

Joint House/Senate Subcommittee on Claims

658 Cedar St, Centennial Office Building- 1st Floor
St. Paul, MN 55155

Telephone: (651) 296-0099 Fax: (651) 297-3697

Please read the subcommittee's rules of procedure prior to completing this form. An \$8 filing fee must accompany this form pursuant to Minn. Stat. § 3.749.

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone with area code: Home _____ Work _____

Has this claim been previously heard by the Subcommittee on Claims? Yes ___ No ___

If so, when _____ Reason for filing again _____

State agency/division liable for alleged claim _____

Total amount of claim _____

What portion of this claim is covered by insurance? _____

(Prior to filing this claim, you must submit this loss under your private insurance policy, be it your medical, automobile, homeowners, or any other applicable coverage. If insurance coverage is applicable through another party involved in this claim, this loss must be submitted and recovered through that coverage. See rule #2 of the Rules of Procedure.)

STATEMENT OF CLAIM:

Date(s) of claim: _____ Location: _____

Describe and explain, in detail, the facts surrounding the claim indicating why you feel the state is liable. Include a description of claimed injuries, property damage, or other losses, listing the amount claimed for each. Please indicate how these amounts were determined. If you need additional space, please use a separate sheet of paper. Please submit additional information, all documentary evidence or exhibits in support of your claim at the time of filing. All of the information submitted becomes property of the Joint House/Senate Subcommittee.

If represented by attorney, agent or legislator:

Name _____

Title _____

Address _____

City _____ Zip _____

Telephone() _____

I declare under penalties of perjury
that I have examined this claim and
that it is true, correct and complete
to the best of my knowledge and
belief.

Signature of Claimant