CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES

TIME STAMP
OFFICE USE ONLY

INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Return this original signed claim and any attachments supporting your claim. This form must be signed.

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

1. ☐ Mr. ☐ Ms. ☐ Mrs. LAST NAME FIRST NAME M.I.

2. ADDRESS OF CLAIMANT

CITY STATE ZIP CODE

HOME PHONE ( ) ALTERNATE PHONE ( )

3. CLAIMAINT'S BIRTHDATE:

4. CLAIMANT'S SOCIAL SECURITY NUMBER

5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT

STREET CITY, STATE ZIP CODE

6. DATE AND TIME OF INCIDENT

7. WHERE DID DAMAGE OR INJURY OCCUR?

STREET CITY, STATE ZIP CODE

8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates):

9. WERE POLICE OR PARAMEDICS CALLED? YES ☐ NO ☐

(IF YES) AGENCY'S NAME _____ REPORT # _____

CHECK IF LIMITED CIVIL CASE ☐

TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROPECTIVE DAMAGES

$_____ $_____

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 DEPARTMENT

NAME DEPARTMENT

12. WITNESS(ES) TO DAMAGES OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:

NAME PHONE ( )

ADDRESS

NAME PHONE ( )

ADDRESS

13. IF PHYSICIAN(S) WERE VISTED DUE TO INJURY, PROVIDE NAME, ADDRESS, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH:

DATE OF FIRST VISIT | PHYSICIAN'S NAME | PHONE ( )

STREET CITY, STATE ZIP CODE

DATE OF FIRST VISIT | PHYSICIAN'S NAME | PHONE ( )

STREET CITY, STATE ZIP CODE

THIS CLAIM MUST BE *SIGNED*

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

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)

14. PRINT OR TYPE NAME DATE

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT DATE