

Revised July 15, 2023
Pursuant to CT Public Act 23-131

CLAIMS COMMISSIONER'S OFFICE

GENERAL CLAIM FORM

Your claim must be filed within one year after the claim accrues. Claims for injury to person or damage to property shall be deemed to accrue on the date when the damage or injury is sustained or discovered or in the exercise of reasonable care should have been discovered, provided no claim shall be presented more than three years from the date of the act or event complained of. Connecticut General Statutes Section 4-148.

Today's Date _____

Claimant Name _____

Claimant/Attorney Signature _____

Claimant/Attorney Address _____

Claimant/Attorney Email Address _____

1.a. Please provide a concise statement of the basis of your claim, including the date, time, place and circumstances of the act or event complained of, as well as information to clarify the nature of the waiver sought and the claims asserted.

b. Please explain why you believe that you have a just claim and why the State of Connecticut may be liable for your damage or injury.

c. Please indicate the state agency involved.

d. Please indicate whether you are pursuing an action in any Court or before any other agency relating to the act or event that is the subject of this claim.

YES _____ NO _____.

3. Please state the amount of monetary damages requested. Pursuant to Connecticut Public Act 23-131, section 11, please minimally state whether the amount is less than \$35,000 or equal to or in excess of \$35,000.

Amount: \$ _____

4. Are you requesting permission to sue the State in Superior Court? YES _____ NO _____. If YES, is this the exclusive remedy you seek, or do you seek a monetary award or recommendation of damages in the alternative? Exclusive _____ Alternative _____

5. If your claim is for \$10,000 or less, you may execute this affidavit below so that your claim may be decided without a hearing pursuant to Connecticut General Statutes Section 4-151a.

Claimant Signature _____

Subscribed and sworn to before me on this _____ day of _____, 202____

Notary Public/Commissioner the Superior Court _____

Date Commission Expires _____

- **No fee is required with the filing of this claim.**

- **Two copies of this Claim Form with any attachments should be mailed/delivered to the Claims Commissioner's Office, 450 Columbus Blvd., Suite 203, Hartford, CT 06103.**