



Every student by face and name.
Every school, every classroom.
To and through graduation.

ROCHESTER CITY SCHOOL DISTRICT
NOTICE OF CLAIM

NAME OF PERSON MAKING CLAIM. If claim is on behalf of a student, include student's full name, date of birth, and school currently attending. If claimant is represented by an attorney, include attorney name and contact information.

CLAIMANT'S ADDRESS, TELEPHONE NUMBER, and EMAIL.

DATE, TIME AND LOCATION OF INCIDENT/ACCIDENT. If incident occurred on the grounds of a school or other building, provide the name and address of the building.

EXPLAIN IN DETAIL, THE FACTS GIVING RISE TO THE CLAIM and THE BASIS FOR THE DISTRICT'S LIABILITY/RESPONSIBILITY/REASON THE DISTRICT SHOULD PAY. If extra space is needed, please attach a separate sheet.

EXPLAIN OR LIST ALL ITEM(S) LOST OR DAMAGED, ALL PAIN/INJURIES TO ALL BODY PARTS, and LIST ALL EXPENSES, COSTS, and DAMAGES OF ANY KIND BEING CLAIMED. Please also provide the following information: (1) if there is insurance on property lost/damaged, please list the insurer, policy number, and deductible amount; (2) if there is pain/injury, please indicate whether you have filed a claim for coverage through the District's **student accident insurance** policy. If not, explain why not, and list your health insurer and policy number; (3) all receipts, invoices and any other documents to support your claims of damages. If extra space is needed, please attach a separate sheet.

Sworn to before me this
___ day of _____, 20__

Signature of Claimant

Notary Public/Commissioner of Deeds

Your claim must be properly served within **90 DAYS** of the date of incident/accident. Failure to timely and properly serve a claim will result in the claim being rejected. Instructions for service of claims are on the following page.