

# CLAIM FOR DAMAGES TO PERSON OR PROPERTY



**INSTRUCTIONS:**

1. Read claim *thoroughly*.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs *three copies* of your claim and *three sets* of attachments (if any).
4. This claim form *must* be signed.

**DELIVER OR U.S. MAIL TO:** EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS, (213) 974-1440  
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION,  
LOS ANGELES, CA 90012

TIME STAMP HERE  
OFFICE USE ONLY

1. NAME OF CLAIMANT  2. ADDRESS AND TELEPHONE NUMBER TO WHICH YOU DESIRE NOTICES OR COMMUNICATIONS TO BE SENT: Street _____ City, State _____ Zip Code _____  HOME TELEPHONE: ( ) _____ BUSINESS TELEPHONE: ( ) _____ 3. CLAIMANT'S BIRTHDATE: _____ 4. CLAIMANT'S SOCIAL SECURITY NUMBER: _____ 5. WHEN DID DAMAGE OR INJURY OCCUR? DATE _____ TIME _____ 6. WHERE DID DAMAGE OR INJURY OCCUR? Street _____ City, State _____ Zip Code _____ 7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: _____ _____ _____ _____ _____ 8. WERE POLICE OR PARAMEDICS CALLED? YES NO 9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER: DATE OF FIRST VISIT _____ PHYSICIAN'S NAME _____ PHYSICIAN'S ADDRESS _____ PHONE ( ) _____		10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? _____ _____ _____ 11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE) : NAME _____ DEPT. _____ NAME _____ DEPT. _____ 12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION: NAME _____ PHONE _____ ADDRESS _____ NAME _____ PHONE _____ 13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate): _____ _____ _____ TOTAL DAMAGES TO DATE: \$ _____ TOTAL ESTIMATED PROSPECTIVE DAMAGES: \$ _____
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**THIS CLAIM MUST BE SIGNED**  
**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)**

## WARNING

- CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

14. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT: _____	15. PRINT OR TYPE NAME _____ DATE _____
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