

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and presenting your Standard Tort Claim.

Presenting a Standard Tort Claim Form

RCW 4.96.020 requires citizens to present the Standard Tort Claim form with the government agency named in their claim. The law also requires State and local government agencies to post the Standard Tort Claim form on their website with instructions on how to complete the form. In compliance with these requirements and for the convenience of citizens, The State Office of Financial Management (OFM) developed a Standard Tort Claim Form Packet.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form (SF 210)
3. Authorization for Release of Protected Health Information
4. Vehicle Collision Form (SF 138) - for tort claims involving vehicle accidents or collisions

Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Present in Person or Mail the Standard Tort Claim Form and Supporting Documents to:

Meridian School District
Attention: Superintendent
214 W. Laurel Rd.
Bellingham, WA 982256

Business Hours: Monday-Friday, 8:00 a.m. to 4:30 p.m.
Closed on weekends and holidays.

Instructions for Completing a Standard Tort Claim Form (SF 210)

- Before filing a Standard Tort Claim form, please read these instructions, the Standard Tort Claim form and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Standard Tort Claim form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Standard Tort Claim form can be easily read and understood.

The following are *examples* on how to complete the Standard Tort Claim Form (SF 210):

- 1) Smith, John – 02/20/1965
 - 2) 1234 College Way NW, Apt. 123, Bellingham WA 98225
 - 3) PO Box 123, Bellingham WA 98225
 - 4) Same (or residence at the time of incident)
 - 5) (360) 123-4567
 - 6) jsmith@hotmail.com, or not applicable
 - 7) 08/09/2010 8:00 a.m.
 - 8) If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 8
 - 9) Washington, Whatcom County, Bellingham, name of school or site, room or space (i.e.:Gym)
 - 10) If applicable, I-5, Southbound, Milepost 255, near the Sunset Drive Exit
 - 11) Meridian School District
 - 12) Smith, Thomas Arthur, 1234 Axton Rd, Bellingham WA 98226 (360) 456-3456
 - 13) List all names and titles, if known
 - 14) List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed in #12 and #13. Also include a description of their knowledge. For example, if your sister was with you when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 - 15) Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 - 16) If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
 - 17) Please provide the names, addresses, telephone numbers and the type of treatment of all your medical providers. If you were treated for a personal injury, please include your medical records and bills.
 - 18) Please attach any additional documents that support your claim.
 - 19) Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
- If you are filing a personal injury claim, please sign and attach the Authorization for Release of Protected Health Information form.
 - If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form.

STANDARD TORT CLAIM FORM

General Liability Claim Form (SF 210)

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Bellingham School District. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver to: Meridian School District #505
Attention: Superintendent
214 W. Laurel Rd
Bellingham, Washington 98226

Business Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.
Closed on weekends and holidays.

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
2. Current residential address: _____
3. Mailing address (if different): _____
4. Residential address at the time of the incident: _____
(if different from current address)
5. Claimant's daytime telephone number: _____
Home Business or Cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: _____ ☐AM ☐PM (check one)
(mm/dd/yyyy)
8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ ☐AM ☐PM through _____ Time: _____ ☐AM ☐PM
(mm/dd/yyyy) (mm/dd/yyyy)
9. Location of incident: _____
State and county City, if applicable Place where occurred
10. If the incident occurred on a street or highway:

Name of street or highway Milepost number Nearest intersecting street
11. State agency or department alleged responsible for damage/injury: _____
12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

13. Names, addresses and telephone numbers of all employees having knowledge about this incident:

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages.

Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

17. Names, addresses and phone numbers of treating medical providers. Attach copies of all medical reports/billings.

18. Please attach documents which support the allegations of the claim.

19. I claim damages from the Meridian School District in the sum of \$ _____.

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.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant

Date and place (residential address, city and country)

Or

Signature of Representative

Date and place (residential address, city and country)

Print Name of Representative

Bar Number (if applicable)