



County of Santa Cruz, 0011

OFFICE OF THE COUNTY COUNSEL

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CHIEF ASSISTANTS
RAHN GARCIA
DANA McRAE

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda December 12, 2000

To: Board of Supervisors

Re: Claim of Hilda Bravo, No. 001-048

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 Hilda Bravo, No. 001-048 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: Barry Samuel, Director, POSCS

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

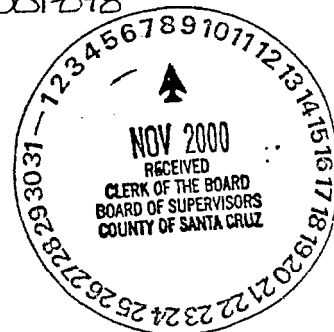
By Kim Elizabeth Baskett

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

051-048

0012

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: Hilda Bravo
Address: 220 Maple Avenue
Watsonville, CA 95076
Phone No: (831) 722-1361

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

2. Occurrence: Breach of Contract

Date: 9/15/00 Place: Watsonville Veteran's Hall

Circumstances of occurrence or transaction giving rise to claim: The facility was delivered to me completely filthy. My friends, family and I were forced to clean for 4 1/2 hours^{before} being forced out. We were unable to decorate the facility as desired and, therefore, my daughters quinceañera party was a disaster.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: 4 1/2 hours labor - in cleaning up. Emotional distress.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Parks, Open Space and Cultural Services Department.

6. Amount claimed nows 300.00

Estimated amount of future loss, if knowns _____

TOTAL \$ 300.00

7. Basis for above computations: Original charge was \$900. Actual value was only \$450. If already been returned \$150.

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

CLAIMANT'S SIGNATURE: Hilda Bravo

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).