



ZSD STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Zillah School District No. 205. 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 (via email or fax).

Mail or deliver original claim to:

Mailing Address:

Zillah School District
Attn: Claims
213 Fourth Avenue
Zillah, WA 98953

Street Address:

Zillah School District Office
213 Fourth Avenue
Zillah, WA 98953

Business Hours

Monday – Friday: 7:30 a.m.-3:30 p.m.
Closed on weekends and official school
holidays

CLAIMANT INFORMATION

1. Claimant's name:

Last name First Middle Date of birth

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 Cell

6. Claimant's email address:

INCIDENT INFORMATION

7. Date of the incident: Time: a.m./p.m. (circle one)

8. If the incident occurred over a period of time, date of first and last occurrences:
from time: a.m./p.m. (circle one) to time a.m./p.m. circle one

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 At the intersection with or nearest Intersecting street

11. State the school, department, or person alleged responsible for damage/injury:

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12. Names, addresses, and telephone numbers of all persons involved in or witness to the incident:

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

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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:

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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:

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16. Has the incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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

18. I claim damages from the Zillah School District No. 205 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 Claimant's behalf, or by a court-approved guardian ad litem on behalf of the Claimant.

I declare under penalty of jury 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)*