

ARKANSAS STATE CLAIMS COMMISSION

-Claim Form-

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant's Legal Counsel -  (If representing yourself (Pro Se) please check this box and proceed to section 2)

\_\_\_\_\_  
(last name)

\_\_\_\_\_  
(first name)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

\_\_\_\_\_  
(primary phone)

Arkansas Bar Number: \_\_\_\_\_

*If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

2. Claimant

\_\_\_\_\_  
(title/last name/first name or company)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

\_\_\_\_\_  
(primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

\_\_\_\_\_  
(state agency involved)

4. Incident Date

\_\_\_\_\_  
5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

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(type of state vehicle involved)

(license number)

(driver)

**7. Check here if this claim involves personal injury.**

**All personal injury claims require a copy of your medical insurance information in place at the time of the incident.**

I do not have health insurance

**8. Amount Sought:**

\_\_\_\_\_

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(Signature)

(Date)