

# Claim for Damages to Person or Property

## INSTRUCTIONS:

1. Claims for death, injury to person or personal property must be filed no later than 6 months after the occurrence. (Govt. Code §911.2)
2. Claims for damage to all other property must be filed no later than 1 year after the occurrence.
3. Claim must be filed with the school district. (Govt. Code §915a)
4. Attach separate sheets, if necessary, and sign each sheet.

To: Kern Community College District *(Check specific college or center if applicable)*

Bakersfield College

Cerro Coso Community College

Delano Center

Porterville College

Name and age of Claimant, include name of parent or guardian if applicable:

Address and telephone number of Claimant:

Address where notices are to be sent:

When did injury or damage occur? Give full particulars, date and time of day:

Where did injury or damage occur? Describe fully and provide diagram where appropriate, give street name and address and measurements from landmarks.

*(Use additional page if necessary)*

How did injury or damage occur? Give full particulars. *(Use additional page if necessary)*

What particular act or omission do you claim cause the injury or damage? Give names of school district employees cause injury or damage, if known:

What damage or injury do you claim resulted? Give full extent of injury or damages claimed:

What amount do you claim on account of each item of injury or damage as of the date of presentation of this claim, including prospective injury, damages or less, and give basis of computation of amount.  
(Use additional page if necessary)

Name and address of witnesses, doctors and hospitals:

State amount claimed as damages please attach any supporting bills, receipts or estimates of cost. Please indicate the following:

\_\_\_\_\_ Less than \$10,000.00 \$\_\_\_\_\_ (state specific amount)

\_\_\_\_\_ \$10,000.00 - \$25,000.00 (limited civil)

\_\_\_\_\_ More than \$25,000.00 (unlimited civil)

Additional information that might be helpful in considering this claim:

Signature of Claimant or person filing on his/her behalf, giving relationship to Claimant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**\*\*Note: Claims must be filed with the School District (Govt. Code §915a). Presentation of a false claim is a felony (Penal Code §72.)**