



CLAIM AGAINST THE COUNTY OF SONOMA

(Government Code Section 910 et seq.)

Submit claim in person or mail to:

Board of Supervisors
575 Administration Dr Ste 100A
Santa Rosa CA 95403

- ☐ New Claim
☐ Amended Claim

*** = REQUIRED**

For Board of Supervisors' Date Stamp Only

1.* Claimant's Name and Home Address

City _____ **State** _____ **Zip** _____
Phone Home _____ Cell _____ Work _____

2.* Send Official Notices and Correspondence to

City _____ **State** _____ **Zip** _____
Phone Home _____ Cell _____ Work _____

3. Claimant's Date of Birth

4. Are you a Medicare Beneficiary? ☐ Yes ☐ No

Medicare HICN/SSN

5. Claimant Vehicle License Plate #, VIN, Make, Model, Mileage, and Year

6.* Date of Incident

7. Time of Incident

8.* Address and/or Description of Incident Location

9.* Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property, and County departments involved. State why you believe the County is responsible for the alleged injury, property damage, or loss.

Names of Involved County Employees and/or Departments, if known

10.* Description of Claimant's injury, property damage, or loss

11.* Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.

ITEMS

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL AMOUNT

Court Jurisdiction:

☐ Limited (up to \$35,000)

☐ Unlimited (over \$35,000)

12. Witness Names (if any)

Address

Phone

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 (\$1,000), 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."

13.*

Signature of Claimant or Representative

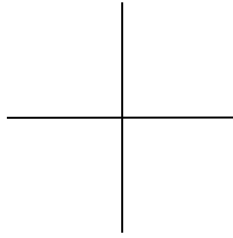
Date

Print Name

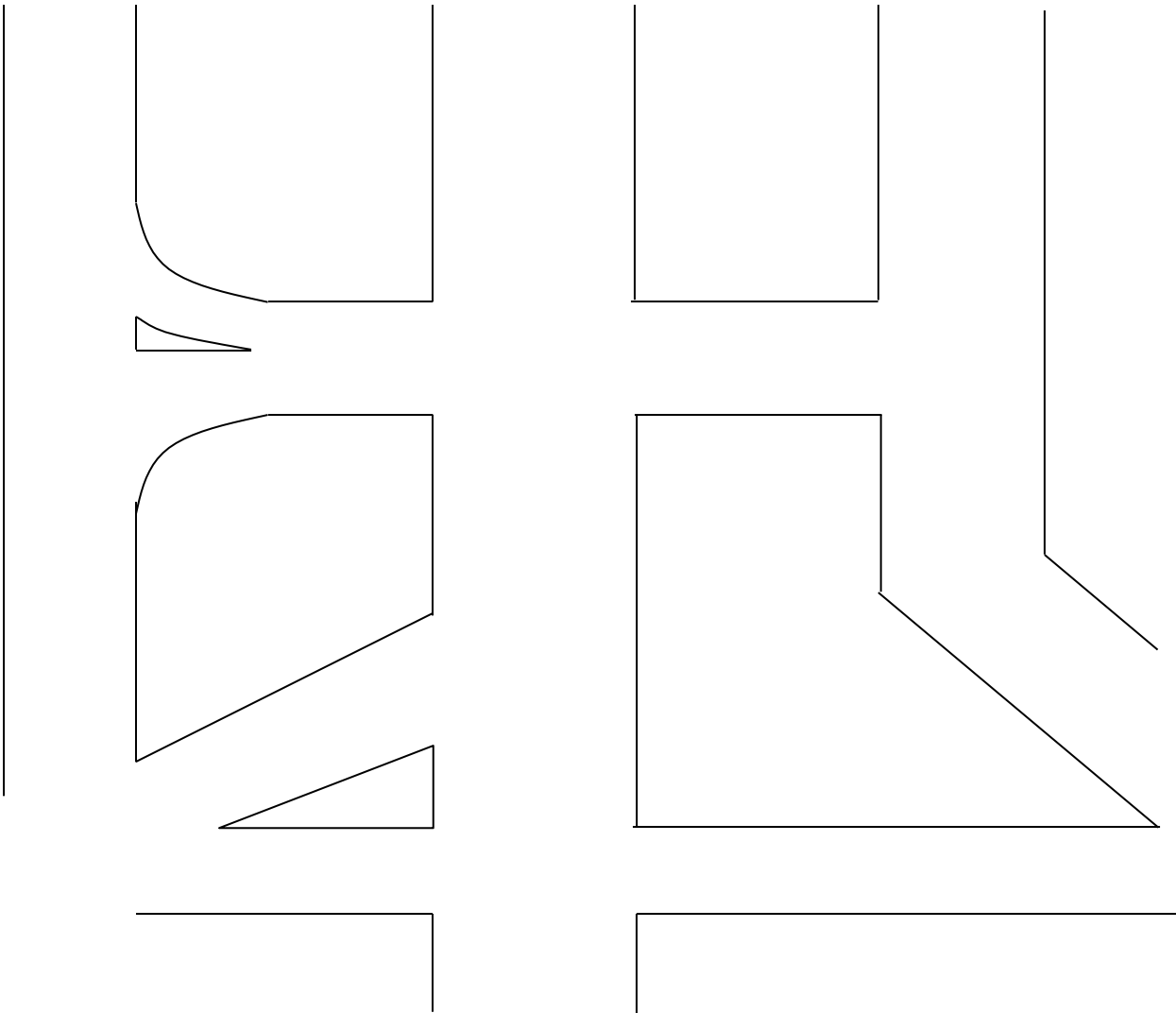
Relationship to Claimant

LOCATION DIAGRAM

Indicate directional points on compass (North, South, East, West).



Identify streets. If vehicles are involved, indicate County Vehicle as #1, and all others in numerical sequence.



INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all required sections of the Claim form will delay the processing of your claim and may result in the return or denial of your claim. * = Required.

1. *** Claimant's Name, Home Address, and Telephone:** State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage, or loss.
2. *** Official Notices and Correspondence:** Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
3. **Claimant's Date of Birth:** State the claimant's date of birth including month, day, and year.
4. **Medicare Beneficiary Status:** Indicate whether the claimant is a Medicare Beneficiary or not. If the claimant is a Medicare Beneficiary and the claim is for bodily injury, state the claimant's Medicare Health Insurance Claim Number (HICN) or Social Security Number (SSN). We are required under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) to notify Medicare of any settlements, judgments, awards, or other payment received by or on behalf of Medicare beneficiaries as they relate to settlement of bodily injury claims.
5. **Claimant Vehicle License Plate Number, Vehicle Identification Number (VIN), Make, Model, Mileage, and Year:** Please provide identifying information for the vehicle driven by the claimant or in which the claimant was a passenger.
6. *** Date of Incident:** State the exact month, day, and year, of the incident giving rise to the claim.
7. **Time of Incident:** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
8. *** Address and/or Description of Incident Location:** Include the exact street address or intersection and city where the incident occurred.
9. *** Basis of Claim:** State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and County departments involved, and why you believe the County is responsible for the alleged injury, property damage, or loss. Provide names of involved County employees and/or departments who allegedly caused the injury or property damage.
10. *** Description of Injury, Property Damage, or Loss:** Provide in full detail a description of the injury, property damage, or loss that allegedly resulted from the incident.
11. *** Amount of Loss and Method of Computation:** State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates. Government Code Section 910 provides that if the claim is for less than \$10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds \$10,000, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under \$25,000; unlimited civil jurisdiction cases are those involving damages of \$25,000 or more.
12. **Witnesses:** State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach a list of additional names if necessary.
13. *** Signature of Claimant or Representative:** Sign and date the claim form. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant.

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 (6) 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 (1) year after the accrual of the cause of action.

Claims will be deemed filed on the date of actual receipt at the Office of the Board of Supervisors or the date deposited in the U.S. mail in a sealed envelope, properly addressed, with postage paid.

Subject to certain exceptions, claimants have only six (6) months from the date that notice of denial is personally delivered or deposited in the mail to file a court action on said denied claim (Government Code Section 945.6).

A claimant may seek the advice of an attorney of claimant's choice in connection with any action on said claim. If claimant desires to consult an attorney, claimant should do so immediately.

Acceptance of any claim by the Board of Supervisors does not prejudice the rights of the Board to reject or deny any claim determined by the Board to be insufficient or not a proper claim against this governmental agency.
