

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)

Simpson	James	Jsimpson@simpsonfirm.net		
(last name)	(first name)	(email)		
200 North Spring Street	Searcy	AR	72143	(501) 279-9292
(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

Ms Paull Deborah	[REDACTED]			
(title/last name/first name or company)	(email)			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(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)

University of Arkansas for Medical Sciences

(state agency involved)

4. Incident Date

9/21/2018

5. Claim Type

Negligence--Personal Injury

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

Deborah Paull was a patient at UAMS scheduled for surgery with Dr. Michael Nolen, UAMS employees assisted Dr. Nolen. During the surgery, a sponge was left in the body cavity of Ms. Paull and she was closed from the surgery. Due to the negligence of UAMS employees, the sponge was left in her body and not discovered for days. A second surgery had to be scheduled to remove the sponge. Ms. Paull was in the hospital for almost one month when she should have had a stay of just a few days. A separate Complaint was filed in the Circuit Court of Pulaski County and will be attached/submitted with this claim.

- 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)

(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: \$500,000.00 _____

(Signature)

(Date)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DEBORAH PAULL

CLAIMANTS

V.

CLAIM NO. 210375

**UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES**

RESPONDENT

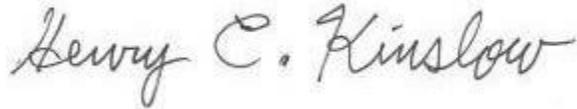
ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) is the Release and Settlement Agreement signed by Deborah Paull (the “Claimant”) and the chancellor of the Board of Trustees of the University of Arkansas on behalf of the University of Arkansas for Medical Sciences. Also before the Claims Commission is a joint motion to approve the settlement agreement.

Based upon a review of the pleadings and the Release and Settlement Agreement, the Claims Commission hereby GRANTS the joint motion and APPROVES the Release and Settlement Agreement.

As such, the Claims Commission refers the award of \$50,000.00 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.



ARKANSAS STATE CLAIMS COMMISSION

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

DATE: March 1, 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).