



East Side Union High School District

830 N. Capitol Avenue • San José, California 95133-1316 • (408) 347-5000

GENERAL CLAIM FORM

TO: East Side Union High School District
Risk Management (408) 347-5051
830 N. Capitol Avenue
San Jose, CA 95133

1. Claims for death, injury to person, or personal property must be filed 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 filed not later than one (1) year after the occurrence (Govt. Code 911.2)

Name of Claimant: _____ DOB: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ (day) _____ (evening) _____
 Date the injury/damage occurred: _____ Time: _____
 Place the injury/damage occurred: _____

Describe how and under what circumstances the injury/damage occurred: _____

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

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

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL AMOUNT CLAIMED \$ _____

If total amount claimed exceeds \$10,000, is this a Limited Civil Case? Yes: _____ No: _____

Names, addresses and phone numbers of any witnesses, doctors, and hospitals: _____

NOTICE: It is unlawful to knowingly present or cause to be presented any false or fraudulent claim for payment of a loss or injury. Penal Code 72 provides that a person who files such a claim may be guilty of a felony punishable by imprisonment and by a fine not exceeding \$10,000

Signature: _____ Date: _____