Wisconsin Department of Justice
DJ-LS-25 (Rev. 9/05)

STATE OF WISCONSIN

NOTICE OF INJURY AND CLAIM

Pursuant to Wis. Stat. Section 893.82

This notice must be served upon the Attorney General by certified mail within 120 days (180 days for medical malpractice claims) of the event giving rise to the claim for such injury, damage or death at 114 East, State Capitol, Post Office Box 7857, Madison, Wisconsin 53707-7857.

Claimant's Name	
Address	Phone
Time and Date of Occurrence	Location

Statement of Circumstances Giving Rise to the Claim for Such Injury, Damage or Death and Names of Persons Involved, Including Name(s) of State Officer(s), Agent(s) or Employee(s).

(If additional space is needed, continue on backside of this notice form.)

I certify that the above-described injury, damage or death actually occurred, that I have read the above foregoing notice of injury and claim, and that the same is true to my own knowledge except as to those matters stated upon information and belief and as to those matters, I believe the same to be true.

Date:_____ _____

Signature of Claimant

Subscribed and sworn to before me

this _____day of _____, 20_____.

_____

Notary Public, State of Wisconsin

My Commission: _____