

# STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure.

## PLEASE TYPE OR PRINT CLEARLY IN INK

**Mail or deliver**      Wenatchee School District 246  
**original claim to**    Attention: Superintendent  
                                 235 Sunset Ave.  
                                 Wenatchee, WA 98801  
                                 (PO Box 1767, Wenatchee, WA 98807-1767)

Business Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.  
Closed on weekends and official state holidays.

1. Claimant's name: \_\_\_\_\_  

Last name	First	Middle	Date of birth (mm/dd/yyyy)
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2. Current residential address: \_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_
4. Residential address at time of incident: \_\_\_\_\_  
(if different from current address) \_\_\_\_\_
5. Claimant's daytime telephone number: \_\_\_\_\_  

Home	Business or Cell
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6. Claimant's e-mail address: \_\_\_\_\_
7. Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m. (check one)  
(mm/dd/yyyy)
8. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.  
(mm/dd/yyyy)  
to \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.  
(mm/dd/yyyy)
9. Location of incident: \_\_\_\_\_  

State and county	City, if applicable	Place where occurred
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16. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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

18. I claim damages from Wenatchee School District 246 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.

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***Signature of Claimant***

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

***OR***

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***Signiture of Representative***

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***Date and Place (residential address, city and county)***

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***Print Name of Representative***

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***Bar Number (if applicable)***