

CLAIM AGAINST THE STATE OF NEVADA

**TO: Claims Manager
Office of the Attorney General
100 North Carson Street
Carson City, NV 89701-4717
(775) 684-1263**

Received By AG's Office:

For AG's Office Use Only:

Claim # _____	Dir _____
X-Ref _____	Emp _____
DOL _____	IV Lic _____
Cat _____	\$ _____
B/A _____	Adj _____
Agency _____	due _____
_____	_____

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. Additional evidence, such as photographs, police reports, etc., should be attached if available. However, such additional evidence will not be returned. Keep copies for your records. PLEASE PRINT LEGIBLY OR TYPE. You must sign the claim. If the amount is greater than \$100, your signature must be notarized.

YOU ARE NOT REQUIRED TO MAKE A CLAIM PRIOR TO FILING A LAWSUIT. THE MAKING OF A CLAIM WILL NOT STOP THE RUNNING OF THE APPLICABLE STATUTE OF LIMITATIONS.

- You are the claimant if you are making this claim for yourself.
- Your Client is the claimant if you are an attorney making a claim on behalf of a client.
- Your Company is the claimant if you are making a claim on behalf of a business.
- The Insurance Company is the claimant if you represent an insurance company.

1. CLAIMANT'S NAME _____
ADDRESS _____

Daytime TELEPHONE NUMBER: () _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

2. **IF CLAIMANT IS A BUSINESS:** Name of Employee involved in incident _____
Company Contact Person _____ Your Reference _____

3. **IF CLAIMANT IS AN INSURANCE COMPANY:** Name of your "INSURED" _____
Claim Representative _____ Your Claim No. _____

4. **IF YOU ARE REPRESENTED BY AN ATTORNEY:** We will only communicate with you through your attorney. It is not necessary to retain an attorney to file a claim; however, if you have an attorney for this claim, please provide the following information:
Attorney's Name _____
Firm's Name _____
Address _____

Phone Number: () _____ File Reference _____

5. DATE AND TIME when the incident occurred: _____

6. Exact LOCATION where the incident occurred: _____

7. **IF THIS IS AN AUTOMOBILE ACCIDENT, please supply the following information:**

YOUR VEHICLE

Year _____ Make _____ Model _____ License Number _____

STATE VEHICLE

Year _____ Make _____ Model _____ License Number _____

