

INSTRUCTIONS TO CLAIMANT

Type 1: General Claims 25.2

Statements, information, and evidence concerning the following items are required to support your claim.

1. Itemized statement for services rendered or merchandise furnished and the name of the state agency or employee involved. Explain why the invoice was not submitted within the current fiscal year.
2. If for a refund, explain in detail, and indicate state agency involved.
3. Complete information concerning claim must be given, together with amount claimed in dollars.
4. State employees claiming expenses must attach standard expense form with the agency certification signature, and explain why expenses were not submitted within the current fiscal year.

**If your General Claim is denied by the State Appeal Board,
it will automatically be presented to the General Assembly.**

Type 2 & 3: Tort Claims 669.2(3)

- a. Any claim against the State of Iowa for money only, on account of damage to or loss of property, or on account of personal injury or death caused by the negligent or wrongful act or omission of any employee of the state while acting within the scope of the employee's office or employment under circumstances where the state, if a private person, would be liable to the claimant for such damage, loss, injury, or death.
- b. Any claim against an employee of the state for money only, on account of damage to or loss of property, or on account of personal injury or death caused by the negligent or wrongful act or omission of any employee of the state while acting within the scope of the employee's office of employment.

Notice to Claimant

- I. Describe accident, and state in detail all known facts and circumstances attending the damage or injury, the state agency and property involved, and the cause thereof, and the names and addresses of all persons who have knowledge of any relevant facts relating to the claim.
- II. If an insurance carrier has subrogation rights, provide name, address, and policy number
- III. In support of claim for personal injury or death, claimant shall submit the following information:
 - A. Detailed description of nature, extent, and duration of any and all injuries.
 - B. If treated by doctors, the name and address of each doctor, the dates and places where treatments were received, and the date of the last treatment.
 - C. If any hospital confinement, the name and address of hospital, date of admission, and discharge therefrom.
 - D. If a previous injury, disease, illness, or condition is claimed to have been aggravated or accelerated, specify in detail the nature of each, and the name and present address of each doctor, if any, who rendered or is rendering treatment for said condition.
 - E. If employed at the time of accident, state:
 - (1) The name and address of the employer; (2) Position held and nature of work performed; (3) Average weekly wage for past year; and (4) Period of time lost from employment, giving dates; and (5) Amount of wages lost, if any.
 - F. If other loss of income, profit, or earnings is claimed, state:
 - (1) The total amount of said loss in complete computation; (2) Nature and source of loss of such income, profit, or earnings; (3) Date of deprivation thereof; (4) Period of time of such loss; and (5) Whether loss is still continuing.
 - G. If there has been a return to employment or occupation state:
 - (1) Name and address of present employer; (2) Position held and nature of work performed (3) Present weekly wages, earnings, income, or profit.
 - H. Itemize in complete detail all monies expended or expenses incurred, in any regard, in connection with said claim.
- IV. In support of any claim for property damage the claimant shall submit the following information:
 - A. If alleged damage relates to motor vehicle, state:
 - (1) Make, model, and year of motor vehicle; (2) Amount paid by claimant for said motor vehicle and date the same was purchased; (3) If repairs have been made, furnish copy of bill; (4) If no repairs have been made, please provide TWO SEPARATE ESTIMATES OF REPAIRS; and (5) The specific part or parts of said motor vehicle alleged to have been damaged.
 - B. If other damaged property is in any way related to alleged claim, state:
 - (1) The specific articles of property alleged to have been damaged clearly enumerating each article involved; (2) Method by which said property was acquired. If purchased, give name of person from whom bought, purchase prices, date acquired and use to which it has been put since owned; (3) Depreciated value as of date of loss; (4) If repairs have been made, furnish a copy of bill; and, (5) If no repairs have been made, but an estimate of the cost of said repairs has been obtained, furnished a copy of said estimate.

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