

West Virginia Court of Claims  
1900 Kanawha Blvd., E., Room W-334  
Charleston, WV 25305-0610  
(304) 347-4851

**Suggested Form of Notice of Claim**

(This claim form and any accompanying exhibits are required to be submitted in **TRIPLICATE**. This form can be filled in on-line and then printed out in triplicate and then signed.)

\_\_\_\_\_  
Claimant 1

VS.

\_\_\_\_\_  
Claimant 2 (if applicable)

\_\_\_\_\_  
Respondent State Agency (use both lines if needed)

Amount Claimed: \$ \_\_\_\_\_

Was the respondent State agency informed of the claim?  YES  NO

What action, if any, was taken by the respondent agency? \_\_\_\_\_

Attorney Information (if applicable)	Claimant(s) Information
_____ Name	_____ Name
_____ Street	_____ Street
_____ City	_____ City
_____ County	_____ County
_____ State	_____ State
_____ Zip	_____ Zip
_____ Telephone Number	_____ Telephone Number

Place of accident (if applicable) : \_\_\_\_\_  
(Nearest city/town, street/route no., etc.)

Date of accident: \_\_\_\_\_

Did insurance cover all or any part of the claim?  YES  NO

Amount of your insurance deductible, if any: \$ \_\_\_\_\_

**Notice of Claim**

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State facts of the claim clearly:

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature of Claimant(s) or Designated Attorney Required

\_\_\_\_\_  
Date of Signature

Upon the filing of this claim, you will be notified of the date of the hearing, at which time you will be required to present evidence and prove your claim.

**§14-2-26: "A person who knowingly and willfully presents or attempts to present a false or fraudulent claim, or a state officer or employee who knowingly and willfully participates or assists in the preparation or presentation of a false or fraudulent claim, shall be guilty of a misdemeanor..."**