



NOTICE OF CLAIM AGAINST MARICOPA COUNTY and/or MARICOPA COUNTY SHERIFF

DATE OF LOSS		TIME OF LOSS <input type="checkbox"/> AM <input type="checkbox"/> PM		LOCATION OF LOSS		
CLAIMANT LAST NAME		FIRST NAME		DATE OF BIRTH	IF MINOR, GIVE PARENT OR GUARDIAN NAME	
TELEPHONE		ADDRESS		CITY	STATE	ZIP CODE
Home	() -					
Work	() -					
DESCRIPTION OF OCCURRENCE						
DESCRIBE DAMAGE TO PROPERTY						
IF PERSON(S) INJURED, LIST THE FOLLOWING INFORMATION ON ALL INJURED PARTIES						
	Name	Address	Description of Injury	DOB	Telephone	
1					() -	
2					() -	
RESPONDING POLICE AGENCY :			REPORT # :			
CLAIMANT VEHICLE INFORMATION						
Make		Model		Year	License Plate #	
COUNTY VEHICLE INFORMATION						
Unit Number	Department		County Driver		License Plate #	
IF WITNESSES ARE AVAILABLE, PROVIDE THE FOLLOWING INFORMATION						
	Name	Address			Telephone	
1					() -	
2					() -	
Specific amount for which your claim can be settled: \$						
Claimant signature:					Date:	

This form is provided to assist in presenting a claim to Maricopa County that complies with the requirements of A.R.S. § 12-821.01, which defines the requirements for filing a claim against a public entity in the State of Arizona. It is important to complete all applicable items on the form in order to assure compliance with state law. Failure to do so may result in your claim being rejected. Filing a valid claim will always remain your sole responsibility. If your claim is contractual in nature, refer to the guidelines set forth in A.R.S. § 11-622.

The accompanying letter also contains the names and addresses of the persons authorized to accept service of the notice of claim form. It is your responsibility to identify the correct person, entity and/or entities against which your claim is being made, and file the notice of claim with them as required by A.R.S. § 12-821.01. You can mail the completed form.

If you have questions about this form or your claim, it is your responsibility to seek legal advice on your own and at your expense. Please do not call or otherwise contact any employee of Maricopa County or any employee of its officers, boards or districts, to seek assistance with filing a notice of claim or seek any other assistance with respect to your claim. No officer or employee of Maricopa County is authorized to provide legal advice or assistance with the preparation or filing of your claim. If you rely on any information furnished directly or indirectly by any officer or employee of Maricopa County, you do so at your own risk.

If your claim is in regards to a road condition, complete the Road Condition Supplement and mail it with this form.



To Whom It May Concern:

Complete all items on the Claim Form and return by mail or hand delivery to:

Clerk of the Board of Supervisors
301 W. Jefferson
10th Floor
Phoenix, AZ 85003

(claims against Maricopa County, its departments or agencies)

For claims against the Maricopa County Attorney, please contact them directly at (602) 506-3844.

Maricopa County Sheriff
100 West Washington
Suite 1900
Phoenix, AZ 85003

(claims against Maricopa County Sheriff and/or agents only)

For claims against Maricopa Integrated Health Systems please contact them at (602) 344-5011 or visit their web site: <http://mihs.org/contactus/index.html>

Failure to follow the above instructions will result in improper service, which could result in a delay of processing your claim.

Arizona Revised Statute § 12-821.01, provides certain requirements with regard to presenting claims and filing lawsuits against public entities and public employees. The statute requires, in part, that a claim against a public entity or public employee:

- be filed ***with the appropriate party within 180 days after the cause of action accrues***,
- contain sufficient facts to permit the public entity or public employee to understand the basis upon which liability is claimed and,
- contain a specific dollar amount for which the claim can be settled and the facts supporting that amount.

Failure to comply with the requirements of the statute will result in your claim being rejected. Filing a valid claim is your sole responsibility. If your claim is contractual in nature, refer to the guidelines set forth in A.R.S. § 11-622.

Once we receive your completed claim form, your claim will be investigated. In addition to the required information, please provide copies of any documents that would support your claim (i.e. estimates, bills, police report, etc.). Maricopa County will determine liability and either pay or deny your claim. If Maricopa County does not respond to your Notice of Claim within 60 days you may consider the claim denied.

Please be aware that you are legally responsible for taking steps to minimize any loss sustained and to protect property from further damage. It is important that all information requested on the claim form be provided so that a prompt and fair evaluation can be made of your claim.

In order to file a lawsuit against a public entity or employee, under state law, it is required that a proper claim first be filed. A claim will be barred by the statute of limitations if a lawsuit is not filed within **one year** after the cause of action accrues. (A.R.S. § 12-821) Failure to file a proper and timely claim or lawsuit will result in the dismissal of your action.