

Arkansas State Claims Commission  
DEC 19 2018

Please Read Instructions on Reverse Side of Yellow copy  
Please print in ink or type

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Lafayette County Claimant

vs.

State of Arkansas, Respondent

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

COMPLAINT

Lafayette County the above named Claimant, of 1 Courthouse Square Lewisville  
(Name) (Street or R.F.D. & No.) (City)  
Arkansas 71845 (870) 921-4858  
(State) (Zip Code) (Daytime Phone No.) County of represented by \_\_\_\_\_  
(Legal Counsel, if any, for Claim)

of \_\_\_\_\_ says:  
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: AOC - Juvenile Office Reimbursements Amount sought: \*\*amount unknown  
 Month, day, year and place of incident or service: January, 2017

Explanation: The County's request for annual Juvenile Officer Reimbursement was never paid. We reissued request February, 2017, still no response. Was told in October, 2018 that the year had closed and we would have to ask for payment through your office. Please see the attached copies of request and the correspondence regarding this request. You may contact Patti Reich in the County Judge's Office for further questions

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?  
yes, when? October, 2018 to whom? Kenya Washington Admin. Office of the Courts  
(Yes or No) (Month) (Day) (Year) (Department)  
 and that the following action was taken thereon: told to make claim since year had closed see attached correspondence.  
 and that \$ 0.00 was paid thereon: (2) Has any third person or corporation an interest in this claim? no; if so, state name and address  
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)  
 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

Mike Rowe, County Judge  
(Print Claimant/Representative Name)

Mike Rowe  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Parisville AR  
(City) (State)

on this 17th day of December, 2018  
(Date) (Month) (Year)

Regina Martin  
(Notary Public) County Clerk

My Commission Expires: December 31 2018  
(Month) (Day) (Year)



SF1- R799

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**LAFAYETTE COUNTY**

**CLAIMANT**

**V.**

**CLAIM NO. 190681**

**ADMINISTRATIVE OFFICE  
OF THE COURTS**

**RESPONDENT**

**ORDER**

This claim was filed by Lafayette County (the “Claimant”) against the Administrative Office of the Courts (the “Respondent”) for refund of expenses in an unknown amount..

Respondent filed an answer on February 27, 2019, admitting liability in the amount of \$27,367.43.

On February 27, 2019, the Claims Commission sent correspondence to Claimant advising that Respondent admitted liability in the amount of \$27,367.43 only. In that correspondence, Claimant was given fifteen (15) calendar days to request a hearing to contest the amount recommended by Respondent. Claimant was advised that if Claimant did not request a hearing within the specified time frame, Claimant’s claim would be processed as recommended by Respondent and Claimant’s claim for any other amount would be dismissed by the Claims Commission. To date, Claimant has not responded to the Claims Commission’s February 27, 2019, correspondence.

As such, the Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$27,367.43 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*

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ARKANSAS STATE CLAIMS COMMISSION

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

DATE: April 1, 2019

**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).