

CLAIM FOR DAMAGE OR INJURY

(NOTE: It is a requirement that this form, 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 Title 6, Chapter 9, Idaho Code. All claims must be filed promptly, in writing!)

Name:	Phone Number: (Home)	(work)
Current Address:		
Address for the Six Months Immediately Prior to the Date the Damage or Injury Occurred:		
Date Damage or Injury Occurred:	Time:	a.m. p.m.
Location of Occurrence:		
Any Injuries? Yes No If yes, what type?		
Describe How Damage or Injury Occurred:		

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

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 _____

DATE: _____ SIGNATURE: _____

(You may attach any other information or documentation you desire.)