



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

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.

SHI International Corp

(title last name/compan first name (email)

290 Davidson Avenue

(address)

Somerset NJ 08873-

(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. § 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)

(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. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Administrative Office of the Courts

4. **Incident Date** 5/9/2023

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.

This claim is being filed for the reissuance of warrant # [REDACTED] payable 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

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: \$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 _____
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
Phone #682-1619 - Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the Admin Office of the Courts of Arkansas, Phone # 501-682-9400

Agency Address 625 Marshall Street, Little Rock, AR 72201

Reflect that SHI International Corp,

290 Davidson Ave, Somerset

New Jersey, 08873, was/were issued

State Warrant number [REDACTED], dated [REDACTED],

in the amount of \$ 18,672.56 (2,157.44), the same being in payment

of Voucher No. [REDACTED], Agency No. [REDACTED]

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 Area [REDACTED] Fund Code _____ Cost Center [REDACTED]

Group [REDACTED] & Fund Center [REDACTED]

Lakesha Smith Middleton
Agency Disbursing Officer's Full Name (please print)

Lakesha Smith Middleton 6/24/2024
Agency Disbursing Officer's Signature

Part II STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

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

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

Clear Form
Print

The records of the Administrative Office of the Courts of Arkansas
reflect that SHI INTERNATIONAL CORP was issued Warrant number
2024 [Redacted] Dated [Redacted], in the amount of \$ 2,157.44, the
Year Warrant Number Date

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

Social Security # Gross Pay Withholding

Address - Payroll Only
501-682-9400
Daytime Telephone #

[Signature]
Disbursing Officer 4/25/2024

I/We, SHI International Corp, state that:
Payee (s)

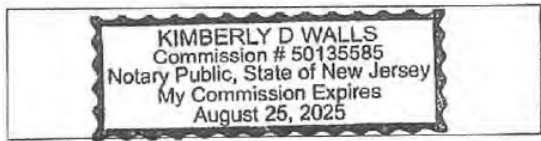
CHECK APPROPRIATELY - ALL THAT APPLY

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

[Signature]
Payee Signature
290 Davidson Ave.
Address
Somerset, NJ 08873
City, State, Zip Code

Second Payee Signature (If Applicable)
Address
City, State, Zip Code

Daytime Telephone # 484 456 7717 Daytime Telephone # _____
ON THIS THE 18th DAY OF June, 2024 before me personally
appeared Byron Araya to me known to be the persons described in and who
executed the foregoing instrument and acknowledged that they signed, sealed, executed and
delivered the same as their free act and deed for the purpose therein mentioned.



[Signature]
Notary Signature
NOTARY PUBLIC Somerset NJ
County State
My commission expires 8/25/25

Notary Stamp

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 the Courts of Arkansas, Phone # 501-682-9400

Agency Address 625 Marshall Street, Little Rock, AR 72201
Agency

Reflect that SHI International Corp,

290 Davidson Ave, Somerset
Payee/Payees

New Jersey, 08873, was/were issued
Payee's Address City State Zip Code

State Warrant number [REDACTED], dated [REDACTED],

in the amount of \$ 10,672.56 ^(9,907.96), the same being in payment

of Voucher No. ---, Agency No. [REDACTED],

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 Area [REDACTED] Fund Code --- Cost Center [REDACTED]

Group [REDACTED] & Fund Center [REDACTED]

Lakesha Smith Middleton

Agency Disbursing Officer's Full Name (please print)

Lakesha Smith Middleton 6/24/2024

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

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

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

Clear Form
Print

The records of the _____ Administrative Office of the Courts _____ of Arkansas

reflect that SHI INTERNATIONAL CORP Agency was issued Warrant number _____

Payees(s) exactly as original warrant
2024 _____ Dated _____, in the amount of \$ 16,916.16 (9,907.96) the
Year Warrant Number Date

same being in payment of _____

Invoice # Agency # Fund Center Commitment Item Fund

Social Security # _____ Gross Pay _____ Withholding _____

Address - Payroll Only

501-682-9400

Daytime Telephone #

Lavelle Smith Middleton
Disbursing Officer 4/25/2024

I/We, SHI International Corp Payee (s), state that:

CHECK APPROPRIATELY - ALL THAT APPLY

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

[Signature]
Payee Signature

Second Payee Signature (If Applicable)

240 Davidson Ave
Address

Address

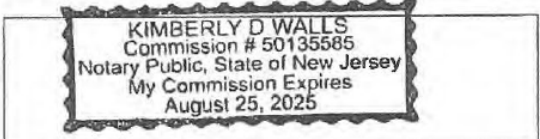
Somerset, NJ 08873
City, State, Zip Code

City, State, Zip Code

Daytime Telephone # 984-456 7717

Daytime Telephone # _____

ON THIS THE 18th DAY OF June, 2024 before me personally appeared Bryan Anaya to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



[Signature]
Notary Signature
NOTARY PUBLIC Somerset NJ
County State
My commission expires August 25, 2025

Notary Stamp

Clear Form

Print

Bond for Reissuing Warrant (P5-19-4-403)
State of Arkansas

Warrant Number to be Reissued [Redacted] Warrant Amount \$ 16,916.16
Paying State Agency Admin. Office of the Courts Phone Number (501) 410-1954
Agency Contact Lakesha Smith-Middleton

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

_____ and _____
as payee(s) as his surety

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

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

The condition of this obligation is that the said payee,

_____ has (check one):

Payee Name

Lost

Stolen

Failed to receive

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

Witness Our Hands on this _____ day of _____, 20_____

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

X

First Payee Name

First Payee Signature

Payee Mailing Address

Payee Phone Number

If Applicable

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

X

Second Payee Name

Second Payee Signature

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

Sarah Al-Shaban

Surety Name (Printed or Typed Name)

X

Sarah

Surety Signature

290 Davidson Ave.
Somerset, NJ 08873

Surety Mailing Address

484-456-7703

Surety Phone Number

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

Subscribed and sworn before this

18 day of June 20 24

KIMBERLY D WALLS
Commission # 50135585
Notary Public, State of New Jersey
My Commission Expires
August 25, 2025

Notary Stamp

X

Kimberly D Walls

Notary Public Signature

My Commission Expires:

8/25/24

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 the Courts of Arkansas, Phone # 501-682-9400

Agency Address 625 Marshall Street, Little Rock, AR 72201

Reflect that SHI International Corp,

290 Davidson Ave, Somerset,

New Jersey, 08873, was/were issued
Payee's Address City State Zip Code

State Warrant numbers [REDACTED], dated [REDACTED],

in the amount of \$ 10,672.56 (10,607.16), the same being in payment

of Voucher No. ---, Agency No. [REDACTED],

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 Area [REDACTED] Fund Code --- Cost Center [REDACTED]

Group [REDACTED] & Fund Center [REDACTED]

Lakesha Smith Middleton

Agency Disbursing Officer's Full Name (please print)

Lakesha Smith Middleton 6/24/2024
Agency Disbursing Officer's Signature

Part II STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

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

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

Clear Form
Print

The records of the Administrative Office of the Courts of Arkansas
Agency

reflect that SHI INTERNATIONAL CORP was issued Warrant number

2024 [Redacted] Dated [Redacted], in the amount of \$ 6,607.16, the
Year Warrant Number Date

same being in payment of [Redacted]

Invoice # Agency # Fund Center Commitment Item Fund

Social Security # Gross Pay Withholding

Address - Payroll Only

501-682-9400

Daytime Telephone #

Paula Smith Middleton
Disbursing Officer 4/25/2024

I/We, SHI International Corp, state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

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

[Signature]
Payee Signature

Second Payee Signature (If Applicable)

290 Davidson Ave.
Address

Address

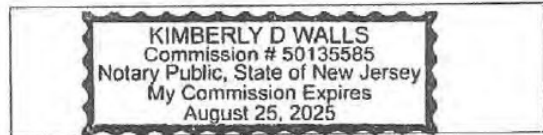
Somerset, NJ 08833
City, State, Zip Code

City, State, Zip Code

Daytime Telephone # 484-456-7717

Daytime Telephone #

ON THIS THE 18th DAY OF June, 2024, before me personally appeared Bryan Anaya to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



Notary Stamp

[Signature]
Notary Signature
NCTARY PUBLIC Somerset NJ
County State
My commission expires August 25, 2025

Clear Form

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

Print

State of Arkansas

Warrant Number to be Reissued [redacted] Warrant Amount \$ 6,607.16
Paying State Agency Admin. Office of the Courts Phone Number (501) 410-1954
Agency Contact Lakesha Smith-Middleton

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

[redacted] and [redacted]
as payee(s) as his surety

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

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

The condition of this obligation is that the said payee,

[redacted] has (check one):

Payee Name
[] Lost [] Stolen [] Failed to receive

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

Witness Our Hands on this [redacted] day of [redacted], 20 [redacted]

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

[redacted] X [redacted]
First Payee Name First Payee Signature

[redacted] Payee Mailing Address [redacted] Payee Phone Number

If Applicable

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

[redacted] X [redacted]
Second Payee Name Second Payee Signature

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

Sarah Al-Shaban X [Signature]
Surety Name (Printed or Typed Name) Surety Signature
290 Madison Ave 484-456-7703
Somerset, NJ 08873 Surety Mailing Address Surety Phone Number

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

Subscribed and sworn before this

18th day of June, 20 24

KIMBERLY D WALLS
Commission # 50135585
Notary Public, State of New Jersey
My Commission Expires
August 25, 2025

X [Signature]
Notary Public Signature

Notary Stamp

My Commission Expires: 8 125 185

**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. [REDACTED]

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: [SaBreana Hyche](#)
To: ["Priya Parekh"; Lakesha Y. Smith](#)
Cc: [Sam R. Kauffman](#)
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: [+17328686279](tel:+17328686279)

Review SHI's [privacy policy](#) to manage communications.

From: SaBreana Hyche <sabreana.hyche@arkansas.gov>
Sent: Monday, June 24, 2024 11:20 AM
To: Lakesha Y. Smith <Lakesha.Smith@arcourts.gov>; Priya Parekh <Priya_Parekh@SHI.com>
Cc: OpenInvoices <OpenInvoices@shi.com>; Sam R. Kauffman <Sam.Kauffman@arcourts.gov>
Subject: RE: SHI - Past Due Payments

External Sender: Use caution with links/attachments.

Lakesha,

Likewise as well! I enjoyed speaking with you! The documents are exactly what I need.
We will proceed with this process.

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

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 <Lakesha.Smith@arcourts.gov>

Sent: Monday, June 24, 2024 9:53 AM

To: SaBreana Hyche <sabreana.hyche@arkansas.gov>; Priya Parekh
<Priya_Parekh@SHI.com>

Cc: OpenInvoices@shi.com; Sam R. Kauffman <Sam.Kauffman@arcourts.gov>

Subject: RE: SHI - Past Due Payments

SaBreana,

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 lakesha.smith@arcourts.gov |
<https://www.arcourts.gov/>

-----Original Message-----

From: SaBreana Hyche <sabreana.hyche@arkansas.gov>
Sent: Friday, June 21, 2024 1:26 PM
To: Lakesha Y. Smith <Lakesha.Smith@arcourts.gov>; Priya Parekh <Priya_Parekh@SHI.com>
Cc: OpenInvoices@shi.com; Sam R. Kauffman <Sam.Kauffman@arcourts.gov>
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 <Lakesha.Smith@arcourts.gov>
Sent: Friday, June 21, 2024 10:22 AM
To: Priya Parekh <Priya_Parekh@SHI.com>
Cc: OpenInvoices@shi.com; Sam R. Kauffman <Sam.Kauffman@arcourts.gov>;
SaBreana Hyche <sabreana.hyche@arkansas.gov>
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
sabreana.hyche@arkansas.gov
501-682-2819 Office

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 lakesha.smith@arcourts.gov |
<https://www.arcourts.gov/>

ARKANSAS CLAIMS COMMISSION

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



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

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

Arkansas
State Claims Commission

OCT 22 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 [REDACTED] date [REDACTED] payable 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

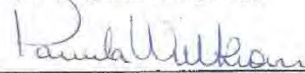
STOP!

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

Pamela Wilkinson

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



Signature of Representative

ACKNOWLEDGEMENT

State of New Jersey

County of Somerset

On this the 11th day of September, 2024, before me, the undersigned notary, personally appeared Pamela Wilkinson 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.

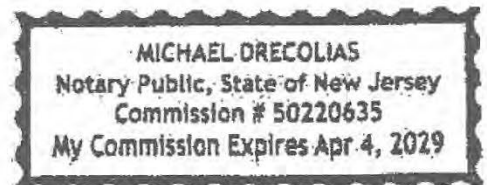
In witness whereof I hereunto set my hand and official seal.

Signed by:



Signature of Notary Public

My Commission Expires: April 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. [REDACTED] (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.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



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). Note: 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).