

Or

Signature of Claimant's Attorney in Fact
(Must be accompanied by written power of attorney)

Date of signing

Or

Signature of Claimant's Attorney
(Must be admitted in Washington)

Date of signing

Or

Signature of Claimant's Guardian
(Must be Court Approved Guardian or Guardian ad Litem)

Date of signing

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

- Before filing a Tort Claim, please read these instructions, the Tort Claim form and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the 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.
- 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.
- The following are examples on how to complete the Standard Tort Claim Form:
 1. Smith, Karen Michelle
 2. 1234 College Way NW, Apt. 56, Walla Walla, WA 99362
 3. PO Box 910, College Place, WA 99324
 4. Same (or residence at the time of incident)
 5. 509/123-4567
 6. ann@abc.net
 7. 8:00 a.m., August 9, 2009
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 7
 9. Washington, Walla Walla County, Waitsburg, WA, corner of Fifth and Main
 10. (Provide road, street or highway, milepost, and intersection information, if applicable)
 11. Operator of Juvenile Justice Center vehicle
 12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, College Place, WA 99324 (509) 456-7890;
Tow Truck Driver, ABC Towing
 13. Unknown
 14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 11 and 12. Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 15. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
 16. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 17. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
 18. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
- If you are filing a personal injury claim, please sign and attach the Medical Release.
- If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle collision form.