

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. 9110.2 provides "The claim shall be
)	signed by the claimant or by some person on his behalf.
)	
<u>SEND NOTICES TO: (Attorney)</u>)	
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.