Claim Against Public Entity

Sonoma County Office of Education

Claim	against	
		Sonoma County Superintendent of Schools
Claimant name Address		
Phone	; ;	
The u	ndersigned	submits the following claim and information
1.	Post Office	address to which claimant desires notices to be sent, if other than above
2.	Date	and time of incident which claim arises from Time nool
3.		describe the incident or accident including your reason for believing that the County ent of Schools or an employee or agent is responsible for your injury or damages.
4.	The name(s) of any public employee(s) causing the injury, damage, or loss, if applicable
5.	1. Name	resses, and phone numbers of witnesses Phone
	2. Name	Phone
6.	Description	of personal injury. If there was no personal injury, state "NONE"

I	Name of any other person injured		
-	Address of injured person		
-	Description of damage to property		
-	Owner of property damaged		
-	Location of property damaged		
-	Amount claimed as damages (State specific dollar amount.)		
	Less than \$10,000		
	□ \$10,000 - \$25,000 (Limited Civil)		
	More than \$25,000 (Please attach any supporting bills, receipts, or estimates of cost.)		
	(r lease attach any supporting bills, receipts, or estimates of cost.)		
[Describe any additional information that might be helpful in considering this claim		
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ify	o under penalty of perjury that the foregoing is true and correct.		
ć	Signed this day of 20 at		
	Claimant's Signature		
rn	to the Sonoma County Office of Education, 5340 Skylane Boulevard, Santa Rosa, CA 9		
	WARNING		
	Please be advised that, pursuant to Sections 128.5 and 1038 of the California Code		
	of Civil Procedure, the Sonoma County Superintendent of Schools will seek to recover		
	all costs of defense in the event an action is filed in this matter, and it is determined		

that the action was not brought in good faith and with reasonable cause.