



County of Santa Cruz

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OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 17, 1999

To: Board of Supervisors

Re: Claim of Ramon C. & Anna West, No. 900-009

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** Ramon C. & Anna West, No. 900-009 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: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Samuel Torres, Jr.

PER5107 wp rev. 4/99

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

900-009

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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

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

1. Claimant's Name: Ramon C & Anna West
Address: 1770 Quail Hollow Rd
Ben Lomond CA 95005
Phone No: 831 336 0351

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

2. Occurrence: unnecessary removal of our new born
Date: 1-8-99 Place: Dominican Hospital

Circumstances of occurrence or transaction giving rise to claim: CPS came into our Hospital
Room and took custody of our new born son Noah just after birth
CPS informed the Attorneys they would not take this action while
we were in Hospital care

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
The Judge restored custody 4 days later "Monday"
Sever emotional stress on Ramon and myself
Legal fees before and after CPS's actions

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
Child Protection Services

6. Amount claimed now: \$ 110,000.00

Estimated amount of future loss, if known: \$ _____

Any additional legal fees
Additional Emotional stress
TOTAL \$ _____

7. Basis for above computations: related to further processing of claim
Sever emotional loss of our new born after the accidental
death of our toddler

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court ☒ Superior Court

CLAIMANT'S SIGNATURE: Ramon C West Anna West

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).