

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.
3. Return form via mail or hand delivery during office hours (Monday through Friday between 8:30 a.m. and 4:30 p.m.) 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 gcnarver@seattleschools.org or Deputy General Counsel, John Cerqui jcerqui@seattleschools.org.

Claimant Name

First: _____ Middle: _____ Last: _____

Claimant's Parent/Guardian (provide if Claimant is under 18)

First: _____ Middle: _____ Last: _____

Address:

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Age: _____

The following information is requested pursuant to federal law, Section 111 of the Medicare, Medicaid, and SCHIP extension Act of 2007 (MMSEA):

Are you currently eligible for or covered by Medicare? Yes _____ No _____

Has the injured person been on SSDI for 2 or more years? Yes _____ No _____

Address six months before loss/accident occurred:

Street _____ City _____ State _____ Zip Code _____

Date of Accident _____ Time of Accident _____ Amount Claimed \$ _____

Location of Loss/Accident _____

Description of Loss/Accident (Please describe in detail how the loss/accident occurred.)

(continued on reverse 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 \$ _____
(Please attach all 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: _____