



**STATE RISK MANAGEMENT FUND NOTICE OF CLAIM**  
 STATE OF NORTH DAKOTA  
 SFN 50552 (Rev. 07-2011)

Full Name of Claimant / Property Owner					
Home Address			Work Address		
City	State	Zip Code	City	State	Zip Code
Home Telephone Number			Work Telephone Number		

**DATE, TIME, AND PLACE OF INCIDENT:**

Date:	Time:	Place:
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Names of state agency or agencies and state official(s) or employee(s) involved:

Description of the incident:

Description of the injury or loss:

Dollar amount of injury or loss claimed: **please attach any documentation (e.g., medical bills, repair bills, etc.)**

STATE OF NORTH DAKOTA        )  
   ) ss.  
 COUNTY OF                            )

I hereby swear or affirm that the facts stated above concerning this claim against the State of North Dakota, its agencies, officials, or employees are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Claimant

\_\_\_\_\_  
 Notary Public

**Mail to:** Director of OMB  
 Risk Management Division  
 1600 E Century Ave, Suite 4  
 Bismarck ND 58503  
 Telephone: 701-328-7584  
 FAX: 701-328-7585

**Website:** [www.nd.gov/risk](http://www.nd.gov/risk)

N.D.C.C. Sec. 32-12.2-04 provides that a person bringing a claim against the state or a state employee for an injury shall present a written notice to the director of the Office of Management and Budget within **one hundred eighty (180) days** after the alleged injury is discovered or reasonably should have been discovered.

If your claim is for property damage, please enclose **at least two** estimates for damages with your completed claim form.