

CLAIM
COUNTY OF SANTA BARBARA
PLEASE RETURN ORIGINAL AND ONE COPY TO:

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
105 EAST ANAPAMU STREET, SUITE 407
SANTA BARBARA, CA 93101

* PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS BEFORE COMPLETING*
* IF ADDITIONAL SPACE IS NEEDED, PLEASE USE SEPARATE PIECES OF PAPER*

RECEIVED BY (DEPUTY CLERK)

- Personal Delivery
- Mail
- Other _____



CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

DAYTIME TELEPHONE:

EVENING TELEPHONE:

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

TELEPHONE:

C. THE DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE 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 TIME 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 FOREGOING 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 states in pertinent part as follows: "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 writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."