

# CLAIM FOR INJURY, DAMAGE and/or INDEMNITY

## CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than (1) year after the occurrence (Govt. Code, Section 911.2)

**SCHOOL DATE STAMP WHEN RECEIVED** \_\_\_\_\_

**CLAIMANT INFORMATION:**

<b>Name of Claimant</b>		<b>Age</b>		<b>Date of Birth</b>	
<b>Claimant Social Security Number</b> (if claim for bodily injury)					
<b>Does the Claimant have Medicare coverage?</b>					
<b>Residence Address of Claimant</b>					
<b>Name of Responsible Parent / Guardian</b>					
<b>Name of Other Person for Legal Notification</b>					
<b>Legal Mailing Address</b>					
<b>Telephone Number(s)</b>					

**ACCIDENT / LOSS INFORMATION:**

<b>Date of Accident or Loss</b>		<b>Time of Day</b>	
<b>Location of Accident or Loss</b>			
<b>Name(s) of person(s) causing the accident or loss</b> (if any)			
<b>Description of what happened and why you feel the school is responsible</b> (attach additional pages if necessary)			

**AMOUNT YOU ARE CLAIMING:**

Type	Dollar Amount	Briefly Describe
Medical Expense	\$	
Property Loss	\$	
Other	\$	
<b>TOTAL CLAIM</b>	<b>\$</b>	

**WITNESSES:**

Name	Address	Phone #

**I declare under penalty of perjury that the above statements are true and correct.**

\_\_\_\_\_

Signature of Claimant or Representative

\_\_\_\_\_

Date

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS:**

Every person who with intent to defraud, presents for allowance or payment any false or fraudulent claim against a public entity may be guilty of a felony (See California Penal Code 72).

*Attention School Personnel: Date stamp and mail to Erik Knak, NCSIG Claims Administrator, Knak & Company, PO Box 990520, Redding, CA 96099-0520*