

# 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your preferred method of written communication: mail or email? (Circle one)

## **FACTS**

DATE OF OCCURRENCE	LOCATION OF OCCURRENCE (INCLUDE CITY)	(Use this Section only for ROADWAY CLAIMS)
_____. 20____	_____	_____ DIRECTION OF TRAVEL
TIME OF OCCURRENCE	_____	_____ EXIT/MILEPOST/STREET NAME
_____AM/PM	_____	_____ INTERSTATE/HIGHWAY
		_____ LICENSE PLATE NUMBER / STATE
		_____ VIN

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 the ORIGINAL to: Office of the Attorney General  
2005 N. Central Avenue  
Phoenix, AZ 85004**

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