95

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 960604069
(831) 454-2040 FAX: (831) 464-2116

DWIGHT L. HERR, COUNTY COUNSEL
CHIEF ASSISTANTS
Deborah Steen
Samuel Torres, Jr.

Assistants
Harry A. Oberhelman III
Marie Costa
Jane M. Scott
Rahn Garcia
Tamyra Rice
Pamela Fyfe
Ellen Aldridge
Kim Basket!
Lee Gulliver
Dana McRae

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda April 27, 1999

To: The Board of Supervisors

Re: Claim of Ann Crowell, No. 899-115B

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 Ann Crowell, No. 899-115B 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 the balance, if any, and refer to County Counsel.

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

cc: Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Samuel Torres Jr.

PER5 107 wp rev. 4/99

16

899-1150

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

CC 96

MAR 1999
RECEIVED
CLERK OF THE BOARD
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

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

1. Claimant's Name: ANN Crowell

Address: 328 Ocean street APT. L
Santa Cruz CA. 95060

Phone No: 831- 426-8104

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

2. Occurrence: Breach of Contract

Date: 2/10/98 Place: 550A Water Street / SANTA CRUZ County

Circumstances of occurrence or transaction giving rise to claim: arising out of circumstances 1/96

BREACH OF CONTRACT - failure to perform according to contract including both acts and non-acts resulting in economic, physical and psychological damage.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

actual monetary loss
physical and psychological damage
damage to reputation affecting future medical relationships

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Stephen J HALPERN M.D acting AS Primary Care Physician under contract to SANTA CRUZ COUNTY HEALTH OPTIONS

6. Amount claimed now ..... $ 1 million and fifty dollars

Estimated amount of future loss, if known ..... S

TOTAL S 1 million and fifty dollars

7. Basis for above computations: ① reimbursement for medical lien ② out of pocket fees for arbitration (photocopy/documents/assistant/trans. etc) ③ physical + psychological damage ④ punitive damages

8. If the amount claimed is over $10,000, indicate the court of jurisdiction:

_____ Municipal Court ✓ _____ Superior Court

CLAIMANT'S SIGNATURE: Ann Crowell

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).

PER5003

16

RECLAMO CONTRA EL CONDADO DE SANTA CRUZ
(Segun Seccion 9 10 y Scguido de Codigo de Gobemacion)

CCC 97

A: BOARD OF SUPERVISORS, COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board, 701 Ocean Street, Santa Cruz, CA 95060

1. Nombre de demandante _____

2. Direccion de demandante _____

_____

Numero de telefono de demandante _____

Caja postal donde se pueden mandar las noticias _____

3. Incidente _____

Fecha _____ Lugar _____

Circunstancias del incidente o transaccion que resulto de este reclamo _____

_____

_____

_____

_____

4. Descripcion general tocante sus deudas, obligaciones, lastimaduras, danos o perdidas que ha sufrido hasta la fecha

_____

_____

_____

5. Nombre(s) de empleado(s) publico(s) quien han causado lastimaduras, danos, o perdida si son reconocidas por el demandante _____

_____

6. Cantidadreclamadaahastalafecha . . . . . $ _____

Estimacion de perdida futura (si sabe) . . . . . $ _____

Total . . . . . $ _____

7. Razones de tales calculaciones because I was induced under duress and objection 4 - v sign a misrepresentation item (5) Exemplary Damages - ~~fees~~

8. Indique la corte de jurisdiccion, si el reclamo es mas de $ 10,000

_____ Corte Municipal _____ Corte Superior.

_____
FIRMA DE DEMANDANTE

Nota Especial: Este reclamo tiene que ser presentada a: Clerk, Board of Supervisors, #500, 701 Ocean Street, Santa Cruz, antes de seis meses depues del acto que ha causado la perdida.

Prequntas sobre el Americans with Disabilities Act (Acta Americana de Incapacidades) o si necesita acomodaciones llame a la Coordinadora al # 454-2962 (TDD: 454-2 123).

PER5003S