

ARKANSAS STATE CLAIMS COMMISSION
-Claim Form-

D.01d

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 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.*

2. Claimant(s)

Optiv Security

.....
(title/last name/first name or company) (email)

5100 West 115th Place Leawood KS 66211
.....
(address) (city) (state) (zip) (primary phone)

3. State Agency Involved: (must be an Arkansas state agency. 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

6/1/2021

5. Claim Type

Reissuance of Warrant

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

This claim is being filed for the reissuance of warrant #2110734518 date 06-01-2021 payable to Optiv Security in the amount of \$40,224.00 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 July 21, 2022.

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.

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

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

OPTIV SECURITY

CLAIMANT

V.

CLAIM NO. 230095

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION**

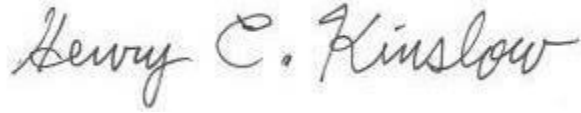
RESPONDENT

ORDER

This claim was filed by Optiv Security (the “Claimant”) requesting reissuance of outdated warrant no. 2110734518 (the “Warrant”) in the amount of \$40,224.00 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 \$40,224.00 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: August 24, 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).