



## CLAIM AGAINST COUNTY OF AMADOR State of California

### **Claims MUST be filed at the following location:**

County of Amador  
Board of Supervisors  
810 Court Street  
Jackson, CA 95642

### **Questions regarding the claims process should be directed to:**

County of Amador  
Office of County Counsel  
(209) 223-6366

Claims must be filed in person or by mail, with The Clerk of the Board of Supervisors, 810 Court Street, Jackson, CA 95642, **within the time limits prescribed by Government Code section 911.2**, which states: "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 as provided in Article 2 (commencing with Section 915) not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) not later than one year after the accrual of the cause of action."

Claims submitted must be signed by claimant or an authorized representative, and shall include all of the information required by Government Code section 910.

***You are encouraged to read all instructions and be aware of the rules and regulations that apply to filing a claim against a public entity.*** If you do not comply with the filing requirements, your claim may be returned as insufficient. (Government Code section 910.8).

## LATE CLAIMS

If filing a claim after the six-month filing period as provided in Government Code section 911.2, you must explain to the County your reason(s) for the delay in an "Application for Leave to Present Late Claim" (see Govt. Code section 911.4). The County does not have a form for late filing, but an application may be submitted in the form of a letter with the proposed claim attached. The County shall consider the application in accordance with Government Code section 911.6, which lists legally acceptable reasons for filing a late claim. The County will decide whether the application will be accepted, and will consider the merits of the claim **only** if the "Application for Leave to Present a Late Claim" has been accepted.

## INSTRUCTIONS FOR COMPLETING CLAIM FORM

- 1. Claimant's Name, Address and Phone Number(s):** Full name of individual claiming injury or damage, current post office address. Provide current home, work and mobile numbers.
- 2. Address Where Correspondence Should be Sent:** Post office address where notices and other correspondence are to be received, if different than the address provided in Item 1.
- 3. Date and Location of Accident/Incident/Loss:** Provide the exact date and location of the Accident/Incident/Loss that caused your alleged damage or injury. If no address is available for the location, please describe using nearest landmarks.
- 4. Basis of Claim:** Please provide all supporting information that shows that the County is responsible for the alleged damage/injury.
- 5. Itemized List of Claimed Expenses/Damages:** Enter an itemized list and the total amount of claimed expenses/damages as of the date of the presentation of the claim, which includes the estimated amount of any prospective injury/damage/loss, insofar as it may be known at the time of the presentation of the claim. Attach one (1) estimate if claimed amount is less than \$1000, and two (2) estimates if amount is over \$1000. Please provide a copy of the police report, if one is available. The Government Code provides that if the claim amount is for less than \$10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim amount exceeds \$10,000, no dollar amount needs to be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages totaling under \$25,000; unlimited civil jurisdiction cases are those involving damages totaling \$25,000 or more.
- 6. Describe How Accident/Incident/Loss Occurred and Describe Injury/Loss Being Claimed:** Please provide a detailed account of the events that led to your alleged damage/injury and a detailed account of alleged damage/injury that resulted from the Accident/Incident/Loss.
- 7. Provide Name(s) of any County Employee(s) Involved, and Provide Witness(es) Name(s) and Phone Number(s):** Please provide the name(s) of the County employee(s), and/or the County Department, if known, that allegedly caused the damage/injury. Also provide the name(s) and phone number(s) of witness(es) to the incident, if known.
- 8. Signature of Claimant/Representative:** Claim must be signed by claimant, or individual acting on their behalf.