

County of Santa Cruz 0029

OFFICE OF THE COUNTY COUNSEL

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Marie Costa	Kim Baskett
Jane M. Scott	Lee Gulliver
Tamyra Rice	Kathleen Pacheco

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda January 23, 2001

To: Board of Supervisors

Re: Claim of Shawn R. Erwood, No. 001-064

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. Reject the claim of Shawn R. Erwood, No. 001-064 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: Lynn Miller, Director
Department of Child Support Services

RISK MANAGEMENT

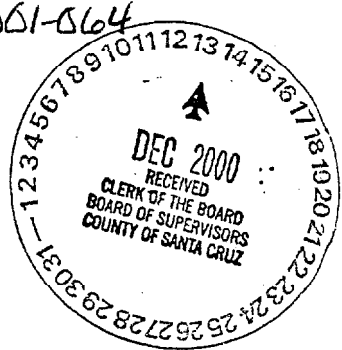
By Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth Baskett

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

061-064



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

0030

1. Claimant's Name: SHAWN R. ERWOOD
Address: 126 STRUVE ROAD
MOSS LANDING, CA 95039
Phone No: (831) 254-0046
P.O. Box to which notices are to be sent: P.O. BOX 1581, CAPITOLA, CA 95010
2. Occurrence: SEE ATTACHED
Date: 6/13/00 - ONGOING TO PRESENT Place: SANTA CRUZ, CA
Circumstances of occurrence or transaction giving rise to claim: SEE ATTACHED
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
DEFAMATION OF CREDIT, ATTORNEY FEES, CONSTRUCTION DELAYS INCREASE IN INTEREST RATE, MENTAL ANXIETY & EMOTIONAL DISTRESS, COURT COSTS, TIME AND EFFORT TO RESOLVE THE MATTER, RENT DUE TO CONSTRUCTION DELAY.
5. Name(s) of public employee(s) causing injury, damage or loss, if known:
KIM COLEMAN, DAVID GENNOCHIO & OTHER FAMILY SUPPORT STAFF, COUNTY OF S.C.
6. Amount claimed now \$100,000
Estimated amount of future loss, if known NOT KNOWN AT PRESENT
TOTALS \$100,000
7. Basis for above computations: RENT, ATTORNEY FEES, EMOTIONAL DISTRESS AND ALL OF THE THINGS LISTED IN #4 ABOVE.
8. If the amount claimed is over 910,000, indicate the court of jurisdiction:

_____ Municipal Court _____ ☒ Superior Court

CLAIMANT'S SIGNATURE: Shawn Erwood

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).

ATTACHMENT TO CLAIM OF SHAWN R. ERWOOD

0031

FAMILY SUPPORT, DESPITE KNOWLEDGE THAT THE CLAIM WAS FALSE, DEMANDED THAT I OWED \$29,644.64 IN BACK CHILD SUPPORT. THEY PLACED A LIEN AND RUINED MY CREDIT AND CAUSED ME TO LOSE A LOAN FOR CONSTRUCTION OF A NEW DWELLING. I WAS FINALLY FORCED TO HIRE AN ATTORNEY TO INFORM FAMILY SUPPORT AS TO THE DOCUMENTS ALREADY IN FAMILY SUPPORT'S KNOWLEDGE AND POSSESSION. THEY CONTINUED TO FALSELY CLAIM THAT I OWED THE MONEY FOR MONTHS ~~THEREAFTER~~.

Shawn Erwood

