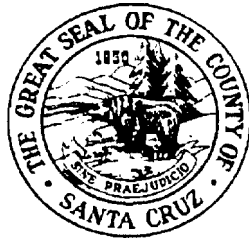


OFFICE OF THE  
COUNTY COUNSEL



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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DEBORAH STEEN  
SAMUEL TORRES, JR.  
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM  
RECOMMENDED ACTION

Agenda December 8, 1998

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Armando Villalobos Farfan, Jr., No. 899-059

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:

- X 1 . Deny the claim of Armando Villalobos Farfan, Jr., No. 899-059 and refer to County Counsel.
- 2 . Deny the application to file a late claim on behalf of \_\_\_\_\_ and refer to County Counsel.
- 3 . 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: Mark Tracy, Sheriff-Coroner+

By Janet McKinley

COUNTY COUNSEL

By [Signature]

LTR9.WPT

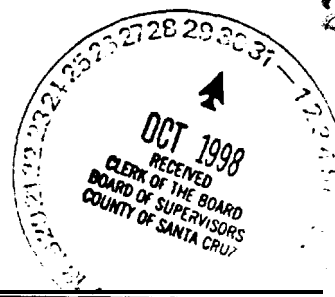
PER 5107 Rev. 4/97

899-059

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

28

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: Armando Villalobos Farfan Jr  
Address: 324 Clifford Ave #B  
Watsonville, CA 95076  
Phone No: (408) 724-7129

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: \_\_\_\_\_

Date: 5-22-98 Place: Jail Farm

Circumstances of occurrence or transaction giving rise to claim: I was rolled up from the Jail Farm on 5-22-98 and my pair of red wing boots and Nike Airs. They were either stolen or lost but they were looked for and never found

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name(s) of public employee(s) causing injury, damage or loss, if known: \_\_\_\_\_

6. Amount claimed now ..... s Boots \$ 110.00  
Estimated amount of future loss, if known ..... r Tennies \$ 105.00  
TOTALS \$ 215.00

7. Basis for above computations: Last or stolen

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

CLAIMANT'S SIGNATURE: Armando Farfan

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

Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2 123).