

You Must Present Your Claim within The Time Prescribed By Govt. Code Section 911.2

- 1 .Read claim thoroughly.
- 2 .Fill out claim as indicated; attach additional information if necessary.
- 3. The claim form *must* be signed.
- 4. This office needs the *original* completed claim form and clear readable copies of attachments (if any) if originals are not available.

Return Completed and Signed Claim Form to:
Clerk of the Board
San Benito County Administration Bldg.
481 Fourth Street
Hollister, CA 95023
 (Unsigned claim forms cannot be processed)

**CLAIM FOR MONEY OR DAMAGES
 AGAINST THE COUNTY OF SAN BENITO
 (Pursuant to Govt. Code section 910 et. seq.)**

Received by _____ via: __ Mail __ Over the
 Counter _____ other (specify _____)
 **** COB USE ONLY****

CLAIMANT INFORMATION:

1. a. Claimants Name: _____
- b Claimants Address: _____
- _____
- | | | | |
|--|-------------|--------------|------------|
| | City | State | Zip |
|--|-------------|--------------|------------|
- c. Telephone: Area Code _____ Number _____ (home)
 Telephone: Area Code _____ Number _____ (work)
 Telephone: Area Code _____ Number _____ (cell)
- d. Date of Birth: _____

2. **Address To Which Notices Are To Be Sent (if different than above)**

Name	Street (or P.O. Box)	City	State	Zip Code
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CLAIM INFORMATION:

3. a. **Exact Date (Including Year) of the occurrence or transaction which gave rise to the claim asserted:**

- b. **Exact Location of the occurrence or transaction which gave rise to the claim asserted:**

- c. **Describe in detail the circumstances of the occurrence or transaction which you claim caused the damage/injury/loss: (How Did Incident Occur):**

- d. **Why do you claim the County is responsible?**

- e. **Jail Booking Number _____ Police Agency/Report Number _____ (if applicable)**

4. Provide a description of the damage/injury/loss incurred so far as is known at the time of this claim:

5. Name of County Employee(s) Causing damage/injury/loss, if known: _____

6. License number of County vehicle (if applicable): _____

7. Name, address, and phone number of any and all witnesses known:

1. _____	2. _____
Name Phone	Name Phone
3. _____	4. _____
Name Phone	Name Phone

8. Any additional information that may assist us in evaluating your claim:

9. If physician/hospital was visited due to injury:

Date of First Visit	Name	Address	Phone Number
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DAMAGES CLAIMED:

If the amount claimed is less than \$10,000:

Amount claimed to present:	\$ _____
Estimated amount of any prospective (future) damage/injury/loss	\$ _____
TOTAL AMOUNT CLAIMED:	\$ _____

If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)? YES NO

Basis of computation of the amount of damages (Please attach any estimates and/or receipts)

List of Damages Incurred to Date: _____	\$ _____
_____	\$ _____
_____	\$ _____

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

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 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.

I declare under the penalty of jury that the foregoing is true and correct.

Signed this _____ day of _____ 20____ at _____.

Signature of Claimant or Claimant's Representative

Printed/Typed Name