

**STATE OF WISCONSIN
NOTICE OF INJURY AND CLAIM
Pursuant to Section 893.82, Wis. Stats.**

This notice must be served by certified mail within 120 days (180 days for medical malpractice claims) of the event giving rise to the claim for such injury, damage or death upon the Attorney General, 114 East, State Capitol, Post Office Box 7857, Madison, Wisconsin 53707-7857.

Claimant's Name, Address and Phone	Time and Date of Occurrence
	Location

Statement of Circumstances Giving Rise to the Claim for Such Injury, Damage or Death and Names of Persons Involved, Including Name(s) of State Officer(s), Agent(s) or Employee(s). (If additional space is needed, continue on backside of this notice form.)

I hereby certify that all statements contained herein are true and that the injury, damage or death actually occurred.

Date: _____

Signature of Claimant

Being first duly sworn, on oath, deposes and says that he/she is the claimant above named, that he/she has read the above foregoing notice of injury and claim and that the same is true to his/her own knowledge except as to those matters therein stated upon information and belief and as to those matters, he/she verily believes the same to be true.

Date: _____

Notary Public, State of Wisconsin
My commission: _____