

State Office of Risk Management  
Claim Process & Instructions

To file a claim with the State of Colorado, you must:

1. Complete the attached form and return it to the address listed at the top of the page.
2. Provide as much detail as possible about the incident, especially the location where it happened; e.g. highway traveling on, direction traveling, lane traveling in, mile marker or nearest exit, streets at a specific intersection, city, county or nearest landmark.
3. After your claim has been received at the Attorney General's Office for filing, it will be forwarded to the State Office of Risk Management. An insurance adjuster will be assigned to investigate your claim.
4. If any further information or documentation is needed from you, the adjuster will contact you. It may take up to 4 weeks, from the time you mail the form, until all information is gathered and can be reviewed.
5. Once liability has been established, the insurance adjuster will contact you by phone or mail, depending on the nature of your incident.
6. You may call the State Office of Risk Management to check on the status of your claim at 303-866-3848 or 1800-268-8092.

Please note: The total estimated time to complete the claim process is 6 – 8 weeks.

STATE OF COLORADO  
NOTICE TO ATTORNEY GENERAL

C.R.S 24-10-101, et seq.

24-10-109, (in part) 3(a)

- (1) Any person claiming to have suffered an injury by a public entity or an employee thereof while in the course of such employment shall file a written notice as provided in this section within 182 days after the date of the discovery of the injury. . .
- (2) If the claim is against the State or an employee thereof, the notice shall be filed with the attorney general. . . **Such notice shall be effective upon mailing by registered or certified mail, return receipt requested, or upon personal service.**

ADDRESS: **Colorado Department of Law**  
**Civil Litigation and Employment Law Section**  
**Ralph L. Carr Colorado Judicial Center**  
**1300 Broadway, 10<sup>th</sup> Floor**  
**Denver, CO 80203**

\_\_\_\_\_  
NAME OF CLAIMANT

\_\_\_\_\_  
CONTACT PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STATE AGENCY INVOLVED

\_\_\_\_\_  
STATE EMPLOYEE(S) INVOLVED

\_\_\_\_\_  
DATE OF OCCURRENCE

\_\_\_\_\_  
TIME OF DAY

\_\_\_\_\_  
LOCATION (see instructions)

\_\_\_\_\_  
DESCRIPTION OF OCCURRENCE

\_\_\_\_\_  
DESCRIPTION OF INJURIES/DAMAGES/LOSSES

\_\_\_\_\_  
\$ AMOUNT CLAIMED

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

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

RETURN ORIGINAL TO ATTORNEY GENERAL. MAINTAIN A COPY FOR YOUR PERSONAL RECORDS.

ATTACH COPIES OF ANY SUPPORTING DOCUMENTS. PROCESSING TIME MAY TAKE UP TO 8 WEEKS.