

MISSISSIPPI BAND OF CHOCTAW INDIANS
OFFICE OF THE ATTORNEY GENERAL

Mailing Address
Post Office Box 6258
Choctaw, MS 39350

Street Address
354 Industrial Road
Choctaw, MS 39350

CHOCTAW TRIBAL TORT CLAIMS ACT
NOTICE OF CLAIM

Claim No: _____

Name of Claimant: _____

Address of Claimant at time of injury: (Street) _____
(City) _____ (State) _____ (Zip) _____

Type of Claim: ___ Auto ___ Property ___ Injury ___ Other

Telephone: (Work) _____ (Home) _____

Place of Incident: _____

Date of Incident: _____ Time of Incident: _____

Statement of facts on which claim is based: (Explain exactly what occurred)

Names of all persons involved:

Amount of money damages sought: \$ _____

(Attach copies of any medical bills, repair bills, appraisals, or supporting documents)

I hereby certify that the above facts are true and correct as stated.

Signature of Claimant

Date

INSTRUCTIONS:

1. You must file this notice of claim within one (1) year after the date of injury or conduct upon which liability is based
2. You must deliver this notice of claim in person or by registered mail or certified mail (United States Postal Service) to the Attorney General's Office at either of the addresses shown above. You must obtain a receipt if delivery is in person.
3. No lawsuit shall be filed on any claim within six (6) months from the date of receipt of the Notice of Claim by the Office of the Attorney General, Mississippi Band of Choctaw Indians.
4. Exclusive venue and jurisdiction for any claim against the Mississippi Band of Choctaw Indians shall be in the Choctaw Tribal Court Civil Division.