

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY
INSTRUCTIONS TO CLAIMANT

- A. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action.
(Gov. Code § 911.2.)
- B. Claims must be filed with the Clerk of the Board of Supervisors at its office located at: County Administration Building, 1025 Escobar Street, 1st Floor, Martinez, CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- D. If the claim is against more than one public entity, separate claims must be filed against each public entity.
- E. Fraud- See penalty or fraudulent claims, Penal Code Sec. 72 at the end of this form.

RE: Claim By:

Reserved for Clerk's filing stamp

_____)
_____)
_____)
Against the County of Contra Costa or _____) District)
(Fill in the name) _____)
_____)

The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$_____ and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)
2. Where did the damage or injury occur? (Include city and county)
3. How did the damage or injury occur? (Give full details; use extra paper if required)
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?
5. What are the names of county or district officers, servants or employees causing the damage or injury?
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.)

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.)

8. Names and addresses of witnesses, doctors and hospitals:

9. List the expenditures you made on account of the accident or injury:

<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
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) Gov. Code Sec. 910.2 provides "The claim shall be)
 signed by the claimant or by some person on his
 behalf.)

SEND NOTICES TO: (Attorney))
 Name and address of Attorney)
) _____
) (Claimant's Signature)
)
) _____
) (Address)
)
) _____
)
 Telephone No. _____) Telephone No. _____

PUBLIC RECORDS NOTICE:

Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical records, are also subject to public disclosure.

NOTICE:

Section 72 of the Penal Code provides:

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 of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.