

# 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**

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| 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:          |