

EXHIBIT C.2

Arkansas
State Claims Commission

APR 05 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

Conchata Knight Claimant

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

State of Arkansas, Respondent

COMPLAINT

Conchata Knight the above named claimant, of P.O. Box 127 Thornton
(Name) (Street or R.F.D. & No.) (City)
Ar. 71766 352-1733 County of Calhoun represented by
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

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

State agency involved: Arkansas Comm. Corr. Amount sought: Unknown
 Month, day, year and place of incident or service: January 1, 2009 ACL-Pine Bluff Ar.

Explanation

see attachment

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 or No) _____ when? _____ (Month) (Day) (Year) to whom? _____ (Department)
 and that the following action was taken thereon: _____

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? _____; 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 expured 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 that they are true.

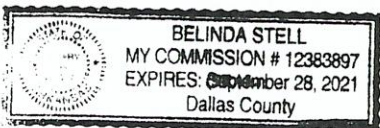
Conchata Knight
(Print Claimant/Representative Name)

Conchata Knight
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Fordyce AR
(City) (State)
 on this 3 day of April 2018
(Date) (Month) (Year)

Belinda Stell
(Notary Public)

My Commission Expires: 9 28 21
(Month) (Day) (Year)



SF1- R7-99

Arkansas
State Claims Commission

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Explanation of Complaint;

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On last year, I was informed by my immediate supervisor Angela Harness that in 2009 when I received my Co-occurring Disorder Certification I did not get compensated. But she did informed me that it was immediately going to be added to my salary. However, she stated to me she was given information that everyone involved in this matter was not going to be given back pay. Just recently while attending a training in Pine Bluff, Arkansas I met an employee of Arkansas Community Corrections whom stated to me she was one of the individuals that did not get paid for their certification since 2009, but she also stated she was getting compensated a sum of money on that Friday for the incident. In addition, I was also informed another employee whom works for ACC in another area was receiving compensation. I have worked for the State of Arkansas going on 11 years as a Substance Abuse Counselor. I have always attended the necessary trainings to improve my skills in addiction counseling in order to be of service to my clients. I strongly feel I deserve to be treated fairly like my other co-workers who were involved in this situation. Attached is the completed Standard Claims Form. On the form where it says amount is left blank, because it is unknown at this time. Human Resource in Central Office stated they would have to calculate the amount and send it to me as soon as possible. If questions are needed my contact information is on the initial form.

Sincerely



Conchata Knight

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CONCHATA KNIGHT

CLAIMANT

V.

CLAIM NO. 180789

ARKANSAS COMMUNITY CORRECTION

RESPONDENT

ORDER

This claim was filed by Conchata Knight against Arkansas Community Correction (the “Respondent”) for salary due in an unspecified amount.

Respondent filed an answer on April 23, 2018, admitting liability in the amount of \$17,135.33.

The Arkansas State Claims Commission (the “Claims Commission”) sent correspondence to Claimant on April 27, 2018, advising Claimant that Respondent admitted liability in the amount of \$17,135.33 only. In that correspondence, Claimant was given fifteen (15) calendar days to request a hearing and was 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 her claim for any other amounts would be dismissed for failure to respond. To date, Claimant has not responded to the Claims Commission’s April 27, 2018, correspondence.

The Claims Commission unanimously allows this claim in the amount of \$17,135.33, 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: May 31, 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).