

JPA MEMBER DATE STAMP WHEN
RECEIVED: _____

_____ **School District** _____

CLAIM FOR INJURY OR DAMAGE

1. NAME OF CLAIMANT: _____ AGE: _____

2. RESPONSIBLE PARENT / GUARDIAN: _____
NAME OF OTHER PERSON FOR
LEGAL NOTIFICATION: _____
LEGAL MAILING ADDRESS: _____
TELEPHONE NUMBER: () _____

3. RESIDENCE ADDRESS OF CLAIMANT: _____

4. DATE OF ACCIDENT OR LOSS: _____ TIME OF DAY: _____

5. LOCATION OF ACCIDENT: _____

6. PLEASE DESCRIBE WHAT HAPPENED AND WHY YOU FEEL THE INSURED IS RESPONSIBLE: _____

(use additional sheets if necessary)

7. THE NAME(S) OF PERSON(S) CAUSING THE ACCIDENT OR LOSS (IF ANY): _____

8. AMOUNT YOU ARE CLAIMING:
\$ _____ Medical Expense _____
\$ _____ Property Loss _____
\$ _____ Other _____
\$ _____ TOTAL CLAIM _____

9. NAMES AND ADDRESSES OF WITNESSES: _____

I declare under penalty of perjury that the above statements are true and correct.

_____ Signature of Claimant or Representative

_____ Date

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Every person who with intent to defraud, presents for allowance or payment any false or fraudulent claim against a public entity may be guilty of a felony. (See California Penal Code 72)