

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



arclaimscommission.arkansas.gov  
ascc.new.claims@arkansas.gov

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(s)

Edward Jones

(title/last name/first name or company)

(email)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(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 Transportation

(state agency involved)

4. Incident Date

3/15/2021

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 #2110427241 date 03-15-2021 payable to

Edward Jones. in the amount of \$17,962.06 payable from AR Dept. of Transportation. 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 September 10, 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.**

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)**

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(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:** \$17,962.06

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**EDWARD JONES**

**CLAIMANT**

**V.**

**CLAIM NO. 230357**

**ARKANSAS DEPARTMENT OF  
TRANSPORTATION-ARKANSAS HIGHWAY  
RETIREMENT**

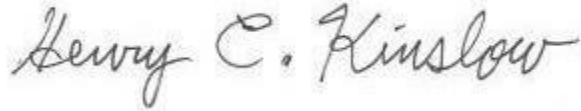
**RESPONDENT**

**ORDER**

This claim was filed by Edward Jones (the “Claimant”) requesting reissuance of outdated warrant no. 2110427241 (the “Warrant”) in the amount of \$17,962.06 payable from Arkansas Department of Transportation-Arkansas Highway Retirement. 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 \$17,962.06 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.



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ARKANSAS STATE CLAIMS COMMISSION

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

DATE: October 20, 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).