

**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](mailto: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.*

**Statement of Circumstances.** 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.

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**Signature and Notarization**

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

\_\_\_\_\_  
*Signature of Claimant*

\_\_\_\_\_  
*Date*

The above-named claimant personally came before me this day and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*County* County, \_\_\_\_\_  
*State* State

My Commission Expires: \_\_\_\_\_  
*Date*

