

NANCY K. KOPP
TREASURER



THOMAS C. KELLEY, JR
DIRECTOR

KAY S. SENATOR
DEPUTY DIRECTOR

MARYLAND STATE TREASURER
INSURANCE DIVISION
80 Calvert Street, Room - 400
ANNAPOLIS, MARYLAND 21401

Fax: 410-974-2865

NOTICE OF CLAIM FORM

DATE: _____

Nancy K. Kopp, Treasurer
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 109
Annapolis, Maryland 21401

RE: STATE OF MARYLAND

Dear Treasurer Kopp:

Please accept this letter as my written notice of claim. The facts are as follows:

1. My full name, address and phone number: (Home#)
(Work#)

2. Date & Time of Loss:

3. Location of Loss:

4. County:

5. State Agency involved:

6. Amount of Damages:

7. Vehicle(Year, Make & Model):

8. Name, Address, and Phone Number of other persons involved:

9. Description of incident:

Sincerely,

Claimant's Signature or Attorney for Claimant's Signature

The Maryland Tort Claims Act §12-101 et seq. of the State Government Article establishes very strict standards under which, a claim may be considered by the State Treasurer. In particular, the Maryland Tort Claims Act requires that all claims against the State of Maryland, or any of its agencies, must be submitted in writing to the above address.

This form has been provided solely for your convenience. Completion of this notice does not guarantee that the signor/claimant has fulfilled the statutory requirements nor filed a timely and complete notice. If you have any questions regarding compliance with §12-101 et seq. of the State Government Article (Maryland Tort Claims Act), you should seek legal advice.