

STOCKTON UNIFIED SCHOOL DISTRICT – CLAIM FOR DAMAGES

- A. Claims for death or injury to persons or property must be filed no later than six (6) months after the date of occurrence. (*Gov. Code Section 911.2*)
- B. Claims for damages to real property must be filed no later than one year after the date of occurrence (*Gov. Code Section 911.2*)
- C. Claim must be filed by claimant or person acting on claimant’s behalf. Please state relationship to claimant.
- D. Attach separate sheets if necessary, to give complete details. **SIGN EACH SHEET.**
- E. **NOTE:** All claimants may be required to be examined as to their claim under oath. Presentation of a false claim is a felony. (*California Penal Code Section 72.*)
- F. **READ ENTIRE FORM BEFORE FILING.** Complete items 1-20 or your claim may be returned.
- G. Mail completed form to: **Stockton Unified School District**, Attn: Risk Management Dept., 56 South Lincoln Street, Stockton, CA 95203 - **No Electronic Filings Accepted**

For Risk Management use only

1. Name of claimant:	2. Date of Birth
3. Home address of claimant: (Street, City, State, Zip Code)	4. Home phone:
5. Business address of claimant: (Street, City, State, Zip Code)	6. Business phone:
7. Address which you desire notices and communications sent regarding this claim:	
8. How did Damage or Injury occur: Give complete details:	
9. When did Damage or Injury occur? Give full particulars: (date, time of day, etc.)	
10. Where did Damage or Injury occur? Describe fully. Use additional sheet to diagram incident if necessary. Give street names, addresses, distances, etc.	
11. What particular Act or Omission do you claim caused the injury or damage? Give names of district employees allegedly causing the injury or damage, if known.	
12. What Damage or Injury do you claim resulted: Give full extent of injuries or damages claimed:	
13. What amount do you claim because of each item of injury or damage as of the date of the presentation of this claim? Give basis of computation.	
14. Give estimated amount, as far as known, that you claim because of each item of prospective injury or damage. Give basis of computation.	
15. List all insurance payments received, if any, and the name(s) of insurance company.	
16. List all expenditures made due to damage of injury. Give date and item.	
17. List all names, addresses and phone numbers of all witnesses, doctors, hospitals, etc.	
18. Typed or printed name and relationship to claimant.	
19. Signature of claimant or person filing on behalf of claimant.	20. Date: