

AUG 4 2022

RECEIVED

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

Elder, Shirley L.
(title/last name/first name or company) (email)



(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)

Department of Human Services, Developmental Disabilities Services
(state agency involved)

4. Incident Date

1/28/19 through 7/09/22

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form. *100% OPM differential wages not paid from 1/28/19 through 7/09/22*

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)

no

(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 and relevant medical bills in place at the time of the incident.

I do not have health insurance

8. Amount Sought:

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.

Shirley Elder
Claimant

ACKNOWLEDGEMENT

State of AR
County of Faulkner

On this the 2 day of August, 2022, before me, the undersigned notary, personally appeared Shirley Elder 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.

Abigail Gonzales
Signature of Notary Public

My Commission expires: 10-08-30

[seal of office] ABIGAIL GONZALES
Notary Public-Arkansas
Faulkner County
My Commission Expires 10-08-2030
Commission # 12714560

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

SHIRLEY ELDER

CLAIMANT

V.

CLAIM NO. 230161

**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) is the claim filed by Shirley Elder (the “Claimant”) against Arkansas Department of Human Services (the “Respondent”) for salary due in an unspecified amount.

Respondent filed an answer recommending payment in the amount of \$16,542.85.

The Claims Commission sent correspondence to Claimant on August 30, 2022, advising Claimant that Respondent recommended payment in the amount of \$16,542.85 only. In that correspondence, Claimant was given fifteen (15) calendar days to request a hearing and advised that if Claimant did not request a hearing within fifteen (15) days, the claim would be processed for the amount admitted by Respondent. Claimant was also advised that Claimant’s claim for any other amounts would be dismissed for failure to respond. To date, Claimant has not responded to the Claims Commission’s August 30, 2022, correspondence.

As such, the Claims Commission hereby unanimously **ALLOWS** this claim in the amount of \$16,542.85, as recommended by the Respondent, and orders the Respondent to pay claim out of current fiscal year revenue. Claimant’s claim for any other amount is hereby dismissed.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: November 17, 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).