



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

(Complete six copies)

**Lapsed Appropriation Form**  
**IN THE COURT OF CLAIMS, STATE OF ILLINOIS**

	)	
	)	<b>COURT USE ONLY</b>
<b>Claimant</b>	)	<b>Claim #:</b> _____
	)	<b>Amount:</b> _____
<b>vs.</b>	)	
	)	
<b>Respondent,</b>	)	
<b>STATE OF ILLINOIS</b>	)	

Claimant seeks from Respondent payment in the sum of \$ \_\_\_\_\_ for \_\_\_\_\_  
Services or Materials

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 \_\_\_\_\_ of the State of Illinois,  
Department, Board, Commission

and such demand was refused on the grounds that funds appropriated for the \_\_\_\_\_  
 for such payments have lapsed.

Claimant further states that no assignment of said claim, or any interest therein, has been made to any person, and that 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

\_\_\_\_\_ 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.

_____		_____	
<small>Claimant</small>		<small>Claimant's Attorney</small>	
_____		_____	
<small>Street Address</small>		<small>Street Address</small>	
_____	_____	_____	_____
<small>City</small>	<small>State</small>	<small>City</small>	<small>State</small>
_____	_____	_____	_____
<small>ZIP</small>	<small>Telephone Number</small>	<small>ZIP</small>	<small>Telephone Number</small>

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 process

## **Procedures for Filing Lapsed Appropriation 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. If you are represented by an attorney, complete the appropriate section of the complaint form so that all correspondence may be directed to the attorney's office. **An attorney is not required in order to file a Lapsed Appropriation Claim.**
3. Sign both Claimant lines of the complaint form. Please print your name in the space in between signatures.
5. Collate the original complaint form, along with any itemized bills, invoices or other materials 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 Lapsed Appropriation Claims.**