

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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COUNTY COUNSEL

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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

HARRY A. OBERHELMAN III
MARIE COSTA
JANE M. SCOTT
RAHN GARCIA
TAMYRA CODE
PAMELA FYFE
ELLEN LEWIS
KIM BASKETT
LEE GULLNER
DANA McRAE

ASSISTANTS

Agenda December 8, 1998

To: The Board of Supervisors

Re: Claim of Nancy Clark, No. 899-065

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 Nancy Clark, No. 899-065 and refer to County Counsel.

Deny 2 the application to file a late claim on behalf of _____ and refer to County Counsel.

Grant 3 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.

CC: Charles Moody, Administrator,
Health Services Agency

RISK MANAGEMENT

BY Janet McKinley

COUNTY COUNSEL

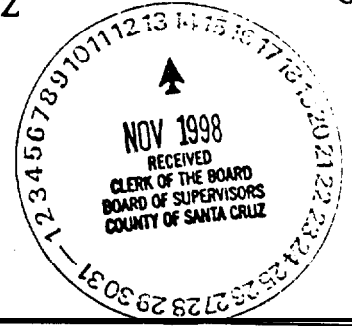
BY Charles Moody

LTR9 WPT

PER 5107 Rev. 4/97

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: Nancy Clark
Address: 12-A Airport Road
Freedom, CA 95019
Phone No: Alone 425-1166
P.O. Box to which notices are to be sent: 151 Seaside Ave. Santa Cruz, CA 95060
2. Occurrence: Current
Date: Current & Place: OF 11/12/98 and Ongoing
Circumstances of occurrence or transaction giving rise to claim: South County Mental Health Forced Nancy Clark
OFF her medication, after treating her for 20
years, resulting in her current state: mentally ill &
institutionalized.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Some damage to mental health, loss of wages,
mental abuse, ongoing medical costs indefinitely
Dominican Costs, Loss of SSI benefits; medical attention for rest
of life.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: South County
Mental Health, Dr. Clegg, Dr. Woods.
6. Amount claimed now \$ undetermined
Estimated amount of future loss, if known \$ unknown
TOTAL \$ _____
7. Basis for above computations: mental health state may continue
indefinitely.
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
_____ Municipal Court Santa Cruz CO Superior Court

CLAIMANT'S SIGNATURE: Nancy Clark per John P. Clark as her attorney
in fact

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 454-2123).