

How to Complete Your Claim Form Line by Line Instructions

Blanks **(1)** through **(6)**. This is your contact information. It is very important that this information is accurate. If this information changes after you file your claim you need to contact us by filling out a new contact information form or by calling us at 1-800-824-8263.

Blanks **(7)** through **(9)**. This is the contact information for the state agency you are filing your claim against. If you do not know the name and/or address of the state agency you wish to file a claim against you can look on our website to find the agency name and mailing address. Remember you may only file a claim against the state government here. We do not have the legal authority to decide claims against your local government or the federal government.

Blank **(10)**. Where the accident or injury occurred. Try to be as specific as possible. For example, “approximately 300 feet north of milepost 120 on I-71 North,” or “on the stairs between sections 117 and 118 of Nippert Stadium.”

Blank **(11)**. Again be specific, “approximately 3:15 PM on March 13, 2013.”

Blank **(12)**. Use plain language but tell us exactly what happened in full detail to cause your loss, damages and/or injuries. For example, “the ODOT snowplow driver drifted into my lane of traffic on I-75 and scraped the left side of my car from driver’s side door to the front bumper”, or “I struck my head when I fell on the slick bathroom floor located on the first floor of MacKinnon Hall at the University of Toledo.”

Blank **(13)**. Tell us in plain language the extent and location of your injuries, loss and/or damages. For example, “Grant Hospital Emergency Room visit \$100.00, prescriptions at CVS \$25.00” or “damage to left front door and window of my 2010 Ford Focus \$675.00.” To help prove your claim for injury, damage or loss **you should attach two copies of each bill, receipt or statement to the claim form you file with our Court.**

Blank **(14)**. Add all your losses together and tell us the total amount of your claim. If your claim is over \$10,000 you cannot use this form as your claim cannot be handled as part of the simplified administrative process and must be filed in our court like any other lawsuit. Before representing yourself on a claim of over \$10,000 you would be wise to review this matter with an attorney in your community to make sure you understand your rights.



Blank **(15)**. If you have witnesses you must list their names and addresses here. If you want us to consider their testimony you should get their statements in writing and attach two copies of each statement to your complaint.

Blank **(16)**. If you have insurance coverage circle “have” and complete blanks **(17)** and **(18)**.

Blank **(19)**. If you have received payments from any source because of injuries, damages or losses associated with this claim (insurance payments, workers compensation, disability, etc.) circle “have” and complete blank **(20)**. If you receive any of these type payments after you file your claim please let the Court know as soon as possible. If you have not received any payments circle “have not” and disregard blank **(20)**.

Blank **(20)**. If you have Medicare or Medicaid let us know that by giving us your Medicare or Medicaid number.

Blank **(21)**. This is the line for your signature. If the claimant is under 18 years of age, the minor’s parent or legal guardian should sign.

Blanks **(22)** through **(25)** only apply to claims filed by lawyers.

SEND COMPLETED FORM & \$25 FILING FEE TO:

**Ohio Court of Claims
Thomas J. Moyer Ohio Judicial Center
65 South Front Street, 3rd Floor
Columbus, Ohio 43215**