CLAIM AGAINST SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

(Pursuant to California Government Code Sections 910 and 901.2 et. seq.)

This form is to file a claim against the South Orange County Community College District. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code Sec. 911.2). Claims for damages to real property must be filed not later than one year after the occurrence (Gov. Code Sec. 911.2). Section 72 of the California Penal Code provides: "Every person who, with the intent to defraud, presents for payment to any School District any case or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

_____ _____ _____

CLAIMANT NAME AGE MAILING ADDRESS

_____ _____

CLAIMANT CONTACT PHONE EMAIL

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.)

SUM OF LOSS BEING CLAIMED
(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. Attach estimates or bills, if possible.)

Payment for:	**Amount:**

TOTAL AMOUNT CLAIMED: _____

WITNESS(ES) NAME(S) and addresses of witnesses, doctors, and hospitals:

_____ _____

DATE SIGNATURE OF CLAIMANT

SUBMIT TO: SOCCCD c/o Office of Risk Management (HS-345), 28000 Marguerite Parkway, Mission Viejo, CA 92692.
QUESTIONS? Contact the Office of Risk Management at riskmanagement@socccd.edu