

# **CLAIM FOR DAMAGES**

The California Tort Claims Act  
(Gov. Code §910.4)

This is the form approved for use in filing Government Code Claims. Please see the definitions and explanations below, for details of each section of the form

## **Instructions for Filing a Claim**

Read this form and the instructions *prior* to filling it out. Once this form is completed, you may mail or personally deliver it to the **Golden Valley Unified School District** at the following address: **37479 Ave 12, Madera, CA 93636**. If presenting form by hand delivery, please take into consideration the District's regular business hours: \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_, Monday thru Friday.

Whether delivered by mail or in person, we ask that you enclose the fully completed claim form in an envelope, with the words "Government Claim" on the outside of the envelope.

The general rule is that a claim for bodily injury or death, or damages to personal property must be filed not later than six months after the incident. All other claims must be filed not more than one year after incident, as failing to file a claim on time can result in severe consequences

## **Explanations and Definitions**

### **Section 1: Claim Information.**

This section asks for information about the person who was injured or otherwise suffered damage or who believes the District is obligated to them. If you are filling out this form for someone else, the term "you", as used through the form is meant to refer to the person who was injured, suffered damage or claims the obligation and not to the person who is completing the form.

### **Section 2: Claim Information.**

This section asks for information about the "incident" that caused the damage, injury, loss or obligation, as well as information about the damage, injury, loss or obligation. The term "incident" means the act, occurrence, or transaction that you believe caused the damage, injury, or loss which forms the basis of your claim

### **Section 3: Representative Information.**

This section should be completed if an attorney or authorized representative is filing your claim. Please note that if the representative's information is provided, all official notices or other correspondence regarding your claim will be sent to the person listed in this section.

### **Section 4: Notice and Signature.**

The claim must be signed by the claimant and the claimant's attorney, or authorized representative, if applicable. The District will not accept the claim without a proper signature.

**Note: When completing the following pages, use additional sheets where necessary, in order to give us all information related to the Incident.**

## Section 1. Claimant Information

Claimant's Name

Telephone Number (with area code)

Mailing Address

City

State

Zip Code

## Section 2. Claim Information

### FOR WHOM IS THE CLAIM BEING FILED?

Is the claim filed on behalf of another person?  Yes  No

If yes, please indicate what relationship the person filing this claim bears to the person claiming the injury, damage, loss, or obligation: \_\_\_\_\_.

If yes, please provide the name and current address of the person filing the claim:

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If yes, please be sure to fill our Section 3 with the information of the person who is filing the claim. Authorized representative includes the parent or guardian who is filing on behalf of his/her minor child.

If the claimant is a minor, please enter the minor's date of birth:

### WHAT DAMAGE OR INJURY DID YOU SUFFER?

Specifically describe the damage, injury, or loss that you suffered or obligation that was incurred. Please include any related documentation you may have.

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### WHEN AND WHERE DID THE INCIDENT HAPPEN?

What was the date of this Incident, and where did the Incident that caused the damage, injury, or loss to you or that gave rise to the obligation occur? If applicable, include street address, city or county, highway number and direction of travel.

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**HOW DID THE INCIDENT HAPPEN?**

Explain the circumstances that led to the damage, injury, or loss you believe you have suffered or that give rise to the obligation you claim. State all facts that support your claim against the District is responsible for the alleged damage, injury, loss, or obligation.

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**WERE ANY SCHOOL DISTRICT EMPLOYEES THE CAUSE OF THE DAMAGE, INJURY, LOSS OR OBLIGATION?**

If known, please provide the name of the employee(s) who you believe caused the damage, injury, loss or obligation. If you do not believe an employee was the cause of the damage, injury, loss, or obligation, please leave this section blank.

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**DID ANYONE ELSE WITNESS THE INCIDENT?**

Please provide the names and phone numbers of any witnesses to any part of the incident.

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**HOW MUCH ARE YOU CLAIMING?**

If the damages you are claiming are \$10,000 or less, please state the full amount you are claiming:

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If you are claiming more than \$10,000 dollars, please indicate whether your case will be in the unlimited civil jurisdiction or the limited civil jurisdiction by checking one of the following:

Unlimited Civil                       Limited Civil

A case is in limited civil jurisdiction if the amount claimed is \$25,000 or less. Any claim over \$25,000 would be in the unlimited civil jurisdiction.

If you are claiming \$10,000 or less, please complete the following worksheet, showing how you calculated the amount you are claiming:

### Damages Incurred to Date

Expenses for medical and hospital care	\$ _____
Loss of Earnings	\$ _____
Special Damages for _____	\$ _____
General Damages	\$ _____
Total	\$ _____

### Estimated Future Damages as Far as Known

Future loss of earnings	\$ _____
Other future special damages	\$ _____
Future general	\$ _____
Total	\$ _____

### Section 3. Representatives Information

If you are a parent or guardian filing on behalf of a child, please complete this portion, giving your information as the representative.

\_\_\_\_\_  
Name of Attorney/Representative Telephone Number (with area code)

\_\_\_\_\_  
Mailing Address City State Zip

### Section 4. Notice and Signature

**WARNING: Before signing and presenting this claim, remember that presenting a false claim is a felony. (Penal Code §72.) Also, claims not brought in good faith and with reasonable cause are subject to an award of the cost of defending any action, including attorney fees, under Code of Civil Procedure §1038.**

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Signature of Attorney/Representative Date