SCHOOL FOR INTEGRATED ACADEMICS & TECHNOLOGIES (SIATech)
217 Escondido Ave., Ste. 7, Vista, CA 92084

CLAIM AGAINST SIATECH

NAME OF CLAIMANT	MAILING ADDRESS	ZIP CODE	(AREA CODE) TEL.NO.

INSTRUCTIONS

As required by Government Code Section 911.2 of claims against SIATech must be filled with the Board of Directors within six (6) months after incident occurred. Where space is insufficient, please use additional paper, include your name, identify each item of information by the appropriate paragraph number, sign, and date each sheet.

1. OCCURRENCE OR TRANSACTION CAUSING THIS CLAIM

_____ _____ _____

Date   Time   □AM   □ PM   PLACE

STATEMENT OF INCIDENT (Specify the particular act or omission you claim caused the injury, damage, or loss if known)

2. DESCRTIPTION OF CIRCUMSTANCES

STATEMENT OF HOW OR WHERIN GPA OR ITS EMPLOYEE(S) WERE AT FAULT: (INCLUDE NAME(S) OF PERSON(S) CAUSING INJURY, DAMAGE, OR LOSS-IF NOT KNOWN, STATE "NOT KNOWN")

3. DESCRTIPTION OF INCURRED INDEBTNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS

a. GENERAL DESCRIPTION (So far as known as of the date of this claim):_____

_____

b. NAME OF PERSON INJURED: _____

Description of Personal Injury-

_____

_____

c. NAME OF PROPERTY OWNER::_____

Description of Property Damage-

4. CLAIM

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds $10,000, no dollar amount shall be stated).

_____ $_____

_____ $_____

_____ $_____

                    Total Amount Claimed $_____

If total amount claimed exceeds $10,000, is this a Limited Civil case?   □Yes □ No

5. EYEWITNESSES, ATTENDING PHYSICIAN, HOSPITAL, ETC.

NAME	ADDRESS	TELEPHONE NO.

6. SIGNATURE-I certify under penalty of perjury that I know the above to be true and correct of my own knowledge.

_____   _____

SIGNATURE OF CLAIMANT   **DATE OF CLAIM**

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

3601 Form.ClaimsMangmnt_B600