ARKANSAS CLAIMS COMMISSION

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

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

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.

Mrs. Hale Courtney [redacted]

(title last name/compan first name (email)

106 S Main St

(address)

Monticello AR 71655- [redacted]

(city) (state) (zip) (primary phone)

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. § 25-44-222 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)

(address) AR bar number

(city) (state) (zip) (primary phone)

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. § 25-44-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Arkansas Division of Correction

4. Incident Date 8/13/2026

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.

Drew County has 3 ADC County Jail Reimbursement checks from the Arkansas Department of Corrections that was filed and never cashed. I found the checks because we are having an audit and they say this warrant void after June 30th, 2026. We are trying to get the checks reissued so we can cash them. Warrant #W [redacted] Invoice # [redacted]

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. § 25-44-302 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. § 25-44-302 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. § 25-44-222 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: _____

Arkansas
State Claims Commission
AUG 2 1 2026
RECEIVED

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.

Courtney Hale
Claimant Name (must be printed legibly)

Courtney Hale
Claimant Signature

Acknowledgement

State of Arkansas

County of Drew

On this the 18 day of Aug, 2026 before me, the undersigned notary, personally appeared Courtney Hale 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.

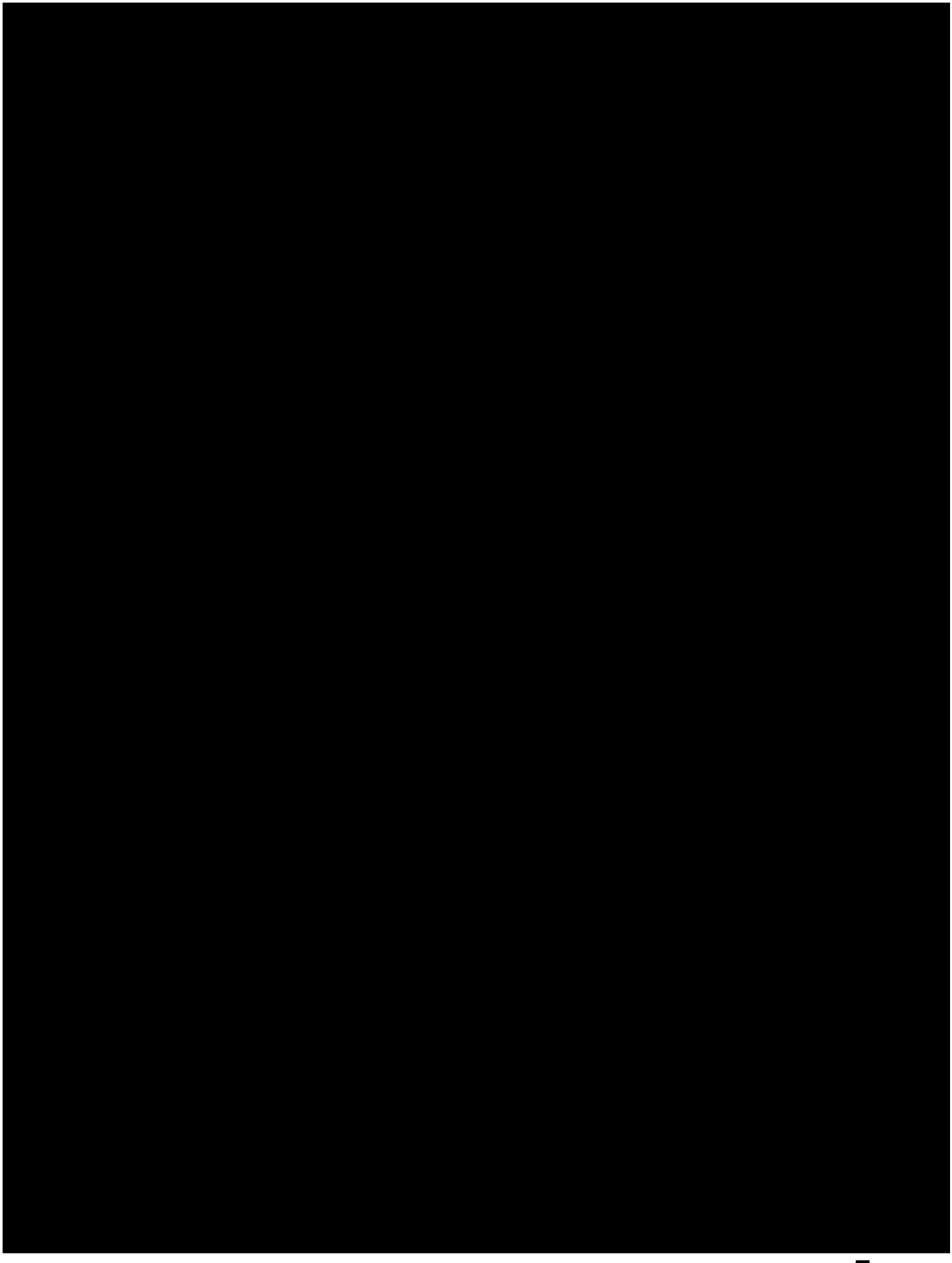
In witness whereof I hereunto set my hand and official seal.

Becky Gipson
Signature of Notary Public

[Seal of Office]

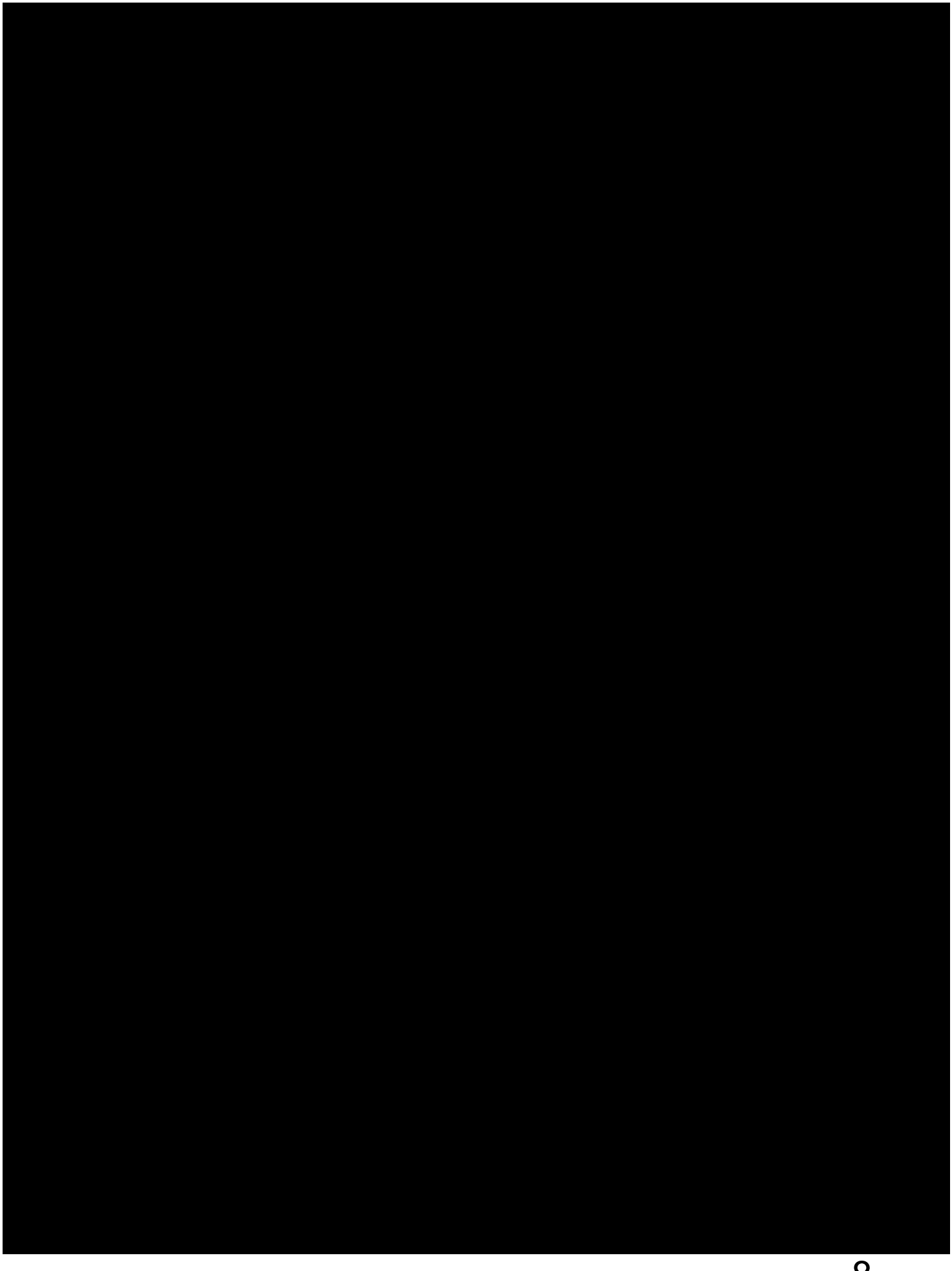
BECKY GIPSON
NOTARY PUBLIC
ARKANSAS
COMMISSION
NO. 12714354
EXPIRATION
APRIL 30, 2031

My Commission expires: 04-30-2031

















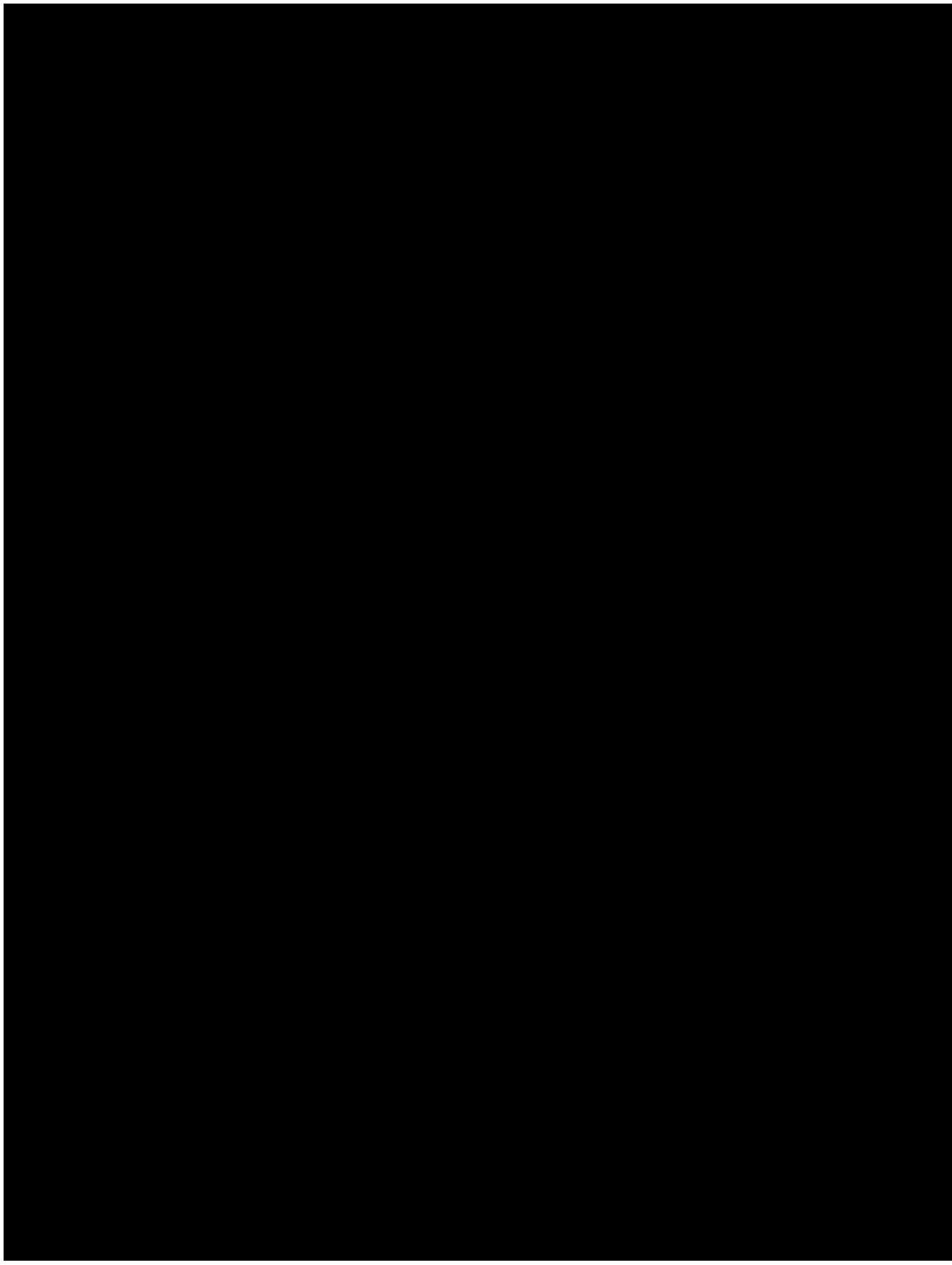












ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 9/11/2026

Warrant: [redacted]

Name of Payee: Drew County Office of the Sheriff

Amount: $36,200.00

Upon checking with Rick 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

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

September 28, 2026

Drew County Office of the Sheriff
c/o Courtney Hale
106 South Main Street
Monticello, Arkansas 71655

RE: **Claim No. 270193** – Reissuance of Check No. [redacted]

Dear Ms. Hale,

The Claims Commission received notification from the Arkansas Department of Corrections 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.

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

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

From: [redacted]
To: ASCC New Claims
Subject: Claims for Drew County
Date: Tuesday, October 20, 2026 9:20:51 AM
Attachments: Claims.pdf

You don't often get email from [redacted]. Learn why this is important

CAUTION: External Email

Please see attached for Drew County Detention Facility. I have also put the originals in the mail.

Thank you,

Courtney Hale-Administrator
DCDF
106 S. Main St.
Monticello, AR 71655
870-460-6215- Booking
870-460-6218- Direct Line

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 Drew County Detention Facility (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 resonable opportunity for further investigation or discovery.

Courtney Hale
Name of Representative of Business Entity
(must be printed legibly)

Courtney Hale
Signature of Representative

ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 15th day of October, 2026 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.

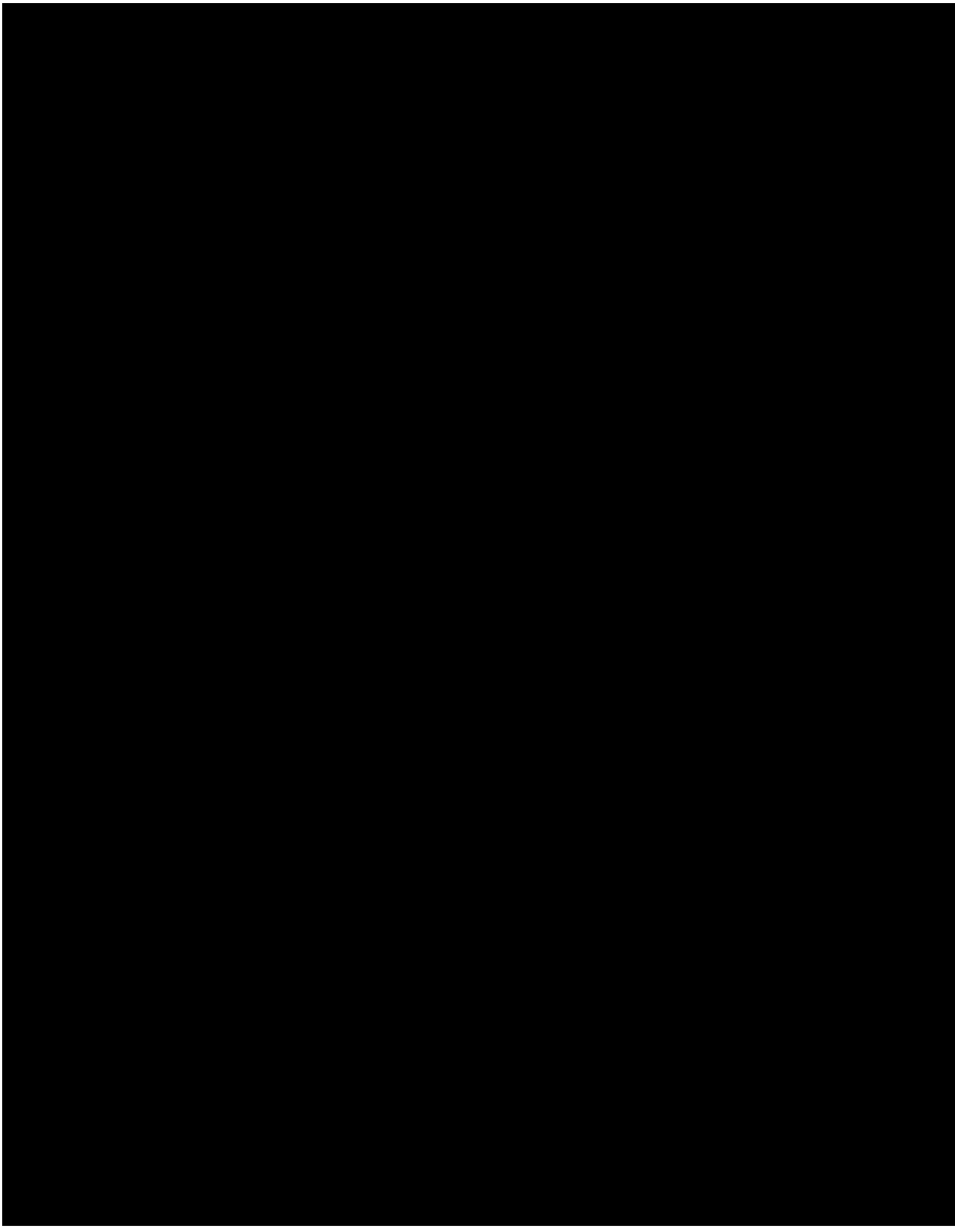
In witness whereof I hereunto set my hand and official seal.

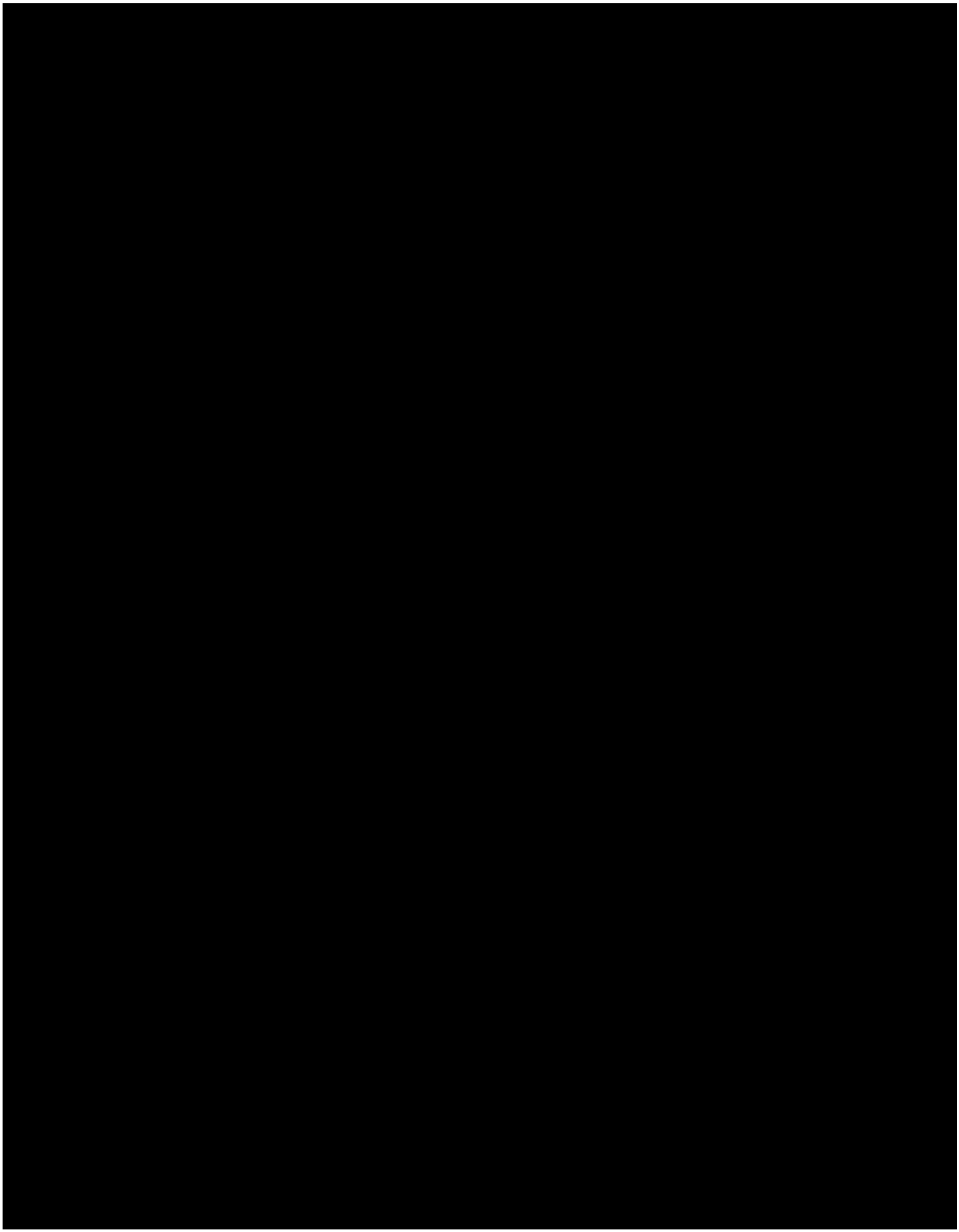
Caci Wilkerson
Signature of Notary Public

[seal of office]

My Commission Expires: November 22, 2031

CACI WILKERSON
NOTARY PUBLIC-STATE OF ARKANSAS
DREW COUNTY
COMM. #12717045 EXP. NOVEMBER 22, 2031





ARKANSAS CLAIMS COMMISSION

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

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

COMPLAINT

1. Claimant

Drew County Office of the Sheriff	[redacted]		
(title/last name/first name)	(email)		
106 South Main Street			
(address)			
Monticello	AR	71655-	(870) 460-6215
(city)	(state)	(zip)	(primary phone)

2. State Agency Involved

Arkansas Department of Corrections

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [redacted] ate 01-06-2025 payable to Drew County Office of the Sheriff in the amount of $36,200.00 payable from the Arkansas Department of Corrections. 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 4, 2026.

4. Amount Sought: $36,200.00

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 Drew County Detention Facility (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 resonable opportunity for further investigation or discovery.

Courtney Hale
Name of Representative of Business Entity
(must be printed legibly)

Courtney Hale
Signature of Representative

ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 15th day of October, 2024, 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.

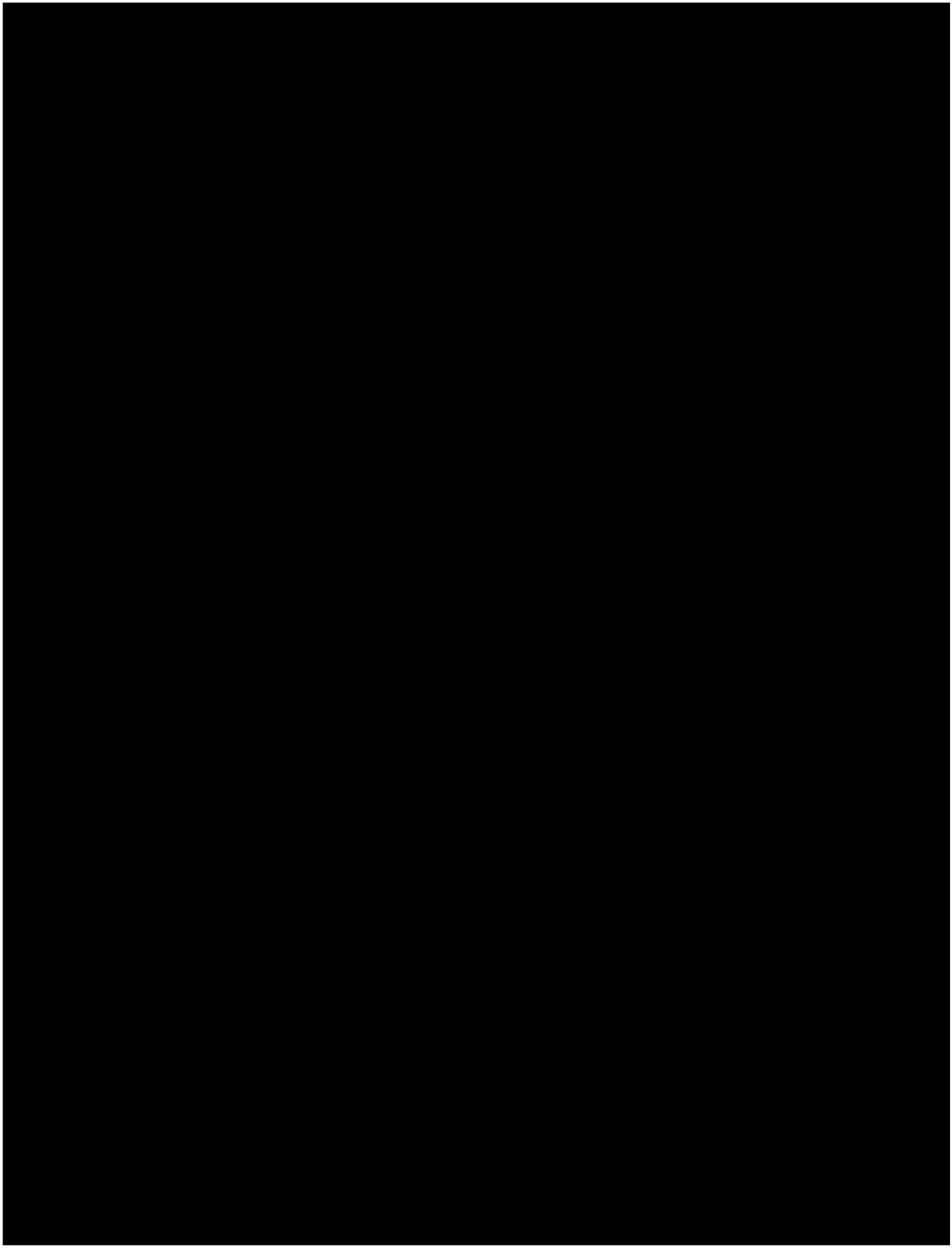
In witness whereof I hereunto set my hand and official seal.

Caci Wilkerson
Signature of Notary Public

[seal of office]

My Commission Expires: November 22, 2031

CACI WILKERSON
NOTARY PUBLIC-STATE OF ARKANSAS
DREW COUNTY
COMM. #12717045 EXP. NOVEMBER 22, 2031



ARKANSAS CLAIMS COMMISSION

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

Arkansas
State Claims Commission
OCT 31 2026
RECEIVED

COMPLAINT

1. Claimant

Drew County Office of the Sheriff [redacted]

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

106 South Main Street

(address)

Monticello AR 71655- (870) 460-6215

(city) (state) (zip) (primary phone)

2. State Agency Involved

Arkansas Department of Corrections

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [redacted] date 01-06-2025 payable to Drew County Office of the Sheriff in the amount of $36,200.00 payable from the Arkansas Department of Corrections. 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 4, 2026.

4. Amount Sought: $36,200.00

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 Courtney Hale / Drew County Detention (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 resonable opportunity for further investigation or discovery.

Courtney Hale
Name of Representative of Business Entity
(must be printed legibly)

Courtney Hale
Signature of Representative

ACKNOWLEDGEMENT

State of Arkansas
County of Drew

On this the 15th day of October, 2026 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.

Caci Wilkerson
Signature of Notary Public

[seal of office]

My Commission Expires: November 22, 2031

CACI WILKERSON
NOTARY PUBLIC-STATE OF ARKANSAS
DREW COUNTY
COMM. #12717045 EXP. NOVEMBER 22, 2031

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DREW COUNTY OFFICE OF THE SHERIFF **CLAIMANT**

V. **CLAIM NO. 270193**

ARKANSAS DEPARTMENT OF CORRECTIONS **RESPONDENT**

ORDER

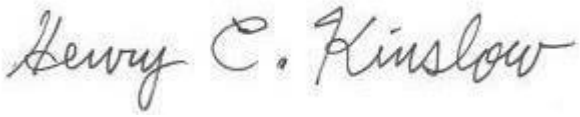
This claim was filed by Drew County Office of the Sheriff (the "Claimant") requesting reissuance of outdated warrant no. [redacted] (the "Warrant") in the amount of $36,200.00 payable from the Arkansas Department of Corrections.

The Arkansas State Claims Commission (the "Commission") unanimously allows this claim in the amount of $36,200.00 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: November 6, 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).