

EXHIBIT B.4

Arkansas
State Claims Commission

MAR 01 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

Daniel Jay Howard Claimant

vs.

State of Arkansas, Respondent

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

COMPLAINT

Daniel Jay Howard the above named Claimant, of 15 MC 211 Fouke

AR 71837 903 278-1153 County of Miller represented by _____

of _____ says:

State agency involved: Arkansas Community Correction Amount sought: \$16,919.75

Month, day, year and place of incident or service: June 28, 2009 - July 15, 2017 Arkansas Community Correction

Explanation: Sabry differential from certification back pay from June 28, 2009 to July 15, 2017 for a total of \$16,919.75.

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?

NO; when? _____; to whom? _____
(Yes or No) (Month) (Day) (Year) (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



Daniel Jay Howard (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Fouke Arkansas

on this 27 day of February, 2018

Deborah Ann Armstrong (Notary Public)

My Commission Expires: October 15 2018
(Month) (Day) (Year)

SP1-R7/99

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DANIEL JAY HOWARD

CLAIMANT

V.

CLAIM NO. 180685

ARKANSAS COMMUNITY CORRECTION

RESPONDENT

ORDER

This claim was filed by Daniel Jay Howard against Arkansas Community Correction (the “Respondent”) for salary due in the amount of \$16,919.75.

The Respondent filed an answer on March 13, 2018, admitting liability in the amount of \$16,919.75.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$16,919.75, 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).