

CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY

Claims relating to a cause of action for death or for injury to person or to personal property or to growing crops shall be presented, in the manner provided for in **Government Code § 915, et seq.**, not later than six-months after the accrual of the cause of action. Claims relating to any other cause of action shall be presented as provided in **Government Code § 915 et seq.**, not later than one-year after the accrual of the cause of action. [**Government Code § 911.2**].

Persons are required by law, under **Government Code § 910.4(a)**, to use a prescribed Claim Form, in order that his or her claim is deemed to be in conformity with **Government Code § 910 and § 910.2**.

State Law requires that such claim form be provided to any person requesting one. The claim form in this policy is an approved Tri-County Schools Insurance Group Member Districts form.

This policy shall be reviewed annually.

Government Code § 910, § 910.2, § 910.4

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| First Consideration: | September 9, 2003 |
| Second Consideration & Adoption: | October 14, 2003 |
| Reviewed/Approved: | July 15, 2008 |
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| Reviewed/Approved: | August 14, 2012 |
| Reviewed/Approved: | July 9, 2013 |
| Reviewed/Approved: | July 8, 2014 |
| Reviewed/Approved: | July 14, 2015 |
| Reviewed/Approved: | June 28, 2016 |
| Reviewed/Approved: | June 27, 2017 |
| Reviewed/Approved: | June 26, 2018 |
| Reviewed/Approved: | June 25, 2019 |
| Reviewed/Approved: | June 23, 2020 |
| Reviewed/Approved: | June 22, 2021 |
| Reviewed/Approved: | June 28, 2022 |
| Reviewed/Approved: | June 20, 2023 |

CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY
[Government Code § 910 and § 910.2]

1. Name Of Claimant _____
2. Post Office Address: _____
3. Post Office Address To Which Person Presenting The Claim Desires Notices To Be Sent:

4. Date Of Injury, Damage, Loss Or Obligation: _____
5. Location Where The Injury, Damage, Loss Or Obligation Occurred:

6. The General Description Of The Injury, Damage, Loss Or Obligation:

(Attach Additional Pages, If Necessary)
7. Name(s) Of Public Employee(s) Who Caused Injury, Damage Or Loss:

8. Description Of The Actions Or Conduct Of Employee(s) Who Caused The Injury, Damage Or Loss:

(Attach Additional Pages, If Necessary)
9. Names/Addresses/Telephone Numbers Of Any witnesses:

10. Total Amount Of Claim: \$ _____

11. Basis For Computation Amount Of Claim:

Current Medical Expenses: \$ _____
Future Medical Expenses: \$ _____
Wage Loss: \$ _____
Damage to Personal Property: \$ _____
General Damages: \$ _____

Other Damages (Describe): \$ _____

(Attach Copies of Medical Bills/Estimates for Property Damages/Proof of Loss)

12. If Claimant Is A Minor (Under age 18-years):

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Parent/Legal Guardian Telephone Number: _____

13. Supplemental Information:

Claimant's Drivers License No. _____

Claimant's Date of Birth: _____

Law Enforcement/Public Agency Report No. _____ Date: _____

14. Attorney For Claimant:

Name: _____ SBN: _____

Address: _____

Telephone Number: _____

Signature of Claimant

Date

Telephone No.

(Relationship of Signer, if not the Claimant)

Date

Telephone No.

NOTICES

A Claim relating to a cause of action for death or for injury to person or to personal property or to growing crops must be presented to the public entity, in the manner provided for in **Government Code § 915, et seq.**, not later than six-months after the accrual of the cause of action. A Claim relating to any other cause of action shall be presented to the public entity as provided in **Government Code § 915, et seq.**, not later than one-year after the accrual of the cause of action. [**Government Code § 911.2**]

A person is required by law, under **Government Code § 910.4(a)**, to use this prescribed Claim Form, in order that his or her claim is deemed to be in conformity with **Government Code § 910 and § 910.2**. A claim may be returned to the person, if it is not presented using this Claim Form. Any claim returned to a person may be resubmitted using the appropriate form.