RECEIVED:_____

COTTONWOOD UNION SCHOOL DISTRICT

CLAIM FOR INJURY OR DAMAGE

1. **NAME OF CLAIMANT:**_____ **AGE:**____ **DOB:** _____
   IF FOR BODILY INJURY, ENTER SOCIAL SECURITY #:_____

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:**_____
   _____

10. **DOES THE CLAIMANT HAVE MEDICARE COVERAGE ???** _____

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)