

Shannon Hutchins
Director



Carter Lemmerman
Deputy Director

Human Resources Department

General Liability Claim Against Forsyth County

Claimant Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone Business Telephone _____ **Cell Phone** _____

E-mail Address: _____

If claim involves a vehicle, Year: _____ **Make:** _____ **Model:** _____

License Plate Number: _____ **Driver's License Number:** _____ **State:** _____

At time of accident, were you (check all that apply): Owner Driver Passenger N/A

Name and address of owner if different from claimant: _____

Claim Event Information: Date of Incident: _____ **Time:** _____ **AM/PM**

Specific Location: _____

Please describe what happened, as specifically as possible: _____

Please state how you believe Forsyth County or its employees were at fault:

Please describe any injuries, property damages, or other losses related to this claim.: _____

Please provide the names of any County employees or Departments you believe caused the damages or injuries.

Please provide the names, addresses, and phone numbers of anyone who suffered injuries related to this claim.

Please provide the name and address of the owner of any damaged property, if different than the claimant.

Damages claimed:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

The basis for calculation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.)

Names and addresses of all witnesses:

Additional information:

I certify that the above facts are true and accurate to the best of my knowledge.

Claimant Print Name

Claimant Signature

Date

*A claim must be filed with **Forsyth County Risk Management Division as soon as possible.** Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays. Claims received during regular business hours will be recorded on the date received. Mailed, emailed or hand-delivered claims received after business hours will be recorded on the next working day. **Please be sure your claim is against Forsyth County,** and not another public entity. Where space is insufficient, please use additional paper and identify information by section number and letter.*

Completed forms may be mailed, emailed, or hand-delivered to: Risk Management, 201 North Chestnut Street, Winston-Salem, NC 27101 Phone: 336-703-2400, Email: riskmanagement@forsyth.cc