

University of Kentucky Claim Form
(ONLY FOR CLAIMS LESS THAN \$250.00)

Please provide all the facts, statements by witnesses (in writing), or any other proof you have that you believe would be helpful in the determination of your loss/claim. **The burden of proof that the University was negligent rests with you.** **FOR THE CONSIDERATION OF CLAIMS OVER \$50, YOU MUST PROVIDE A PROOF OF PURCHASE OR A RECEIPT. IF THE CLAIM AMOUNT IS MORE THAN \$250, YOU MUST FILE WITH THE KENTUCKY BOARD OF CLAIMS.**

Please complete **ALL** sections of this form and submit via email by clicking the submit button at the end of the form or print and return by mail to the below address or scan to boc250@uky.edu:

University of Kentucky
Office of Legal Counsel
301 Main Building
Lexington, KY 40506-0032

CLAIMANT'S FULL NAME (FIRST AND LAST NAME) TYPE OR PRINT

CLAIMANT'S STREET ADDRESS (INCLUDE APT# OR UNIT #)

CITY, STATE, AND ZIP CODE

EMAIL (**WE MUST HAVE AN EMAIL**)

PHONE NUMBER

NAME OF UNIVERSITY OF KY EMPLOYEE INVOLVED IN THE INCIDENT

DATE INCIDENT OCCURRED (MUST BE WITHIN ONE YEAR) TIME INCIDENT OCCURRED

WHERE DID THE INCIDENT OCCUR? (GIVE **EXACT** LOCATION THAT APPLIES INCLUDING CITY, COUNTY, DIRECTION, BUILDING, ROOM NUMBER, MILE MARKER, INTERSECTION, ETC. **PLEASE BE SPECIFIC**)

BELOW DESCRIBE THE INCIDENT AND THE DAMAGE DONE TO YOU OR YOUR PROPERTY:

BELOW DESCRIBE HOW YOU FEEL THE UNIVERSTIY OF KENTUCKY IS AT FAULT:

PLEASE PROVIDE THE SPECIFIC DOLLAR AMOUNT OF YOUR CLAIM. Supply bills, receipts and/or repair estimates, as proof of the cost of damages sustained. Pursuant to **KRS 49.130 Conditions of awards - Reduction of award** this amount will be amended according to the amount that can be recovered from other sources available to the claimant, such as worker's comp, social security, federal, state or private insurance programs designed to supplement income or pay claimant's expenses or damages incurred.

IF YOUR CLAIM IS **OVER \$250.00 STOP HERE YOU MUST FILE WITH THE KENTUCKY BOARD OF CLAIMS, (BE ADVISED YOUR CLAIM WILL NOT BE FORWARDED TO THE STATE IF IT IS OVER \$250.00)**

ENTER DOLLAR AMOUNT OF CLAIM (YOU MUST ENTER AN AMOUNT)

