CLAIM FOR DAMAGES

County of Fresno

THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY. DO NOT E-MAIL.
Presentation of a false claim is a felony (CA Penal Code, Section 72)

NOTE: Claims relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six (6) 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 (1) year after the accrual of the cause of action. (CA Government Code, Section 911.2)

DIRECTIONS: File the original and one (1) copy of this form with the County of Fresno, Clerk of the Board, Hall of Records, Room 301, 2281 Tulare Street, Fresno, CA 93721.

Name of Claimant (Injured or damaged party)	☐ Mr. ☐ Mrs. ☐ Ms.	Last First Middle / / Date of Birth Driver's License Number

Home Address and Telephone Number	Number and Street Address City State Zip Code **Telephone Number** ( )

Business Address and Telephone Number	Number and Street Address City State Zip Code **Telephone Number** ( )

Where would you like notices sent?	☐ Home ☐ Business ☐ Attorney

<u>When</u> did the injury or damage occur?	/ /		☐ AM ☐ PM :
	Month/Day/Year	Day of Week	Time of Day

<u>Where</u> did the injury or damage occur?	Street address, intersection or other location

<u>How</u> did the injury or damage occur?	

Names and telephone numbers of witnesses		( ) -
		( ) -
		( ) -

Names of County employees involved	

Police Agency and Police Report Number		
	Name of Police Agency	Report Number

What action or inaction of the County or its employee(s) caused your injury or damages?	

What injuries or damages did you suffer?	

Total amount claimed	$

DIRECTIONS: **SIGN AND DATE THIS Claim for Damages below**.

NOTE: If the signer is not the claimant, please indicate relationship of signer to the claimant (e.g., parent, attorney, etc.), and include full address.

Signature:	**Date** (month/day/year) / /
(Type or Print name)	
Number and Street Address City	State Zip Code
Relationship to Claimant	**Telephone Number:** ( )

DIRECTIONS: Attach to this completed and signed form any bills for medical treatment and expenses, and any estimates or bills for repair/replacement of damaged personal property.