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NOTICE OF TORT CLAIM

INSTRUCTIONS: *Anyone who has a claim for personal injury or property damage against the City of Lawrence must either use this form to file a claim or make a claim in writing as prescribed in Indiana Code 34-13-3. State statute requires the claim be delivered in person or sent via certified or registered mail to the address shown.*

1. If applicable, include copies of accident/incident report, vehicle registration, paid receipts for repair or two (2) estimates for repair, medical reports, photographs, and any additional documentation in reference to this matter.
2. Each person who had a loss should file a separate form.
3. Sign and date this form.
4. Do not delay making a claim. Indiana law gives you 180 days after the loss to make a claim. It must comply with Indiana Code 34-13-3.
5. Keep a copy of your claim form, receipts, bills and certified/registered mail receipt.
6. If your claim is properly filed, you will be notified in writing within 90 days of receipt if your claim is approved. A claim is denied if not approved in its entirety within 90 days.
7. The filing of this claim is part of a legal process. If you have any questions about the correct way to file a claim, please contact an attorney of your choice. The City of Lawrence Legal Department is not authorized to assist you with filing this claim.
8. See Indiana Code 34-13-3-3 for information regarding immunities.

CLAIMANT INFORMATION			
Name	Home Telephone	Work Telephone	Cellular Telephone
Address at Time of Loss <i>(number and street, city, state, and ZIP code)</i>	Email Address		
Current Address <i>(if different from above)</i>	Driver License Number	Issuing State	
	Vehicle License Plate Number <i>(if involved)</i>	Issuing State	
LOSS INFORMATION			
Date of Loss <i>(mm/dd/yyyy)</i>	Time of Loss AM or PM	Amount of Damages Sought	
Exact Location of Loss <i>(include city or town, street & nearest crossroad)</i>			Loss County
Names/Addresses of All Persons Involved <i>(if known)</i>			
Alleged Negligence			
Explanation of What Happened <i>(include the circumstances which brought about the loss and the extent of the loss)</i>			
<i>use additional sheets if needed</i>			

Please Read: I swear and affirm under the penalties for perjury that the foregoing information is true and correct to the best of my knowledge and belief.

 Claimant's Signature

 Date (mm/dd/yyyy)