



## NOTICE OF CLAIM

Date of Loss	Time of Loss	Location of Loss			
	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Person or Entity Against Whom the Claim is Asserted					
Claimant Last Name	First Name	Date of Birth	Social Security # Required to Settle Claim	If Minor, Give Parent/Guardian Name	
Address		City	State	Zip Code	Telephone
					( ) -
Description of Occurrence					
Describe Damage to Property					
If Person(s) Injured, List the following information on all injured parties					
Name	Address	Description of Injury	Date of Birth	Telephone	
				( ) -	
				( ) -	
Responding Police Agency:		Police Report #:			
Claimant Vehicle Information					
Make	Model	Year	License Plate #		
County Vehicle Information					
Unit Number	Department	County Driver	License Plate #		
If Witnesses are available, provide the following information					
Name	Address			Telephone	
				( ) -	
				( ) -	
<b>Specific amount for which your claim can be settled: \$</b>					
<b>Claimant Signature:</b>				<b>Date:</b>	

If you have questions about this form or your claim, it is your responsibility to seek legal advice on your own and at your expense. Please do not call or otherwise contact any employee of Maricopa County or any employee of its officers, boards or districts, to seek assistance with filing a notice of claim or seek any other assistance with respect to your claim. No officer or employee of Maricopa County is authorized to provide legal advice or assistance with the preparation or filing of your claim. If you rely on any information furnished directly or indirectly by any officer or employee of Maricopa County, you proceed at your own risk.

If your claim involves a road condition, complete the Road Condition Supplement and mail it with this form.



## To Whom It May Concern:

In order to file a civil lawsuit against a public entity or employee under state law, a proper claim must first be filed. Please refer to Arizona Revised Statutes §§ 12-821.01 and 11-622, which provide certain requirements with regard to presenting claims and filing lawsuits against public entities and public employees.

For claims against Maricopa County, the County Manager, the Deputy County Manager, the individual members of the Board of Supervisors, and any other Special District where the Board Members serve as the Board of Directors for the individual District, e.g., the Flood Control District, the Stadium District, the Library District, etc., complete all items on the Claim Form and return by mail or hand-delivery to:

**Clerk of the Board of Supervisors  
301 W. Jefferson  
10th Floor  
Phoenix, AZ 85003**

A Notice of Claim being asserted against any other county employee, elected officer, or other individual must be served on that person or his or her designee. For claims against the following Maricopa County elected officials, please mail or hand-deliver the Notice of Claim form to:

**Assessor: 301 West Jefferson, Ste. 120, Phoenix, 85003**

**County Attorney: 301 West Jefferson, Ste. 800, Phoenix, 85003**

**School Superintendent: 4041 North Central, Ste. 1100, Phoenix, 85012**

**Recorder: 111 South 3<sup>rd</sup> Avenue, Ste 103, Phoenix, 85003**

**Sheriff: 100 West Washington, Ste. 1900, Phoenix, 85003**

**Treasurer: 301 West Jefferson, Ste. 100, Phoenix, 85003**

For claims against **Maricopa County Special Health Care District** please contact that district at (602) 344-1200 or visit its web site: <http://mihs.org/contact/index.html>

In addition to any information provided on this form, please provide copies of any documents that would support your claim (*i.e.*, estimates, bills, police report, etc.).

Pursuant to A.R.S. § 12-821.01, all civil lawsuits against any public entity or public employee must be brought within one year after the cause of action accrues and not afterward.