

CLAIM FOR DAMAGES AGAINST
THE COUNTY OF LAKE
(Government Code §§ 910, 910.2, 910.4)

TO: CLERK OF THE BOARD
OFFICE OF THE BOARD OF SUPERVISORS
255 NORTH FORBES STREET, COURTHOUSE
LAKEPORT, CA 95453
(707) 263-2371
FAX NUMBER: (707) 263-2207

Date and Time Filed with Clerk of the Board

Department Involved
[County Use Only]

CLAIMANT HEREBY PRESENT THE FOLLOWING CLAIM FOR DAMAGES:

1. Claimant's Name: _____
Date of Birth: _____ Driver's License or ID Number: _____
2. Claimant's Address: _____

3. Claimant's Telephone Number: (_____) _____
4. Date of Incident/Accident/Arrest: _____
5. Date of injuries, damages or losses were discovered: _____
6. Location of Incident/Accident/Arrest: _____
7. What did County or employee(s) do to cause this loss, damage or injury? _____

8. What are the name(s) of the County employee(s) who caused this injury, damage or loss (if known)? _____
9. What specific injuries, damages or losses did Claimant sustain? _____

10. What amount of money is Claimant seeking, or which is the appropriate court of jurisdiction (see explanation below)? _____

(Continued)

11. How was this amount calculated? (If applicable, please itemize)? _____

12. Names, addresses and telephone numbers of witnesses, doctors, hospitals and any person who can substantiate your claim or the amount claimed: _____

13. Any additional information that you believe might be helpful in considering this claim: _____

14. All notices and communications with regard to this claim should be directed to **(only to be completed if different than Claimant's address and phone number at Questions 2 and 3 above):**

Name: _____

Address: _____

Daytime Telephone Number: (_____) _____

15. DATED: _____ SIGNED: _____

If additional space is needed to provide requested information, please attach sheets identifying paragraph(s) answered.

Answer all items fully and to the best of our knowledge and information. Failure to do so may result in your claim being found insufficient. Legal advice concerning our claim should be obtained from your own lawyer.

To assist you in answering Question 10 above, the law requires the claim to show the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether jurisdiction over the claim would rest in municipal court (\$25,000 or less) or superior court (more than \$25,000). Government Code §910(f).

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH THE INTENT TO DEFRAUD, IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE SECTION 72, AND INSURANCE CODE SECTION 1871.1.