

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 Margie Campos, No. 899-068

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 ^X . Deny the claim of Margie Campos, No. 899-068 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.

CC: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

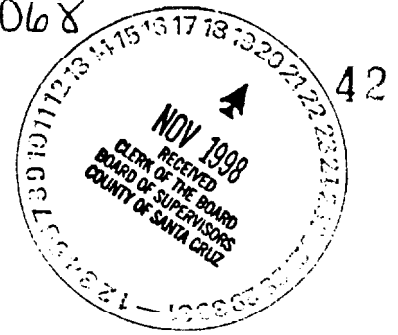
By E. Lewis

LTR9.WPT

PER 5107 Rev. 4/97

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

899-068



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: Margie Campos
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 want of record
Date: 11-9-98 Place: Wat.

Circumstances of occurrence or transaction giving rise to claim: had to pay Court fee
of \$125.00, loss of wages of \$72.00 for Fri. Nov.
20, 1998 @ 9:00.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
C Charges were dismissed, no evidence.

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

6. Amount claimed now \$ 97.00

Estimated amount of future loss, if known \$ _____

TOTAL \$ 97.00

7. Basis for above computations: needed money for mortgage
payment and am now 1 mo. behind.

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

CLAIMANT'S SIGNATURE: Margie L. Campos

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).