

**OFFICE OF THE MASSACHUSETTS ATTORNEY GENERAL
MASSACHUSETTS GENERAL LAWS Ch.258, §4
PRESENTMENT CLAIM FORM**

CLAIMANT INFORMATION

Claimant Name: _____

Phone #(s): _____

Address: _____

Email Address: _____

If Claimant is an insurance company, provide name(s) of insured: _____

CLAIM AGAINST

Name of Commonwealth Agency Involved: _____

Name of Commonwealth Employee(s) Involved: _____

Date of Incident: _____

Location of Incident: _____

NATURE OF CLAIM: Please describe your claim. (Continue on additional pages if necessary.)

If applicable:

Registration # of Comm.Vehicle: _____ Was a Police Report Completed? Yes No (If yes, please attach)

Read this important notice and sign your presentment claim.

- Under most circumstances, your presentment claim will be considered a public record and will be available to any member of the public upon request.
- I understand that when I submit this presentment claim the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer.
- I certify that the information contained in this presentment claim is true to the best of my knowledge.

Signed: _____ Date: _____

Printed Name _____

INSTRUCTIONS

Please email this form along with any attachments to presentments@mass.gov.

OR mail to:

Trial Division, Office of the Attorney General, One Ashburton Place, Boston, MA 02108

Please note: Whether using this form or not, presentment claims must be made in accordance with the requirements of M.G.L. Ch. 258. The Attorney General's Office cannot provide you with legal advice or act as your attorney. If you have questions concerning the specific application or interpretation of the law, please consult with a private attorney.