

**SUPREME COURT, CIVIL BRANCH  
New York County  
60 Centre Street, New York, N.Y. 10007**

**HELP CENTER  
Room 116  
646-386-3025**

**Filing a Notice of Claim**

Everyone who wishes to commence a lawsuit against the State or a local government<sup>1</sup> for damages because of certain alleged conduct of the government must first file with the government a document known as a **Notice of Claim** and must do so within a fixed deadline after the accident or event. **This is vital: Failure to file on time may result in a dismissal of the case.** What follows is a brief summary of the where's, when's and how to's of the Notice of Claim process. This is not intended to be an exhaustive or complete recitation of the law. The self-represented person is strongly advised to consult a lawyer or, failing that, a recognized treatise.

**A. When is a Notice of Claim Required?**

The filing of a Notice of Claim may be required by a contract with the government or a statute. State law imposes such an obligation upon persons who wish to sue New York State for money damages. A lawsuit against the State of New York is filed only in the Court of Claims. First, however, these persons must file a Notice of Claim with the State. See Court of Claims Act §10. For information about this process, self-represented persons should contact the New York State Court of Claims, P.O. Box 7344, Capitol Station, Albany, New York 12224, (518) 432-3411, or the court's website at [www.nycourtsofclaims.state.ny.us](http://www.nycourtsofclaims.state.ny.us). The following are some leading State agencies:

- State University of New York
- State Department of Commerce
- State Department of Labor
- State Insurance Department
- State Department of Motor Vehicles
- City University of New York (4-year colleges are administered by the State)

The most broadly applicable Notice of Claim provision is set forth in the General Municipal Law. A Notice of Claim must be filed prior to the institution of any action or special proceeding against a city, county, town, village, fire district or school district for personal injury, wrongful death or damage to real or personal property alleged to have been sustained by reason of

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<sup>1</sup> **Error! Main Document Only.**What is said here does not apply to lawsuits against agencies or entities of the United States government. As to such cases, self-represented persons should consult the Pro Se Office in the U. S. District Courts for the Southern or the Eastern Districts of New York. For claims against the Port Authority of New York and New Jersey, consult the Authority.

the negligence or wrongful act of the municipal entity or of any officer, agent or employee thereof. Section 50-i. A proper and timely notice of claim must be served upon the government and at least 30 days must elapse before a lawsuit can be instituted. The papers that initiate legal action in court must specifically recite the timely service of a notice of claim and the passage of the 30-day period.

### **B. When Must the Notice of Claim be Served?**

The General Municipal Law requires that a Notice of Claim be served within 90 days after the claim arises. Section 50-e<sup>2</sup> The claim will normally arise on the date of the accident (e.g., slip and fall) or the event (e.g., assault) that has given rise to the claim.

### **C. What Form of Notice is Required?**

The notice must:

- (1) Be written and be sworn to by or on behalf of the claimant (the person who wishes to make a claim).
- (2) Set forth the name and post office address of each claimant and his or her attorney, if any.
- (3) Describe the nature of the claim.
- (4) State the time when, the place where and the manner in which the claim arose.
- (5) Set forth the items and dollar amount of damage or injuries that are claimed to have been sustained to the extent practicable as of that time.

The claimant should take care to list all the claims he or she has. If not, the claimant runs the risk that the deadline will expire before the assertion of certain claims and the government may argue that those claims are untimely and therefore barred.

Starting a lawsuit is not a substitute for the filing a Notice of Claim.

### **D. How Must the Notice of Claim be Served?**

The Notice of Claim must be presented to the government, that is, "served", by (i)personal delivery, or (ii)registered or certified mail. The service must be made upon a person designated by law to receive summonses in Supreme Court actions or an attorney regularly engaged in representing such public corporation.

### **E. Particulars of Service on City Agencies**

This section outlines particulars regarding service upon agencies of the City of New York and other governmental entities operating within the City. The complexities of New York City government require that a distinction be drawn between Mayoral Agencies and Non-Mayoral Agencies. The former are executive agencies and departments controlled ultimately by the Mayor and the latter are more or less independent of the Mayor.

#### 1. Mayoral Agencies

In order to serve a Notice of Claim upon a Mayoral Agency, the claimant must file the Notice with, and obtain a claim number from:

Comptroller of the City of New York

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<sup>2</sup> **Error! Main Document Only.** Wrongful death actions are given a deadline of two years from the date of death.

One Centre Street, Room 1225  
New York, New York 10007

First, the claimant should notify the Comptroller of the claim. The Comptroller will provide a Notice of Claim form and issue a claim number. The form must be completed and filed with the Comptroller, with the appropriate space for the claim number filled in. Mayoral Agencies include the following:

- Office of the Mayor
- Fire Department
- Police Department
- Sanitation Department
- Department of Buildings
- Department of Corrections
- Department of Environmental Protection
- Department of Finance
- Department of General Services
- Department of Housing Preservation and Development
  - (Regarding City-owned buildings, not housing projects)
- Department of Parks and Recreation
  - Department of Social Services/Human Resources Administration
- Department of Transportation (Ferries, Highways, Parking Violations Bureau)
- City Community Colleges (2 year colleges)

A claim against the Comptroller is to be served as indicated above.

In the case of the Comptroller and the Mayoral Agencies, although the claim number comes from the Comptroller, the proper defendant for an eventual lawsuit is the City of New York. However, in the "Remarks" portion of the claim form, the claimant should enter the name of the Department against which the claim is being made.

## 2. Non-Mayoral Agencies

If an action is contemplated against a Non-Mayoral Agency, the Notice of Claim should be filed



# Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.

TYPE OR PRINT

- I am filing:**
- On behalf of myself.
  - On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

- Attorney is filing.
- Attorney Information (If claimant is represented by attorney)**

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

### Claimant Information

\*Last Name:

\*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:  Format: MM/DD/YYYY

Soc. Sec. #:

HICN: (Medicare #)

Date of Death:  Format: MM/DD/YYYY

Phone:

Email Address:

Occupation:

City Employee?  Yes  No  NA

Gender  Male  Female  Other

\*Denotes required field(s).



New York City Comptroller  
Scott M. Stringer

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

**The time and place where the claim arose**

\*Date of Incident:  *Format: MM/DD/YYYY*

Time of Incident:  *Format: HH:MM AM/PM*

\*Location of Incident:

Address:   
Address 2:   
City:   
State:   
Borough:

**\*Manner in which claim arose:**

**Attach extra sheet(s) if more room is needed.**

**The items of damage or injuries claimed are (include dollar amounts):**

**Attach extra sheet(s) if more room is needed.**

*\* Denotes required field(s).*



New York City Comptroller  
Scott M. Stringer

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

**Medical Information**

1st Treatment Date:  *Format: MM/DD/YYYY*

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in  
Emergency Room:  *Format: MM/DD/YYYY*

Was claimant taken to hospital by an ambulance?  Yes  No  NA

**Employment Information (If claiming lost wages)**

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned  
Weekly:

**Treating Physician Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:



**Witness 1 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Witness 4 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Witness 2 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Witness 5 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Witness 3 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Witness 6 Information**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	



**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was traveling in**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Non-City vehicle driver**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Insurance Information**

Insurance Company Name:

Address:

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

**Non-City vehicle information**

Make, Model, Year of Vehicle:

Plate #:

VIN #:

**City vehicle information**

Plate #:

City Driver Last Name:

City Driver First Name:

**Description of claimant:**

- Driver       Passenger  
 Pedestrian       Bicyclist  
 Motorcyclist       Other

**\*Total Amount Claimed:**

*Format: Do not include "\$" or ",".*

Date \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

State of New York  
County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Signature of notary \_\_\_\_\_

**\*Denotes required field(s).**