

**Government Claim Filing Instructions**

DGS ORIM 06 (Rev. 05/2016)



**Government Claims Program  
Office of Risk and Insurance Management  
Department of General Services  
P.O. Box 989052, MS 414  
West Sacramento, CA 95798-9052**

**1-800-955-0045 • [www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx](http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx)**

**Filing Fee Requirement**

The Government Code requires a \$25.00 filing fee for all claims presented to the Office of Risk and Insurance Management (ORIM). Materials submitted without a filing fee will not be processed. Checks or Money Orders should be made out to the State of California. If you cannot afford the filing fee, you may request a waiver. For most claim types, the filing fee is refunded if the claim is paid.

**IMPORTANT NOTICE REGARDING CLAIMS FOR STALE-DATED WARRANTS (UNCASHED CHECKS):**

Due to changes in State law, effective July 1, 2016, claims for stale-dated warrants (uncashed checks) DO NOT require the \$25.00 filing fee and should be filed directly with the department that issued the original check. For example, claims for stale-dated State tax refund checks should be filed with the Franchise Tax Board. However, this form can be used to file such claims. For more information, please contact GCP at 1-800-955-0045.

**What types of claims can be filed with Government Claims?**

Claims can be filed for losses you believe were caused by the action, or inaction, of a state agency. Claims may include:

- Damage to real or personal property
- Refund of a tax, fee, or penalty
- Reimbursement for state employee property loss, benefits, salary, or travel expenses
- Contract disputes

**What types of claims should not be filed with Government Claims?**

Claims against local government agencies must be filed with the responsible local agency. Claims against a University of California (UC) campus must be filed with the UC Regents. Claims against a California State University (CSU) campus must be filed with the campus itself. Claims against school districts or community college districts must be filed with the responsible district. Claims against judicial branch entities must be filed with the Judicial Council.

**Delegated Authority Claims**

The VCGCB grants some agencies delegated authority to resolve claims under \$1,000.00. If you have a claim for less than \$1,000.00, you may file directly with the following entities: California State Teachers' Retirement System, Department of State Hospitals, Department of Motor Vehicles, California Highway Patrol, Department of Consumer Affairs, and Department of General Services.

**The Delegated Authority of the California Department of Transportation (Caltrans)**

By law, Caltrans has delegated authority to resolve claims for dollar amounts within the jurisdiction of the small claims courts. The current jurisdiction of the small claims courts is \$10,000.00. Therefore, you may file claims for damages less than \$10,000.00 directly with Caltrans.

**Claims for Subrogation:**

Claims for subrogation should name the insurance company seeking compensation as the claimant. The insurance company employee handling the claim should be named the representative.

Please provide the name of your insured in the space provided (section 7).

**What are the time limits for filing a claim?**

Claims relating to the death or injury of a person, or damage to personal property or crops, must be filed no later than six months after the date of the incident. Other claims must be filed no later than one year after the date of the incident. You can request permission to file a late claim. You may want to consult an attorney if you are not sure how the time limits apply to your claim.

**Instructions for filling out this form:**

<b>1</b>	Provide the full name of the person claiming damage or injury. If the claimant is a business or entity other than an individual, put the name of the entity here.
<b>2</b>	Provide a daytime telephone number.
<b>3</b>	Provide an email address. <i>(Optional)</i>
<b>4</b>	Provide a complete mailing address.
<b>5</b>	If you are an inmate or a patient at a state hospital, please provide your identification number.
<b>6</b>	If the claim is being filed on behalf of a minor (someone younger than 18), please give the minor's birth date.
<b>7</b>	If you are an insurance company claiming subrogation, please provide your insured's name here.
<b>8</b>	If your claim relates to another claim or claimant, please provide the claim number or claimant's name here.
<b>9</b>	You may wish to consult an attorney for assistance with filing a claim, however it is not required. If an attorney or other person (such as the parent or legal guardian of a minor or conservator of an adult) is representing you, please complete this section. If this section is completed, all correspondence regarding this claim will be sent to the representative.
<b>10</b>	Provide a daytime telephone number, including area code, for the attorney or representative.
<b>11</b>	Provide an email address for the attorney or representative. <i>(Optional)</i>
<b>12</b>	Provide a complete mailing address for the attorney or representative.
<b>13</b>	Describe the relationship of the attorney or representative to the claimant.
<b>14</b>	If this claim is regarding a stale-dated warrant (an uncashed check) more than three years old, provide the: <ul style="list-style-type: none"> <li>• date of issue</li> <li>• amount</li> <li>• The name of the agency that issued it.</li> </ul> <p><b>Attach a copy of the front and back of the warrant.</b> For warrants that are less than three years old, contact the agency that issued the warrant directly to obtain payment.</p>
<b>15</b>	State the exact date of the incident that you believe caused the damage or injury. <ul style="list-style-type: none"> <li>• <b>If the incident took place over more than one date</b>, provide both the beginning and ending dates.</li> <li>• <b>If the incident is ongoing</b>, please provide the beginning date and the most recent date it occurred.</li> <li>• <b>Late Claims:</b> <ul style="list-style-type: none"> <li>○ The Board must receive claims relating to the death or injury of a person, or damage to personal property or growing crops, no later than <b>six</b> months after the date of the incident.</li> <li>○ If your claim is for equitable indemnity, the filing deadline is six months after the date you were served with the underlying lawsuit. If such a claim is filed more than six months from the date of the incident, <b>attach a written explanation for filing late.</b></li> </ul> </li> <li>• Other claims with deadlines must be received no later than one year after the incident date.</li> </ul>
<b>16</b>	Provide the name of the state agency that you believe caused the damage or injury. "State of California" alone is not sufficient. Please spell out the name of the agency and include the name(s) of any state employee(s) that were involved.
<b>17</b>	Enter the total dollar amount being claimed. <ul style="list-style-type: none"> <li>• If you believe the damages are continuing, or anticipated in the future, show a "+" after the dollar amount.</li> <li>• If the total dollar amount exceeds \$10,000, note whether the claim is a limited civil case or a non-limited civil case.</li> <li>• Provide an explanation of how you computed the total amount.</li> <li>• You may declare expenses incurred as well as expenses you expect to have in the future.</li> </ul> <p>Attach copies of all bills, payment receipts, and cost estimates.</p>
<b>18</b>	For all claims involving real property, state-owned buildings or parking lots, and roadway- or vehicle-related claims, provide the street address, city, county, state highway number, road numbers, and/or postmile markers where you believe the damage or injury occurred. Real property includes land, buildings and other fixed structures. Roadway- or vehicle-related claims occurred on a state road or involved a state vehicle.
<b>19</b>	Describe the specific damage or injury that you believe resulted from the incident. You may attach additional information.
<b>20</b>	Describe the circumstances that led up to the damage or injury. State all the facts that support your claim. If it applies, describe the dangerous condition of the public property. If a law enforcement or insurance Collision/Incident Report is submitted with the claim, this section must <b>still</b> be completed in your own words.
<b>21</b>	Explain why you believe the state agency is responsible for the damage or injury.
<b>22</b>	Provide the vehicle license number and any other identifying information, if the claim involves a state vehicle.

<b>23</b>	This section must be completed if the claim involves a motor vehicle. <ul style="list-style-type: none"><li>• Indicate whether a claim has been filed with your insurance carrier.<ul style="list-style-type: none"><li>○ If a claim has been filed with your insurance carrier, provide the name, telephone number, and mailing address of the insurance carrier. Also include your policy number and the amount of the deductible.</li><li>○ If you have received payment, please indicate the date payment was received and the dollar amount.</li></ul></li></ul>
<b>24</b>	The claimant or the claimant's attorney or representative must sign this form.
<b>25</b>	Be sure to attach the \$25 filing fee. <ul style="list-style-type: none"><li>• Please make your check or money order payable to the State of California.</li><li>• If you cannot afford the filing fee, you can fill out a "Filing Fee Waiver Request", and attach it to this form.<ul style="list-style-type: none"><li>○ You obtain the filing fee waiver request form at <a href="http://www.dgs.ca.gov/orim">www.dgs.ca.gov/orim</a> or by calling: 1-800-955-0045.</li></ul></li></ul>



For Office Use Only

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**Is your claim complete?**

- Include a check or money order for \$25 payable to the State of California.
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach copies of any documentation that supports your claim. Please do not submit originals.

**Claimant Information** Use name of business or entity if claimant is not an individual

<b>1</b>	<i>Last name</i>	<i>First Name</i>	<i>MI</i>	<b>2</b>	Tel:
				<b>3</b>	Email:
<b>4</b>	<i>Mailing Address</i>			<i>City</i>	<i>State</i> <i>Zip</i>
<b>5</b>	Inmate or patient number, if applicable:				
<b>6</b>	Is the claimant under 18?		If Yes, please give date of birth:		
<b>7</b>					

*If you are an insurance company claiming subrogation, please provide your insured's name in section 7.*

<b>8</b>	
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*If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.*

**Attorney or Representative Information**

<b>9</b>	<i>Last name</i>	<i>First Name</i>	<i>MI</i>	<b>10</b>	Tel:
				<b>11</b>	Email:
<b>12</b>	<i>Mailing Address</i>			<i>City</i>	<i>State</i> <i>Zip</i>
<b>13</b>	Relationship to claimant:				

**Claim Information** Please add attachments as necessary

<b>14</b>	Is your claim for a stale-dated warrant (uncashed check)?	Yes	No	If No, skip to Step 15.
	State agency that issued the warrant:			
	Dollar amount of warrant:	Date of issue:		
		MM/DD/YYYY		
<b>15</b>	Date of Incident:			
	Was the incident more than six months ago?	Yes	No	
	If YES, did you attach a separate sheet with an explanation for the late filing?	Yes	No	
<b>16</b>	State agencies or employees against whom this claim is filed:			
<b>17</b>	Dollar amount of claim:			
	If the amount is more than \$10,000, indicate the type of civil case:	Limited civil case (\$25,000 or less)		
		Non-limited civil case (over \$25,000)		
	Explain how you calculated the amount:			

<b>18</b>	Location of the incident:		
<b>19</b>	Describe the specific damage or injury:		
<b>20</b>	Explain the circumstances that led to the damage or injury:		
<b>21</b>	Explain why you believe the state is responsible for the damage or injury:		
<b>22</b>	Does the claim involve a state vehicle?		Yes      No
	If YES, provide the vehicle license number, if known:		
<b>Auto Insurance Information</b>			
<b>23</b>			
	<i>Name of Insurance Carrier</i>		
	<i>Mailing Address</i>	<i>City</i>	<i>State      Zip</i>
	Policy Number:	Tel:	
	Are you the registered owner of the vehicle?		Yes      No
	If NO, state name of owner:		
	Has a claim been filed with your insurance carrier, or will it be filed?		Yes      No
	Have you received any payment for this damage or injury?		Yes      No
	If yes, what amount did you receive?		
	Amount of deductible, if any:		
	Claimant's Drivers License Number:		Vehicle License Number:
	Make of Vehicle:	Model:	Year:
	Vehicle ID Number:		
<b>Notice and Signature</b>			
<b>24</b>	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).		
			Date:
	<i>Signature of Claimant or Representative</i>		<i>Printed Name</i>
<b>25</b>	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.		