

IN THE COURT OF CLAIMS OF OHIO

Claim Form

Case Number _____
for Court use only

CLAIMANT:

(1) _____
claimant's first and last name

(2) _____
date of birth

(3) _____
street address

(4) _____
city state zip

(5) _____
telephone area code

(6) _____
Email address

NOTE: if you move or change telephone numbers you must give the Court written notice of the new address or telephone number

(Your claim may be DISMISSED if the Court cannot contact you.)

STATE AGENCY OR DEPARTMENT:

(7) _____
defendant state department, board, commission, etc

(8) _____
street address

(9) _____
city state zip

(10) Location where injury, damage, or loss occurred.

(11) Date and time when injury, damage, or loss occurred.

(12) Describe in ordinary language the basis of the claim.

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(12) Continued

(13) Describe your injury, damage, or loss.

list each item separately and attach any bill or receipt

(14) The total for my claim is \$ _____

The witnesses, if any, to the injury, damage or loss are **(15)** _____
Fill in name and address

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(16) I (circle the appropriate word or phrase)/have/do not have/insurance coverage for the injury, damage or loss with the

(17) _____
fill in company name and address and policy number

The policy has a (18) \$ _____ deductible provision.

I (circle the appropriate word or phrase)/have/have not/ received insurance payment(s) in the amount of

(19) \$ _____ as a result of the incident described above. (see instructions). I ask the Court to grant a judgment in the amount stated in blank (14).

(20) If you are a Medicare or Medicaid beneficiary, please list your Medicare or Medicaid number below

If the amount exceeds \$10,000.00 the Court may require that a civil rules complaint be filed. Under the penalties of perjury and falsification, I state that I have read or had read to me the above complaint and that it is true. Further, I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information which they thereby acquired.

(21) _____
signature of claimant (see instructions)

BE SURE TO INCLUDE FILING FEE AND TO GIVE THE COURT WRITTEN NOTICE OF ADDRESS CHANGES
(see Instructions)

NOTE: Claimant need not have an attorney. If claimant files the complaint without an attorney, claimant completes Blank (21). If claimant files through an attorney, claimant signs Blank (21) and the attorney signs Blank (22) and completes Blanks (23) through (25).

Pursuant to Civil Rule 11, I state I have read the above complaint; that to the best of my knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

(22) _____
signature of claimant's attorney

(23) _____
street address

(24) _____
city state zip

(25) _____
telephone area code

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