

**CLAIM FORM  
COUNTY OF SANTA BARBARA**

RETURN ORIGINAL TO:  
COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF  
SUPERVISORS 105 EASTANAPAMU STREET, SUITE 407 SANTA  
BARBARA, CA 93101

\*IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL DOCUMENTS TO  
THIS FORM

CLERK OF THE BOARD STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

B. NAME AND ADDRESS TO WHICH THE PERSON  
PRESENTING THE CLAIM DESIRES NOTICES  
TO BE SENT (if different from Claimant's):

DAYTIME TELEPHONE:

TELEPHONE:

EMAIL (optional):

C. THE DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE TO THE  
CLAIM ASSERTED:

DATE OF OCCURRENCE:

TIME OF OCCURRENCE:

PLACE OF OCCURRENCE:

CIRCUMSTANCES:

D. A GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT  
MAY BE KNOWN AT THE OF PRESENTATION OF THE CLAIM:

E. THE NAME OR NAMES OF THE PUBLIC EMPLOYEE OR EMPLOYEES CAUSING THE INJURY, DAMAGE, OR LOSS, IF KNOWN:

F. AMOUNT OF CLAIM: (IF LESS THAN \$10,000)

JURISDICTION OF CLAIM:

BASIS OF COMPUTATION:

**DECLARATION**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT

\_\_\_\_\_  
SIGNATURE OF CLAIMANT OR REPRESENTATIVE:

\_\_\_\_\_  
DATE:

PRESENTING A CLAIM TO THE COUNTY OF SANTA BARBARA

- PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
  - YOU MUST COMPLETE EACH SECTION OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
  - THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM.
- A. THE NAME AND POST OFFICE ADDRESS OF THE CLAIMANT: State the full name and mailing address of the claiming damage or injury.
- B. THE POST OFFICE ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT: Provide the name and mailing address of the person to whom all official notices and other correspondence from the county should be sent, ONLY if other than the claimant. Please provide telephone number, if applicable.
- C. THE DATE, PLACE AND OTHER CIRCUMSTANCES OF THE OCCURANCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM ASSERTED: State the exact month, date, year and approximate time (if known) of the incident which caused the alleged damage or injury.

Describe the exact location where the damage or injury occurred. Please include the street address, city, county, intersection, etc.

Please explain the circumstances that lead to the alleged damage or injury. State all facts which support your claim against the County of Santa Barbara and why you believe the County is responsible for the alleged damage or injury. If the alleged damage or injury was caused by an alleged dangerous condition of public property, be specific in your description of the condition.

- D. A GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:  
Provide in full detail a description of the damage or injury that allegedly resulted from the accident.
- E. THE NAME OR NAMES OF THE PUBLIC EMPLOYEE OR EMPLOYEES THAT CAUSING THE INJURY, DAMAGE OR LOSS, IF KNOWN: If known, identify the name of the County department(s) and / or County who allegedly caused the damage or injury.
- F. THE AMOUNT CLAIMED IF TOTALS LESS THAN TEN THOUSAND DOLLARS (\$10,000) AS OF THE DATE PRESENTATION OF THE CLAIM, INCLUDING THE ESTIMATED AMOUNT OF ANY DAMAGE, OR LOSS, INSOFAR AS IT MAY BE KNOWN AT THE TIME OF THE PRESENTATION OF THE CLAIM, TOGETHER WITH THE BASIS OF THE COMPUTATION OF THE AMOUNT CLAIMED. IF THE AMOUNT CLAIMED EXCEEDS TEN THOUSAND NO DOLLAR AMOUNT SHOULD BE IN THE CLAIM. HOWEVER, IT SHALL INDICATE WETHER JURISDICTION WOULD BE LIMITED OR UNLIMITED: Regarding the amount of the claim, state the specific total dollar amount you are claiming as a result of the alleged damage or injury. If damage or injury is continuing or is anticipated in the future, indicate with a "+" following the dollar amount if your claim is for ten thousand dollars (\$10,000) or under. If the total dollar amount you are claiming is unspecified or exceeds designate the appropriate court jurisdiction for this claim. Regarding the basis of computation, state how you arrived at the amount claimed and provide copies of any supporting documentation (i.e. bill, payment, receipts, cost and estimates.) you may have.

PLEASE CONSULT SECTION 911.2 OF THE CALIFORNIA GOVERNMENT CODE AND OTHER APPLICABLE CODES FOR STATUTORY CLAIM FILING REQUIREMENTS.

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, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writings, is punishable either by imprisonment in the county jail for a period not more than one year, by fine of not exceeding one thousand dollars (**\$1,000**) or by both such imprisonment in the state prison for a period not more than five years, by a fine not exceeding ten thousand dollars (**\$10,000**) or by both such imprisonment and fine.