STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.96 RCW, this form is used to file a tort claim against Public Agencies of the State of Washington. Some of the information requested on this form is required by RCW 4.96 and may be subject to public disclosure.

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to:

Fife School District
Attention: Dany Wanner
Director of Business Services
1720 Oak Street
Milton, WA 98374

Business Hours: Monday – Friday 7:30 a.m. – 4:00 p.m.
Office is closed on weekends and official state holidays.
Contact the district for summer hours.

1. Claimant's name: _____
   Last name | First | Middle | Date of birth (mm/dd/yyyy)

2. Current residential address: _____

3. Mailing address (if different): _____

4. Residential address at time of incident: _____
   (if different from current address) _____

5. Claimant's daytime telephone number: _____ _____
   Home | Business or Cell

6. Claimant's e-mail address: _____

7. Date of the incident: _____ Time:_____ ☐ a.m. ☐ p.m. (check one)
   (mm/dd/yyyy)

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

   from _____ Time: _____ ☐ a.m. ☐ p.m.
   (mm/dd/yyyy)

   to _____ Time:_____ ☐ a.m. ☐ p.m.
   (mm/dd/yyyy)

9. Location of incident: _____
   State and county | City, if applicable | Place where occurred

10. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street

11. State the school, department, or person responsible for damage/injury:

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

13. Names, addresses and telephone numbers of all individuals not already identified in #12 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.

14. 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.

15. 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.

16. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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

18. I claim damages from Fife School District 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)***