



**CLAIM FOR DAMAGES**  
(PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST)

**For  
Official Use Only**  
CSR-120 Claim For Damages

Name of Claimant: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - -

CA Drivers' License No.: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Type of Loss:  Personal Injury  Other \_\_\_\_\_ Police Report No.: \_\_\_\_\_

Property Damage  Indemnity – Date Complaint Served: \_\_\_\_\_

When did Injury or Damage occur? \_\_\_\_\_  
(Month Day, Year) (Day of Week) (Time of Day)

Where did Injury or Damage occur? \_\_\_\_\_  
(Street address, intersecting streets, or other location)

How did Injury or Damage occur? (Describe accident or occurrence)

What action or inaction of School employee(s) caused your injury or damage (if known)?

What injury or damage did you suffer?

Witnesses (if any)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Name of District Employee(s) involved: \_\_\_\_\_

Is total amount of claim greater than \$10,000?  Yes  No If "Yes" is this a limited civil case?  Yes  No

If "No" state the amount claimed: Personal Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**NOTE: Please attach copies of supporting documentation for the amounts claimed**

If claim relates to an automobile accident, please answer the following and attach **PROOF OF INSURANCE**:

Was your insurance coverage in effect at the time of the incident?  Yes  No

Insurance Policy No.: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name: (Mr., Mrs., Ms.) \_\_\_\_\_ Daytime Phone No.: ( ) \_\_\_\_\_

Address: (City, State, Zip) \_\_\_\_\_

**Warning:** California State Law generally requires that most claims against a public entity, such as the School District, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Date: \_\_\_\_\_

Signature

Relationship (self, attorney, guardian, etc.)

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

# CLAIM FOR DAMAGES

## INSTRUCTIONS

On the reverse side of the sheet is a claim form, **CSRM-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

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School District

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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 forwarded to the District's Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the District Office for final, official rejection. You will be sent a letter from the District Office or their designee, notifying you of the action taken and of any further action necessary or available to you.

*\*\*\* all claims are public record \*\*\**