

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