



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**750 Mitchell Road**  
**Newbury Park, CA 91320**

**Attention: Director of Safety and Risk Management**

**VERIFIED CLAIM FORM**  
**Damages to Person or Property**

Instructions	Date Stamp
1. Claims to death, injury to person or property must be filed not later than six (6) months after the occurrence (Government Code § 911.2) 2. Claim for damages to real property must be filed not later than one (1) year after the occurrence (Government Code § 911.2) 3. Read entire claim form before filing 4. This claim form must be signed on page 2 at the bottom 5. Attach separate sheets, if necessary, to give full details. <b>PLEASE SIGN EACH SHEET</b>	

To: \_\_\_\_\_  
 (School District) (School Name)

\_\_\_\_\_  Adult  Minor  
 Name of Claimant

\_\_\_\_\_ City, State, Zip Home Telephone  
 Home Address of Claimant

\_\_\_\_\_ City, State, Zip Business Telephone  
 Business Address of Claimant

Give address and telephone number to which you desire notices to be sent

\_\_\_\_\_ Location (exact location)  
 Date and time of Injury, Damages, or Loss

Nature of Injury, Damages, or Loss:  
 \_\_\_\_\_  
 \_\_\_\_\_

If no injuries, so state:  
 \_\_\_\_\_

The circumstances giving rise to this claim are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you claim the district or school is responsible?  
 \_\_\_\_\_  
 \_\_\_\_\_

The names of the public employees causing the claimant's injuries are:

\_\_\_\_\_  
\_\_\_\_\_

The amount claimed, as of the date of presentation of this claim, is as follows:

Damages incurred to date (exact):		Estimated prospective damages as far as known:	
Damage to Property:	\$ _____	Future expenses for medical and	
Expenses for medical and hospital care:	\$ _____	hospital care:	\$ _____
Loss of earnings:	\$ _____	Future loss of earnings:	\$ _____
Special damages for:	\$ _____	Other prospective special damages:	\$ _____
		Prospective general damages:	\$ _____
General Damages:	\$ _____	Total estimated prospective damages:	\$ _____
Total Damages incurred to date:	\$ _____		

Total Amount claimed as of date of presentation of this claim: \$ \_\_\_\_\_

If the amount of the claim exceeds \$10,000, indicate the following:  Municipal court, or  Superior court

Was injury or damage investigated by police?  Yes  No  
\_\_\_\_\_  
Police Department and Report Number

Were paramedics or ambulance called?  Yes  No  
\_\_\_\_\_  
Fire Department or Ambulance Company

Witnesses:

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Name Address Telephone

Hospitals, Doctors, Medical Providers:

\_\_\_\_\_  
Hospital Address Telephone

\_\_\_\_\_  
Doctor or other Provider Address Telephone

\_\_\_\_\_  
Doctor or other Provider Address Telephone

The undersigned states that he or she is the person making the above stated claim, or is a person representing said claim and acting on behalf of the claimant above named, and declares under penalty of perjury that the foregoing is true and correct insofar as is known as of this date.

\_\_\_\_\_  
Date City, State

\_\_\_\_\_  
Signature of Claimant or Authorized Representative Relationship to Claimant