



Illinois Court of Claims
 Office of the Secretary of State
 630 S. College St., Springfield, IL 62756

(Complete six copies)

Reimbursement Form

IN THE COURT OF CLAIMS, STATE OF ILLINOIS

)	Claim #: _____
)	
Claimant)	
)	
vs.)	
)	
Respondent,)	Amount Claimed: _____
STATE OF ILLINOIS)	Reimbursement

Claimant seeks from Respondent payment in the sum of \$ _____ for reimbursement rendered as stated on the attached statement and made a part thereof as Exhibit "A." Claimant requests payment of the sum of \$ _____, and has made demand for same from the Illinois Secretary of State, and such demand was refused.

Claimant further states that no assignment of said claim, or any interest therein, has been made to any person, and that the Claimant is justly entitled to payment of the same from Respondent after allowing all just credits.

Claimant further states that the Claimant's Federal Employer Identification Number (F.E.I.N.) is: _____, or that his/her Social Security Number is: _____.

STATE OF _____)
)
 COUNTY OF _____)

 Claimant's Signature

_____ being duly sworn, upon oath deposes and says that he/she is the same person who signed the foregoing complaint, that he/she has read the same and knows the contents thereof, and that the facts therein set forth are true.

 Claimant

 Street Address

 City

 State

 ZIP

 Telephone Number

The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 705 ILCS 505/1 *et. seq.* Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed

Procedures for Filing Reimbursement Claims Against the State of Illinois

1. Complete the attached Court of Claims complaint form in its entirety, including your Social Security Number or your Federal Employee Identification Number (F.E.I.N.).
2. Sign the Claimant's signature line of the complaint form. Please print your name in the space that says Claimant.
3. Collate the original complaint form, along with documents that substantiate your claim. **Make five additional copies of the complaint form and attach the supporting documentation to each one of the complaint forms (original plus five copies of each document) and mail to:**

Illinois Court of Claims
630 S. College St.
Springfield, IL 62756

No filing fee is required for Reimbursement Claims.