



Tennessee Claims Commission
Clerk's Office
502 Deaderick Street
Nashville, Tennessee 37243
615-741-0741

**NOTICE OF APPEAL OF THE DECISION RENDERED
BY THE DIVISION OF CLAIMS AND RISK MANAGEMENT**

IN THE TENNESSEE CLAIMS COMMISSION OF THE STATE OF TENNESSEE

Claim Number: _____

Claimant: _____ vs. State of Tennessee

Incident occurred in _____ County, Tennessee

- I, being the claimant in the above-mentioned claim, hereby give notice that I want to appeal the decision rendered on _____ by the Division of Claims and Risk Management.
(Date)
- I understand that it is my responsibility to file my appeal correctly. **Any appeal not properly completed will be returned and will not be considered filed until re-submitted.**

Mail the ORIGINAL completed form with a copy of your denial letter from the Division of Claims and Risk Management to:

*TN Claims Commission Clerk's Office
Paula Merrifield, Clerk
502 Deaderick Street
Nashville, TN 37243*

- I understand that **if** my appeal concerns the amount of the payment rendered by the Division of Claims Administration, **I must return the payment to the Division of Claims and Risk Management.**

*If your claim for damages is in the amount of \$25,000 or less, it will be assigned to the Claims Commission's Small Docket pursuant to Tennessee Code Annotated, Section 9-8-403(a)(2). Either party may request that the claim be removed to the Commission's Regular Docket, pursuant to Tennessee Code Annotated, Section 9-8-403(a)(2) (c). For claims appearing on the small claims docket, the decision of the individual Commissioner is **FINAL** and cannot be appealed.*

- I understand that if my claim is on the regular docket (\$25,000.01 or more) or I request that it be moved to the regular docket, I must either pay the \$25.00 privilege tax for any claim assigned to the Claims Commission regular docket or file an Affidavit of Indigency.

See page 5 for Affidavit of Indigency.

- I understand that on receiving my appeal, the Clerk of the Claims Commission will send notification to me or my attorney informing me of the date my appeal was received and filed, and the Commissioner assigned to decide my claim.
- I understand the Claims Commission is a tribunal (court) and follows the Tennessee Rules of Civil Procedure and the Tennessee Rules of Evidence, except where amended by the Claims Commission rules. In addition, I can obtain a copy of the Claims Commission rules from the clerk's office or at www.treasury.tn.gov/claims-commission.
- I understand if, at any time, I submit or am asked to submit additional information to the Claims Commission for consideration of my appeal, it must be filed in the Clerk's office and copies submitted to the assigned Commissioner's office and the Office of the Attorney General OR to the office of the attorney to which the Attorney General has assigned the defense of the claim pursuant to Tennessee Code Annotated, Section 9-8- 406.
- I understand that it is my responsibility to pursue my claim.
- I understand that procedural help is available to me from the Claims Commission clerk's office, but that legal advice is not.
- I understand that if my appeal appears on the small claims docket, the decision of the individual Commissioner is FINAL and cannot be appealed.
- I have read and understand the instructions and information as stated above.

(Signature of Claimant)

(Date)

AFFIDAVIT OF INDIGENCY

If you are unable to pay the \$25.00 privilege tax for the filing of your claim, the following affidavit may be substituted. **It must be signed in the presence of a notary public.**

I, _____, solemnly swear that owing to my poverty, I am not able to pay the privilege tax ordinarily required to file a claim with the Tennessee Claims Commission and that I am justly entitled to the damages sought to the best of my belief.

(Signature of Claimant)

(Date)

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Notary Public)

(Notary Seal)

(My Commission Expires)