

County Executive
David Villanueva



Board of Supervisors
Phil Serna, District 1
Patrick Kennedy, District 2
Rich Desmond, District 3
Rosario Rodriguez, District 4
Patrick Hume, District 5

Filing a Claim Against County of Sacramento

Claims MUST be filed at the following location:

County of Sacramento
Clerk, Board of Supervisors
700 H Street, Rm. 2450
Sacramento, CA 95814

Questions regarding the claims process should be referred to:

County of Sacramento
Risk Management Office
(916) 876-5251

You must file your claim form, by mail or in person, with The Clerk of the Board of Supervisors, 700 H Street, Rm. 2450, Sacramento, CA 95814, **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) of this chapter 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) of this chapter not later than one year after the accrual of the cause of action."

The claim shall be signed by you or by some person on your behalf, and shall include all of the information required by Government Code section 910.

County of Sacramento Self-Insurance Program

The County of Sacramento is a self-insured public entity, which operates its claims program in accordance with regulations that are set forth in the Government Code of the State of California. With self-insurance, a business pays for its losses with its own resources. Since the County is a self-insured public entity, ***you are strongly urged to read all instructions and make yourself 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).

Are you filing a late claim?

Government Code Section 911.2 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."

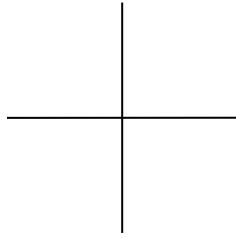
If you are filing your tort claim after the six-month filing period, you must explain to the County your reason(s) for the delay. This is called an "Application for Leave to Present a Late Claim" (see Govt. Code section 911.4). There is no application form, therefore your application should be in the 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 shall decide whether the application will be accepted. The County will consider the merits of the actual claim **only** if the "Application for Leave to Present a Late Claim" has been accepted.

Completing the Claim Form

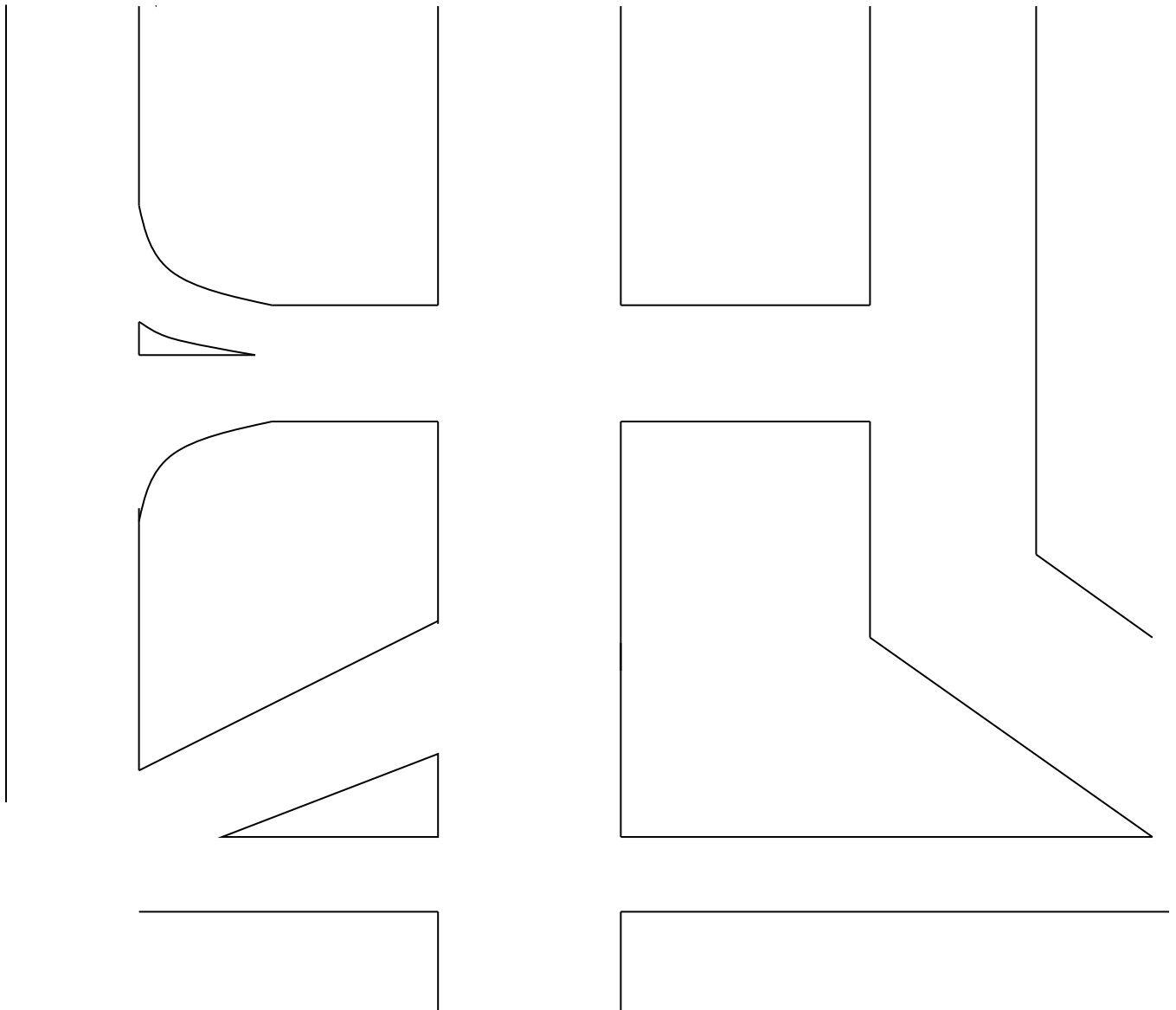
- 1. Claimant Name** Full name of the person claiming injury or damage.
- 2. Date of Birth** Date claimant was born. The County must know if the claim is being filed by, or on behalf of, a minor.
- 3. Claimant's Address** Current Post Office address of the claimant.
- 4. Address Where Notices Are To Be Sent** The Post Office address to which the person presenting the claim desires notices to be sent.
- 5. Phone Numbers** Provide current home and work phone numbers. If you have a mobile phone, provide that as well.
- 6. E-mail address** Current e-mail address for claimant
- 7. Amount of Claim** Enter total amount of your claim as of the date of presentation of the claim, which includes the estimated amount of any prospective injury/damage/loss, insofar as it may be known at time of presentation of the claim
- 8. Itemized List of Expenses/Damages** Provide a breakdown of the amount of your total claim shown in item #7. The claimant must provide the basis of computation of the amount claimed. For property damage claims, please include one (1) estimate if the repairs are going to be under \$1,000, and two (2) estimates if the repairs are going to be over \$1,000
- 9. Date of Accident / Incident / Loss** Exact date of Accident/Incident/Loss that caused your alleged damage or injury
- 10. Location of Accident / Incident / Loss** Please provide a specific location where the Accident/Incident/Loss that caused your alleged damage or injury occurred. Include as much information as you can with respect to the location. This is vital to the investigation of your claim. A diagram has been provided for your convenience.
- 11. How Did This Accident / Incident / Loss Occur?** Detailed account of events that led to your alleged damage/injury. Include all information supporting your claim that the County is responsible for the alleged damage/injury.
- 12. Describe Damage / Injury / Loss** Provide a detailed account of your alleged damage or injury that resulted from the Accident / Incident / Loss
- 13. Name(s) of Public Employees Causing Damage/Injury/Loss (if known)** Please list the name(s) of the County employee(s), and/or the County Department that allegedly caused your damage or injury
- 14. Are you receiving Medicare, or will you be receiving Medicare in the next 3 years?** Circle "Yes" or "No"
- 15. Signature of Claimant/Representative** Claim may be presented by claimant, or by a person acting on their behalf

LOCATION DIAGRAM

Indicate Directional Points on the Compass (N, S, E, W)



1. Identify streets
2. If vehicles are involved, indicate COUNTY VEHICLE as #1, and all others in numerical sequence.



Please keep one (1) copy for your records - Print/Type Only

CLAIM NUMBER (Dept. Use ONLY)

CLAIM AGAINST THE COUNTY OF SACRAMENTO

1. Claimant's Name Last First M.I. 2. Date of Birth

3. Claimant's Address

Street (or P.O. Box) City State Zip Code

4. Address Where Correspondence Should Be Sent (if different from above)

Name:

Street (or P.O. Box) City State Zip Code

5. Phone Number

Home Work Other

6. E-mail address

7. Amount of Claim \$

Board of Supervisors Stamp
Do Not Write In This Space

8. Itemized List of Claimed Expenses / Damages (should equal Line 7)

Table with 2 columns: ITEM, DOLLAR AMOUNT. Includes TOTAL CLAIM row.

9. Date of Accident / Incident / Loss:

10. Location of Accident / Incident / Loss:

11. Provide your description of how the Accident / Incident / Loss Occurred:

12. Describe Damage / Injury / Losses being claimed (including prospective Damage / Injury / Losses to the extent it is known at the time of claim filing)

13. Name(s) of Public Employee(s) Involved:

14. Are you receiving Medicare, or will you be receiving Medicare in the next 3 years? YES or NO

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."

15. Signature of Claimant/Representative: DATE