

STATE OF ALABAMA)
COUNTY OF JEFFERSON)

AFFIDAVIT OF CLAIM

COMPLETE NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

PLACE OF EMPLOYMENT: _____

DATE OF BIRTH: _____ SEX : _____ MARITAL STATUS: _____

DATE AND TIME OF INCIDENT: _____ TIME: _____ A.M /P.M.

LOCATION OF INCIDENT (BE SPECIFIC): _____

NAME OF CITY EMPLOYEE INVOLVED: _____

NAME OF CITY DEPARTMENT INVOLVED: _____

I. FULL DETAILS OF INCIDENT: _____

(USE ADDITIONAL SPACE BELOW OR ATTACH ADDITIONAL PAGE IF MORE SPACE NEEDED)

WAS THIS INCIDENT REPORTED TO THE POLICE? _____ REPORT NUMBER: _____

II. FULL DETAILS OF INJURY OR DAMAGE: _____

(USE ADDITIONAL SPACE BELOW OR ATTACH ADDITIONAL PAGE IF MORE SPACE NEEDED)

III. NAMES, ADDRESSES AND PHONE NUMBER OF ALL WITNESSES: _____

(USE ADDITIONAL SPACE BELOW OR ATTACH ADDITIONAL PAGE IF MORE SPACE NEEDED)

IV. DID YOU INCUR ANY PERSONAL INJURIES? YES _____ NO _____. IF YES, PLEASE ANSWER THE FOLLOWING:

(a) NAMES AND ADDRESSES OF ALL DOCTORS AND HOSPITALS INVOLVED IN TREATMENT:

(b) HAVE YOU SIGNED THE MEDICAL INFORMATION RELEASE ON PAGE 3? _____

IV. STATE THE AMOUNT OF YOUR CLAIM: \$ _____

I HEREBY CERTIFY THE ABOVE AND ANY ATTACHMENTS HERETO ARE TRUE, CORRECT AND COMPLETE.

AFFIANT-CLAIMANT (FULL NAME)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

INSTRUCTIONS: STATE LAW REQUIRES THAT A SWORN AFFIDAVIT OF CLAIM BE FILED WITH THE CITY CLERK OF THE CITY OF MOUNTAIN BROOK (56 CHURCH STREET, MOUNTAIN BROOK, AL 35213) WITHIN SIX MONTHS OF THE INCIDENT ON WHICH MANY CLAIMS ARE BASED. THIS FORM SHOULD BE COMPLETED IN FULL AND NOTARIZED. BE AS SPECIFIC AS POSSIBLE. IF MORE SPACE IS NEEDED TO COMPLETE YOUR RESPONSE, PLEASE USE THE ADDITIONAL SPACE BELOW OR ATTACH ADDITIONAL PAGE(S). FOR DAMAGE TO A VEHICLE OR OTHER PERSONAL PROPERTY, PLEASE ITEMIZE EACH ITEM THAT WAS DAMAGED; ATTACH COPIES OF ANY ESTIMATES OF REPAIR COSTS; INCLUDE THE PURCHASE PRICE, AGE, AND ESTIMATED PRESENT VALUE (BEFORE AND AFTER DAMAGE) OF EACH ITEM; AND, IF POSSIBLE, INCLUDE A PHOTO OF THE EACH ITEM OF DAMAGED PROPERTY.

MEDICAL INFORMATION RELEASE AND AUTHORIZATION

TO: ANY ATTENDING PHYSICIAN OR HOSPITAL:

THIS, OR ANY PHOTOSTATIC COPY HEREOF, CONSTITUTES MY FULL PERMISSION, REQUEST, AND AUTHORIZATION FOR YOU TO FURNISH THE CITY OF MOUNTAIN BROOK, ALABAMA WITH FULL REPORTS ON THE MEDICAL CONDITION OF

_____,
INCLUDING HISTORY, FINDINGS, PROGNOSIS, MEDICAL EXPENSES, AND SUCH OTHER INFORMATION AS YOU HAVE NOW OR LATER HAVE.

SIGNED FULL NAME OF AFFIANT

DATE

ADDITIONAL SPACE FOR RESPONSES TO I, II, III, AND IV.

I. _____

II. _____

III. _____

IV. _____

June 2014