

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).