## **CLAIM FOR DAMAGES**

To Person or Property

1. LEDELLDRA BROOKS  Chy, State  3. Contact through counsel.  Business Address of Claimans  Chy, State  Chy, State  Business Address of Claimans  Chy, State  Business Address of Minch you desire notices or communication to be sent regarding this claim: PETER ALFERT  7. HINTON ALFERT & KAHN LLP, 200 PRINGLE AVE., SUITE 450, WALNUT CREEK, CA 94596  How and under what circumstances did DAMAGE or DUURY occur? One full details:  8. ***** SEE ATTACHMENT TO CLAIM FORM ****  When did DAMAGE or DUURY occur? One full particular, date time of day:  9. ***** SEE ATTACHMENT TO CLAIM FORM ****  Where did DAMAGE or DUURY occur? One full particular, date time of day:  9. ***** SEE ATTACHMENT TO CLAIM FORM ****  Where did DAMAGE or DUURY occur? One full particular, date time of day:  9. ***** SEE ATTACHMENT TO CLAIM FORM ****  Where did DAMAGE or DUURY occur? One full particular to CLAIM FORM ****  Where did DAMAGE or DUURY occur? One full particular to CLAIM FORM ****  Where did DAMAGE or DUURY occur? One full particular to CLAIM FORM ****  Where did DAMAGE or DUURY occur? One fully. Use reverse side of this sheet to diagram socident, where appropriate. Give street names, addresses, measurements, etc.  10. ****** SEE ATTACHMENT TO CLAIM FORM *****  What particular ACT or OMISSION by the District or its employees do you claim caused the alleged INJURY or DAMAGE? One panes of District employees causing the alleged INJURY or DAMAGE, if known: Theresa Monpere, Ron Bohemian, Christie Yang, and any other unidentified employees of FUSD.  11.	INSTRUCTIONS  Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence. (Gov. Code Sec 911.2).  Claims for damages to real property must be filed not later than one year after the occurrence. (Gov. Code Sec 911.2).  Read entire Claim Form before filing.  Claim must be filed by claimant or person acting on claimant's behalf. Give relationship to claimant.  Attach separate sheets, if necessary, to give full detail. (SIGN EACH SHEET)	RESERVED FOR FILING STAMP CLAIM NO:  RECEIVED  OCT 1 6 2014	
3. Contact through counsel.  Duriness Address of Claiman  City, State  Buriness Telephoco Number  6. 975-279-3009  Give Address of which you desire notices or communication to be sent regarding this claim: PETER ALFERT  7. HINTON ALFERT & KAHN LLP, 200 PRINGLE AVE., SUITE 450, WALNUT CREEK, CA 94596  How and under what circumstances did DAMAGE or DUURY occur? Give full details:  8.  ***** SEE ATTACHMENT TO CLAIM FORM *****  When did DAMAGE or DUURY occur? Give full particulars, date time of day:  9.  ***** SEE ATTACHMENT TO CLAIM FORM ****  Where did DAMAGE or DUURY occur? Describe fully. Use reverse side of this sheet to diagram sociders, where appropriate. Give street names, addresses, measurements, etc.  10.  ****** SEE ATTACHMENT TO CLAIM FORM *****  What particular ACT or OMISSION by the District or its employees do you claim caused the alleged DUURY or DAMAGE? Give panies of District employees eauring the alleged DUURY or DAMAGE, if known: Theresa Monpere, Ron Bohemian, Christie Yang, and any other unidentified employees of FUSD.  11.		BENEFITS AND RISK MANAGEMENT  2. 01/09£\$985NIFIED SCHOOLS	
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What AMOUNT (Sum) do you claim on account of each item of INURY or DAMAGE as of date of presentation of this claim, giving basis of computation (attach bills or estimates if possible):			
12. GENERAL DAMAGES IN EXCESS OF \$50,000 AND FUTURE MEDICAL EXPENSES UNDETERMINED AT THIS TIME			
Once ESTIMATED AMOUNT as far as known, you claim on account of each item of prospective INJURY or DAMAGE, giving basis of computation (attach bills or estimates if possible):  GENERAL DAMAGES IN EXCESS OF \$50,000 AND FUTURE MEDICAL EXPENSES UNDETERMINED AT THIS  TIME.			
Insurance payments received, if any, and name(s) of insurance company:  14.			
Expenditures made on account of DAMAGE or INTURY (Date - hem):  15.			
Name and address of Witnesses, Doctors and Hospitals:			
16. Theresa Monpere, Ron Bohemian, Chritie Yang, and other unidentified employees of FUSD.			
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NOTE: PETER ALFERT, COUNSEL FOR CLAIMANTS

Claims must be viled with Public Entity. Section 72 of the California Penal Code provides: "Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

## Attachment to Claim Form

CLAIMANTS: Ledelldra Brooks and ....., a minor

was born on February 13, 2007 and has been diagnosed with mental retardation ctiology unknown, seizure disorder and substantial handicaps. In addition, has very limited communication skills. And 's mother is Ledelldra Brooks.

('FUSD'') as a result of these disabilities. During the 2013-2014 school year, was a student assigned by the FUSD to the classroom of teacher Theresa Monpere at Viking Elementary School in Fresno, California.

and other special needs students were subjected to ongoing physical and psychological abuse and neglect by Monpere in her classroom. On or about May 27, 2014, Ms. Brooks made an unannounced visit to her daughter's classroom at Viking. Ms. Brooks discovered locked inside of a cage. had dried feces on her body which had caused a skin rash and she was wearing a soiled diaper. Ms. Brooks immediately notified the school administrators that Monpere had locked her daughter in a cage and that she was left inside the cage in a soiled diaper. Ms. Brooks further contacted the Fresno Police Department (FPD) and reported this information and FPD opened an investigation.

The FUSD was aware Monpere was placing her disabled students into the cage which had been constructed and installed into her classroom. The cage was unlawful and in direct violation school policy. Viking sent staff a memorandum which specifically defined seclusion as the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. In this memo, it is stated that seclusion is a traumatic

experience for students and that children suffer immediate and lingering psychological harm as a result.

Following her time in Monpere's classroom, has experienced very serious emotional problems including fear of closed doors and fear of being alone. The failure of FUSD to advise Ms. Brooks of the abuse of the at Viking Elementary School caused Ms. Brooks to suffer emotional distress. Ms. Brooks was deprived of the ability to comfort her daughter or to provide appropriate counseling, medical and/or psychological care. The failure to advise Ms. Brooks gave rise to the severe emotional distress in that she suffered a loss of trust in school officials and felt betrayed that she did not learn what her child had experienced at the time of the injuries when she could have responded immediately with appropriate parental support and care. FUSD failed to adequately hire, supervise, or train staff in classroom management, discipline, or reporting responsibilities. This claim does not seek nor does it constitute a claim for special education services from the district on behalf of

On information and belief the employees of the FUSD, while working in the course and scope of their employment, negligently and/or intentionally caused the injuries herein described and negligently supervised its employees. In addition, employees of FUSD failed to carry out their mandatory duties to report incidents of child abuse as required by Penal Code § 11166.

Prior to May 27, 2014, Ms. Brooks was unaware that her daughter was being subjected to abuse and/or neglect or that the FUSD was aware of the abuse but was failing to report it and prevent it.