

County of San Luis Obispo



FILING A CLAIM AGAINST THE COUNTY OF SAN LUIS OBISPO

Claims *Must* Be Filed at the Following Location:

County of San Luis Obispo
County Executive Office
County Government Center,
1055 Monterey Street, D430
San Luis Obispo, CA 93408

Questions Regarding the Claim Process Should Be Referred to:

County of San Luis Obispo
Risk Management Division
805-781-5959

You must file your claim form, by mail or in person, with the County Executive Office located at 1055 Monterey Street, Room D430, San Luis Obispo, **within the time limits prescribed by Government Code §911.2**, which states: "A claim relating to a cause of action for death, or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter **not later than six months** after accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter **not later than one year** after accrual of the cause of action."

The claim shall be signed by you or by some person on your behalf, and shall include all of the information required by Government Code § 910.

CLAIM FORM INSTRUCTIONS

Completing the Claim Form:

You will need to provide the following information to submit a claim to the County of San Luis Obispo:

1. **Claimant Name:**
Full name of the person claiming injury or damages.
2. **Date of Birth:**
Date the claimant was born. The County must know if the claim is being filed by, or on the behalf of, a minor.
3. **Claimant Address:**
Current address of the person claiming injury or damage.
4. **Address Where Notices Are to Be Sent:**
The address to which correspondence pertaining to the claim will be sent.
5. **Phone Numbers:**
Provide current home and work phone numbers. If you have a cell phone, please provide that as well.
6. **Amount of Claim:**
Enter the total amount of your claim as of the date of presentation of the claim, which includes the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of presentation of the claim.
7. **Date and Time of Accident/Incident/Loss:**
The exact date and time of the accident/incident/loss that caused your alleged damage or injury.
8. **Location of Accident/Incident/Loss:**
Please provide a specific location where the accident/incident/loss that caused your alleged damage or injury occurred. Include as much information as you can with respect to the location. This is vital to the investigation of your claim. A diagram has been provided for your convenience.
9. **Describe How This Accident/Incident/Loss Occurred:**
Provide a detailed account of the events that led up to your alleged damage or injury. Include all information that you believe supports your claim that the County is responsible for your alleged damage or injury. Also, include the names, addresses, and phone numbers of any witnesses to the events described in your claim.
10. **Describe the Damage/Injury/Loss:**
Provide a detailed account of your alleged damage or injury that resulted from the Accident/Incident/Loss.
11. **Name(s) of Public Employee(s), Department or District Allegedly Causing Damage/Injury/Loss (if known):**
Please list the name(s) of the employee(s), and/or the County Department, or Board of Supervisors' governed district that allegedly caused your damage/injury/loss.
12. **Itemized List of Expenses/Damages:**
Provide a breakdown of the amount of your total claim shown in item #6. The claimant must provide the basis of computation of the amount claimed. For property damage claims, please include two (2) estimates for repairs and photographs of the damage.
13. **Signed by, or for, the Claimant:**
A claim may be presented by the claimant, or by a person acting on his/her behalf. The person that presented the claim to the County for consideration should sign this form.

If you have questions regarding the claims process, please contact the County of San Luis Obispo Risk Management Division at 805-781-5959.

CLAIM AGAINST THE COUNTY OF SAN LUIS OBISPO

You may file in person or mail completed form to:

County Executive Office
County Government Center
1055 Monterey Street, Room D430,
San Luis Obispo, CA 93408

Clerk-Recorder's Stamp

Do Not Write in This Space

1. **Claimant Name:** _____
Last First Middle Initial
2. **Date of Birth:** _____
3. **Claimant Address:** _____
Street/P.O. Box City State/Zip Code
4. **Address Where Notices Are to Be Sent (if different from above):**

5. **Phone Numbers:** _____
Home Work Other
6. **Amount of Claim:** \$ _____
7. **Date and Time of Accident/Incident/Loss:** _____
8. **Location of Accident/Incident/Loss:** _____

9. **Describe How This Accident/Incident/Loss Occurred:** _____

10. **Describe the Damage/Injury/Loss:** _____

11. **Name(s) of Public Employee(s) Allegedly Causing Damage/Injury/Loss (if known):**

Employee Name

County Dept./Board-Governed District

12. **Itemized List of Expenses/Damages (should equal line 6): ***

Item	Amount
	\$
	\$
	\$
	\$
Total	\$

*For property damage claims-- please attach 2 estimates for repair and photographs of damage.

Every person who, with intent to defraud, presents for allowance or payment to any county authorized to allow or pay same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable by either imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one-thousand dollars (\$1,000.00), or both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten-thousand dollars (\$10,000.00), or both such imprisonment and fine. (California Penal Code § 72.)

13. **Signature of Claimant/Representative:**

Name

Date

LOCATION DIAGRAM

- Please indicate Compass directional points (N, S, E, W)
- Identify streets
- If vehicles are involved, indicate your own Vehicle as #1; County vehicle as #2, etc.
- If your claim is based on the condition of the condition of the road, please identify the **precise location of the problem.**

