

Filing Administrative Claim Forms

Overview of Training Modules

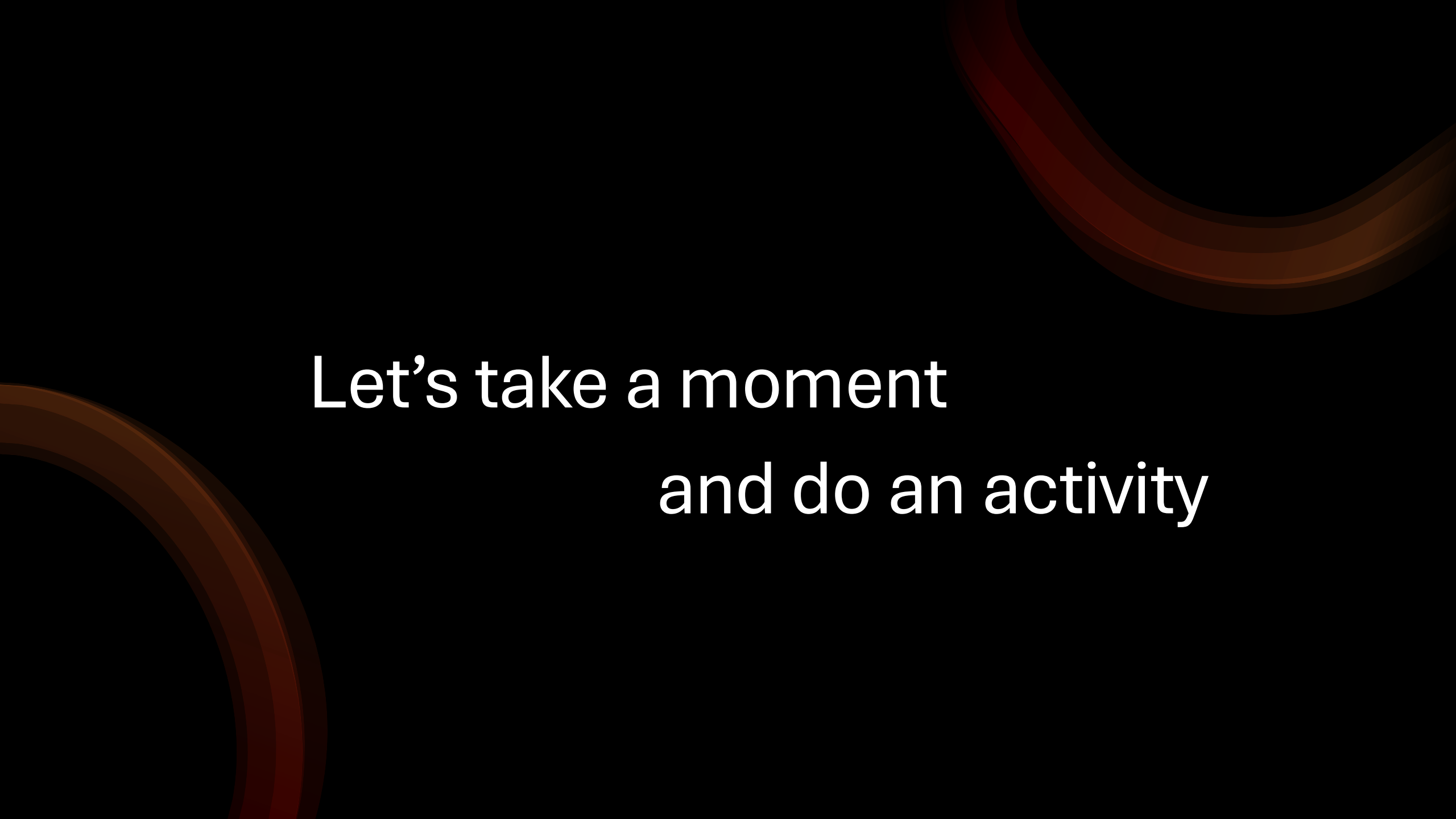
Reflection Exercise

Administrative Claim Form Overview

Four Challenges

Negotiation

PJP Support

The background is dark with decorative brown curved lines in the corners. The text is centered and reads:

Let's take a moment
and do an activity



City of Seattle
CLAIM FOR DAMAGES

Note:
Type or Print Legibly.
See instructions on back.

CITY USE ONLY

CLAIM NUMBER

DATE FILED

CLAIMANT		NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME)	DATE OF BIRTH	HOME PHONE
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)			BUS. PHONE	
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP)			CELL PHONE	
			E-MAIL ADDRESS	
ACCIDENT/LOSS	DATE	TIME	DIAGRAM Use if this will help you locate or describe what happened	
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.			
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)			
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT			CITY DEPT?	
1) _____	2) _____	3) _____	CITY EMPLOYEE	
Ph: _____	Ph: _____	Ph: _____	CITY VEHICLE NUMBER, LICENSE, etc.	
WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property)				
☐ YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE				
☐ NO (additional space on reverse side or attach additional pages and supportive documents as needed)				
WERE YOU INJURED? ☐ YES IF YES, THEN COMPLETE THE FOLLOWING:				
☒ NO (additional space on reverse side or attach additional pages and supportive documents as needed)				
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S))				
WAGE LOSS ☐ YES ☐ NO IF YES, THEN RATE OF PAY: _____				
KIND OF WORK _____ EMPLOYER _____				
AMOUNT CLAIMED (if known)		\$ _____		
SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)		I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct		
This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or 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.		EXECUTED this _____ day of _____, _____ At _____, _____ County, Washington X _____		

This form and the online portal are available below in the supplemental materials

The Exercise

Option 1:

Identify five items
near you and write
them down

Option 2:

Return to the
“What’s in your bag”
exercise

Imagine you were swept in Seattle, while living
around Federal Ave and E Republican

Take a moment to try to fill out the form, using
those items as the items you lost in a sweep

What issues did you encounter?

Did you know what to write down for an address?

How did you describe what happened?

How did you identify the city employee(s) who did the sweep?

What if you weren't present when the sweep occurred?

Did you have enough space to write everything?

Did any part of the form confuse you?

Follow Up Exercise

Does that make you uncomfortable to share so publicly?

If you knew you would be asked to share the form publicly, would it have changed your mind about filling out the form?

Given that the list is being shared with an adversarial party, how would you feel about that?



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CLAIM FOR DAMAGES

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_____	_____	_____	CITY EMPLOYEE
Ph: _____	Ph: _____	Ph: _____	CITY VEHICLE NUMBER, LICENSE, etc.
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KIND OF WORK _____ EMPLOYER _____			
AMOUNT CLAIMED (if known) \$ _____			
SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)			
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct			
EXECUTED this _____ day of _____ ,			
At _____, _____ County, Washington			
X _____			

This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or 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.

Form
Provided
by the City

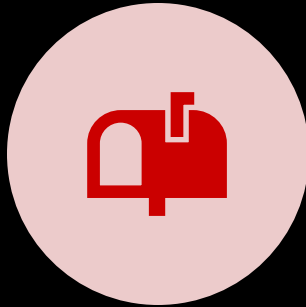
Damaged
or lost
property

Available
Online

Available
as fillable
PDF &
paper form

☐ PRE-SWEEP ☐ DURING SWEEP ☒ POST-SWEEP

Mailing and Drop off



Mail to....

City Clerk's Office
P.O. Box 94728
Seattle, WA 98124-4728



Drop off at....

Office of the City Clerk
600 4th Ave, Floor 3
Seattle, WA 98104

Submitting the Damages Form

Mail

Drop off

Online Form

Notify PJP

Damages Forms: Pros & Cons



Online Form



Hard Copy Form



Online Form

Pros

- Available
- Can use if no access to hard copy
- Ensures basic information filled out

Cons

- Not trauma informed
- Must be filled out by affected individual/counsel
- PJP not available to review
- Requires technology

Current Claimant Mailing Address

Address: *

City: *

State: *

- None Selected - ▼

Zip Code: *

Accident Date and Time

Event Date ⓘ *



Event Time:

☐ PRE-SWEEP

☐ DURING SWEEP

☒ POST-SWEEP

Hard Copy Form

Pros

- Can email to PJP to review
- Currently available

Cons

- Outdated
- Not trauma-informed

ACCIDENT/LOSS	DATE	TIME
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.	
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1)	2)	3)
Ph:	Ph:	Ph:

DIAGRAM		
Use if this will help you locate or describe what happened		

4 Challenges

Address

Description of what happened

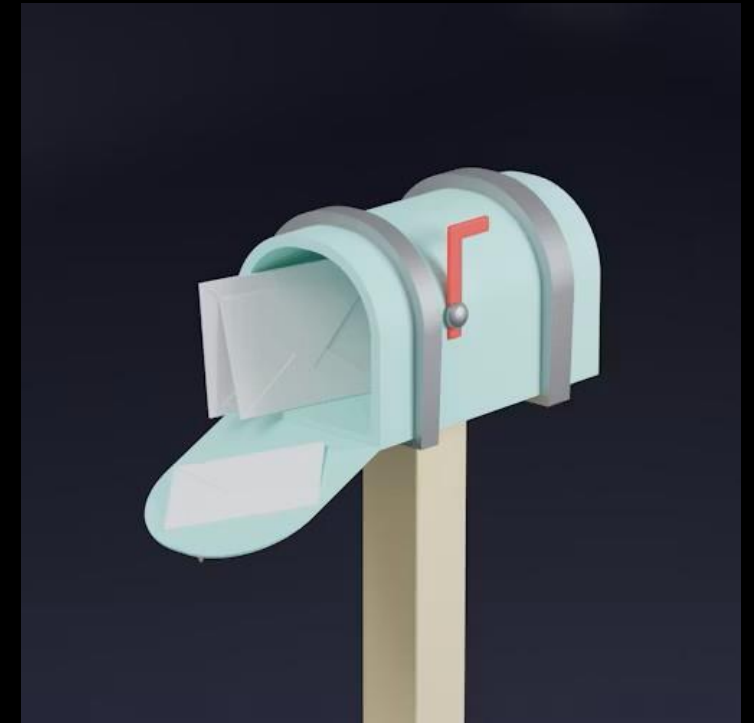
Valuation

Injury

Address

An unhoused individual might not have one to list

A community advocate or the clinic can be an alternative for the address, with consent of the affected individual



Description of What Happened

Very traumatic event

Form requires significant information

Valuation



The individual
might not know
the item value

Some items
have more than
economic value

Injury

Recommend seeking legal counsel

The clinic is also a great resource

**The form has issues,
but it is available.**





Serving as a contact and negotiating claims

- Be prompt
- Be insistent
- Save all correspondence, including contemporaneous notes of any call
- Have documentation like pictures ready
- Avoid accepting first offer

Contacting PJP

We can help the
individual fill out the form

We can review and
submit the form

Consent is crucial

Make sure you get consent before filling out this form

You must also make sure the claimant reads over and verifies everything

You cannot sign for the claimant since you are not an attorney

What you
can do now

Support someone
who is filling out
the online or
paper form