



(Please Type Or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's Name _____ S.S. #: _____

Claimant's Date of Birth _____ Telephone # (____) _____ Cell (____) _____

Claimant's Address _____
Address where Notices about Claim are to be sent, if different from above:

Date of Incident/ Accident/ Arrest: _____

Date Injuries, Damages or Losses were discovered: _____

Location of Incident/ Accident/ Arrest: _____

What did Entity or Employee do to cause this Loss, Damage or Injury?

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?

What specific Injuries, Damages or Losses did Claimant receive?

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 91 0(f)]

(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? _____

Date Signed: _____ Signature: _____

If signed by Representative:

Representative's Name _____
Address _____
Telephone # _____
Relationship to Claimant _____