





## INSTRUCTIONS FOR FILING CLAIMS

1. Form- Each claim shall be prepared on the form provided. The signed original form is for filing with the State Claims Commission, 101 East Capitol Ave., Suite 410, Little Rock, AR 72201-3823. The yellow copy is for the Claimant's record. **Do not staple the complaint form or any supporting document when returning it to this office.** **Do not use manuscript covers.**

2. VERIFICATION-The complaint shall be sworn to and subscribed before a Notary Public, or other officer authorized by law to administer oaths.

3. STATEMENT OF FACTS- The complaint shall state concisely the facts upon which the claim is based and shall set forth the address of the Claimant, the time, place, amount claimed, and the state department or agency/division in which the claim originated. In the event additional space(s) is required, legal size sheets may be used and attached to the printed form, and thereafter the same will be considered a part of the complaint.

4. PERSONAL INJURY AND DEATH CLAIMS - Unless otherwise set forth in the complaint, the Claimant should furnish the State Claims Commission with: (a) the names and addresses of all known witnesses to the accident, including the name of the driver or operator of any state-owned vehicle which may be involved; and (b) itemized statement or bills for ambulance, medical, hospital and other expenses on the bill heads of those performing the services, with notations as to whether or not the same have been paid, and, if paid, the date of payment, and the signature of the person receiving payment appended thereto.

5. PROPERTY DAMAGE CLAIMS- Unless otherwise set forth in the complaint, the Claimant should furnish the State Claims Commission with: (a) a description of the property damaged and a description of the damage done; (b) if appraisal was made of the damage, the date and amount thereof, and the name, and address and occupation of each appraiser; c) if state-owned vehicle was involved, give the name and address of the driver or operator, and the names and addresses of all other known witnesses; (d) if Claimant's property was repaired or replaced, furnish itemized statements or bills on the bill heads of those performing the service or furnishing the repair materials and supplies, with notations as to whether or not the same have been paid and if paid, the date of payment. **If attachments to the form exceed six (6) pages, three (3) copies of each attachment must be submitted.**

6. MOTOR VEHICLE DAMAGE CLAIMS - If a claim is filed for damage to a motor vehicle, a **Motor Vehicle Accident Report form** must also be prepared and filed with the complaint.

This report must briefly describe the accident and give the following information:

- A. Exact time and place of accident.
- B. The names of each driver involved; also the state agency /division involved in the accident.
- C. If damage has been repaired, furnish copy of the paid repair bill.
- D. If repairs have not been made, furnish three (3) estimates from reputable dealers, showing the cost of repairs.
- E. If the accident was investigated, please give the name of the officer making the investigation and submit a copy of the police report.

7. PUBLIC SAFETY DEATH OR DISABILITY BENEFIT CLAIMS - If complaint filed is for death or disability benefit award, the Claimant should furnish the State Claims Commission the following information:

- A. Certified birth certificate of the deceased or disabled
- B. Certified death certificate, if applicable
- C. Coroner's report, if available
- D. Certified marriage certificate(s), if applicable
- E. Certified birth certificates for all surviving children, if pertinent
- F. Custody documents for all surviving minor children, if pertinent
- G. Divorce decree(s), if pertinent
- H. Letter from employer stating death or disability occurred in official line of duty; additionally, a termination date should be included if employee is disabled..

*\*Upon request, certified documents may be returned.*

8. MISCELLANEOUS - If complaint is based upon a contract or other instrument in writing, a copy thereof should be attached for reference. If Claimant is an executor, administrator, guardian or other representative appointed by a judicial tribunal, a duly certified copy of the record of appointment should be filed with the complaint.

If you have physical or other limitations that require special assistance at the time of hearing, please notify us at the point your claim is set for a hearing.

Arkansas State Claims Commission Phone (501) 682-1619 Fax (501) 682-2823

THE CLAIMS PROCESS NORMALLY TAKES A MINIMUM OF 6 - 8 WEEKS  
FROM THE TIME WE RECEIVE YOUR COMPLETE CLAIM.