

EX 3320 Claims and Actions Against the District

FOR OFFICIAL USE ONLY

CSRM-120-10-0618

Claim for Damages

Do not write in this space

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Claims for money or damages relating to any cause of action which is governed by a statute or regulation, including childhood sexual abuse and other causes of action specifically excepted from the Government Claims Act by Government Code 905, shall be filed in accordance with the governing statute or regulation. (Government Code 905, 935)

In accordance with the Board's authority pursuant to Government Code 935, claims for money or damages which relate to any cause of action specifically excepted from the Government Claims Act by Government Code 905 but which are not governed by any other claims presentation statute or regulation shall be filed not later than six months after the accrual of the cause of action. (Government Code 905, 935)

Claims for money or damages relating to a cause of action for death or for injury to person, personal property, or growing crops shall be presented to the Governing Board not later than six months after the accrual of the cause of action. (Government Code 911.2)

Claims for money or damages relating to any other cause of action shall be filed not later than one year after the accrual of the cause of action. (Government Code 911.2)

Please completely answer each question. Where space is insufficient, please use additional paper and identify information by paragraph number. Missing information may delay the processing of your claim.

CLAIM FOR DAMAGES

PLEASE PRINT

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

Home Address: _____ Date of Birth: _____

City/State/Zip _____ Soc. Sec. #: _____

Daytime Phone: _____ Evening Phone: _____ CA Driver's License #: _____
Cell: _____

Type of Loss: ☐ Personal Injury ☐ Property Damage ☐ Other _____ Police Report Number: _____

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

Where did Injury or Damage occur: (Exact and specific location; school name, street address, involved area, intersecting streets or other location etc.)

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How did Injury or Damage occur? (Describe accident or occurrence with detail, use additional paper if necessary)

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

What Injury or damage did you suffer?

Witnesses:

(Name)(Address)(Phone Number)

(Name)(Address)(Phone Number)

Name of District Employee(s) involved:

Is total amount of claim greater than\$25,000?

☐ Yes ☐ No

If "yes" is this a limited civil case?

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 Number: Insurance Company:

Insurance Broker/Agent:

Address: Phone Number:

EX 3320 Claims and Actions Against the District (Continued)

Name: (Mr., Mrs., Ms.) _____	Daytime Phone Number: _____	
Address: _____	City: _____	State: _____ Zip: _____
Signature _____	Relationship (self, attorney, guardian, etc.) _____	Date _____

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

Board Approved:

December 12, 2019

December 13, 2018

July 29, 2010

Effective Date: July 22, 2004