**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:**

PSESD Puget Sound Educational Service District Excellence & Equity in Education Logo with raindrops. 

Puget Sound Educational Service District Superintendent

800 Oakesdale Ave. SW

Renton, WA 98057

Phone: 425-917-7600

Business Hours: Monday – Friday 7 :3 0 a.m. – 4 :3 0 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: *(mm/dd/yyyy)*, Time:  *(a.m. or p.m.)*

9. If the incident occurred over a period of time, date of first and last occurrences:

From: *(mm/dd/yyyy)* Time: *(a.m. or p.m.)* to *(mm/dd/yyyy)* Time: *(a.m. or p.m.)*

10. Location of incident: *(State and county City, if applicable Place where occurred)*

11. If the incident occurred on a street or highway: *(Name of street or highway, Milepost number, At the intersection with or nearest intersecting street)*

12. State agency or department alleged responsible for damage/injury: Puget Sound Educational Service District

13. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

14. Names, addresses and telephone numbers of all state employees having knowledge about this

incident:

15. Names, addresses and telephone numbers of all individuals not already identified in #13 and #14

above that have knowledge regarding the liability issues involved in this incident, or knowledge of the

Claimant’s resulting damages. Please include a brief description as to the nature and extent of each

person’s knowledge. Attach additional sheets if necessary.

16. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical

or mental injuries. Attach additional sheets if necessary.

17. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to

whom? Please attach a copy of the report or contact information.

18. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical

reports and billings.

19. Please attach documents which support the allegations of the claim.

20. I claim damages from the state of Washington in the sum of $\_\_\_\_\_\_\_\_\_\_\_.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the

Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State

on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and

correct.

*Signature of Claimant, Date and place (residential address, city and county)*

Or

*Signature of Representative, Date and place (residential address, city and county)*

*Print Name of Representative, Bar Number (if applicable)*