

CLAIM
COUNTY OF SANTA BARBARA

PLEASE RETURN ORIGINAL AND ONE COPY TO:

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
105 EAST ANAPAMU STREET, SUITE 407
SANTA BARBARA, CA 93101

* READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING *
* IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER *

Personal Delivery

Mail

Other _____

RECEIVED BY (DEPUTY CLERK)



CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

TELEPHONE:

EMAIL (optional):

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

TELEPHONE:

EMAIL (optional):

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: TIME:

PLACE:

CIRCUMSTANCES:

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:

F IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES ___ NO ___

IF "YES": STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION:

IF "NO": DO NOT STATE A DOLLAR AMOUNT, AND INSTEAD STATE WHETHER THE CLAIM WOULD BE A "LIMITED CIVIL CASE":

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA
THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

SIGNATURE OF CLAIMANT OR REPRESENTATIVE

DATE SIGNED

INSTRUCTIONS FOR COMPLETING CLAIM FORM

FILL OUT THE CLAIM FORM CLEARLY AND COMPLETELY, OR IT MAY BE RETURNED AS INSUFFICIENT. FOLLOW THE ADDITIONAL INSTRUCTIONS BELOW FOR SECTIONS “A” THROUGH “F”:

- A. **NAME AND ADDRESS OF THE CLAIMANT:** In this section, enter the full name, mailing address, telephone number, and email address of the person(s) claiming the injury, damage, or loss.
- B. **ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:** If the person presenting the claim wants the County to send notices and other communications regarding the claim to another person instead, enter that other person’s name, mailing address, and other contact information.
- C. **DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURANCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:**
- “Date ... of the occurrence or transaction which gave rise to the claim” refers to the exact date of the incident which you claim caused your injury, damage, or loss. If you claim a different date for “the accrual of the cause of action” under Government Code Section 911.2, subdivision (a), include both the date of the incident and the date the cause of action accrued, and explain why they are different.
 - Enter the exact location of the incident, including the street address (or intersection), city, and county.
 - Describe what happened, including all facts supporting your claim that the County of Santa Barbara is responsible, and attach a copy of all written reports regarding the incident. If you claim a dangerous condition of County property caused the incident, describe the condition and why it was dangerous.
- D. **GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:** In this section, include a description of all known injuries, damages, and losses you have sustained to date as a result of the claimed occurrence, and all those you expect to sustain in the future.
- E. **NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:** In this section, identify (by name, if known, or by description, if name unknown) every County employee you claim caused or contributed to cause the injury, damage, or loss.
- F. **IS THE AMOUNT CLAIMED CURRENTLY LESS THAN \$10,000? YES ___ NO ___.** Answer “Yes” if the amount claimed (including the estimated amount of any future injury, damage, or loss) is less than \$10,000 as of the date this claim is presented; otherwise, answer “No.”

Whether you answer “Yes” or “No,” provide copies of all documentation reflecting the amount of the injury, damage, or loss, including bills, invoices, cost estimates, payment receipts, and explanations of benefits.

IF “YES”: STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION: If you answered “Yes” to the question above, state the amount and explain how you calculated it.

IF “NO”: DO NOT STATE A DOLLAR AMOUNT, BUT STATE WHETHER THE CLAIM WOULD BE A LIMITED CIVIL CASE: If you answered “No” to the question above, California Government Code section 910, subdivision (f) directs as follows: “If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.” For the definition of “limited civil case,” see Code of Civil Procedure sections 85 and 86.

WARNING

Section 72 of the California Penal Code states in pertinent part as follows: “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 (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine.”