

**COUNTY OF YUBA
CLAIM FOR DAMAGES**



PLEASE COMPLETE BOTH SIDES OF THIS FORM AND BE SURE IT IS DATED AND SIGNED

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When the claim is complete, bring or mail to: **Yuba County Board of Supervisors, Government Center, 915 Eighth Street, Suite 109, Marysville, California 95901.**

CLAIMANT

Name: _____ Date of Birth: ____/____/____

Address: _____

Telephone: _____

The undersigned respectfully submits the following claim and information:

1. Mailing address to which claimant desires notice to be sent, if other than above:

2. Date, time, and place of occurrence or transaction which gives rise to this claim:

Date: _____

Time: _____

Place: _____

3. Specify the particular act/omission and circumstances which you believe caused the injury and/or damage:

4. Names(s) of employee(s) of County of Yuba that you believe caused the injury/loss:

5. Description of property damaged:

6. Owner of property damaged:

7. Description of personal injury (if no personal injury, please state "None"):

8. Name(s) of any other person(s) injured:

9. Names, addresses and telephone numbers of witnesses, doctors, hospitals, etc:

- a)

- b)

- c)

10. Amount of reimbursement claimed, with computation. Please attach any supporting bills, receipts, or estimates of cost:

11. Any additional information which may be helpful in considering this claim:

I have read the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief, and as to such matters I believe the same to be true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed this _____ day of _____, 20 _____.

CLAIMANT'S SIGNATURE

PROCEDURE TO FILE A CLAIM WITH THE COUNTY OF YUBA

Your claim should be filed with the Board of Supervisors, Government Center, 915 8th Street, Suite 109, Marysville, California 95901. It may also be filed with the County Auditor.

Please use the attached form when submitting your claim. Your claim may either be handwritten (must be legible) or typewritten and should contain the following information:

1. Name, date of birth, and mailing address of claimant(s).
2. Address correspondence should be sent to if different than mailing address of claimant i.e. attorney's address if represented.
3. The act or omission, date, location, name of employee(s) involved (if any), witnesses (if any) giving rise to the claim - this information will assist the County in the prompt review and resolution of your claim.
4. If the amount claimed is for replacement of personal property, please attach actual receipts or two estimates.
5. If the amount claimed is for repair(s) to a vehicle, submit photos of the damage and have the vehicle inspected. Please have the time and date stamp on the photos. Also attach to your claim two estimates for repairs.
6. The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.

This claim may either be mailed or presented personally to the Clerk of the Board, an authorized Deputy Clerk of the Board, or the County Auditor.

Your claim will be investigated by the Risk Manager and will either be presented to the Board of Supervisors for action or it will be rejected by operation of law.