



COCHISE COUNTY

Dept. of Human Resources & Risk Mgmt.

Julie Morales, Director

Chris Mullinax, Safety/Loss Control Analyst
Direct Line (520) 432-9720 Fax (520) 432-9716
cmullinax@cochise.az.gov

Date:

Dear _____,

Please be advised that Arizona Revised Statutes (A.R.S.) 12-821.01 requires that a Notice of Claim be filed with the person(s) designated for service according to Rule 4.1 (i) of the Arizona Rules of Civil Procedure. Therefore, claims against Cochise County must be presented to the Clerk of the Board of Supervisors or to the County Administrator.

The enclosed Notice of Claim form may be used to provide Cochise County with information regarding a claim against the County and/or its employees as is required by A.R.S. 12-821.01. That statute requires that certain information must be provided, including facts sufficient to determine the basis upon which liability of the County is asserted, and a specific amount of damages. If all required information is not provided within 180 days after a claim accrues, the claim is barred and no action can be taken against the County or its employees.

By providing this form, investigating this matter, or discussing any settlement, Cochise County does not waive any defenses that it may have to this claim, including those arising from any failure to comply with the statutory requirements for submitting a claim against the County.

If you have any questions, please call me at (520) 432-9700.

Sincerely,

Chris Mullinax
Loss Control Analyst

GL/NOC.ltr/Feb2009

Your County questions answered:
www.cochisecounty.com

1415 Melody Lane, Building F Bisbee, AZ 85603
(520) 432-9700 FAX (520) 432-9716 TDD (520) 432-9297

NOTICE OF CLAIM AGAINST COCHISE COUNTY

Deliver by U.S. Mail or present in person to:

Clerk of the Board of Supervisors for Cochise County
1415 Melody Lane, Building G
Bisbee, Arizona 85603

Claimant's Name (type/print clearly): _____

Claimant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Date and Time of Occurrence: _____

Exact Location of Occurrence: _____

Circumstances under which the damages, injuries or losses were sustained, and the cause thereof and the nature and extent of damages, injuries or loss. Reverse side of this page may be used for additional comments. Be specific as to identification of County personnel and/or County vehicles involved:

Please explain the factual basis upon which you assert that Cochise County is liable for any damages that may have arisen from the circumstances described above. Use the back of this form if needed.

Amount Claimed: \$_____ Please attach estimates of repairs (3), copies of medical bills, receipts, photographs, law enforcement reports, and any other documentation of your claim. **Include a copy of your vehicle registration if your claim is vehicle-related.**

I, the undersigned claimant, do solemnly swear (or affirm) that all the statements contained herein are true to the best of my knowledge and belief.

Claimant's Signature: _____

Date of Signature: _____