Standard Tort Claim Form Packet

Please carefully read all of the information in this packet before completing and presenting your Standard Tort Claim.

Presenting a Standard Tort Claim Form

RCW 4.96.020 requires citizens to present the Standard Tort Claim form with the government agency named in their claim. The law also requires State and local government agencies to post the Standard Tort Claim form on their website with instructions on how to complete the form. In compliance with these requirements and for the convenience of citizens, The State Office of Financial Management (OFM) developed a Standard Tort Claim Form Packet.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form (SF 210)
3. Authorization for Release of Protected Health Information
4. Vehicle Collision Form (SF 138) for tort claims involving vehicle accidents or collisions

Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant; or
- Person in Washington State on the Claimant's behalf; or

- A court-approved guardian or guardian ad litem on behalf of the Claimant

Present in Person or Mail the Standard Tort Claim Form and Supporting Documents to:

Bellingham Public Schools
Attention: Superintendent
1306 Dupont Street
Bellingham, WA 98225

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Instructions for Completing a Standard Tort Claim Form (SF 210)

- Before filing a Standard Tort Claim form, please read these instructions, the Standard Tort Claim form and other appropriate forms in their entirety.

- Type or print clearly in ink and sign the Standard Tort Claim form.

- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.

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Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

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.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

17. Names, addresses and phone numbers of treating medical providers. Attach copies of all medical reports/billings.

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

19. I claim damages from the Bellingham School District 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 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 under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant	Date and place (residential address, city and country)
Or	
Signature of Representative	Date and place (residential address, city and country)
Print Name of Representative	Bar Number (if applicable)

Authorization for Release of Protected Health Information (PHI)
to
Bellingham School District
Attention: Superintendent

Name: _____
(Last, First, MiddleInitial or Middle Name)

Date of Birth: _____
(mm/dd/yy yy)

I hereby authorize disclosure of my protected health information to the Bellingham School District for purposes of processing my claim for damages filed with the state of Washington.

I understand that by signing this document, I authorize the release of the following information:

Complete medical record for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician mail physicians say005 Tw (ed)Tj7(ra)]gTc -0.0Td [(re)-l.016 Tw (ra)Tj 0 Tc 0 Tw Tc 25 0 Td [(t)-9(o)4(r)-4(y)-5( )33(a)-4(n)4(d

VEHICLE COLLISION FORM

PLEASE TYPE OR PRINT IN INK

Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

CLAIMANT AND INCIDENT INFORMATION

CLAIMANT'S NAME **(A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)**	DATE OF ACCIDENT(mm/dd/yyyy)	TIME AM ☐ PM ☐
CURRENT STREET (RESIDENCE) ADDRESS CITY STATE ZIP		PHONE HOME WORK
(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT CITY STATE ZIP		EMAIL

State/County/City (if applicable) where occurred STREET OR HWY MILEPOST NO. INTERSECTION OR I

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