



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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0133

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda JANUARY 25, 2000

To: Board of Supervisors

Re: Claim of ALAN SHELLEY, NO. 900-079

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 ALAN SHELLEY, NO. 900-079 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: Ron Ruiz, DISTRICT ATTORNEY

RISK MANAGEMENT

By Janet McKinley

CO-COUNSEL

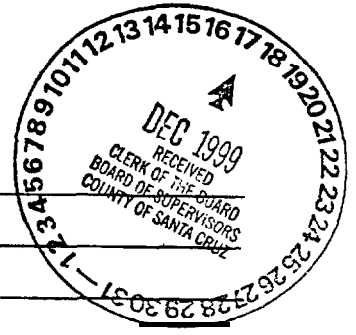
By Samuel Torres, Jr.

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

900-079

0134

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: Alan Shelley
Address: 633 Eureka Cyn
Watsonville, CA, 95076
Phone No: 438-3003

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

2. Occurrence: Santa Cruz County
Date: 7-13-99 Place: Santa Cruz County

3. Circumstances of occurrence or transaction giving rise to claim: Fr Harassment,
Fraud,

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Personal suffering, financial hardship

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz County
DA, Family support division

6. Amount claimed now \$ 9,900.00
Estimated amount of future loss, if known \$?
TOTAL \$ 9,900.00

7. Basis for above computations: Losses of wages, time spent
related to case, Letters, Law, Librarian, League, fees

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

CLAIMANT'S SIGNATURE: [Signature]

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 454-2123).

12/15/1999

To: Board of Supervisors County Of Santa Cruz

This is a letter asking for reimbursement from the harassment of the Santa Cruz County D, A, Family Support division, I have contacted my congressman about this matter already, The Santa Cruz county D, A, family support division has caused physical pain and suffering as well as financial suffering to me and my family. I am hoping that I will not be further harassed by the County for asking for reimbursement. I have already been to court on case #cv 1249 13 and the matter was removed from the calendar. The Santa Cruz County D, A, family support division has accused me of being a deadbeat Dad not only is this false but I find it to be damaging. I had quit smoking cigarettes for about a month When the S,C,C,D,A,F,S, had served me for a second time on the same matter. Due to the stress I had started smoking again and have not been able to stop. The documents that I was served with the second time by the D,A,F,S, were not only inaccurate but, because they already had the correct information on file shows that they were filled out fraudulently. I have lost time from work by having to spend time in the law library researching information. And also time spent in court as well as the time with my attorney. I feel that the amount that I am requesting is a very fare amount considering the suffering the D,A,F,S has put me and my family through.

Thank you Alan R Shelley