

County of Madera

CLAIM FOR DAMAGES

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one year after the occurrence out of which the claim/claims arose. (Refer to California Government Code Section 911.2)

DIRECTIONS: File the original and one copy with the County of Madera Administrative Office, 200 W. 4th Street, 4th floor, Madera, California, 93637-3548.

NAME OF CLAIMANT: Mr. _____ Mrs. _____ (Last) (First) (Middle)

(Date of Birth) _____ (Ca. Driver License No.) _____

HOME ADDRESS _____ (Number/Street) (City/State/Zip Code) (Phone Number)

BUSINESS ADDRESS _____ (Number/Street) (City/State/Zip Code) (Phone Number)

DIRECTIONS: Indicate to which address you wish notices sent [] Home [] Business

WHEN DID INJURY OR DAMAGE OCCUR? _____ (Month/Day/Year) (Day of Week) (Time of Day) A.M. P.M.

WHERE DID INJURY OR DAMAGE OCCUR? _____ (Street address, intersecting streets, or other location)

HOW DID INJURY OR DAMAGE OCCUR? _____ (Describe accident or occurrence in complete detail, use attached sheet if necessary)

NAME OF ANY WITNESSES? _____ (Phone Number)

NAMES OF ANY COUNTY EMPLOYEES INVOLVED _____

POLICE REPORT NUMBER (S) _____

WHAT ACTION OR INACTION OF COUNTY EMPLOYEE (S) CAUSED YOUR INJURY OR DAMAGES?

WHAT INJURIES DID YOU SUFFER? _____

TOTAL AMOUNT CLAIMED \$ _____

DIRECTIONS: Sign and date this Claim for Damges below. If the signer is not the claimant, indicate the relationship of the signer to the claimant (parent, attorney, etc., and mailing address).

(Signature)

(Month/Day/Year)

(Relationship of signer, if not claimant)

(Address)

DIRECTIONS: Attach and include, with this completed form, any bills for medical treatment and expenses and any estimates or bills for personal property damage.

NOTE: PRESENTION OF AN FALSE CLAIM IS A FELONY. (Refer to California Penal Code Section 72)