



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 5, 1999

To: Board of Supervisors

Re: Claim of Scott O'Brien, Tan-my, Emerald, Sarah, Leah & Anna, No. 900-035

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 Scott O'Brien, Tammy, Emerald, Sarah, Leah & Anna, No. 900-035 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, Director
Human Resources Agency

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)

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: SCOTT O'BRIEN, TAMMY, EMERALD, SARAH, & Lela Anne
Address: 15435 TWO BAR RD
BOULDER CREEK CA 95006
Phone No: 831-338-0927

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

2. Occurrence: SEIZURE of children Unreasonably
Date: 3-8-99 Place: Superior Court - Juvenile Division
Circumstances of occurrence or transaction giving rise to claim: Slander and
various civil rights violations including
the First, Fourth, Fifth and Eighth Amendments
to the Constitution of the United States of America.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Extreme emotional trauma, emotional injury
mild head trauma suffered by Leela
mental anguish

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Nikki Tolles &
C.P.S.; Betsy Isbister of Parents Center

6. Amount claimed now \$ 1,512,000
Estimated amount of future loss, if known. \$ _____

TOTALS 1,512,000

7. Basis for above computations: \$1400⁰⁰ per day for 180 days
times six family members

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

CLAIMANT'S SIGNATURE: Scott O'Brien

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).