

**NOTICE OF CLAIM AGAINST THE STATE OF GEORGIA
IN AN AMOUNT OF \$5,000.00 OR LESS**

**Claims Advisory Board
214 State Capitol
Atlanta, GA 30334**

I, the undersigned, pursuant to O.C.G.A. § 28-5-85, hereby notify the Claims Advisory Board that I am seeking the compensation from the State of Georgia in satisfaction of the hereinafter described claim. (IF CLAIM IS FOR INJURY/PROPERTY DAMAGE OF A MINOR CHILD, CLAIM WILL NEED TO BE FILED BY PARENT OR LEGAL GUARDIAN, ON CHILD'S BEHALF.)

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____.

 (My Commission Expires: _____)
 (Notary Public)

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

CLAIMS IN AN AMOUNT OF \$5,000.00 OR LESS

115-3-.02 Notice of Claim. . .

(1) If a citizen has a claim against the state subject to the provisions of this Chapter, such person may file such claim with the Board by filing a Notice of Claim on forms provided by the Board. No claim shall be considered by the Board unless such Notice of Claim has been filed. Each Notice of Claim shall include a sworn description of the incident signed by the claimant.

(2) No claim under this part shall be considered by the Board unless Notice of Claim has been filed with the Board within two years after the date of the event giving rise to the claim.

115-3-.03 Acknowledgment of Receipt of Notice of Claim. The Board shall acknowledge receipt of the Notice of Claim to the claimant and shall send the claimant a list of required supporting documents.

115-3-.04 Supporting Documents Required. The Board shall not take action on a claim made under this Chapter 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., if applicable;

(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) claimant's "Settlement Agreement, Covenant Not to Sue and Release", on form provided by Board;

(j) such other supporting evidence claimant may wish to provide, in affidavit form;

(k) such other supporting data or documentation as the Board may request in writing for proper evaluation of a particular claim.

115-3-.07 Decision of Board.

(1) After reviewing and considering all information submitted by a claimant in support of the claim against the state and the report of the state department or agency affected by such claim, the Board shall make a determination either to pay or reject such claim against the state.

(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 authorize 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 claimant's duties and not used merely for convenience or esthetic value.

(3) The Board, in its discretion, will not authorize 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 pertaining 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. rule relating to possession or acquisition of property by fraud or deception.

(4) The Board shall make no recommendation regarding any claim which is the subject of pending litigation.

(5) The Board shall not be bound by the total amount claimed against the state and may authorize the payment of a lesser amount.

(6) If the board determines that the claim against the state is justified and that the amount of such claim, or a portion thereof, should be paid, it shall issue its order to the chief executive or administrative officer of the state department or agency affected by such claim ordering such officer, within 30 days after receipt of such order, to pay the claimant the amount specified by the Claims Advisory Board in its order contingent upon the claimant's execution of the appropriate "Settlement Agreement, Covenant Not to Sue and Release" form. A copy of such order shall be mailed to the claimant.

(7) If the Claims Advisory Board determines that the claim against the state should be rejected, it shall notify the claimant of such rejection, and such notice shall explain the reasons for such rejection. A copy of such notice to the claimant shall be sent to the state department or agency affected by the claim.

(8) The decision of the Claims Advisory Board shall be final.

115-3-.08 Claims Paid or Payable by Insurance. The Board shall not authorize or direct the payment of any part of any claim under this Chapter which is paid or payable by insurance, nor shall the Board authorize or direct payment to any insurer of the aggrieved party.

115-3-.09 Payment of Claim in Full and Complete Settlement. Any payment made to a claimant under this Chapter shall be in full and complete settlement of any claim against the state arising from said occurrence, and each claimant, as a condition precedent to receiving payment, shall execute a "Settlement Agreement, Covenant Not to Sue and Release" form provided by the Board.

**Claims Advisory Board
214 State Capitol
Atlanta, Georgia 30334**

SUPPORTING DOCUMENTS TO BE FILED WITH THE CLAIMS ADVISORY BOARD

1. CLAIMANT'S SWORN AFFIDAVIT – Affidavit as to prior or future payment by insurance company or others; see form attached. (Please note that O.C.G.A. § 28-5-85(e) provides: “The Claims Advisory Board shall not authorize or direct the payment of any part of any claim under this Code Section which is paid or payable by insurance.”)
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 you have no insurance, please state so on the form, sign your name and have signature notarized.
3. INSURANCE WAIVER FORM – If any insurance has been paid or can be paid, insurance company must furnish waiver of its claim; see form attached.
4. CLAIMANT'S AFFIDAVIT – VALUE OF PROPERTY FORM – See form attached.
5. Receipted, itemized repair bill OR two (2) itemized estimates of repairs.
6. Physician's statement as to nature, cause and extent of injury or illness.
7. If you are requesting reimbursement for **ONLY** your medical bills not covered by insurance, you will need to submit a sworn (notarized), itemized list of all medical bills (physicians, hospital, drugs, etc.) equaling the amount requested on your “Notice of Claim Form”. Copies of paid bills/receipts must be attached.
8. Sworn (notarized), itemized list of out-of-pocket expenses not covered by insurance, equaling the amount requested on “Notice of Claim Form”. Copies of paid bills/receipts must be attached.
9. Sworn (notarized) affidavit from authorized dealer as to the value of property on which total loss is alleged.

IF property is a total loss and has been sold for salvage or will be sold for salvage, submit a sworn affidavit from dealer indicating the salvage value of the property or submit evidence showing the exact amount received for salvage.
10. Copy of Police Report.
11. 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:

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

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

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

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

TO: _____
(Name of Insurance Company)

(Address)

INSURED/CLAIMANT: _____

POLICY NUMBER: _____

YEAR/MAKE/MODEL OF VEHICLE: _____

INSURANCE COVERAGE ON DATE OF INCIDENT INCLUDING DEDUCTIBLE:

Comprehensive Deductible: _____

Collision Deductible: _____ **Liability Coverage Only:** _____

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

Other: _____

BY: _____
(Signature of Agent/Representative)

DATE: _____