

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

**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 \_\_\_\_\_

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 of event that is the subject of this claim.**

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(please attach additional pages if necessary)

**2. a. Connecticut General Statutes section 4-165b requires an inmate to exhaust all administrative remedies provided by the Department of Correction prior to filing a claim with the Claims Commissioner’s Office. Please include below a description of the administrative remedies that have been exhausted.**

**b. Also, please attach any documents which demonstrate that the administrative remedies have been exhausted:**

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(please attach additional pages if necessary)

**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.**