

CLAIM FORM

Claim Against:

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
1.	
ADDRESS:	
2.	
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:**
10. **Location of property damaged:**
11. **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.