

CLAIM AGAINST THE COUNTY OF SANTA CLARA

Please submit the completed form to the Clerk of the Board of Supervisors, 70 W. Hedding St., East Wing, 10th Floor, San Jose, CA 95110

Please attach additional pages as needed.

FOR CLERK'S USE ONLY

1. Claimant's full name: _____ Minor
2. Claimant's telephone number: _____
3. Claimant's mailing address: _____
4. Mailing address to which notices are to be sent, if different from 3: _____

5. Date of the incident or loss: _____
6. Location of the incident or loss: _____
7. Describe how the incident or loss happened and the reason why you believe the County of Santa Clara is liable for your damages: _____

8. Describe the injury, damage, or loss: _____

9. If a public employee is involved in the injury, damage, or loss, provide name if known: _____

10. Name of witness, if any: _____
11. If the claim is for less than \$10,000, state the total amount of the claim: _____

List the items totaling the amount of the claim:

<i>Item</i>	<i>Amount</i>	<i>Item</i>	<i>Amount</i>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

12. If the claim is for more than \$10,000, is the amount over \$25,000? Yes _____ No _____

Signature of Claimant or Representative

Date

Any person who, with the intent to defraud, presents any false or fraudulent claim may be punished either by imprisonment or fine, or both. See section 72 of the Penal Code.