

Office of the Administrative Law Judge
Ten Park Plaza, Suite 6620
Boston, MA 02116
(857) 368-9495

STATEMENT OF CLAIM

1. Name of Contractor: _____
2. Address of Contractor: _____
3. Contract Number: _____ Award Amount: _____
4. Date of Award: _____
5. City or Town where project is located: _____
6. Please state (a) the date you made your initial claim in writing to the Engineer, (b) the nature of your claim, (c) attach a copy of the initial claim & claims committee determination, and (d) any additional pending claims.
 - a. Date of Claim: _____
 - b. Nature of Claim: _____ (i.e., extra work, changed condition, delay, etc...)
 - c. Initial Notice of Claim attached as Exhibit: _____ Claims Committee Letter as Exhibit: _____
 - d. Do you have additional claims pending review by this office, the claims committee, or the Superior Court of Massachusetts (yes/no): _____ If yes, please attach as Exhibit: _____
7. Please provide a detailed factual account of your claim (please use additional paper if necessary):

8. Please state (a) the amount of your claim, (b) attach a detailed good faith breakdown to show how the claim amount was derived, and (c) liquidated damages assessment where applicable.
 - a. Amount of Claim: _____
 - b. Detailed breakdown attached hereto as Exhibit: _____
 - c. Are Liquidated Damages currently being assessed (yes/no): _____ If yes, please attach the assessment as Exhibit: _____
9. Please state the Department's determination from which this appeal is taken. **NOTE:** Attach a copy of the Department document sent notifying you of the Department's determination.

10. Please state the reason(s) why you disagree with the Department's determination set forth in No. 9 above. **NOTE:** Attach a copy of the document(s) you rely on to support your claim.

11. Please state the provisions of the contract that govern the nature of your appeal. **NOTE:** § 7.16 applies to most appeals, please indicate *all* special provision(s) or contract specification(s) relevant to support your appeal.

12. Please state the law(s) or regulation(s) that govern the appeal.

13. Print the Name of the person managing this appeal: _____

14. Contact Number: (_____) _____ — _____

Contractor's signature or signature of authorized attorney: _____

Date: _____

****Please take the time to carefully examine the requirements of this form. Each field must be fully and properly completed. Failure to comply with the requirements of this Statement of Claim will result in the delay or potential dismissal of the claim. ****