

FILE WITH CLERK OF THE BOARD OF SUPERVISORS
P.O. BOX 715
BRIDGEPORT, CA 93517
(760) 932-5534/5533

CLAIM NO. _____

**CLAIM FOR DAMAGES
COUNTY OF MONO**

NOTE: Read entire claim before filling in the blanks. Attach separate sheets, if necessary, to this form so full details can be given; be sure to SIGN each sheet. See Page 3 for diagram upon which to locate place of accident.

NAME OF CLAIMANT _____
(injured or damaged) (Last) Mr. Mrs. Ms. (First) (Middle)

HOME ADDRESS _____ PHONE NO. () _____

MAILING ADDRESS _____ FAX NO. () _____

PREFERRED ADDRESS FOR NOTICES (check one) () Home () Mailing E-MAIL _____

WHEN did damage or injury occur? Give full particulars, date, time of day: _____

INDICATE the specific place or location where the injury or damage occurred: : _____

INDICATE the physical conditions surrounding the occurrence (such as state of weather, lightness or darkness, condition of road, traffic, power lines, etc., when applicable): _____

HOW did damage or injury occur? Give full particulars: _____

NAME or names of the public employee or employees causing the injury, damage, or loss, if known: _____

WHAT particular ACT or OMISSION on the part of County officers or employees do you claim caused the injury or damage: _____

WHAT DAMAGE OR INJURIES do you claim resulted? Give full extent of injuries or damage claimed. Give the sum you claim on account of each item or injury or damage. *If the claim exceeds \$10,000, no dollar amount should be included on the claim.* _____

() Limited Civil Case (the amount in controversy does not exceed \$25,000). See page 4 for complete definition.

Proof of property damage must be submitted: _____

TOTAL CLAIMED \$ _____ () Attachments provided

The Mono County Board of Supervisors has delegated to the County Administrative Officer the ability to decide upon claims seeking twenty thousand (\$20,000) or less from the county pursuant to Mono County Code §3.03.030.

Insurance payments, if any, received by you on account of this damage or injury, and name of Insurance Company: _____

Expenditures made on account of accident or injury. Proof of property damage under \$500.00 must be submitted.

DATE	ITEM	TO WHOM PAID	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Name and address of Witnesses, Doctors, and Hospitals: _____

OTHER DETAILS: _____

If the signer of this claim is not the claimant, then explain signer's relation to the claimant: _____

I declare, under penalty of perjury that the foregoing is true and correct. Dated this ____ day of _____, 20 ____, at _____, California.
(place where signed)

(Claimant's Signature)

NOTES:

- (1) Presentation of a false claim is a felony. (Cal. Penal Code Sec. 72)
- (2) Claims against the County or its employees for personal injuries or death and personal property or growing crop damage must be presented to the Clerk of the Board within six (6) months of the occurrence, which caused the damages or injuries. All other claims must be presented within one year. (Government Code Sec. 911.2, et seq; Sec. 950, et seq.)

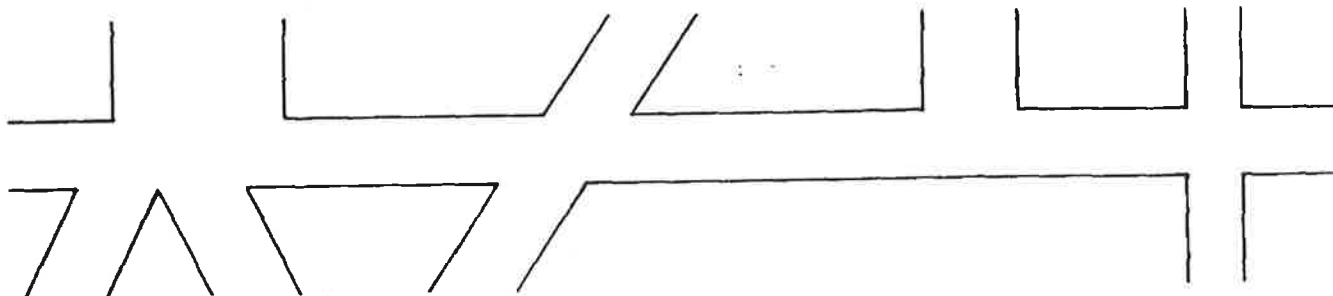
READ CAREFULLY

For all accident claims, place on following diagram names of streets, indicating North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

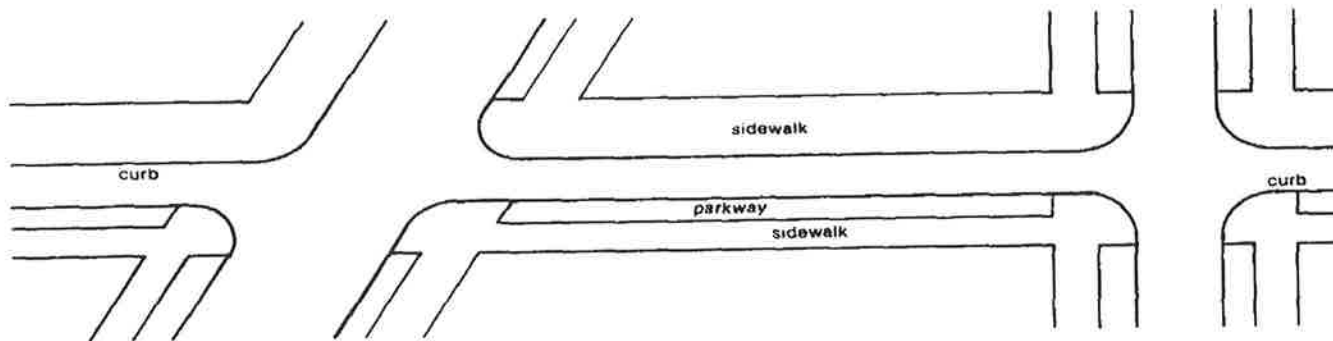
If County a vehicle was involved, designate by letter "A" the location of the County vehicle when you first saw it, and by "B" the location of yourself or your vehicle when you first saw the County vehicle; location of County vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of accident by "B-1" and the point of impact by "X".

NOTE: If diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Limited Civil Cases

Limited Civil Cases are defined in Section 85 of the California Code of Civil Procedure. The law may revise the definition from time to time. If you have any questions, please refer to that section or consult with an attorney.

An Action will be treated as a limited civil case if all of the following conditions are satisfied:

1. The amount of the controversy does not exceed twenty-five thousand dollars (\$25,000). This means the amount of the demand exclusive of attorney's fees, interest and costs that may be associated with the claim.
2. The relief sought is a type that may be granted in a limited civil case. The most common type of claim that may be a limited civil case will be a case where the demand is twenty-five thousand dollars (\$25,000) or less and special relief from the court is not being requested.
3. The relief sought is exclusively of a type described in a statute that classifies a claim as a limited civil case or that provides that the original jurisdiction for the action is with the municipal court. Examples of statutes that classify claims as limited civil cases can be found in section 85 of the Code of Civil Procedure.