

**INSTRUCTIONS FOR FILING A CLAIM
WITH THE COUNTY OF HUMBOLDT**

1. All Claim for Damages forms must be completed in their entirety, giving a precise description of the date, location and circumstances giving rise to the claim. All information requested on the claim form must be provided, if available. Written estimates (2), or bills, if available, should also be attached to the claim form.
2. While it is not necessary to use the Claim for Damages form, all requested information must be provided in order for your claim to be considered. The claim form with an original signature must be filed with the Humboldt County Clerk of the Board of Supervisors, 825 Fifth Street, Room 131, Eureka, California 95501.
3. A claim relating to a cause of action for death or injury to a person or to personal property or to growing crops shall be presented not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of the action.
4. The claim must be signed by the claimant or person acting on claimant's behalf (i.e. attorney) and the date of such signing.
5. Claims will be deemed filed on the date of actual receipt at the Humboldt County Clerk of the Board of Supervisors' Office, or the date deposited in the United States mail in a sealed envelope, properly addressed with postage paid.

WARNING: CLAIMS NOT FILED IN ACCORDANCE WITH THESE INSTRUCTIONS MAY BE DEEMED TO BE INSUFFICIENT AND MAY BE REJECTED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 910.

Claims properly filed in accordance with these procedures will be acted upon, and notice of the action will be sent to the person designated in the claim to receive notices.

SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE THAT NOTICE OF REJECTION IS DEPOSITED IN THE MAIL OR PERSONALLY DELIVERED, TO FILE A COURT ACTION ON YOUR CLAIM (See California Government Code Section 945.6).

You may wish to seek the advice of an attorney of your choice in connection with any action on your claim. If you desire to consult an attorney, you should do so immediately.



**COUNTY OF HUMBOLDT
CLAIM FOR DAMAGES**

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND BE SURE IT IS DATED AND SIGNED.

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When the claim is complete, bring or mail to: **Humboldt County Clerk of the Board, Courthouse, 825 5th Street, Room 111, Eureka, California 95501-1153.**

CLAIMANT

Name: _____

Address: _____

Telephone: _____

SSN: _____

DOB: _____

The undersigned respectfully submits the following claim and information:

1. Mailing address to which claimant desires notices to be sent, if other than above:

2. Date, time and place of occurrence or transaction which gives rise to this claim:

Date: _____

Time: _____

Place: _____

3. Specify the particular act/omission and circumstances which you believe caused the injury and/or damage:

4. Name(s) of employee(s) of County of Humboldt that you believe caused the injury/loss:

5. Description of property damaged:

6. Owner of property damaged:

7. Description of personal injury (if no personal injury, please state "None"):

8. Name(s) of any other person(s) injured:

9. Names, addresses and telephone numbers of witnesses, doctors, hospitals, etc.:

a) _____
b) _____
c) _____

10. Amount of reimbursement claimed, with computation. Please attach any supporting bills, receipts, or estimates of cost:

11. Any additional information which may be helpful in considering this claim:

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72; Insurance Code Section 556).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20____.

CLAIMANT'S SIGNATURE