

New Liability Claim

Important: Mail by certified letter or hand deliver the original within 182 days of the discovery of the injury to Attorney General. Maintain a copy for your personal records. Attach copies of any supporting documents. Processing time may take up to 8 weeks.

Deliver to: | Colorado Attorney General's Office
1300 Broadway, 10th Floor
Denver, CO 80203

Name of Claimant: _____

Contact phone: _____

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Claimant's date of birth: _____

State agency involved: _____

State employee(s) involved: (300 character max)

Date of occurrence (MM/DD/YYYY): _____ Time of Day: _____

City: _____ County: _____

Description of Location: (750 character max)

Description of occurrence: (750 character max)

Description of injuries/damages/losses: (750 character max)

Dollar amount claimed: _____

I certify that the foregoing statements made by me are true.

Claimant Signature: _____

Date Signed (MM/DD/YYYY): _____