

State of Connecticut – Office of the Claims Commissioner
CLAIM FORM

Claimant Name _____ ID# _____ Date _____

Current Address _____ Forwarding Address _____

Most claims must be filed within one year of the date of incident. See Connecticut General Statutes § 4-148 for more information.

COMPLETE THE FOLLOWING SECTIONS. PROVIDE SPECIFIC INFORMATION.

A. Provide a concise statement of the claim. Specify the date, time, place and the state agency the claim is against:

(Attach 2nd sheet if necessary)

B. Explain why the state is liable for the damages:

(Attach 2nd sheet if necessary)

C. Total amount of monetary damages requested: _____

D. Do you request permission to sue the state? Yes _____ No _____

E. Filing fee of \$25.00 or \$50.00 is enclosed? Yes _____ No _____

If you are requesting a fee waiver, is the completed Application for Waiver of Filing Fee and Affidavit form enclosed?

Yes _____ No _____

F. Have all administrative remedies been exhausted prior to filing this claim? Yes _____ No _____

Please enclose documentation if applicable.

I hereby present a Notice of Claim against the State of Connecticut for damages.

Signature _____ Date _____

It is highly recommended that a claim for \$5000 or less be sworn and notarized so that the claim may be resolved without a formal hearing.

Subscribed and sworn to before me on this _____ day of _____

Notary Public _____ Date of Commission expiration _____

Original claim form and one (1) copy should be delivered to the Office of the Claims Commissioner, 450 Columbus Boulevard, North Tower, Suite 203, Hartford, CT 06103.

(Rev. 11-16)