



Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



FILING A CLAIM AGAINST THE GOVERNMENT

Please be advised that under the Government Claims Act (5 G.C.A., Chapter 6), the government has **SIX (06) MONTHS** in which to investigate and either grant, settle, or deny your claim.

If your claim involves a **traffic accident**, you need to submit:

1. A copy of the police report;
2. A copy of the vehicle registration;
3. Two to three estimates of repair from a licensed auto repair shop
4. Pictures of the damages

If your claim involves **wages**, you need to submit:

- Any documents of proof of wages owed.

If your claim involves a **dormant bank account**, you need to submit:

- Account name, account number, address, social security number, and proof of authorized access to account funds.

Please provide **copies** of all documents. We are unable to make copies due to budgetary cuts. If you have any questions, please call our office at 475-3324.

Please read, sign and return the letter on the reverse side of this sheet. Thank you.



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Dear Claimant:

Pursuant to the Government Claims Act (Public Law 17-29), the government has six (06) months to investigate and either grant, settle or deny your claim. If you are claiming property damage to a motor vehicle involved in an accident, we will make a determination on this part of your claim within thirty (30) days pursuant to Public Law 25-130, provided you furnish us with all the documents necessary to process your claim.

Although most claims require the full six (06) months for review and final decision, smaller claims usually take less time than larger ones; however, they are considered equally. If after six (06) months your claim has not been settled or you have not been notified by our office that your claim was denied, you may institute an action in the Superior Court of Guam for money damages.

Additional questions on the status of this claim should be directed to the undersigned.

Thank you in advance for your cooperation.

Sincerely,

GABRIELA P. R. RIPPEL
Interim Assistant Claims Officer

I have read and fully understand the above.

Print Name: _____

Signature: _____

Date: _____



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CLAIM AGAINST THE GOVERNMENT

(Please complete the form in its entirety. **DO NOT** leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant: _____
2. Mailing Address: _____
Home/Work Address: _____
3. Home Telephone _____ Work Telephone _____
4. Amount of Damages you are claiming: \$ _____
5. Any other relief you are claiming _____
6. Government Agency Responsible _____
7. Date Claim arose _____
8. Your statement of facts upon which you base your claim. Attach extra sheet(s) if necessary.

9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ _____
11. I have the following insurance covering this claim _____
12. I am the real party in interest except for the following parties who have an interest in this claim:

13. I have received the following compensation/repairs from other parties _____
14. Name, address, and telephone of attorney representing claimant, if any:

All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

I, _____, declare under penalty of perjury that the foregoing is true and correct.

Date _____ Claimant's Signature _____