

**OFFICE OF THE ATTORNEY GENERAL  
MASSACHUSETTS GENERAL LAWS Ch.258, §4  
PRESENTMENT CLAIM FORM**

**MAURA HEALEY  
ATTORNEY GENERAL**

**TRIAL DIVISION  
One Ashburton Place  
Boston, MA 02108  
617-727-2200**

**CLAIMANT INFORMATION**

Name: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Address: \_\_\_\_\_

If Claimant is an insurance company, name of subrogee: \_\_\_\_\_

**CLAIM AGAINST**

Name of Commonwealth Agency Involved (if applicable): \_\_\_\_\_

Name of Commonwealth Employee Involved (if applicable): \_\_\_\_\_

Registration # of Commonwealth Vehicle (if applicable): \_\_\_\_\_

Was a Police Report Completed? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please attach)

NATURE OF CLAIM: Please describe your claim. (Continue on additional pages if necessary.)

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

**OTHER INFORMATION**

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**Read this important notice and sign your presentment claim.**

- Under most circumstances, your presentment claim will be considered a public record and will be available to any member of the public upon request.
- I understand that when I submit this presentment claim the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer.
- I certify that the information contained in this presentment claim is true to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**\*Please note: Whether using this form or not, presentment claims must be made in accordance with the requirements of M.G.L. Ch. 258. The Attorney General's Office cannot provide you with legal advice or act as your attorney. If you have questions concerning the specific application or interpretation of the law, please consult with a private attorney.**

FOR AGO USE ONLY:

DATE PRESENTMENT RECEIVED \_\_\_\_\_ CASE MANAGEMENT NUMBER \_\_\_\_\_

SIX MONTH DATE \_\_\_\_\_ EXECUTIVE OFFICE: \_\_\_\_\_

SOL DATE \_\_\_\_\_