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County of Santa Cruz

OFFICE OF THE COUNN COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 22, 1999

To: The Board of Supervisors

Re: Claim of Rebecca Roesnek, No. 899-151

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 Rebecca Roesnek, No. 899-151 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: Ron Ruiz, District Attorney

RISK MANAGEMENT

BY

Janet McKinley

COUNTY COUNSEL

By

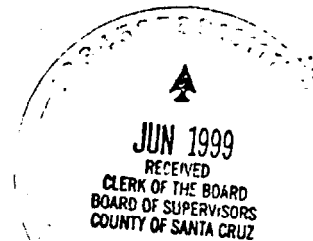
Ellen Aldridge

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

899-151

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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: Rebecca Roesner
Address: 5331 Soquel Drive
Soquel, CA 95073
Phone No: (831) 475-8265
P.O. Box to which notices are to be sent: P.O. Box 1765
2. Occurrence: Arrested by Santa Cruz Sheriff Dept for under the influence
Date: Feb 15, 1999 Place: 5331 Soquel Drive Soquel, CA
Circumstances of occurrence or transaction giving rise to claim: Sheriff's took possession of money saying it was involved in drugs. They were told it was AFDC money and needed for rent and household bills
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Now all bills are in delinquent receiving 15 day notices on some
PGE, Garbage, phone
5. Name(s) of public employee(s) causing injury, damage or loss, if known: District Attorney of Santa Cruz
6. Amount claimed now. \$ 635.00
Estimated amount of future loss, if known \$??
TOTAL \$ 635.00
7. Basis for above computations: Sheriff's report received by public defender
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Rebecca Roesner

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).