



# County of Santa Cruz<sup>0075</sup>

## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda DECEMBER 14, 1999

To: Board of Supervisors

Re: Claim of STEVEN ARGUE, No. 900-073A

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. Deny the claim of STEVEN ARGUE, NO. 900-073 A 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

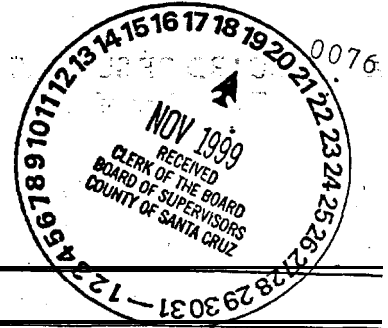
COUNTY COUNSEL

By Samuel Torres, Jr.

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

900-0134

T O : 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: Steven Argue  
Address: 115 Coral St  
Santa Cruz CA  
Phone No: (831) 425-4467  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: Violation of 1st amendment rights of the people  
Date: July 22, 1999 Place: Santa Cruz County Jail  
Circumstances of occurrence or transaction giving rise to claim: I was in the Santa Cruz County Jail (under an illegal arrest by the SCPD) when I was thrown in solitary confinement. The reason given: Because my associates chose to protest.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: outside. Illegal punishment designed to caused mental grief as punishment for the constitutionally guaranteed activities of the people, those people violating no laws and not controlled by me.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: \_\_\_\_\_
6. Amount claimed now: \$1,000  
Estimated amount of future loss, if known: \$  
TOTALS: \_\_\_\_\_
7. Basis for above computations: Positive

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

CLAIMANT'S SIGNATURE: Steven Argue

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).