

STATE OF NORTH CAROLINA

COUNTY OF _____

AFFIDAVIT

_____, being duly sworn, deposes and says:
(Print Name of Claimant)

1. My name is _____

2. I live at _____ and my mailing address is _____

(See requirements on p. 2 regarding change of mailing address)

3. I hereby file a claim against _____
(State Agency or County Board of Education)
and its mailing address is _____

4. I have been damaged in the amount of \$ _____ by reason of the negligent conduct of the employee/agent
named here _____
(Name(s) of negligent employee/agent)

5. The injury or accident giving rise to this claim occurred at _____
(Print Name of County and Exact Location Where Accident Occurred)
on _____ M.
(Month) (Day) (Year) (Time)

6. The injury or property damage occurred in the following manner:
(Give **BRIEF** Statement of What Happened, Witness Names, etc.)

7. The damages claimed above consist of _____
(Itemize Repair Bill, Medical Bills, etc.)

*** NOTARIZATION IS MANDATORY** _____
(Signature of Claimant) (Email address) (Date)

Subscribed and sworn to before me this _____ day of _____.

Signature and Seal of Clerk of Court or Notary Public My Commission Expires _____

SEE FILING FEE REQUIREMENTS ON P. 2

ATTORNEYS: FILE VIA EDFP

[HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML](https://www.ic.nc.gov/docfiling.html)

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER

RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

INSTRUCTIONS

The North Carolina Tort Claims Act requires that every affidavit submitted must show **ALL** of the following:

1. The name of the claimant.
2. The name of the state department, institution or agency against which the claim is filed.
3. The name of the state employee upon whose alleged negligence the claim is based.
4. The amount of damages sought to be recovered.
5. The time and place where the injury occurred.
6. A brief statement of the facts and circumstances surrounding the injury.
7. If the claim involves a school bus, the claim should be filed against the particular **COUNTY** Board of Education concerned and **NOT** against the State Board of Education.
8. A claim for property damage to a motor vehicle must be in the **NAME OF THE REGISTERED OWNER OF THE VEHICLE ONLY**.

INDUSTRIAL COMMISSION REQUIREMENTS REGARDING CONTACT INFORMATION (INCLUDING CHANGE OF MAILING ADDRESS) ARE SET OUT IN RULE 11 NCAC 23B .0105.

INDUSTRIAL COMMISSION REQUIREMENTS REGARDING FILING FEES ARE SET OUT IN RULE 11 NCAC 23B .0103.