

**CLAIM FORM**

*To be completed by claimant or claimant's representative*

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<i>Name of Claimant</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>	<i>Age</i>
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*(Address to which notices should be sent if different from above.)*

**WHEN** did damage or injury occur? \_\_\_\_\_

**WHERE** did damage or injury occur? \_\_\_\_\_

**HOW** and **under what circumstances** did damage or injury occur? \_\_\_\_\_

**WHAT particular action** by the district or its employees caused the alleged damage or injury? *(Include names of employees, if known)*

**WHAT sum do you claim?** Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis for computation of the amount claimed. *(Attach estimates or bills, if possible)*

	\$ _____
	\$ _____
	\$ _____

NAME(S) and address of witnesses, doctors and hospitals \_\_\_\_\_

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*Signature of Claimant*

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*Date*

**NOTICE:** Section 72 of the California **Penal Code** provides: *Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.*

This form is provided pursuant to **Government Code** Section 910.4 and shall be used by any person presenting a claim to the District under **Government Code** Section 900 **et seq.** If additional space is needed for any of the required information, please attach additional sheets.

Ref California **Government Code** Sections 910-913.2

**AB 3000 requires this form be printed on district letterhead.**