

## **JOINT COMMITTEE ON SPECIAL CLAIMS AGAINST THE STATE**

### **INSTRUCTIONS FOR CLAIMANTS**

- Fill out the claim form completely. Incomplete or unreadable forms will not be accepted, and the form will be returned to the claimant (person making claim). Claimants are encouraged to submit claims as early as possible.
- Claim forms must be received on or before November 1 in order to be heard by the Joint Committee on Special Claims Against the State prior to the next legislative session. Forms received after November 1 st will be held by staff and not considered by the Committee until the following calendar year, from June to December.
- Any information provided in or accompanying a claim form will be considered part of the claim file. Documents in a claim file are subject to the Kansas Open Records Act and may be released to persons outside the Committee or staff upon proper request. Additionally, any documents received by the Committee or staff will be considered part of the claim file. Original documents submitted by claimants will not be returned.
- The Joint Committee on Special Claims Against the State is intended as a venue to hear claims for which there is no other recourse to receive payment. The Committee is a place of last resort when there is no other way to appropriate money to pay a claim against the state. The Claims Committee does not act as a court or as an administrative hearing. Claims heard by the Committee are not subject to the Rules of Civil Procedure or the Rules of Civil Procedure for Limited Actions and small claims. The claims heard by the Committee also are not subject to the Administrative Procedures Act.
- The Joint Committee on Special Claims Against the State can only recommend payment to one individual or entity. If there is more than one claimant on an individual claim, you will need to designate which individual is to receive payment. If payment is to be made to an entity, including an open estate of a deceased person, you will need to designate the proper payee and contact person for an entity or estate.
- The Joint Committee submits recommendations for the claims it has heard in the form of a bill presented to the Legislature at the start of each session. Payment for claims that are approved by the Legislature and signed into law by the Governor are paid by the Division of Accounts and Reports. Prior to such payment being made, claimants are required to sign a release. Payments are generally made prior to June 1 st. When an inmate owes an outstanding unpaid amount of restitution ordered by a court, money received by the inmate from the state as a settlement of a claim against the state is withdrawn from the inmate's trust account as a set-off per KSA 46-920.

**JOINT COMMITTEE ON SPECIAL CLAIMS AGAINST THE STATE**

**CLAIM FORM**

(For Committee Staff Use)

Claim No. \_\_\_\_\_

Filed \_\_\_\_\_

In the matter of the claim of:

Claimant's Name \_\_\_\_\_ Inmate # \_\_\_\_\_

Address \_\_\_\_\_

(city)

(state)

(zip)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Claimant's Attorney (if any) \_\_\_\_\_

Address \_\_\_\_\_

(city)

(state)

(zip)

Telephone \_\_\_\_\_

If payment of the claim is recommended, payment should be made to \_\_\_\_\_  
(One individual or Entity Only)

NOW, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, comes the  
(Month) (Year)

undersigned and makes a claim against \_\_\_\_\_  
(State Agency Name)

in the amount of \$ \_\_\_\_\_, by virtue of: (Check the provision applicable to claim.)

**Personal Injury**

*Complete all questions on pages 3 and 4. No "see attached" allowed. Failure to fill out these pages completely will result in rejection of the claim.*

**Property Damage or Loss**

*Complete all questions on pages 3 and 4. No "see attached" allowed. Failure to fill out these pages completely will result in rejection of the claim.*

**Refused bill or voucher not presented in proper fiscal year.**

*Attach the bill or voucher and a statement setting forth full explanation for delay in presenting voucher.*

**Refund of fees or other payments to state in excess of amount due.**

*Attach a statement setting forth full explanation for overpayment.*

**Motor fuel tax refund.**

Permit No. \_\_\_\_\_

FEIN/Social Security No. \_\_\_\_\_

*Attach affidavits, tickets, receipts and verification of motor-fuel tax payments made.*

**Legislative Claims will be reduced by 10% or \$15.00 which ever is greater and deducted from the total refund amount requested.**

REFUND GALLONS CLAIMED		
Diesel:	<input type="text"/>	@ \$. <input type="text"/> Rate
Diesel:	<input type="text"/>	@ \$. <input type="text"/> Rate
Gasoline:	<input type="text"/>	@ \$. <input type="text"/> Rate
Gasoline:	<input type="text"/>	@ \$. <input type="text"/> Rate
Gasohol:	<input type="text"/>	@ \$. <input type="text"/> Rate
Gasohol:	<input type="text"/>	@ \$. <input type="text"/> Rate
E-85:	<input type="text"/>	@ \$. <input type="text"/> Rate
E-85:	<input type="text"/>	@ \$. <input type="text"/> Rate

**Sales tax refund--tax exempt project.**

*Attach a statement setting forth the nature of the project and the basis under which the project is tax exempt and receipts for the materials and services for which taxes were paid and a refund is claimed.*

**Other.**

*Attach a statement setting forth in detail the basis for the claim, together with any receipts, documents, or exhibits which support the claim and complete questions on page 4.*

**Items 1 through 3—For Personal Injury/Property Damage or Property Loss Only**

1. Describe accident or occurrence in detail. Submit any accident or incident reports prepared at the time of the accident or occurrence (for example: motor vehicle accident reports, other law enforcement reports, report to employer, etc.) and any witness statements.

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2. Describe the personal injuries or property damage or loss sustained by claimant in detail. Attach any reports prepared by third parties concerning the personal injuries or property damage or loss (for example: attending physician's assessment, other medical records, estimates of property damage made by adjuster, etc.)

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3. List in detail the monetary losses sustained or expenses incurred by claimant as a result of the accident or occurrence. Attach any property valuation statements or repair estimates.

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4. Did the claimant or any other party have insurance which covered or might have covered the accident or occurrence or the personal injuries or property damage or loss? List all such insurance policies by owner of the policy (name, address, telephone), insurance company, policy number and insurance agent (name, address, telephone).

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5. Has any claim been made or lawsuit filed by the claimant or any other party against any insurance company or party based on the accident or occurrence? Describe in detail each such claim or lawsuit including when it was made or filed, for what amount, who was it claimed or filed against (name, address, and telephone), is it still pending, what amount was recovered, if any, and if denied, what was the reason for denial? Attach a copy of each such claim form or legal petition.

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6. Claimant  **does**  **does not** (check one) desire to appear in person, **by phone**, or by authorized agent or attorney before the Committee for a hearing when this claim is considered by the Committee. By making this request for a hearing, claimant agrees to appear in person, **by phone**, or by authorized agent or attorney at the time and place of the meeting designated in the notice to the claimant. Claimant is advised that a hearing in person may be requested by the Committee and the claimant or the claimant's attorney will be required to be present at such hearing upon notification thereof.

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(Signature of Claimant)

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(Name typed or printed)

**CLAIM VERIFICATION**

STATE OF KANSAS,

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

\_\_\_\_\_, being first duly sworn, states that he or she has read the instructions provided and the above and foregoing claim, including attachments, and knows the contents thereof and that the same are true and correct.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

My Commission expires \_\_\_\_\_

Mail completed forms to:

Joint Committee on Special Claims Against the State  
c/o Kansas Legislative Research Department  
300 S.W. Tenth Avenue—Room 68-W  
Topeka, Kansas 66612-1504