## 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

DWIGHT L. HERR COUNTY COUNSEL

DEBORAH STEEN SAMUEL TORRES, JR. 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 GULLIVER
DANA MCRAE

Agenda December 8, 1998 ASSISTANTS To: The Board of Supervisors Ed Chavez, No. 899-067 Amended Re: Claim of 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.XDeny 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 3the application to file a late claim on behalf of and refer to County Counsel. 4. Approve the claim of \_\_\_\_\_ and reject it as to the balance, if any, and refer to amount of\_\_ County Counsel. <u>5. Reject the claim of \_\_\_\_\_</u> insufficiently filed and refer to County Counsel. RISK MANAGEMENT cc: Cecilia Espinola, Administrator Human Resources Agency COUNN COUNSEL LTR9.WPT

PER 5107 Rev. 4/97

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

Was Unable to pay Morgage, because we had to use the Funds to bail my husde of of custody.  Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz  County (Human Resource)  Amount claimed now		(		MENUMZ	
Address: 799 Green Valley Rd Sp. 36 12-25 12 Wat. Ca  Phone No: (P31) > 2 - 3050  P.O. Box to which notices are to be sent:  Occurrence: Was falsely accused of fruids inpression of the control of the c		COUNTY OF SANTA CANTA CANTA CHARACTER ATTN: Clerk of the Boa Governmental Center Court Cou	ISORS <b>RUZ</b> ard CA 95060	1001081 100	201 23 23 25 25
Phone No: (P31) 28-3050  P.O. Box to which notices are to be sent:  Occurrence: Was falsely accused of fruds inprisonment of the pay place: Usef.  Circumstances of occurrence or transaction giving rise to claim: had fo pay bail Bail Bonds 45/5.00 Court frees 425.00 and loss of wages fav Court frees 425.00 and loss of wages fav Court falses of 11-02-98 and 11-02-98 and 10-2-98 when was fak joss of wages fav Court dates of ar as is now known: Court for the pay morgage hecause we had to use the Funds to bail my husbe out of custody.  Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz County (Human Kesource)  Amount claimed now	Claimant's Name: 729		. p0 «	The state of the s	, 30 / 1 30 /
Phone No: (P31) 23-3050  P.O. Box to which notices are to be sent:  Occurrence: Was falsely accused of fruds inpression of Date: 10-2-98 Place: wef.  Circumstances of occurrence or transaction giving rise to claim: had fo pay  Bail Bonds 515.00, (Ourffees 125.00) and  [OSS of wases for Courf dates of 11-02-98]  and 11-20-98, and on 10-2-98 When was fake  General description of indebtechess, obligation, injury, damage or loss incurred so far as is now known:  Was Unable to pay morgage, because we had to use the Funds to bail my husde out of Custody.  Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz  County Human Resource  Amount claimed now Sold and Court			12 3	1. 26 10000	<u>3/</u>
P.O. Box to which notices are to be sent:  Occurrence: Was falsely accused of fruids inprison medical parts of the preson medical parts of the presented to Clerk, Board of Supervisor, within six (6) months after the act which occasion medical parts with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordina ma	70				
Occurrence: Was falsely accused of fruds inprisonmental pate: 10-2-98 Place: Wet.  Circumstances of occurrence or transaction giving rise to claim: had fo pay had been been been been been been been bee		are to be sent:	. ,		
Date: 10 - 2 - 98 Place:			d of fru	1 5 inpris	sonme
Bail Bonds \$5/5.00, (Our ffees \$25.00) and [Oss of wages for Cour ffees \$25.00] and [I-02-98] and [I-02-98] and [I-02-98] when was fake of the state		1 1		•	
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  Was Unable to pay Morgage hecause we had to use the Funds to bail my husden of custody.  Name(s) of public employee(s) causing injury, damage or loss, if known:  County (Human Resource)  Amount claimed now.  S 803.00  Estimated amount of future loss, if known.  S 803.00  TOTAL S  Superior County (Laimed is over S 10,000, indicate the court of jurisdiction:  Santa Cru Z Municipal Court  Note: Claim must be presented to Clerk, Board of Supervisor, within six (6) months after the act which occasion the injury.  Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordina.	Bail Bona	5 \$ 515.00 , Coc	ort fees	1 28,00	and
Was Unable to pay morgage, because we had to use the Funds to bail my husden of custody.  Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz  County (Human Kesource)  Amount claimed now	and 11-20	-98 and on 11	n-2-98 (N	hen was	-98 +ak Cus
Amount claimed now	was unab	se the Funds	orgage,		ve usdai
Estimated amount of future loss, if known  TOTAL S  Basis for above computations:  If the amount claimed is over S 10,000, indicate the court of jurisdiction:  Superior Co  CLAIMANT'S SIGNATURE:  Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasion the injury.  Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordina	Λ <i>I</i> /		if known: <u>59 n</u>		
Basis for above computations:  If the amount claimed is over S 10,000, indicate the court of jurisdiction:  Santa Cro Z Municipal Court  Superior Court  Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasion the injury.  Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordina	Amount claimed now	• • • • • • • • • • • • • • • • • • • •	s_	\$03.°	<u> </u>
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