

Arkansas
State Claims Commission

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619-Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

SEP 26 2025

RECEIVED

Part I

The records of the Arkansas Insurance Department of Arkansas, Phone 501-371-2690
Agency

Agency Address 1 Commerce Way - Suite 504, Little Rock, AR 72202

Reflect that Pottsville School District

Payee/Payees
976 Pine Ridge Rd. Pottsville
Payee's Address City
Arkansas 72858 was/were issued.
State Zip Code

State Warrant number [redacted] dated 8/16/2023

in the amount of \$ 30,437.38

Include your current Agency No. [redacted] Cost Center [redacted]

Appropriation No. [redacted] Character Code [redacted]

Fund Code [redacted] and Fund Center [redacted]

Nickie Cook

Agency Disbursing Officer's Full Name (please print)

Nickie Cook

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

DFA

AUG 28 2025

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

Office of Accounting

The records of the Arkansas Insurance Department/Risk Management Division of Arkansas
Agency
reflect that Pottsville School District was issued Warrant number
2023 [Redacted] Dated 08/16/23, in the amount of \$ 30,437.38, the
Year Warrant Number Date

same being in payment of [Redacted]
Invoice # Agency # Fund Center Commitment Item Fund

Social Security # Gross Pay Withholding

Address - Payroll Only
501-628-4778
Daytime Telephone #

X Vickie Cook
Disbursing Officer

I/We, Sue Moore - Pottsville School District, state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received cashed or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

Received
SEP 10 2025
Taxpayer Services

X Sue Moore
Payee Signature

Second Payee Signature (If Applicable)

Pottsville School 976 Pine Ridge Road
Address

Address

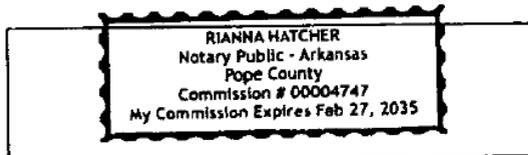
Pottsville, AR 72858
City, State, Zip Code

City, State, Zip Code

Daytime Telephone # [Redacted]

Daytime Telephone # _____

ON THIS THE 20 DAY OF August, 2025, before me personally
appeared Sue Moore to me known to be the persons described in and who
executed the foregoing instrument and acknowledged that they signed, sealed, executed and
delivered the same as their free act and deed for the purpose therein mentioned.



Notary Stamp

X Rianna Hatcher
Notary Signature
NOTARY PUBLIC Pope AR
County State
My commission expires 2/27/2035

DFA

AUG 28 2025

Office of Accounting

Bond for Reissuing Warrant (P5-19-4-403)

State of Arkansas

Warrant Number to be Reissued [Redacted]
Paying State Agency Arkansas Insurance Department
Agency Contact Vickie Cook

Warrant Amount \$ 30,437.38
Phone Number (501) 683-4778

Know by all men by these presents that we the undersigned,

Sue Moore as payee(s) and Pottsville School District as his surety

are held and firmly bound unto the State of Arkansas in the sum of:

\$ 60,874.76

The condition of this obligation is that the said payee,

(The amount must be double the sum of the warrant. Triple if second reissue.)

Martha Madden Sue Moore has (check one):

Payee Name

[]

Lost

[]

Stolen

[X]

Failed to receive

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 20 day of August 20 25

First Payee Taxpayer Identification Number (SSN or Federal ID):

Sue Moore Pottsville School District X
First Payee Name

Sue Moore
First Payee Signature

976 Pine Ridge Rd Pottsville, AR 72858
Payee Mailing Address

[Redacted]
Payee Phone Number

If Applicable

Second Payee Taxpayer Identification Number (SSN or Federal ID):

X

Second Payee Name

Second Payee Signature

Surety must be 18 years of age or older and must be someone other than the payee(s)

Shane Thurman Pottsville School District X
Surety Name (Printed or Typed Name)

M. Shane Thurman
Surety Signature

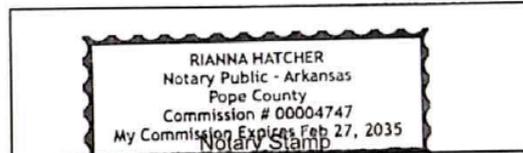
976 Pine Ridge Rd Pottsville, AR 72858
Surety Mailing Address

[Redacted]
Surety Phone Number

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this

20 day of August 20 25



X Rianna Hatcher
Notary Public Signature

My Commission Expires:

2 / 27 / 2035

Received SEP 10 2025 Taxpayer Services



REVIEW

Please review the information you've provided below, make any needed changes and proceed to the final step. If you have questions about any part, use the CONTACT button above to see the contact options.

STEP 1: AGENCY INFORMATION

Arkansas Insurance Department

STEP 2: CLAIM INFORMATION

Claim Explanation.

If this involved a motor vehicle incident, please include a details of the accident (**location**, cars involved, police report number, etc.)

This request is to reissue an outlaw warrant from fiscal year 2024 to the Pottsville School District. The warrant was for the Governor's one-time assistance to help the school districts with their insurance premiums.

Incident Date

08/16/2023

Use MM/DD/YYYY format

Amount Sought (numbers only)

30437.38

If damages are unknown, enter 0

Tell us about the type of claim you're making:

- NO Does this claim involve damage to a motor vehicle?
- NO Does this claim involve damage to personal property?
- NO Does this claim involve personal injury?
- NO Are you seeking death benefits?
- NO Is this a breach of contract claim?
- NO Does this claim involve an unpaid bill?
- YES Are you seeking reissuance of a check or warrant?
- NO Are you seeking a disability benefits?
- NO Are you seeking a disability benefit scholarship?
- NO Are you seeking a reimburse of an expense?
- NO Do you want to file another type of claim?

Received
SEP 10 2025
Taxpayer Services

WARRANT/CHECK INFORMATION - MUST COMPLETE



8/16/2023

30437.38

STEP 3: CLAIMANT INFORMATION

Who is filing this claim?

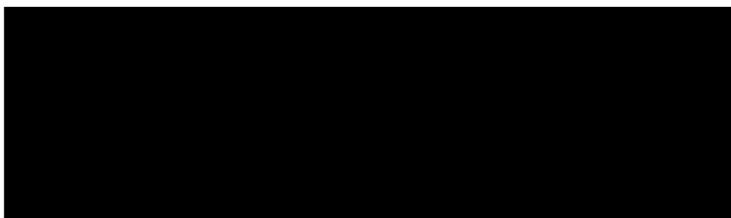
- Self
- Attorney on behalf of claimant
- Attorney on behalf of company or corporate entity
- Agency

Claimant Information:

| | | | | | |
|--------------|---------------------|----------|---|------|-------|
| MR., MS., MR | | Sue | | | Moore |
| | 976 Pine Ridge Road | | | Pope | |
| | Pottsville | Arkansas | ▼ | | 72858 |

NO Is there a second claimant?

Agency Financial Details:



Dispersing Officer Details:

| | |
|------------|--------------------------|
| Vickie | Cook |
| 5016834778 | vickie.cook@arkansas.gov |

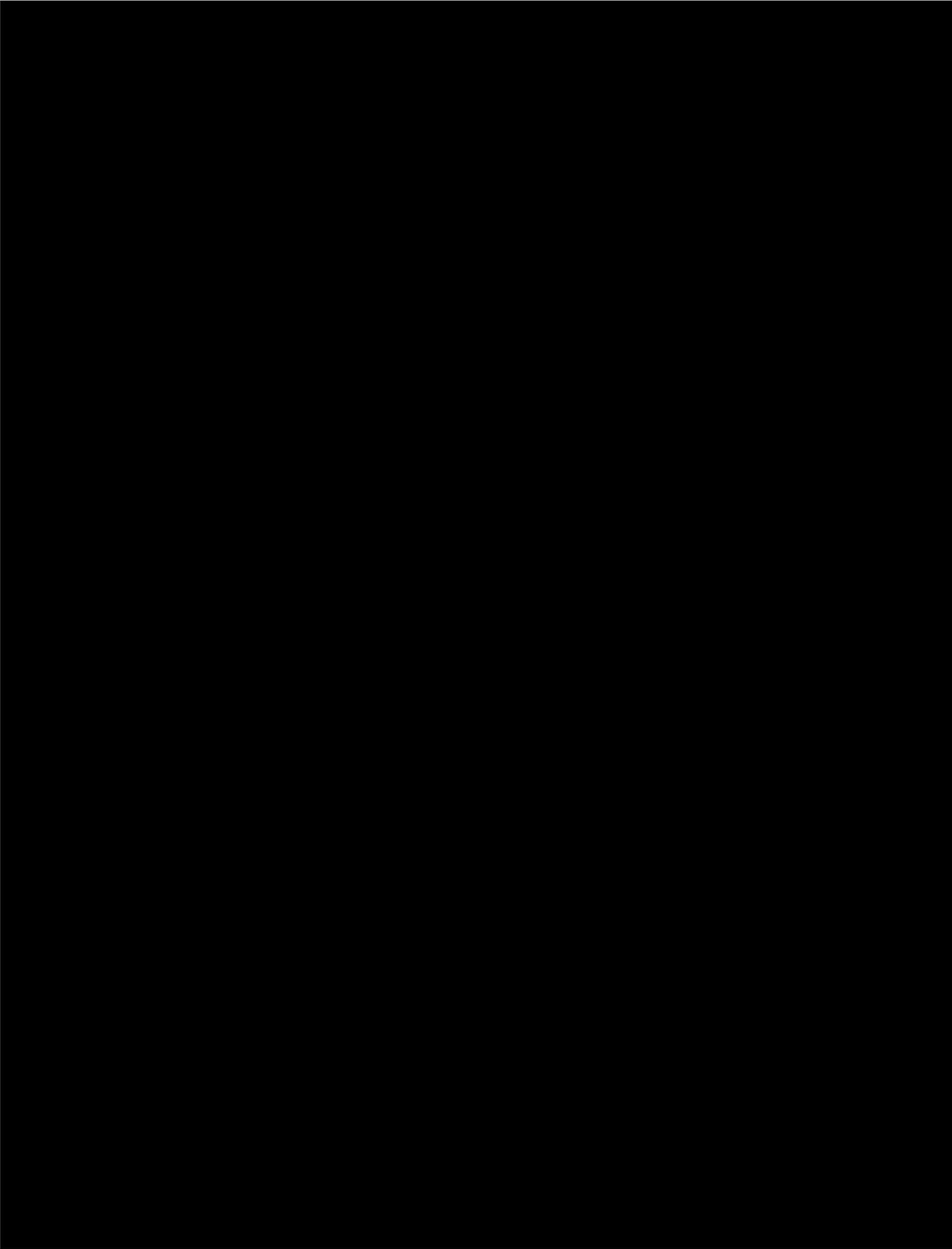
Your Promise:

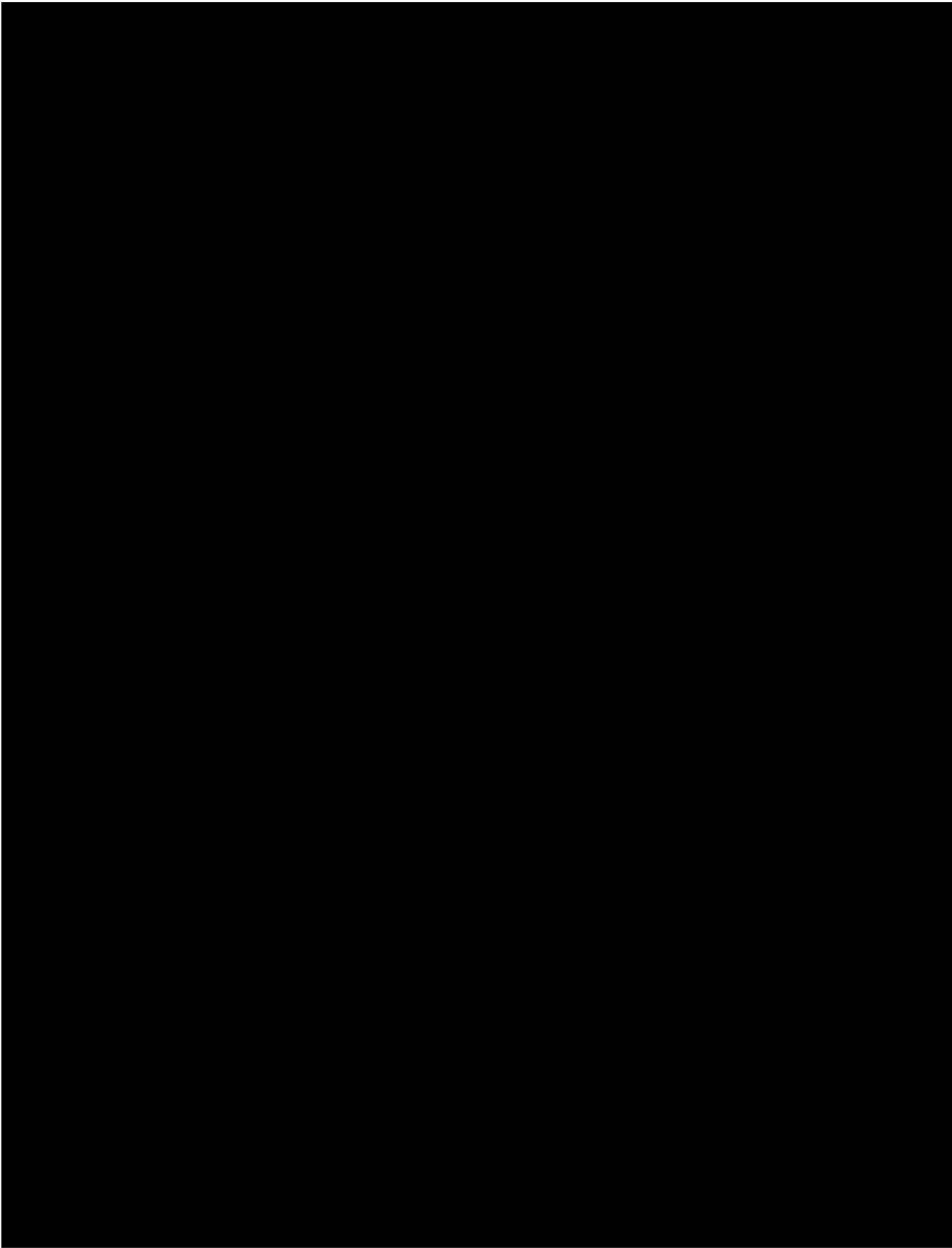
I CERTIFY THAT ALL INFORMATION CONTAINED IN THE ABOVE FORM IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

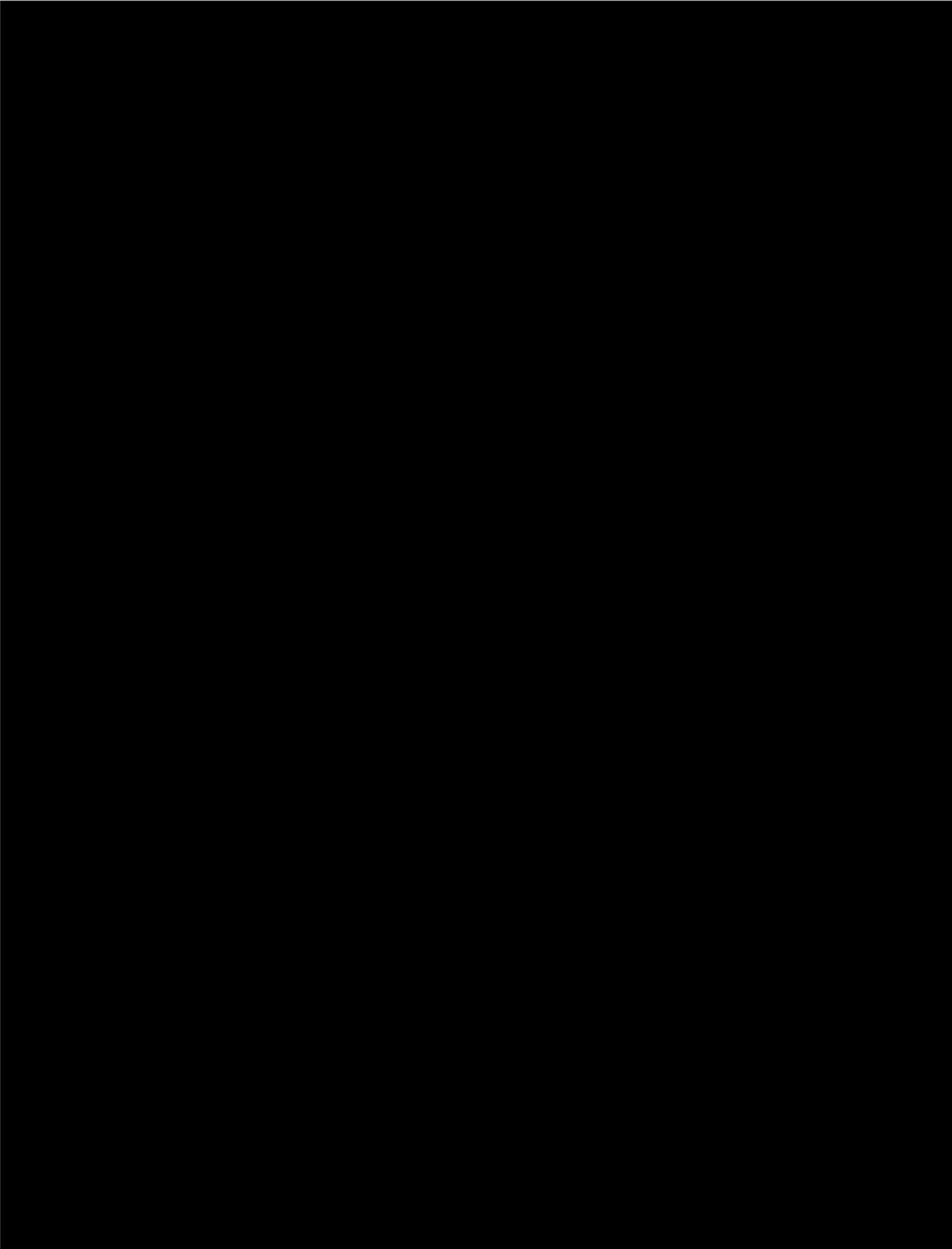
YES

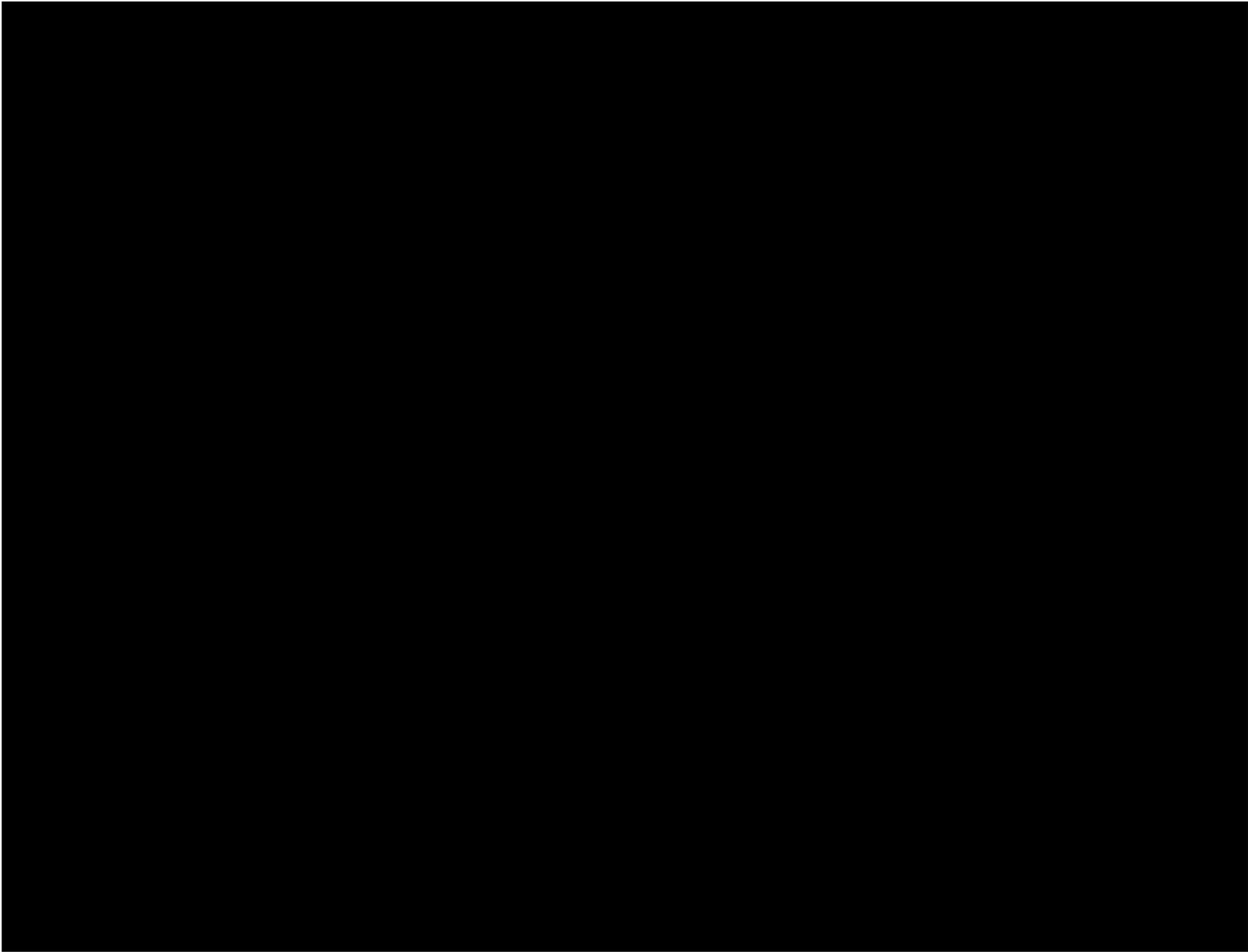
PRINT THIS PAGE

SAVE AND CONTINUE















**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Date: 10/3/2025

Warrant:



Name of Payee: Pottsville School District

Amount: \$30,437.38

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

CM

October 9, 2025

Pottsville School District
c/o Sue Moore
976 Pine Ridge Road
Pottsville, Arkansas 72858

RE: **Claim No. 260323** – Reissuance of Check No. [REDACTED]

Dear Ms. Moore,

The Claims Commission received notification from the Arkansas Insurance Department that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

ARKANSAS CLAIMS COMMISSION

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



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

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

Arkansas
State Claims Commission

OCT 17 2025

RECEIVED

COMPLAINT

1. Claimant

Pottsville School District

(title/last name/first name)

(email)

976 Pine Ridge Road

(address)

Pottsville

AR 72858-

(city)

(state) (zip)

(primary phone)

2. State Agency Involved

Arkansas Insurance Department

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 08-16-2023 payable to Pottsville School District in the amount of \$30,437.38 payable from the Arkansas Insurance Department. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on September 26, 2025.

4. Amount Sought: \$30,437.38

STOP!

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

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Pottsville School District (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

M. Shane Thurman
Name of Representative of Business Entity
(must be printed legibly)

M. Shane Thurman
Signature of Representative

ACKNOWLEDGEMENT

State of Arkansas
County of Pope

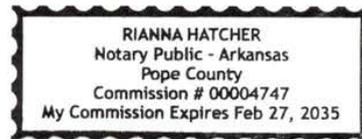
On this the 15 day of October, 2025, before me, the undersigned notary, personally appeared Shane Thurman known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

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

Rianna Hatcher
Signature of Notary Public

[seal of office]

My Commission Expires: 2/27/2035



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**POTTSVILLE SCHOOL
DISTRICT**

CLAIMANT

V.

CLAIM NO. 260323

**ARKANSAS INSURANCE
DEPARTMENT**

RESPONDENT

ORDER

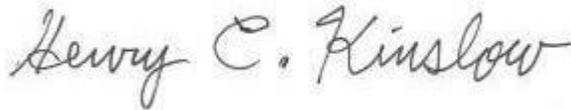
This claim was filed by Pottsville School District (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$30,437.38 payable from the Arkansas Insurance Department.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$30,437.38 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 25-44-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, chair

DATE: November 7, 2025

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).
- (2) If a Claimant is awarded \$15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of more than \$15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).