

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

This Claim is served and filed within **90 days of accrual.**

OR

A **Notice of Intention to File a Claim** was served on _____, which was within 90 days of accrual.

OR

This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within **120 days of the exhaustion of claimant's administrative remedies.**

By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and Claimant demands judgment against the Defendant(s) for said amount.

Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF _____)

_____, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

Sworn to before me this ____ day
of _____, _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

**New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411**