

# CLAIM AND RELEASE FORM

Please complete both sections of this form, have both sections notarized, and return 3 copies with original signatures to: \_\_\_\_\_

\_\_\_\_\_  
(SUNY CAMPUS NAME AND ADDRESS)

## CLAIM:

STATE OF NEW YORK )

COUNTY OF \_\_\_\_\_ ) ss:

I, \_\_\_\_\_, reside at \_\_\_\_\_,  
(PRINT NAME) (STREET)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_, and present  
(CITY, TOWN, VILLAGE) (STATE) (ZIP CODE) (TELEPHONE NUMBER)

to SUNY \_\_\_\_\_, a verified claim in the sum of \_\_\_\_\_ dollars  
(CLAIM AMOUNT - WRITTEN)

(\$\_\_\_\_\_) for damages sustained by me caused by the tort of an officer(s) or employee(s) of the State of New York, while acting within the scope of their duties during the performance of their job duties, without fault on my part. The details explaining this incident are as follows:

**PLEASE TYPE OR PRINT A SHORT DESCRIPTION OF THE INCIDENT.  
IF YOU NEED MORE SPACE, ATTACH SEPARATE PAGE/S:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(CLAIMANT SIGNATURE)

(The facts stated above must constitute a legal claim)

IN WITNESS WHEREOF, I have hereto set my hand and seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, when before me appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing CLAIM, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
(NOTARY PUBLIC)

**RELEASE:**

(This release is not binding on claimant until the claim is approved and paid)

In consideration of the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), paid to me by the State of New York (receipt of which I hereby acknowledge), I do for myself, my heirs, executors, administrators and assigns, fully release and discharge the State of New York and the State University of New York, its officers, agents and employees from all claims, demands and liability of every kind and nature, legal or equitable, occasioned by or arising out of the facts set forth in the aforementioned CLAIM. No personal injuries claim is being made or will be made for any personal injuries in connection with this claim; and no reimbursement is being or will be sought from any other agency or third party in connection with this claim. In the event that any claim shall have been filed with the clerk of the Court of Claims for said damages at any time prior to the date of this release, I hereby consent and stipulate that an order may be made by the Court of Claims dismissing said claim upon the merits, without notice to me.

\_\_\_\_\_  
(CLAIMANT SIGNATURE)

IN WITNESS WHEREOF, I have hereto set my hand and seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, when before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing RELEASE, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
(NOTARY PUBLIC)

**TO BE COMPLETED BY SUNY CAMPUS:**

On behalf of the SUNY \_\_\_\_\_, I have caused an investigation of the facts in connection with this claim and the damages resulting therefrom. My investigation discloses the following facts and was based on the attached documentation:

PLEASE TYPE OR PRINT A SHORT SUMMARY OF INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_

I find that the above facts constitute a just and legal claim against the State of New York, as provided in paragraph 12-a of Section 8 of the State Finance Law, and that the damages set forth in said claim, as agreed upon, are fair and reasonable. Payment is recommended.

\_\_\_\_\_  
(CAMPUS PRESIDENT OR DESIGNEE SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CAMPUS PRESIDENT OR DESIGNEE NAME AND TITLE)

**TO BE COMPLETED BY SUNY OFFICE OF GENERAL COUNSEL:**

\_\_\_\_\_  
(SUNY OFFICE OF GENERAL COUNSEL)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SUNY COUNSEL NAME AND TITLE)

**TO BE COMPLETED BY ATTORNEY GENERAL: (If claim amount is \$1,001 - \$5,000)**

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
(DATE)

ASSISTANT ATTORNEY GENERAL  
FOR LETITIA JAMES, ATTORNEY GENERAL  
STATE OF NEW YORK