

**LOS ANGELES UNIFIED SCHOOL DISTRICT
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

INSTRUCTIONS:

1. Read entire claim form thoroughly.
2. Fill out claim form completely, as indicated.
3. The claim form must be signed by the claimant
(or parent/guardian if claimant is a minor).
4. The filing of a claim form does not guarantee the claim will be paid

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY
(PENAL CODE SEC. 72)

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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> CLAIM FORM <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> |
| <u>RESERVED FOR FILING STAMP</u> |

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|--|---|
| 1. Name of Claimant: | 2. Home Telephone: Business Telephone: |
| 3. Address of Claimant: | |
| 4. Name and Address where you wish notices or communications to be sent: | |
| 5. Claimant's Date of Birth: | 6. Claimant's Social Security No: |
| 7. Date when damage occurred: | 8. Time when damage occurred: |
| 9. Where did damage or injury occur? (Name of School, Address, Intersection, etc.) | |
| 10. Exact/precise location of incident: (N/E corner, location on property, etc.) | |
| 11. Describe in detail how damage or injury occurred. (attach additional sheets, diagrams, if necessary) | |
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| 12. Were law enforcement emergency agencies called? Yes _____ No _____ | |
| 13. If a physician was visited because of this injury: | |
| Date of Visit: | Physician's Name: |
| Physician's address: | |



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| 14. Why do you believe the Los Angeles Unified School District is responsible? | |
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| 15. Names of all District employees involved in this injury or damage: | |
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| 16. Witnesses to injury or damage. List all persons, with addresses and phone numbers, known to have information: (Attach additional sheet, if necessary) | |
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| 17. List dollar amount of damages incurred to date (attach copies of receipts or estimates) | |
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| 18. Total dollar amount of damages to date: | |
| | |
| 19. Total estimated dollar amount of future damages: | |
| | |
| 20. Signature of Claimant of person filing on his/her behalf, (give relationship to claimant): | |
| | |
| 21. Print or type name of person listed above | Date: |
| | |

MAIL ORIGINAL COMPLETED FORM, WITH ANY ATTACHMENTS TO:

Executive Officer of the Board of Education
333 S. Beaudry Ave. (24th Floor)
Los Angeles, CA 90017

WARNING

Claims for death, injury to person or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code Section 911.2)

All other claims for damages must be filed not later than one year after the occurrence (Gov. Code Section 911.2)