

## STATE OF WISCONSIN NOTICE OF INJURY AND CLAIM

Pursuant to Wis. Stat. Section 893.82

This notice must be served upon the Attorney General by certified mail within 120 days of the event giving rise to the claim for such injury, damage or death at 114 East State Capitol, Madison, Wisconsin 53707-7857.

Claimant's Name		
Address		Phone
Time and Date of Occurrence	Location	
Statement of Circumstances Giving Rise to the Claim for Suc- Including Name(s) of State Officer(s), Agent(s) or Employee(s).	h Injury, Damage or Death	and Names of Persons Involved,
(If needed, additional statement space is available on page 2 of this n	otice form.)	
I certify and solemnly swear that the above-described injury, d foregoing notice of injury and claim, and that the same is true information and belief and as to those matters, I believe the same to	to my own knowledge exce	curred, that I have read the above ept as to those matters stated upon
Date:	Signature of Claimant (no	on-digital)
State of Wisconsin County of		
Subscribed and sworn to before me this day of		, by
Notary Public, State of Wisconsin		
My Commission:		



## STATE OF WISCONSIN NOTICE OF INJURY AND CLAIM

Pursuant to Wis. Stat. Section 893.82

Additional Space for 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).		