CLAIM AGAINST THE COUNTY OF MENDOCINO

(Government Code Section 910 et seq.)

Submit claim in person or mail to:
Executive Office - Risk Management
501 Low Gap Road Rm. 1010
Ukiah, CA 95482

☐ New Claim
☐ Amended Claim

Rev. 11/19/18

*** = REQUIRED**

1.* Claimant's Name and Home Address

City **State** **Zip**

Home Cell Work

Phone

2.* Send Official Notices and Correspondence to

City **State** **Zip**

Home Cell Work

Phone

3. Claimant Vehicle License Plate #, VIN, Make, Model, Mileage, and Year

4.* Date of Incident

5. Time of Incident

6.* Address and/or Description of Incident Location

7.* Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property, and County departments involved. State why you believe the County is responsible for the alleged injury, property damage, or loss.

Names of Involved County Employees and/or Departments, if known:

8.* Description of Claimant's injury, property damage, or loss:

9.* Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.

ITEMS	
	$
	$
	$
	$
TOTAL AMOUNT	**$**

Court Jurisdiction: ☐ Limited (up to $25,000)
☐ Unlimited (over $25,000)

10. Witness Names (if any) **Address** **Phone**

11. Law Enforcement Information

Was local law enforcement contacted? ☐ Yes ☐ No

If yes, Report # **(Attach copy of report if available)**

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine not exceeding ten thousand dollars ($10,000), or by both such imprisonment and fine."

12.*

Signature of Claimant or Representative **Date**

Print Name **Relationship to Claimant**

A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE MENDOCINO COUNTY EXECUTIVE OFFICE – RISK MANAGEMENT BY U.S. MAIL OR IN PERSON AT 501 LOW GAP ROAD RM. 1010, UKIAH CA 95482.

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all required sections of the Claim form will delay the processing of your claim and may result in the return or denial of your claim. * = Required.

1. ***Claimant's Name, Home Address, and Telephone:** State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage, or loss.
2. *** Official Notices and Correspondence:** Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
3. **Claimant Vehicle License Plate Number, Vehicle Identification Number (VIN), Make, Model, Mileage, and Year:** Please provide identifying information for the vehicle driven by the claimant or in which the claimant was a passenger.
4. ***Date of Incident:** State the exact month, day, and year of the incident giving rise to the claim.
5. **Time of Incident:** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
6. ***Address and/or Description of Incident Location:** Include the exact street address or intersection and city where the incident occurred.
7. ***Basis of Claim:** State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons entities, property and County departments involved, and why you believe the County is responsible for the alleged injury, property damage, or loss. Provide names of involved County employees and/or departments who allegedly caused the injury or property damage.
8. *** Description of Injury, Property Damage, or Loss:** Provide in full detail a description of the injury, property damage, or loss that allegedly resulted from the incident.
9. *** Amount of Loss and Method of Computation:** State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates. Government Code Section 910 provides that if the claim is for less than $10,000, the claimant must state the total amount claimed and the basis of computation. If the claim exceeds $10,000, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under $25,000; unlimited civil jurisdiction cases are those involving damages of $25,000 or more.
10. **Witnesses:** State the names, addresses, and telephone numbers of any persons who witnesses the incident. Attach a list of additional names if necessary.
11. **Law Enforcement Information:** State whether or not local law enforcement was contacted by checking the corresponding box. If Law enforcement was contacted, please state the report number and attach a copy of the report, if available.
12. *** Signature of Claimant or Representative:** Sign and date the claim form. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant.

Claims will be deemed filed on the date of actual receipt at the Executive Office – Risk Management or the date deposited in the U.S. mail in a sealed envelope, properly addressed, with postage paid.

Subject to certain exceptions, claimants have only six (6) months from the date that notice of denial is personally delivered or deposited in the mail to file a court action on said denied claim (Government Code Section 945.6).

A claimant may seek the advice of an attorney of claimant's choice in connection with any action on said claim. If claimant desires to consult an attorney, claimant should do so immediately.

Acceptance of any claim by the Executive Office – Risk Management does not prejudice the rights of the Board of Supervisors to reject or deny any claim determined by the Board to be insufficient or not a proper claim against this governmental agency.

For information about the status of your claim, please contact **Risk Management** at 707-463-4441.