

STATE USE ONLY State Administrative Board Claim Number
Department Claim Number

PRISONER CLAIM AGAINST THE STATE OF MICHIGAN
 For Personal Losses Less than \$1,000

In accordance with State Administrative Board policy, the following information is required for consideration of a claim against the State of Michigan by a prisoner held within a facility of the Michigan Department of Corrections. See page 3 for instruction and information before completing this form. No other person may file a claim on behalf of a prisoner.

This form must be completed legibly in ink or typewritten. Forms that are not completed in ink or typewritten, or are not legible, will be returned to the prisoner for proper completion. Prisoners must provide summarized information in items #1 through #9 of this form. No further narrative is needed. If "see attached" is stated in any area of this form or any portion of this form is not complete, this claim will be returned to the prisoner for proper completion.

SECTION 1. CLAIM INFORMATION

1. Prisoner Name (Last, First, Middle Initial) <hr/>	3. Facility where loss occurred (sending facility during transfer) <hr/>
2. Prisoner Number <hr/>	4. Date and time of loss <hr/>

SECTION 2. LOST, STOLEN, OR DAMAGED ITEMS

5. List your items and indicate whether lost, damaged, or stolen. (Continue on a separate sheet only if necessary.)

Property Item	Lost, Stolen, or Damaged?	\$ Amount (include shipping & handling)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

6. Total Claim (include S&H): \$ _____

7. How did you determine the value? Describe in Detail the method you used. Attach **a copy** of relevant receipts, bills, or supporting documents. List each document you have attached below. List any witnesses. **SUBMITTED DOCUMENTS WILL NOT BE RETURNED.**

8. Explain why you believe the Department of Corrections is responsible and you are not at fault.

9. Have you filed any other claims against the State of Michigan/Department of Corrections related to this loss?

No Yes If Yes, list the claim(s) below and attach copies of the claim(s):

SECTION 3. CERTIFICATION

I certify that the above information is accurate to the best of my knowledge. I understand and agree that if this claim or any part thereof is approved or denied, I fully release and discharge the State of Michigan, its departments or agencies, from all other causes of action, liabilities, and damages I may have pertaining to this claim.

Signature of Claimant

Printed Name of Claimant

Date

Claimant appeared before me on _____ and signed the release above as a free act and deed.
(Date)

Notary Public, State of Michigan

Signature of Notary

Printed Name of Notary

County of _____ Acting in _____ County My commission expires _____

INSTRUCTIONS FOR PRISONERS IN THE MICHIGAN DEPARTMENT OF CORRECTIONS

The DTMB-1104-P form must be used for personal loss claims against the State of Michigan made by a current or former prisoner for damage or loss while held within a facility of the Michigan Department of Corrections for amounts **less than \$1,000**. Claims must be submitted within 365 days of loss.

Required Notary Public Signature: A notary public is an officer commissioned by the Michigan Secretary of State to serve as an unbiased and impartial witness. The most common function of the notary is to prevent fraud by attesting to the identity of a person signing a document. Notarization on a document certifies that the person whose signature is entered on the document personally appeared before the notary, established his or her identity, and personally signed the document in the presence of the notary. Claims without a Notary Public Signature will be returned to the prisoner for proper completion.

Prisoners must send the original, signed claim form with a copy of the supporting documents to the Grievance Coordinator at his/her current facility. Prisoners must file property claims consistent with the requirements of the Department of Corrections PD 03.02.131 "PRISONER STATE ADMINISTRATIVE BOARD PROPERTY CLAIMS" and its related procedure OP 03.02.131 which may be found in the law library of each facility. Claims received in conflict with the policy and procedure will be returned to the prisoner for proper completion.

- The Claim Form must be typewritten or written legibly in ink. Forms that are not completed legibly in ink or typewritten will be returned to the prisoner for proper completion.
- The claim form must be completed in its entirety. If the prisoner enters "see attached" in any numbered item area, the claim will be returned to the prisoner for proper completion.
- If additional space is needed, a blank sheet of 8 ½" x 11" paper may be used and submitted with the Claim Form.
- A copy of documentation verifying possession, ownership, original cost of item, repair of the item, or itemized bill(s) must accompany the Claim Form.
- **The completed DTMB-1104-P form must be signed in the presence of a notary public.**
- Keep a copy of the Claim Form and relative attachments for your records. Copies will not be returned.
- Do not send claims directly to DTMB or the State Administrative Board. Such claims will be returned to the prisoner by DTMB or the State Administrative Board as improperly filed claims.
- There is not a time limit for the processing of personal property loss claims against the State of Michigan filed by prisoners held within a facility of the Michigan Department of Corrections.
- You will be notified in writing by the Michigan Department of Corrections of the action taken on the claim by the State Administrative Board.
- Claim decisions made by the State Administrative Board are final.