

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

Agenda December 8, 1998

To: The Board of Supervisors

Re: Claim of Ed Chavez, No. 899-067 Amended

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 Ed Chavez, No. 899-067 Amended 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: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

By Janet McKinley

COUNN COUNSEL

By [Signature]

LTR9.WPT

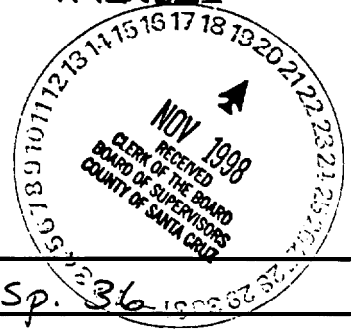
PER 5107 Rev. 4/97

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

Amenendment

899-067 40
AMENDMENT

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: Ed Chavez
Address: 789 Green Valley Rd Sp. 316
Wat. CA
Phone No: (931) 728-3050

P.O. Box to which notices are to be sent: _____

2. Occurrence: was falsely accused of fraud & imprisonment
Date: 10-2-98 Place: Wat.

Circumstances of occurrence or transaction giving rise to claim: had to pay Bail Bonds \$515.00, Court fees \$25.00 and loss of wages for Court dates of 11-02-98 and 11-20-98, and on 10-2-98 when was taken into

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: loss of wages \$264.00
was unable to pay mortgage, because we had to use the Funds to bail my husband out of custody.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz County (Human Resource)

6. Amount claimed now \$ 803.00

Estimated amount of future loss, if known \$ _____

TOTAL \$ 803.00

7. Basis for above computations: _____

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 454-2 123).