

NEW HAMPSHIRE BOARD OF CLAIMS

This is a form to be filled out by all persons wishing to make a claim against a state agency pursuant to New Hampshire RSA 541:B. The form should be completed with supporting documentation (bills, receipts, etc.) attached. If you are submitting photographs, please make sure the back is labeled with your name. **File an original copy of this form as well as five (5) additional collated copies that include supporting documents with the Secretary of State's office, State House, Room 204, Concord, New Hampshire 03301; and, one (1) complete copy to the agency complained against. Complete all portions of this form, if any portion is not complete the form will be returned and it will delay the processing of your claim.** Pursuant to New Hampshire Board of Claims Rules (Boc 302.03(b)(2)), all claims in the excess of \$5,000 must be accompanied by a \$25.00 filing fee. Checks should be made payable to the State of New Hampshire.

NAME AND ADDRESS OF CLAIMANT:

ATTORNEY FOR CLAIMANT:
(if applicable)

PHONE: _____

CELL PHONE: _____

EMAIL: _____

NAME OF STATE AGENCY:

DATE OF INCIDENT:

AMOUNT OF CLAIM:

PLEASE STATE THE CIRCUMSTANCES SURROUNDING YOUR CLAIM – ATTACH ADDITIONAL PAGES IF NECESSARY AS WELL AS COPIES OF ALL RELEVANT BILLS, RECEIPTS OR OTHER DOCUMENTS:

(cont. on next page)

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

(state agency against whom I am making a claim) at the following address:

DATE:_____

Claimant or Attorney for Claimant