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| **CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT** |  | **DATE STAMP- RECIEVED** |
| **CLAIM FOR INJURY OR DAMAGE** |  |
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|  |  |
| **1) Name of Claimant:**  |  | **Age:** |  | **Date of Birth:** |  |
|  **If the claim is for bodily injury, enter social security number:** |  |
|  |
| **2) Responsible Parent /Guardian:** |  |
|  **Name of other person for legal notification:** |  |
|  **Legal mailing address:** |  |
|  |
|  **Telephone Number:** |  |
|  |
| **3) Residence Address of Claimant:** |  |
|  |
|  |
| **4) Date of accident or loss:** |  | **Time of day:** |  |
| **5) Location of accident:** |  |
| **6) Please describe what happened and why you feel the insured (the District) is responsible:** |
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|  |
|  |
|  | **(Use additional sheets if necessary)** |
|  |
| **7) Name(s) of person(s) causing the accident or loss (if any):** |  |
|  |
|  |
| **8) Amount you are claiming:** |
|  |  | **Amount** | **Reason** | **Description** |
|  | **$** |  | **Medical Expense** |  |
|  | **$** |  | **Property Loss** |  |
|  | **$** |  | **Other** |  |
|  | **$** |  | **TOTAL CLAIM** |  |
|  |
| **9) Name(s)and address of witnesses:** |  |
|  |
| **10) Does the Claimant have Medicare coverage?**  | **Yes:** |  | **No:** |  |  |
|  |
| **I declare under penalty of perjury that the above statements are true and correct.** |
| **Signature of Claimant or Representative:** |  | **Date:** |  |
|  |
| **NOTICE: 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)** |