

CLAIM #

**GENERAL LIABILITY  
AFFIDAVIT OF CLAIM**

Jefferson County, Alabama  
Risk Management Division, Room 270  
716 Richard Arrington, Jr. Blvd. N  
Birmingham, Alabama 35203

Claimant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tax Identification Number (If Applicable): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident (If Different from Address Listed Above): \_\_\_\_\_

Details of Incident and Why You Believe the County is Liable: \_\_\_\_\_

\_\_\_\_\_

Details of Injury (If Applicable) or Property Damage: \_\_\_\_\_

\_\_\_\_\_

State the **amount of your claim in dollars** and attach supporting estimates, lists, etc: \$ \_\_\_\_\_

**I have submitted a separate itemization of damaged claimed, as required by Title 11-12-5, Code of Alabama, 1975, and I hereby swear under a penalty of perjury that the above statements and attachment(s) hereto are true, correct and complete.**

**Affiant – Claimant  
(Signature)**

\_\_\_\_\_

Sworn to and subscribed to me on this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
(Notary Public)

SEAL

My Commission Expires: