

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

				Agend	a Fel	BUAM	1,2000	
To:	Board of Supervi	sors						
Re:	Claim of	HILLIP	WENTW	ORTH.	MO. 9	00-016		
Origin	nal document and a	ssociated mat	erials are on	file at the (Clerk to the	he Board of	Supervisors.	
In reg	ard to the above-re	ferenced clair	n, this is to re	ecommend	that the B	oard take th	he following action:	
<u>x</u>	 Deny the claim of PHILLIP WENTWOTH, NO. 900 -0 76 and refer to Count Counsel. Deny the application to file a late claim on behalf of							
	_	and refer to County Counsel.						
		Grant the application to file a late claim on behalf of						
	and refer	to County Co	ounsel.					
	Approve the claim of in the amount of in the amount of and reject the balance, if any, and refer to County Counsel.							
						_ as insuffic	ciently filed and refer	
	to County	Counsel.						
00	: MARK TRACY, SHENLEY - CORONEL			RISK MANAGEMENT				
	SHELLAR	- CORONEL	2_	By Janet MKinley				
				COUNT	Y COUN	SEL		
					amenl -		+	
PER5107 wp rev. 4/99				<u> </u>				

Claim CLAIM AGAINST THE COUNTY OF SANTA CRUZ 11013 (Pursuant to Section 910 et Seq., Gov. Code) TO: BOARD OF SUPERVISORS 0130 COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center 701 Ocean Street, Santa Cruz, CA95060 1. Claimant's Name: Address: Phone No: P.O. Box to which notices are to be sent: 2. Occurrence: Date: _ Circumstances of occurrence or transaction giving rise to claim: 100 General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: 4. 5. Name(s) of public employee(s) causing injury, damage or loss, if known: 6. Estimated amount of future loss, if known Basis for above computations: 7. 8. If the amount claimed is over S 10,000, indicate the court of jurisdiction: Municipal Court superior Court CLAIMANT'SSIGNATURE:

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).