



**HUMAN RESOURCES  
RISK MANAGEMENT DIVISION**

City of Fort Worth 1000 Throckmorton Street Fort Worth, TX 76102  
Office (817) 392-7402 Fax (817) 392-5874

**Procedures for Filing Your Claim**

**Notice: Prerequisite to Lawsuit for Damages**

**Charter XXVII, Section 25, Charter of the City of Fort Worth**

States in part, ..... “Written notice shall be filed within or before the expiration of one hundred eighty days”. If such notice is not filed within 180 days, the circumstances establishing good cause for such failure is required.

**About The Claim Form**

The claim form is provided to assist you in filing your claim. Unless married, each claimant must submit their own separate claim. If more space is needed, attach separate sheet to claim, along with any documentation needed to substantiate your claim. In order for your claim to be considered, this form must be completed, signed and filed with the City’s Risk Management office.

*By accepting the completed form, the City is not admitting liability or acknowledging the validity of a claim.*

**How To File A Claim** – the claim form may be submitted by any one of the following:

**By Mail**

**City of Fort Worth**  
Attn: Risk Management  
1000 Throckmorton Street  
Fort Worth, Texas 76102

**Email**

RskMgt@fortworthtexas.gov

**By Fax**

817-392-5874

**What Happens After A Claim Is Filed?**

Once a claim is received, an in-house adjuster is assigned to conduct an investigation. However, a third party contractor for the City may perform the investigation or assess damages. Until a final decision is made on a claim, any statement or offer made concerning your claim by any City employee or its agent is unauthorized and not binding on the City. Final approval or denial will be conveyed to you by the adjuster assigned to you claim.

Also, by filing a claim, you agree to allow the city or its agent to inspect your property or to investigate the personal injury. Unreasonable refusal of such inspection or investigation may be grounds for denial of your claim.

If the City’s investigation determines a different party may be responsible, the City will notify the claimant so the claimant may take appropriate steps.

**CITY OF FORT WORTH  
CLAIM FOR DAMAGES**

**CLAIMANT INFORMATION**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

**CLAIM INFORMATION**

Date Claim Occurred \_\_\_\_\_ Time \_\_\_\_\_ AM / PM Location \_\_\_\_\_

Describe How Claim Occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DAMAGE**

Submit two (2) estimates of damage  
Or a copy of any receipts to substantiate  
your claim. *\*Not Mandatory*

Amount Claimed: \$ \_\_\_\_\_

Description of Property - (if auto, include year, make, model & license #) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If auto accident: list name of driver if not same as claimant: \_\_\_\_\_

**PERSONAL INJURY**

Amount Claimed: \$ \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you treated at a hospital? Yes / No Name of Hospital \_\_\_\_\_

Are you currently being treated by a physician? Yes / No

If yes, list physician's name and phone number \_\_\_\_\_

**ADDITIONAL CLAIM INFORMATION**

Were police called to the scene? Yes / No Police Report Number (if \_\_\_\_\_

available) Passenger &/or Witness information (if any)

Name

Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

**FOR ALL CLAIMS** – Have you submitted a claim to your insurance carrier? Yes / No

Complete the following if your answer above is yes:

Date Filed \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Adjuster's Name/Phone \_\_\_\_\_

**PLEASE BE ADVISED: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison as per Texas Penal Code §35.02.**

**CLAIMANT SIGNATURE: Claim form must be signed and dated by an adult claimant (18 years or older - or by both adults if the claim is jointly filed by a married couple; by the parent on behalf of a child suffering injury or loss; by a person holding a written power of attorney from the claimant; or by a court-appointed guardian.**

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_