

CLAIM FOR DAMAGES

The California Tort Claims Act (Gov. Code §910.4)

This form is used for filing Government Code Claims. For an explanation of each section of the form, please see the definitions and explanations below.

Instructions for Filing a Claim.

Read this form and the instructions *before* you begin to fill it out. Once the form is completed, mail or personally deliver it to the Plumas Unified School District at: 50 Church Street, Quincy, California 95971.

The completed form can also be hand delivered to the District at the above listed address during the District's regular business hours, which are 8:00 a.m. until 12:00 p.m. and from 1:00 p.m. until 4:30 p.m.

Whether you mail or personally deliver the completed form, please enclose it in an envelope and write the words "Government Claim" on the outside of the envelope.

The general rule is that a claim for bodily injury or death, damages to personal property, or damages to growing crops must be filed not later than six months after the Incident. All other claims must be filed not more than one year after the Incident. Because failing to file a claim on time can result in severe consequences, we strongly encourage you to seek the assistance of an attorney in determining the deadline for filing your particular claim.

Explanations and Definitions

Section 1: Claimant Information.

This section asks for information about the person who was injured or otherwise suffered damage or who believes the District is obligated to them. If you are filling out this form for someone else, the term "you", as used throughout the form, is meant to refer to the person who was injured, suffered damage or claims the obligation and not to the person who is filling out the form.

Section 2: Claim Information.

This section asks for information about the "Incident" that caused the damage, injury, loss or obligation, as well as information about the damage, injury, loss, or obligation. The term "incident" means the act, occurrence, or transaction that you believe caused the damage, injury, loss or obligation which forms the basis of your claim. The term is always capitalized so that you know it is a term with a special definition.

Section 3: Representative Information.

This section should be completed if an attorney or authorized representative is filing your claim. Please note that if the representative's information is provided, all official notices or other correspondence regarding your claim will be sent to the person listed in this section.

Section 4: Notice and Signature.

The claim must be signed by the claimant or the claimant's attorney or authorized representative. The District will not accept the claim without a proper signature, unless the claim is for supplies, materials, equipment, or services and is presented on a billhead or invoice that the claimant regularly uses in the conduct of his or her business.

Section 1: Claimant Information

Claimant's Name

Telephone Number (include area code)

Mailing Address

City

State

Zip Code

Section 2: Claim Information

FOR WHOM IS THE CLAIM BEING FILED?

Is the claim filed on behalf of another person? ___Yes ___No

If yes, please indicate what relationship the person filing this claim bears to the person claiming the injury, damage, loss, or obligation: _____.

If yes, please provide the name and current address of the person filing the claim:

_____.

If yes, please be sure to fill out Section 3 with the information of the person who is filing the claim. Authorized representative includes the parent or guardian who is filing on behalf of his or her minor child.

If the claimant is a minor, please write the minor's date of birth: _____.

WHAT DAMAGE OR INJURY DID YOU SUFFER?

Specifically describe the damage, injury, or loss that you suffered or obligation that was incurred. (If you need more space, please attach additional sheets.)

_____.

WHEN DID THE INCIDENT HAPPEN?

State the Date (Month/Day/Year) and time (if applicable) that the Incident occurred which caused the damage, injury, or loss you suffered or gave rise to the obligation you claim.

_____.

WHERE DID THE INCIDENT HAPPEN?

Where did the Incident that caused the damage, injury, or loss to you or that gave rise to the obligation occur? If applicable, include street address, city or county, highway number, and direction of travel. (If more space is needed, please attach additional sheets.)

_____.

HOW DID THE INCIDENT HAPPEN?

Explain the circumstances that led to the damage, injury, or loss you believe you have suffered or that gave rise to the obligation you claim. State all facts that support your

claim against the District and why you believe the District is responsible for the alleged damage, injury, loss, or obligation. (If more space is needed, please attach additional sheets.)

WERE ANY SCHOOL DISTRICT EMPLOYEES THE CAUSE OF THE DAMAGE, INJURY, LOSS, OR OBLIGATION?

If known, please provide the name of the employee(s) who you believe caused the damage, injury, loss, or obligation. If you do not believe an employee was the cause of the damage, injury, loss, or obligation, please leave this section blank. (If more space is needed, please attach additional sheets.)

DID ANYONE ELSE WITNESS THE INCIDENT?

Please provide the names and phone numbers of any witnesses to any part of the Incident. (If more space is needed, please attach additional sheets.)

HOW MUCH ARE YOU CLAIMING?

If the damages you are claiming are \$10,000 or less, please state the full amount you are claiming: _____.

If you are claiming more than \$10,000 dollars, please indicate whether your case will be in the unlimited civil jurisdiction or the limited civil jurisdiction by circling one of the following:

Unlimited Civil Limited Civil

A case is in limited civil jurisdiction if the amount claimed is \$25,000 or less. Any claim over \$25,000 would be in the unlimited civil jurisdiction.

If you are claiming \$10,000 or less, please complete the following worksheet showing how you calculated the amount you are claiming:

Damages Incurred to Date

Expenses for medical and hospital care	\$ _____
Loss of Earnings	\$ _____
Special Damages for _____	\$ _____
General Damages	\$ _____
Total	\$ _____

Estimated Future Damages as Far as Known

Future loss of earnings	\$ _____
Other future special damages	\$ _____
Future general damages	\$ _____
Total	\$ _____

Section 3: Representative's Information

If you are a parent or guardian filing on behalf of a child, please fill this portion out, giving your information as the representative.

Name of Attorney/Representative Telephone Number (include area code)

Mailing Address City State Zip

Section 4: Notice and Signature

Before signing and presenting this claim, remember that presenting a false claim is a felony. (Penal Code §72.)

Signature of Claimant Date

Signature of Attorney/Representative Date