

**CENTRAL UNION HIGH SCHOOL DISTRICT
CLAIM FOR DAMAGES**

Please type or print. Attach additional pages, if necessary, and identify the number on this form to which the additional information applies. Sign, date and deliver or mail this form to the attention of the District Superintendent, Central Union High School District, 351 Ross Avenue, El Centro, CA 92243.

1. Name of Claimant: _____
2. Date of Birth: _____
3. Address: _____
4. Mailing Address: (if different) _____
5. Name of Claimant: _____
(Parent/Guardian if applicable)
6. Date (month/year) the injury, damage or loss occurred: _____
7. Location(s) where the injury, damage(s) or loss(es) occurred: _____

8. Describe the factual circumstances giving rise to each claim and the specific act(s) or omission(s) and individuals who caused each injury

9. Identify the name(s), address(es) and telephone number(s) of person(s) who witnessed the occurrence of the damage, injury or loss or who has information regarding the damage, injury or loss and what information each individual has

10. Describe what injury, damage or loss the claimant suffered as a result of the act(s) or omission(s) described in number 8 above

(Attach any medical bills, expense, or repair bills which you believe were caused by the injury, damage or loss)

11. Identify the District official(s), agent(s), employee(s) or independent contractor(s) who was/were responsible in whole or in part for the injury damage or loss and why you believe these individuals were responsible:

12. Set forth below the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), indicate below only whether the claim would be a limited civil case.*

* A limited civil case is one in which the demand, exclusive of interest or the value of property in controversy amounts to \$25,000.00 or less.

13. Police/Sheriff Report number, if applicable: _____

14. Date claim was personally delivered or deposited in the U.S. Mail _____

15. _____ Date: _____

Claimant's Signature

If you are not the claimant, indicate your relationship to the claimant _____

Date Claim received by District _____ Recipient _____

Note: PRESENTATION OF A FALSE CLAIM IS A CRIM (Ca. PenalCode § 73) and may subject the claimant to civil liability (Government Code § 12650 et seq.)