

STATE OF WISCONSIN CLAIMS BOARD
CLAIM FORM
(§ 16.007, Wis. Stats)

Submit signed and notarized form and supporting documents via email to: stateclaimsboard@wisconsin.gov
or by mail to: State of Wisconsin Claims Board, PO Box 7864, Madison, WI 53707-7864.
Questions? Please call (608) 266-2887.

*Claims Board claims are considered public records under Wisconsin's Public Records Law.
This form and any accompanying documentation may be open to inspection by the public.*

Official Use Only

Claim No: _____ Claimant No: _____

Claimant Information

Name: _____
Mr/Ms, first name, last name

Address: _____
Street address city state zip

Phone: _____ **Email:** _____
Daytime phone and area code

Agency Information

State Agency Name: _____
The Claims Board does not accept claims against private companies, local, or federal government agencies.

Location of Incident: _____
Location where loss, damage, or injury occurred

Date(s) of Incident: _____

Insurance Information

Complete this section whether or not you have filed a claim with your insurer.

I have insurance coverage for this injury/damage/loss: ____ Yes ____ No

I have filed a claim with my insurer: ____ Yes ____ No

Insurance Company: _____

Amount of Deductible: \$ _____

Claim Information

Total Dollar Amount Claimed: \$ _____ *Attach documentation/receipts/itemization showing proof of dollar amount claimed. Do not submit original documents, they will not be returned to you. There are statutory restrictions on the amount of money the Claims Board can award, see the Claims Board pamphlet or contact the Claims Board for more information.*

Give complete background information and details about your claim. Attach additional pages as needed. The Claims Board does not have access to or knowledge of any previous correspondence/communications you have had with the state agency your claim is against. Please provide copies of documents to support your claim. Documents will not be returned to you; please do not submit originals.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I hereby certify that all statements contained herein and on any attachments hereto are true and that the losses claimed were actually incurred.

Date _____

Date _____

Place Seal Here

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