

<p>File Claim With:</p> <p><b>Clerk of the Board County of Siskiyou 510 North Main Street Yreka, CA 96097</b></p>	 <p><b>CLAIM FOR MONEY OR DAMAGES AGAINST THE COUNTY OF SISKIYOU</b></p>	<p>Received Stamp</p> <hr/> <p>County Claim Number: _____</p>
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A claim must be presented to a public agency, as required by the Government Code of the State of California, Section 910. Before completing this form, please read the attached instructions. You must complete each section of this form or your claim may be returned to you as insufficient.

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. For questions concerning this form or the information requested, please contact the Clerk of the Board's office at (530) 841-4110.

**1. Name and address of the Claimant:**

Name of Claimant: _____	Date of Birth: _____
Address: _____	Home Phone: _____
	Cell Phone: _____
Email Address: _____	
_____	

**2. Address to which the person presenting the claim desires notices to be sent if different from above:**

Name of Addressee: _____	Telephone: _____
Address: _____	
	Relationship: _____

**3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.**

Date of Occurrence: _____	Time of Occurrence: _____
Location: _____	
Circumstances giving rise to this claim: _____	
_____	
_____	

**4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim. What specific damage or injury are you claiming?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

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6. Was the Sheriff's Department or other law enforcement agency contacted? If yes, please provide a report number and name of agency.

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Yes	No	Report No.	Name of Agency

7. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the claim:

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8. If auto accident, please complete the following:

_____	_____	_____
Claimant's Vehicle License No.	Year/Make/Model	
_____	_____	_____
County's Vehicle License No.	Year/Make/Model	Name of Department

9. If amount claimed totals less than \$10,000: The amount claimed, if less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation (include receipts, estimates, or other documents):

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**If amount claimed exceeds \$10,000:** 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. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

Limited Civil Case                       Unlimited Civil Case

10. Are you receiving Medicare or will you be receiving Medicare in the next three years: YES or NO

**Warning:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause. I declare under penalty of perjury that the foregoing is true and correct. Please sign below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Send Claim Forms To:*

**CLERK OF THE BOARD  
County of Siskiyou  
510 North Main Street  
Yreka, CA 96097  
(530) 841-4110**



# CLAIM FORM INSTRUCTIONS

For questions concerning this form or the information requested, please contact the Clerk of the Board at (530) 841-4110 or [email?](#)

## **WHY MUST A CLAIM BE FILED?**

The State Legislature enacted Government Code Section 910, et al.; which provides legal guidelines for resolving disputes involving public funds. These guidelines exist for both the public and the public agency. Some of those legal guidelines are:

- a) Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence. See Government Code Section 911.2.
- b) Claims for damages to real property must be filed not later than 1 year after the occurrence. See Government Code Section 911.2.
- c) When a claim that is required by Section 911.2 to be presented not later than six months is not presented within such time, a written Application for Leave to Present a Late Claim, along with a copy of the proposed claim, must be filed. See Government Code Section 911.4.

## **INSTRUCTIONS FOR FILING A CLAIM AGAINST THE COUNTY OF SISKIYOU**

1. To ensure processing of your claim, complete each item on the liability claim form.
2. Once your claim is received, it will be forwarded to the County's Third Party Administrator, George Hills, for review.
3. You will be contacted within 10 days.
4. Once the investigation of your claim has been completed, you will be notified in writing with regard to the merits of your claim. In order for the County to utilize public funds for payment on any claim, there first must be an evaluation of liability.
5. Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §§128.5 and 1038, the County may seek to recover costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.

## **COMPLETING THE CLAIM FORM**

*Please type or print clearly with a ballpoint pen all of the information requested. The following provides specific instructions for completing each section of the claim form.*

1. **Name, address and date of birth** – State full name, address, phone numbers, email address, and date of birth of the person(s) claiming damage or injury.
2. **Address and telephone numbers** – If there is a different address to which notices from the City are to be directed, please also note that address. Provide home and business telephone numbers, e-mail address, etc., to better enable us to contact you.
3. **Date, place and circumstances of occurrence** – State the exact month, day, year, and approximate time of the incident, which caused the alleged damage/injury. State exactly where the incident occurred and include a diagram or photos of the location of the incident. State the specific circumstances so that we will understand what happened, when it happened, and where the incident occurred.
4. **General description of damage/injury** – Provide specific information regarding the damage or injury you are claiming. Explain why the County would be responsible.
5. **Name(s) of public employee(s) causing injury/damage/loss (if known)** – Provide name(s) of public employee(s).
6. **Was a law enforcement agency contacted?** – Note if the Police Department or any other law enforcement agency were contacted regarding the incident please note the report number, if known.
7. **Names and addresses of all witnesses** – Provide the names of hospitals, doctors, or other individuals having knowledge relevant to the claim.
8. **If auto accident, please complete the following** – If you were involved in an auto accident with a County vehicle, please provide your vehicle license number along with the year, make, model, and number of miles of your vehicle as well as the County’s vehicle license number (if known) and the year, make and model of the County vehicle (if known). Also, please provide a list of names, address and phone numbers of any passengers in the vehicle at the time of the accident.
9. **If amount claimed totals less or more than \$10,000** – State the total amount you are claiming as a result of the alleged damage/injury. If damage/injury is continuing or anticipated in the future, indicate with a “+” following the dollar figure. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim.
10. **Signature** – The claim must be signed by the claimant or by attorney/representative of the claimant. The Clerk of the Board will not accept the claim without proper signature. Government code§910.2 provides: “The claim shall be signed by the claimant or by some person on his or her behalf.” If you are claiming personal injuries, you may be asked to later sign an authorization to release your medical records to the County.
11. **Mail the completed and signed claim form to the Clerk of the Board, County of Siskiyou, 510 North Main Street, Yreka, CA 96097.**