# County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 6, 2000

To: Board of Supervisors

Re: Claim of Ron Arcaroli, No. 900-136

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 Ron Arcaroli, No. 900-136 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: Cecilia Espinola, Administrator
Human Resources Agency

RISK MANAGEMENT

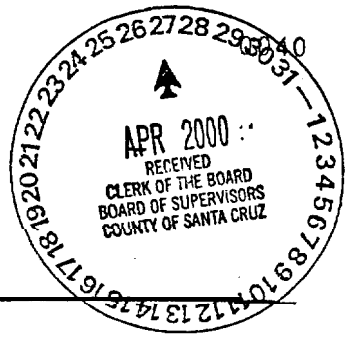
By Janet McKinley

COUNTY COUNSEL

By Samuel Torres Jr.

PER5 107 wp rev. 2/00

**CLAIM AGAINST THE COUNTY OF SANTA CRUZ**
(Pursuant to Section 9 10 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**

1. Claimant's Name: RON ARCAROLI
Address: 311 B McCORMICK Ave.
CAPITOLA
Phone No: 831 · 477 · 1470

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

2. Occurrence:
Date: Feb 30, 2000 Place: SANTA CRUZ COUNTY
Circumstances of occurrence or transaction giving rise to claim: I WAS Told by Social Worker THAT All I Need do is Submit A LEASE TO OBTAIN Funding - See ATTACHMENT

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
POTENTIAL LOSS of HOME, BUSINESS AND The RETURN of MY SON

5. Name(s) of public employee(s) causing injury, damage or loss. if known: Elijah NAVY
Child Protective Services

6. Amount claimed now..... $ 3500
Estimated amount of future loss, if known ..... $ 100 per month Late Fe
TOTAL $

7. Basis for above computations: FOR NOW JUST the Promised Amount plus LATE 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).

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