



CLAIM FOR DAMAGES

County of Fresno

THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY. DO NOT E-MAIL.

Presentation of a false claim is a felony (CA Penal Code, Section 72)

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six (6) months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one (1) year after the occurrence out of which the claim/claims arose. (CA Government Code, Section 911.2)

DIRECTIONS: File the original and one (1) copy of this form with the County of Fresno, Clerk to the Board of Supervisors, Hall of Records, Room 301, 2281 Tulare Street, Fresno, CA 93721.

Name of Claimant (Injured or damaged party)	<input type="checkbox"/> Mr.		
	<input type="checkbox"/> Mrs.	Last	
	<input type="checkbox"/> Ms.	First / /	Middle
		Date of Birth	Driver's License Number

Home Address and Telephone Number			
	Number and Street Address		
	City	State	Zip Code
	Telephone Number ()		

Social Security Number and Gender	- -	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Social Security Number	

Business Address and Telephone Number			
	Number and Street Address		
	City	State	Zip Code
	Telephone Number ()		

Where would you like notices sent?	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Attorney
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When did the injury or damage occur?	/ / 20		<input type="checkbox"/> AM
	Month/Day/Year	Day of Week	<input type="checkbox"/> PM
			Time of Day

Where did the injury or damage occur?	
	Street address, intersection or other location

How did the injury or damage occur?	

Names and telephone numbers of witnesses		() -
		() -
		() -

Names of County employees involved	

Police Agency and Police Report Number	
	Name of Police Agency Report Number

What action or inaction of the County or its employee(s) caused your injury or damages?	

What injuries or damages did you suffer?	

Total amount claimed	\$
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DIRECTIONS: SIGN AND DATE THIS Claim for Damages below.

NOTE: If the signer is not the claimant, please indicate relationship of signer to the claimant (e.g., parent, attorney, etc.), and include full address.

Signature:

Date (month/day/year) / /

(Type or Print name)

Number and Street Address

City

State

Zip Code

Relationship to Claimant

Telephone Number: ()

DIRECTIONS: Attach to this completed and signed form any bills for medical treatment and expenses, and any estimates or bills for repair/replacement of damaged personal property.