

Claim Form

(A claim shall be presented by the claimant or by a person acting on his behalf.)

NAME OF DISTRICT:

1	Claimant name, address, (mailing address if different) and phone number.
	Name:
	Address(es):
	Phone Number: ()
2	List name, address and phone number of any witnesses.
	Name:
	Address:
	Phone Number: ()
3	List the date, time, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.
	Date: Time: Place:
	Tell What Happened (give complete information):
4	Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim.
5	Give the name or names of the public employee or employees causing the injury, damage, or loss, if known.
6	If the actual amount of your claim is less than \$10,000 indicate the exact amount of your claim, and if possible show specific itemization and/or include copies of any documents in support thereof. If the amount of the claim exceeds \$10,000, no dollar amount should be included in this claim form. However, it is necessary to indicate whether jurisdiction will rest in Municipal or Superior Court. (Jurisdiction for any claim under \$25,000 would rest in Municipal Court, and any claim over \$25,000 would rest in Superior Court.)

NOTE: Attach any photographs you may have regarding this claim.

Date: Time: Signature:

ANSWER ALL QUESTIONS. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT!