



NOTICE OF CLAIM AGAINST MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS		
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
CLAIMANT NAME		DATE OF BIRTH	IF MINOR, GIVE PARENT OR GUARDIAN NAME	
TELEPHONE		ADDRESS	CITY	STATE
Home	() -			
Work	() -			
DESCRIPTION OF OCCURRENCE				
DESCRIBE DAMAGE TO PROPERTY				
IF PERSON(S) INJURED, LIST THE FOLLOWING INFORMATION ON ALL INJURED PARTIES				
Name	Address	Description of Injury	DOB	Telephone
1				() -
2				() -
RESPONDING POLICE AGENCY :		REPORT # :		
CLAIMANT VEHICLE INFORMATION				
Make	Model	Year	License Plate #	
DISTRICT VEHICLE INFORMATION				
Unit Number	Department	District Driver	License Plate #	
IF WITNESSES ARE AVAILABLE, PROVIDE THE FOLLOWING INFORMATION				
Name	Address	Telephone		
1		() -		
2		() -		
Specific amount for which your claim can be settled: \$				
Claimant signature:			Date:	

This form is provided to assist in presenting a claim to Maricopa County Special Health Care District that complies with the requirements of A.R.S. § 12-821.01, which defines the requirements for filing a claim against a public entity in the State of Arizona. It is important to complete all applicable items on the form in order to assure compliance with state law. Failure to do so may result in your claim being rejected. Filing a valid claim will always remain your sole responsibility.

The accompanying letter also contains the names and addresses of the persons authorized to accept service of the notice of claim form. It is your responsibility to identify the correct person, entity and/or entities against which your claim is being made, and file the notice of claim with them as required by A.R.S. § 12-821.01. You can mail the completed form.

If you have questions about this form or your claim, it is your responsibility to seek legal advice on your own and at your expense. Please do not call or otherwise contact any employee of Maricopa County Special Health Care District, or any employee of its officers, boards or districts, to seek assistance with filing a notice of claim or seek any other assistance with respect to your claim. No officer or employee of Maricopa County Special Health Care District is authorized to provide legal advice or assistance with the preparation or filing of your claim. If you rely on any information furnished directly or indirectly by any officer or employee of Maricopa County Special Health Care District, you do so at your own risk.

To Whom It May Concern:

Complete all items on the Claim Form and return by mail or hand delivery to:

**Clerk of the Board of Directors
Maricopa County Special Health Care District
2601 E. Roosevelt
Phoenix, AZ 85008**

Arizona Revised Statute § 12-821.01, provides certain requirements with regard to presenting claims and filing lawsuits against public entities and public employees. The statute requires, in part, that a claim against a public entity or public employee:

- be filed ***with the appropriate party within 180 days after the cause of action accrues***,
- contain sufficient facts to permit the public entity or public employee to understand the basis upon which liability is claimed and,
- contain a specific dollar amount for which the claim can be settled and the facts supporting that amount.

Failure to comply with the requirements of the statute will result in your claim being rejected. Filing a valid claim is your sole responsibility.

Once we receive your completed claim form, your claim will be investigated. In addition to the required information, please provide copies of any documents that would support your claim (i.e. estimates, bills, police report, etc.). Maricopa County Special Health Care District will determine liability and either pay or deny your claim. If Maricopa County Special Health Care District does not respond to your Notice of Claim within 60 days you may consider the claim denied.

Please be aware that you are legally responsible for taking steps to minimize any loss sustained and to protect property from further damage. It is important that all information requested on the claim form be provided so that a prompt and fair evaluation can be made of your claim.

In order to file a lawsuit against a public entity or employee, under state law, it is required that a proper claim first be filed. 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. (A.R.S. § 12-821) Failure to file a proper and timely claim or lawsuit will result in the dismissal of your action.
