

Notice of Tort Claim for Damage or Injury

This form is to be completed by the claimant, and it is a requirement that, if used, it 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 at Title 6, Chapter 9, Idaho Code. All claims must be filed promptly and in writing.

Name:	
Current Address:	
Address for the six (6) months immediately prior to the date of damage/injury:	
Mobile Phone Number:	Other Phone Number(s):
Date of damage/injury:	Time damage/injury occurred:
Location damage/injury occurred (include street address, if possible):	
Were there injuries?	Describe:
Describe how the damage or injury occurred (attach photos or additional documentation, as desired):	

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 _____
(print name of public entity)

for _____ in the amount of \$ _____.
(state "damage" and/or "injury", as applicable)

If you were injured and you are on Medicare/Medicaid, please complete the following, as required by 42 U.S.C. 1395.

Date of Birth: _____
Social Security Number: _____
Medicare/Medicaid Number: _____

Claimant's signature: _____ Date: _____