

NOTICE OF CLAIM
AGAINST THE COUNTY OF MENDOCINO
(Government Code Section 910 et seq.)

INSTRUCTIONS (Please read carefully):

- * Claims related to injury to person, damage to personal property, or employee claims, by any person, government agency or entity of any type, must be presented to the County within (6) months from the date of loss.
- * Claims related to any other loss must be presented not later than (1) year from the date of loss.
- * Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- * If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- * Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors
Attn: Clerk of the Board
501 Low Gap Road, Room 1010
Ukiah, CA 95482

Date Received by BOS

1. Claimant's Name: _____ Daytime Phone: (____) _____
2. Claimant's Mailing Address: _____
3. Home Phone: (____) _____ Date of Loss: _____ Time of Loss: _____
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):

5. Description of incident/accident which caused you to make this claim: _____

6. What specific injury, damages or other losses did you incur? _____

7. What amount of money are you seeking to recover? (check one of the boxes below)
 The amount claimed is less than \$2,000. Enter the amount claimed here: \$ _____
 The amount claimed is more than \$2,000. Enter the amount claimed here: \$ _____
Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? _____
9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

Claimant Printed Name

Claimant Signature

Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

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* If legal advice concerning your claim should be obtained from your own lawyer.

WARNING

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

Pursuant to California Code of Procedure Section 128.5 and 1038, the County will seek to recover all costs of defense in the event an action is filed in the matter and it is determined that the action was not brought in good faith and with reasonable cause.

Code of Civil Procedure Section 1021.7 allows the court, in its discretion, to award reasonable attorney's fees to a defendant or defendants as part of costs, upon a finding that the cause of action against a peace officer was not filed or maintained in good faith and with reasonable cause.

6. What specific injury, damages or other losses did you incur?

7. What amount of money are you seeking to recover? (check one of the boxes below)
 The amount claimed is less than \$2,000. Enter the amount claimed here: \$ _____
 The amount claimed is more than \$2,000. Enter the amount claimed here: \$ _____
Please attach any and all itemized bills, repair estimates, receipts, etc.

8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known?

9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 3 above.

I, the undersigned, declare under penalty of perjury that I have read the foregoing claim for damages and know the contents thereof; that the same is true of my own knowledge and belief, save and except to those matters wherein stated on information and belief, and as to those I believe to be true.

Claimant Printed Name _____
Claimant Signature _____
Date Signed _____