

TULARE COUNTY COUNSEL

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RISK MANAGEMENT DIVISION

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE COUNTY OF TULARE

These instructions apply to the County of Tulare with the requirements and procedures for recovering damages as outlined in the California Government Code commencing with §900. Subject to a few exceptions, you are required to file a timely claim with the **Board of Supervisors**. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented no later than six (6) months after the date of loss or the date damages were incurred. All other claims shall be presented within one (1) year.

No suit for money or damages may be brought against a public entity until a written claim has been presented and acted upon or rejected pursuant to Gov. Code Section 945.4 with exceptions as noted in Gov. Code Section 905.

Please type or print clearly, using black or blue ink, all of the information requested on Claim Form.

- 1. Claimant, Notification and General Information:** State full legal name and address for the claimant. Also, provide the name and mailing address where claims information should be sent, if other than the claimant.
- 2. Date of Accident:** It is crucial that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient.
- 3. Place of Accident:** Describe the location of the accident or event with sufficient characteristics to be able to identify the location on a map for a clear scene identification.
- 4. Liability:** Describe how the event occurred, including the facts and circumstances for which you believe the County of Tulare would be liable for your damages.
- 5. Property Damage:** If the claim seeks recovery of property damage, describe the nature and extent of the damage while providing the supporting documentation by way of repair bills or damage estimates. If someone else owns the property or vehicle, please provide their name, address and telephone number as well.
- 6. Personal Injury:** If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant for consideration of your claim.
- 7. Amount of Claim:** State the "total amount" you are claiming as a result of the alleged damage/injury. Indicate if costs or damages are continuing, and describe the basis for this assertion. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim.
- 8. Witnesses:** Provide names and information of any witnesses to the accident, including county employees.
- 9. Signature:** Government Code §910.2 provides: "The Claim shall be signed by the Claimant or by some person on his or her behalf." Failure to sign the claim will result in return of the claim as insufficient.

<p style="text-align: center;">LIABILITY CLAIM REPORT</p> <p>Attach Additional Pages if Necessary</p>	<p>Mail Claim To:</p> <p>Clerk of the Board of Supervisors 2800 W. Burrel Ave. Visalia, CA 93291-4593</p>	<p style="text-align: center;">Clerk of the Board Stamp</p>
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CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME:		CLAIMANT ADDRESS:	
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)	
CLAIMANT DATE OF BIRTH (OPTIONAL)	MEDICARE BENEFICIARY (OPTIONAL) <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS (OPTIONAL)	
DATE OF ACCIDENT/INCIDENT	ACCIDENT/INCIDENT TIME: AM/PM.	CONTACT PHONE NUMBER(S)	

PLACE OR LOCATION OF ACCIDENT/INCIDENT (COMPLETE ADDRESS AND/OR FULL DESCRIPTION OF AREA)

LIABILITY

DESCRIBE WHAT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAMES OF ANY INVOLVED COUNTY EMPLOYEE(S):

PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED

PERSONAL INJURY

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

AMOUNT OF CLAIM

PROPERTY DAMAGE \$	PERSONAL INJURY \$	TOTAL \$ AMOUNT OF CLAIM:
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WITNESSES

NAME(S) / ADDRESS(ES) / CONTACT INFO.:

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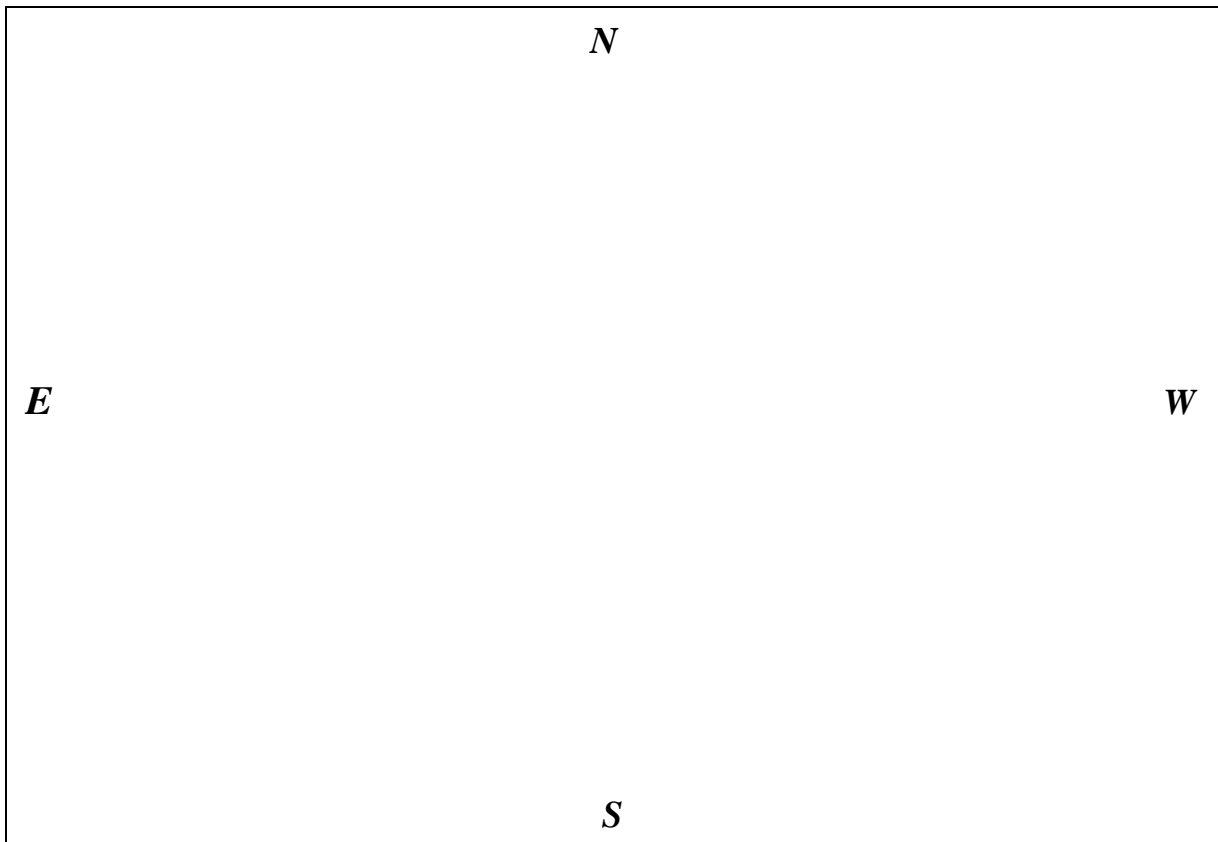
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<p style="text-align: center;">CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS</p> <p>Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).</p>	<p>I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.</p> <p style="text-align: center;">X _____ / _____</p> <p style="text-align: center;">SIGNATURE OF CLAIMANT DATE</p>
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Additional Remarks or Diagram - If additional space is needed, feel free to use the section below for further comments. If the claim involves a motor vehicle accident, please also provide a visual diagram.

DIAGRAM OF ACCIDENT / INTERSECTION / STREET NAMES: (Identifiers V1, V2, V3 etc.)



NOTICE TO CLAIMANT

**Claims must be signed by the property owner, injured party, or the person representing the claimant.
Any unsigned claim forms cannot be honored. See Government Code §910.2.**

The County of Tulare often needs the supporting evidence in order to evaluate your claim. Whether attached to the claim form or submitted subsequently, evidence supporting the amount claimed may include:

- For claims of damage to property which has been or can be repaired, submit an itemized estimate or statement of damages by a reliable repair shop of your choice, or if payment has been made, the itemized signed receipts evidencing repairs and payment. For lost property or property that cannot be economically restored, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident.
- For claims of bodily injury, personal injury or death, the claimant should submit documentation evidencing the degree of injuries sustained, diagnosis from medical providers and type of treatment obtained, including medical billing incurred. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.

Note: Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

- If you are filing your tort claim after the six-month filing period, you must explain to the County your reason(s) for the delay. This is called an "Application for Leave to Present a Late Claim" (see Govt. Code section 911.4). There is no application form, therefore your application should be in the form of a letter with the proposed claim attached. The County shall consider the application in accordance with Government Code section 911.6, which lists legally acceptable reasons for filing a late claim. The County shall decide whether the application will be accepted. The County will consider the merits of the actual claim **only** if the "Application for Leave to Present a Late Claim" has been accepted.

The completed claim form and any supporting documentation needs to be mailed or delivered to the:

**Clerk of the Board of Supervisors
2800 W. Burrel Ave.
Visalia, CA 93291-4593**

WHAT HAPPENS NEXT?

Your claim will be investigated by Risk Management claims staff, and you should hear back on the status of your claim within 45 days of the presentation of your claim. Any questions should be directed to the County Counsel Risk Management Department at (559) 636-4950.

REGARDING INSURANCE COVERAGE (Optional)

So that a claim may be properly reviewed and evaluated by Risk Management, your insurance information may be helpful in securing the appropriate documentation that could assist us in the claims process regarding your loss or injury.

- HAVE YOU FILED A CLAIM WITH YOUR INSURANCE COMPANY? YES NO
- NAME OF YOUR INSURANCE COMPANY _____
- INSURANCE COMPANY CLAIM OR POLICY NO. ? _____
- REPRESENTATIVE NAME: _____
- CONTACT PHONE OR EMAIL INFORMATION: _____
- IF "YES", WHAT IS YOUR DEDUCTIBLE AMOUNT? _____