## **ARKANSAS CLAIMS COMMISSION**

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



Questions? Send an email to ascc.new.claims@arkansas.go

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

### **CLAIM FORM**

Ms. Ejiofo	or Joyce					
(title	last name/com	ıpan	first name	(ema	il)	
(address)						
	Ī					
(city)			(sta	te)	(zip)	(primary phone)
Z. Claima	nt s Legal Counse	is kno 19-10 a pro	own as proceedin 0-222 for informa	g pro se). Plea tion about wh	ise review i ien a busin	n attorney (which Ark. Code Ann. § ess entity may file e, this section may
(title)	(last name	)	(first name)		(ema	il)
(address)						AR bar number
(city)				(state)	(zip)	(primary phone)
3. State A	gency Involved.	Arkansa includir	as. Please review t ng Ark. Code Ann. ( nformation. This in	he Commission § 19-10-204 and	's jurisdictio d Ark. Code	ncies of the State of onal statutes, Ann. § 21-5-701, for ny claim filed at the
Arkansas	Department of Fi	nance ar	nd Administration			
4. Inciden	nt Date 10/24/20	22				
5. Locatio	on of Incident					
	_		s damage to a mo			

8. Explanation of incider	the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.				
This claim is being filed for the reissuance of warrant # date 10-24-2022 payable to Moses C. Ejiofor and Joyce D. Ejiofor the amount of \$18,352.00 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.					
Warrant or necessary paper of this complaint.	pers for reissuing lost warrant(s)/check(s) is/are attached to and made a part				
Completed paperwork fo	r reissuance of this warrant was received in this office on March 8, 2025.				
9. Insurance Coverage.	For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.				
**If you did NOT have in incident, CHECK HERE	surance covering the damaged property or motor vehicle at the time of $\hfill\Box$				
You must submit (1) invo	<b>Documents for Property Damage Claim</b> ice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an umentation cannot be provided.				
11. If a state vehicle was	involved, please provide the following information				
(type of state vehicle inv	rolved) (license number) (driver)				
12. If your claim involve	s personal injuries, please CHECK HERE				
<b>13. Health insurance coverage.</b> All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.					
**If you did NOT have health insurance on the date of the incident, CLICK HERE					
14. Amount of Damages, if known: \$18,352.00					
	IMPORTANT!				
A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the					

Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil

Procedure can be found online (arcourts.gov) under "Info Resources."

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate 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 of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

		Claima	nt Signature		
Mr. Ejiofo	or Moses				
(title	last name/compa	an first name	(emai	I)	
(address)					
	1				
(city)		(state	)	(zip)	(primary phone)
		An individual claimant r is known as proceeding 19-10-222 for informati a pro se claim. If a claim be left blank.	pro se). Plea on about wh	se review en a busir	Ark. Code Ann. § ness entity may file
(title)	(last name)	(first name)		(ema	ail)
(address)					AR bar number
(city)			(state)	(zip)	(primary phone)

3. State Agency Involved. The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

$\Box$	7
U	1

Arkansas Department of Finance and Administration			
4. Incident Date 10/24/2022			
5. Location of Incident			
6. CHECK HERE if this claim involves damage to a motor vehicle.			
7. CHECK HERE if this claim involves damage to property other than a motor vehicle.			

o. Explanation of incides	the above-listed state agency is liable for your damages under Arkansa law. You may attach additional pages to this form.				
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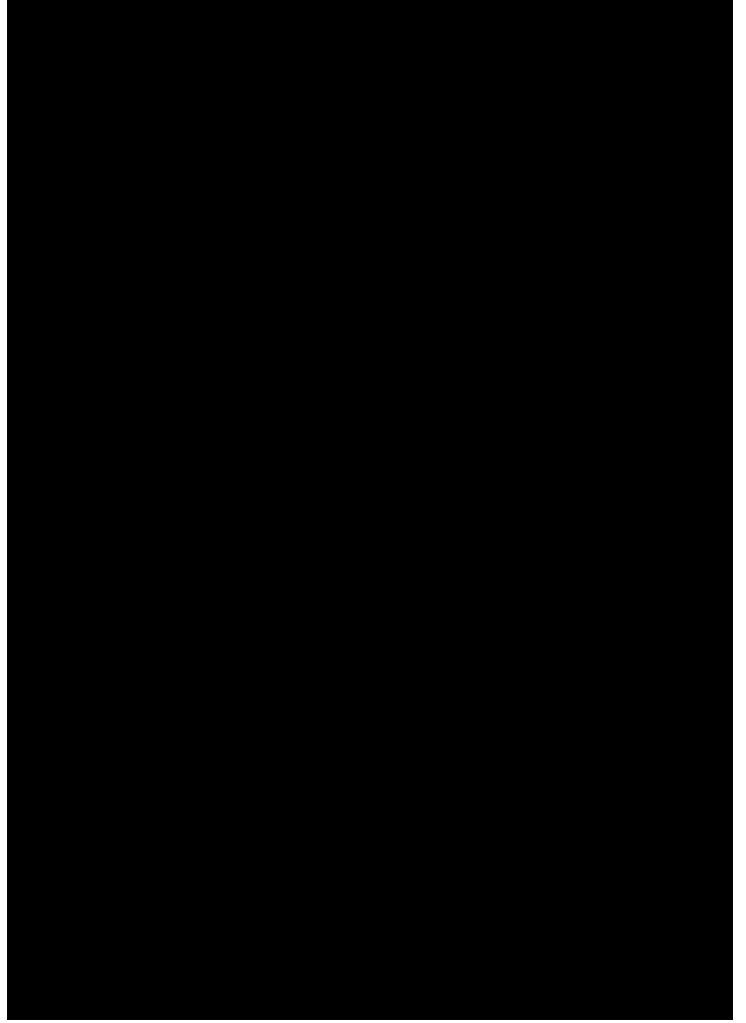
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Claimant Signature	

### **ACKNOWLEDGEMENT**

State of	
County of	
personally appeared kr	_, 20, before me, the undersigned notary, nown to me (or satisfactorily proven) to be the strument and acknowledged that he/she executed ed.
In witness whereof I hereunto set my ha	nd and official seal.
Signature of Notary Public	_ [seal of office]
My Commission Expires:	

D.7



D.7



Little Rock, AR 72201 Arkansas State Claims Commission 101 East Capital Avenue Suite 410

72201-382410

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

	<b>Date:</b> 3/21/2025
Warrant:	
Name of Payee:	Moses C. Ejiofor and Joyce D. Ejiofor
Amount:	\$18,352.00
Upon checking v	with <u>Hunter</u> of AOS/Data Processing Division, I was informed that this
warrant was voi	ded, and no duplicate warrant had been issued. We also checked our
(Claims Commis	ssion) records to verify that there has been no reissuance by this office and
there was none.	
	СМ

### 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

March 25, 2025

Moses C. Ejiofor and Joyce D. Ejiofor

RE: Claim No. 251347 – Reissuance of Check No.

Dear Mr. Ejiofor and Ms. Ejiofor,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

# ARKANSAS CLAIMS COMMISSION

(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 Arkansas State Claims Commission

APR 0 3 2025

RECEIVED

COM	PI	AI	NT	
V VIV				

1. Claimant		
Mr. Ejiofor Moses C.		
(title/last name/first name)	(email)	
(address)		
(city)	(state) (zip)	(primary phone)
2. State Agency Involved:		
Arkansas Department of Finance an	nd Administration	
(state agency involved)		
3. Claim Type		
Reissuance of Warrant		
This claim is being filed for the reis Moses C. Ejiofor and Joyce D. Ejio Department of Finance and Admini treasurer for redemption during the	for the amount of \$18,352.00 pay stration. This warrant was not pre	date 10-24-2022 payable to rable from the Arkansas esented to the state
Warrant or necessary papers for reignart of this complaint.	ssuing lost warrant(s)/check(s) is/	are attached to and made a
Completed paperwork for reissuand 2025.	ce of this warrant was received in	this office on March 8,
4. Amount Sought: \$18,352.00		

1. Claimant		
Ms. Ejiofor Joyce D.		
(title/last name/first name)	(email)	
(address)		
(city)	(state) (zip)	(primary phone)
2. State Agency Involved:		
Arkansas Department of Finance and	Administration	
(state agency involved)		
3. Claim Type		
Reissuance of Warrant		
This claim is being filed for the reissu Moses C. Ejiofor and Joyce D. Ejiofo Department of Finance and Administrate treasurer for redemption during the le	r the amount of \$18,352.00 paration. This warrant was not pro	date 10-24-2022 payable to yable from the Arkansas esented to the state
Warrant or necessary papers for reissupart of this complaint.	uing lost warrant(s)/check(s) is	/are attached to and made a
Completed paperwork for reissuance 2025.	of this warrant was received in	this office on March 8,

4. Amount Sought: \$18,352.00

The following section MUST be completed in the presence of a Notary Public.

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 of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant 3/31/25

**ACKNOWLEDGEMENT** 

State of Arkansas Pulaski County of

On this the 31st day of March, 2025, before me, the undersigned notary, personally appeared Dr Moses Einstor 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.

Signature of Notary Public

My Commission Expires: 11.22.203

[seal of office]

The following section MUST be completed in the presence of a Notary Public.

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 of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

**ACKNOWLEDGEMENT** 

State of Arkansas
County of Pulaski

On this the 31st day of March, 2025, before me, the undersigned notary, personally appeared Joyce Exists 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.

Signature of Notary Public

My Commission Expires: 11.22.2031

[seal of office]

### BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MOSES C. EJIOFOR AND JOYCE D. EJIOFOR

**CLAIMANTS** 

V.

**CLAIM NO. 251347** 

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

**RESPONDENT** 

### **ORDER**

This claim was filed by Moses C. Ejiofor and Joyce D. Ejiofor (the "Claimant") requesting reissuance of outdated warrant no. (the "Warrant") in the amount of \$18,352.00 payable from Arkansas Department of Finance and Administration.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$18,352.00 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.

ARK ANSAS STATE CLAIMS COMMIS

Soloron Humes

ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves

Account Haleault

ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb

ARKANSAS STATE CLAIMS COMMISSION Paul Morris, Chair

DATE: May 2, 2025

### Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission 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 transmission 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).