



State of Alabama  
Office of the Attorney General

All departments are encouraged to use this form to report any occurrence which would result in a claim being made under the General Liability Trust Fund even though a suit has not been filed.

E-mail completed form to Angela Atcheson at [aatcheson@ago.state.al.us](mailto:aatcheson@ago.state.al.us).

(Check appropriate designation.)

**PROPOSAL TO FILE**

**DEFEND CIVIL ACTION**

Date: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

To: Attorney General

Style: \_\_\_\_\_ v. \_\_\_\_\_

Court: \_\_\_\_\_ District: \_\_\_\_\_ Division: \_\_\_\_\_

Civil Action Number: \_\_\_\_\_

Parties to be represented and date of service for each party:

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Opposing Counsel:

Name: pro se

Firm: \_\_\_\_\_

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

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

Claims (include underlying facts and a description of loss, noting any substantive or procedural problems and defenses):

Comments:

RECOMMENDATION:

Division Chief: \_\_\_\_\_

Chief Deputy: \_\_\_\_\_

Attorney General: \_\_\_\_\_

Complete this page if any state employee is sued in his/her individual capacity, or if damages are sought.

Are defendants sued individually?       Yes       No

Is this a prisoner civil rights action?       Yes       No

Is this a 42 USC 1983 claim?       Yes       No

Are monetary damages sought?       Yes       No

Relief sought?       Yes       No

Plaintiff's  
Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: AL Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_

Location of  
occurrence: \_\_\_\_\_

**LIST EACH EMPLOYEE SUED INDIVIDUALLY**

<b>NAME</b>	<b>DEPARTMENT</b>	<b>SPECIFIC JOB CLASSIFICATION</b>

Any known insurance policies:

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Documents filed and actions taken by agency:

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Remarks relative to coverage by Employee Liability Trust Fund:

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**Send a copy to Risk Management – Attention: Ms. Teresa Jenkins**