

CLAIMANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
INMATE OR PATIENT IDENTIFICATION NUMBER (if applicable)		BUSINESS NAME(if applicable)		
TELEPHONE NUMBER		EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP
IS THE CLAIMANT UNDER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURED NAME(Insurance Company Subrogation)		
IS THIS AN AMENDMENT TO A PREVIOUSLY EXISTING CLAIM? <input type="checkbox"/> Yes <input type="checkbox"/> No		EXISTING CLAIM NUMBER (if applicable)	EXISTING CLAIMANT NAME(if applicable)	

ATTORNEY OR REPRESENTATIVE INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
TELEPHONE NUMBER		EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP

CLAIM INFORMATION

STATE AGENCIES OR EMPLOYEES AGAINST WHOM THE CLAIM IS FILED		DATE OF INCIDENT
LATE CLAIM EXPLANATION (Required, if incident was more than six months ago)		
DOLLAR AMOUNT OF CLAIM	CIVIL CASE TYPE(Required, if amount is more than \$10,000) <input type="checkbox"/> Limited (\$25,000 or less) <input type="checkbox"/> Non-Limited (over \$25,000)	
DOLLAR AMOUNT EXPLANATION		
INCIDENT LOCATION		
SPECIFIC DAMAGE OR INJURY DESCRIPTION		
CIRCUMSTANCES THAT LED TO DAMAGE OR INJURY		
EXPLAIN WHY YOU BELIEVE THE STATE IS RESPONSIBLE FOR THE DAMAGE OR INJURY		

AUTOMOBILE CLAIM INFORMATION		
DOES THE CLAIM INVOLVE A STATE VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE LICENSE NUMBER(if known)	STATE DRIVER NAME (if known)
HAS A CLAIM BEEN FILED WITH YOUR INSURANCE CARRIER? <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE CARRIER NAME	INSURANCE CLAIM NUMBER
HAVE YOU RECEIVED AN INSURANCE PAYMENT FOR THIS DAMAGE OR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT RECEIVED (if any)	AMOUNT OF DEDUCTIBLE(if any)

NOTICE AND SIGNATURE		
I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).		
SIGNATURE	PRINTED NAME	DATE

INSTRUCTIONS

- Include a check or money order for \$25, payable to the State of California.
 - \$25 filing fee is not required for amendments to existing claims.
- Confirm all sections relating to this claim are complete and the form is signed.
- Attach copies of any documentation that supports your claim. Do not submit originals.

Mail the claim form and all attachments to:
 Office of Risk and Insurance Management
 Government Claims Program
 P.O.Box 989052, MS414
 West Sacramento, CA 95798-9052

Claim forms can also be delivered to:
 Office of Risk and Insurance Management
 Government Claims Program
 707 3rd Street, 1st Floor
 West Sacramento, CA 95605
 1-800-955-0045

Department of General Services Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Risk and Insurance Management (ORIM), is requesting the information specified on this form pursuant to Government Code Section 905.2(c).

The principal purpose for requesting this data is to process claims against the state. The information provided will/may be disclosed to a person, or to another agency where the transfer is necessary for the transferee-agency to 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.

Individuals should not provide personal information that is not requested.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in a delay in processing.

Department Privacy Policy

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy ([see State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

Access to Your Information

ORIM is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGSORIM
Public Records Officer
 707 3rd St., West Sacramento, CA 95605
 (916) 376-5300