



**City of Phoenix**  
CITY ATTORNEY'S OFFICE

**DISCLAIMER**

In light of the COVID-19 outbreak, the City of Phoenix Clerk's Office will temporarily be accepting notice of claims electronically. This applies to notice of claims only. Email all notice of claims to [mailbox.city.clerk.department@phoenix.gov](mailto:mailbox.city.clerk.department@phoenix.gov). The City reserves its right to require proper service of notice of claims pursuant to A.R.S. § 12-821.01 and Ariz. R. Civ. P. 4.1(h), as soon as the State of Arizona Governor lifts the "Stay home, Stay healthy, Stay connected" Executive Order (Executive Order 20-18). After that Order is lifted, the City of Phoenix will go back to requiring service in compliance with A.R.S. § 12-821.01 and Ariz. R. Civ. P. 4.1(h). [ Please note that this temporary electronic acceptance of service of notice of claims by the City Clerk's Office does not relieve you of the responsibility to personally serve the notice of claim on any public employee.]

Please note, that no City of Phoenix employee is permitted to provide any type of legal advice to the public.



City of Phoenix  
Finance Department  
Risk Management Division

The City of Phoenix Risk Management claim form is attached. If you still wish to present a claim to the City, please complete the form and file it as noted on the form. It is important that you provide all information requested on the claim form so that we may make a prompt, comprehensive and fair evaluation of your claim. Failure to do so will result in the rejection of your claim. In addition to the information required on the claim form, you can facilitate the processing of your claim by including copies of medical bills and repair estimates of property damage. **Please note that each person filing a claim against the City must fill out a separate claim form. You may make a copy of the attached blank form for each person to complete.**

Once we receive your completed claim form, we will investigate your claim to determine whether and to what extent, if any, the City may be liable. The City can pay only those claims for which the City is legally liable.

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

If you have questions, please contact our office for assistance at (602) 262-5054.

Sincerely,

RISK MANAGEMENT DIVISION

Enclosure

**Mail or Fax Form to:**

**City of Phoenix  
City Clerk Department  
200 W. Washington Street, 15<sup>th</sup> Floor  
Phoenix, AZ 85003  
Fax: (602) 495-5847**



**City of Phoenix  
Claim Form**

This claim form is available in alternative formats upon request.  
TTY (602) 534-5500

If more space is needed, please attach additional pages.

If you have any questions, please call the Risk Management Division at: (602) 262-5054

This claim form is provided to assist in presenting a claim against the City of Phoenix 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 INJURY 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](http://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: ( ) \_\_\_\_\_

**INCIDENT # 2011000034566**

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 Phoenix 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: \_\_\_\_\_

**INCIDENT # 2011000034566**

**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.)*

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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.)*

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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.)*

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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 this form *must* be filed with the City Clerk Department. The City Clerk will accept this form if hand-delivered, mailed or faxed as described below, but it is your sole responsibility to confirm that the City Clerk has actually timely received the form.

1. If you choose to mail or deliver your completed form, please direct it to:

**City of Phoenix  
City Clerk Department  
200 W. Washington Street, 15<sup>th</sup> Floor  
Phoenix, AZ 85003**

2. If you choose to fax your completed form, please fax it to the City Clerk Department at:

**Fax # (602) 495-5847**

**INCIDENT # 2011000034566**