

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

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

18. I claim damages from Fife 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 county)

OR

Signiture of Representative

Date and Place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)