

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)

Heffington	Aaron M.	heffington@gill-law.com		
(last name)	(first name)	(email)		
425 West Capitol Avenue, Suite 38	Little Rock	AR	72201	(501) 376-3800
(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**

Arkansas Rehabilitation Association	arrehabassoc@outlook.com			
(title/last name/first name or company)	(email)			
8213 MI Lane	Benton	AR	72015	(501) 860-0278
(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 Rehabilitation Services

(state agency involved)

**4. Incident Date**

7/18/2018

**5. Claim Type**

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

Check was never received and we are asking for a reissuance of outlawed warrant # 1910027094. This warrant is in reference to Invoice # [REDACTED]

**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.

**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:** \$24,130.00 \_\_\_\_\_

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(Signature)

(Date)

# ARKANSAS STATE CLAIMS COMMISSION

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



Arkansas  
KATHRYN IRBY  
DIRECTOR  
Arkansas State Claims Commission

OCT 12 2020

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

RECEIVED

## CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous 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.

Carrie D. Woodall

Claimant Name (must be printed legibly)

Carrie D. Woodall

Claimant Signature

### Acknowledgement

State of Arkansas

County of Pulaski

On this the 07 day of October, 2020, before me, the undersigned notary, personally appeared Carrie Woodall 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.

Andrea Grace Rodriguez  
Signature of Notary Public

My Commission expires: 06/24/2026

[Seal of Office]

**ANDREA GRACE RODRIGUEZ**  
Notary Public - Arkansas  
Faulkner County  
Commission # 12697986  
My Commission Expires Jun 24, 2026

Arkansas  
State Claims Commission  
OCT 23 2020  
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# Invoice

Date	6/10/2018
Invoice #	██████████

Arkansas Rehabilitation Association  
PO Box 1301  
Benton, AR 72018

Quantity	Description	Rate (\$)	Amount (\$)
2	AWARD LUNCH(R. CHANDLER, A. CROSS)	30	60
1	CRP Individual One Day Registration D. BARNES	105	105
1	One-day Training for CRC - EARLY BIRD	115	115
1	One-day Training for CRC	120	120
41	NRA Registration - EARLY BIRD	270	11,070

2	NRA Registration	290	580
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Bill To

ARS

PO Box 3781

Little Rock, AR 72203

30	Non-NRA Registration - EARLY BIRD	340	10,200.00
4	Non-NRA Registration (ADJUSTED V. BUTLER)	360	1440
1	ON SITE REGISTRATION - LATE	440	440
	TOTAL		\$24,130.00

## SaBreana Hyché

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**From:** Carrie Woodall <ARrehabassoc@outlook.com>  
**Sent:** Thursday, October 22, 2020 4:26 PM  
**To:** ASCC Info  
**Subject:** Requested Invoice  
**Attachments:** ARS Invoice 2018.pdf

Attached please find the requested invoice from Arkansas Rehabilitation Association for a request for reissuance of a check that was sent to you.

If you have any questions, please contact me at 501-860-0278.

Thank you  
Carrie Woodall  
Vice President  
Arkansas Rehabilitation Association

Arkansas  
State Claims Commission  
OCT 23 2020  
RECEIVED

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

Arkansas  
State Claims Commission

NOV 23 2020

Part I

The records of the Arkansas Rehabilitation Services Agency of Arkansas, Phone # 501-296-1600

Agency Address 1 Commerce Way, Ste 206, LR AR 72202

Reflect that Arkansas Rehabilitation Association,  
Payee/Payees

8213 Mi Lane, Benton

Payee's Address AR, City 72015, was/were issued

State AR, Zip Code 72015

State Warrant number 1910027094, dated 7-19-2018

in the amount of \$ 24130.00, the same being in payment

of Voucher No. [REDACTED], Agency No. [REDACTED]

Appropriation No. [REDACTED], Character Code [REDACTED]

Fund Code [REDACTED], Social Security No. N/A, or

if corporation-Federal Tax ID No. [REDACTED]

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED] Cost Center

Group [REDACTED] & Fund Center [REDACTED]

Pamela Bonham  
Agency Disbursing Officer's Full Name (please print)

[Signature]  
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) to 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.

# 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

December 10, 2020

Arkansas Rehabilitation Association  
8213 Mi Lane  
Benton, Arkansas 720105

RE: **Claim No. 210471** – Reissuance of Warrant No. 1910027094

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To Whom It May Concern,

Arkansas law requires that corporate entities be represented by counsel to file a claim at the Claims Commission. *See* Ark. Code Ann. § 19-10-222 (“A corporate or business entity created under the laws of this state or another state shall be represented at all times in a claim or action under this subchapter by an attorney licensed to practice law in this state”). As written, this statute encompasses all claims filed with the Claims Commission, including claims for the reissuance of a warrant, like the above-referenced claim.

If the Arkansas Rehabilitation Association has an attorney licensed to practice law in Arkansas, please have the attorney file a notice of appearance, so that we can process this claim. If the Arkansas Rehabilitation Association does not have an Arkansas attorney, we will place this claim into abeyance until after the 2021 Arkansas legislative session. A bill will be presented during the 2021 session seeking to exclude reissuance claims from Ark. Code Ann. § 19-10-222. Of course, there is no guarantee that this bill will pass. If it does not, we will notify Arkansas Rehabilitation Association that it will need to retain an attorney in order to pursue its reissuance claim. If it does pass, we will process this claim once the amended law goes into effect in summer 2021.

Please contact me with any questions.

Sincerely,

Kathryn Irby

ES: mshaynes

Enclosure

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

**Date:** 12/3/20

**Warrant:** 1910027094

**Name of Payee:** AR Rehabilitation Association

**Amount:** \$24,130.00

Upon checking with Hunter 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.

\_\_\_\_\_  
MSH

**IN THE ARKANSAS STATE CLAIMS COMMISSION**

**In the Matter of:**

**ARKANSAS REHABILITATION ASSOCIATION**

**CLAIMANT**

**CLAIM NO.: 201471**

**ENTRY OF APPEARANCE**

The undersigned, Aaron M. Heffington, of GILL RAGON OWEN, P.A., hereby enters his appearance as co-counsel for Claimants and requests notice of all pleadings and communications with the Court as counsel of record.

DATED this 2nd day of April, 2021.

Respectfully submitted,

GILL RAGON OWEN, P.A.  
425 West Capitol Avenue, Suite 3800  
Little Rock, Arkansas 72201  
(501) 376-3800  
(501) 372-3359 fax  
[Heffington@gill-law.com](mailto:Heffington@gill-law.com)

By: \_\_\_\_\_

Aaron M. Heffington, Ark. Bar #2013227

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**ARKANSAS REHABILITATION  
ASSOCIATION**

**CLAIMANT**

**V.**

**CLAIM NO. 210471**

**ARKANSAS REHABILITATION  
SERVICES**

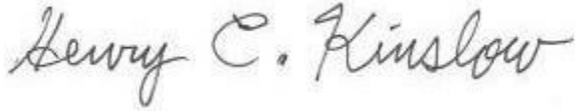
**RESPONDENT**

**ORDER**

This claim was filed by the Arkansas Rehabilitation Association (the “Claimant”) requesting reissuance of outdated warrant no. 1910027094 (the “Warrant”) in the amount of \$24,130.00 payable from Arkansas Rehabilitation Services. 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 \$24,130.00 and refers this claim to the General Assembly for review and placement on an appropriations 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: April 7, 2021

**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).