Filing a Claim Against Sacramento County

Your claim must be submitted by mail, or delivered in person, to the Clerk, Board of Supervisors, 700 H Street - Room 2450, Sacramento, CA 95814. Claims must be filed within the deadlines set by California Government Code Section 911.2 and must include all required information outlined in Section 910. Attach additional pages if needed. Electronic submissions are not accepted.

Please include any estimates and/or receipts supporting the amount of the claim. For repairs under $1,000, attach one estimate. For repairs over $1,000, attach two estimates.

Sacramento County Self-Insurance Program

Sacramento County is a self-insured public entity, and operates its liability claims program in compliance with the California Government Code. You are strongly urged to read all instructions and make yourself aware of the rules and regulations that apply to submitting a claim against a public entity. Failure to comply with the requirements may result in your claim being returned to you as untimely or insufficient; as per California Government Code sections 911.2 and 910.8.

Are You Filing a Late Claim?

California Government Code 911.2 sets the deadlines for submitting claims. If you miss the deadline, you must provide a written explanation to the County explaining why your claim is late. This explanation is called an “Application for Leave to Present a Late Claim.” There is no official form for this application, therefore you may submit it as a letter attached to your claim.

The application must be submitted to the Clerk, Board of Supervisors, within a reasonable amount of time, but no later than one year from the date of the loss. The County will consider the merits of the claim only if the “Application for Leave to Present a Late Claim” has been accepted.

Questions

If you have any questions about the claim process, please contact the Sacramento County Risk Management Office at (916) 876-1073.

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Claimant Name: Date of Birth:

Address:

Home Phone: Work Phone:

E-mail:

Address where correspondence should be sent (if different from above):

Date of Loss:

Location of Loss:

How did the loss occur:

General description of the injuries, damage, or losses known at the time this claim is submitted:

Amount of claim:

How did you determine the amount of the claim:

NOTE: For repairs under $1,000, attach one estimate. For repairs over $1,000, attach two estimates.

Name or names of the public employee, or employees, causing the injury, damage, or loss, if known:

Are you receiving Medicare, or will you be receiving Medicare in the next 3 years:

I declare that, upon information and belief, that the contents of this claim are true and correct.

Signature of claimant or representative:

Date:

Warning: Submitting a false claim, with intent to defraud, is a crime under California Penal Code section 72 and may result in criminal penalties, including fines and imprisonment.