

NOTICE OF CLAIM

TO: Secretary of State  
P O Box 83720  
Boise ID 83720-0080

In compliance with Title 6, Chapter 9, 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 Number</u>
_____	_____	_____
_____	_____	_____

5. Amount of claim: \$ \_\_\_\_\_ (Attach all bills or other substantiating information as to the amount of claim.)
6. Personal Injury: (Please describe the extent of your injury, your attending physician, the place of emgerance treatment, etc....)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7.) Property damage: (Describe the property damage.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Name of Claimant: \_\_\_\_\_  
Street Address : \_\_\_\_\_  
City and State : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

**CITIZEN'S CLAIM PROCEDURE**

**TO ASSIST YOU IN FILING A CLAIM AGAINST THE STATE OF IDAHO OR ANY OF ITS EMPLOYEES OR AGENCIES, PLEASE BE ADVISED THAT YOU ARE REQUIRED TO SUBMIT A "NOTICE OF CLAIM". THE CLAIM MUST BE FILED WITHIN 180 DAYS FROM THE DATE THE CLAIM AROSE OR SHOULD HAVE BEEN REASONABLY DISCOVERED. THE CLAIM MUST BE SUBMITTED TO:**

**IDAHO SECRETARY OF STATE  
PO BOX 83720  
BOISE ID 83720-0080**

**THE CLAIM MUST ACCURATELY DESCRIBE THE TIME, PLACE, CONDUCT AND CIRCUMSTANCES WHICH BROUGHT ABOUT THE INJURY OR DAMAGE. YOU SHOULD ALSO ATTACH REPAIR ESTIMATES, BIDS, OR OTHER DOCUMENTATION WHICH WILL AID IN PROCESSING YOU CLAIM.**

**See Idaho Code Title 6 Chapter 9 if additional information is needed.**

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