



**Tennessee Claims Commission
Clerk's Office
502 Deaderick Street
Nashville, Tennessee 37243
615-741-0741**

CRIMINAL INJURIES COMPENSATION APPEAL INSTRUCTIONS AND FORM

An appeal of a Criminal Injuries Compensation claim decision is automatically assigned and heard on the small docket of the Tennessee Claims Commission on sworn statements without a hearing. If you would like to request an in-person hearing, you must indicate by checking the box at the bottom of the Notice of Appeal CIC Claim Decision form.

To file an appeal on sworn statements, you **MUST** complete the appeal form and mail the **ORIGINAL** completed form to:

**TN Claims Commission Clerk's Office
Paula Merrifield, Clerk
502 Deaderick Street
Nashville, TN 37243**

Any appeal not properly completed will be returned and will not be considered filed until re-submitted. Once your appeal is received and filed in the Clerk's office, you will be notified of the Division assigned and the Commissioner's name and address.

The Claims Commission is a tribunal (court). The Tennessee Rules of Civil Procedure and Tennessee Rules of Evidence apply, except where amended by the Claims Commission rules. You may obtain a copy of the Claims Commission rules from the Clerk's Office or our website at: www.treasury.tn.gov/claims-commission.

NOTE: If, at any time, you submit additional information to the Claims Commission for consideration of your appeal, it must be filed in the Clerk's office and copies submitted to the assigned Commissioner's office and the Office of the District Attorney.



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**NOTICE OF APPEAL ON CRIMINAL INJURIES COMPENSATION CLAIM DECISION
BY THE DIVISION OF CLAIMS AND RISK MANAGEMENT**

IN THE TENNESSEE CLAIMS COMMISSION OF THE STATE OF TENNESSEE

VICTIM: _____ CLAIM NO.: _____

I, _____, as Claimant, residing at the address below, do hereby appeal the decision made on _____ by the Division of Claims and Risk Management regarding my criminal injuries compensation claim. The incident that is the basis of my claim occurred on _____ at _____ in _____, Tennessee.

(date) (location) (city) (county)

In support of my claim, I would state the following facts (*provide a description of the incident and attach additional pages if necessary*): _____

(continued)

Please print. Claimant's Name: _____
Address: _____

Telephone: _____
Email Address: _____

If Claimant is Represented by an Attorney:

Attorney's Name: _____
Address: _____

Telephone: _____
Email Address: _____

Check this box if you request an in-person hearing.

I declare (certify, verify or state), under penalty of perjury, that the foregoing is true and correct. I hereby request the Claims Commission review my claim on appeal.

(Signature of Claimant)

(Date)