

CLAIM FORM

CLAIM AGAINST _____
School District/Charter School

CLAIMANT

NAME: _____

ADDRESS: _____

PHONE: _____

The undersigned submits the following claim and information:

1. Post Office address to which claimant desires notices to be sent if other than above:

2. Date, place, and time of incident which claim arises from:

DATE: _____ TIME: _____

LOCATION/SCHOOL: _____

3. Specifically describe the incident or accident including your reason for believing that the School District/Charter School is responsible for your injury or damages:

4. The name(s) of any public employee(s) causing the injury, damage, or loss if applicable:

5. Names, addresses, and phone numbers of witnesses:

	NAME	TELEPHONE
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1.	_____	_____
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ADDRESS: _____

2.	_____	_____
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ADDRESS: _____

6. Description of personal injury. If there was no personal injury, state "NONE".

7. Name of any other person injured: _____

Address of injured person: _____

8. Description of damage to property: _____

9. Owner of property damaged: _____

Location of property damaged: _____

10. Amount claimed as damages, please attach any supporting bills, receipts, or estimates of cost:

Less than \$10,000 _____ (State specific dollar amount)

\$10,000 - \$25,000 (Limited Civil)

More than \$25,000

11. Describe any additional information that might be helpful in considering this claim:

I certify under penalty of perjury that the foregoing is true and correct.

SIGNED THIS _____ DAY OF _____ 20 _____ AT _____

CLAIMANT'S SIGNATURE

Return to the District Office: DISTRICT _____

ADDRESS _____

WARNING

Please be advised that, pursuant to Sections 128.5 and 1038 of the California Code of Civil Procedure, the District will seek to recover all costs of defense in the event an action is filed in this matter, and it is determined that the action was not brought in good faith and with reasonable cause.