

County of Monterey



FILING A CLAIM AGAINST THE COUNTY OF MONTEREY

A completed claim form and supporting documentation *must* be filed by U.S. Mail or in person, with The Clerk of the Board at the following locations:

<u>Mailing Address:</u> P.O. Box 1728 Salinas, CA 93902	<u>Street Address:</u> 168 W. Alisal Street, 1 st Floor Salinas, CA 93901
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You must file your claim within the time limits prescribed by Government Code §911.2, which states:

“A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) 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 as provided in Article 2 (commencing with Section 915) not later than one year after the accrual of the cause of action.”

If you have any questions regarding the claims process or for information regarding the status of your claim, please contact the Monterey County Risk Management Division at (831) 755-5045.

CLAIM FORM INSTRUCTIONS

Failure to complete all required sections of the Claim form will delay the processing of your claim and may result in the return or denial of your claim.

1. **Claimant's Name, Home Address, and Telephone:** State the full name, mailing address, and telephone number of the person claiming personal injury, damage, or loss.
2. **Official Notice and Correspondence:** Provide the name, mailing address, and telephone number of the person to whom all official notices and other correspondence should be sent, if other than the claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
3. **Date of Birth:** State the claimant's date of birth including month, day, and year.
4. **Medicare Beneficiary Status:** Indicate whether the claimant is a Medicare Beneficiary or not. We are required under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) to notify Medicare of any settlements, judgments, awards, or other payment received by or on behalf of Medicare beneficiaries as they relate to settlement of bodily injury claims.
5. **Date of Incident:** State the exact month, day, and year of the incident giving rise to the claim
6. **Time of Incident:** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
7. **Address and/or Description of Incident Location:** Include the exact street address, intersection, road, highway, and city where the incident occurred.
8. **Basis of Claim:** Provide a detailed account of all facts in support of your claim, including: all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and County departments involved, and why you believe the County is responsible for the alleged injury, property damage, or loss. Provide the names of County employees and/or departments involved who allegedly caused the injury, property damage, or loss. Attach copies of supporting documentation (police report, photos, or diagrams), and other documentation that would substantiate your claim and amount of loss.
9. **Witness Names:** State the names, addresses, and phone numbers of any persons who witnessed the incident.
10. **Public officers or employees alleged to have knowledge:** State the names of any public officers or employees who have knowledge of the incident.
11. **Amount of Loss and Method of Computation:** State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. Please attach copies of all bills, receipts, and repair estimates. For property damage claims, please provide two repair estimates and photographs of the damage. Government Code Section 910 provides that if the claim is for less than \$10,000, the claimant must state the total amount claimed and the basis of computation. If the claim exceeds \$10,000, no dollar amount shall be included in the claim; however, the claimant must indicate the applicable court jurisdiction. Limited civil cases are those involving damages under \$25,000; unlimited cases are those involving damages of \$25,000 or more.
12. **Signature of Claimant or Representative:** A claim may be presented by the claimant, or by a person acting on his/her behalf. The person that presented the claim to the County for consideration should sign and date this form. Print name of signatory and relationship to claimant.