

NOTICE OF CLAIM AGAINST THE STATE OF ARIZONA

Claim must be filed in accordance with A.R.S. §12-821.01
Please type or print legibly.
All blanks **MUST** be completed.

CLAIMANT INFORMATION

Claimant's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #(Home): _____ Work: _____ Date of Birth: _____

FACTS

DATE OF OCCURRENCE

_____, 20____

TIME OF OCCURRENCE

_____am/pm

LOCATION OF OCCURRENCE

Identify the circumstances under which the damages or injuries were sustained, the cause thereof and the nature and extent of the damage and/or injuries. List the State agency if known. You may attach additional pages if necessary.

Amount of Claim \$ _____

In order for a claim to be valid, ARS 12-821.01 (A) requires the claimant to include a specific amount for which the claim can be settled. The statute requires the claim be filed with the State of Arizona within **180 days** after the cause of action accrues.

Claimant Signature: _____ Date: _____

Mail or hand deliver to:

Original: Office of the Attorney General
2005 N. Central Avenue
Phoenix, AZ 85004

NOTE: Include all supporting documents (Estimates, Bills, etc.) Please maintain a copy of the completed Notice of Claim and supporting documents for your records.