Claim No: _____

Name of Claimant: _____

Name of State Agency: _____

Date of Answer: _____

# Agency's Answer To Claimant
# and Board of Claims

_____ 1. This agency has investigated this claim, and I recommend that the Board order that $_____ be paid to the Claimant. The Claimant has stated the pertinent facts correctly. The damage claimed was caused by negligence on the part of this agency or its employee(s).

_____ 2. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. The facts of the incident are substantially as stated by the Claimant, but the damage that occurred was not caused by negligence on the part of the State, this agency, or any State employee. Instead, our investigation shows that the damage was caused by:

_____ 3. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. Our investigation finds that whatever damage the Claimant may have sustained in the incident was due to negligence on the part of the Claimant. The negligence on the Claimant's part was:

_____ 4. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. Our agency's investigation shows that the facts are substantially not as stated by the claimant but, instead, are as follows:

_____5. This agency has made every reasonable effort to investigate this claim but we are unable to do so. Here are the efforts we have made, and here is what prevents us from finding out about this claim:

_____6. Other (Be factual):

*I certify that the original of the foregoing Agency's Answer To Claimant and Board of Claims has been filed with the Office of Claims and Appeals, Board of Claims, 500 Mero St., 2SC1, Frankfort, KY 40601 and a copy hereof was served this _____ day of _____, 20_____ on the following:*

**Signature:** _____

**Title:** _____

**Agency:** _____

**Address:** _____

 **Attach Additional pages if needed.**