

ARKANSAS CLAIMS COMMISSION

D.01a

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LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission

JUN 09 2022

RECEIVED

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(s)

Carl Zeiss Meditec Inc.

(title/last name/first name or company)	(email)
1 North Broadway Suite 1501	White Plains NY 10601
(address)	(city) (state) (zip) (primary phone)

2. Claimant's Legal Counsel - (If representing yourself (Pro Se) please check this box and proceed to section 2)

(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 (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

Arkansas Department of Finance and Administration

(state agency involved)

4. Incident Date

5. Claim Type

Reissuance of Warrant

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident

Explanation of Incident

This claim is being filed for the reissuance of warrant #2010286725 dated January 2020 payable to

Carl Zeiss Meditec Inc in the amount of \$23,613.00 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 November 4, 2021

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

Please do not include a copy of your insurance card.
You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury.

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

I do not have health insurance

8. Amount Sought: \$23,613.00

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**CARL ZEISS
MEDITEC INC.**

CLAIMANT

V.

CLAIM NO. 220759

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION**

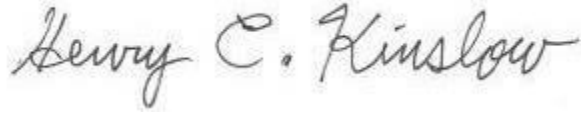
RESPONDENT

ORDER

This claim was filed by Carl Zeiss Meditec Inc. (the “Claimant”) requesting reissuance of outdated warrant no. 2010286725 (the “Warrant”) in the amount of \$23,613.00 payable from Arkansas Department of Finance and Administration. 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 \$23,613.00 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

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: July 29, 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).