

## 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

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Marysville School District No. 25. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Standard Tort Claim forms cannot be submitted electronically (neither email nor fax).

### Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form
3. Vehicle Collision Form – to be used only for tort claims involving vehicle accidents/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:

Marysville School District  
Office of Superintendent  
4220 80<sup>th</sup> St NE  
Marysville WA 98270

Business Hours: Monday – Friday 7:30 am – 4:30 pm  
Telephone Number: 360 965 0001  
*Closed on weekends and official district holidays*

## Instructions for Completing a Standard Tort Claim Form

- ✓ Please type or print clearly in ink.
- ✓ Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills, photographs, or receipts for property damage.
- ✓ If the requested information cannot be supplied in the space provided, please use additional pages so your claim form can be easily read and understood.
- ✓ The following are examples of how to complete the Standard Tort Claim Form:
  1. Doe, Jane Ann
  2. 1234 State Avenue, Marysville WA 98270
  3. PO Box 123, Marysville WA 98270
  4. Same (or residence at time of incident)
  5. 360 123 4567
  6. [jdoe@yahoo.com](mailto:jdoe@yahoo.com) or Not Applicable
  7. August 9, 2010 8:00 am
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in # 8.
  9. Washington / Snohomish County / Marysville / name of school or site, room or space (e.g. gym)
  10. State Avenue / specify milepost, if known / intersection of State Avenue and 10<sup>th</sup> St NE
  11. Marysville School District No. 25
  12. Smith, John – 1234 Columbia Avenue, Apt 3B, Marysville WA 98270 / 360 653 1234
  13. List all names and title, 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 within Items 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 that she witnessed the incident.
  15. Please describe the incident that resulted in the injury or damages, specifically answering the questions Who – What – Where – When – Why
  16. If you or others reported this incident to law enforcement or security personnel, please provide a copy of the report or contact information.]
  17. Please provide all of your medical providers, including their names, addresses and telephone numbers, if applicable. You will be asked to provide a medical release statement.
- ✓ If you are filing a personal injury claim, please sign and attach the Medical Release (attached).
- ✓ If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form (attached).

Sign the standard Tort claim form and date.

Mail or present the Standard Tort claim to:

Marysville School District  
Attn: Office of Superintendent  
4220 80<sup>th</sup> St NE  
Marysville WA 98270  
(Business hours: Monday – Friday 7:30 am – 4:30 pm)

# STANDARD TORT CLAIM FORM



Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against Marysville School District No. 25. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (neither email nor fax).

For Official Use Only

## PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver  
original claim to: Marysville School District No. 25  
Attn: Office of Superintendent  
4220 80<sup>th</sup> St NE  
Marysville WA 98270

Business Hours: Monday – Friday 7:30 am – 4:30 pm / Closed on weekends and District holidays

## CLAIMANT INFORMATION

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*
6. Claimant's Email Address: \_\_\_\_\_

## INCIDENT INFORMATION

7. Date of the Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ am ☐ pm
8. If the incident occurred over a period of time, list date of first and last occurrences:  
FROM \_\_\_\_\_ ☐ am ☐ pm TO \_\_\_\_\_ ☐ am ☐ pm  
*Date Time Date Time*
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/highway Milepost Number At the intersection or, or nearest Intersecting street*

11. District site or department alleged responsible for damage or 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 District employees having knowledge about this incident.
14. Names, addresses and telephone numbers of all individuals not 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 the property loss or medical, physical or mental injuries. Attach additional sheets, if necessary.
16. Has the incident been reported to the administration, security, or law enforcement? If so, when and to whom?

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

*Please attach documents which support the claim's allegations.*

I claim damages from Marysville School District No. 25 in the sum of \$ \_\_\_\_\_.

This claim form must be signed either by the Claimant or 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.

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*Signature of Claimant*

*Date and Place (residential address, city and county)*