



County of Santa Cruz

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 17, 1999

To: Board of Supervisors

Re: Claim of Walter Hoffman, No. 900-006

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 Walter Hoffman, No. 900-006 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: Christine Patton, Executive Officer/
Clerk of the Court
Superior Court

RISK MANAGEMENT

BY Janet McKinley

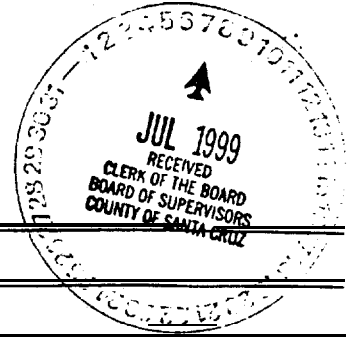
COUNTY COUNSEL

B Samuel Torres

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

900-006 30

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



1. Claimant's Name: WALTER HOFFMAN
Address: P O Box 22453
San Francisco CA 94122
Phone No: 415 665 7342
P.O. Box to which notices are to be sent: 22453
2. Occurrence: 7.6.99 SUPERIOR COURT, CLERK'S OFFICE (SANTA CRUZ)
Date: 7.6.99 Place: SUPERIOR COURT, SANTA CRUZ, CLERK'S OFFICE
Circumstances of occurrence or transaction giving rise to claim: See attachments
4. General description of indebtedness, obligation injury, damage or loss incurred so far as is now known:
5. Name(s) of public employee(s) causing injury, damage or loss, if known: UNKNOWN DID NOT WEAR NAME TAG, WOULD NOT GIVE NAME
6. Amount claimed now \$ 458.-
Estimated amount of future loss, if known \$ _____
TOTAL \$ _____
7. Basis for above computations: 180 MILES SAN FRANCISCO SANTA CRUZ AND RETURN
60 CENTS PER MILE \$108.00 6 HRS FOR THIS TIME @ \$60.00 = \$360.- TOTAL \$468.-
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

'CLAIMANT'S SIGNATURE: Walter Hoffman

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).

WALTER HOFFMAN

31 7.7.99

1) Came to Superior Court Santa Cruz, Clerk's office on 7.6.99 shortly before ~~3:45~~ 4PM on 7.6.99, close to the office was open for the Public, as I was in the Clerk's office before 4PM

My turn came at the counter at about 4:10 PM, before the clerk at the counter took paper out of line it seemed she knew there paper well, the conversation seemed mostly personal matters, and was extended.

When my turn came, I was told the office was closed and I would not be served.

I had no choice to leave and came back on 7.7.99.

I live in San Francisco, this meant I had to drive back to San Francisco.

My charge is \$468.-

Walter Hoffman

Santa Cruz 7.7.99