

NOTICE OF CLAIM BY CITIZEN TO THE STATE OF IDAHO

TO: SECRETARY OF STATE
STATE OF IDAHO
PO BOX 83720
BOISE, ID 83720-0080
(208) 334-2852
claims@sos.idaho.gov

Name of Claimant: _____
Mailing Address: _____
City and State: _____
Phone Number: _____

In Compliance with Title 6, Chapter 9, Idaho Code, the undersigned hereby presents a claim against the State of Idaho for damages arising out of an occurrence which happened as follows:

1. Date and Time: _____

2. Place or Location: _____

3. Cause of Damages: (Describe the details and circumstances of the accident or occurrence.) _____

4. Witness:

<u>Name:</u>	<u>Address:</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

5. Amount of Claim: \$_____ (Attach all bills or other substantiating information as to the amount of your claim. In the case of vehicle damage, please obtain two (2) estimates.)

6. Personal Injury-If Applicable: (Please describe the extent of your injury, your attending physician, the place of emergency treatment, etc.)

7. Property Damage-If Applicable: (Describe the property damage)

Dated this ____ day of _____, 20__.

Signature _____

**Please see Idaho Code §6-901 through 6-929. Claims must be filed within 180 days of the date the claim arose or should have been reasonably discovered.*