

**Monrovia Unified School District
Business Services**

Administrative Regulation 3320-a

**CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

RESERVE FOR FILING STAMP

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read the entire claim before filing.
4. This claim must be signed on page two at the bottom.
5. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
6. Claim must be filed with the MUSD Business Office. (Gov. Code Sec. 915a)

Name of Claimant

Age of Claimant

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

Give address to which you desire notices or communications to be sent regarding this claim:

How did the INCIDENT or ACCIDENT occur? Give full details:

When did INCIDENT or ACCIDENT occur? Give full particulars (date, time of day, etc.):

Where did INCIDENT or ACCIDENT occur? Provide the precise location of such INCIDENT or ACCIDENT.

What particular action by the district and/or its employees caused the alleged damage or injury? List employee name(s), if known:

What DAMAGE(s) do you claim resulted due to this INCIDENT or ACCIDENT? Give full extent of damages claimed:

What INJURY(s) do you claim resulted due to this INCIDENT or ACCIDENT? Give extent of injuries claimed:

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation.

Give estimated amount of future damages, if any, you may incur:

List insurance payments received, if any, and names of Insurance Company:

List expenditures made on account of accident or injury: (Date - Item)

Name and address of all Doctors and/or Hospitals visited in relation to this INCIDENT or ACCIDENT:

Name, address and phone number of all Witnesses to the INCIDENT or ACCIDENT:

I am causing service of this Claim for Damages, or a true and correct copy thereof, by placing it in a sealed envelope as follows:

By mail: Placing with proper postage in a postal box for proper delivery on this date: _____.

By Personal Service: By causing personal delivery by hand to the District Office on this date: _____.

Name of Individual Mailing or Delivering Claim

Signature of Claimant or person filing on Claimant's behalf, identifying relationship to Claimant:	Printed Name:	Date:
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