

STATE OF ARKANSAS BUREAU OF LEGISLATIVE RESEARCH

Marty Garrity, Director

Kevin Anderson, Assistant Director for Fiscal Services

Matthew Miller, Assistant Director for Legal Services

Jessica Whittaker, Assistant Director for Research Services

Eric Sanders, Assistant Director for Information Technology Services

Claims Review/Litigation Reports Oversight Subcommittee of the Arkansas Legislative Council Claims Subcommittee of the Joint Budget Committee Statement of Redaction of Confidential Information

Style of Case: SHI Int'l Corp. v. Admin. Off. of the Courts

Docket Number: Claim No. 242046

Type of Matter (please circle one):

Claims Review

Litigation Reports Oversight

As indicated by my signature below:

- I acknowledge that documents submitted to the Subcommittee may be published or disseminated by the Subcommittee for purposes of its consideration and those documents that are published or disseminated by the Subcommittee will be considered subject to disclosure under the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq.
- I further acknowledge that it is my responsibility to review each document submitted to the Subcommittee and make any necessary redactions.
- I certify that I have reviewed each document submitted herein and have redacted all confidential information excluded from public access by Arkansas Supreme Court Administrative Order No. 19, § VII, and the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq., including without limitation an individual's home address, personal email address, personal phone number, date of birth, social security number, information identifying a minor child, medical records, and financial account numbers.
- If a redacted document has been submitted, I have also included a non-redacted copy of the same document that may be considered exempt from disclosure under Arkansas Code § 25-19-105.

Signature

Kathryn Irby

Name

Ark. State Claims Commission, director Title and Agency

January 13, 2025

Date

One Capitol Mall, 5th Floor, Little Rock, AR 72201 | Phone: (501) 682-1937

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.

| Shirinter | national Corp | | | | | |
|------------|----------------------|----------------------------|---|--------------------------------|---------------------------|--|
| (title | last name/com | ipan fi | irst name | (emai | 1) | |
| 290 Davi | dson Avenue | | | | | |
| (address |) | | | | | |
| Somerse | t | | NJ | 08873- | | |
| (city) | | | (state) |) | (zip) | (primary phone) |
| 2. Claima | ant's Legal Counsel | is known 19-10-22 | as proceeding 2 for information Claim. If a claim | pro se). Pleas on about whe | se review en a busir | wn attorney (which Ark. Code Ann. § ness entity may file se, this section may |
| (title) | (last name |) (fir | st name) | | (ema | ail) |
| (address |) | | | | | AR bar numbe |
| (city) | | | | (state) | (zip) | (primary phone) |
| 3. State / | Agency Involved. | Arkansas. P including A | Please review the rk. Code Ann. § 1 mation. This info | Commission' 19-10-204 and | s jurisdicti Ark. Code | encies of the State of onal statutes, e Ann. § 21-5-701, for any claim filed at the |
| Administ | rative Office of the | e Courts | | | | |
| 4. Incide | nt Date 5/9/2023 | | | | | |
| | on of Incident | | | | | |
| 5. Locati | | | | | | |

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.

This claim is being filed for the reissuance of warrant **# and the second secon**

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 June 24, 2024

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 perso | nal injuries, please CHECK HER | E |
| 13. Health insurance coverage. | | uire a copy of your health insurance ne of the incident. Please review Ark. pre information. |
| **If you did NOT have healt | h insurance on the date of the | incident, CLICK HERE |
| 14. Amount of Damages, if know | wn: \$18,672.56 | |

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 | |
|----------|--|
| 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:

| | B.1 |
|---|------------|
| ARKANSAS STATE CLAIMS COMMISSION Phone #682-1619 - Fax #682-2823 NOTICE OF LOST OUTDATED WARRANT(S) | |
| Part I The records of the Admin Office of Hu Courts of Arkansas, Phone # 501 | |
| Agency Address 625 Marshall Street, Little Rock, A | e 72201 |
| Reflect that SHI International Corp | |
| 290 Davidson Ave Payees Somerset | 1 |
| New Jersey, 08873, was/wer State Zip Code | e issued |
| State Warrant number , dated | , |
| in the amount of \$ 10,672.56 (2,157.44), the same being in payment | |
| off Voucher No, Agency No, | |
| Appropriation No. See Below, Character Code, | |
| Fund Code See Below, Social Security No, or | |
| if corporation-Federal Tax ID No | |
| Also, please furnish your current Business AreaFund CodeCost | Center |
| Grouj & Fund Center | |
| Lake the Smith Middleton | |
| Agency Disbursing Officer's Full Name (please print) | |
| Agency Disbursing Officer's Signature | 24 2024 |
| 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. | |
| | ed 4/27/06 |

| | | | B.I |
|---|---|---|-----------------------------------|
| | P2 | -19-4-403 | Clear Form |
| | AFFIDAVIT OF | FORGED WARRANT | Print |
| The records of the | Administrative (| Office of the Courts cf Ark | ansas |
| | Ag | lency | unous |
| | I INTERNATIONAL active as original warrant | L CORPwas issued Wa | rrant number |
| 2024 | Dated | , in the amount of \$_2, | 157.44, the |
| Year Warrant Numb | | Date | |
| same being in payment | tof | | |
| same being in payment | | ency # Fund Certer Commitment Item | Fund |
| | | | |
| Social Security # | Gross Pay | Withholding | |
| social coounty in | Crossing | | |
| Address - Payroll Only | | 0 | |
| 501-682-9400 | | Pub Sc | to Middleton |
| Daytime Telephone # | | A Disbursing Office | Lulac Jan 4 |
| | | | 412510007 |
| OHT | ternation | 0.00 | |
| We, OIL In Pavee (s) | resnanon | al corp, sta | ate that: |
| 3. I have not aut 4. I have no kno person having 5. If this warrant 6. The endorsen X A A A A Paylee Signature 90 Davids | wledge of the where g received cashed o | son to sign my name to the warra eabouts of the warrant or of any o or endorsed the warrant. yment, the endorsement is a forg orgery. Second Payee Signature | ery. |
| Address | - 0.0 1000 | Address | |
| Domerset, N | 08813 | | |
| City, State, Zip Code / | | Ci:y, State, Zip Code | |
| Daytime Telephone #_ | 184 4567717 | Daytime Telephone # | # |
| executed the foregoing | instrument and ack | nown to be the persons described nowledged that they signed, sea eed for the purpose therein menti | l in and who led, executed and |
| | anna p | - Xuly Nuc | a |
| KIMBERLY Commission | # 50135585 | Notary Sig | |
| Notary Public, Stal | te of New Jersey | NCTARY PUBLIC | merset MS |
| August 2 | 5, 2025 | My commission expire | County 25/25 State |
| Notary | Stamp | My commission expire | |

| | | | | | B.1 |
|--|---------------------|--------------------------------------|------------------------|--------------------------------|--|
| | | | | | Clear Form |
| Bo | ond for Reis | suing Wa State of Arka | | P5-19-4-403) | Print |
| Warrant Number to be R | eissued | | | Warrant Amount | \$ 2,157.44 |
| Paying State Agency | Admin. Offi | ice of the Cour | ts | Phone Numper | (501) 410-1954 |
| Agency Contact | Lakesha S | mith-Middle | ton | | |
| Know by all men by these | presents that we th | e undersigned, | - | | |
| | | and | | | |
| as pay | ee(s) | | | as his suret | y |
| are held and firmly bound The condition of this obliga | | | ım of: | | e double the sum of if second reissue.) |
| | | has (check | one): | | |
| Payee I | | Stolen | | Failed | to receive |
| a certain Arkansas State \ Witness Our Hands First Payee Taxpayer Ider | on this | day of | D): | , 20 | |
| First Paye | e Name | | <u>x</u> | First Payee Sigr | nature |
| Payee Mailir | ng Address | | | Payee Phone No | umber |
| | | If Applica | ble | | |
| Second Payee Taxpayer I | dentification Numb | er (SSN or Fede | ral ID): X | | |
| Second Pa | vee Name | | | Second Payee Si | gnature |
| Surety must | be 18 years of age | e or older and n | x Mad | neone other than the | payee(s) |
| Mother Decke Surety Name (Printe | | | 11 11 1100 | Surety Signat | ure |
| | = Someset, NJ | 08873 | 484 | - 456 - 7719 Surety Phone N | AND ADDRESS OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER O |
| Surety, after first being d | • | hat his real and p for the bonded | ersonal pro amount. | | |
| Subscribed and s | worn before this | 18. | _ day of | afence: 20 | - des |
| KIMBERLY D Commission # Notary Public, State My Commissio August 25, | n Expires | Му | | Notary Public Sign Expires: | gnature 812512.S |

1

| | ARKANSAS STATE CLAIMS COMMISSION Phone #682-1619 – Fax #682-2823 |
|---|--|
| Part I | NOTICE OF LOST OUTDATED WARRANT(S) |
| The records of the | Admin Office of the Courts of Arkansas, Phone # 50/-682-940 |
| Agency Address | 625 Marshall Street, Little Rock, AR 72201 |
| Reflect that S | HI International Corp. |
| 290 Davidso | n Ave Payee/Payees, Somerset, |
| Payee's Add New Jer State | dress |
| State Warrant num | 9,907 910 |
| in the amount of S_ | 18,672.56, the same being in payment |
| of Voucher No | , Agency No, |
| Appropriation No. | See Below, Character Code, |
| Fund Code See F | |
| a unu cout ace L | Below, Social Security No, or |
| 11 | |
| if corporation-Feder | ral Tax ID No: |
| if corporation-Feder | |
| if corporation-Feder Also, please furnish | ral Tax ID No: your current Business AreaFund CodeCost Cente |
| if corporation-Feder Also, please furnish | ral Tax ID No: |
| if corporation-Feder Also, please furnish | vour current Business Area Fund Code Cost Center & Fund Center Laketha Smith Middleton |
| if corporation-Feder Also, please furnish | ral Tax ID No: your current Business Area Fund CodeCost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) |
| if corporation-Feder Also, please furnish | ral Tax ID No: your current Business Area Fund Code Cost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Rake Smith Middleton) 6/24/2024 |
| if corporation-Feder | ral Tax ID No: your current Business Area Fund CodeCost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) |
| if corporation-Feder Also, please furnish Grou Part II | ral Tax ID No: your current Business Area & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature STATEMENT OF FORGERY |
| if corporation-Feder Also, please furnish Grou Part II | ral Tax ID No: your current Business Area Fund Code Cost Cente & Fund Center Lakedra Smith Middleton Agency Disbursing Officer's Full Name (please print) Kard Smith Middleton Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei | ral Tax ID No: your current Business Are: Fund Code Cost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: wed and lost. |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei 2. I/we did n | ral Tax ID No: your current Business Area Fund Code Cost Cente & Fund Center Lakedra Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: wed and lost. |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei 2. I/we did n 3. I/we have | ral Tax ID No: your current Business Are: Fund CodeCost Center & Fund Center Laketha Smith Middleth Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: wed and lost. not authorized another person to sign my/our name(s) to |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei 2. I/we did n 3. I/we have the warrs | ral Tax ID No: your current Business Are: Fund Code Cost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Market Middleton Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: wed and lost. not authorized another person to sign my/our name(s) to ant. |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei 2. I/we did n 3. I/we have the warrs 4. I/we have | ral Tax ID No: your current Business Are: & Fund Center |
| if corporation-Feder Also, please furnish Grou Part II I/We1. I/we recei 2. I/we did n 3. I/we have the warra 4. I/we have Person ha | ral Tax ID No: your current Business Are: Fund Code Cost Center & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Market Middleton Agency Disbursing Officer's Signature STATEMENT OF FORGERY (FORGED WARRANTS ONLY) , state that: wed and lost. not authorized another person to sign my/our name(s) to ant. |

| | | | B.1 |
|---------------------------------------|------------------------------------|--|-----------------|
| | P2 | 2-19-4-403 | Clear Form |
| | AFFIDAVIT OF | FORGED WARRANT | Print |
| The records of the | | Office of the Courts of Arka | ansas |
| reflect that SH | | L CORP was issued War | rant number |
| | actly as original warrant Dated | , in the amount of \$ 16,9 | 19.90791 |
| Year Worrent Num | Dated | | inerio, ule |
| same being in paymer | it of | | |
| | | ency# Fund Center Commitment Item | Fund |
| | | | |
| Social Security # | Gross Pay | Withhold ng | |
| Address - Payroll Only | | 0 | |
| 501-682-9400 | | Javol that | He Middleth |
| Daytime Telephone # | | Disbursing Officer | 4125/2024 |
| | | | 112014021 |
| INVE SHE DA | temation | ral Como sta | te that: |
| Payee (s) | | | |
| CHECK APPROPRIAT | FELY - ALL THAT A | PPLY | |
| X 1. I received an | d lost. | | |
| | ive, endorse nor cas | | |
| | | son to sign my name to the warra | |
| | | eabouts of the warrant or of any ot | ner |
| | | r endorsed the warrant. yment, the endorsement is a forge | nv. |
| | ment on same is a fo | | iy. |
| | | ngery. | |
| x ballan | 0 | | |
| Payee Signature | ٨ | Second Payee Signature (| If Applicable) |
| 290 Drividsi | nAve | | |
| Address | <u>//(//</u> C | Acdress | |
| Inmarcot A | 15 08873 | | |
| City, State, Zip Code | 15 000 | City, State, Zip Coce | |
| | | | |
| Daytime Telephone #_ | 484-4567+1 | Daytime Telephone # | mananally |
| ON THIS THE | DAY OF | Oune, 2024 before | in and who |
| appeared DKyAN | they and and ack | own to be the persons described mowledged that they signed, seale | ed executed and |
| delivered the same as | their free act and de | ed for the purpose therein mentio | ned. |
| Buchedard and a state | and and a second | | 1 |
| KIMBERLY D Commission # 5 | 50135585 | X which D. | unt |
| Notary Public, State My Commission | of New Jersey | Notaer Sign | |
| August 25, | 2025 | NOTARY PUBLIC | ounty State |
| 000000000 | | My commission expires | August 25,2025 |
| Notary | Stamp | | |

| | | | | | Clear Form |
|--|--|---------------|---------------------------------|-------------------------|--|
| В | ond for Rei | | g Warrant f Arkansas | (P5-19-4-40 | 3) Print |
| Warrant Number to be R | leissued | State 0 | I Alkalisas | Warrant Amo | unt \$ 16,916.16 |
| Paying State Agency | Admin. Of | ffice of the | Courts | Phone Number | (FOA) 440 40F4 |
| Agency Contact | Lakesha | Smith-M | iddleton | _ | |
| Know by all men by these | presents that we t | the undersi | aned | _ | |
| | processies mat no t | | and ` | | |
| as pay | ee(s) | • | | as his s | urety |
| are held and firmly bound | unto the State of / | Arkansas in | the sum of: | | |
| The condition of this oblig | ation is that the sa | id payee, | | | ust be double the sum of iple if second reissue.) |
| | | has | (check one): | | |
| Payee | Name | - | | | |
| L Lo | ost | | Stolen | Fá | iled to receive |
| a certain Arkansas State | Warrant number as | s listed be d | w by the Paying | g State Agency | |
| Witness Our Hands | on this | da | y of | | |
| First Payee Taxpayer Ider | ntification Number | (SSN or Fe | deral ID): | | |
| | | | X | | |
| First Paye | e Name | | | First Payee | Signature |
| Payee Mailir | ng Address | | | Payee Phon | e Number |
| | | lf A | pplicable | | |
| Second Payee Taxpayer | dentification Numb | ber (SSN or | Federal ID): | | |
| 4 | | | X | | |
| Second Pay | | | | Second Payer | |
| Surety must | be 18 years of ag | e or older | and must be se | omeone other than | the payee(s) |
| | shaban | | X | Sevala | |
| 20 Davidsov | |) | | Surety Sig | |
| Compriset N. | F 08873 | | 4 | 84-456-7 | |
| Surety Mailin | ng Address | | | Surety Phon | |
| Surety, after first being d | uly sworn, states t | hat his real | and personal p onded amount. | roperty is sufficient t | o meet the requirements |
| | | tor the p | | 1 | a |
| Subscribed and s | a a a a a a d | | 8 day of | yone | 20 27 |
| KIMBERLY Commission Notary Public, Sta My Commiss August 2 | D WALLS # 50135585 ite of New Jersey sion Expires 25, 2025 | | xX | Notary Public | Signature |
| | Stamp | | My Commissi | n Expires: | 0100109 |

| The records of the Admin Office of Ha Cauris of Arkansas, Phone # 50/-682-9400 Agency Address [0.25] Marshall Street, Little Rok, AR. 72201. Reflect that SHI International Corp. Payee's Address Somerset,,,,,,,, . | | | B.1 |
|---|--|---|-------------------|
| Part I The records of the <u>Admin Office of the Courts of Arkansas</u> , Phone # <u>501-682</u> -9400 Agency Address <u>L25 Marshall Street</u> , <u>Little Rok, AR 72201</u> , Reflect that <u>SHI International Corp</u> Payee/Payee's Address <u>Payee's Address</u> , <u>D8873</u> , was/were issued State <u>State</u> , <u>address</u> | Phone #682-1619 | – Fax #682-2823 | |
| Reflect that SHI International Corp Payee's Address Somerset Payee's Address Somerset State JOPSH Payee's Address JOPSH State JOPSH State State Payee , Agency No. Payee , or Forporation No. See Below , Character Code Fund Code See Below , Social Security No. State State Middlef Agency Disbursing Officer's Full Name (please priot) Agency Disbursing Officer's Signatore Pa | | | |
| Payee/Payees Somerset Payee's Address Somerset New Jorsey D88 +3 State Zip Code State Jorsey Appropriation No. See Below Character Code Fund Code See Below Social Security No. | Agency Address 625 Marshal | 1 Street, Little | e Rock, AR 72201 |
| STOP Day IdSon Alve , Somerset Payee's Address , Dterministic City State Zip Code State Zip Code State , dated atted Warrant numbers , dated atte Warrant numbers , dated atte Warrant numbers , dated atte warrant of \$ 10, 670.56 (%, 601.16) , the same being in payment Appropriation No. See Below , Character Code Appropriation-Federal Tax ID No. | | | |
| Payce's Address State | 290 Dovidson Ave, Payeen | Somerget | |
| State Zip Code State Warrant numbers | , Payee's Address | | |
| State Warrant numbers, dated, ated, ated, ated, the same being in payment of \$ 10,672.56 (0,071.10), the same being in payment of Voucher No, Agency No, Agency No, Agency No, or, Agency No, or, or, or, or, corporation-Federal Tax ID No, or, or, or, asso, please furnish your current Business Area, und Code, cost Center, Agency Disbursing Officer's Full Name (please print), Agency Disbursing Officer's Signature, Agency Disbursing Officer's Signature, b(244 2024 Agency Disbursing Officer's Signature, state that:, state that:, state that:, state that:, state that:, three not authorized another person to sign my/our name(s) to the warrant, When this warrant was cashed, the endorsement was a forgery. | | 000+3 | , was/were issued |
| as the amount of \$ 10, 672.56 (2, 607.16), the same being in payment A Voucher No, Agency No, Appropriation No. See Below, Character Code, Fund Code See Below, Social Security No, or f corporation-Federal Tax ID No, Also, please furnish your current Business Are:und CodeCost Center Group & Fund CenterAgency Disbursing Officer's Full Name (please print) Also, Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature Part IIState 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 endorseent was a forgery. | State Zip | Code | |
| A Voucher No, Agency No, Appropriation No. See Below, Character Code, Fund Code See Below, Social Security No, or f corporation-Federal Tax ID No Also, please furnish your current Business Are:und CodeCost Center Group & Fund Center Laked Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //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 endorseed the warrant. 5. When this warrant was cashed, the endorseement was a forgery. | State Warrant number | , dated | * |
| A Voucher No, Agency No, Appropriation No. See Below, Character Code, Fund Code See Below, Social Security No, or f corporation-Federal Tax ID No Also, please furnish your current Business Are:und CodeCost Center Group & Fund Center Laked Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //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 endorseed the warrant. 5. When this warrant was cashed, the endorseement was a forgery. | in the amount of \$ 18,672.56 (| , the same being in | payment |
| Fund Code See Below, Social Security No. , or f corporation-Federal Tax ID No. | | | |
| f corporation-Federal Tax ID No. | Appropriation No. See Below, Character (| Code | <u> </u> |
| Also, please furnish your current Business Area und Code Cost Center Group & Fund Center | Fund Code See Below, Social Security N | lo. | , or |
| Also, please furnish your current Business Area und Code Cost Center Group & Fund Center | Commention Redevel Top ID No. | · · · · · · · · · · · · · · · · · · · | |
| Group & Fund Center Laketha Smith Middleton Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We | n corporation-rederat 121 10 100 | | |
| Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We, state that: , state that: , state that: , live did not receive, endorse nor cash. , live have not authorized another person to sign my/our name(s) to the warrant. , the warrant or of any other Person having received, cashed or endorsed the warrant. , When this warrant was cashed, the endorsement was a forgery. | Also, please furnish your current Business Are | und Code | Cost Center |
| Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We, state that: , state that: , state that: , live did not receive, endorse nor cash. , live have not authorized another person to sign my/our name(s) to the warrant. , the warrant or of any other Person having received, cashed or endorsed the warrant. , When this warrant was cashed, the endorsement was a forgery. | Group & Fund Center | | |
| Agency Disbursing Officer's Full Name (please print) Agency Disbursing Officer's Signature Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We, state that: , state that: | | In the Add | stor.) |
| Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We | | 1 4 4 1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Agency Disbursing Officer's Signature Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We | | | |
| Part II STATEMENT OF FORGERY (FORGED WARRANTS ONLY) //We | Jakul O | | 100 012412024 |
| <pre>(FORGED WARRANTS ONLY) //We</pre> | | | |
| J. I/we received and lost. 1. 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. | | | |
| I/we received and lost. I/we did not receive, endorse nor cash. I/we have not authorized another person to sign my/our name(s) to the warrant. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant. When this warrant was cashed, the endorsement was a forgery. | | | |
| I/we did not receive, endorse nor cash. I/we have not authorized another person to sign my/our name(s) to the warrant. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant. When this warrant was cashed, the endorsement was a forgery. | 1/we,s | tate that: | |
| 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. | | | |
| 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. | | | |
| 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. | 3. I/we have not authorized another pers | on to sign my/our name(s | s) to |
| Person having received, cashed or endorsed the warrant. 5. When this warrant was cashed, the endorsement was a forgery. | | | |
| 5. When this warrant was cashed, the endorsement was a forgery. | | | of any other |
| | | | |
| Revised 4/27/06 | 5. When this warrant was cashed, the en | uorsement was a torgery. | |

| AFFIDAVIT OF FORGED WARRANT The records of the | Print |
|--|---|
| Agency Agency reflect that | |
| SHI INTERNATIONAL CORP was issue 2024 Dated | of Arkansas |
| 2024 Dated Dated Date Year Warrant Number Date Date same being in payment of | ied Warrant number |
| Year Warrant Number Date same being in payment of | 6 6 607 16 the |
| Invoice # Agency # Fund Center Committer Social Security # Gross Pay Withhold ng Address - Payroll Only 501-682-9400 Daytime Telephone # INVe, <u>SHIDATEMATIONAL Corp</u> Payee (s) CHECK APPROPRIATELY - ALL THAT APPLY | , <u>, , , , , , , ,</u> , , , , , , , , , , |
| Social Security # Gross Pay Withhold ng Address - Payroll Only Social Security # Withhold ng Social Security # Gross Pay Withhold ng Address - Payroll Only Social Security # Social Security # Social Security # Gross Pay Withhold ng Social Security # Gross Pay Withhold ng Social Security # Social Security # Social Security # Social Security # Gross Pay Withhold ng Social Security # Social Security # Social Security # Social Security # Gross Pay Withhold ng Social Security # Social Security # Social Security # Social Security # Social Security # Social Security # Meters Social Security # | |
| Address - Payroll Only 501-682-9400 Daytime Telephone # We, <u>SHIDATEMATIONAL Corp</u> Payee (s) CHECK APPROPRIATELY - ALL THAT APPLY | nert Item Fund |
| 501-682-9400 Daytime Telephone # We, <u>SHIDAternational Corp</u> Payee (s) CHECK APPROPRIATELY - ALL THAT APPLY | |
| Daytime Telephone # Disbursin MVe, <u>SHIDATER Ona (Corp</u> Payee (s) CHECK APPROPRIATELY - ALL THAT APPLY | C . L. A. LIA |
| INVE, SHIDTERNOTIONA (Corp Payee (s) CHECK APPROPRIATELY - ALL THAT APPLY | 2 mith Neddett |
| Payee (s) | 2 Snith Meddett ng Officer 4/25/2024 |
| Payee (s) CHECK APPROPRIATELY – ALL THAT APPLY | |
| CHECK APPROPRIATELY - ALL THAT APPLY | , state that: |
| | |
| 2. I did not receive, endorse nor cash. 3. I have not authorized another person to sign my name to the distribution of the warrant or of person having received cashed or endorsed the warrant. 5. If this warrant is presented for payment, the endorsement is compared. 6. The endorsement on same is a forgery. | of any other |
| Payee Signature A Second Payee Signature | ignature (If Applicable) |
| 290 Davidson Ave | |
| Address Address Address | |
| City, State, Zip Code City, State, Zip C | Code |
| Daytime Telephone # 484 - 456 - 7717 Daytime Telephone # 484 - 456 - 7717 Daytime Telephone Telephone # 2024 | phone # |
| BONTHIS THE 18th DAY OF Une, 2024, | , before me personally |
| appeared Deym Anay _ to me known to be the persons des | ed, sealed, executed and |
| delivered the same as their free act and deed for the purpose therein | T monuonou. |
| KIMBERLY D WALLS | 1) Well |
| | LIC Smeaset NJ |
| My Commission Expires | |
| My commission | County State |
| Notary Stamp | LIC <u>Somewart</u> NJ County State n expires <u>Ryust</u> 25, 2025 |

| | | | | B.1 |
|--|--|--|---|---------------------|
| | | | | Clear Form |
| B | | suing Warrant State of Arkansas | (P5-19-4-403) | Print |
| Warrant Number to be R | elssued | | Warrant Amount | \$ 6,607.16 |
| Paying State Agency | Admin. Offic | ce of the Courts | Phone Number | (501) 410-1954 |
| Agency Contact | Lakésha Si | mith-Middleton | _ | |
| Know by all men by these | presents that we the | e undersigned, and | | |
| as paye | ee(s) | | as his surety | , |
| are held and firmly bound | unto the State of Arl | kansas in the sum of: | | |
| The condition of this obliga | ation is that the said | payee, | (The amount must b the warrant. Triple | |
| Payee | Vame | has (check one): | | |
| | | Stolen | Failed | to receive |
| a certain Arkansas State V Witness Our Hands o | | isted below by the Paying day of | | |
| First Payee Taxpayer Iden | tification Number (S | SN or Federal ID): | 2 1 | - |
| | | X | | |
| First Paye | e Name | | First Payee Signa | ature |
| Payee Mailin | g Address | | Payee Phone Nu | mber |
| | | If Applicable | | |
| Second Payee Taxpayer I | dentification Number | r (SSN or Federal ID): | distanting the second | |
| | | X | | |
| Second Pay | | | Second Payee Sig | |
| × 1 A. | | | cmeone other than the | payee(s) |
| Surety Name (Printe | d or Typed Name) | <u>x</u> | Surety Signatu | ure |
| 200 Mudison | Ave 8873 | | USURV SURVE Surety Phone Nu | - 7703 |
| Surety, after first being de | | at his real and personal p for the bonded amount. | | |
| Subscribed and sv | worn before this | 18 day of | Dune 20 | 24 |
| KIMBERLY D Commission # Notary Public, State My Commissio August 25, | WALLS 50135585 of New Jersey on Expires | X A | Notary Public Sig | nature 8 125 185 |
| Notary - | Stamp | | | |

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 6/24/2024

Warrant:

Name of Payee: SHI International Corp

Amount: \$18,672.56

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.

SH

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

June 24, 2024

SHI International Corp Attn: Priya Parekh 290 Davidson Avenue Somerset, New Jersey 08873

RE: Claim No. 242046 – Reissuance of Check No.

Dear Priya Parekh,

The Claims Commission received notification from the Administrative Office of the Courts 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 SaBreana Hyche or me.

Sincerely,

Kathryn Irby

ES: sjhyche

Enclosure

| From: | <u>SaBreana Hyche</u> | | | |
|--------------|--------------------------------------|--|--|--|
| То: | "Priya Parekh"; Lakesha Y. Smith | | | |
| Cc: | <u>Sam R. Kauffman</u> | | | |
| Subject: | RE: SHI - Past Due Payments | | | |
| Date: | Friday, September 6, 2024 9:23:00 AM | | | |
| Attachments: | image001.png | | | |
| | SHI International 242041.pdf | | | |
| | SHI International 242042.pdf | | | |
| | SHI International 242046.pdf | | | |

Good morning Priya,

I mailed the documents for the three claims attn to you on June 24, 2024. As of today, we have not received the documents back in our office. I have attached them here. If you kept a copy of the documents, you may submit them here via email and I can proceed.

Thanks,

SaBreana

From: Priya Parekh <Priya_Parekh@SHI.com>
Sent: Thursday, September 5, 2024 4:15 PM
To: SaBreana Hyche <sabreana.hyche@arkansas.gov>; Lakesha Y. Smith
<Lakesha.Smith@arcourts.gov>
Cc: Sam R. Kauffman <Sam.Kauffman@arcourts.gov>
Subject: RE: SHI - Past Due Payments

Hi SaBrena,

Can I please know if you have received the signed documents back since I haven't heard.

Thanks,

?

Priya Parekh AR Specialist - PubSec Office: <u>+17328686279</u>

Review SHI's privacy policy to manage communications.

From: SaBreana Hyche <<u>sabreana.hyche@arkansas.gov</u>>

Sent: Monday, June 24, 2024 11:20 AM

To: Lakesha Y. Smith <<u>Lakesha.Smith@arcourts.gov</u>>; Priya Parekh <<u>Priya_Parekh@SHI.com</u>>
 Cc: OpenInvoices <<u>OpenInvoices@shi.com</u>>; Sam R. Kauffman <<u>Sam.Kauffman@arcourts.gov</u>>
 Subject: RE: SHI - Past Due Payments

External Sender: Use caution with links/attachments.

Lakesha,

Priya,

You will receive documents in the mail that will need to be notarized and mailed back to our office. It will be addressed as such:

SHI International Corp. Attn: Priya Parekh 290 Davidson Avenue Somerset, New Jersey 08873

We will proceed with this process.

If either have any questions, please feel free to reach out to me.

SaBreana

SaBreana J. Hyche Arkansas State Claims Commission Administrative Analyst 101 East Capitol Ave., Suite 410 Little Rock, AR 72201 501-682-2819 (wk) SaBreana.Hyche@arkansas.gov

-----Original Message-----From: Lakesha Y. Smith <<u>Lakesha.Smith@arcourts.gov</u>> Sent: Monday, June 24, 2024 9:53 AM To: SaBreana Hyche <<u>sabreana.hyche@arkansas.gov</u>>; Priya Parekh <<u>Priya_Parekh@SHI.com</u>> Cc: <u>OpenInvoices@shi.com</u>; Sam R. Kauffman <<u>Sam.Kauffman@arcourts.gov</u>> Subject: RE: SHI - Past Due Payments

SaBreana,

B 1

It was great speaking with you this morning. The forms that you are needing to complete the claims process are attached.

Let me know if you should need anything else.

Thanks!

Lakesha Smith-Middleton, MBA Finance Officer | Administrative Office of the Courts 625 Marshall St. | Little Rock, AR 72201 Office: 501-410-1954 | Fax: 501-682-9408 <u>lakesha.smith@arcourts.gov</u> | <u>https://www.arcourts.gov/</u>

-----Original Message-----From: SaBreana Hyche <<u>sabreana.hyche@arkansas.gov</u>> Sent: Friday, June 21, 2024 1:26 PM To: Lakesha Y. Smith <<u>Lakesha.Smith@arcourts.gov</u>>; Priya Parekh <<u>Priya_Parekh@SHI.com</u>> Cc: <u>OpenInvoices@shi.com</u>; Sam R. Kauffman <<u>Sam.Kauffman@arcourts.gov</u>> Subject: RE: SHI - Past Due Payments

Good afternoon.

Lakesha,

The forms that you sent me are correct, however I need another form completed on your end for each of the 4 forms that you sent. It is a different document with a little more information that is needed. Once you have completed the form, you may email them to me so that we may process the claims further. You submitted 4 forms. Each form must have its own Notice form. I have attached the form.

Priya,

After I have received the said forms from Lakesha, you will later receive 4 different claim forms later that will need to be signed in front of a notary and returned to our office. Once we receive our claim forms back, we will move further with the reissuing process.

Any questions, feel free to call me via my contact below.

SaBreana

SaBreana J. Hyche Arkansas State Claims Commission Administrative Analyst 101 East Capitol Ave., Suite 410 Little Rock, AR 72201 501-682-2819 (wk) SaBreana.Hyche@arkansas.gov

-----Original Message-----From: Lakesha Y. Smith <<u>Lakesha.Smith@arcourts.gov</u>> Sent: Friday, June 21, 2024 10:22 AM To: Priya Parekh <<u>Priya_Parekh@SHI.com</u>> Cc: <u>OpenInvoices@shi.com</u>; Sam R. Kauffman <<u>Sam.Kauffman@arcourts.gov</u>>; SaBreana Hyche <<u>sabreana.hyche@arkansas.gov</u>> Subject: SHI - Past Due Payments

Good morning, Priya!

We have received the affidavit forms for the past due payments. However, since the forms were received in our office on Wednesday, June 20, 2024, we are unable to process and/or reissue warrants for the past due payments. June 3rd was the last day to reissue prior year warrants and your affidavit forms were notarized on June 18, 2024, which is after the deadline.

At this time, SHI will need to contact the Arkansas Claims Commission to recoup funds owed to your company. Listed below is the contact information for the person you will need to reach out to for assistance regarding your claim.

Should you have any questions, please feel free to call or email me.

Thanks!

Arkansas Claims Commission SaBreana Hyche <u>sabreana.hyche@arkansas.gov</u> 501-682-2819 Office R 1

Lakesha Smith-Middleton, MBA Finance Officer | Administrative Office of the Courts 625 Marshall St. | Little Rock, AR 72201 Office: 501-410-1954 | Fax: 501-682-9408 <u>lakesha.smith@arcourts.gov</u> | <u>https://www.arcourts.gov/</u>

ARKANSAS CLAIMS COMMISSION

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



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

B 1

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

Arkansas State Claims Commission

OCT 2.2 2024

RECEIVED

COMPLAINT

1. Claimant

SHI International Corp

| (title/last name/first name) | (email) | | | |
|------------------------------|----------|---------|-------|-----------------|
| 290 Davidson Avenue | Somerset | NJ | 08873 | |
| (address) | (city) | (state) | (zip) | (primary phone) |

2. State Agency Involved

Administrative Office of the Courts

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant the state state bayable to SHI International Corp the amount of \$18,672.56 payable from the Administrative Office of the Courts. 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 June 24, 2024

4. Amount Sought: \$18,672.56

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 <u>SHI International Corp.</u> (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.

Pamela Wilkinson

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

Signature of Representative

ACKNOWLEDGEMENT

State of <u>New Jersey</u>

County of Somerset

On this the ^{11th} day of September , 20 24, before me, the undersigned notary, personally appeared <u>Pamela Wilkinson</u> 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.

Signed by: Drecolias #

Signate 29902 15 Public

My Commission Expires: April 4, 2029

MICHAEL DRECOLIAS Notary Public, State of New Jersey Commission # 50220635 My Commission Expires Apr 4, 2029

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

SHI INTERNATIONAL CORP

CLAIMANT

V.

CLAIM NO. 242046

ADMINISTRATIVE OFFICE OF THE COURTS

RESPONDENT

ORDER

This claim was filed by SHI International Corp (the "Claimant") requesting reissuance of outdated warrant no. **(the "Warrant")** in the amount of \$18,672.56 payable from the Administrative Office of the Courts.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$18,672.56 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

Soloron Granes

ARKANSAS STATE CLAIMS COMMISSION Solomon Graves

esica & Holcard

ARKANSAS STATE CLAIMS COMMISSION Dee Holcomb

ARKANSAS STATE CLAIMS COMMISSION Paul Morris, Chair

DATE: December 13, 2024

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 Claims Commission. Ark. Code Ann. § 19-10-211(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 Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). <u>Note</u>: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).