

### Section 1: Claimant Information

**First Name**

**Last Name**

**Claim Number (If known)**

**Telephone Number**

If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance.

**Inmate Identification Number**

### Section 2: Financial Information for Fee Waiver Request

I am receiving financial assistance from one or more of the following programs:

- Supplemental Security Income (SSI) and State Supplemental Payments (SSP).
- California Work Opportunity and Responsibility to Kids (CalWORKS).
- CalFresh/SNAP (formerly Food Stamps).
- General Relief (GR) or General Assistance (GA).

Number of household members and monthly household income are within one of the categories below.

Number of Household Members	Maximum Monthly Household Income
1	\$1,569.00
2	\$2,129.00
3	\$2,690.00
4	\$3,250.00
5	\$3,810.00
6 or More	\$4,371.00

For each additional household member beyond 6, add \$560.00 to the maximum monthly household income

### Section 3: Fee Waiver Certification

*I request a waiver of the \$25 fee to file a government claim. I declare under penalty of perjury, per Penal Code Section 72, that the information provided on this application is true and correct.*

*I acknowledge that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.*

**Signature**

**Date**

**TO APPLY FOR A REDUCED FILING FEE, YOU ARE ONLY REQUIRED TO COMPLETE PAGE 2 OF THIS FORM.**

## Section 4: Reduced Fee Application

**CALCULATING THE REDUCED FEE:** Subtract the Maximum Monthly Household Income from your total household income. If this number is greater than \$100, you do not qualify for a reduced filing fee or fee waiver. If this number is greater than \$0 and less than \$100, multiply it by (0.25) to calculate your reduced fee amount.

I certify that my income is less than \$100 more than the indicated monthly income level and I have provided a filing fee, which is 25% of the difference.

## Section 5: Reduced Fee Certification

*I request to pay a reduced fee to file a government claim and the reduced fee is enclosed with this application. I declare under penalty of perjury, per Penal Code Section 72, that the information provided on this application is true and correct.*

*I acknowledge that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.*

**Signature**

**Date**

Department of General Services  
Office of Risk and Insurance Management  
Government Claims Program  
PO Box 989052, MS-414  
West Sacramento, CA 95798-9052

[GCInfo@DGS.ca.gov](mailto:GCInfo@DGS.ca.gov) – (916) 376-5302 – [File a Government Claim](#)

## Notice on Collection

**Effective Date:** 6/25/24

**INFORMATION COLLECTION AND ACCESS.** State law requires the following information to be provided **before or upon** collecting or recording information from individuals:

<p><b>1. Agency Name:</b> Department of General Services (DGS)</p>	<p><b>2. Title of Official Responsible for Information Maintenance:</b> <i>Office of Risk and Insurance Management, Government Claims Program</i></p>
<p><b>3. Access to Your Information:</b> You have the right to review records containing the information that you provided to DGS Office of Risk and Insurance Management. To request access, please contact:  <i>Office of Risk and Insurance Management/Government Claims Program</i> 707 3<sup>rd</sup> Street MS 414, West Sacramento, CA 95605 gcinfo@dgs.ca.gov (916) 441-9227</p>	
<p><b>4. Collection and maintenance of the information is authorized by:</b> Government Code Section 905.2(c)(2)</p>	
<p><b>5. Consequences of not providing all or any part of the requested information:</b>  Providing the following information is mandatory: all information requested unless otherwise noted. If you decline to provide this information, DGS Office of Risk and Insurance Management may deny the filing fee waiver request.</p>	
<p><b>6. Personal Information is subject to protections and limitations within:</b>  The California Information Practices Act, the California Public Records Act, and state policies. DGS' general privacy policy is available at: <a href="https://www.dgs.ca.gov/Privacy">https://www.dgs.ca.gov/Privacy</a>.</p>	
<p><b>7. Use of Personal Information:</b> DGS Office of Risk and Insurance Management collects Personal Information, as defined in DGS' Privacy Policy, for the following purposes:</p> <ul style="list-style-type: none"> <li>• To determine eligibility to waive the Government Claims Program claim filing fee.</li> <li>• Perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with California Civil Code Section 1798.25</li> </ul>	
<p><b>8. Sharing of Personal Information:</b> DGS Office of Risk and Insurance Management may share your Personal Information and other data with other state and/or local agencies.</p>	
<p><b>9. Free privacy protection and computer security resources are available to you at:</b> <a href="https://oag.ca.gov/privacy/consumer-privacy-resources">https://oag.ca.gov/privacy/consumer-privacy-resources</a></p>	