

# ARKANSAS CLAIMS COMMISSION

**B.02**

Arkansas  
State Claims Commission

DEC 05 2022

RECEIVED

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



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

## CLAIM FORM

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

**1. Claimant** *(If there are additional claimants, please fill out an additional form for each)*

Rocket Software, Inc.

(title/last name/first name or company)	(email)			
77 4th Avenue	Waltham	MA	02451	
(address)	(city)	(state)	(zip)	(primary phone)

**2. Claimant's Legal Counsel** *(If not represented by an attorney, you may skip this section)*

(last name)	(first name)	(email)		
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: \_\_\_\_\_

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

**3. State Agency Involved** Arkansas Department of Finance and Administration

*(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)*

**4. Incident Date** 10/25/2020

**5. Claim Type**

Reissuance of Warrant

**5a. Location of Incident** \_\_\_\_\_

**5b. Explanation of Incident**

This claim is being filed for the reissuance of warrant #2110176945 dated 10-25-19 payable to Rocket Software, Inc. in the amount of \$52,578.00 payable from AR Dept. of Finance and Administration. 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 January 29, 2022.

5c. CHECK HERE if this claim involves damage to a motor vehicle.

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle.

**5e. Insurance Coverage**

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE

**5f. Additional Required Documents for Property Damage Claims**

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

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

\_\_\_\_\_  
(type of state vehicle involved)

\_\_\_\_\_  
(license number)

\_\_\_\_\_  
(driver)

7. If your claim involves personal injuries, please CHECK HERE

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE

8. Amount Sought: \$52,578.00  
\_\_\_\_\_

**IMPORTANT**

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov) or by phone at (501) 682-1619.

# ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY  
DIRECTOR

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

## CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Rocket Software Inc. (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.

Matthew L. Vittiglio  
Name of Representative of Business Entity  
(must be printed legibly) Assistant Secretary

[Handwritten Signature]  
Signature of Representative

### Acknowledgement

State of MASSACHUSETTS

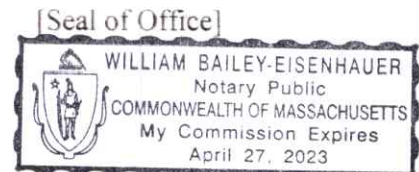
County of MIDDLESEX

On this the 29 day of NOVEMBER 2022, before me, the undersigned notary, personally appeared MATTHEW L. VITTIGLIO 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.

[Handwritten Signature]  
Signature of Notary Public

My Commission expires: April 27, 2023



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**ROCKET SOFTWARE, INC.**

**CLAIMANT**

**V.**

**CLAIM NO. 221210**

**ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION  
CORPORATE INCOME TAX SECTION**

**RESPONDENT**

**ORDER**

This claim was filed by Rocket Software, Inc. (the “Claimant”) requesting reissuance of outdated warrant no. 2110176945 (the “Warrant”) in the amount of \$52,578.00 payable from Arkansas Department of Finance and Administration Corporate Income Tax Section. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$52,578.00 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  
Dexter Booth



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow, Chair



ARKANSAS STATE CLAIMS COMMISSION  
Sylvester Smith

DATE: December 15, 2022

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date 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 date 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).