



# COUNTY OF CALAVERAS CLAIM FORM

For Official Use Only

<b>1. Type of Loss:</b> ___ Personal Injury ___ Property Damage ___ Other _____ Police Report #: _____ Agency: _____ Indemnity-Date Complaint Served: _____		For Official Use Only
<b>2. Claimant's Name:</b> (Last, First, M.I.)	<b>3. Date of Birth</b>	
<b>4. Claimant's Address:</b>		
<b>5. Claimant's Email:</b>	<b>6. Claimant's Phone Number:</b>	
<b>7. When did the injury or property damage occur?</b> Month/Day/Year: _____ Day of Week: _____ Time: _____ AM PM		
<b>8. Where did the injury or damage occur?</b> (Address or Location)		
<b>9. How did the injury or damage occur?</b> (Describe the accident or occurrence)		
<b>10. What action or interaction of County employee(s) caused your injury or damage?</b>		
<b>11. What injury or damage did you suffer?</b>		
<b>12. Names of any witnesses:</b> Name: _____ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____		
<b>13. Name of County employee(s) involved in any:</b>		
<b>14. Is the total amount of the claim greater than \$10,000?</b> ___ No ___ Yes If YES, is this a Limited Civil Case? ___ No ___ Yes If NO, state the amount claimed: <i>Personal Injury</i> \$ _____ <i>Property Damage</i> \$ _____ <i>Other:</i> _____		
<b>NOTE: PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTATION FOR THE AMOUNTS CLAIMED.</b>		



**15. If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:**

\_\_\_\_ Please check here if there was no insurance coverage in effect at the time of the incident.

Insurance policy # \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Broker/Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**16. All notices and /or communication should be sent to:**

Name: (Mr./Mrs./Ms.): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 of not exceeding one thousand dollars (\$1000), or by both such imprisonment and fine, or by imprisonment in the state prison, or by a fine not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine." California State Law generally requires that most claims against a public entity, such as the County of Calaveras, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check Government Code to determine what presentation period applies in your case.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (Self, Attorney, Guardian, Etc.)

\_\_\_\_\_  
Date

**CLAIM AGAINST THE COUNTY OF CALAVERAS  
INSTRUCTIONS**

This is the claim form to be used for a "CLAIM AGAINST THE COUNTY OF CALAVERAS." The original claim and any additional documentation is to be filed with the Clerk of the Board of Supervisors.

Retain a copy for your records and mail original to:

Clerk of the Board of Supervisors  
Administrative Office  
891 Mountain Ranch Road  
San Andreas, CA 95249

**NOTICE**

The Clerk of the Board of Supervisors is the ONLY office to which claims may be submitted. Claims are NOT to be sent to County Counsel or any other County Department.

Please fill out the claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print legibly.

**PROCEDURES**

Claims received by the Clerk of the Board of Supervisors are forwarded to the County's Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the Clerk of the Board of Supervisors for final, official rejection. You will be sent a letter from the Clerk of the Board of Supervisors or their designee, notifying you of the action taken and of any further action necessary or available to you.

**\*\*\*ALL CLAIMS ARE PUBLIC RECORD\*\*\***