

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure.

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to Department of Enterprise Services
Office of Risk Management
1500 Jefferson Street SE
MS 41466
Olympia, Washington 98504-1466
Fax: 360-407-8022
Email: WashingtonStateTortClaimE-Filing@des.wa.gov

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays.

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
2. Inmate DOC number (if applicable): _____
3. Current residential address: _____
4. Mailing address (if different): _____
5. Residential address at the time of the incident: _____
(if different from current address)
6. Claimant's daytime telephone number: _____
Home Business or Cell
7. Claimant's e-mail address: _____
8. Date of the incident: _____ Time: _____ ☐ a.m. ☐ p.m. (check one)
(mm/dd/yyyy)
9. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
to _____ Time: _____ ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
10. Location of incident: washington, within its county & cities of Department facilities.
State and county City, if applicable Place where occurred