Mail or Hand-Deliver Form to:

City of Somerton
City Clerk Department
P.O. Box 638
143 N. State Avenue
Somerton, AZ 85350

Claim Form

This claim form is provided to assist in presenting a claim against the City of Somerton that complies with the requirements of Arizona Revised Statutes §12-821.01, which defines the requirements for filing a claim against a public entity in the State of Arizona. The Statute requires, in part, that a claim against a public entity:

- Be filed with the City Clerk Department within **180 days** after the cause of action accrues,
- Contain **sufficient facts** to permit the public entity to understand the basis upon which liability is claimed,
- **Contain a specific dollar amount** for which the claim can be settled **and** the **facts supporting the amount**.
- In order to file suit against a public entity, a proper notice of claim must first be filed. A lawsuit must be filed within **one year** after the cause of action accrues.

FEDERAL REGULATION – BODILY INURY CLAIMS ONLY

If you are presenting a bodily injury claim, you are required to provide the information requested in this section pursuant to Federal Law – Section 42, United States Code 1395y(b)(7) & (8). For additional information, go to www.cms.hhs.gov/MandatoryInsRep.

Injured party name: _____
*(Show name **exactly** as it appears on Social Security records)*

Injured party social security #: _____

Injured party gender: ☐ Male ☐ Female Injured party date of birth: _____

Medicare, Medicaid (AHCCCS) or SCHIP Health Ins Claim #: _____
(HICN if applicable)

Is the injured party eligible (or will he/she be eligible within the next 36 months) for Medicare, Medicaid (AHCCCS) or the State Children's Health Insurance Program (SCHIP)? ☐ Yes ☐ No

Please continue to the claim form below. Additional information is required.

1. CLAIMANT INFORMATION *(complete a separate claim form for each person making a claim)*

Claimant Name: _____

Name of claimant's representative *(if applicable)*: _____

Relationship to claimant: ☐ Parent (claimant is a minor) ☐ Guardian ☐ Insurance Company ☐ Attorney ☐ Other _____

Address: _____ Apt #: _____

City / State: _____ ZIP: _

Date of birth: _____

Phone #s Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____

Which is the best daytime phone # to reach you? _____

Email address: _____ Fax #: (____)

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of occurrence: _____ Time: _____ ☐ A.M. ☐ P.M.

Location of occurrence: _____

_____

Describe the specific facts of the occurrence, event, act or omissions that you believe caused your injury or damage and for each theory of liability, explain why you believe the City of Somerton is at fault.

_____

_____

_____

_____

_____

_____

List all witnesses, including name(s), address and phone number.

_____

_____

_____

_____

_____

Did this occur in a construction area? ☐ Yes ☐ No

If yes, what is the construction company's name? _____

If this is a motor vehicle accident, please provide the following information:

Your vehicle license plate number: _____

Your vehicle: Year: ____ Make: _____ Model: _____

Name of the City driver: _____

City Vehicle Description: _____ City Department: _____

City Vehicle License Plate #: _____ Bus/Equipment #: _____

Bus Route Name/Number: _____ Direction of Travel _____

Was a police report filed? ☐ Yes ☐ No If yes, what agency responded? _____

Police report number: _____

3. AMOUNT OF CLAIM

Dollar amount requested to settle your entire **property damage** claim: $

Dollar amount requested to settle your entire **personal injury** claim: $

Dollar amount requested to settle your entire **other damages** claim: $

Total dollar amount requested to settle your entire claim: $

4. EXPLANATION OF DAMAGES

Describe the **damage to your property** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts and other documentation related to the damage amount claimed.)*

Describe **your personal injuries** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts, medical bills and other documentation related to the injury amount claimed.)*

Describe **your other damages** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts and other documentation related to the damage amount claimed.)*

By signing your name below, you certify that the information provided is true and correct to the best of your knowledge and belief.

The city's acceptance and subsequent processing of your claim is not a waiver of the city's right to object to the sufficiency of the claim and should not be considered as an acknowledgment by the City that the claim is valid. To the extent city records need to be preserved, you are directed to A.R.S. 39-121, et seq.

Claimant Name: _____

(Signature of Claimant)

Form Completed By: _____

(Print Name of Person Completing Claim Form for Claimant)

Phone Number: _____

(Phone # of Person Completing Claim Form for Claimant)

Address: _____

(Address of Person Completing Claim Form For Claimant)

Relationship to Claimant: _____

Date: _____

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

INSTRUCTIONS FOR FILING YOUR CLAIM

Arizona Revised Statute §12-821.01 requires that a claim against the City be filed with the City Clerk Department. **You are not required to use this form**. It is provided only as a courtesy to help you present your claim, and it remains your responsibility to submit a claim that satisfies all of the requirements of Arizona law. The City Clerk will accept this form if hand-delivered or mailed as described below, but it is your sole responsibility to confirm that the City Clerk has actually timely received the form.

Mail or deliver your completed form to:

City of Somerton

P.O. Box 638

143 N. State Avenue

Somerton, AZ 85350