Filing Administrative Claim Forms

Overview of Training Module

Reflection Exercise

Administrative Claim Form Overview

Four Challenges

Negotiation

PJP Support

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

City of Seattle
CLAIM FOR DAMAGES

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

1) _____ Ph: _____

2) _____ Ph: _____

3) _____ Ph: _____

CITY DEPT?

CITY EMPLOYEE

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 ☐ NO IF *YES*, THEN COMPLETE THE FOLLOWING: (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)

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.

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 *Administrative Claim* form and the online portal are available in the supplemental materials

The Exercise

Option 1

Identify five items near you and write those down.

Option 2

Return to the “What’s in your bag” exercise for a list of belongings.

Take a moment to fill out this form, use those items as the things you lost in a sweep.

Imagine you were swept while living around Federal Ave and E Republican.

Reflect on the Exercise

- 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?
- How would this change if you weren't present during the sweep?
- Did you have enough space to write everything?
- Did any part of the form confuse you?

Deeper Reflection (pause)

- Does that make you uncomfortable to share so publicly?
- How does that shape your willingness to go through the exercise and fill out the form?
- 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 that factor into your willingness to complete the exercise?
- Were there any people in your life who you would be especially uncomfortable sharing this information with?

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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 _____

Form Provided by the City

Damaged or lost property

Available Online

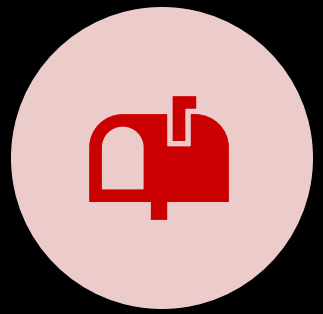
Available as fillable PDF & paper form

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Pick-up, Mailing and Drop off

Pick-up....

City Clerk's Office
600 4th Ave, floor 3
Seattle, WA 98124-4728



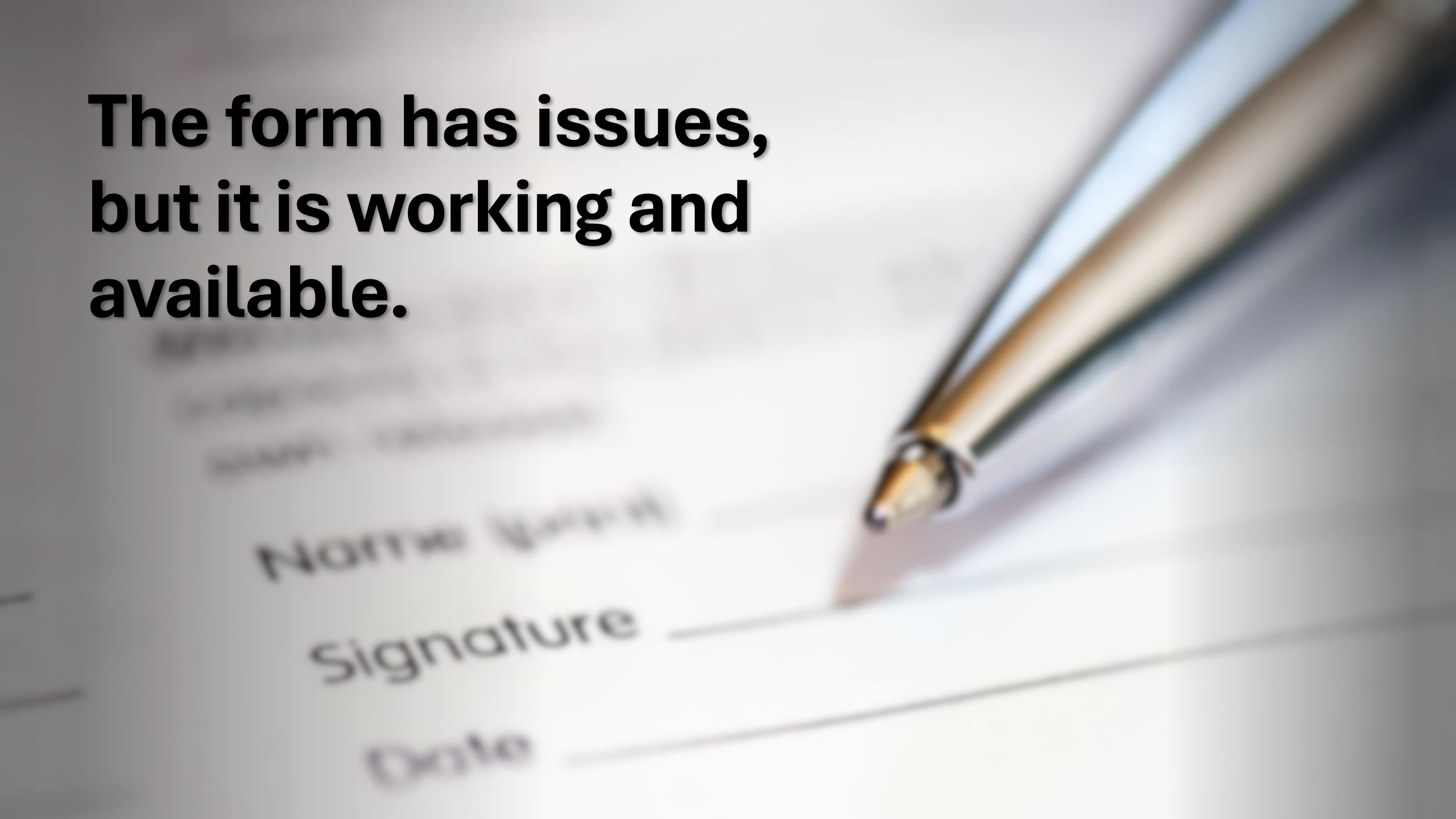
Mail to....

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

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP


The form has issues,
but it is working and
available.
Signature
Date

Filing Administrative Claims Form: Challenges and Support

Overview of Training Module

Reflection Exercise

Administrative Claim Form Overview

Four Challenges

Negotiation

PJP Support

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

4 Challenges

Address

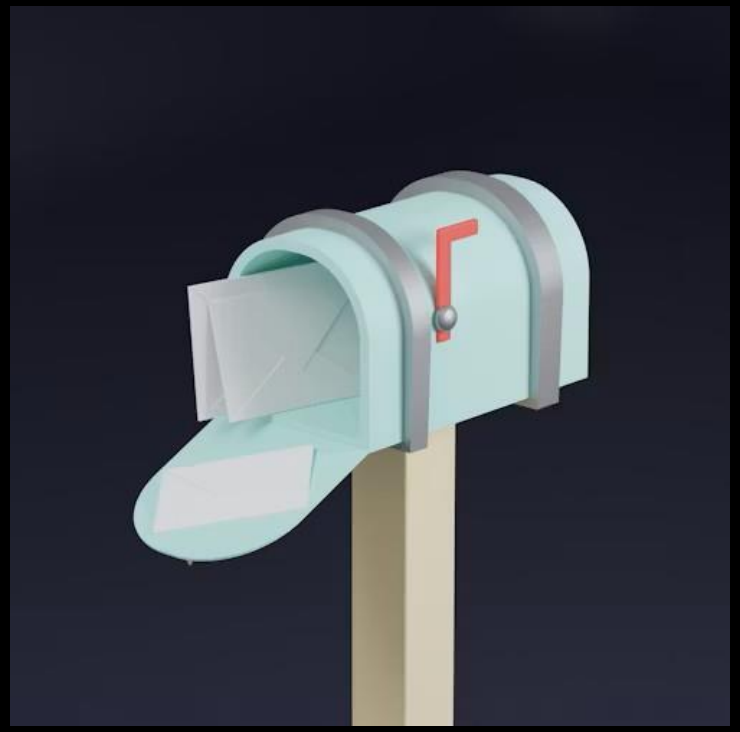
Description of what happened

Property Valuation

Injury

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Challenge #1
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

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Challenge #2
Describing What Happened

Very traumatic event

Form requires significant information

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Challenge #3
Property Valuation

The individual might not know the item value

Some items have more than economic value

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Challenge #4
When to list an Injury

Recommend seeking legal counsel

The clinic can provide assistance

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Supporting an individual who is negotiating with the city

- Be supportive, prompt, and responsive.
- Save all correspondence, including contemporaneous notes of any call.
- Document! Document! Document!
- Ensure documents are ready and available.

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

PJP can provide SUPPORT

Reach out for help at any stage.

When you encounter any of the 4 challenges

We can review and submit the form

Communication with the city

We can also give a free consultation before submission

Provide support with an injury

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP

Make sure you get consent from affected individual before filling out the 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.

☐ PRE-SWEEP ☐ DURING SWEEP ☑ POST-SWEEP