SEATTLE PUBLIC SCHOOLS CLAIM FOR DAMAGES

NOTICE: No damages can be paid by Seattle Public Schools unless a claim complying with Washington State Law is presented to the General Counsel's Office. Please direct all questions to the General Counsel's Office at (206) 252-0110. Also note, if a settlement check is mailed to you, if for whatever reason the check does not arrive and is presumed to be lost, stolen, and/or misplaced, a replacement check will be reissued after a 15-day waiting period from the date of notice the check is missing.

INSTRUCTIONS: 1) Complete form, giving specific details about your damage or loss, including dates, times, and witnesses; 2) sign the form; and 3) return form via mail or hand delivery during office hours (Monday through Friday between 8:30 AM and 4:30 PM) to **Seattle Public Schools, General Counsel's Office, MS 32-151, P.O. Box 34165, Seattle, Washington 98124**, or email to General Counsel, Greg Narver at genaruer@seattleschools.org or Deputy General Counsel, John Cerqui at jecqui@seattleschools.org.

CLAIMANT:					
First	Middle	Last			
CLAIMANT'S PARENT/GUARD (Provide if Claimant is under 18)	IAN: First	Middle	Last		
(110vide il Cidimunt is diluci 10)	11100	Wildere	Lust		
ADDRESS:		C'	<u> </u>		
Street		City	State	Zip Code	
HOME PHONE:	WORK PHON	VE:	AGE:		
THE FOLLOWING INFORMATION THE MEDICARE, MEDICAID, A	~			SECTION 111 OI	
ARE YOU CURRENTLY ELIGIB	LE FOR OR COVEREI	D BY MEDICARE?	Yes	_ No	
HAS THE INJURED PERSON BE	EN ON SSDI FOR 2 O	R MORE YEARS?:	Yes	No	
ADDRESS SIX MONTHS BEFOR	E LOSS/ACCIDENT C	OCCURRED:			
Street	City	State	Zip Code		
DATE OF ACCIDENT	_TIME OF ACCIDEN	ΓAMC	AMOUNT CLAIMED \$		
LOCATION OF LOSS/ACCIDENT	Γ				
DESCRIPTION OF LOSS/ACCIDE	ENT (Please describe in	detail how the loss/a	ccident occur	red.)	
,					
	(continued on re	verse side)			

INJURIES RELATED TO ACCIDENT (If you were injured, please describe injuries in full.)
Identify physician(s) or any other medical professional(s) involved:
If Claimant received medical treatment, total amount of unreimbursed medical bills \$
Are you still receiving medical treatment, Yes or No?
SEATTLE SCHOOL DISTRICT'S INVOLVEMENT (Why do you feel the Seattle School District is responsible for the injury described above?)
WITNESSES (Please give phone numbers and addresses): 1)
2)
3)
This is a true and accurate statement:
Signature of Claimant