



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 506. SANTA CRUZ, CA 960604088  
(831) 454-2040 FAX: (831) 464-2115

DWIGHT L. HERR, COUNTY COUNSEL  
CHIEF ASSISTANTS  
Deborah Steen  
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Assistants	
Harry A. Oberhelman III	Pamela Fyfe
Marie Costa	Ellen Aldridge
Jane M. Scott	Kim Basket!
Rahn Garcia	Lee Gulliver
Tamyra Rice	Dana McRae

### GOVERNMENT TORT CLAIM

#### RECOMMENDED ACTION

Agenda June 8, 1999

To: The Board of Supervisors

Re: Claim of Patty McFadden et. al., No. 899-142

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 Patty McFadden et. al., No. 899-142 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 Ellen Aldridge

*The Goal is to get the County to go in on this law suit with me - 899-142*

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

**MAY 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  
 701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name: Patty McFadden et al.  
 Address: 118 Canfield Ave #C  
Santa Cruz, Ca 95060  
 Phone No: 831-423-4516

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

2. Occurrence: Judge hearing a Mandamus Ex parte - was predjudice  
 Date: Feb 23, 1999 Place: 701 Ocean Street *against claimants*  
 Circumstances of occurrence or transaction giving rise to claim: Dr Halprow a County Doctor refused to order proper testing & diagnosis & referrals necessary for parasites to be eradicated from her Giving great stress, worry over infecting others & Die!

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
The lawsuit filed to order treatment for claimants does ask for \$100,000.00 a day for everyday I must endure this nightmare without any support outside my request denied by Judge McAdams 2-23-99

5. Name(s) of public employee(s) causing injury, damage or loss, if known: SHOW, didn't show up,  
Why does this county have no advocate for me

6. Amount claimed now.....\$100,000 per day  
 Estimated amount of future loss, if known.....\$1,000,000.00

**TOTALS unknown -**

7. Basis for above computations: going by above + T is is a crippling disease & much grief

a. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:  
 \_\_\_\_\_ Municipal Court filed # CV 135 203 Superior Court

CLAIMANT'S SIGNATURE Carena A. Bair, x Patty McFadden

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).