

INSTRUCTIONS CLAIM FOR DAMAGES

This page must always accompany claim form **CSRM-120 Claim for Damages**. This is for a claim against the School District. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the District Office. Retain one copy for your records. Please send to this address:

TO: GOVERNING BOARD

School District

Street Address

City

State

Zip

NOTICE: The District Office is the **ONLY** office to which claims may be submitted.

Please fill out claim form “CSRM-120 Claim for Damages” completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the District Office are forwarded to the District's Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the District Office for final, official rejection. You will be sent a letter from the District Office or their designee, notifying you of the action taken and of any further action necessary or available to you.

**** all claims are public record ****



CLAIM FOR DAMAGES
(PLEASE READ "INSTRUCTIONS" PAGE FIRST)

This Form is Not Complete without the attached "INSTRUCTIONS" page

**For
Official Use Only**
CSRM-120 Claim For Damages

Name of Claimant: _____
(First Name) (Middle Initial) (Last Name)

Home Address: _____ Date of Birth: _____

City, State, Zip: _____ Soc. Security No.: _____ - -

CA Drivers' License No.: _____

Home Phone: () Cell Phone: () Email: _____

Type of Loss: Personal Injury Other _____ Police Report No.: _____

Property Damage Indemnity – Date Complaint Served: _____

When did Injury or Damage occur? _____ Time: (AM/PM) _____
(Month Day, Year) (Day of Week) (Time of Day)

Where did Injury or Damage occur? _____
(Street address, intersecting streets, or other location)

How did Injury or Damage occur? (Describe accident or occurrence)

What action or inaction of School employee(s) caused your injury or damage (if known)?

What injury or damage did you suffer?

Witnesses (if any)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of District Employee(s) involved: _____

Is total amount of claim greater than \$10,000? Yes No If "Yes" is this a limited civil case? Yes No

If "No" state the amount claimed: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed

If claim relates to an automobile accident, please answer the following and attach **PROOF OF INSURANCE**:

Was your insurance coverage in effect at the time of the incident? Yes No

Insurance Policy No.: _____ Insurance Company: _____

Insurance Broker/Agent: _____

Address: _____ Phone No.: () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name: (Mr., Mrs., Ms.) _____ Daytime Phone No.: () _____

Address: (City, State, Zip) _____

Warning: California State Law generally requires that most claims against a public entity, such as the School District, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Date: _____

Signature _____ Relationship (self, attorney, guardian, etc.) _____

Routing: Retain Original - Copies to Carl Warren & Company and District