

CLAIM FOR DAMAGES

This Claim Form is provided solely as an accommodation to claimant; therefore, Kitsap County makes no representations as to its legal sufficiency. County Employees do not have authority to render advice regarding the completion of this form, the sufficiency of the response, or to advise a claimant on any other legal issue. Kitsap County expressly disclaims responsibility for any such advice or review. Responsibility for complying with all requirements of state law and county code rests solely with the claimant. (If additional space is needed to answer any items, attach additional sheets and specify the corresponding item number).

File completed and notarized claim with:

**CLERK OF THE BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY COURTHOUSE; 614 DIVISION ST. MS-4
PORT ORCHARD, WASHINGTON 98366**

_____, being first duly sworn on oath, deposes and says that I am
(Print full name) the claimant herein and believe the contents of this claim to be true. I hereby present a claim for damages against Kitsap County, Washington:

1. Social Security Number (optional): _____
2. Date of Birth (mm/dd/yyyy): _____
3. My actual residence at the time of presenting and filing this claim is:

- Mailing address (if different from above):

4. My actual residence during the time this claim arose was (if different from above):

5. I can be reached by telephone at _____

6. Claimant's email address: _____

7. The incident for which I make this claim against Kitsap County occurred on _____ at _____ am/pm (circle one)
(mm/dd/yyyy) (time)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ at _____ am/pm to _____ at _____ am/pm
(mm/dd/yyyy) (time) (mm/dd/yyyy) (time)

9. The incident occurred at the following location(s):

10. Department and/or employees alleged responsible for damage/injury:

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

12. My injury or damages were caused or happened as follows (attach additional sheets if needed):

13. The nature of the injury or damages I sustained is (attach additional sheets if needed):

14. Has this incident been reported to law enforcement, safety, or security personnel? If so, when and to whom? _____

15. Names, addresses, and telephone numbers of treating medical providers (attach additional sheets if needed). Please attach copies of all medical reports and billings:

16. The amount of damages I claim is itemized. (Attach a billing or (2) estimates of the cost of repairs, your insurance information, and any other documentation that supports your allegation):

\$ _____

Dated this _____ day of _____, _____.

CLAIMANT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON
RESIDING AT _____
MY COMMISSION EXPIRES _____