



CITY OF
TUCSON

INSTRUCTIONS FOR FILING YOUR CLAIM

In order to file a Notice of Claim against a public entity or employee, please refer to Arizona Revised Statutes §12-821 and § 821.01, which provides certain requirements with regard to presenting claims against public entities and public employees.

This claim form is provided to assist in presenting a claim against the City of Tucson that complies with these statutes as follows:

ARS §12-821: All actions against any public entity or employee shall be brought within one year after the cause of action accrues and not afterward.

ARS §12-821.01: Persons who have claims against a public entity or a public employee shall file claims with the person or persons authorized to accept service for the public entity or public employee as set forth in the Arizona rules of civil procedure within one hundred eighty days after the cause of action accrues. The claim shall contain facts sufficient to permit the public entity or public employee to understand the basis on which liability is claimed. The claim shall also contain a specific amount for which the claim can be settled and the facts supporting that amount. Any claim that is not filed within one hundred eighty days after the cause of action accrues is barred and no action may be maintained thereon.

A proper notice of claim must be filed and denied before suit may be filed against a public entity or public employee. 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.

Please complete the Notice of Claim form and provide all information requested on the form so that a prompt and fair evaluation can be made of your claim.

In addition to filling out the Notice of Claim, you can facilitate processing of your claim by including copies of any available supporting documents (medical bills, repair estimates, photographs, etc.) and information (exact loss location, direction of travel, description of personal property, etc.). For property damage losses over \$1,000 please provide 2 estimates.

Please be aware that you are legally responsible to minimize any loss, to protect property from further damage and to preserve potentially relevant evidence.

Please note that each person making a claim against the City must fill out a separate claim form.

Once you have completed your Notice of Claim, it must be filed with the City Clerk's Office. The City Clerk will accept your form if it's mailed or hand-delivered as stated below. It is your sole responsibility to confirm that the Clerk's office has actually received your form.

Return by mail to:

or

Hand Deliver to:

City of Tucson
City Clerk's Office
P.O. Box 27210
Tucson, AZ 85726-7210

City of Tucson
City Clerk's Office
255 West Alameda
9th Floor

Once we receive your claim, your claim will be investigated to determine whether and to what extent, if any, the City may be liable. The City can only pay for claims for which the City is legally liable. If you do not receive a response for your claim within 60 days, you may consider your claim denied.

PLEASE KEEP A COPY OF THE COMPLETED FORM AND ORIGINAL DOCUMENTS FOR YOUR RECORDS

NOTICE OF CLAIMS AGAINST THE CITY OF TUCSON

The claim form must be filled out completely and:

MAILED TO:
City of Tucson City Clerk's Office P.O. Box 27210 Tucson, AZ 85726-7210

OR

HAND CARRIED TO:
City of Tucson City Clerk's Office 255 West Alameda 9th Floor

If you have questions regarding this form or the claims process, please call the City of Tucson's Risk Management Office at (520) 791-4728. The City Clerk may not accept service of claims or lawsuits filed against individual employees or their spouses.

Claimant may wish to review applicable laws, such as the following:

1. Arizona Revised Statutes § 12-821 (excerpt listed at bottom of the Notice of Claim form)
2. Arizona Rules of Civil Procedure [Volume 16, Rule 4.1 (b)]
3. Tucson City Charter [Chapter XXV, Section 12 (with the exception of the 60-day claim filing period which has been superseded by the period specified in Section 12-821.01, Arizona Revised Statutes)].

FOR CITY CLERK USE ONLY

<p>1. <input type="checkbox"/> Notice of Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Subpoena Log # _____</p> <p style="margin-left: 100px;"><input type="checkbox"/> Claim/Lawsuit Involves a Juvenile Date of Birth: _____</p> <p>2. Received By -- Deputy City Clerk: _____</p> <p>3. Describe: _____</p> <p>_____</p> <p>Received on Behalf of: _____</p> <p style="text-align: right;">Authorization on File? (Department Director or Code Official): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this claim Involve a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attachments Included: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of Pages: _____ (Include Notice of Claim Form and Information Sheet)</p> <p>Number of Photos: _____ BW <input type="checkbox"/> Color <input type="checkbox"/></p> <p>Photos Received In Risk Management By: _____ Date: _____</p> <p>4. Method of Receiving Notice of Claim/Lawsuit:</p> <p><input type="checkbox"/> Process Server Name: _____</p> <p style="margin-left: 40px;">or</p> <p><input type="checkbox"/> Messenger Server Signature: _____</p> <p><input type="checkbox"/> Personal Delivery Name: _____</p> <p style="margin-left: 40px;">Signature: _____</p> <p><input type="checkbox"/> Regular Mail</p> <p><input type="checkbox"/> Certified Mail - Receipt # _____</p> <p><input type="checkbox"/> Other (Specify: _____</p> <p>5. Email Distribution of Notice Claim (Courtesy Copies)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Risk Manager</td> <td style="width: 30%;">Date: _____</td> <td style="width: 40%;">Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> City Attorney</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> </table>	<input type="checkbox"/> Risk Manager	Date: _____	Received By: _____	<input type="checkbox"/> City Attorney	Date: _____	Received By: _____	<input type="checkbox"/> _____	Date: _____	Received By: _____	<input type="checkbox"/> _____	Date: _____	Received By: _____	<p style="text-align: center; font-weight: bold;">Date/ Time Received</p>
<input type="checkbox"/> Risk Manager	Date: _____	Received By: _____											
<input type="checkbox"/> City Attorney	Date: _____	Received By: _____											
<input type="checkbox"/> _____	Date: _____	Received By: _____											
<input type="checkbox"/> _____	Date: _____	Received By: _____											
<p>Subpoenas Only:</p> <p>Check # _____ <input type="checkbox"/> Cash Amount \$ _____ Payee: _____</p>													



NOTICE OF CLAIM AGAINST THE CITY OF TUCSON

Pursuant to A.R.S. Sections 12-821 & 12-821.01
(and other applicable laws listed in the Instructions for Filing Your Claim)

Risk Management Use only- CLAIM #				RECEIVED IN CITY CLERK'S OFFICE	
Name			Date of Birth		
Address			Apt#		
City	State	Zip Code	Home Phone	Cell Phone	
CLAIM FACTS					
Occurrence Date		Time of Day		Location (Street Address/Intersection)	
		AM <input type="checkbox"/>			
		PM <input type="checkbox"/>			

Description of What Happened (specify the event, act, or omission causing damage or injury) **Attach additional pages, if necessary.**

Property Damage? Describe the property and extent of damage(s) sustained. **Attach estimates, appraisals, and repair bills, if available.**

Bodily Injury? Describe the nature of the injury and when you first became aware of the injury. **Attach copies of bills/receipts, if available.**

Cause of damages and/or injuries:

Reasons why the City is responsible for your damages and/or injuries:

List names and addresses of witnesses, involved parties, and treating physician(s):

Name	Address	Daytime Phone

Photographs Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bills, Records, Receipts, Estimates and/or Invoices Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Damages Claimed	
Property Damage:	\$
Bodily Injury:	\$
Other - Please specify:	\$

State the amount you would settle this claim should liability be found against the City \$

I, the undersigned, do solemnly swear (or affirm) that all of the above statements are true to the best of my knowledge and belief.

Date Signature

This form is provided to assist in filing a claim with the City of Tucson that complies with the requirements of A.R.S. § 12-821 and 12-821.01, which defines the requirements of filing a claim against a public entity in the State of Arizona. Failure to file a proper claim prior to the expiration of the statute of limitations may result in your claim being denied. Filing a valid, timely claim remains the claimant's sole responsibility.
A.R.S. § 12-821: All actions against any public entity or employee shall be brought within one year after the cause of action accrues and not afterward.
A.R.S. § 12-821.01: Persons who have claims against a public entity or a public employee shall file claims with the person or persons authorized to accept service for the public entity or public employee as set forth in the Arizona rules of civil procedure within one hundred eighty days after the cause of action accrues. The claim shall contain facts sufficient to permit the public entity or public employee to understand the basis on which liability is claimed. The claim shall also contain a specific amount for which the claim can be settled and the facts supporting that amount. Any claim that is not filed within one hundred eighty days after the cause of action accrues is barred and no action may be maintained thereon.
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IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (Penal Code A.R.S. § 13-2311 – Insurance Code 44-1220)