

COPY

IN THE SUPREME COURT OF MISSISSIPPI COURT OF APPEALS  
FOR THE STATE OF MISSISSIPPI

DR BRYCE DALLAS

PETITIONER

Vs.

SCT. CRT. CAUSE NO: 2007-TS-01339-COA  
CIR. CRT. CAUSE NO.: 14210-B

STATE OF MISSISSIPPI

RESPONDANT

FILED

NOV 11 2007

OFFICE OF THE CLERK  
SUPREME COURT  
COURT OF APPEALS

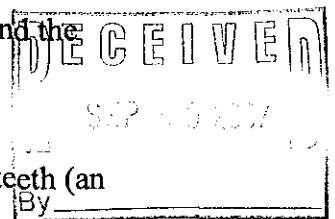
APPEAL

COMES NOW, Petitioner Pro se, in the above styled cause and appeals the decision rendered  
dismissing the Rule 60 Petition for Relief for good cause, to wit;

I  
ERR

1. Rule 60(b)(6) clearly states that the court of imposing judgment has jurisdiction over the motion for relief. Under Rule 60(b)(6) states; "**Mistaken; Inadvertance; Newly Discovered Evidence; Fraud; etc; [Please note the etc.]**" On motion and upon such terms as are just, the court may relieve a party or his legal representative from a final judgment, order, or proceeding for the following reasons;" further stated in Section (b)(6) of this rule is "**any other reason justifying relief from the judgment.**" The key phrase is "**any other reason.**" All of the above "bolded" print are issues Petitioner exerted along with other issues to the Rule 60 motion, with **98 exhibits** outlined below;

- a. Fifty One (51) exonerating exhibits that are mostly government documents,
- b. Eight (8) exonerating exhibits from the victim, others on the scene, and the perpetrator,
- c. Seven (7) exhibits that show Dr. Dallas' life was threatened by two teeth (an impacted wisdom tooth) causing a large hole in the second tooth with intractable



pain and infection that moved into his ears in which no medical attention was given for six (6) months, and

- d. Forty Six (46) exhibits given by the jail administrator, jailors, doctors, official records and others documented the jail house abuse concerning cell being fire bombed multiple times, Petitioner being beaten, given no water for days and other abuse. Also to be included are the Seven (7) exhibits of the painful condition of Dr. Dallas teeth, and more (see **exhibit 2, (a group of papers)**).

- 2. Petitioner in his Rule 60 (b)(c) motion exerted issues such as fraud, newly discovered evidence and many other reasons justifying relief, such as coercion, torture, constitutional violations, actual innocence and much more, all backed with over 98 exhibits.

## **II**

### **HISTORY OF ORIGINAL HABEAS CORPUS**

- 3. Petitioner's original Habeas Corpus (not the original Rule 60 motion) was defeated in the Federal Courts by the State (Respondent) exerting the "in custody" requirement, whereas Petitioner had been released from State Custody. Therefore, the Federal Court held the Habeas Corpus as "moot" and dismisses the Habeas Corpus per the State's (Respondent's) argument (see **exhibit -1-**).


## **III**

### **CONCLUSION**

- 4. **WHEREFORE** in review of the terms above of the rule's language, the use of "etc," and "such term as are just," as well as "any other reason justifying relief from the judgment" it is clear the court can grant an innocent man relief and do an honorable just act. The Circuit court erred by dismissing the Rule 60 motion as part of the previous Habeas Corpus under Miss. Code Ann, 1972, Section 99-39-1. Rule 60 motion is not an "in custody" Habeas Corpus as was the previous Habeas Corpus motion that was dismissed as moot because petitioner was

no longer in custody. Petitioner prays this Court reverse the err and any other just and honorable assistance the Court deems fit.

Respectfully submitted this the 17 day of September 2007.



Dr. Bryce Dallas  
1361 Riley Creek Rd  
Whitelyville, TN 38588

**CERTIFICATE OF SERVICE**

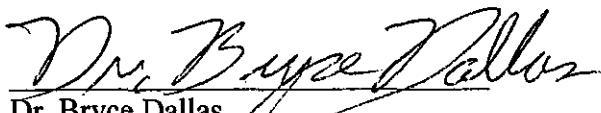
I, Bryce Dallas, hereby certify that a true and correct copy has been delivered to the below listed entities on the same date as on this document, via means indicated by each entity listed;

Circuit Court Clerk  
P.O. Box 467  
Hazelhurst, MS 39083

Supreme Court of Mississippi  
Court of Appeals  
P.O. Box 249  
Jackson, MS 39205-0249

Hon. Alexander Martin  
District Attorney  
P.O.Box 767  
Hazelhurst, MS 39083

Respectfully submitted this the 17 day of September 2007.



Dr. Bryce Dallas  
1361 Riley Creek Rd  
Whitelyville, TN 38588

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
JACKSON DIVISION**

**BRYCE DALLAS**

**PETITIONER**

**versus**

**NO. 3:97CV514BN**

**STATE OF MISSISSIPPI**

**RESPONDENT**

---

**MOTION TO DELETE ALTERNATIVE  
GROUND IN MOTION TO DISMISS**

---

COMES NOW the respondent in the above-styled and numbered cause and files this Motion To Delete Alternative Ground In Motion To Dismiss, and in support thereof would show unto the Court the following:

**I.**

On July 22, 1997, respondent was ordered to answer Dallas' Petition for Writ of Habeas Corpus. However, on or about July 31, 1997, respondent timely filed a motion to dismiss instead. Respondent's primary ground for dismissal was based upon the fact that Dallas was finally discharged from the Mississippi Department of Corrections upon expiration of sentence on May 23, 1995. Therefore, this court has no jurisdiction of the person in this case. Further, a habeas corpus petition becomes moot should a prisoner be released from custody before the Court has addressed the merits of the petition.

II.

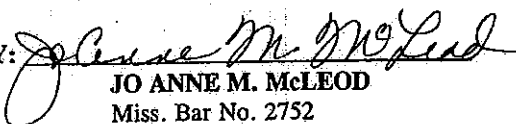
An alternative ground for dismissal was raised based upon the one year period of limitations contained in the newly enacted AEDPA. Respondent now desires to delete this alternative reasoning contained in the motion to dismiss. Therefore, respondent respectfully moves this Court to grant respondent's motion to delete the alternative portion, and to consider the motion to dismiss based only on the jurisdictional and mootness grounds.

**WHEREFORE, PREMISES CONSIDERED**, respondent respectfully moves this Court for an Order granting the deletion of respondent's alternative ground to dismiss contained in the motion to dismiss filed on or about July 31, 1997.

Respectfully submitted,

**MIKE MOORE**  
**ATTORNEY GENERAL OF MISSISSIPPI**

**JO ANNE M. McLEOD**  
**SPECIAL ASSISTANT ATTORNEY GENERAL**

BY:   
**JO ANNE M. McLEOD**  
Miss. Bar No. 2752

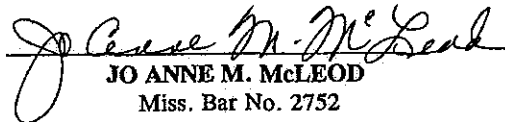
Office of the Attorney General  
Post Office Box 220  
Jackson, Mississippi 39205  
Telephone: (601) 359-3680

**CERTIFICATE OF SERVICE**

This is to certify that I, Jo Anne M. McLeod, Special Assistant Attorney General  
for the State of Mississippi, have caused to be mailed, via United States Postal Service,  
first-class postage prepaid, a true and correct copy of the above and foregoing **MOTION**  
**TO DELETE ALTERNATIVE GROUND IN MOTION TO DISMISS** to the following:

Bryce Dallas  
P. O. Box 3463  
Cookeville, Tennessee 38502

This the 8<sup>th</sup> day of August, 1997.

  
**JO ANNE M. McLEOD**  
Miss. Bar No. 2752

Office of the Attorney General  
Post Office Box 220  
Jackson, Mississippi 39205  
Telephone: (601) 359-3680

CLINICAL RECORD																		DENTAL																	
1. CHART																		2. ROOT/PERIAPICAL																	
																		<input type="checkbox"/> PERIAPICAL <input type="checkbox"/> WHITE SPACES <input type="checkbox"/> OTHER																	
																		3. PERIODONTITIS																	
																		<input type="checkbox"/> UNDEVELOPED <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE																	
																		4. CALICULUS																	
																		<input type="checkbox"/> LOCAL <input type="checkbox"/> GENERAL																	
																		5. GINGIVAL PATHOLOGY																	
																		<input type="checkbox"/> GINGIVITIS <input type="checkbox"/> VINCENT'S INFECTION																	
																		6. STOMATITIS (Specify)																	
																		7. DENTURE INDICATED (Indicate dentures needed after indicated instructions)																	
																		<input type="checkbox"/> FULL UPPER <input type="checkbox"/> FULL LOWER																	
																		<input type="checkbox"/> PARTIAL UPPER <input type="checkbox"/> PARTIAL LOWER																	
																		8. ABNORMALITIES OF OCCLUSION																	
																		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> NORMAL																	
																		9. DENTAL CLASSIFICATION																	
																		10. TYPE OF EXAMINATION																	

Picture of Infected Tooth

16. ADDITIONAL FINDINGS

SEXTANT	I	II	III	IV	V	VI	ORAL HYGIENE
CPITN							G ___ F ___ P ___
SOFT TISSUE	WNL ___ OTHER ___			D ___			PERIO
TMJ	WNL ___ OTHER ___			M ___			OH
OCCL	NORM ___ OTHER ___			F ___			PROPHY
NEEDS	X-RAYS ___			PERIO ___			SCALING
	ENDO ___			PROSTH ___			FOLLOW-UP
PROSTH	P/ ___			F/ ___			

17. RECOMMENDATIONS

18. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT		19. DATE		20. SIGNATURE OF DENTIST			
21. GRADE, RATING, OR POSITION		22. TYPE OF BENEFICIARY		23. SEX		24. RACE	
				<input type="checkbox"/> M <input type="checkbox"/> F			
25. PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical facility)				26. IDENTIFICATION NO.		27. REGISTER NO.	

DALLAS, BRUCE #08102-042-C

TEST: 9-3-93 DOB: 9-19-63

W/29

FCI TEXARKANA

DENTAL

Standard Form 521 (Rev.)  
501-106

GENERAL SERVICES ADMINISTRATION AND  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FPMR 101-11.604-6  
OCTOBER 1975

MISSISSIPPI DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING SHORT FORM

FACILITY: mdoc Hosp.

\*\*\* To be used when a full health assessment is done within 48 hours of an inmate admission to this facility.

NOTE: Each "yes" answer requires a response.

Inmate Name: Bryce Dallas Sex: ym

Date of Birth: 9-19-63 Inmate Number: 79114

Examiner Name: H. Williams Date: 7/29/95 Time: 20:50

Examiner Visual Opinion:

- |                                                                      | Yes                                                     | No                                  |
|----------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|
| 1. Does inmate have obvious pain or injury?                          | <u>Wisdom tooth</u> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Is there obvious sign of infection?                               | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |
| 3. Does inmate appear to be under the influence of alcohol or drugs? | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |
| 4. Are there visible signs of alcohol and/or drug withdrawal?        | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |
| 5. Does inmate appear to be despondent?                              | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |
| 6. Does inmate appear to be irrational or "crazy"?                   | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |
| 7. Is inmate carrying medication?                                    | <input type="checkbox"/>                                | <input checked="" type="checkbox"/> |

Examiner Inmate Questionnaire:

- |                                                                                                                         | Yes                      | No                                  | Refused                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8. Are you taking any medication?                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. (If Female) Are you pregnant?                                                                                        | <u>NA</u>                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. Is this the first time you have ever been incarcerated?                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever tried to kill yourself or done serious harm to yourself?                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any serious medical or mental problems that you haven't told me about? Are you receiving any treatment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(Specify Below)

Toothache since 11/91 (wisdom tooth intact)  
advised at unit notify dental dept.

Disposition Or Referral  
General Population  
Other (Specify):

(circle appropriate response)  
Emergency Care Sick Call

24X

Immediately following my release from the County Jail's custody, the State prison doctor made these notes.

THIS FORM SHALL BE INCLUDED IN THE INMATE'S MEDICAL RECORD.



1. Are you presently taking any medication? Yes ☐ No ☐  
If so, what? ~~NO~~ NORTONIAN

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? Yes ☐ No ☒

3. Have you been under the care of a physician during the past two years? If so, why? FOR EAR INFECTION Yes ☒ No ☒

4. Have you been hospitalized in the past two years? If so, why? Yes ☐ No ☒

5. When you walk upstairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or because you feel very tired? Yes ☐ No ☒

6. Do your ankles ever swell during the day? Yes ☐ No ☒

7. Have you ever been treated for a tumor or growth? Yes ☐ No ☒

8. Have you ever had abnormal bleeding? Yes ☐ No ☒

9. Have you had any serious difficulty with any previous dental treatment? Yes ☐ No ☒

Circle any of the following that you have or have had:

Congenital heart defects	Heart murmur
Heart attack/for heart trouble	Angina
Rheumatic Fever	High blood pressure
Stroke	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Hepatitis	
Thyroid problems	Emphysema
Chronic bronchitis	Tuberculosis (TB)
Venereal disease (syphilis, gonorrhea)	Psychiatric treatment
Arthritis	Artificial Joint Prosthesis
Artificial Heart Valve	

Do you have any disease, condition, or problem not listed? Yes ☒ No

WOMEN ONLY: Are you pregnant? Yes No

Name Birne Dallar Reg. No. 08702-042

# Doctors Orders To The Jailer

Patient's Name George J. Wallace I.D. # \_\_\_\_\_

Date 12/20/91 Time 1445

Treatment Prescribed

(1) ③ Steth. med.

Rx Ampul

Medication Prescribed  
& medication administration  
instructions

(2) myalgias / chest wall pain

Rx Motrin

Special Instructions

(restrictions of diet,  
activity, work assign-  
ment, observation  
orders, etc.)

Referral/Return appointment

as needed

Dr. [Signature]  
Physician/Dentist

12/20/91  
Date

TRIAL  
EXHIBIT

-78-

Chest Pains  
from the  
Intractable  
Tooth Pain

## FAMILY MEDICINE

## PROGRESS NOTES

## FORMEDIC

NAME

Bryce Dallas

AGE

CHART NO.

PG

DATE  
PROBLEM NO  
PROBLEM

SUBJECTIVE / OBJECTIVE

PLANS

12/20/97

wt 350 lb +

BP 130/80

S - do R earache, pain O chest - an

a DM red + dull

O act. chest wall. Tenderness + pain

reproduced

Heart NSR, lungs clear, ECG was

A - ROM, chest wall pain

P - Aspirin 500 tid

Motrin 800 tid

Hartman

Intractable Pain from the  
Tooth Causing Heart  
Complications

Double Strength Power. Fast.

Fast Relief. Fast Recovery.

Anaprox DS

(NAPROXEN SODIUM)

PRINTED IN CANADA FORMEDIC 1011-111-2-111-1

100 mg tablets, 100 mg tablets, 100 mg tablets



MEDICAL CONFIDENTIAL

# Medication Log Sheet

Name Dallas Bryce

I.D. # \_\_\_\_\_

Date	Medication	Time dispensed and initials (giver & inmate)											
		Time	Given by: Init.	Inmate Init.	Time	Given by: Init.	Inmate Init.	Time	Given by: Init.	Inmate Init.	Time	Given by: Init.	Inmate Init.
5-30-92		13:30	DB	DB									
5-31-92		06:30	DB	DB									
6-1-92		06:30	DB	DB									
6-2-92	IBuprofen	06:30	DB	DB									
6-3-92	IBuprofen	06:30	DB	DB									
6-4-92	IBuprofen	06:30	DB	DB									
6-5-92	IBuprofen	06:30	DB	DB									
6-6-92	IBuprofen	06:30	DB	DB									

False Medical Record,

My initials are backwards. I did not receive nor sign for medication.

Medicine was withheld leaving me in pain.

(after completion—file with the medical record)

TRIAL EXHIBIT -93 /

**Dr. Bryce Dallas  
1361 Riley Creek Road  
Whitleyville, TN 38588**

September 17, 2007

Supreme Court of Mississippi  
Court of Appeals  
P.O. Box 249  
Jackson, MS 39205-0249

Re: **SCT. CRT. Cause No: 2007-TS-01339-COA**  
**CIR. CRT. Cause No: 14210-B**

Dear Clerk,

Please find enclosed the original motion with copies. Please mark the extra copies filed and return them in the self addressed, pre stamped envelope.

With Repects,

Dr. Bryce Dallas