ARKANSAS CLAIMS COMMISSION

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

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

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

CLAIM FORM

1. Claimant. If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

(title	last name/compan	first name	(email)
	Stein Ancillary Services		mhumble@steinltc.com

8520 S. 36th Terrace
(address)

(city)	(state)	(zip)	(primary phone)
Fort Smith	AR	72908-	(479) 410-1740

2. Claimant's Legal Counsel. An individual claimant may act as his or her own attorney (which is known as proceeding pro se). Please review Ark. Code Ann. § 19-10-222 for information about when a business entity may file a pro se claim. If a claimant is proceeding pro se, this section may be left blank.

(title)	(last name)	(first name)	(email)
	Whitfield	A. Jordan	jwhitfield@arkansaslaw.com

4710 South Thompson, Suite 102 — (address) — 2025242 — AR bar number

(city)	(state)	(zip)	(primary phone)
Fayetteville	AR	72764	(479) 751-6464

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

Arkansas Department of Veteran Affairs

4. Incident Date 12/31/2023

5. Location of Incident _____

6. CHECK HERE if this claim involves damage to a motor vehicle. ☐

7. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

8. Explanation of Incident Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

We have unpaid invoices from AR State Veterans Home: Please see below for details\
\
11/30/23-Nov 2023 Original Amount due $15,473.63: unpaid balance $0.01\
12/31/23-Dec 2023 Original Amount due $15,145.78: unpaid balance $15,145.78\
03/31/24-Mar 2024 Original Amount due $17,956.18: unpaid balance $39.41

9. Insurance Coverage. For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE** ☐

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

_____

(type of state vehicle involved) (license number) (driver)

12. If your claim involves personal injuries, please CHECK HERE ☐

13. Health insurance coverage. All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

14. Amount of Damages, if known: $0.00

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The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____

Signature of Notary Public [seal of office]

My Commission Expires: _____

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(title	last name/compan	first name	(email)
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(address) 8520 S. 36th Terrace

(city)	(state)	(zip)	(primary phone)
Fort Smith	AR	72908-	

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

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Arkansas Department of Veteran Affairs

4. Incident Date 12/31/2023

5. Location of Incident

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_____

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____

Signature of Notary Public [seal of office]

My Commission Expires: _____

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(title	last name/compan	first name	(email)
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(address)				
8520 S. 36th Terrace				

(city)	(state)	(zip)	(primary phone)
Fort Smith	AR	72908-	(479) 410-1740

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The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____

Signature of Notary Public [seal of office]

My Commission Expires: _____

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Minta Humble, Controller Stein Ancillary Services
Claimant Name (must be printed legibly)

Minta Hble
Claimant Signature

Acknowledgement

State of ARKANSAS

County of Crawford

On this the 29th day of October, 2025, before me, the undersigned notary, personally appeared Minta Humble 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.

Debra C Lewis
Signature of Notary Public

[Seal of Office]

STATE OF ARKANSAS NOTARY PUBLIC
DEBRA C. LEWIS
MY COMMISSION # 12392792
EXPIRES: March 28, 2033
Crawford County

My Commission expires: March 28, 2033

STATEMENT

Stein Ancillary Services
8520 South 36th Terrace
Fort Smith, AR 72908

Statement Date: 10/27/2025

	Amount Due:	$ $15,185.20
PLEASE DETACH AND RETURN WITH YOUR REMITTANCE	Amount Enclosed:	$

Effective Date	Description	Units	Amount
11/30/2023	November 2023 Due 12/31/2023. Orig. Amount $15,473.63		$0.01
12/31/2023	December 2023 Due 01/31/2024. Orig. Amount $15,145.78		$15,145.78
3/31/2024	March 2024 Due 04/30/2024. Orig. Amount $17,956.18		$39.41
			$15,185.20

BALANCE DUE $15,185.20

1 SELECT AGENCY

2 CLAIM INFORMATION

3 CLAIMANT INFORMATION

4 SUMMARY & REVIEW

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 Department of Veteran Affairs

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.)

We have unpaid invoices from AR State Veterans Home: Please see below for details:

11/30/23: Nov 2023 Original Amount due $15,473.63: unpaid balance $.01
12/31/23: Dec 2023 Original Amount due $15,145.78: unpaid balance $15,145.78
03/31/24: March 2024 Original Amount due $17,956.18: unpaid balance $39.41

Incident Date

12/31/2023

Use MM/DD/YYYY format

Amount Sought (numbers only)

1518520

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?
- YES Does this claim involve an unpaid bill?
- NO 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?

Arkansas State Claims Commission
101 East Capitol Ave, Suite 410
LR, AR 72201

STEP 3: CLAIMANT INFORMATION

Who is filing this claim?

◉ Self ○ Attorney on behalf of claimant
○ Attorney on behalf of company or corporate entity

Claimant Information:

MR., MS., MRS. ETC.

Stein Ancillary Services

Stein Ancillary Service

479-410-1740x1110

mhumble@steinltc.com

8520 S. 36th Terrace

Sebastain

Fort Smith

Arkansas

72908

NO Is there a second claimant?

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

From:	ASCC New Claims
To:	mhumble@steinltc.com
Bcc:	Kathryn Irby
Subject:	Stein Ancillary Services, Claim No. 260764 - deficient
Date:	Friday, December 19, 2025 2:16:00 PM
Attachments:	Stein Ancillary Services Elct Claim Form - 260764.pdf Stein Ancillary Services Sig and supp docs - 260764.pdf

Dear Ms. Humble,

Because the amount sought is more than $2000, Stein Ancillary Services must be represented by Arkansas counsel to bring a claim before the Claims Commission pursuant to Ark. Code Ann. 25-44-222. I do not see your name on the Arkansas Supreme Court's online list of Arkansas-licensed attorneys. As such, this claim is in a deficient status and cannot be sent to an agency for response. If Stein Ancillary Services hires an Arkansas attorney to pursue this claim, the attorney can file an entry of appearance via email (ascc.new.claims@arkansas.gov) , via mail (101 E. Capitol Ave., Ste. 410, Little Rock, Arkansas 72201), or via facsimile (501-682-2823).

Thank you,
Caitlin

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

ARKANSAS CLAIMS COMMISSION

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(title	last name/compan	first name	(email)
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(address)
8520 S. 36th Terrace

(city)	(state)	(zip)	(primary phone)
Fort Smith	AR	72908-	

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(title)	(last name)	(first name)	(email)
	Whitfield	A.	jwhitfield@arkansaslaw.com

(address)	AR bar number
4710 S. Thompson, Ste. 102	

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Fayetteville	AR	72764	(479) 751-6464

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Stein Ancillary Services, LLC (\Stein\) and the Arkansas Department of Veteran's Affairs (\VA\) entered into a Contract for Therapy Services whereby the VA agreed to pay Stein for services rendered within thirty (30) days of the invoice date of timely submitted invoices. There are three invoices, due December 31, 2023, January 31, 2024, and April 30, 2024, which have outstanding balances. The outstanding balances, as evidenced by the attached statement, total $15,185.20. Because the payments in question cross multiple fiscal years, the VA informed Stein that the payment request must be submitted through the Arkansas Claims Commission.

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Stein Ancillary Services, LLC					
(title	last name/compan	first name		(email)	
8520 S. 36th Terrace					
(address)					
Fort Smith		AR	72908-		
(city)		(state)		(zip)	(primary phone)

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Whitfield		A.	jwhitfield@arkansaslaw.com		
(title)	(last name)	(first name)		(email)	
4710 S. Thompson, Ste. 102					
(address)					AR bar number
Fayetteville		AR	72764	(479) 751-6464	
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(type of state vehicle involved) (license number) (driver)

12. If your claim involves personal injuries, please CHECK HERE ☐

13. Health insurance coverage. All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

14. Amount of Damages, if known: $0.00

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under “Info Resources.”

STOP!

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

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

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____

Signature of Notary Public [seal of office]

My Commission Expires: _____

Harrington Miller
HARRINGTON | MILLER | KIEKLAK | EICHMANN | BROWN

January 23, 2026

Arkansas State Claims Commission
101 East Capitol Avenue, Ste. 410
Little Rock, AR 72201-3823

RE: Arkansas State Claims Commission Claim Form
Stein Ancillary Services, LLC

Dear Claims Commission:

My firm represents Stein Ancillary Services, LLC. Please find enclosed the Claim Form and supporting documentation related to unpaid invoices sent to the Arkansas Department of Veteran Affairs.

Sincerely,

A. Jordan Whitfield

JW
Enclosures

ARKANSAS STATE CLAIMS COMMISSION
-Claim Form-

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant's Legal Counsel - proceed to section 2) ☐ **(If representing yourself (Pro Se) please check this box and**

Whitfield	A. Jordan	jwhitfield@arkansaslaw.com
(last name)	(first name)	(email)

4710 S. Thompson, Ste. 102	Springdale	AR	72764	(479) 751-6464
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: 2025242 *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

2. Claimant

Stein Ancillary Services, LLC			mhumble@steinltc.com	
(title/last name/first name or company)			(email)	
8520 S. 36th Terrace	Fort Smith	AR	72908	(479) 410-1740
(address)	(city)	(state)	(zip)	(primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

Arkansas Department of Veteran's Affairs

(state agency involved)

4. Incident Date

12/31/23

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

Stein Ancillary Services, LLC ("Stein") and the Arkansas Department of Veteran's Affairs ("VA") entered into a Therapy Services Agreement whereby the VA agreed to pay Stein for services rendered within thirty (30) days of timely submitted invoices. There are three invoices, due December 31, 2023, January 31, 2024, and April 30, 2024, which have outstanding balances. The VA has informed Stein that since the outstanding payments have crossed over two fiscal years, the payment request must be submitted through the Arkansas State Claims Commission.

5a. Check here if this claim involves damage to a motor vehicle. ☐

5b. Check here if this claim involves damage to property other than a motor vehicle. ☐

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage. ☐

All property damage claims require ONE of the following (please attach):
1. **Invoice(s) documenting repair costs, OR**
2. **Three (3) estimates for repair of the damaged property, OR**
3. **An explaination why repair bill(s) or estimate(s) cannot be provided.**

6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved) (license number) (driver)

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information and relevant medical bills in place at the time of the incident.

I do not have health insurance ☐

8. Amount Sought: _____

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____
Claimant

ACKNOWLEDGEMENT

State of _____
County of _____

On this the_____ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____
Signature of Notary Public

[seal of office]

My Commission expires: _____

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned attorney certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a 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.

A. Jordan Whitfield
Claimant Name (must be printed legibly)

Jordan Whitfield
Claimant Signature

Acknowledgement

State of Arkansas

County of Washington

On this the 22nd day of January, 2021, before me, the undersigned notary, personally appeared AJordan Whitfield 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.

Meghan White
Signature of Notary Public

My Commission expires: 3/9/29

[Seal of Office]

STATE OF ARKANSAS NOTARY PUBLIC

MEGHAN WHITE
MY COMMISSION # 12370248
EXPIRES: March 9, 2029
Washington County

STATEMENT

Stein Ancillary Services
8520 South 36th Terrace
Fort Smith, AR 72908

Statement Date: 10/27/2025

	Amount Due:	$ $15,185.20
PLEASE DETACH AND RETURN WITH YOUR REMITTANCE	Amount Enclosed:	$

Effective Date	Description	Units	Amount
11/30/2023	November 2023 Due 12/31/2023. Orig. Amount $15,473.63		$0.01
12/31/2023	December 2023 Due 01/31/2024. Orig. Amount $15,145.78		$15,145.78
3/31/2024	March 2024 Due 04/30/2024. Orig. Amount $17,956.18		$39.41
			$15,185.20

BALANCE DUE $15,185.20

Outlook

FW: Payment Spreadsheet

From Minta Humble <mhumble@steinltc.com>
To derek@steinltc.com <derek@steinltc.com>

Not the answer, I had hoped for in regards to the past due invoice.

Minta Humble
Stein & Associates, LLC
8520 S. 36th Terrace
Fort Smith, AR. 72908
P: 479-410-1740
F: 479-410-1596

From: Kary Rideout <Kary.Rideout@arkansas.gov>
Sent: Wednesday, October 29, 2025 10:12 AM
To: Minta Humble <mhumble@steinltc.com>
Subject: RE: Payment Spreadsheet

Good Morning,

After talking with my CFO, we noticed that the payment in question has crossed over two fiscal years and therefore your payment request will have to go over to Arkansas Claims Commission. We unable to pay past due invoice that have crossed over two fiscal years on the agency level.

The payment was in December 2023, which was Fiscal Year 2024, and we are currently in Fiscal Year 2026. You can place this claim with Arkansas Claims Commission www.arclaimscommission.arkansas.gov by clicking the link and this should take you directly to their website.

Kary Rideout
Procurement Analyst
AR Department of Veterans Affairs
E: Kary.Rideout@arkansas.gov
O: 501-537-9127

From: Minta Humble <mhumble@steinltc.com>
Sent: Wednesday, October 29, 2025 9:34 AM
To: Kary Rideout <Kary.Rideout@arkansas.gov>
Subject: FW: Payment Spreadsheet

Were you able to review the attached statement?

Minta Humble
Stein & Associates, LLC
8520 S. 36th Terrace
Fort Smith, AR. 72908
P: 479-410-1740
F: 479-410-1596

From: Minta Humble <mhumble@steinltc.com>
Sent: Monday, October 27, 2025 5:02 PM
To: 'Kary Rideout' <Kary.Rideout@arkansas.gov>
Cc: 'derek@steinltc.com' <derek@steinltc.com>
Subject: RE: Payment Spreadsheet

Attached is the requested statement. Please let me know if you have any questions.

Thanks,
Minta

Minta Humble
Stein & Associates, LLC
8520 S. 36th Terrace
Fort Smith, AR. 72908
P: 479-410-1740
F: 479-410-1596

From: Kary Rideout <Kary.Rideout@arkansas.gov>
Sent: Monday, October 27, 2025 4:05 PM
To: Minta Humble <mhumble@steinltc.com>
Cc: derek@steinltc.com
Subject: RE: Payment Spreadsheet

Thank you for researching as well.

Now if you can generate me an invoice for the $15,185.20 past due amount, I can get that processed for you before the end of the month. The invoice will help keep our records straight.

Thank you

Kary Rideout
Procurement Analyst
AR Department of Veterans Affairs
E: Kary.Rideout@arkansas.gov
O: 501-537-9127

From: Minta Humble <mhumble@steinltc.com>
Sent: Monday, October 27, 2025 3:48 PM
To: Kary Rideout <Kary.Rideout@arkansas.gov>
Cc: derek@steinltc.com
Subject: RE: Payment Spreadsheet
Importance: High

Kary,

Please review the following attachments. I believe the missed payment stems from the December 2023 invoice and a couple of small differences on the March 24 & November 23 invoices. Please see below for details:

The August 24 payment totaling $15,473.63 was applied on our side to November 23-$0.01, December 2023-$15,145.78, March 24-$39.41 and left a credit of $288.43 on the account. On your end it was intended to pay for the July 24 invoice totaling $15,473.63. This is the reason the July 24 invoice totaling $15,473.63 is showing outstanding on our end, then subtract the credit totaling $288.43 and the past due amount is $15,185.20.

I believe this is the easiest way to explain the outstanding balance. Is this enough for you to issue payment?

Minta Humble
Stein & Associates, LLC
8520 S. 36th Terrace
Fort Smith, AR. 72908
P: 479-410-1740
F: 479-410-1596

From: Kary Rideout <Kary.Rideout@arkansas.gov>
Sent: Monday, October 27, 2025 2:47 PM
To: Minta Humble <mhumble@steinltc.com>
Subject: Payment Spreadsheet

Hey Minta,

Attaches is all the payment that have been made to Stine A over the past three fiscal years. I hope this helps

Kary Rideout
Procurement Analyst
AR Department of Veterans Affairs
E: Kary.Rideout@arkansas.gov
O: 501-537-9127

From: ASCC New Claims
To: Col. Wayne Ruthven (USA-Ret)
Cc: Kathryn Irby
Subject: CLAIM: Stein Ancillary Services v. ADVA, Claim No. 260764
Date: Thursday, March 19, 2026 10:30:00 AM
Attachments: Stein Ancillary Services v. ADVA.pdf
Stein Ancillary Services Claim - 260764.pdf

Dear Mr. Ruthven,

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

Please contact Kathryn Irby with any questions.

Thank you,
Caitlin

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

ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

March 19, 2026

Mr. Wayne Ruthven *(via email)*
Arkansas Department of Veteran Affairs
2401 John Ashley Drive
North Little Rock, Arkansas 72114

RE: ***Stein Ancillary Services v. Arkansas Department of Veteran Affairs***
Claim No. 260764

Dear Mr. Ruthven,

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

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

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: A. Jordan Whitfield, *counsel for Claimant* (w/o encl.) *(via email)*

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

From:	ASCC New Claims
To:	"jwhitfield@arkansaslaw.com"
Bcc:	Kathryn Irby
Subject:	Stein Ancillary Services v. ADVA, Claim No. 260764
Date:	Thursday, March 19, 2026 10:30:00 AM
Attachments:	Stein Ancillary Services v. ADVA.pdf

Dear Ms. Whitfield,

Attached please find a copy of the letter sent with Stein Ancillary Services claim to the Arkansas Department of Veteran Affairs.

Thank you,
Caitlin

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

From: Col. Wayne Ruthven (USA-Ret)
To: Kathryn Irby; ASCC New Claims
Cc: Col. Wayne Ruthven (USA-Ret); Stevie Smith; Marc D. Riley
Subject: FW: CLAIM: Stein Ancillary Services v. ADVA, Claim No. 260764
Date: Thursday, March 19, 2026 10:43:42 AM
Attachments: image001.png
image002.png
image003.png
image004.png
Stein Ancillary Services v. ADVA.pdf
Stein Ancillary Services Claim - 260764.pdf

Caitlin,

On behalf of ADVA, I acknowledge receipt of your email and included documentation.

Best,

Wayne

Col. Wayne Ruthven (USA-Ret)
Deputy Secretary/Chief Of Staff
AR Department of Veterans Affairs
E: Wayne.Ruthven@arkansas.gov
O: 501-683-1643 | **M:** [redacted]

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Thursday, March 19, 2026 10:30 AM
To: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: CLAIM: Stein Ancillary Services v. ADVA, Claim No. 260764

Dear Mr. Ruthven,

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

Please contact Kathryn Irby with any questions.

Thank you,
Caitlin

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

From: Col. Wayne Ruthven (USA-Ret)
To: ASCC Pleadings; Kathryn Irby
Cc: Col. Wayne Ruthven (USA-Ret); Stevie Smith
Subject: Fw: Stein Ancillary Services v. Arkansas Department of Veterans Affairs, Claim # 260764
Date: Monday, March 23, 2026 6:27:19 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image261942.png
image534000.png
image179666.png
image442816.png

Sorry, fund center is [redacted], not [redacted] Thanks

Get Outlook for iOS

ADVA

Col. Wayne Ruthven (USA-Ret)
Deputy Secretary/Chief Of Staff
AR Department of Veterans Affairs
E: Wayne.Ruthven@arkansas.gov
O: 501-683-1643 | **M:** [redacted]

From: Stevie Smith <Stevie.Smith@arkansas.gov>
Sent: Monday, March 23, 2026 6:10:51 PM
To: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Subject: RE: Stein Ancillary Services v. Arkansas Department of Veterans Affairs, Claim # 260764

Sir, if they ask the Fund Center is [redacted]

Stevie Smith
Chief Fiscal Officer
AR Department of Veterans Affairs
E: Stevie.Smith@arkansas.gov
O: 501-683-1862 | **M:** [redacted]

From: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Sent: Monday, March 23, 2026 5:11 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Cc: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>; Stevie Smith <Stevie.Smith@arkansas.gov>; jwhitfield@arkansaslaw.com
Subject: Stein Ancillary Services v. Arkansas Department of Veterans Affairs, Claim # 260764

Kathryn,

The Arkansas Department of Veterans Affairs (ADVA) agrees we owe Stein Ancillary Services a total of $15,185.20 for unpaid services provided during the period Nov 2023, Dec 2023, and Mar 2024 and invoiced on 11/30/23, 12/31/23, and 03/31/24.

The follow required information is provided:

Fund: [redacted]
Fund Center [redacted]
Cost Center [redacted]
[redacted] Penalties and Interest

ADVA POCs are Stevie Smith, CFO or the undersigned.

Sincerely,

Wayne

ADVA

Col. Wayne Ruthven (USA-Ret)
Deputy Secretary/Chief Of Staff
AR Department of Veterans Affairs
E: Wayne.Ruthven@arkansas.gov
O: 501-683-1643 | **M:** [redacted]

From: Col. Wayne Ruthven (USA-Ret)
To: Kathryn Irby; Stevie Smith
Subject: Re: ADVA 9915
Date: Thursday, March 26, 2026 7:29:50 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image241050.png
image536030.png
image692355.png
image833792.png

Thanks Kathryn, I was thinking the amount was under $15K, but I was mistaken. Just our luck ours exceed the threshold by just over a $100.

Get Outlook for iOS

ADVA

Col. Wayne Ruthven (USA-Ret)
Deputy Secretary/Chief Of Staff
AR Department of Veterans Affairs
E: Wayne.Ruthven@arkansas.gov
O: 501-683-1643 | **M:** [redacted]

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Thursday, March 26, 2026 7:24:03 PM
To: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>; Stevie Smith <Stevie.Smith@arkansas.gov>
Subject: RE: ADVA 9915

Col. Ruthven, if this claim is approved by the Commission, which I expect it to be since the claim is undisputed, the Commission will enter an order approving the claim and sending to the Legislature for review, approval, and placement on an appropriations bill. This is a multi-step process when the amount involved is over $15k.

Kathryn Irby

From: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Sent: Thursday, March 26, 2026 7:01 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Stevie Smith <Stevie.Smith@arkansas.gov>
Subject: Re: ADVA 9915

Stevie and Kathryn, I previously submitted the ADVA reply so, based on info below it would appear we have nothing else to do/submit and it does not go to Legislature, correct? Thanks

Get Outlook for iOS

Col. Wayne Ruthven (USA-Ret)
Deputy Secretary/Chief Of Staff
AR Department of Veterans Affairs
E: Wayne.Ruthven@arkansas.gov
O: 501-683-1643 | M: [redacted]

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Thursday, March 26, 2026 5:07:07 PM
To: Stevie Smith <Stevie.Smith@arkansas.gov>
Cc: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Subject: RE: ADVA 9915

Not other than the answer filed. We are in the process of submitting this claim to the Commission for an order. I expect to have an order to circulate to the parties by mid-April.

Kathryn Irby

From: Stevie Smith <Stevie.Smith@arkansas.gov>
Sent: Thursday, March 26, 2026 5:05 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: Col. Wayne Ruthven (USA-Ret) <Wayne.Ruthven@arkansas.gov>
Subject: RE: ADVA 9915

Are you needing anything from ADVA?

Stevie Smith
Chief Fiscal Officer
AR Department of Veterans Affairs
E: Stevie.Smith@arkansas.gov
O: 501-683-1862 | M: [redacted]

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Thursday, March 26, 2026 5:03 PM
To: Stevie Smith <Stevie.Smith@arkansas.gov>
Subject: RE: ADVA 9915

Mr. Smith, with an undisputed claim, I submit it to the Commission for an order once the agency has file its response. If the amount is over $15k, it also has to be approved by the Legislature and put on an appropriations bill to be paid.

Kathryn Irby

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

From: Stevie Smith <Stevie.Smith@arkansas.gov>
Sent: Monday, March 23, 2026 11:39 AM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: RE: ADVA 9915

If we have a claim that we do not dispute, do I just send the amount and funding structure to you? Or who gets the appropriation on a bill? Sorry I am new and want to understand the process.

Stevie Smith
Chief Fiscal Officer
AR Department of Veterans Affairs
E: Stevie.Smith@arkansas.gov
O: 501-683-1862 | **M:** [redacted]

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Monday, March 23, 2026 8:15 AM
To: Stevie Smith <Stevie.Smith@arkansas.gov>
Subject: Re: ADVA 9915

Mr. Smith, I would assume DFA would have that information. I do not know.

Kathryn Irby

Get Outlook for iOS

From: Stevie Smith <Stevie.Smith@arkansas.gov>
Sent: Friday, March 20, 2026 4:16:50 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: ADVA 9915

Can you tell me who/if there is a agency's bureau analyst for ADVA?

Stevie Smith
Chief Fiscal Officer
AR Department of Veterans Affairs
E: Stevie.Smith@arkansas.gov
O: 501-683-1862 | **M:** [redacted]

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

STEIN ANCILLARY SERVICES **CLAIMANTS**

V. **CLAIM NO. 260764**

ARKANSAS DEPARTMENT OF VETERAN AFFAIRS **RESPONDENT**

ORDER

Now before the Arkansas State Claims Commission (the "Commission") is the claim filed by Stein Ancillary Services (the "Claimant") against the Arkansas Department of Veteran Affairs (the "Respondent") for an unpaid bill in the amount of $15,185.20.

Respondent filed an answer on March 23, 2026, recommending payment in the amount of $15,185.20.

The Arkansas State Claims Commission (the "Commission") unanimously allows this claim in the amount of $15,185.20 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, chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: April 9, 2026

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).