

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and submitting your Standard Tort Claim. Please note that no documents will be returned.

Presenting a Standard Tort Claim Form

RCW 4.96.020 requires claimants to use a Standard Tort Claim Form to file claims against Skagit County, its past or present officers, employees and volunteers. The Standard Tort Claim Form must be completely filled out and served on the Skagit County Auditor pursuant to SCC 2.40.040.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form (this page)
2. Standard Tort Claim Form
3. Medical Authorization if applicable.
4. Vehicle Collision Form only for tort claims involving vehicle accidents/collisions
5. Mandatory Medicare Beneficiary Reporting Form if applicable.

Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant, or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf, or
- A court-approved guardian or guardian ad litem on behalf of the Claimant.
- For confined claimants, proof of exhaustion of administrative remedies.

Submit the Standard Tort Claim Form and Supporting Documents by delivery or mail to:

Skagit County Auditor
Administration Bldg.
700 S. Second, Rm. 139
P.O. Box 1306
Mt. Vernon, WA 98273

Business Hours: Monday-Friday, 8:30 am. to 4:30 p.m.
Closed on weekends and official state holidays.

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM

- ✓ Before filing a tort claim, please read these instructions, the Standard Tort Claim Form and other appropriate forms in their entirety.
- ✓ Type or print **clearly** in ink and sign the Standard Tort Claim form. Do not staple or tape documents. Do not put in claim form in binders or add divider tabs as all documents must be scanned.
- ✓ 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.
- ✓ 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 accident form.

August 2025

STANDARD TORT CLAIM FORM

Chapter 4.96 RCW, this form is for filing a tort claim against the Skagit County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

For official use only

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to:
Skagit County Auditor
Administration Bldg.
700 S. Second, Rm. 139
P.O. Box 1306
Mt. Vernon, WA 98273

Business Hours: Monday-Friday, 8:30 am. to 4:30 p.m.
Closed on weekends and official state holidays.

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)

2. Inmate DOC number (if applicable): _____

3. Current residential address: _____

4. Mailing address (if different): _____

5. Residential address at the time of the incident: _____
(if different from current address)

6. Claimant's daytime telephone number: _____
Home Business or Cell

7. Claimant's e-mail address: _____

8. Date of the incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

9. If the incident occurred over a period of time, date of first and last occurrences:

from: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

to: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

10. Location of incident: _____
County and State City, if applicable Place where occurred

11. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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12. County agency or department alleged responsible for damage/injury:

13. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

14. Names, addresses and telephone numbers of all county or state officers, employees or volunteers having knowledge about this incident:

15. Names, addresses and telephone numbers of all individuals not already identified in #13 and #14 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

16. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

17. a. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

b. If the claim pertains to events inside the jail, please identify the date and time of any resulting inmate requests or grievances. Please attach a copy.

18. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

19. Please attach any documents, which support the allegations of the claim.

20. I claim damages from Skagit County 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.

Signature of Claimant

Date and place (residential address, city and county)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)