

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
(408)454-2040
FAX(408)454-2115

701 OCEAN STREET, ROOM 505, SANTA CRUZ, CALIFORNIA 95060-4068

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ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

Agenda October 6, 1998

To: The Board of Supervisors

Re: Claim of Josianne N. Simmons No. 899-026

Original Document and associated materials are on file at the Clerk to the Board of Supervisors,

In regard to the above-referenced claim, this is to recommend that the Board take the following action:

1. Deny the claim of _____ and refer to County Counsel.

2. X Deny the application to file a late claim on behalf of Josianne N. Simmons No. 899-026 and refer to County Counsel.

Grant the application to file a late claim on behalf of _____ and refer to County Counsel.

4. Approve the claim of _____ in the amount of _____ and reject it as to the balance, if any, and refer to County Counsel.

5. Reject the claim of _____ as insufficiently filed and refer to County Counsel.

RISK MANAGEMENT

cc: Charles Moody, Administrator,
Health Services Agency

By Janet McKinley

COUNTY COUNSEL

By Elaine Lewis

LTR9.WPT

PER 5 107 Rev. 4/ 97

A LATE CLAIM, PURSUANT TO SECTION 911.4OF THE GOVERNMENT CODE

TO: BOARD OF SUPERVISORS
CLERK OF THE BOARD
701 OCEAN STREET, ROOM 500
SANTA CRUZ, CA 96060

PH (408)454-2326
FAX (408)454-3420

Josianne Simmons hereby makes application for leave to present a late claim founded on a cause of action for Severe Violation on May 31st, 1993 which occurred on Numerous occasions thereafter and for which a claim was ~~not~~ presented within 6 months (for death, injury to personal property or person or crops); or 1 year (any other cause of action) by Section 911.2 of the Government Code. For additional circumstances relating to the said cause of action claimant refers to and hereby incorporates by reference the proposed claim attached to this application.

Claimant hereby sets forth the following reasons why said claim was ~~not~~ timely presented. Since May 31st 1993 I have, Had Numerous Hospitalizations. Permanent Damages, are Internal Brain Damage, Several Cardiac Arrests, Body Paralysis, Lost of Sights, Loss of Hearing In Left Ear. All organs Has Stopped Functioning And But Spirit Lives On.

Said application is being presented within a reasonable time after occurrence of said cause of action, not to exceed one year from the date of the occurrence giving rise to the claim

WHEREFORE, claimant respectfully requests that said application be granted pursuant to Government Code 911.6 and that said claim which is hereby attached, be received and acted on in accordance with Sections 910 et seq., of the Government Code of the State of California.

DATED Sept. 16th, 1998

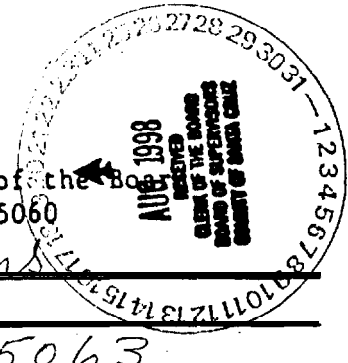
CLAIMANT Josianne Simmons

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CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)



TO: BOARD OF SUPERVISORS, COUNTY OF SANTA CRUZ, ATTN: Clerk of the Board
Governmental Center, 701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name Josianne N Simmons

2. Claimant's Address P.O. Box 2362
Santa Cruz CA 95063

Claimant's Phone No. _____

2. Post Office address to which Notices are to be sent:
It is written above

3. Occurrence : _____
Date: May 31st 1993 Place: 1385 7TH Avenue Santa Cruz, CA
Circumstances of Occurrence or Transaction giving rise to Claim: 95062
Reoccurrences: Several One
Please Refer To Court Documents

4. General description of Indebtedness, Obligation, **Injury**, Damage or Loss
Incurred so far as **is** now known: Many Severe
Permanent Damages

5. Name or Names of Public Employee or Employees causing injury, damage or loss,
If known: _____

6. Amount claimed now \$ _____
Estimated amount of future loss, if known. \$ _____
TOTAL 5 _____

7. Basis of above computations _____

8. If the amount claimed is over \$10,000 indicate the **court of jurisdiction**.
_____ Municipal Court , _____ Superior Court

Josianne Noella Simmons
CLAIMANT'S SIGNATURE

RECEIVED
PERSONNEL DEPT
AUG 20 PM 3:20

Note : Claim must be presented to Clerk, Board of Supervisors, within 6 (six) months after the act which occasioned the injury.

American with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2530, TDD number 454-2924.