



# MODESTO CITY SCHOOLS CLAIM FORM

Please press firmly when writing below. If you need more space to answer a question, please attach a blank sheet of paper to this original and number the question you are answering.

## 1. CLAIMANT (Person Who Is Injured or Damaged) INFORMATION:

- Claimant's name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_.
- Where notices should be sent-IF DIFFERENT from 1.a. above? Please give name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_.
- If this claim is for ANOTHER person, what is YOUR name and YOUR relationship to the claimant?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_.
- Claimant's Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## 2. CLAIM INFORMATION:

- Please give the date, time, and place of the event or transaction giving rise to your claim.  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Time: \_\_\_\_ : \_\_\_\_ AM or PM (circle one). Place: \_\_\_\_\_  
\_\_\_\_\_.
- Please give the facts and circumstances giving rise to your claim AND the reason(s) why you believe Modesto City School is responsible for your injuries or damages. \_\_\_\_\_  
\_\_\_\_\_.
- What are your injuries and damages to date? \_\_\_\_\_  
\_\_\_\_\_.
- Who caused your injuries or damages? \_\_\_\_\_  
\_\_\_\_\_.

## 3. AMOUNT OF YOUR CLAIM: Please check one of the following boxes.

- Below \$10,000. If your claim is less than \$10,000, please state the amount and how it is calculated?  
\_\_\_\_\_  
\_\_\_\_\_.
- Above \$10,000. If the amount is more than \$10,000, DO NOT state the amount but indicate whether the claim is a limited civil case (a limited civil case is less than \$25,000): \_\_\_\_\_  
\_\_\_\_\_.
- Above \$25,000.

## 4. STATUTORY REFERENCE: Government Code Section 910.

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT OR REPRESENTATIVE  
(If representative signs, state relationship to claimant.)

When completed, mail or deliver the original of this Claim Form to: Risk Management, Modesto City Schools, 426 Locust Street, Modesto, CA 95351.

DISTRIBUTION: White – Risk Management

Yellow - Claimant