

GENERAL INSTRUCTIONS

This form may only be used for claims against the State of Michigan, its departments and officers, colleges and universities for amounts **less than \$1,000.**

You must use this form to file a claim or you may use the *MDOT 3600* if your claim is against the Michigan Department of Transportation (MDOT).

Provide the information completely and in as much detail as possible. If you need additional space, use a blank sheet of 8 1/2" by 11" paper and attach it to the claim form. Please type or print legibly in ink.

When completed, have the form notarized before a Notary Public. Keep a copy of the claim form and attachments for your records.

You will be notified in writing of the action taken on this claim.

Send original, signed and notarized claim form with a copy of the supporting documents to:

Prisoners

Dept. of Corrections
Grievance Section Manager
Office of Legal Affairs
P. O. Box 30003
Lansing, MI 48909

State Employees

Accounting Office or
Human Resources of
your department

General Public

State Administrative Board
State of Michigan
P. O. Box 30026
Lansing, MI 48909

SPECIAL INSTRUCTIONS FOR PRISONERS ONLY:

Claims sent to the State Administrative Board will be forwarded to the Department of Corrections, Grievance Section Manager.

Provide a **COPY** of receipts and supporting documents – Your documents will not be returned.

Refer to the State Administrative Board's Administrative Guide **0620.06** at http://www.michigan.gov/documents/dmb/0620.06_387791_7.pdf?20151008084216 and

The Department of Corrections' Operating Procedure 03.02.131 at http://www.michigan.gov/documents/corrections/03_02_131_pd_437893_7.pdf

SPECIAL INSTRUCTIONS FOR STATE EMPLOYEES ONLY:

Refer to Administrative Guide **0620.07** at http://www.michigan.gov/documents/dmb/0620.07_387793_7.pdf?20151008084216.

SPECIAL INSTRUCTIONS FOR THE GENERAL PUBLIC:

Refer to Administrative Guide **0620.08** at http://www.michigan.gov/documents/dmb/0620.08_387795_7.pdf?20151008084216.