(209) 754-2300

School Site/Department:_____ Address:__ Claims for death, injury to person or to personal property must be filed not later than six (6) 1. months after the occurrence (Gov. Code Sec. 911.2). 2. Claims for damages to real property or breach of contract must be filed not later than one(1) year after the occurrence (Gov. Code Sec. 911.2). Name of Claimant: _____ Age:__ Address:______Phone:____ When did the damage or injury occur?______ Where did the damage or injury occur?_____ **How** and under what circumstances did the damage or injury occur? What particular action by the District or its employees caused the alleged damage or injury? (include names of employees, if known) What sum do you claim? Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed and attach estimates or bills, if possible. (If the amount claimed exceeds \$10,000, no dollar amount shall be stated.) Total Amount Claimed: If the total amount claimed exceeds \$10,000, is this a Limited Civil Case? _____ Please provide names of witnesses, doctors and hospitals: Signature of Claimant Date

NOTICE: Section 72 of the California Penal Code provides: "Every person who, with intent to defraud, presents for paymen to any School District any false or fraudulent claim, is guilty of a felony punishable

> CALAVERAS UNIFIED SCHOOL DISTRICT San Andreas, California

by fine and/or imprisonment."