RMD Date Stamp

BOS Date Stamp

CLAIM AGAINST THE COUNTY OF STANISLAUS
(Government Code Section 910.et seq.)

Claimants:
Name_____SSN#_____ Date of Birth_____
Address_____
Phone Number_____
Name, address and phone number of person to receive notices concerning this claim. _____
_____
_____
Date and time when damage or injury occurred. _____
_____
Location of occurrence. _____
_____
_____
_____
Circumstances of occurrence. _____
_____
_____
_____
Description of loss, damage or injury. _____
_____
_____
Name(s) of County Employee(s) causing injury, damage or loss, if known. _____
_____
_____
_____
Amount claimed at present including estimated amount of any prospective loss. _____
_____
_____
Names and addresses of witnesses, doctors and/or hospitals. _____
_____
_____
_____
Claim must be signed and dated by claimant or person acting on claimant's behalf.

DATED: _____ SIGNED: _____
Claimant(s)

~WARNING~

Section 72 of the Penal Code provides:

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, or account, voucher, or writing, is guilty of a felony"

This document is a public record and pursuant to the California Public Record Act must be made available for inspection and copying upon the request of any person, including, but not limited to a representative of the news media. (Please see California Government Code sections 6250 et seq.)

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS FOR FILING CLAIMS

1. All claims must be completed in their entirety, giving a precise description of the date, location and circumstances giving rise to the claim. Written estimates or bills, if available, should be attached to claim form. Auto damage requires two written estimates.

2. Claims should be filed with the Board of Supervisors of the County of Stanislaus, 1010 10th St., Suite 6500, Modesto, CA 95354.

3. A claim relating to a cause of action for death or injury to a person or to personal property or to growing crops shall be presented 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 not later than one year after the accrual of the cause action.

4. All claims shall be signed by the claimant or a person acting on his/her behalf and shall bear the date of such signing.

5. Claims will be deemed filed on date of actual receipt at the Office of the Board of Supervisor.

WARNING: CLAIMS NOT FILED IN ACCORDANCE WITH THESE INSTRUCTIONS MAY BE DEEMED TO BE INSUFFICIENT AND MAY BE REJECTED OR DENIED.

Claims properly filed in accordance with these procedures will be acted upon by the Board of Supervisors, and notice of said action shall be forwarded to the person designated in said claim to receive such notice.

SUBJECT TO CERTAIN EXCEPTIONS, CLAIMANTS HAVE ONLY SIX MONTHS FROM THE DATE THAT NOTICE OR DENIAL IS DEPOSITED IN THE MAIL OR PERSONALLY DELIVERED TO THEM TO FILE A COURT ACTION ON SAID DENIED CLAIM (See Government Code Section 945.6).

A claimant may seek the advice of an attorney of claimant's choice in connection with any action on said claim. If claimant desires to consult an attorney, claimant should do so immediately.

Acceptance of any claim by the Board of Supervisory does not prejudice the rights of the Board to reject or deny a claim determined by the Board to be insufficient or not a proper claim against this governmental agency.

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GL:mp
Rev 10-4-2012