

**HOQUIAM SCHOOL DISTRICT #28**  
**Instruction for completion and presentation of Tort claim RCW4.96**

1. Complete the Tort claim form maintained at the office of registered agents as recorded at the County Auditor's Office.

Registered agent: Superintendent

Office location: 325 West Chenault Avenue, Hoquiam WA 98550

Mailing address: 325 West Chenault Avenue, Hoquiam WA 98550

Business hours: 7:30 am – 4:30 pm

2. Tort claim form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. Sign by authorized party.
6. Present properly completed and signed Tort claim form in one of the following manners
  - a. Personal Delivery to a registered agent or authorized person in office of the registered agent during the above business hours
  - b. Deliver by registered mail to registered agent
  - c. Deliver by certified mail (with return receipt) to registered agent

**HOQUIAM SCHOOL DISTRICT #28  
TORT CLAIM FORM**

For Official Use Only

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Hoquiam School District #28. Some of the information requested on this form is required by Chapter 4.96 RCW and may be subject to public disclosure.

**PLEASE TYPE OR PRINT CLEARLY IN INK**  
(Attach additional sheets and/or supporting documents if needed)

**Mail or deliver original claim to** Hoquiam School District # 28  
Office of the Superintendent  
325 West Chenault Hoquiam Washington 98550

Business Hours: Monday – Friday 7:30 a.m. – 4:30 p.m. Closed on weekends and official holidays.

1. Claimant's name: \_\_\_\_\_  
Last name                      First                      Middle                      Date of birth (mm/dd/yyyy)
2. Inmate DOC number (if applicable): \_\_\_\_\_
3. Current residential address: \_\_\_\_\_
4. Mailing address (if different): \_\_\_\_\_
5. Residential address at the time of the incident: \_\_\_\_\_  
(if different from current address)
6. Claimant's daytime telephone number: \_\_\_\_\_  
Home                                      Business or Cell
7. Claimant's e-mail address: \_\_\_\_\_
8. Date of the incident: \_\_\_\_\_ Time:  a.m.  p.m. (check one)  
(mm/dd/yyyy)
9. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
(mm/dd/yyyy)                                      (mm/dd/yyyy)  
to \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
(mm/dd/yyyy)                                      (mm/dd/yyyy)

10. Location of incident: \_\_\_\_\_  
State and county City, if applicable Place where occurred

11. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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12. Party alleged responsible for damage/injury:

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

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

15. Names, addresses and telephone numbers of all individuals not already identified in #13 and #14 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.

16. 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.

17. 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.

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18. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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

20. I claim damages from the Hoquiam School District in the sum of \$\_\_\_\_\_.

This 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 county)*

*Or*

\_\_\_\_\_  
*Signature of Representative*

\_\_\_\_\_  
*Date and place (residential address, city and county)*

\_\_\_\_\_  
*Print Name of Representative*

\_\_\_\_\_  
*Bar Number (if applicable)*