

NOTICE OF CLAIM AGAINST THE STATE OF GEORGIA IN AN AMOUNT OVER \$5,000.00

CLAIMS ADVISORY BOARD
214 State Capitol, Atlanta, GA 30334

I, the undersigned, a member of the House of Representatives of the General Assembly, hereby notify the Claims Advisory Board that I intend to introduce at the next regular session of the General Assembly, pursuant to O.C.G.A. § 28-5-80, a resolution seeking compensation from the State of Georgia in satisfaction of the hereinafter described claim. All relevant documents which I possess concerning this incident are attached to this notice.

SIGNED: _____ DATE: _____
(REPRESENTATIVE, DISTRICT NUMBER)

REMAINDER OF FORM TO BE COMPLETED BY CLAIMANT

Name of Claimant: _____

Complete Mailing Address of Claimant: _____

Telephone Number: Home () _____ Office () _____

Amount of Claim: Personal Injury _____

Property Damage _____

TOTAL AMOUNT _____

Date and Place of Incident: _____

State Department/Agency from which you are seeking compensation: _____

Name of each State officer/employee involved in such incident, if known to claimant: _____

Name of each governmental authority (i.e. city, county, state, etc.) investigating the incident: _____

List of any and all documents, writings, reports and statements pertaining to the incident, which Claimant does not possess, but which are believed to be in the possession of a third party, and the location of such information: _____

List the name of Claimant's insurance company/agent, address/telephone number and policy number. (If seeking compensation for property damage and/or personal injury, all insurance coverage should be listed.)

Complete description of incident and the resulting injury and/or damage: (Accident/incident reports submitted to or completed by a governmental authority cannot be accepted as Claimant's SWORN description of the incident. CLAIMANT MUST COMPLETE THIS SECTION IN HIS/HER OWN WORDS. Attach extra sheets if additional space is needed.)

A. Has Claimant filed any legal complaint in state or federal court dealing with the same facts involved in this claim or otherwise relating to Claimant's reason for seeking compensation from the Claims Advisory Board?

(Circle one.)

YES

NO

B. If Claimant's answer to the above question is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (If federal court, name the district; if state court, give name and county): _____

3. Docket Number: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (Circle One) DISMISSED Date: _____
 APPEALED Date: _____
 STILL PENDING

6. Approximate date of filing lawsuit: _____

I, the undersigned, hereby attest to the truth of the information contained herein, and understand that knowingly falsifying and/or failing to disclose material information relative to this claim could result in its denial or criminal prosecution for false swearing and/or both.

Signature: _____
(Claimant)

Sworn to and subscribed before me this

(NOTARY SEAL)

_____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____

**RULES & REGULATIONS
PERTAINING TO THE FILING OF NOTICES OF CLAIMS
AGAINST THE STATE OF GEORGIA**

CLAIMS IN AN AMOUNT OVER \$5,000.00

115-2-.02 Consideration of Claims by Board. In order for an otherwise eligible claim under this Chapter to be processed by the Board, the following materials must be filed with this Board:

(a) a Notice of Claim, on forms provided by the Board, which may be filed on behalf of the claimant by the member of the House of Representatives who intends to introduce a compensation resolution with respect to such claim; or

(b) a Notice of Possibility of Claim, on forms provided by the Board, which is to be filed by the state department or agency against which a claim is directed; and

(c) all supporting documentation requested by the Board.

115-2-.03 Notice of Claim. . .

(1) Any member of the House of Representatives may file on behalf of a claimant a Notice of Claim form, which shall be provided by the Board. Each Notice of Claim shall include a sworn description of the incident signed by the claimant.

(2) A Notice of Claim under this Chapter shall be filed:

(a) On or before the 15th day of November immediately preceding the introduction of a compensation resolution in the House of Representatives, if the event giving rise to the claim against the state occurred on or before the 5th day of November;

(b) within 10 days after the occurrence of the event giving rise to the claim, if the event giving rise to the claim against the state occurred subsequent to the 5th day of November immediately preceding the introduction of the compensation resolution.

(c) within two years after the date of event giving rise to the claim.

115-2-.04 Acknowledgement of Receipt of Notice of Claim. The Board shall acknowledge receipt of the Notice of Claim to the claimant and the representative and shall send each a list of required supporting documents.

115-2-.05 Supporting Documentation. The Board shall not take action on a claim until all supporting documents requested by the Board have been received and filed with the Board. The following supporting documents, where applicable, shall be filed by the claimant or on his/her behalf:

(a) copy of accident/incident report signed by investigating officers—State Patrol, County Police, City Police, Campus Police, Security Officer, etc.;

(b) claimant's affidavit concerning receipt of compensation from insurers or third parties on form provided by Board;

(c) if any insurance has been paid or is payable, a waiver of claim form executed by the insurer;

(d) receipted itemized repair bill, or two estimates of repair;

(e) physician's statement as to nature, cause and extent of injury or illness;

(f) sworn itemized list of all medical bills (physicians, hospital, drugs, etc.), with bills or copies of bills attached;

(g) sworn affidavit as to the value of property on which total loss is alleged;

(h) if property is a total loss and has been sold for salvage or will be sold for salvage, a sworn affidavit from dealer indicating the salvage value of the property or evidence showing the exact amount received for salvage;

- (i) such other supporting evidence claimant may wish to provide, in affidavit form;
- (j) such other supporting data or documentation as the Board may request in writing for proper evaluation of a particular claim.

115-2-.07 Compliance With Time Limitations and Filing of Supporting Documents Required Prior to Consideration of Claim. The Board is prohibited from considering any resolution for compensation unless a Notice of Claim or Notice of Possibility of Claim is filed within the time provided for in Code Section 28-5-80, unless the resolution is introduced and the information required by the Board is filed within the time limitations specified in Code Section 28-5-80.

115-2-.08 Claimant's Responsibility for Drafting and Introduction of Compensation Resolution. It shall be the responsibility of the claimant under this Chapter to contact a member of the House of Representatives and request that such Representative cause to be drafted and sponsor a resolution for compensation on behalf of the claimant. The Board may not make a recommendation on any claim under this Chapter unless a compensation resolution has been introduced in the House of Representatives on behalf of the claimant.

115-2-.09 Meetings.

(1) Upon receipt of a certified copy of the compensation resolution from the Clerk of the House of Representatives, and provided that all supporting documentation has been submitted, the resolution and claim shall be placed on the agenda for review at the next scheduled meeting of the Board.

(2) Notice of such meeting shall be sent to the members of the Board, the state Representative who is sponsoring the resolution, the representative of the department against which the claim has been made, the claimant (if the claimant has requested notification) and the attorney for the claimant (if the claimant is represented by counsel).

(3) Neither the claimant, the claimant's attorney, the state Representative who introduced the resolution on the claimant's behalf or the representative of the department against which the claim has been made shall be required to appear before the Board, but they shall be allowed to appear before the Board relative to the claim, if they so desire. Such appearance shall be deemed to be a hearing for purposes of O.C.G.A., Section 28-5-82, but shall not be governed by the provisions of the Georgia Administrative Procedure Act applicable to contested cases. Persons in the custody of the State can appear in person only at the discretion of the Board.

115-2-.10 Recommendation of Board.

(1) After investigation of the claim by the Board and consideration thereof at a regularly scheduled meeting or hearing, the Board shall prepare a statement including its findings, its determination of the merits of the claim, its recommendation as to the payment thereof, and such other information as the Board deems advisable. Such statement shall be immediately transmitted to the chairman of the House Appropriations Committee, who shall present the same to the full committee.

(2) If the claimant is a state employee and the claim arises out of the performance of the claimant's duties, the Board, in its discretion, will recommend payment only for items that are shown by the claimant to be either required or deemed by the Board to be reasonably necessary for the performance of the claimant's duties and not used merely for convenience or esthetic value.

(3) The Board, in its discretion, will not recommend payment of any part of any claim which arises as a result of:

- (a) The commission of an illegal act by the claimant; or
- (b) The violation by the claimant of an internal disciplinary rule or regulation promulgated by the department or agency against which the claim is filed, including, but not limited to:
 - 1. rules relating to the prevention of violence or abuse or threats of violence or abuse against another person;
 - 2. rules pertaining to safety, security and orderly operation;
 - 3. rules relating to possession, manufacture or introduction of contraband;
 - 4. rules relating to possession or acquisition of property by fraud or deception.

115-2-10-(6) The Board shall make no recommendation regarding any claim which is the subject of pending litigation.

115-2-11 Claims Paid or Payable by Insurance. The Board shall make no recommendation for payment of any part of any claim under this Chapter which is paid or payable by insurance, nor shall the Board recommend payment on any compensation resolution introduced on behalf of the insurer of the aggrieved party.

CLAIMS ADVISORY BOARD

214 State Capitol
Atlanta, Georgia 30334

SUPPORTING DOCUMENTS TO BE FILED WITH THE CLAIMS ADVISORY BOARD PRIOR TO INTRODUCTION OF COMPENSATION RESOLUTION IN GENERAL ASSEMBLY

1. CLAIMANT'S SWORN AFFIDAVIT - Affidavit as to prior or future payment by insurance company or others; see form attached. (Please note that the Claims Advisory Board's official Rules and Regulations state the following: "The Board shall make no recommendation for payment of any part of any claim...which is paid or payable by insurance, nor shall the Board recommend payment on any compensation resolution introduced on behalf of the insurer of the aggrieved party...")
2. STATEMENT OF INSURANCE COVERAGE - Statement from insurance company/agent indicating exact coverage (including deductible amount) and benefits (if any) paid to date relative to this incident; see form attached. If there is no insurance coverage, please state so on the form, sign your name and have document notarized.
3. CLAIMANT'S AFFIDAVIT-VALUE OF PROPERTY FORM - See form attached.
Received, itemized repair bill **OR** two (2) sworn, itemized estimates of repairs.
5. Physician's statement as to nature, cause and extent of injury or illness.
6. Sworn (notarized) Affidavit **equaling the amount requested on "Notice of Claim Form"**. On this affidavit you should itemize amounts not covered by insurance and any out-of-pocket expenses incurred due to the incident. (Copies of bills must be attached.)
7. Sworn (notarized) affidavit from authorized dealer as to the value of property on which total loss is alleged.
8. Sworn (notarized) statement from employer verifying the amount of lost wages due to incident.
9. Any other supporting evidence claimant may wish to furnish - to be submitted in affidavit form.

OTHER SUPPORTING DOCUMENTS NEEDED:

ANY AMOUNT OF YOUR CLAIM PAID OR PAYABLE BY INSURANCE
SHOULD BE LISTED ON THIS AFFIDAVIT

CLAIMANT'S SWORN AFFIDAVIT

STATE OF GEORGIA
COUNTY OF _____

In person appeared before me, an officer authorized to administer oaths,

(Claimant's Name)

WHO BEING DULY SWORN deposes and says he/she has officially submitted a claim against the

(State Department/Agency)

requesting compensation in the amount of \$_____, and that neither
he/she nor anyone for his/her benefit has been compensated in any way or amount for said claim;
NOR IS IT POSSIBLE that he/she or anyone for his/her benefit will be compensated in any way or
amount for said claim; except as follows:

I, the undersigned, hereby attest to the truth of the information contained herein, and understand that
knowingly falsifying and/or failing to disclose material information relative to this claim could result
in its denial.

(Claimant's Signature)

Sworn to and subscribed before me, this

_____ day of _____,

20_____.

(SEAL)

(Notary Public Signature)

PLEASE RETURN COMPLETED FORM TO:

CAB-6/02

Secretary of State
Claims Advisory Board
214 State Capitol
Atlanta, Georgia 30334

**STATEMENT OF INSURANCE COVERAGE
(To be Completed by Insurance Agent/Company)**

IN RE: Amount \$ _____ **Date of Incident** _____

Claim filed against: _____
(State of Georgia –Department/Agency)

TO: _____
(Name of Insurance Company)

(Address)

(City/State)

INSURED/CLAIMANT: _____

POLICY NUMBER: _____

INSURANCE COVERAGE ON DATE OF INCIDENT INCLUDING DEDUCTIBLE:

Describe coverage in effect on date of incident – including deductible amount: _____

Benefits (if any) already paid relative to this incident: _____

Other: _____

BY: _____
(Signature of Agent/Representative)

DATE: _____