

PINAL COUNTY
CLAIM FORM
FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY

I/We, the undersigned, submit the following claim and information relative to damage to persons and/or personal property:

1. CLAIMANT(S) NAME: _____
 - a. ADDRESS: Street: _____
City: _____ State: _____ Zip Code: _____
 - b. PHONE NO.: _____ c. CELL NO.: _____
 - d. DATE OF BIRTH: _____ e. SSN # _____
 - f. DRIVERS' LIC. NO.: _____ g. STATE OF ISSUE: _____
2. Name, telephone or post office address to which claimant desires notices be sent (if other than above):

3. Occurrence or event from which the claim arises:
 - a. DATE: _____ b. TIME: _____ c. PLACE: (exact and specific location or address): _____
 - d. Specify the particular occurrence, event, act, omission or County employee(s) you claim caused the injury or damage (attach additional pages as necessary):

 - e. State the legal basis on which you claim the County of Pinal or its employee(s) was/were at fault:

4. Provide a complete description of the bodily or personal injury or loss, so far as is known at the time of his/her claim. If there were no injuries, state "no injuries" (attach additional pages as necessary):

5. Provide the description and extent of property damage (attach additional pages as necessary):

6. Name(s) and address(es) of any other person(s) injured: _____

7. Name and address of the owner of any damaged property: _____

8. Amount of damages claimed: \$ _____
- 1) Property damage (attach receipts, invoices, estimates) \$ _____
- 2) Medical expense (attach bills and records) \$ _____
- 3) Other – Please specify \$ _____

(If you are claiming multiple items, please attach a separate sheet with an itemization of all expenses claimed.)

Total amount claimed: \$ _____

9. Names, addresses and telephone numbers of all witnesses, hospitals, doctors, etc.:
- a. _____
- b. _____
- c. _____
10. Any additional information that might be helpful in evaluating this claim: _____
11. If available, please provide photographs. Provided? YES _____ NO _____
12. Please provide bills, records, receipts, estimates and/or invoices. Provided? YES _____ NO _____
13. Please state the specific amount for which the claim(s) can be settled at this time. \$ _____

ALL CLAIMS MUST COMPLY WITH A.R.S. § 12-821.01, ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES. THE COUNTY, BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO DISCUSSIONS OR NEGOTIATIONS WITH YOU, OR RESPONDING OR FAILING TO RESPOND TO THIS CLAIM NOTICE, THE COUNTY OF PINAL DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S. § 12-821.01, ET SEQ., OR ANY OTHER LAW. IF YOU ARE UNSURE ABOUT YOUR LEGAL OBLIGATIONS, CONSULT A LAWYER.

THIS FORM IS OFFERED BY THE COUNTY OF PINAL FOR CONVENIENCE PURPOSES ONLY –THE CLAIMANT(S) REMAINS(S) SOLELY RESPONSIBLE TO INSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE COUNTY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED, A SPECIFIC AMOUNT FOR WHICH THE CLAIM CAN BE SETTLED, AND THE FACTS SUPPORTING THE AMOUNT FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief and, as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20_____.

CLAIMANT SIGNATURE

WARNING!!
IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(Penal Code A.R.S. § 13-2311 – Insurance Code 44-1220)

File with: The Board of Supervisors within Pinal County – P.O. BOX 827, Florence, AZ 85232, and/or involved employee(s).