



STATE OF ALABAMA
DEPARTMENT OF EDUCATION



Thomas R. Bice
State Superintendent of Education

June 6, 2013

Alabama
State Board
of Education

Governor
Robert Bentley
President

Tracy T. Roberts
District I

Betty Peters
District II

Stephanie Bell
District III
Vice President

Yvette M.
Richardson, Ed.D.
District IV

Ella B. Bell
District V
President Pro Tem

Charles E. Elliott, M.D.
District VI

Jeff Newman
District VII

Mary Scott Hunter, J.D.
District VIII

Thomas R. Bice, Ed.D.
Secretary and
Executive Officer

MEMORANDUM

TO: County and City Superintendents of Education
FROM: Thomas R. Bice *TRB*
State Superintendent of Education
RE: Revised Board of Adjustment Claim Forms

The Alabama State Board of Adjustment has updated its claim forms. We are enclosing copies of the revised forms that must be used effective July 1, 2013. According to the Alabama State Board of Adjustment, old claim forms received on or after July 1, 2013, will be automatically returned to the Claimant.

Please distribute the new forms to the appropriate persons in your school system. Also, please have them dispose of all previous copies of the Board of Adjustment claim forms and make them aware of the Web site where they can download needed forms (www.bdadj.alabama.gov; click on the Forms and Instructions).

If there are any questions regarding this matter, please direct them to the Alabama State Board of Adjustment, (334) 242-7175, 600 Dexter Avenue, Ste. E302, Montgomery, Alabama 36104, or the Alabama State Department of Education, (334) 242-1899, Office of General Counsel, P.O. Box 302101, Montgomery, Alabama 36130.

TRB/DDC

Enclosures
FY13-1015

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
VENDOR'S CLAIM FOR PAYMENT**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the accrual. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your company's information. Enter the Company Name, Address, Telephone Number(s), Email Address, last four digits of your Social Security Number or FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. **Facts of the Claim:**
 - A. Enter the date the account was due to be paid according to payment terms.
 - B. Enter the last date service was provided or goods were delivered.
 - C. Enter a statement of facts describing the goods or services sold, terms of payment, the agency's reason for not paying the debt. Attach a copy of purchase orders, invoices, contracts, work orders, communications with agency regarding payment, and all other documentation that relates to the claim.
5. Enter the GRAND TOTAL amount you are claiming. (Documentation to verify the amount claimed must be attached.)
6. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section of the claim form.

**ALABAMA STATE BOARD OF ADJUSTMENT
VENDOR'S CLAIM FOR PAYMENT**

<p>See Page 1 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).</p>	<p>DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.</p> <p>Claim No.: _____</p>
---	---

1. Enter the Name of the Department or Agency of the State of Alabama against which you are making this claim:

2. Enter your Name, Mailing Address, E-mail Address, Contact Telephone Number(s) and Social Security # or FEIN:

Name: _____

Attention: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

XXX-XX-____ or XX-XXX_____

Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

3. Facts of Claim:

A. Date account was due to be paid according to payment terms: _____

B. Last date service was provided or goods were delivered: _____

C. Statement of Facts: _____

Claimant's Name _____

4. GRAND TOTAL AMOUNT FOR THIS CLAIM: _____

5. Signature of Claimant/Authorized Representative: _____

Please Print Name _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

AFFIX SEAL

Signature of Notary Public _____

Printed Name _____

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR ON THE JOB INJURY**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the injury or within two years for claims for injury resulting in death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your personal information. Enter your Name, Address, Telephone Number(s), E-mail Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. Enter the facts of the claim:
 - A. Enter the date the injury occurred.
 - B. Enter the date notified by employer of your privilege to file a claim with the Board of Adjustment.
 - C. Enter the location and address where the injury occurred. (Example: Lunchroom at City Elementary, City, Alabama 36000)
 - D. A statement of facts describing the injury and the events surrounding the injury. Documentation must accompany the claim for proof of the injury. Provide an official accident or incident report showing the date of the injury. The report must be signed by a supervisor or some other official. Any other evidence to prove that the incident upon which the claim is based took place must be attached. (Example: Dated and signed witness statements.)
5. If this was an on-the-job injury, check yes. If no, use Personal Injury Form. This form can be found on the Board of Adjustment web site shown at the top of this page.
6. Employer Information:
 - A. Enter the name, address and telephone number of your employer.
 - B. Enter your job title at the time of the injury.
 - C. Enter your supervisor's name at the time of the injury.
 - D. If you are still employed with employer listed in 6A check the "Yes" box.
 - E. If you are no longer employed with employer listed in 6A, enter your last date of employment.

Instructions for Alabama State Board of Adjustment
Claim for On The Job Injury
Page 2

7. **Medical Expenses:** Enter all medical expenses incurred as a result of the injury. Include additional sheets if necessary. List each health care provider, including pharmacy, and the amount charged by each. You must provide evidence (itemized bills) to show what treatment was provided, when it was provided, and the charge, as well as evidence of insurance filing and payments (insurance company summary sheets). Board of Adjustment will not make awards for expenses paid by private insurance. If claimant is not covered by insurance, this should be clearly stated.
 - A. Total of Medical Expenses Claimed
8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you.
 - A. Total Payments Made to You from All Insurance Companies
9. **Medical Disability:** If you are claiming medical disability, you **MUST** complete this section.
 - A. If you are claiming damages for permanent disability, check "Yes"; otherwise, check "No".
 - B. If you have claimed compensation for permanent disability from any source, such as Social Security Disability, Workman's Compensation, etc., check "Yes"; otherwise, check "No".
 - C. Enter the amount you are seeking for permanent or total disability.
 - D. Describe the permanent disability. Evidence (usually a letter, statement, or report from physician) that claimant has reached maximum medical improvement "MMI" and is left with a disability stated in percentage of physical impairment to the whole body or part of body is involved (arm, leg, finger, etc.).
10. **Wages:** If you are claiming lost wages and/or compensation for leave used, list each separately. Evidence from doctor or other healthcare provider that claimant was unable to work because of the accident/injury stated, verification from the employer of the time lost from work or the leave deducted and verification from the employer of the claimant's rate of pay at the time of the accident/injury.
 - A. Enter the amount of wages you lost due to the injury. Circle whether the amount you have entered is for hours, days or weeks. (Example: \$25 for 2 hours)
 - B. Enter the amount of leave used. (Example: 16 hours for 2 days)
 - C. Enter your rate of pay at the time of your injury. Check the box indicating whether the amount is per hour, day, or week. (Example \$12.50 per hour)
 - D. Enter the total of wages lost due to the injury.
11. Enter any miscellaneous expenses associated with the personal injury, such as damages to automobile, eyeglasses, mileage, etc. Note: If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.
 - A. Provide the total amount of miscellaneous expenses claimed.
 - B. If any of the listed expenses are covered by insurance, please check "Yes"; otherwise, check "No".
 - C. If you answered "Yes" in Item 11.B., list the amount of insurance coverage and your deductible. (For damages to personal property, it will be necessary to provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)
12. Enter the GRAND TOTAL amount you are claiming for all items described in Items 7.A., 9.C., 10.D., and 11.A.
13. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section.

ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PERSONAL INJURY - ON THE JOB

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.

Claim No.: _____

1. Name of the Department or Agency of the State of Alabama against which you are making this claim:

2. Claimant's Information:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

SSN: XXX-XX-_____ FEIN: XX-XXX _____

3. Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address of P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date of Injury: _____

B. Date notified by employer of your privilege to file a claim with Board of Adjustment: _____

C. Location/Address of Injury: _____

D. Statement of Facts (Describe the injury and the events surrounding the injury): _____

5. Was this an on-the-job injury? Yes No

Claimant's Name _____

6. Employer Information (If on-the-job injury):

A. Name, Address & Telephone Number of Employer: _____

B. Job Title at the Time of the Injury: _____

C. Name of Supervisor at the Time of the Injury: _____

D. Are you still employed with employer listed in 6.A.? Yes No

E. If no, what was the date of your last day of employment? _____

7. Medical Expenses (List each health care provider, including pharmacy, and the amount charged by each):
Include additional sheets if necessary:

Provider	Amount of Expense

A. Total of Medical Expenses Claimed: _____

8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you:

Name of Insurance Company (Includes Medicare, Medicaid)	Amount Paid To You

A. Total Payments Made To You from All Insurance Companies: _____

9. Medical Disability:

A. Are you claiming damages for permanent disability? Yes No

B. Have you claimed compensation for permanent disability for this injury from any other source, such as Social Security Disability, Workers Compensation, etc.? Yes No

C. What is the amount you are seeking for permanent or total disability? _____

Claimant's Name _____

Medical Disability (Continued):

D. Describe the permanent disability: _____

10. Wages (If you are claiming lost wages and/or compensation for leave used, list each separately):

A. Amount of lost wages: _____ for _____ hours/days/weeks

B. Amount of leave used: _____ for _____ hours/days/weeks

C. Rate of Pay at time of Injury: _____ per Hour Day Week

D. Total Wages Claimed: _____

11. Miscellaneous Expenses: (List other expenses you are claiming and the amount for each such as damages to auto, eyeglasses, mileage, etc.) If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

A. Total Amount of Miscellaneous Expenses Claimed: _____

B. Are any of the expenses listed above covered by insurance? Yes No

C. If yes, list amount of coverage and deductible amount:

Amount of Coverage: _____

Comprehensive Deductible: _____ Collision Deductible: _____

12. What is the **GRAND TOTAL** amount you are claiming for all items described in Items 7.A., 9.C., 10.D., & 11.A. _____

13. Signature of Claimant/Authorized Representative: _____

Please Print Name: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public _____

AFFIX SEAL

Printed Name _____

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PERSONAL INJURY**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the injury or within two years for claims for injury resulting in death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

- Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your personal information. Enter your Name, Address, Telephone Number(s), Email Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant. If injured party is a minor, enter the name and age of the minor and the name and relationship of person with whom minor lives.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. Enter the facts of the claim:
 - A. Enter the date the injury occurred.
 - B. Enter the location and address where the injury occurred. (Example: Lunchroom at City Elementary, City, Alabama 36000)
 - C. A statement of facts describing the injury and the events surrounding the injury. Documentation must accompany the claim for proof of the injury. Provide an official accident or incident report, a report from a representative of the agency or some other official and any other evidence to prove that the incident upon which the claim is based took place. (Example: Dated and signed witness statements.)
5. If this was an on-the-job injury, use Alabama State Board of Adjustment Claim for On The Job Injury form. This form can be found on the Board of Adjustment web site shown at the top of this page. Otherwise, check no and continue.
6. If you incurred lost wages as a result of your injury, enter the following information:
 - A. Enter the name and address of your employer.
 - B. Enter your job title at the time of the injury.
7. Medical Expenses: Enter all medical expenses incurred as a result of the injury. Include additional sheets if necessary. List each health care provider, including pharmacy, and the amount charged by each. You must provide evidence (itemized bills) to show what treatment was provided, when it was provided, and the charge, as well as evidence of insurance filing and payments (insurance company summary sheets). Board Instructions for Alabama State Board of Adjustment

of Adjustment will not make awards for expenses paid by private insurance. If claimant is not covered by insurance, this should be clearly stated.

A. Enter the Total of Medical Expenses Claimed

8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you.

A. Enter the Total Payments Made to You from All Insurance Companies

9. Medical Disability: If you are claiming medical disability, you MUST complete this section.

A. If you are claiming damages for permanent disability, check "Yes"; otherwise, check "No."

B. If you have claimed compensation for permanent disability from any source, such as Social Security Disability, Workers Compensation, etc., check "Yes"; otherwise, check "No".

C. Enter the amount you are seeking for permanent or total disability.

D. Describe the permanent disability. Evidence (usually a letter, statement, or report from physician) that claimant has reached maximum medical improvement "MMI" and is left with a disability stated in percentage of physical impairment to the whole body or part of body involved (arm, leg, finger, etc.).

10. Wages: If you are claiming lost wages and/or compensation for leave used, list each separately. Evidence from doctor or other healthcare provider that claimant was unable to work because of the accident/injury stated, verification from the employer of the time lost from work or the leave deducted and verification from the employer of the claimant's rate of pay at the time of the accident/injury.

A. Enter the amount of wages you lost due to the injury. Circle whether the amount you have entered is for hours, days or weeks. (Example: \$25 for 2 Hours)

B. Enter the amount of leave used. (Example: 16 hours for 2 days)

C. Enter your rate of pay at the time of your injury. Check the box indicating whether the amount is per hour, day, or week. (Example: \$12.50 per hour)

D. Enter the total of wages lost due to the injury.

11. Enter any miscellaneous expenses associated with the personal injury, such as damages to automobile, eyeglasses, mileage, etc. Note: If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

A. Provide the total amount of miscellaneous expenses claimed.

B. If any of the listed expenses are covered by insurance, please check "Yes"; otherwise, check "No".

C. If you answered "Yes" in Item 11.B., list the amount of insurance coverage and your deductible. (For damages to personal property, it will be necessary to provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)

12. Enter the GRAND TOTAL amount you are claiming for all items described in Items 7.A., 8.A., 9.C., 10.D., and 11.A.

13. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section.

ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PERSONAL INJURY

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.

Claim No.: _____

1. Name of the Department or Agency of the State of Alabama against which you are making this claim:

2. Claimant's Information:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

SSN: XXX-XX-____ FEIN: XX-XXX _____

If injured party is a minor (under 19 years of age), claim must be signed and filed by parent or guardian as claimant. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

3. Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address of P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date of Injury: _____

B. Location and Address of Injury: _____

C. Statement of Facts (Describe the injury and the events surrounding the injury): _____

Claimant's Name _____

5. Was this an on-the-job injury? Yes No
If you answered yes, stop now and use the Alabama State Board of Adjustment Claim for On The Job Injury form. See instructions for this on page 1 of this form.

6. Employer Information (if lost wages were incurred):

A. Name, Address & Telephone Number of Employer: _____

B. Job Title at the Time of the Injury: _____

7. Medical Expenses (List each health care provider, including pharmacy, and the amount charged by each. Include additional sheets if necessary):

Provider	Amount of Expense

A. Total of Medical Expenses Claimed: _____

8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid you:

Name of Insurance Company (Includes AllKids, Medicare, Medicaid)	Amount Paid To You

A. Total Payments Made To You from All Insurance Companies: _____

9. Medical Disability:

A. Are you claiming damages for permanent disability? Yes No

B. Have you claimed compensation for permanent disability for this injury from any other source, such as Social Security Disability, Workers Compensation, etc.? Yes No

C. What is the amount you are seeking for permanent or total disability? _____

Claimant's Name _____

D. Describe the permanent disability: _____

10. Wages (If you are claiming lost wages and/or compensation for leave used, list each separately):

- A. Amount of lost wages: _____ for _____ hours/days/weeks
- B. Amount of leave used: _____ for _____ hours/days/weeks
- C. Rate of Pay at time of Injury: _____ per Hour Day Week
- D. Total Wages Claimed: _____

11. Miscellaneous Expenses: (List other expenses you are claiming and the amount for each such as damages to auto, eyeglasses, mileage, etc.) If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

- A. Total Amount of Miscellaneous Expenses Claimed: _____
- B. Are any of the expenses listed above covered by insurance? Yes No
- C. If yes, list amount of coverage and deductible amount:
 Amount of Coverage: _____
 Comprehensive Deductible: _____ Collision Deductible: _____

12. What is the **GRAND TOTAL** amount you are claiming for all items described in Items 7.A., 9.C., 10.D., & 11.A.?

13. Signature of Claimant/Authorized Representative: _____

Please Print Name: _____

VERIFICATION

STATE OF _____
COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public _____

AFFIX SEAL Printed Name _____

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PROPERTY DAMAGE**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the property damage. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

- **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

- **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

- Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your personal information. Enter your Name, Address, Telephone Number(s), Email Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. **Facts of the Claim:**
 - A. Enter the date the property damage occurred.
 - B. Enter the location/address where the property damage occurred.
 - C. Enter a statement of facts describing the property damage and the events surrounding the damage. Documentation must accompany the claim for proof of the damage claimed. Provide an official accident/incident report and any other evidence to prove that the incident upon which the claim is based did take place. (Photographs and other documents must be provided in printed form. Documents will not be printed from CDs, flash drives or other electronic media.)
5. **Damages to Personal Property:**

List all expenses you are claiming and the amount for each. Describe the personal property damaged. (Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.) Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

 - A. Enter to the TOTAL dollar amount for the items being claimed which were damaged.

6. Insurance Coverage:

- A. If you have insurance that will cover all or part of the damage, check "Yes"; otherwise, check "No".
- B. If you checked "Yes" in 6.A., provide the name of your insurance company.
- C. If you answered "Yes" in Item 6.B., list the amount of insurance coverage and your deductible. (For damages to personal property, it will be necessary to provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)
- D. If you have filed for coverage with your insurance company, check "Yes"; otherwise, check "No"

7. Enter the GRAND TOTAL amount you are claiming for all of the items described from Line 5.A.

8. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section.

**ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PROPERTY DAMAGE**

<p>See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).</p>	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE. FOR ALABAMA STATE BOARD OF ADJUSTMENT USE ONLY.</p> <p>Claim No.: _____</p>
---	---

1. Enter the Name of the Department or Agency of the State of Alabama against which you are making this claim:

2. Enter your Name, Mailing Address, E-mail Address, Contact Telephone Number(s) and Social Security # or FEIN:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

SSN: XXX-XX-____ FEIN: XX-XXX _____

If injured party is a minor (under 19 years of age), claim must be signed and filed by parent or guardian as claimant. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

3. Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date Damage Occurred: _____

B. Where did accident or damage occur: _____

Claimant's Name _____

C. Statement of Facts: _____

5. Damages to Personal Property:

List all expenses you are claiming and the amount for each (Describe personal property damaged (Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.). Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

A. Total of Items Damaged: _____

6. Insurance Coverage:

A. Do you have insurance which would cover all or part of the damage? Yes No

B. If yes, provide name of insurance company: _____

C. Amount of Coverage: _____

Comprehensive Deductible: _____ Collision Deductible: _____

D. Have you filed for coverage to which you are entitled under your policy? Yes No

7. What is the GRAND TOTAL amount you are claiming for all items described in 5.A.?

Total Amount for this Claim: _____

8. Signature of Claimant/Authorized Representative: _____

Please Print Name _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

AFFIX SEAL

Signature of Notary Public _____

Printed Name _____

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PERSONAL INJURY OR ON THE JOB INJURY
“SUPPLEMENTAL CLAIM”**

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the injury or within two years for claims for injury resulting in death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

1. Claim Number from the original claim must be included. If not included, Supplemental Claim will be returned.
2. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
3. Enter your personal information. Enter your Name, Address, Telephone Number(s), Email Address, the last four digits of your Social Security Number or FEIN if a business. Claims without social security numbers or FEINs cannot be processed and will be returned to the claimant. If injured party is a minor, enter the name and age of the minor and the name and relationship of person with whom minor lives.
4. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
5. Are you still employed by the employer listed on the original claim? Check “yes” or “no”.
 - A. If no, enter the date employment ended.
6. Enter the date the original injury occurred.
7. **Medical Expenses:** Enter all medical expenses claimed in this supplemental filing. Include additional sheets if necessary. List each health care provider, including pharmacy, and the amount charged by each. You must provide evidence (itemized bills) to show what treatment was provided, when it was provided, and the charge, as well as evidence of insurance filing and payments (insurance company summary sheets). Board of Adjustment will not make awards for expenses paid by private insurance. If claimant is not covered by insurance, this should be clearly stated.
 - A. Total of Medical Expenses Claimed
8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you for the expenses claimed in this supplemental filing.
 - A. Total Payments Made to You from All Insurance Companies

Instructions for Alabama State Board of Adjustment
Supplemental Claim for Personal Injury or On The Job Injury
Page 2

9. **Medical Disability:** If you are claiming medical disability, you **MUST** complete this section.
- A. If you are claiming damages for permanent disability, check “Yes”; otherwise, check “No”.
 - B. If you have claimed compensation for permanent disability from any source, such as Social Security Disability, Works Compensation, etc., check “Yes”; otherwise, check “No”.
 - C. Enter the amount you are seeking for permanent or total disability.
 - D. Describe the permanent disability. Evidence (usually a letter, statement, or report from physician) that claimant has reached maximum medical improvement “MMI” and is left with a disability stated in percentage of physical impairment to the whole body or part of body involved (arm, leg, finger, etc.).
10. **Wages:** If you are claiming lost wages and/or compensation for leave used, list each separately. Evidence from doctor or other health care provider that claimant was unable to work because of the accident/injury stated, verification from the employer of the time lost from work or the leave deducted and verification from the employer of the claimant’s rate of pay at the time of the accident/injury.
- A. Enter the amount of wages you lost due to the injury. Circle whether the amount you have entered is for hours, days or weeks. (Example: \$25 for 2 Hours)
 - B. Enter the amount of leave used. (Example: 16 Hours for 2 Days)
 - C. Enter your rate of pay at the time of your injury. Check the box indicating whether the amount is per hour, day, or week. (Example \$12.50 per hour)
 - D. Enter the total of wages lost due to the injury.
11. Enter any miscellaneous expenses associated with the personal injury, such as damages to automobile, eyeglasses, mileage, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.
- A. Provide the total amount of miscellaneous expenses claimed.
 - B. If any of the listed expenses covered by insurance, please check “Yes”; otherwise, check “No”.
 - C. If you answered “Yes” in Item 11.B., list the amount of insurance coverage and your deductible. (For damages to personal property, it will be necessary to provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)
12. Enter the GRAND TOTAL amount you are claiming for all items described in Items 7.A., 9.C., 10.D., & 11.A.
13. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section.

ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PERSONAL INJURY OR ON THE JOB INJURY
"SUPPLEMENTAL CLAIM"

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

DO NOT WRITE IN THIS SPACE. FOR ALABAMA STATE BOARD OF ADJUSTMENT USE ONLY.

Claim No.: _____
Supplement No.: _____

1. Original Claim No.: _____

2. Department or Agency of the State of Alabama against which you are making this claim:

3. Claimant's Personal Information:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

XXX-XX-_____ or XX-XXX_____

If injured party is a minor (under 19 years of age), CLAIM MUST BE SIGNED AND FILED BY PARENT OR GUARDIAN AS CLAIMANT. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

4. Claimant's Attorney (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address of P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

5. Are you still employed by the employer listed on the original claim? Yes No

A. If no, enter the date employment ended: _____

6. Enter the date the original injury occurred: _____

Claimant's Name _____

7. Medical Expenses (List each health care provider, including pharmacy, and the amount charged by each. Include additional sheets if necessary):

Provider	Amount of Expense

A. Total of Medical Expenses Claimed: _____

8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you for the expenses claimed in this supplemental filing:

Name of Insurance Company	Amount Paid To You

A. Total Payments Made To You From All Insurance Companies: _____

9. Medical Disability:

A. Are you claiming damages for permanent disability? Yes No

B. Have you claimed compensation for permanent disability for this injury from any other source, such as Social Security Disability, Workers Compensation, etc.? Yes No

C. What is the amount you are seeking for permanent or total disability? _____

D. Describe the permanent disability: _____

Claimant's Name _____

10. Wages (If you are claiming lost wages and/or compensation for leave used, list each separately):

- A. Amount of lost wages: _____ for _____ hours/days/weeks
- B. Amount of leave used: _____ for _____ hours/days/weeks
- C. Rate of Pay at time of Injury: _____ per Hour Day Week
- D. Total Wages Claimed: _____

11. Miscellaneous Expenses (List other expenses you are claiming and the amount for each such as damages to auto, eyeglasses, mileage, etc.) If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

- A. Total Amount of Miscellaneous Expenses Claimed: _____
- B. Are any of the expenses listed above covered by insurance? Yes No
- C. If yes, list amount of coverage and deductible amount:
 Amount of Coverage: _____
 Comprehensive Deductible: _____ Collision Deductible: _____

12. What is the **GRAND TOTAL** amount you are claiming for all items described in Items 7.A., 9.C., 10.D., & 11.A.?

13. Signature of Claimant/Authorized Representative: _____

Please Print Name: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public _____

AFFIX SEAL Printed Name _____