Human Services Child Maltreatment Central Registry?  
☐ Yes ☒ No

If yes, what was the finding?

 Have you ever pled guilty or pled nolo contendere (no contest) or been found guilty of a crime?  
☐ Yes ☒ No

 If yes, was the crime a  
☐ Felony or ☐ Misdemeanor

 What was the date and crime for which you were convicted? NA

 Is your license currently under disciplinary review in another state or country?  
☐ Yes ☒ No

 If licensed outside the state of Arkansas, has your license been in good standing for the previous two years?  
☒ Yes ☐ No NA

Please be aware that the Arkansas Department of Education has access to and must consider any background check reflecting a conviction (pleading guilty or nolo contendere (no contest) or being found guilty by a jury or judge) for any offense listed in Ark. Code Ann. § 6-17-410 as well as any felony involving physical or sexual injury, mistreatment, or a records that have been expunged, sealed or subject to a pardon. For any questions about this, please call (501) 682-4227.

Please indicate the application type.

|                                                    |                                                                       |                                                             |
|----------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Provisional               | <input type="checkbox"/> Non-Traditional (APPEL)                      | <input type="checkbox"/> Converting Initial to Standard     |
| <input type="checkbox"/> Standard                  | <input type="checkbox"/> Non-Traditional MAT/MRD/MTLL                 | <input type="checkbox"/> Converting Provisional to Standard |
| <input checked="" type="checkbox"/> Renewal        | <input type="checkbox"/> Teach for America                            | <input type="checkbox"/> Career & Technical Permit          |
| <input type="checkbox"/> Lifetime License (no fee) | <input type="checkbox"/> Teacher Corps                                | <input type="checkbox"/> Adding Degree                      |
| <input type="checkbox"/> Reciprocity               | <input checked="" type="checkbox"/> Provisional Professional Teaching | <input type="checkbox"/> Correction                         |
|                                                    |                                                                       | <input type="checkbox"/> Change of Address                  |

EXHIBIT

ADE-16

Board

Please indicate the degree level of your license.

☐ Less than Bachelor's

☒ Bachelor's

☒ Master's

☐ Specialist

☐ Doctorate

To be completed by applicant only when adding an additional licensure area by testing.

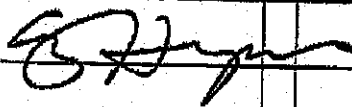
Licensure Area(s)

Grade Level

RECEIVED

JUN 07 2017

Signature of Applicant:



EDUCATOR LICENSURE

05/17/2016

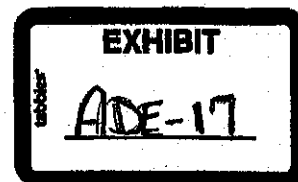
**ADE EXHIBIT SEVENTEEN (17)**

**LINDA PARKER, CCR  
(501) 847-9448**

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                               |               |                                                                                                                                           |           |              |                            |
|-----------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|----------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |               | <b>INCIDENT</b>                                                                                                                           |           |              | Modified 9/11/2017 3:49 PM |
| INCIDENT NUMBER<br><b>2008-072401</b>         | UNIT ASSIGNED | CALL DATE                                                                                                                                 | CALL TIME | TYPE OF CALL |                            |
| INCIDENT DATE<br><b>6/27/2008 2:03:00 AM</b>  |               | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> |           |              | DISTRICT<br><b>90</b>      |

| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>INCIDENT OFFENSE TYPE</b><br>1. DOMESTIC BATTERING 3RD DEGREE<br>2.<br>3.<br>4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>OFFENSE STATUS</b><br>Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/><br>Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>SUSPECTS USED:</b><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | <b>GANG RELATED INFO:</b><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input type="checkbox"/> (N) None / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>LOCATION CODE:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal<br/> <input type="checkbox"/> (02) Bank / Savings &amp; Loan<br/> <input type="checkbox"/> (03) Bar / Night Club<br/> <input type="checkbox"/> (04) Church / Synagogue / Temple<br/> <input type="checkbox"/> (05) Commercial / Office Building<br/> <input type="checkbox"/> (06) Construction Site<br/> <input type="checkbox"/> (07) Convenience Store<br/> <input type="checkbox"/> (08) Department / Discount Store<br/> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br/> <input type="checkbox"/> (10) Field / Woods<br/> <input type="checkbox"/> (11) Government / Public Building<br/> <input type="checkbox"/> (12) Grocery / Supermarket<br/> <input type="checkbox"/> (13) Highway / Road / Alley<br/> <input type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary           </div> <div style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway<br/> <input type="checkbox"/> (17) Liquor Store<br/> <input type="checkbox"/> (18) Parking Lot / Garage<br/> <input type="checkbox"/> (19) Rental / Storage Facility<br/> <input checked="" type="checkbox"/> (20) Residence / House<br/> <input type="checkbox"/> (21) Restaurant<br/> <input type="checkbox"/> (22) School / College<br/> <input type="checkbox"/> (23) Service / Gas Station<br/> <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br/> <input type="checkbox"/> (25) Other / Unknown<br/> <input type="checkbox"/> (37) Abandoned/Condemned Structure<br/> <input type="checkbox"/> (38) Amusement Park<br/> <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br/> <input type="checkbox"/> (40) ATM Separate from Bank<br/> <input type="checkbox"/> (41) Auto Dealership New / Used<br/> <input type="checkbox"/> (42) Camp / Campground           </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility<br/> <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br/> <input type="checkbox"/> (46) Farm Facility<br/> <input type="checkbox"/> (47) Gambling / Casino / Racetrack<br/> <input type="checkbox"/> (48) Industrial Site<br/> <input type="checkbox"/> (49) Military Installation<br/> <input type="checkbox"/> (50) Park / Playground<br/> <input type="checkbox"/> (51) Rest Area<br/> <input type="checkbox"/> (52) School - College / University<br/> <input type="checkbox"/> (53) School - Elementary / Secondary<br/> <input type="checkbox"/> (54) Shelter - Mission / Homeless<br/> <input type="checkbox"/> (55) Shopping Mall<br/> <input type="checkbox"/> (56) Tribal Lands<br/> <input type="checkbox"/> (57) Community Center           </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>(FOR BURGLARY ONLY)</b><br>NUMBER OF PREMISES ENTERED _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (11) Firearm (Unknown)<br/> <input type="checkbox"/> (12) Handgun<br/> <input type="checkbox"/> (13) Rifle<br/> <input type="checkbox"/> (14) Shotgun<br/> <input type="checkbox"/> (15) Other Firearm<br/> <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)<br/> <input type="checkbox"/> (30) Blunt Object (Club, etc)<br/> <input type="checkbox"/> (35) Motor Vehicle (as weapon)<br/> <input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)           </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison<br/> <input type="checkbox"/> (60) Explosives<br/> <input type="checkbox"/> (65) Fire / Incendiary Device<br/> <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br/> <input type="checkbox"/> (85) Asphyxiation<br/> <input type="checkbox"/> (90) Other<br/> <input type="checkbox"/> (95) Unknown<br/> <input type="checkbox"/> (99) None           </div> </div> |  |
| METHOD OF ENTRY:<br><input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |



|                                  |                         |                   |            |                               |            |
|----------------------------------|-------------------------|-------------------|------------|-------------------------------|------------|
| REPORT DATE<br><b>01/01/0001</b> | TIME<br><b>00:00:00</b> | REPORTING OFFICER | EMPLOYEE # | ORIGINAL APPROVING SUPERVISOR | EMPLOYEE # |
|----------------------------------|-------------------------|-------------------|------------|-------------------------------|------------|

INCIDENT NUMBER 2008-072401

☐ JUVENILE INFORMATION

Modified 9/11/2017 3:49 PM

## VICTIM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| VICTIM #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br><b>HYNES, STEPHANIE</b>                                                                          |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| HOME PHONE:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WORK PHONE:                                                                                                                                | MOBILE PHONE:                                                                                                                                                                                                          | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                  | OCCUPATION / EMPLOYER:                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| AGE:<br>Exact Age: 39<br>Range: [REDACTED]<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            | NIC:<br>D.L. / ID No. (STATB)                                                                                                                                                                                          | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br>2 (SE) Spouse (AQ) Acquaintance<br>(CB) Common-Law Spouse (FR) Friend<br>(PA) Parent (NE) Neighbor<br>(SB) Sibling (BE) Babysitter (baby)<br>(CH) Child (BG) Boy/Girl Friend<br>(GP) Grandparents (CF) Child of BF / GF<br>(GC) Grandchild (HR) Homosexual Rel.<br>(IL) Inlaw (XS) Ex-Spouse<br>(SP) Stepparent (EE) Employee<br>(SC) Stepchild (ER) Employer<br>(SS) Stepsibling (OK) Otherwise Known<br>(OF) Other Family (RU) Relationship Unknown<br>(ST) Stranger (VO) Victim Was Suspect |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## SUSPECT

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| SUSPECT #<br>2                                                                                                                                                                                                                                                                                                                  | NAME (Last, First, Middle)<br><b>HYNES, MICHAEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ARRESTEE #                                                                                                                                                                                                                                                                                                                      | ADDRESS:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HOME PHONE:<br>[REDACTED]                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                      | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                   | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE OF BIRTH<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                    | OCCUPATION / EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| AGE:<br>Exact Age: 40<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                               | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8                                                                                                                                                                                                           | NIC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HEIGHT:<br>Ft _____<br>In _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass                                                                                                                         |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ARREST LOCATION:                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ARREST DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CHARGE: 5-26-305                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown                                                                                                                                                   | FACIAL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown         | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown                                                                          | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown                                                                                                                                                                                                                                                                   | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                                                                                                                                                                          | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lt)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lt)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lt)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown                                                                                                                                                  |
| CLOTHING DESCRIPTION                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lt)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lt)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lt)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Hat _____<br>Coat _____                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Shirt _____<br>Pants/Dress _____<br>Shoes _____                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



**NARRATIVE**

VICTIM SAID THAT THE SUSPECT, HER HUSBAND, CAME HOME AFTER HE HAD BEEN DRINKING. AN ARGUMENT BEGAN, AND SHE SAID THAT HE STRUCK HER ON THE THIGH WITH A SANDAL SEVERAL TIMES. THE STIKES LEFT REDNESS AND MARKS ON HER LEG, AND THE SUSPECT WAS TAKEN INTO CUSTODY. HE WAS TRANSPORTED TO THE SOUTHWEST SUBSTATION AND THEN TO NORTHSIDE INTAKE, WHERE HE WAS HELD FOR DOMESTIC BATTERY 3RD. THE SUSPECT HAD A SCRATCH ON HIS NOSE THAT THE VICTIM SAID WAS SELF INFLICTED. SHE SAID THAT HE TOLD HER THAT "NOW WE ARE BOTH GOING TO JAIL." THE VICTIM WAS TRANSPORTED TO THE SOUTHWEST SUBSTATION AND AFTER FURTHER INVESTIGATION, WAS RELEASED WITHOUT CHARGES.

OFFICER COOPER, 25341  
ENT BY DS

|                                                                                                                      |                                                                     |                                                                               |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>ADDITIONAL HOMICIDE CIRCUMSTANCES</b>                                                                             |                                                                     |                                                                               |                                                                                   |
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal                          | <input type="checkbox"/> (C) Criminal attacked a civilian           | <input type="checkbox"/> (F) Criminal resisted arrest                         |                                                                                   |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer                      | <input type="checkbox"/> (D) Criminal attempted flight from a crime | <input type="checkbox"/> (G) Unable to determine / not enough information     |                                                                                   |
| <input type="checkbox"/> (E) Criminal killed in commission of a crime                                                |                                                                     |                                                                               |                                                                                   |
| <b>RELATED CASE NUMBER(S)</b>                                                                                        |                                                                     |                                                                               |                                                                                   |
| CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                     |                                                                     | DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>HATE/BIAS RELATIONSHIP:</b> <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW |                                                                     |                                                                               |                                                                                   |
| <b>RACIAL (Anti-)</b>                                                                                                | <b>RELIGIOUS (Anti-)</b>                                            | <b>ETHNICITY / NATIONAL ORIGIN (Anti-)</b>                                    | <b>SEXUAL (Anti-)</b>                                                             |
| <input type="checkbox"/> (11) White                                                                                  | <input type="checkbox"/> (21) Jewish                                | <input type="checkbox"/> (32) Hispanic                                        | <input type="checkbox"/> (41) Male Homosexual (Gay)                               |
| <input type="checkbox"/> (12) Black                                                                                  | <input type="checkbox"/> (22) Catholic                              | <input type="checkbox"/> (33) Other Ethnicity                                 | <input type="checkbox"/> (42) Female Homosexual (Lesbian)                         |
| <input type="checkbox"/> (13) American Indian / Alaskan Native                                                       | <input type="checkbox"/> (23) Protestant                            | <b>DISABILITY (Anti-)</b>                                                     | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian)                        |
| <input type="checkbox"/> (14) Asian / Pacific Islander                                                               | <input type="checkbox"/> (24) Islamic (Muslim)                      | <input type="checkbox"/> (51) Physical Disability                             | <input type="checkbox"/> (44) Heterosexual                                        |
| <input type="checkbox"/> (15) Multi-Racial Group                                                                     | <input type="checkbox"/> (25) Other Religion                        | <input type="checkbox"/> (52) Mental Disability                               | <input type="checkbox"/> (45) Bisexual                                            |
|                                                                                                                      | <input type="checkbox"/> (26) Multi-Religious Group                 |                                                                               |                                                                                   |
|                                                                                                                      | <input type="checkbox"/> (27) Atheist/Agnostic                      |                                                                               |                                                                                   |

EDUCATOR'S EXHIBIT ONE (1)

LINDA PARKER, CCR  
(501) 847-9448

**WAIVER HEARING FOR MICHAEL P. HYNES**

**MICHAEL P. HYNES' EXHIBIT LIST**

| <b>EXHIBITS</b> | <b>DESCRIPTION OF DOCUMENTS</b>             |
|-----------------|---------------------------------------------|
| Hynes-1         | Letter from Michael Hynes dated 8/16/17     |
| Hynes-2         | Letter from Stephanie Hynes dated 8/16/17   |
| Hynes-3         | Letter from Damien Nelson dated 8/16/17     |
| Hynes-4         | Letter from Jamil A. Thompson dated 8/24/17 |
| Hynes-5         | Letter from Kenoris Saine dated 8/25/17     |
| Hynes-6         | Letter from Derek Givens dated 8/29/17      |
| Hynes-7         | Letter from Dan Carter dated 8/30/17        |

August 16, 2017

RECEIVED FILE

AUG 18 2017

Michael P. Hynes  


Dear Members of the Arkansas State Board of Education:

My name is Michael Hynes. I teach fifth grade in Little Rock. I have been a full time educator since 2000. I am married to Stephanie Hynes and we have a daughter who is in elementary school and an adult son. I am grateful for the opportunity to speak to you regarding my request to retain my teacher's license and continue working in the field of education. I am requesting a waiver of the disqualifying offense that occurred eighteen years ago.

In 1999, I pled guilty to a charge of domestic battery against my then ex-wife. As a result of the court proceedings I was placed on probation and attended numerous counseling classes. I take full responsibility for my actions. I am not perfect now, nor have I ever been. I was and remain truly ashamed but I have learned and continue to learn from my past mistakes.


I am so glad to be able to say that my ex-wife and I remarried in 2002 and we are still together today. This time eighteen years ago was not a good period in my life, our life, since which I have made giant strides in changing and redirecting my reactions and actions. Together, my wife and I, with personal and couples counseling have learned to live and love each other in ways that are mutually beneficial. I ask for your mercy and for you to allow me a waiver so that my license can be restored.

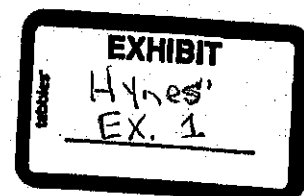
I have been teaching full time since 2000. My evaluations have all been satisfactory. I have not been suspended or investigated for wrongful actions or accusations. I have no write ups. In addition to teaching, I have coached middle school boys and girls sports, been assigned extra duties before school, lunch duty, and bus duty. I have worked in several after school tutoring programs and served as chaperone on field trips.

I have good rapport with my colleagues and each administrator who I have worked under. My students are important to me and, often out of my own personal budget, as do many teachers, have bought school supplies, clothes, shoes, food, hygiene items, etc. for many of them.

I am committed to my professional career, which is much more than a job to me. Losing my employment and license would have a devastating financial impact on my family as well as handicap my future ability to gain employment in education, thus effectively rendering both my degrees useless.

Sincerely,

  
Michael Hynes



EDUCATOR'S EXHIBIT TWO (2)

LINDA PARKER, CCR  
(501) 847-9448

August 16, 2017

Stephanie Hynes

RECEIVED PLSE

AUG 18 2017

To: Arkansas State Board of Education:

I write this letter in support of my husband, Mike, whom I have loved since I was 21 years old. As with any relationship we have had our ups and downs, all of which have lead us to this point 28 years later, steadfast and strong in our union, against all odds and obstacles. I provide this statement without any reservations and with certainty that my husband is a good teacher and deserves to continue working in the profession that he loves.

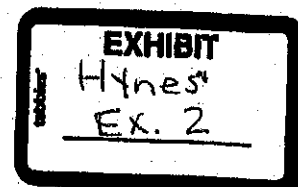
We were married in 1992 but then went through difficulties in our marriage and divorced in 1997. After our divorce, we moved back in together and in 1998 we got into an argument that resulted in Mike being charged with and pleading guilty to domestic battery. We were both much younger and less mature. We were arguing over an item that we both had our hands on at the top of the stairs and we both ended up falling down the stairs. I landed on my forearm. It was swollen and bruised and I had to seek medical attention to make certain that it was not broken. It was not. I healed physically and emotionally. Mike was put on probation and had to go to counseling.

Mike and I remarried in 2002 and in addition to our son, now have a daughter who is starting fifth grade. Over the years we have had some struggles in our marriage but together we have worked through our relationship issues, been to counseling and we both remain committed to one another and to raising our youngest child. Mike is a loving father to both of our children and is very engaged in all facets of their lives.

Over these almost two decades, I have seen Mike make immense progress not only as a teacher but as a human being. Having come from a single family home, Mike has preserved and completed two degrees, held uninterrupted employment, without ever a malicious accusation or need for reprimand from a superior, colleague, or student. He has received good evaluations and been committed to his career by choosing to work in schools with students that have similar backgrounds as he.

As far back as I can remember, he has told me how thankful he is to have the opportunity to do work he loves, to teach children he adores, and to wake up and have many chances to have a positive impact on young lives. I have seen him recognize, learn from, and grow after his mistakes and then use that self-awareness and reflection to impart upon others just what an honor it is to be granted a second chance.

He works with students who are often dismissed, discarded, and maligned by many structural factors, and he stands as an example to them that a person is not defined by his or her mistakes

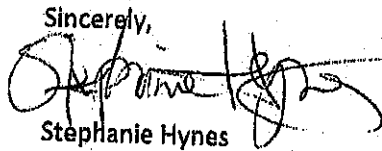


but is instead defined by his or her capacity for change and to learn from those mistakes. I am proud every time I see the joy in his eyes when he talks about his students, when we are out in public and a student from many years past remembers him because of the impact he has had on their lives.

Everywhere he goes he sees a student he has taught in his long career and they always remember him, engaging him in conversation about positive memories, how he was a person who believed in them or did not talk to them like they were lost causes. And he remembers them, also, many by their names. Teaching is what he was meant to do. He truly cares about people—his students, his friends, and his family—and it shows in his actions.

Please accept my statement in fairness without further retribution to my husband, who has atoned for his mistakes to me, our family, and before God.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Stephanie Hynes', with a stylized flourish at the end.

Stephanie Hynes