

INSTRUCTIONS TO AGENCY: Send a copy of this answer within 30 days to the claimant and a copy to the Kentucky Claims Commission (f/k/a “Board of Claims”). KRS 49.090 requires agency answers to be factual and specific.

Claim No: _____

Name of Claimant: _____

Name of State Agency: _____

Date of Answer: _____

**Agency's Answer To Claimant
and Kentucky Claims Commission (f/k/a “Board of Claims”)**

_____ 1. This agency has investigated this claim, and I recommend that the Commission order that \$_____ be paid to the claimant. The claimant has stated the pertinent facts correctly. The damage claimed was caused by negligence on the part of this agency or its employee(s).

_____ 2. This agency has investigated this claim. I recommend that the claim not be paid and that the Commission dismiss the claim. The facts of the incident are substantially as stated by the claimant, but the damage that occurred was not caused by negligence on the part of the State, this agency, or any State employee. Instead, our investigation shows that the damage was caused by:

_____ 3. This agency has investigated this claim. I recommend that the claim not be paid and that the Commission dismiss the claim. Our investigation finds that whatever damage the claimant may have sustained in the incident was due to negligence on the part of the claimant. The negligence on the claimant's part was:

_____ 4. This agency has investigated this claim. I recommend that the claim not be paid and that the Commission dismiss the claim. Our agency’s investigation shows that the facts are substantially not as stated by the claimant but, instead, are as follows:

_____ 5. This agency has made every reasonable effort to investigate this claim but we are unable to do so. Here are the efforts we have made, and here is what prevents us from finding out about this claim:

_____ 6. Other (Be factual):

I certify that the original of the foregoing Agency's Answer To Claimant and Kentucky Claims Commission (f/k/a "Board of Claims") has been filed with the Kentucky Claims Commission, 500 Mero St., 2SC1, Frankfort, KY 40601 and a copy hereof was served this _____ day of _____, 20____ on the following:

Signature: _____

Title: _____

Agency: _____

Address: _____

Attach Additional pages if needed.