



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068
(831) 454-2040 FAX: (831) 454-2115

DAVA McRAE, COUNTY COUNSEL

CHIEF ASSISTANT
RAHN GARCIA

	Assistants		
Deborah Steen	Pamela Fyfe		Sharon Carey- Stronck
Harry A. Oberhelman III	Kim Elizabeth Baskett		Margaret M. Burks
Marie Costa	Julia Hill		David Kendig
Jane M. Scott	Dwight L. Herr		Miriam L. Stompler
Tamyra Rice	Shannon Sullivan		Ligi Coleen Yee

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda February 5, 2002

To: Board of Supervisors

Re: Claim of Kenneth Hall, No. 102-072

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 Kenneth Hall, No. 102-072 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9.10 et Seq., Govt. Code)

Hall 102-072

0014

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: Kenneth HALL
Address: River St. Shelton

Phone No: _____

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

2. Occurrence: Proton Bm.

Date: _____ Place: _____

Circumstances of occurrence or transaction giving rise to claim: I was using obecere haunge because they wouldn't give me my property back. I was assaulted by a public empol

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

4. Name(s) of public employee(s) causing injury, damage or loss, if known: _____

5. Amount claimed now \$ _____

Estimated amount of future loss, if known \$ _____

TOTAL \$ _____

6. Basis for above computations: _____

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

CLAIMANT'S SIGNATURE: [Handwritten 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). PER5003

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2/1-09-02