

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

FORM 1144  
(8/11)

CLAIM

STATE OF NEW YORK



SS.:

COUNTY OF

\_\_\_\_\_, being duly sworn deposes and says that he/she resides at  
\_\_\_\_\_ In the \_\_\_\_\_ Of \_\_\_\_\_ County of  
\_\_\_\_\_ State of New York, and hereby presents to the Commissioner, Department of  
Corrections and Community Supervision of the State of New York, a verified claim form, in the sum of  
\_\_\_\_\_ (\$ \_\_\_\_\_ ) for damages sustained by him solely on account of a tort of an officer or  
employee of the State of New York, while acting as such officer or employee. The details constituting such tort and  
damages appear on the attached Department Claim Form.

\_\_\_\_\_  
Claimant

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. (The facts stated above must constitute a legal claim.)

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

I, as \_\_\_\_\_ of the Department of Corrections and Community Supervision, at  
\_\_\_\_\_ State of New York, have caused an investigation of the facts in connection with the matter  
set forth in the above claim and the damages resulting therefrom. I find that the facts constitute a just and legal claim  
against the State of New York as provided in paragraph 12A of Section 8 of the State Finance Law, and that the  
damages set forth in said claim, and as agreed upon, are fair and reasonable.

My investigation disclosed the following facts:

I submit the above to the Comptroller of the State of New York for audit, and recommend payment.

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Type Name, Title and Date)

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Type Name, Title and Date)

RELEASE

(This release will not become binding upon Claimant until claim is approved and paid)

I, the undersigned, in consideration of the sum of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_ ) To me in hand paid by the State of New York, the receipt whereof is hereby acknowledged, do for myself, my heirs, executors, administrators and assigns, release and discharge the State of New York, its officers, agents and employees, from all claims, demands and liability of every kind and nature, legal or equitable, occasioned by or arising out of the facts set forth in the foregoing claim, and in case any claim shall have been filed by me with the Clerk of the Court of Claims for said damages at any time prior to the date of this release, I consent and stipulate that an order may be made by the Court of Claims without notice to me dismissing said claim upon the merits.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ L.S.

STATE OF NEW YORK }  
                                  } S.S.:  
COUNTY OF                 }

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Personally appeared before me, known to me to be the person ascribed in and who executed the foregoing release and who duly acknowledged to me that he/she executed the same.

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

CLAIM AND RELEASE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-against-

STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS AND  
COMMUNITY SUPERVISION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Claim \$

Approved this day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

APPROVED this day of \_\_\_\_\_, \_\_\_\_\_

Eric T. Schneiderman  
Attorney General

By:

\_\_\_\_\_  
Assistant Attorney General