

YUBA CITY UNIFIED SCHOOL DISTRICT
CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY
[Government Code § 910 and § 910.2]

1. NAME OF CLAIMANT: _____
2. POST OFFICE ADDRESS: _____
3. POST OFFICE ADDRESS TO WHICH PERSON PRESENTING THE CLAIM
DESIRES NOTICES TO BE SENT: _____
4. DATE OF INJURY, DAMAGE, LOSS OR OBLIGATION: _____
5. LOCATION WHERE THE INJURY, DAMAGE, LOSS OR OBLIGATION
OCCURRED:

6. THE GENERAL DESCRIPTION OF THE INJURY, DAMAGE, LOSS OR
OBLIGATION:

(Attach additional pages, if necessary)
7. NAME(S) OF PUBLIC EMPLOYEE(S) WHO CAUSED INJURY, DAMAGE OR
LOSS:

8. DESCRIPTION OF THE ACTIONS OR CONDUCT OF EMPLOYEE(S) WHO
CAUSED THE INJURY, DAMAGE OR LOSS:

(Attach additional pages, if necessary)
9. NAMES/ADDRESSES/TELEPHONE NUMBERS OF ANY WITNESSES:

10. TOTAL AMOUNT OF CLAIM: \$_____

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11. BASIS FOR COMPUTATION AMOUNT OF CLAIM:

Current Medical Expenses: \$ _____
Future Medical Expenses: \$ _____
Wage Loss: \$ _____
Damage to Personal Property: \$ _____
General Damages: \$ _____
Other Damages: \$ _____
(Attach description of Other Damages)
(Attach Copies of Medical Bills/Estimates for Property Damages/Proof of Loss)

12. IF CLAIMANT IS A MINOR (Under age 18 years):

Name of Parent/Legal Guardian: _____
Address of Parent/Legal Guardian: _____
Parent/Legal Guardian Telephone Number: _____

13. SUPPLEMENTAL INFORMATION:

Claimant's Drivers License No.: _____
Claimant's Date of Birth: _____
Law Enforcement/Public Agency Report No.: _____ Date: _____

ATTORNEY FOR CLAIMANT:

Name: _____ SBN: _____
Address: _____
Telephone Number: _____

Signature of Claimant Date Telephone Number

(Relationship of Signer, If not the Claimant) Date Telephone Number

NOTICES

A Claim relating to a cause of action for death or for injury to person or to personal property or to growing crops must be presented to the public entity, in the manner provided for in **Government Code § 915, et seq.**, not later than six months after the accrual of the cause of action. A Claim relating to any other cause of action shall be presented to the public entity as provided in **Government Code § 915, et seq.**, not later than one-year after the accrual of the cause of action. **[Government Code § 911.2]**

A person is required by law, under **Government Code § 910.4(a)**, to use this prescribed Claim Form, in order that his or her claim is deemed to be in conformity with **Government Code § 910 and § 910.2**. A claim may be returned to the person, if it is not presented using this Claim Form. Any claim returned to a person may be resubmitted using the appropriate form.