



Yosemite Community College District

P.O. Box 4065 / Modesto, CA 95352 / 2201 Blue Gum Avenue
Phone (209) 575-6530 / FAX (209) 575-6562

**INSTRUCTIONS FOR FILING CLAIM AGAINST
YOSEMITE COMMUNITY COLLEGE DISTRICT**

Claims must be filed at the following location:

**Clerk, Board of Trustees
PO Box 4065
Modesto CA 95352**

You must file your claim form by mail or in person, within the time prescribed by Government Code §911.2, which states: "A claim relating to a cause or action for death, or for injury to person or to personal property or growing crops shall be presented as provide in Article 2 (commencing with §915) of this chapter not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with §915) of this chapter not later than one (1) year after the accrual of the cause of action".



Yosemite Community College District

P.O. Box 4065, Modesto, CA 95352 / 2201 Blue Gum Avenue, Modesto, CA 95358

CLAIM AGAINST YOSEMITE COMMUNITY COLLEGE DISTRICT

1. Claimant's Name: _____ Date of Birth: _____
Last Middle First

2. Claimant's Address: _____
Street (or PO Box) City State Zip Code

3. Address where correspondence should be sent (if different from above). _____
Name
Street (or PO Box) City State Zip Code

4. Phone Number: () _____ () _____ () _____
Home Work Other

5. Amount of Claim: \$ _____

6. Date of Accident/Incident/Loss: _____

7. Location of Accident/Incident/Loss: _____

8. Provide your description of how the Accident/Incident/Loss occurred: _____

9. Describe Damage/Injury/Losses being claimed (including prospective Damage/Injury/Losses to the extent it is known at the time of claim filing).

(Over)

10. Name(s) of Public Entity/Employee(s) causing injury, damage or loss:

11. Names and Addresses of any and all witnesses known: _____

12. If you are claiming you sustained an injury, please provide the names and addresses of any and all medical professionals who treated or are treating you for those claimed injuries:

13. Itemized list of Claimed Expenses/Damages (should equal Line 5).

ITEM:

DOLLAR AMOUNT:

_____	\$ _____
_____	\$ _____
_____	\$ _____

(Please attach any estimates and/or receipts to your claim.)

TOTAL CLAIM

\$ _____

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, or by fine not exceeding ten thousand dollars (\$10,000.00), or by both such imprisonment and fine.

14. Date:

Signature of Claimant/Authorized Representative:

You must present your claim within the time prescribed by Govt. Code §911.2.