County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 7, 2000

To: Board of Supervisors

Re: Claim of Mark Foster, No. 900-094A

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.   Reject the claim of Mark Foster, No. 900-094A 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: Tom Burns, Administrator
     Redevelopment Agency
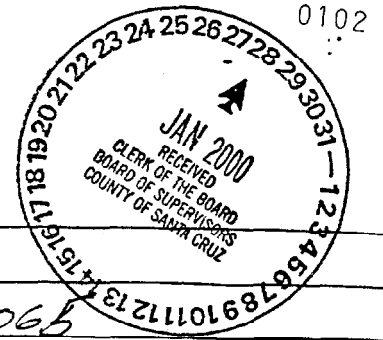
RISK MANAGEMENT

By _Janet McKinley_____

COUNTY COUNSEL

By _Samuel Torres Jr._____

PER5107 wp rev. 2/00

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

900 094A
start

TO: BOARD OF SUPERVISORS
'COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

0102

1. Claimant's Name: MARK FOSTER

Address: 4573 BRANCIFORTE dr #24
SANTA CRUZ Ca 95065

Phone No: 831 - 4572233

P.O. Box to which notices are to be sent: 7944 S.C. Ca 95061

2. Occurrence: Contract 2-5-99 S.C. Redevelopment Agency

Date: ON GOING   Place: 1555 MERRILL st #141 S.C. Ca 95062

Circumstances of occurrence or transaction giving rise to claim: Rehab loan for Rehabilitation of said Mobil Home (Rehab L#98MH6) SEE ATTACH papers

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

Debt 8125 Lawyer 375ºº interest loss to Bussniess was MASSIVE I was planning to go Big Time + hire full time empayers instead I MAXED 2 CRedit CARDS for this Job + Had to Pay taxes irs with a loan Total should be 1 million in damage + hardship

5. Name(s) of public employee(s) causing injury, damage or loss, if known: I would gladly tell you of how this has caused me Nothing But Hardship I'm Now BROKE + Being forced out of my APT + it seems like force out of S.C.

6. Amount claimed now .... $ 2 million
Estimated amount of future loss, if known .... $ 400 000

TOTALS 2,400 000

7. Basis for above computations: High Average for Big Time 200,000 worked 7 days a week CAUSE psicial sores, pain + bleeding BECAUSE I could NOT take time off

8. If the amount claimed is over $10,000, indicate the court of jurisdiction: to heal my sores on my Amputied Leg plus other family

_____ Municipal Court   _____ Superior Court ✓

CLAIMANT'S SIGNATURE: Mark Foster

4 R D S h i P

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).

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