California Schools JPA

RISK MANAGEMENT | EMPLOYEE BENEFITS



CLAIM FOR DAMAGES PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST)

For Official Use Only

	(PLEASE REA	DINSTRUCTION	IS ON OTHER S	SIDE FIRST)	Offic	ial Use Only	
Name of Claimant:						SCSRM-120	Claim For Damages	
Name of Glaimant.	·	(First Name)	(Midd	lle Initial)	(Last Name)		_	
Home Address:					Date of Birth:			
City, State, Zip:				Sc	oc. Security No.:	-	-	
				CA Driv	vers' License No.:			
Daytime Phone:	()		Evening: ()	Cell: ()		
Type of Loss:	Personal Injur	у	Other		Police Rep	eport No.:		
	☐ Property Dama	age 🔲	Indemnity – Date Co	mplaint Served:				
When did Injury or	Damage occur?			Time:	(AM/PM)			
	-	(Month Day, Ye	ar) (Day of Week) (Time of Day,	·)			
Where did Injury of	r Damage occur?							
, ,	-	(Street address,	intersecting streets, o	r other location)				
How did Injury or E	Damage occur? (Des	cribe accident or	occurrence)					
What action or inac	ction of School emplo	oyee(s) caused yo	our injury or damage (if known)?				
What injury or dam	nage did you suffer?							
Witnesses (if any)								
	Name)		(Addres	·e1	()	hone Number)		
(/	vaine)		(Addres	3)	()	none Number)		
(1	Name)		(Addres	rs)	(P	hone Number)		
Name of District E	mployee(s) involved:							
Is total amount of	claim greater than \$1	0,000?	Yes No	If "Yes" is this	s a limited civil case?	Yes	☐ No	
If "No" state the a	NOTE: Ple		pies of supporting		for the amounts of			
Was your insurance	relaim relai se coverage in effect		e accident, please answer incident?		ach PROOF OF INSU	KANCE:		
Insurance Policy N	o .		-	Insurance Company	r:			
Insurance Broker/A	-				Phone No.:	()		
	ALL	NOTICES AN	D/OR COMMUNI	CATIONS SHO		O:		
Name: (Mr., Mrs.) Address: (City,					aytime Phone No.:	()		
(6) MONTHS fro	om the date of the a	ction or inciden	at most claims again t giving rise to the cl Government Code t	aim. Certain other	claims must be filed	l within <u>ONE (1</u>	I) YEAR from the	

Signature Relationship (self, attorney, guardian, etc.)

Routing: Original to Carl Warren & Co., Copies to SCS Risk Management, District, and Claimant

Date:





CLAIM FOR DAMAGES

INSTRUCTIONS

On the reverse side of the sheet is a claim form, **SCSRM-120 Claim for Damages**. This is for a Claim against the School District. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the District Office. Retain one copy for your records. Please send to this address:

TO: GOVERNING BOARD								
School District			-					
Street Address	City	State	Zip					
NOTICE: The District Office is the ONLY office to which claims may be submitted.								
Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.								
PROCEDURES								
Claims received by the District Office are for claimants are then notified that action will be claim itself.								
If recommended for denial by the Administ for final, official rejection. You will be sent a you of the action taken and of any further a	a letter from the District	Office or their designed						
*** all c	laims are public record **	*						