



## CLAIM FORM

*To be completed by claimant or claimant's representative*

**Name of Claimant:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address (If Different from Above)**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**WHEN did damage or injury occur?** \_\_\_\_\_

**WHERE did damage or injury occur?** \_\_\_\_\_

**HOW and under WHAT circumstances did damage or injury occur?**

\_\_\_\_\_

WHAT particular action by the district or its employees caused the alleged damage or injury? (Include names of employees, if known)

\_\_\_\_\_

**WHAT sum do you claim? Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis for computation of the amount claimed. (Attach estimates or bills, if possible.)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount Claimed** \_\_\_\_\_ \$ \_\_\_\_\_

**NAMES and address of witnesses, doctors, and hospitals:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Claimant** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**NOTICE:** Section 72 of the California Penal Code provides: Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.

This form is provided pursuant to Government Code Section 900 et seq. If additional space is needed for any of the required information, please attach additional sheets.

Ref. California Government Code Sections 910-913.2