

NOTICE OF CLAIM

Date of Loss	Time of Loss		Location of Loss							
		☐ AM ☐ PM								
Person or Entity Against Whom the Claim is Asserted										
Claimant Last Name		First Name		Date of Birth	Social Security #			If Minor, Give Parent/Guardian Name		
Address				City		State 2	Zip Code	ode Telephone		
								()	-	
Description of Occurrence										
Describe Damage to Property										
If Person(s) Injured, List the following information on all injured parties										
		Address		Description of Injury		Dat	te of Birth	f Birth Telephone		
								()	-	
								()	-	
Responding Police Agency:					Police Report	: #:				
Claimant Vehicle Information										
Make	9	Model		Year			License Plate #			
County Vehicle Information Unit Number		Donartment	County Driver			License Plate #				
Unit Number L		Department	County Driver			License Flate #				
If Witnesses are a	vailable, provide	e the follow	ving information							
Name				Address			Telephone			
							() -			
								() -		
Specific amount for which your claim can be settled: \$										
Claimant Signatur	e:	Date:								

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.



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, 12-821.01 and 11-622 as well as other statutes, which provide certain requirements with regard to presenting claims and filing lawsuits against public entities and public employees.

For claims against Maricopa County, 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(s), 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(s), 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 AZ 85003

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

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

Recorder: 111 South 3rd Avenue, Ste. 103, Phoenix AZ 85003

Sheriff: Legal Liaison Section, Compliance Division,

550 West Jackson, Phoenix AZ 85003

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

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 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. Other time limits may also affect your claim/lawsuit.

This page contains general advice; each user should conduct his own research to determine how to proceed.