

AUG 15 2016

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr. Mrs. Ms. Correct Care Solutions, LLC

Do Not Write in These Spaces Claim No. 17-0122-CC Date Filed August 15, 2016 Amount of Claim \$27,124.44 Fund DOC

Claimant vs. Respondent

State of Arkansas, Respondent

Department of Correction

Correct Care Solutions, LLC

Reissuance of Warrant (Check)

COMPLAINT

15W-0945771

1283 Murfreesboro Road, Suite 500, Nashville, TN 37217

(Name), the above named Claimant, of (Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.) County of represented by (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Amount sought:

Month, day, year and place of incident or service: This claim is being filed for the reissuance of warrant #15W-0945771, dated 05/27/15, payable to Correct Care Solutions, LLC in the amount of \$27,124.44, payable from Department of Correction. 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) (checks) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on July 27, 2016.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? when? to whom? (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: and was acquired on, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

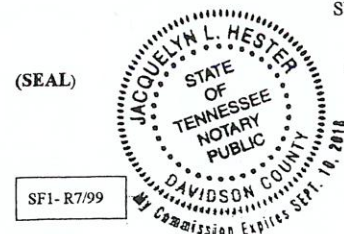
Kristen Melancon (Print Claimant/Representative Name) Signature of Claimant/Representative

SWORN TO and subscribed before me at Nashville TN (City) (State)

on this 15th day of August 2016 (Date) (Month) (Year)

Jacquelyn Hester (Notary Public)

My Commission Expires: September 10 2018 (Month) (Day) (Year)



SF1- R7/99

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619 - Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the DEPT OF CORRECTION of Arkansas, Phone # 870-850-8577

Agency DEPT OF CORRECTION
Agency Address P.O. BOX 6408 PINE BLUFF AR 71611

Reflect that CORRECT CARE SOLUTIONS LLC,

Payee/Payees 1283 MORFREESBORD ROAD SUITE 500, NASHVILLE,

Payee's Address TN, City 37217, was/were issued

State TN Zip Code 37217

State Warrant number 15W-09457M1, dated 5-27-15,

in the amount of \$ 27,124.44, the same being in payment

of Voucher No. 51514384 50779798, Agency No. 0480,

Appropriation No. 509, Character Code 506:00:10,

Fund Code HCA0100, Social Security No. _____, or

if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area 0480 Fund Code HCA0100 Cost Center

Group 340701 & Fund Center 509

RICK NORTON

Agency Disbursing Officer's Full Name (please print)

Rick Norton

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) 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.

Still outstanding
mark 7.27.16

**P2-19-4-403
AFFIDAVIT OF FORGED WARRANT**

The records of the AR DEPT. OF CORRECTION of Arkansas
Agency
 reflect that CORRECT CARE SOLUTIONS, LLC was issued Warrant number
Payees(s) exactly as original warrant
FY 15 15W 0945771 Dated 05/27/15 in the amount of \$ 27,124.44, the
Year Warrant Number Date

same being in payment of APRIL 2015 0480 509 506:00:10 HCA0100
Invoice # Agency # Fund Center Commitment Item Fund

 Social Security # Gross Pay Withholding

 Address - Payroll Only

 Daytime Telephone #

X Paul Doster
 Disbursing Officer

* I/We, Correct Care Solutions, LLC, 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.

* X _____
 Payee Signature

 Second Payee Signature (If Applicable)

* 1283 Murfreesboro Rd
 Address

 Address

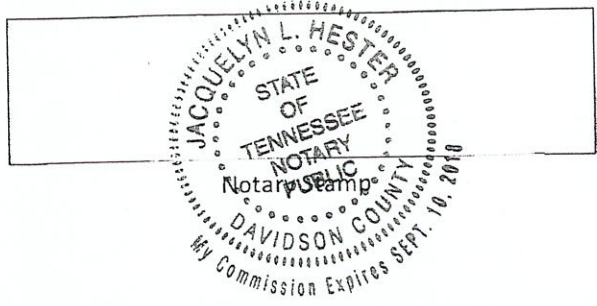
* Nashville TN 37217
 City, State, Zip Code

 City, State, Zip Code

* Daytime Telephone # 615-844-5583

Daytime Telephone # _____

* ON THIS THE 7th DAY OF July, 2016 before me personally
 appeared Brad Dunbar 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.



* X Jacquelyn L. Hester
 Notary Signature
 * NOTARY PUBLIC Davidson TN
County State
 * My commission expires 9-10-18

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

Warrant Number to be Reissued 15W 0945771 Warrant Amount \$ 27,124.44
 Paying State Agency AR DEPT. OF CORRECTION Phone Number (870) 850-8564
 Agency Contact DONNA HEFLIN

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

Correct Care Solutions, LLC (1) as payee(s) and Kristen Melancon (2) as his surety

are held and firmly bound unto the State of Arkansas in the sum of: \$ 54,248.88
 (The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,
Correct Care Solutions, LLC (1) 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 8th day of July, 20 16

First Payee Taxpayer Identification Number (SSN or Federal ID):
Correct Care Solutions, LLC (1) X BLA (1) First Payee Signature
1283 Murfreesboro Rd Nashville, TN 37217 (1) Payee Mailing Address 615-844-5583 (1) 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)

Kristen Melancon (2) X Kristen Melancon (2) Surety Signature
 Surety Name (Printed or Typed Name) Nashville (2) 615-312-7264 (2) Surety Phone Number
1283 Murfreesboro Rd TN 37217 (2) Surety Mailing Address

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 8th day of July, 20 16



X Jacquelyn A. Hester
 Notary Public Signature

My Commission Expires: 9/10/18

**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Date: 7/27/2016

Warrant: 15W-0945771

Name of Payee: Correct Care Solutions, LLC

Amount: \$27124.44

Upon checking with Mark 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.

Mh (Natalie spoke with Mark)

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 27,124.44 Claim No. 17-0122-CC
Correct Care Solutions, LLC Attorneys
Claimant Claimant
vs.
Department of Correction Nick Norton, Disbursing Officer
Respondent Respondent
State of Arkansas
Date Filed August 15, 2016 Type of Claim Reissuance of warrant

FINDING OF FACTS

This Claim was filed requesting reissuance of outdated warrant(s) No. 15W-0945771.
Warrant is still outstanding and no duplicate has been issued.

The Claims Commission **hereby unanimously allows this claim in the amount of \$27,124.44 and will include the claim in a claims bill to the 91st General Assembly, Arkansas State Legislature 2016, for subsequent approval and payment.**

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, **the Claims Commission hereby unanimously allowed this claim in the amount of \$27,124.44 and will include the claim in a claims bill to be submitted to the 91st General Assembly, Arkansas State Legislature 2016 for subsequent approval and payment.**

September 15, 2016

Date of Hearing _____

September 15, 2016

Date of Disposition _____

John King Chairman
Michael Stephen Commissioner
Kerry C. Anderson Commissioner