

**NOTICE OF CLAIM BY CITIZEN TO THE STATE OF IDAHO**

TO: SECRETARY OF STATE  
STATE OF IDAHO  
PO BOX 83720  
BOISE, ID 83720-0080  
(208) 334-2852  
claims@sos.idaho.gov

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

In Compliance with Title 6, Chapter 9, Idaho Code, 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 #</u>
_____	_____	_____
_____	_____	_____
  
5. Amount of Claim: \$\_\_\_\_\_ (Attach all bills or other substantiating information as to the amount of your claim. In the case of vehicle damage, please obtain two (2) estimates.)
  
6. Personal Injury-If Applicable: (Please describe the extent of your injury, your attending physician, the place of emergency treatment, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Property Damage-If Applicable: (Describe the property damage)  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

*\*Please see Idaho Code §6-901 through 6-929. Claims must be filed within 180 days of the date the claim arose or should have been reasonably discovered.*