CLAIM FOR DAMAGES
TO PERSON OR PROPERTY
(BOARD POLICY 3320)

INSTRUCTIONS:

- This form may be used to present any claim for money or damages.
- Claims relating to death, injury to a person, or personal property must be filed within 6 months of the date the claim arose. Claims relating to any other cause of action must be filed within 1 year of the date the claim arose. (Gov't Code § 911.2.)
- Attach separate sheets, if necessary, and sign each sheet.
- Claims must be submitted to claims@sbunified.org. (Govt. Code § 915.)

To: Santa Barbara School District

Name of Claimant: _____ Claimant D/O/B: _____

Name of Parent/Guardian (if applicable): _____

Address of Claimant: _____

Telephone Number: _____

Address where notices are to be sent: _____

When did injury or damage occur? Give full particulars, date & time of day:

_____

_____

Where did injury or damage occur? Describe fully and provide diagram where appropriate, give street name and address and measurements from landmarks. (Use add'l page if necessary):

_____

_____

How did injury or damage occur? Give full particulars (Use add'l page if necessary):

_____

_____

What particular act or omission do you claim caused the injury or damage? Give names of school district employees causing injury or damage, if known:

_____

_____

What damage or injury do you claim resulted? Give full extent of injury or damages claimed:

_____

_____

What amount do you claim on account of each item of injury or damage as of the date of presentation of this claim, including prospective injury, damages or loss, and give basis of computation of amount (Use second page if necessary):

_____

_____

Name and address of witnesses, doctors and hospitals:

_____

_____

State amount claimed as damages, please attach any supporting bills, receipts, or estimates of cost (check one):

___ Less than $10,000.00 $_____ (State specific amount)

___ $10,000.00 - $35,000.00 (Limited Civil)

___ More than $35,000.00 (Unlimited Civil)

Additional information that might be helpful in considering this claim:

_____

_____

Signature of Claimant or person filing on his behalf, giving relationship to claimant:

_____	_____	_____
Signature	Typed name	Date

NOTE: Claims must be submitted to the school district at claims@sbunified.org. (Govt. Code § 915.) Presentation of a false claim is a felony (Penal Code § 72.)