

CLAIMS COMMISSIONER’S OFFICE

CLAIM FORM FOR AN INMATE IN A CONNECTICUT CORRECTIONAL FACILITY

Most claims 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.

An inmate must file a claim not later than one year after the date on which the inmate exhausted all administrative remedies provided by the Department of Correction. The legal representative of the estate of an inmate may present to the Office of the Claims Commissioner a claim against the state prior to having exhausted any administrative remedy. Connecticut General Statutes Section 5-165b(b).

Today’s Date _____ Claimant Inmate Number: _____

Claimant Name _____

Claimant/Attorney Signature _____

Claimant/Attorney Address and telephone number

IMPORTANT: Claimant/Attorney Email Address

Explanation of your claim. On the next page, please explain:

- 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.
 - 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 of event that is the subject of this claim.
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3. Please state the amount of monetary damages requested. Please minimally state whether the amount is not in excess of \$50,000 or in excess of \$50,000.

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.

➤ **A copy of this Claim Form with any attachments can be mailed/delivered to the Claims Commissioner's Office: 450 Columbus Blvd., Suite 203, Hartford, CT 06103**

OR

➤ **A PDF copy of this Claim Form with any attachments** can be emailed to the Claims Commissioner's Office: claims.commissioner@ct.gov with a Subject: **NEW CLAIM.**

The claimant or the claimant's attorney shall notify the Claims Commissioner's Office of any change n address, telephone number or email address.

Thank you.