

**IN THE
COURT OF CLAIMS
OF THE
STATE OF ILLINOIS**

Fill out 6 copies

STATE OF ILLINOIS vs. Claimant } NO.
Respondent } \$ _____
Amount Claimed

COMPLAINT

Claimant seeks from respondent payment of the sum of \$ _____ for _____ rendered as stated on the attached statement, and made a part hereof as exhibit "A". Claimant request payment of the sum of \$ _____, and has made demand for same from _____ of the State of Illinois, and such demand was refused on the grounds that funds appropriated for the _____ for such payment have lapsed.
(Services or Materials)
(Department, Board or Commission)
(Department, Board or Commission)

Claimant further states that no assignment of said claim, or any part thereof, 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 Claimant's Federal Employer Identification Number is _____; or that his Social Security Number is: _____.

STATE OF _____ }
COUNTY OF _____ } _____
Claimant

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

Claimant

Street _____ City, State _____ Zip _____ Phone _____

Claimant's Attorney

Street _____ City, State _____ Zip _____ Phone _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

This 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. This form has been approved by the Forms Management Center.