State of Kansas
Department of Administration
Office of the Chief Financial Officer
AR-98 (Rev. 03-2014)

DofA USE ONLY
Claim No. _____

PERSONAL INJURY OR PROPERTY DAMAGE OR LOSS CLAIM AGAINST THE STATE OF KANSAS

INSTRUCTIONS

1. Read the "Notice to Claimant" section prior to completing the form.
2. Complete the requested information in the "Claimant Information" and "Claim Information" sections of the form.
3. Have the claim statement notarized.
4. Return the completed form to the agency that you are filing the claim against.
5. If the claimant is not already an established vendor (business or individual) with the State of Kansas, a completed W-9 must be provided before a claim can be processed. The W-9 form can be obtained at the following website: http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3. "Vendor" is a term used for anyone or any entity being paid through the state system (SMART). **NOTICE: a completed W-9 must be on file to process your claim.**

NOTICE TO CLAIMANT

Personal injury or property damage or loss claims may be paid by a state agency if the claim amount does not exceed $1,000.00 ($500 for inmates or $2,500.00 at the University of Kansas Medical Center and the Kansas Highway Patrol), the injury or damage did not occur as a result of negligence of the claimant, and either (1) the property damage or loss was by a state officer or employee and was incurred while the claimant was acting within the scope of employment; or (2) the personal injury or property damage or loss was incurred by the claimant as a result of negligence on the part of the state or any agency, officer or employee thereof; or (3) the personal injury or property damage or loss was caused by an act of a homemaker employed by the Secretary of the Department of Children and Families; or (4) the personal injury or property damage or loss occurred during law enforcement efforts by the Kansas Highway Patrol to persons who were not negligent during such efforts.

The acceptance by the claimant of any payment made pursuant to this claim shall be final and conclusive and shall constitute a complete release of any and all existing and future claims for personal injury or property damage or loss against the agency named, the State of Kansas and any individual, employee or agent thereof arising from the stated event. Said acceptance shall be binding on all heirs, successors, or assigns.

CLAIMANT INFORMATION (Please Print or Type)

Name _____ Tax ID No. (SSN or FEIN) _____

Address _____ Telephone Number (____)

_____

_____

CLAIM INFORMATION

1. Enter the name of the agency you are filing the claim against and the total amount of the claim.

Agency Name _____ Total Claim Amount _____

(Continued on Reverse Side of Form)

Claim Information Continued

2. Please briefly state the basis of your claim including the date, time, location and circumstances of the event. Attach any documents which you feel may be pertinent to your claim, including an itemization of the amount for which you are claiming (indicate deductions for insurance reimbursements, depreciation, etc.). **Note: The claim statement must be notarized. Sign the claim statement in the presence of a notary public.**

I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

Claimant Signature _____

STATE OF _____)

COUNTY OF _____)

Signed and sworn to (or affirmed) before me on (date) _____ by

_____.
(Name of Person Making Declaration)

_____
(Notary Public)

(My Appointment Expires: _____)

AGENCY CERTIFICATION - To Be Completed by Agency Receiving the Claim:

Select the appropriate certification statement authorizing payment of the claim – An *original* signature from the agency head is required following the certification statement (as shown) to verify authorization for payment of the claim:

1. _____ *Inmate Claims*
I certify that the above stated claim has been investigated by the Department of Corrections and that the personal injury, property damage, or property loss occurred under circumstances which, in my opinion, was caused by negligence of the Department of Corrections, or officer or employee thereof.

_____
(Agency Head signature)

2. _____ *Employee Claims*
I certify that the above stated claim has been investigated by the agency and that the property damage or loss occurred while the officer or employee was acting within the scope of such office or employment and that the property damage or loss, in my opinion, did not occur as a result of negligence of the claimant.

_____
(Agency Head signature)

3. _____ *Non-Employee Claims*
I certify that the above stated claim has been investigated by the agency and that the personal injury or property damage or loss, in my opinion, was caused by the negligence of the state or this agency, officer or employee thereof.

_____
(Agency Head signature)

4. _____ *Homemaker Program Claims*
I certify that the above stated claim has been investigated by the agency and that the personal injury or property loss or damage was caused by an act of a homemaker employed by the Department of Children and Families.

_____

(Secretary of the Department of Children and Families signature)

5. _____ *University of Kansas Medical Center Hospital*
I certify that the above stated claim has been investigated by the agency and that the personal injury or property damage or loss, in my opinion, was caused by the negligence of the hospital or an officer, or employee thereof.

_____
(Vice-Chancellor signature)

6. _____ *Kansas Highway Patrol*
I certify that the above stated claim has been investigated by the agency and that the personal injury or property damage or loss occurred during law enforcement efforts by the Kansas Highway Patrol and that the personal injury or property damage or loss, in my opinion, did not occur as a result of negligence of the claimant.

_____

(Superintendent signature)

AR-98 FORM COMPLETION INSTRUCTIONS

The claimant completes the following information:

1. **Name** - The claimant's name.
2. **Address** - The claimant's address.
3. **Tax ID No.** -The claimant's social security number if the claimant is an individual or the federal employer identification number if the claimant is a business or other entity.
4. **Telephone Number** - A telephone number, including area code, where the claimant can be reached during the day.
5. **Agency Name** - The name of the state agency that the claim is being filed against.
6. **Total Claim Amount** - The total amount being claimed for reimbursement by the claimant.
7. **Claim Statement** - A brief description of the event that occurred including the date, time, location, and circumstances which indicate that the state was negligent. The statement should also include an itemized claim listing and any other documentation that would support the claim.
8. **Claimant Signature -** The claimant's signature. The claimant *must* sign the form in the presence of a Notary Public.
9. **"State of" and "County of"** - The state and county where the AR-98 is being notarized.
10. **Notary Public Certification** - Enter the date the form is presented to the Notary Public and the claimant's name in the spaces indicated.

The Notary Public completes the following information:

11. **Notary Signature and Seal** - The Notary Public signs his/her name in the space indicated and affixes the notary seal in the space provided to the left of the signature line.
12. **Appointment Expiration Date** - The expiration date of the Notary Public's appointment.

The Agency Head completes the following information:

13. **Agency Head signature** - The agency head is required to sign the appropriate certification statement to verify authority for payment of the claim.