



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE LIABILITY CLAIMS
LIEN DISCLOSURE STATEMENT

Claim #: _____

- 1. Name:** _____
- 2. Address:** _____

- 3. Date of Birth:** _____
- 4. Social Security # or
Federal ID #:** _____

****YOU MUST CHECK EITHER #5 OR #6, THEN RETURN SIGNED.**

- 5. ☐ There does exist a prior adjudicated unpaid claim against me that I owe to the State of Florida or one of its political subdivisions. The case style, tribunal and the nature and amount of all adjudicated penalties, fines, fees, victim restitution fund, and other judgments over \$200 owed to the State of Florida, or a political subdivision of the State of Florida, are listed below. (Please check if #5 is applicable and provide the requested information in the spaces below.)**

- 6. ☐ There does not exist any prior adjudicated, unpaid claim against me in excess of \$200 that I owe to the State of Florida or one of its political subdivisions. (Please check if #6 is applicable.)**

Legal Signature

Date

****Your Social Security Number or Federal Identification Number is required by Section 768.28(6)(c) Florida Statutes. It will be used to facilitate identification of liens and deductions of any legally authorized setoff.**