

Joint House/Senate Subcommittee on Claims

72 State Office Building, 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. A \$5 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.

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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