

The California State University / Office of the Chancellor / Risk Management and Public Safety
401 Golden Shore, 5th Floor / Long Beach, CA 90802-4210
(562) 951-4580 / www.calstate.edu/risk_management/claims

CSU Claims Information and Claim Form **Requires \$25 filing fee!**

What kind of claims can be filed? Claims against the California State University(CSU) can be filed for damages to person or personal property.
A claim against the CSU must be filed with the Office of Risk Management and Public Safety within six (6) months after which the incident or event occurred. Be sure your claim is against the CSU, not another public entity.
Where space is insufficient, please use additional paper and identify the paragraph(s) being answered. There is a \$25.00 claim filing fee. The claim must be accompanied by a check or money order made payable to "Trustees of the CSU." Under some circumstances a fee waiver is granted. If a fee waiver is being requested, you must attach an affidavit requesting the fee waiver (form available on web site).

Who can file a claim?

Anyone who believes the California State University caused him or her to suffer monetary loss can file a claim.

What are the time limits for filing a claim?

Claims relating to the death or injury of a person, or damage to personal property or growing crops, must be filed no later than six months after the incident. Other claims must be filed no later than one year after the date of the incident. You can request permission to file a late claim. Some claims have no filing deadline. You may want to consult an attorney if you are not sure how the time limits apply to your claim.

Is your claim against another state or local governmental agency?

If your claim is against another state agency, check with the Victim Compensation and Government Claims Board (www.vcgcb.ca.gov) for filing information. If the claim involves a county, city or other local governmental entity or employee, the claim should be filed directly with the local city or county's governing board or clerk.

Instructions for filling out this form:

1	Provide the full name of the person claiming damage or injury.
2	Provide a daytime telephone number.
3	Provide an email address. <i>(Optional)</i>
4	Provide a complete mailing address.
5	Let us know the best way to contact you if we need to call you.
6	If the claim is being filed on behalf of a minor (someone under the age of 18),
7	You may wish to consult an attorney for assistance with filing a claim, however it is not required. If an attorney or other person (such as the parent or legal guardian of a minor or conservator of an adult) is representing you, please complete this section. If this section is completed, all correspondence regarding this claim will be sent to the representative.
8	Provide a daytime telephone number, including area code, for the attorney or representative.
9	Provide an email address for the attorney or representative.
10	Provide a complete mailing address for the attorney or representative.
11	Describe the relationship of the attorney or representative to the claimant.
12	If this claim is regarding a stale-dated warrant (an uncashed check), provide the date of issue, amount and the name of the CSU campus that issued it. Attach a copy of the front and back of the warrant to the claim form.

13	<p>State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, please provide the beginning date and the most recent date it occurred.</p> <p>Late Claims: The CSU must receive claims relating to the death or injury of a person, or damage to personal property or growing crops, no later than six months after the date of the incident. If such a claim is filed more than six months from the date of the incident, attach a written explanation for late filing to the claim on a separate sheet. Other claims that have deadlines must be received no later than one year after the incident date. Some types of claims have no filing deadline. Claimants may wish to consult with an attorney to determine which filing deadline applies.</p>
14	<p>Provide the name of the CSU campus that you believe caused the damage or injury. Please spell out the name of the campus and include the names of any campus employees that were involved.</p>
15	<p>Enter the total dollar amount being claimed. If you believe the damages are continuing, or anticipated in the future, show a "+" after the dollar amount. If the total dollar amount exceeds \$10,000, note whether the claim is a limited civil case or a non-limited civil case. Provide an explanation of how you computed the total amount. You may declare expenses incurred as well as expenses you expect to have in the future. Attach copies of all bills, payment receipts, and cost estimates.</p>
16	<p>For all claims involving real property, campus-owned buildings, parking lots or road or vehicle-related claims, provide the street address, city, county, state highway number, road numbers, and/or post mile markers, or campus lots where you believe the damage or injury occurred. Real property includes land, buildings, and other fixed structures. Road or vehicle-related claims occurred on a campus road or involved a state vehicle.</p>
17	<p>Describe the specific damage or injury that you believe resulted from the incident. Feel free to attach additional information to explain items 17 through 19.</p>
18	<p>Describe in full detail the circumstances that led up to the damage or injury. State all facts that support your claim. If it applies, describe the dangerous condition of the public property. If a law enforcement or insurance Collision/Incident Report is submitted with this claim, this section must still be completed in your own words.</p>
19	<p>Explain why you believe the CSU is responsible for the damage or injury.</p>
20	<p>Provide the vehicle license number and any other identifying information if the claim involves a state vehicle.</p>
21	<p>This section must be completed if the claim involves a motor vehicle. Indicate whether a claim has been filed with your insurance carrier. If a claim has been filed with your insurance carrier, provide the name, telephone number, and mailing address of the insurance carrier. Also include your policy number and the amount of the deductible. If you have received payment, please indicate when and the dollar amount.</p>
22	<p>Pursuant to the Medicare Secondary Payer Act, if you are making a claim in whole or in part related to a bodily injury you will need to provide your date of birth and social security number.</p>
23	<p>The claimant or the claimant's attorney or representative must sign this form. The CSU will not accept the claim without an original signature.</p>
24	<p>Be sure to attach the \$25 filing fee. Please make your check or money order payable to "Trustees of the CSU." If you cannot afford the filing fee, fill out a "CSU Affidavit for Waiver of Filing Fee" request, and attach it to this form. You can obtain the filing fee waiver request form at www.calstate.edu/risk_management/claims or by calling 562-951-4580.</p>

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CSU Claim Form

Is your claim complete?

	Include a check or money order for \$25 payable to "Trustees of the CSU."
	Complete all sections relating to this claim and sign the form. Please print or type all information.
	Attach receipts, bills, estimates or other documents that back up your claim.

Claimant Information

1		2	Tel:	
	<i>Last Name</i> <i>First Name</i> <i>MI</i>	3	Email:	
4	<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
5	Best time and way to reach you:			
6	Is the claimant under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give date of birth: _____			

Attorney or Representative Information

MM DD YYYY

7		8	Tel:	
	<i>Last Name</i> <i>First Name</i> <i>MI</i>	9	Email:	
10	<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
11	Relationship to claimant: _____			

Claim Information

12	Is your claim for a stale-dated warrant (uncashed check)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	CSU campus that issued the warrant: _____	If NO, continue to Step 13.			
	Dollar amount of warrant: _____	Date of issue: _____			
	Proceed to Step 23				MM DD YYYY
13	Date of Incident: _____				
	Was the incident more than six months ago? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14	CSU campus or CSU employees against whom this claim is filed: _____				
15	Dollar amount of claim:				
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less) <input type="checkbox"/> Non-limited civil case (over \$25,000)			
	Explain how you calculated the amount: _____				
16	Location of the incident: _____				

17	Describe the specific damage or injury:		
18	Explain the circumstances that led to the damage or injury:		
19	Explain why you believe the CSU is responsible for the damage or injury:		
20	Does the claim involve a campus vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, provide the vehicle license number, if known: <input style="width: 150px;" type="text"/>		

Auto Insurance Information

21				
	<i>Name of Insurance Carrier</i>			
	<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Policy Number: <input style="width: 150px;" type="text"/>	Tel: <input style="width: 50px;" type="text"/>		
	Are you the registered owner of the vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If NO, state name of owner: <input style="width: 150px;" type="text"/>			
	Has a claim been filed with your insurance carrier, or will it be filed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you received any payment for this damage or injury?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what amount did you receive? <input style="width: 100px;" type="text"/>			
	Amount of deductible, if any: <input style="width: 100px;" type="text"/>			
	Claimant's Driver's License Number	<input style="width: 100px;" type="text"/>	Vehicle License Number:	<input style="width: 100px;" type="text"/>
	Make of Vehicle: <input style="width: 100px;" type="text"/>	Model: <input style="width: 100px;" type="text"/>	Year:	<input style="width: 50px;" type="text"/>
	Vehicle ID Number: <input style="width: 150px;" type="text"/>			

For Bodily Injury Claims Only (Pursuant to the Medicare Secondary Payer Act):

22	If a claim for bodily injury is being made:		
	Date of Birth: <input style="width: 100px;" type="text"/>	Social Security #:	<input style="width: 100px;" type="text"/>
	<i>MM DD YYYY</i>		

Notice and Signature

23	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a crime punishable by up to one year in state prison and/or a fine up to \$10,000 (Penal Code section 72).		
	<i>Signature of Claimant or Representative</i>		<i>Date</i>
24	Mail the original completed form and all attachments with the \$25 filing fee or the "CSU Affidavit for Waiver of Filing Fee" request to: CSU Office of the Chancellor, Risk Management & Public Safety, 401 Golden Shore, 5th Floor, Long Beach, CA 90802-4210. Keep a copy for your records.		