



# COUNTY OF KINGS

## CLAIM FOR DAMAGES FORM

This claim must be filed with the Clerk of the Board of Supervisors. When space is insufficient, please use additional paper and identify information by paragraph number.

When claim is complete, mail to: Clerk of the Board of Supervisors, 1400 W. Lacey Blvd., Hanford, CA 93230, or drop off to 1400 W. Lacey Blvd., Administration Bldg. #1, Hanford, CA 93230.

<b>RESERVE FOR FILING STAMP</b>
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<b>NAME:</b>	<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>DATE OF BIRTH:</b>	<b>PHONE #:</b>	<b>SOCIAL SECURITY #:</b>
<b>POST OFFICE ADDRESS TO WHICH CLAIMANT DESIRES NOTICES TO BE SENT IF OTHER THAN ABOVE:</b>		

<b>1. DATE OF ACCIDENT/INCIDENT:</b>	<b>TIME OF ACCIDENT/INCIDENT:</b>
<b>PLACE OF ACCIDENT/INCIDENT:</b>	

**2. SPECIFY THE PARTICULAR ACT OR OMISSION AND CIRCUMSTANCES YOU CLAIM CAUSED INJURY AND/OR DAMAGE:**

**3. NAME OR NAMES OF ANY EMPLOYEE OF THE COUNTY YOU CLAIM CAUSED THE INJURY, DAMAGE, OR LOSS, IF ANY:**

**4. WHAT IS THE AMOUNT OF INJURY, DAMAGE OR LOSS CLAIMED, INCLUDING THE ESTIMATED AMOUNT OF ANY FUTURE INJURY, DAMAGE OR LOSS? (ITEMIZE AND ATTACH MEDICAL BILLS, PROPERTY DAMAGE ESTIMATES, ETC.-USE SEPARATE SHEETS, IF NECESSARY). IF THE AMOUNT CLAIMED EXCEEDS \$10,000.00, NO DOLLAR AMOUNT SHALL BE INCLUDED. HOWEVER, YOU SHALL INDICATE WHETHER THE CLAIM WOULD BE A LIMITED CIVIL CASE. (REFER TO CALIFORNIA GOVERNMENT CODE SECTION 910[F])**

5. NAME AND ADDRESSES OF EYE WITNESSES, DOCTORS, HOSPITALS, ETC.:			
	NAME:	ADDRESS:	PHONE #:
1.			
2.			
3.			

6. DESCRIPTION OF PERSONAL INJURY. IF THERE IS NO PERSONAL INJURIES, STATE "NONE":

7. NAME OF ANY OTHER PERSON INJURED:			
	NAME:	ADDRESS:	PHONE #:
1.			
2.			
3.			

8. DESCRIPTION OF PROPERTY DAMAGED:

9. OWNER OF PROPERTY DAMAGED:			
	NAME:	ADDRESS:	PHONE #:

10. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING THIS CLAIM:

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_ at \_\_\_\_\_ Claimant Signature: \_\_\_\_\_  
(City/State)

cc: County Counsel  
Administration – Risk Management Division