

**CLAIM FOR DAMAGES AGAINST  
PUBLIC ENTITY  
[Government Code §910 and §910.2]**

1. NAME OF CLAIMANT: \_\_\_\_\_

2. POST OFFICE ADDRESS: \_\_\_\_\_

3. POST OFFICE ADDRESS TO WHICH PERSON PRESENTING THE CLAIM DESIRES  
NOTICES TO BE SENT: \_\_\_\_\_

4. DATE OF INJURY, DAMAGE, LOSS OR OBLIGATION: \_\_\_\_\_

5. LOCATION WHERE THE INJURY, DAMAGE, LOSS OR OBLIGATION OCCURRED:

6. THE GENERAL DESCRIPTION OF THE INJURY, DAMAGE, LOSS OR OBLIGATION:

(Attach Additional Pages, If necessary)

7. NAME(S) OF PUBLIC EMPLOYEE(S) WHO CAUSED INJURY, DAMAGE OR LOSS:

\_\_\_\_\_

8. DESCRIPTION OF THE ACTIONS OR CONDUCT OF EMPLOYEE(S) WHO CAUSED  
THE INJURY, DAMAGE OR LOSS: \_\_\_\_\_

(Attach Additional Pages, If necessary)

9. NAMES/ADDRESSES/TELEPHONE NUMBERS OF ANY WITNESSES:

\_\_\_\_\_

\_\_\_\_\_

10. TOTAL AMOUNT CLAIM: \$ \_\_\_\_\_

11. BASIS FOR COMPUTATION AMOUNT OF CLAIM:

Current Medical Expenses: \$ \_\_\_\_\_

Future Medical Expenses: \$ \_\_\_\_\_

Wage Loss: \$ \_\_\_\_\_

Damage to Personal Property: \$ \_\_\_\_\_

General Damages: \$ \_\_\_\_\_

Other Damages (Describe): \$ \_\_\_\_\_

(Attach Copies of Medical Bills/Estimates for Property Damages/Proof of Loss)

12. IF CLAIMANT IS A MINOR (Under age 18-years):

Name of Parent/Legal Guardian: \_\_\_\_\_

Address of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Telephone Number: \_\_\_\_\_

13. SUPPLEMENTAL INFORMATION:

Claimant's Drivers License No. \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_

Law Enforcement/Public Agency Report No. \_\_\_\_\_ Date: \_\_\_\_\_

14. ATTORNEY FOR CLAIMANT:

Name: \_\_\_\_\_ SBN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant Date Telephone No.

\_\_\_\_\_  
(Relationship of Signer, If not the Claimant) Date Telephone No.

**NOTICES**

A Claim relating to a cause of action for death or for injury to person or to personal property or to growing crops must be presented to the public entity, in the manner provided for in **Government Code § 915, et seq.**, not later than six-months after the accrual of the cause of action. A Claim relating to any other cause of action shall be presented to the public entity as provided in **Government Code § 915, et seq.**, not later than one-year after the accrual of the cause of action. [**Government Code § 911.2**]

A person is required by law, under **Government Code § 910.4(a)**, to use this prescribed Claim Form, in order that his or her claim is deemed to be in conformity with **Government Code § 910 and § 910.2**. A claim may be returned to the person, if it is not presented using this Claim Form. Any claim returned to a person may be resubmitted using the appropriate form.