



MT. DIABLO UNIFIED SCHOOL DISTRICT

1936 Carlotta Drive, Concord, CA 94519

(925) 682-8000

NOTICE OF CLAIM

(Government Code § 910, 910.2, 935)

(Board Policy and Administrative Regulation 3320)

INSTRUCTIONS (please read carefully)

- Claims related to injury to person or damage to personal property must be presented to the District within six (6) months from the date of loss.
- Claims related to any other loss must be presented not later than one (1) year from the date of loss.
- Claims related to the matters stated in Government Code § 905 (a) – (o) must be presented to the District within six (6) months from the date of loss.
- Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- If more space is needed to provide the requested information, please attach additional pages identifying the question being answered.
- If you have any technical questions concerning the completion of this form, please contact the Mt. Diablo Unified School District's General Counsel at (925) 682-8000, ext. 4001.
- Legal advice regarding this claim must be obtained from your own attorney.

SEND COMPLETED FORM TO:

Office of General Counsel, Mt. Diablo Unified School District, 1936 Carlotta Drive, Concord, CA 94519

1. Claimant's Name: _____ Date of Birth: _____

2. Daytime Phone: _____ Home Phone: _____

3. Mailing Address: _____
Street Number Street Apartment No.

City State Zip

4. Date of Loss: _____

5. Location of Loss: _____

6. Description of incident/accident, which caused you to make this claim: _____

7. What specific injury, damages or other losses did you incur? _____

8. What amount of money are you seeking to recover? \$ _____

9. How was this claim calculated? (Itemize and attach invoices, repair estimates, receipts, etc. If claim is for vehicle damage, obtain and attach two (2) repair estimates.)

10. What is your basis for claiming that the District or District employee(s) are the cause of your injury, damages or loss?

11. What are the name(s) of the District employee(s) whom you allege caused your injury, damages or loss, if known?

12. Name, address and phone number of any witnesses who can substantiate your claim: _____

13. Any additional information that you believe might be helpful to the District in considering this claim:

14. All notices and communications with regard to this claim will be directed to the claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Phone: _____

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief.

Claimant's Printed Name

Claimant's Signature

Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

WARNING: THE PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME UNDER CALIFORNIA LAW.