Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION

Of the State of Arkansas

☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

_____, **Claimant**

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces

Claim No. _____

Date Filed _____
(Month) (Day) (Year)

Amount of Claim $_____

Fund _____

COMPLAINT

_____, **the above named Claimant, of** _____
(Name) (Street or R.F.D. & No.) (City)

_____ **County of** _____ **represented by** _____
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of _____, **says:**
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: _____ **Amount sought:** _____

Month, day, year and place of incident or service: _____

Explanation: _____

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?
_____; when? _____; to whom? _____
(Yes or No) (Month) (Day) (Year) (Department)
_____: and that the following action was taken thereon: _____

and that $ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? _____; if so, state name and address
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: _____
_____: and was acquired on _____, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

_____ _____
(Print Claimant/Representative Name) **(Signature of Claimant/Representative)**

SWORN TO and subscribed before me at _____
(City) (State)

(SEAL) on this _____ day of _____, _____
(Date) (Month) (Year)

_____
(Notary Public)

SF1- R7/99

My Commission Expires: _____
(Month) (Day) (Year)