State Administrative Board DTMB-1104 (Rev. 6/12)

# **CLAIM AGAINST THE STATE OF MICHIGAN**

FOR PERSONAL LOSSES LESS THAN \$1,000

STATE USE ONLY	
SAB CLAIM NUMBER	
DEPT. CLAIM NUMBER	

In accordance with State Administrative Board policy, the following information is required for consideration of a claim against the State of Michigan. See the reverse side for additional information before completing this form.

1. CLAIM OF-NAME (LAST, FIRST, MIDDLE INITIAL)			TELEPHONE NUMBER OR INMATE ID NUMBER				
STREET ADDRESS		CITY			STATE	ZIP CODE	
STATE EMPLOYEES ONLY							
CIVIL SERVICE CLASSIFICATION	CIVIL SERVICE CLASSIFICATION DEPARTMENT WHERE YOU WORK WORK LOCATION						
2. NAME OF STATE AGENCY CLAIM IS AGAINST (Department, College or University)							
3. DATE AND TIME OF LOSS		LOCATION OF LOSS	OF LOSS				
4. DESCRIBE YOUR INJURY, LOSS OR DAMAGE IN DETAIL							
5. AMOUNT OF YOUR CLAIM \$ HOW DID YOU DETERMINE THE VALUE? Describe the method you used in detail. Attach copies of relevant receipts, bills, letters from insurance companies, etc. List each document you have attached.							
6. EXPLAIN WHY THE STATE AGENCY IN NUMBER 2 ABOVE IS RESPONSIBLE.							
7. EXPLAIN WHY YOU ARE NOT AT FAULT AND WHY YOU COULD NOT HAVE PREVENTED THE LOSS.							
8. a. HAVE YOU FILED ANY OTHER CLAIMS AGAINST THE STATE OF MICHIGAN RELATED TO THIS LOSS?  IF YES, LIST THE CLAIMS BELOW AND/OR ATTACH COPIES OF THE CLAIMS.							
b. HAVE YOU RECEIVED REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM FROM SOME OTHER SOURCE? YES NO EXPLAIN.							
c. DO YOU HAVE ANY POTENTIAL SOURCE OF REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM, SUCH AS YOUR OWN OR SOME OTHER PERSON'S INSURANCE POLICY?  EXPLAIN.							
9. DESCRIBE ANY OTHER INFORMATION WHICH SHOULD BE CONSIDERED.							
I certify that the above information is, to the best of my knowledge, true and, provided this claim or any part thereof is approved, I fully release and discharge the State of Michigan, its department or agency, from all other causes of action, liabilities, and damages I may have pertaining to this claim.							
Signature of Claimant		Printed name of C	laimant	appeared before me on			
and signed the release above as a fr	ee act and deed.	Fillited flame of C	naillaill				Date
Signature of Notary		Printed name of N	otany	Notary Public, State of Michigan			
County of	Actir		, can y	County My commission expires			
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### GENERAL INSTRUCTIONS

This form may only be used for claims against the State of Michigan, its departments and officers, colleges and universities for amounts less than \$1,000.

If you are a state employee, you must use this form to file a claim.

If you are not a state employee, you may file a claim under \$1,000 by completing and returning this form or by providing the information in a format as prescribed by the State Administrative Board.

Provide the information as completely and in as much detail as possible. If you need additional space, use a blank sheet of 8 1/2" by 11" paper and attach it to your claim. Please type or print legibly in ink. When completed, have the form notarized before a Notary Public. Retain the Canary copy of the form for your records.

You will be notified in writing of the action taken on this claim.

### WHERE TO FILE YOUR CLAIM

File the original, signed, and notarized claim form with the necessary documentation to the location as follows:

Claims by members of the public against the State of Michigan, its departments and officers must be filed with the accounting office of the department against which the claim is made, or with:

Office of the Secretary State Administrative Board State of Michigan P.O. Box 30026 Lansing, MI 48909

Claims against state colleges and universities must be filed with the Secretary of the State Administrative Board at the above address. Claims by state employees must be filed with the accounting office of the department against which the claim is made.

# SPECIAL INSTRUCTIONS FOR INMATES ONLY

Please provide receipts and grievances with responses.

## SPECIAL INSTRUCTIONS FOR STATE EMPLOYEES ONLY

Accident reports or police reports are required for claims involving damage to personal motor vehicles or stolen property. For damage to personal motor vehicles, an estimate by a repair shop is also required. Attach copies of these reports and the estimate to your claim.

Carefully read the following. For the type(s) of claim(s) you are making respond to the required information in detail in the indicated section on the reverse side of this form.

## **Types of Claims**

- Claim for damaged or lost personal items which you were wearing or had on you when the loss occurred, such as eyeglasses, jewelry, watches or clothing.
  - In #5, include the original date of purchase and the original cost.
  - In #9, describe in detail whether you were performing your duties as a state employee when the loss occurred and whether the loss occurred as a result of your duties as a state employee.
  - In #9, also explain why you were wearing the damaged or lost items or why you had them on your person.
- Claim for damage to personal motor vehicle.
  - In #3, describe where on state property you were driving or parking your motor vehicle.
  - In #6, explain why the damage to your motor vehicle resulted from negligence of the State of Michigan.
- III. Claim for theft or loss of personal property, excluding money or clothing, from your workstation, from the building in which you work, or from a state vehicle or from your personal vehicle which you were using while performing your job.
  - In #3, describe the exact location from which the property was lost or stolen.
  - In #5, include the original date of purchase and the original cost.
  - In #9, explain why you needed the lost or stolen property for the performance of your duties as a state employee.
  - In #9, also explain where you were at the time of the loss or theft.
- IV Claim for stolen money.
  - · If more than \$50 was stolen, explain in #9 why you had this much money in your possession at the time it was stolen.
  - In #9, describe measures you took to secure the money.
- V Claim for damaged or stolen clothing which you were not wearing at the time of the loss.
  - In #3, describe the exact location of the clothing at the time it was stolen.
  - In #5, include the original date of purchase and the original cost.

STATE ADMINISTRATIVE BOARD	STATE AGENCY
DATE AND TIME RECEIVED	DATE AND TIME RECEIVED