

**CLAIM FORM**

To: Chief Administrative Services Officer  
 Contra Costa Community College District  
 500 Court Street, Martinez, CA 94553

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than once year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant \_\_\_\_\_ DOB \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

WHEN did damage or injury occur? \_\_\_\_\_

WHERE did damage or injury occur? \_\_\_\_\_

HOW and under what circumstances did damage or injury occur? \_\_\_\_\_

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) \_\_\_\_\_

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attached estimates or invoiced, if possible. (If amount claimed exceed \$10,000, no dollar amount shall be stated).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Total Amount Claimed** \$ \_\_\_\_\_

If total amount claimed exceed \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No \_\_\_\_\_

NAMES and addresses of witnesses, doctors and hospitals: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Claimant

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."