



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
750 Mitchell Road
Newbury Park, CA 91320

Attention: Safety and Risk Management Department

VERIFIED CLAIM FORM
Damages to Person or Property

| Instructions | Date Stamp |
|---|------------|
| 1. Claims to death, injury to person or property must be filed not later than six (6) months after the occurrence (Government Code § 911.2) 2. Claim for damages to real property must be filed not later than one (1) year after the occurrence (Government Code § 911.2) 3. Read entire claim form before filing 4. This claim form must be signed on page 2 at the bottom 5. Attach separate sheets, if necessary, to give full details. PLEASE SIGN EACH SHEET | |

To: _____
 (School District) (School Name)

_____ Adult Minor
 Name of Claimant

_____ City, State, Zip Home Telephone
 Home Address of Claimant

_____ City, State, Zip Business Telephone
 Business Address of Claimant

 Give address and telephone number to which you desire notices to be sent

_____ Location (exact location)
 Date and time of Injury, Damages, or Loss

 Nature of Injury, Damages, or Loss:

 If no injuries, so state:

 The circumstances giving rise to this claim are as follows:

 Why do you claim the district or school is responsible?

The names of the public employees causing the claimant's injuries are:

The amount claimed, as of the date of presentation of this claim, is as follows:

| | | | |
|---|----------|--|----------|
| Damages incurred to date (exact): | | Estimated prospective damages as far as known: | |
| Damage to Property: | \$ _____ | Future expenses for medical and | |
| Expenses for medical and hospital care: | \$ _____ | hospital care: | \$ _____ |
| Loss of earnings: | \$ _____ | Future loss of earnings: | \$ _____ |
| Special damages for: | \$ _____ | Other prospective special damages: | \$ _____ |
| | | Prospective general damages: | \$ _____ |
| General Damages: | \$ _____ | Total estimated prospective damages: | \$ _____ |
| Total Damages incurred to date: | \$ _____ | | |

Total Amount claimed as of date of presentation of this claim: \$ _____

If the amount of the claim exceeds \$10,000, indicate the following: Municipal court, or Superior court

Was injury or damage investigated by police? Yes No

Police Department and Report Number

Were paramedics or ambulance called? Yes No

Fire Department or Ambulance Company

Witnesses:

Name Address Telephone

Name Address Telephone

Name Address Telephone

Hospitals, Doctors, Medical Providers:

Hospital Address Telephone

Doctor or other Provider Address Telephone

Doctor or other Provider Address Telephone

The undersigned states that he or she is the person making the above stated claim, or is a person representing said claim and acting on behalf of the claimant above named, and declares under penalty of perjury that the foregoing is true and correct insofar as is known as of this date.

Date City, State

Signature of Claimant or Authorized Representative Relationship to Claimant