

Arkansas  
State Claims Commission

FEB 26 2018

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

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Sherry M. Thomas Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces		
Claim No.	_____	
Date Filed	(Month)	(Day) (Year)
Amount of Claim \$	_____	
Fund	_____	

COMPLAINT

Sherry M. Thomas the above named Claimant, of #5 Bogey Lane Little Rock

Arkansas 72210 888-5768 Pulaski (State) (Zip Code) (Daytime Phone No.) County of (Street or R.F.D. & No.) (City)

represented by \_\_\_\_\_ (Legal Counsel, if any, for Claimant)

of 105 W. Capital St. (501) 682-2823 (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: \_\_\_\_\_ Amount sought: 19,620.00

Month, day, year and place of incident or service: \_\_\_\_\_

Explanation: "2009" cop license back pay

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 \_\_\_\_\_ 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.  
Sherry M. Thomas (Print Claimant/Representative Name) [Signature] (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock, Arkansas (City) (State)

on this 26 day of February, 2018 (Date) (Month) (Year)

Sabrina J. Hupke (Notary Public)

My Commission Expires: March 29, 2027 (Month) (Day) (Year)



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**SHERRY M. THOMAS**

**CLAIMANT**

**V.**

**CLAIM NO. 180668**

**ARKANSAS COMMUNITY CORRECTION**

**RESPONDENT**

**ORDER**

This claim was filed by Sherry M. Thomas against Arkansas Community Correction (the “Respondent”) for salary due in the amount of \$15,620.00.

The Respondent filed an answer on March 13, 2018, admitting liability in the amount of \$15,620.92.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$15,620.92, as recommended by Respondent, 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.

*Henry C. Kinslow*

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth  
Henry Kinslow, Co-Chair  
Bill Lancaster  
Sylvester Smith  
Mica Strother, Co-Chair

DATE: April 23, 2018

**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(b). 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(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (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(b). 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).