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County of Santa Cruz

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 22, 1999

To: The Board of Supervisors

Re: Claim of Mark Mendez, No. 899-153

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 Mark Mendez, No. 899-153 and refer to County Counsel.
2. Deny the application to ~~file~~ 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: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

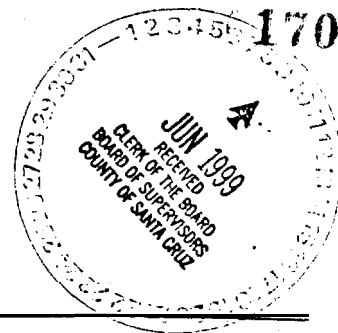
By Janet McKinley

COUNTY COUNSEL

BY Ellen Aldridge

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

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: MARK MENDEZ
Address: 1200 CAPITOLA RD APT #11
SANTA CRUZ CA 95060
Phone No: 477-9424
P.O. Box to which notices are to be sent: _____
2. Occurrence: AT Home
Date: 6/3/99 Place: AT Home
Circumstances of occurrence or transaction giving rise to claim: BABY WAS REMOVED
BASED ON FALSE STATEMENTS, MADE BY CPS. POLICE
REPORT WAS INCORRECT, AND RECKLESS, AND THE INFORMATION
WAS GIVEN TO A JUDGE ADDICT, ON A FALSE POLICE REPORT.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
THE INJURIES ARE A COMBINATION OF, THE TRAGIC
EVENT OF MY NEWBORN BABY TAKEN AWAY IN THAT
MAANER MANNER, NOW I AM UNABLE TO WORK.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: RACHEL HART
6. Amount claimed now \$ 1,000,000
Estimated amount of future loss, if known \$ _____
TOTAL \$ _____
7. Basis for above computations: FOR PAIN AND SUFFERING, AND FOR
FUTURE NEEDS.
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ ☒ Superior Court

CLAIMANT'S SIGNATURE: Mark Mendez

Note: Claim must be presented to Clerk, Board of Super&&s, 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).