Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the ____________ School District ("District"). Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Any person wishing to file a tort claim with the District should fill this form out accurately and completely and present the form in person or by mail to the ________________of the ________________ School District at the address given below between the weekday business hours of ______ am and ______ pm.

<table>
<thead>
<tr>
<th>Mail or deliver original claim to:</th>
<th>For School District Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[The District should insert the address of the person the claim should be presented to. This person is the one recorded with the County Auditor.]</td>
<td>Date Received:</td>
</tr>
</tbody>
</table>

**CLAIMANT INFORMATION**

1. Claimant's Name: _________________________________________________________

2. Claimant's Date of Birth (mm/dd/yyyy): _____________________________________

3. Claimant's Current Residential Address:

   ____________________________
   ____________________________
   ____________________________

4. Claimant's Mailing Address (if different):

   ____________________________
   ____________________________
   ____________________________

5. Claimant's Residential Address at the Time of the Incident (if different from current address):

   ____________________________
   ____________________________
   ____________________________

6. Claimant's Daytime Phone Number:

   ____________________________  ____________________________
   Home                        Business or Cell

7. Claimant's E-Mail Address: _______________________________________________
INCIDENT INFORMATION

8. State the amount of damages claimed against the District as a result of the incident.

$__________________

9. Date of the incident: _____________ Time: _______ a.m. /p.m. (circle one) (mm/dd/yyyy)

10. Location of incident: ________________________________________________________________

11. If the incident occurred on a roadway:

____________________________________________________________________________________

Name of street/highway                                      Cross streets
____________________________________________________________________________________

12. Names, addresses and telephone numbers of all persons involved in this incident or who were witnesses to this incident:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(List additional names of witnesses and their contact information, if any, on a separate page and attach to this page.)

13. Names, addresses and telephone numbers of all District employees having knowledge about this incident:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(List additional names of District employees and their contact information, if any, on a separate page and attach to this page.)
14. Describe the injury or damage which resulted from the incident. Explain the extent of property loss or medical, physical or mental injuries.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

(List additional information, if any, on a separate page and attach to this page.)

15. What is the basis for making this claim against the District? Please provide specific details regarding the conduct and circumstances that you believe the District or its employees engaged in that caused your injury or damage. (Such information can also be provided on separate pages attached to this page.)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

16. Attorney's contact information if you are represented in this matter by an attorney:

Name: ______________________________________________________________________

Phone: _____________________________________________________________________

Email: _____________________________________________________________________

Address: ____________________________________________________________________

____________________________________________________________________________

17. Please attach documents which support the allegations of the claim.
**Signature and Verification**

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury of the laws of the State of Washington that the foregoing information is true and correct.

DATED: ___________________________, ___________ at __________________, Washington.

_____________________________________________________
Signature of Claimant (actual, non-electronic signature required)

OR

_____________________________________________________
Signature of Representative (actual, non-electronic signature required)

_______________________________________________
Print the Name of the Person Signing

Rev. 05/15