



Mount Vernon School District No. 320
TORT CLAIM FORM
RCW 4.96.020

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

1. Complete the Standard Tort Claim Form attached:
 - **Agent to receive claim:** Dr. Victor Vergara, Superintendent of Schools
 - **Office location:** 124 East Lawrence Street, Mount Vernon, WA 98273
 - **Mailing address:** (same as above)
 - **Business Hours:** Monday – Friday, 8:00 a.m.-5:00 p.m. (closed on weekends and official school holidays)
2. Tort Claim Form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. Signed by an authorized party.
6. Present properly completed and signed Tort Claim Form in one of the following manners:
 - Personal delivery to the registered agent or authorized person in the office during above business hours.
 - Deliver by registered mail to the registered agent.
 - Deliver by certified mail (with return receipt) to the registered agent.

14. Describe the injury or damage which resulted from the incident. Explain the extent of property loss or medical, physical or mental injuries.

(List additional information, if any, on a separate page and attach to this page.)

15. What is the basis for making this claim against the District? Please provide specific details regarding the conduct and circumstances that you believe the District or its employees engaged in that caused your injury or damage. (Such information can also be provided on separate pages attached to this page.)

Attorney

16. Attorney's contact information if you are represented in this matter by an attorney:

Name: _____

Phone: _____

Email: _____

Address: _____

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

Signature and Verification

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 of the laws of the State of Washington that the foregoing information is true and correct.

DATED: _____, _____ **at** _____, **Washington.**

Signature of Claimant (actual, non-electronic signature required)

OR

Signature of Representative (actual, non-electronic signature required)

Print the Name of the Person Signing