



STATE RISK MANAGEMENT FUND NOTICE OF CLAIM

RISK MANAGEMENT DIVISION
SFN 50552 (08-2019)

Name of Claimant/Property Owner (First, Middle, Last)			
Home Address	City	State	ZIP Code
Contact Number		Email	
Date of Incident	Time of Incident	Place	
Name of state 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 invoices, estimates, etc.)			

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. **Please complete.**

Signature of Claimant(s)	Date
STATE OF	COUNTY OF
Signature of Notary Public	Commission Expiration Date (if not listed on stamp)

Affix Notary Stamp

N.D.C.C. § 32-12.2-04 provides that a person bringing a claim against the state or a state employee for an injury shall present written notice to the director of the Office of Management 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, please enclose at **least two estimates** for the damages with your completed claim form.

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
Email: rminfo@nd.gov