



# North Coast Schools' Insurance Group

901 Myrtle Avenue • Eureka, California 95501-1294 • 707/445-7126 • FAX 707/445-7084

SERVING DEL NORTE COUNTY AND HUMBOLDT COUNTY SCHOOLS

## CLAIM PRESENTED TO SCHOOL DISTRICT

**\*\*PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING\*\***

1. School District:	
Address:	
2. Claimant's Name:	
Claimant's Address:	
City, State, Zip:	
Day Phone:	Evening Phone:
3. When did the damage or injury occur? <span style="float:right">A.M. _____</span>	
Month _____	Date _____ Year 200__ Time _____ P.M. _____
4. Location at which the accident or injury occurred:	
Police Department and Report #:	
5. What happened and why is the District responsible:	
Name and position of responsible District Employee(s), if known:	
6. What damage or injury occurred?	
7. Claim Amount (only if less than \$10,000.00): \$	
If the amount exceeds \$10,000.00, please mark (X) the court of appropriate jurisdiction:	
_____ Municipal or Justice Court (Claims up to \$25,000.00)	
_____ Superior Court (Claims over \$25,000.00)	
8. How did you arrive at the amount claimed? Please attach documentation.	
9. I declare under penalty of perjury under the laws of the State of California that the information presented is true and correct, and that this declaration was executed on _____, 20____, at _____.	
_____ Signature of Claimant or Claimant's Representative	
10. Official Notices and Correspondence:	
If represented by an attorney or insurance company, please provide the following information:	
Name and Capacity:	
Address:	
City, State, Zip:	
Day Phone:	Evening Phone:
This space for District use	
<b>NOTICE:</b> Section 72 of the California Penal code provides that: "Every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."	

## PRESENTING A CLAIM TO A SCHOOL DISTRICT

Please type or print clearly all the information requested on the claim form.

You must complete each section or your claim may be returned as insufficient.

The following provides specific instructions for completing each section of the claim form:

**Name of School District** - State the name and address of the School District with which you are making a claim.

**Name and mailing address of claimant** - State the full name and address of the person or persons claiming damage or injury. Include a daytime and evening phone number.

**When did the damage or injury occur?** - State the exact month, date, year and approximate time, if known, of the incident which caused the alleged damage or injury.

Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the School District no later than six months after the incident date. Please note that evidence of presentation includes a clear postmark date on an envelope or a certification of personal service.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called an “**application for leave to present a late claim.**” In considering your claim, the district will first decide whether the late claim application should be granted or denied. (See Government Code section 911.4 for the legally acceptable reasons a claim maybe filed late.) Only if your late claim application is granted will the District consider the merits of your claim.

Claims relating to causes of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident date. (See Government Code section 911.2.)

**Location** - Include street address, city, county, intersection, campus, building name or number, and any other information that will identify the location. If the police were involved, give the department name and report number, if known.

**What happened and why is the District responsible?** - Please explain the circumstances that led to the alleged damage or injury. State all facts that support your claim and why you believe the District is responsible. If known, identify the District employee(s) that allegedly caused the damage or injury.

**What damage or injury occurred?** - Provide a detailed description of the damage or injury that allegedly resulted from the incident.

**Claim amount** - State the specific, total dollar amount you are claiming as a result of the alleged damage or injury if the amount is \$10,000.00 or less. If the amount exceeds \$10,000.00, do not state an amount, but, rather, designate the appropriate court jurisdiction for the claim.

**How did you arrive at the amount claimed?** - Provide a breakdown of how the amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documentation (e.g. bills, receipts, estimates) please attach copies of them to your claim.

**Signature** - The claim must be signed by the claimant or by the representative or attorney of the claimant. The District will not accept the claim without a proper signature. Government Code section 910.2 provides that: “The claim shall be signed by the claimant or by some person on his/her behalf.”

**Official notices and correspondence** - Provide the name, mailing address, and phone numbers of the person to whom all official notices and other correspondence from the District should be sent, **only** if other than the claimant.