

State of Idaho
Citizen's Claim Filing Procedure

Idaho Code § 6-901 through 929, known as the Idaho Tort Claims Act, makes provision for claims against the state or employees of the state.

A Notice of Claim must be filed within 180 days from the date the claim arose or should have been reasonably discovered. It must include the following accurate information:

1. Name and residence address of the person making the claim
2. Date, time, location of the occurrence
3. Description of circumstances, actions, conduct which gave rise to the occurrence
4. Description of any damage or injury resulting from the occurrence
5. Repair estimates (2), bills, or other documentation

This information may be submitted by letter, or by use of the attached form. No claim can be processed unless it is properly and timely filed with the Secretary of State.

Please submit the claim to:

**Secretary of State
State of Idaho
P.O. Box 83720
Boise, ID 83720-0080**

Phone: 208-334-2852

EMAIL: CLAIMS@SOS.IDAHO.GOV

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:
Name: _____ Address: _____ Phone # _____

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.*