



Office of the Attorney General of Guam

590 S. Marine Corps Drive, Suite 901 ♦ Tamuning, GU 96913

Phone (671) 475-3324 ♦ Fax (671) 477-4703 ♦ ag@oagguam.org ♦ oagguam.org

Hon. Leevin Taitano Camacho

Attorney General of Guam

FILING A CLAIM AGAINST THE GOVERNMENT

Please be advised that under the Government Claims Act (5 G.C.A., Chapter 6), the government has **SIX (06) MONTHS** in which to investigate and either grant, settle, or deny your claim.

EXAMPLES OF DOCUMENTS NEEDED:

Traffic/Auto Accident

- Copy of vehicle registration
- Copy of GPD traffic crash/accident report
- Two estimates of repair from a licensed auto repair shop
- Photographs of the damages

Dormant Bank Account

- Copy of bank statement or record containing name of account holder, account number, address, etc.
- Document showing proof of authorized access to the account

Contracts/Collections

- Copy of contract(s), invoices, purchase orders, etc.

Personal Injury

- Copies of medical reports, billings, receipts, etc.

Please provide **copies** of all documents. We are unable to make copies. **All claims shall be filed in duplicate** (one original and one copy). If you have any questions, please call our office at 475-2710 ext. 2115 or email governmentclaims@oagguam.org.

If you are filing a claim against an autonomous agency, you must file directly with that agency. Examples of autonomous agencies:

Consolidated Commission on Utilities	Government of Guam Retirement Fund
Guam Airport Authority	Guam Solid Waste Authority
Guam Community College	Guam Visitors Bureau
Guam Economic Development Authority	Guam Waterworks Authority
Guam Housing and Urban Renewal Authority	Judiciary of Guam
Guam Housing Corp.	Port Authority of Guam
Guam Legislature	Public Defender Service Corp.
Guam Memorial Hospital Authority	Public Utilities Commission
Guam Power Authority	University of Guam



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CLAIM AGAINST THE GOVERNMENT

(Please complete the form in its entirety. **DO NOT** leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant: _____
2. Mailing Address: _____
Home/Work Address: _____
Email Address: _____
3. Telephone: Work: _____ Mobile: _____ Home: _____
4. Amount of Damages you are claiming: \$ _____
5. Any other relief you are claiming: _____
6. Government Agency Responsible: _____
7. Date Claim arose: _____
8. Your statement of facts upon which you base your claim. Attach extra sheet(s) if necessary.

9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ _____
11. I have the following insurance covering this claim: _____
12. I am the real party in interest except for the following parties who have an interest in this claim:

13. I have received the following compensation/repairs from other parties: _____
14. Name, address, and telephone of attorney representing claimant, if any:

All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

I, _____, declare under penalty of perjury that the foregoing is true and correct.

Date: _____ Claimant's Signature _____