

**PERSONAL INJURY OR PROPERTY DAMAGE OR LOSS CLAIM  
AGAINST THE STATE OF KANSAS**

**INSTRUCTIONS**

1. Read the "Notice to Claimant" section prior to completing the form.
2. Complete the requested information in the "Claimant Information" and "Claim Information" sections of the form.
3. Have the claim statement notarized.
4. Return the completed form to the agency that you are filing the claim against.

**NOTICE TO CLAIMANT**

Personal injury or property damage or loss claims may be paid by a state agency if the claim amount does not exceed \$1,000.00 (or higher at the Kansas Department of Transportation, or \$2,500.00 at the University of Kansas Medical Center and the Kansas Highway Patrol), the injury or damage did not occur as a result of negligence of the claimant, and either (1) the property damage or loss was by a state officer or employee and was incurred while the claimant was acting within the scope of employment; or (2) the personal injury or property damage or loss was incurred by the claimant as a result of negligence on the part of the state or any agency, officer or employee thereof; or (3) the personal injury or property damage or loss was caused by an act of a homemaker employed by the Secretary of Social and Rehabilitation Services; or (4) the personal injury or property damage or loss occurred during law enforcement efforts by the Kansas Highway Patrol to persons who were not negligent during such efforts.

The acceptance by the claimant of any payment made pursuant to this claim shall be final and conclusive and shall constitute a complete release of any and all existing and future claims for personal injury or property damage or loss against the agency named, the State of Kansas and any individual, employee or agent thereof arising from the stated event. Said acceptance shall be binding on all heirs, successors, or assigns.

**CLAIMANT INFORMATION** (Please Print or Type)

Name	_____	Telephone Number	( ) _____
Address	_____	Email Address	_____
	_____		
	_____		

**CLAIM INFORMATION**

1. Enter the name of the agency you are filing the claim against and the total amount of the claim.

Agency Name \_\_\_\_\_ Total Claim Amount \_\_\_\_\_

Claim Information Continued

2. Please briefly state the basis of your claim including the date, time, location and circumstances of the event. Attach any documents which you feel may be pertinent to your claim, including an itemization of the amount for which you are claiming (indicate deductions for insurance reimbursements, depreciation, etc.). **Note: The claim statement must be notarized. Sign the claim statement in the presence of a notary public.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM (circle one)  
County Name: \_\_\_\_\_ Nearest City: \_\_\_\_\_ Highway Name/Number: \_\_\_\_\_  
Direction Traveling: \_\_\_\_\_ Reference Point or Intersecting Road: \_\_\_\_\_  
Circumstances of the Event: \_\_\_\_\_

Has your injury or property damage or loss arising from the state event been paid, in whole or in part, by any insurance company? YES / NO (circle one). If yes, state the amount that was paid: \$ \_\_\_\_\_

I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

Claimant Signature \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me on (date) \_\_\_\_\_ by

\_\_\_\_\_  
(Name of Person Making Declaration)

\_\_\_\_\_  
(Notary Public)

(seal)

(My Appointment Expires: \_\_\_\_\_ )