



**Council Services Division**  
4396 Rice Street, Suite 209  
Līhu'e, Kaua'i, Hawai'i 96766

**NOTICE OF CLAIM AGAINST THE COUNTY OF KAUA'I**

Upon completion, please mail or hand-deliver the original, signed, and notarized form to:

Office of the County Clerk  
County of Kaua'i  
4396 Rice Street, Suite 209  
Līhu'e, Hawai'i 96766

**Please note that this Notice of Claim form must be notarized and the original Notice of Claim form and supporting documentation must be mailed or hand-delivered for this claim to be processed.**

The undersigned hereby submits a claim against the County of Kaua'i. The pertinent information is as follows:

**Claimant information:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

**Information regarding incident:**

1) Date of incident \_\_\_\_\_

2) Time of incident \_\_\_\_\_

3) Place of incident \_\_\_\_\_

4) Please describe fully how the incident or accident occurred.

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5) **Extent of damages or loss:** Please describe the nature and extent of damages, loss or injury.

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6) **Amount of claim:** \_\_\_\_\_

Please list any documents which verify the amount of damages (for example, receipts, estimates, invoices, medical bills). Please **attach** these documents to this form.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

7) **Photographs:** If you have photographs showing the damages, loss, or injury, please attach those photographs.

8) **Witnesses:** If there were any witnesses or any other person who has personal knowledge of the incident, please identify them. Please provide their names, addresses, and phone numbers.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

9) **Police report:**

a) Did you file a police report? \_\_\_\_\_

b) When did you file it? (date and time) \_\_\_\_\_

\_\_\_\_\_

10) **Report to other county official:**

- a) Did you report this incident to any other County official or employee? \_\_\_\_\_
- b) If so, to whom did you report it and when? \_\_\_\_\_  
\_\_\_\_\_

11) **Damages to automobile:** If you are claiming for damages to an automobile, please answer the following:

- a) Vehicle information: \_\_\_\_\_  
Make, model, and year: \_\_\_\_\_  
License plate number: \_\_\_\_\_
- b) Who is the registered owner of the vehicle?  
\_\_\_\_\_

Please **attach** a copy of your latest automobile registration.

- c) Who is the legal owner of the vehicle? \_\_\_\_\_
- d) Name of driver: \_\_\_\_\_
- e) Names of passengers: \_\_\_\_\_  
\_\_\_\_\_
- f) Name of automobile insurance carrier:  
\_\_\_\_\_

Have you filed a claim with your insurance carrier? \_\_\_\_\_

Did you receive compensation from your insurance carrier? \_\_\_\_\_

If so, what amount did you receive? \_\_\_\_\_

- g) **Estimates:** Please attach two estimates for repair of the damages to your vehicle.

12) **Certification:** I hereby state that all of the above information and related attachments are true and correct.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Claimant

STATE OF HAWAI'I     )  
  ) ss.  
COUNTY OF KAUA'I    )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the Fifth Circuit of the State of Hawai'i, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed this \_\_\_\_\_-page Notice of Claim Against the County of Kaua'i dated\_\_\_\_, and acknowledged that he/she executed the same as his/her free act and deed.

\_\_\_\_\_  
Notary Public, State of Hawai'i

My commission expires: