

**Claimant Information** 

## Snohomish School District 1601 Avenue D Snohomish, WA 98290

## **Standard Tort Claim Form**

Pursuant to HB 1553, this form is for filing a tort claim against the Snohomish School District (SSD). Some of the information requested on the form is required by RCW 4.96.020 and may be subject to public disclosure. Standard tort claim forms must be mailed or hand delivered to the designated claims agent of Snohomish School District. Please refer to the Instructions for Completion and Presentation of Standard Tort Claim for additional information.

## **Designated Claims Agent:**

Executive Director of Business Services, 1601 Avenue D, Snohomish, WA 98290

| 1. Full Name                                 |   |                         |           |  |
|--|---|-------------------------|-----------|--|
| 2.Current Address                            |   |                         |           |  |
| 3. Mailing Address (If Different)            |   |                         |           |  |
| 4. Daytime Phone                             |   | 5. Evening Phone        |           |  |
| 6. Email Address                             |   | 7. Date of Birth        |           |  |
| 3.Claimant Address at<br>Time of Incident    |   |                         |           |  |
| Incident Information                         | n |                         |           |  |
| 9. Date of Incident                          |   | 10. Time of<br>Incident | □ am □ pm |  |
| 11. Detailed Location of Incident            |   |                         |           |  |
| 12. Describe the Incident                    |   |                         |           |  |
| (Attach Additional<br>Pages as Needed)       |   |                         |           |  |
| 13. Describe the Injury or Damage Sustained. |   |                         |           |  |
| Itemize all Expenses and Losses              |   |                         |           |  |
| (Attach Additional Pages as Needed)          |   |                         |           |  |
| 14. Description Why SSD is Responsible       |   |                         |           |  |
|  |   |                         |           |  |

| 15. SSD Employees with   | Names           | Addresses   | Phone Numbers   |
|--------------------------|-----------------|---|---|
| Knowledge of Incident    |                 |   |   |
|                          |                 |   |   |
|                          |                 |   |   |
| 16. Persons Involved or  | Names           | Addresses   | Phone Numbers   |
| Witnesses                |                 |   |   |
| (Attach Additional Pages |                 |   |   |
| as Needed)               |                 |   |   |
| 17. Treating Medical     | Names           | Addresses   | Phone Numbers   |
| Providers                |                 |   |   |
| (Attach copies of oil    |                 |   |   |
| medical reports and      |                 |   |   |
| billings)                |                 |   |   |
|                          |                 | nat support the claim's<br>h School District in the |   |
| ·                        | nd having read  | = -   | oath, depose and state that I, being the above for damages, know the contents thereof and |
| Signature of Claima      | nt or Represent | rative Authorized by RC\                            | W 4.96.020* Date  |

<sup>\*</sup>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.