

Tort Claim Form

Date _____

No. _____

Person Making Claim: _____

Claim is hereby made against _____

for damage resulting from occurrence.

Date of Occurrence

Location of Occurrence

Amount Claimed

Date: _____ Time: _____	Address: _____ _____ County: _____	\$ _____ (Attach supporting bills estimates, other documents)
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The cause of damage or injury was as follows: _____

Reason you feel governmental agency is legally liable: _____

STATE OF SOUTH CAROLINA)

)

COUNTY OF _____)

AFFIDAVIT

Personally, appeared before me _____ who, upon oath, says that
the above claim is true, just, and that no part has been paid.

SWORN TO before me this _____ day of _____ 20_____.

Claimant's Name (Print)

Claimant: _____

Claimant's Signature

Notary Public Signature

Claimant's
Address: _____

Commission expires _____

Claimant's
Phone: _____

NOTE: The acceptance of this claim form does not constitute an admission of legal liability on
the part of the State or any of its subdivisions or agencies.