NOTICE OF TORT

For Damage or Injury

ATTENTION:

This form is to be completed by the claimant and is a requirement that if used, be presented to and filed with the clerk or secretary of the public entity involved. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you, is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in the Idaho Code: Title 6, Chapter 9. All claims must be filed promptly and in writing.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Address for the Six Months Prior to the Date of the Damage or Injury Occurred:

_____

Home Number: ( ) _____ **Work Number:** ( ) _____

Date of Incident: _____ **Time:** _____ **A.M. or P.M.**

Location of Occurrence: _____

Injuries that Resulted: _____

Provide a Description of What Happened:
(Please attach any additional information you deem necessary)

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge.

I hereby make a claim against _____,
(a public entity)

for _____ in the amount of _____ .
(damage, injury, etc.)

If you were injured and you are on medicare/medicaid, please fill out the following as required by 42 U.S. C. 1395.

Date of Birth _____

SSN _____

Medicare/Medicaid Number _____

Signature: _____ **Date:** _____