



County of Santa Cruz

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OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda November 2, 1999

To: Board of Supervisors

Re: Claim of Little-Star Sevdar, No. 900-053

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 Little-Star Sevdar, No. 900-053 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

BY Janet McKinley

COUNTY COUNSEL

By Samuel Torres, Jr.

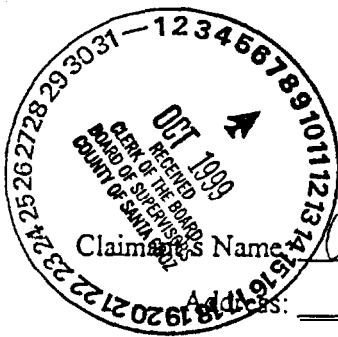
CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board

Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

arrange a
place in cour
Bldg for people
to leave belongings

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1.

Claimant's Name

Little-Star-~~A~~-Sevadar

900-053

Address:

P.O. Box 1086

Ben Lomond, CA 95005-1086

Phone No:

831-425-3334

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

P.O. Box 1086 Ben Lomond, CA 95005-1086

2.

Occurrence: denied access to court because ^{us security} guard = said he'd not hold my backpack

Date: 1999 Oct. 08 Place: Security system to pass into court.

Circumstances of occurrence or transaction giving rise to claim: attorney Jetoowski said to come into courtroom I today of Oct. 1999 Friday. The security guard refused to stash my backpack, nor allow me thru with it because of culinary implements (no sharp knives.) They must lawfully either hold it or let me thru. They cannot deny court access

4.

General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

If I cannot clear my case, endless terror & persecution from the Unfree Stifling Aristocracy fascist police state could ensue, jeopardizing my very life.

5.

Name(s) of public employee(s) causing injury, damage or loss, if known: officer on duty at 10:16am

1999 Oct. 08 Badge # 7 (seven) (refused to reveal name)

6.

Amount claimed now David D. Deverell refused to co-operate and threatened me personally

Estimated amount of future loss, if known \$ 9,000.00

TOTAL \$ 9,000.00

7.

Basis for above computations: suffering that could ensue for inability to tie the loose ends of my court case due to access to court denied.

8.

If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE:

Little-Star-~~A~~-Sevadar

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).