

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

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

ASSISTANTS

Agenda December 8, 1998

To: The Board of Supervisors

Re: Claim of Edward Chavez, No. 899-067

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 Edward Chavez, No. 899-067 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 4. Approve the claim of _____ in the amount of _____ and reject it as to the balance, if any, and refer to County Counsel.

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

cc: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

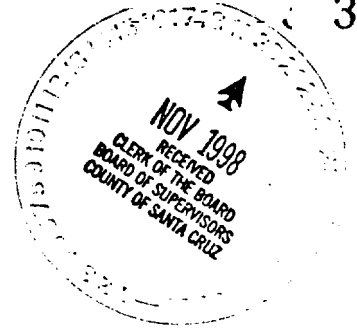
By Delewis

LTR9.WPT

PER 5107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Cleric of the Board
Governmental Center
70 1 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Edward Chavez
Address: 789 Green Valley Rd. Sp. 36
Wat. CA
Phone No: (831) 728-3050
P.O. Box to which notices are to be sent: _____
2. Occurrence: was falsely accused of fraud and imprisonment
Date: 10-2-98 Place: Wat.
Circumstances of occurrence or transaction giving rise to claim: Had to pay Bails
Bond \$ 515.00, Court fees \$25.00
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Charges were dismissed, no evidence.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: County of Santa Cruz (Human Resources)
6. Amount claimed now \$ 540.00
Estimated amount of future loss, if known \$ _____
TOTAL \$ 540.00
7. Basis for above computations: Used monies from Mortgage payment and are now 1mo. behind.
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
Santa Cruz Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Edward Chavez

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).