

Shasta County Office of Education

1. Claims for death, injury to person, or to personal property must be presented to the Shasta County Office of Education (not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be presented to the Shasta County Office of Education not later than (1) year after the occurrence (Govt. Code, Section 911.2)
3. Please carefully read the Shasta County Office of Education Board Policy **3320** and Administrative Regulation **3320** regarding the presentation of a claim.

DATE STAMP WHEN RECEIVED FROM CLAIMANT:

CLAIMANT INFORMATION:

Name of Claimant		Age		Date of Birth	
Claimant Social Security Number (if claim for bodily injury)					
Does the Claimant have Medicare coverage?					
Residence Address of Claimant					
Name of Responsible Parent / Guardian					
Name of Other Person for Legal Notification					
Legal Mailing Address					
Telephone Number(s)					

ACCIDENT / LOSS INFORMATION (attach additional pages if necessary):

Date of Accident or Loss		Time of Day	
Location of Accident or Loss			
Name(s) of person(s) causing the accident or loss (if any)			
HOW and under what circumstances did damage or injury occur?			
WHAT particular action by the County Office or its employees caused the alleged damage or injury? (Include names of employees, if known.)			

AMOUNT CLAIMING (Include estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. If amount claimed exceeds \$10,000, no dollar amount shall be stated.):

Type	Dollar Amount	Briefly Describe
Medical Expense	\$	
Property Loss	\$	
Other	\$	
TOTAL CLAIM	\$	

WITNESSES (include doctors & hospitals):

Name	Address	Phone #

Notice: Section 72 of the California Penal Code provides that every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.

Signature of Claimant or Representative

Date

Attention School Personnel: Date stamp and mail to Erik Knak, NCSIG Claims Administrator, Knak & Company, PO Box 990520, Redding, CA 96099-0520