



PLEASE REFER TO ARIZONA REVISED STATUES § 12-821 & § 821.01 BEFORE FILING A CLAIM

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.

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

Once you have completed your Notice of Claim, it must be filed with the City Clerk's Office. It is your sole responsibility to confirm that the Clerk's office has received your form.

Return by mail to:

or

Email to:

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

CityClerk@tucsonaz.gov

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 CLAIM AGAINST THE CITY OF TUCSON

The claim form must be filled out completely.

If you have any 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 on back side 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 12-281.01, Arizona Revised Statutes)]

FOR CITY CLERK USE ONLY			
1.	<input type="checkbox"/> Notice of Claim <input type="checkbox"/> Lawsuit	<input type="checkbox"/> Subpoena <input type="checkbox"/> Duces Tecum	Log # _____ <b style="text-align: center;">Date/Time Received
2.	Received By – Deputy City Clerk: _____		
3.	Describe: _____ _____ Received on Behalf of: _____ (Department Director or Code Official) Authorization on File? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Does this claim involve a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	Attachments Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Pages: _____ (Includes Notice of Claim Form and Information Sheet) Number of Photos: _____ <input type="checkbox"/> BW <input type="checkbox"/> Color Video Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Photos Received in Risk Management by: _____ Date: _____		
6.	Method of Receiving Notice of Claim/Lawsuit: <input type="checkbox"/> Process Server Name: _____ <input type="checkbox"/> Messenger Server <input type="checkbox"/> Personal Delivery Signature: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Regular Mail <input type="checkbox"/> Certified Mail – Receipt # _____		
7.	Email Distribution of Notice of Claim (Courtesy Copies) <input type="checkbox"/> Risk Management Date: _____ Received By: _____ <input type="checkbox"/> City Attorney Date: _____ Received By: _____ <input type="checkbox"/> TPD Date: _____ Received By: _____ <input type="checkbox"/> _____ Date: _____ Received By: _____		



NOTICE OF CLAIM AGAINST THE CITY OF TUCSON

Pursuant to A.R.S. Sections 12-821 and 12.821.01
(and other applicable laws listed on Page 1 --Filing Instructions)

Name				RECEIVED IN CITY CLERK'S OFFICE			
Address			Apt#				
City	State	Zip Code	Contact #				
Email Address			Preferred Method of Contact				
Email <input type="checkbox"/>	Phone Call <input type="checkbox"/>	Mail <input type="checkbox"/>					

CLAIM FACTS

Occurrence Date	Time of Day AM <input type="checkbox"/> PM <input type="checkbox"/>	Event Location (Street Address/Intersection)	Police Report Number
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Description of what happened (specify the event, act, or direction of travel) **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.**

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

List contact information of related parties involved. If auto accident involving a City vehicle, please provide City of Tucson employee name and Unit number.

Name		Phone Number	
Employee Name		Unit Number	

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 for which you are willing to settle this claim	
	\$

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

I have read the Arizona Revised Statutes § 12-821 & § 821.01 and understand the instructions for filing a claim against the City of Tucson. I, the undersigned, do solemnly swear that all of the above statements are true to the best of my knowledge and belief.

Date Signature