# CLAIM FOR MONEY OR DAMAGES AGAINST THE COUNTY OF ORANGE

**(Pursuant to Govt. Code section 910 et seq.)**

Received by _____ via:

☐ Mail

☐ Over the Counter

☐ Pony Mail

☐ Other *** COB USE ONLY***

**Completed and signed forms must be mailed or delivered to:** (Unsigned claim forms cannot be processed)

**Clerk of the Board of Supervisors**
**333 W. Santa Ana Blvd., Suite 465**
**Santa Ana, CA 92701**

## CLAIMANT INFORMATION

1. **Claimant's Name:** _____ **2. Date of Birth:** _____

3. **Claimant's Address:** _____
Street (or P.O. Box) City State Zip Code

4. **Phone Number:** _____ _____ _____
Home Work Other

5. **Name and address where correspondence should be sent (if different from above):**

_____
Name Street (or P.O. Box) City State Zip Code

## CLAIM INFORMATION

6. **Exact date (including year) of the occurrence or transaction which gave rise to the claim asserted:** _____

7. **Exact location of the occurrence or transaction which gave rise to the claim asserted:**

_____

8. **Describe the circumstances of the occurrence or transaction which you claim caused the damage/injury/loss:** _____

_____

_____

_____

9. **Jail Booking Number:** _____ **Police Agency/Report Number:** _____

10. **Provide a description of the damage/injury/loss incurred so far as is known as of the time of this claim:** _____

_____

_____

11. Name(s) of County employee(s) causing damage/injury/loss, if known: _____

_____

12. License number of County vehicle (if applicable): _____

13. Name, address and phone number of any and all witnesses known: _____

_____

14. Any additional information that may assist us in evaluating your claim: _____

_____

_____

## DAMAGES CLAIMED

15. a. If the amount claimed is less than $10,000:
Amount claimed to present: $_____

Estimated amount of any prospective damage/injury/loss: $_____

TOTAL AMOUNT CLAIMED: $_____

b. If the amount claimed exceeds $10,000, would the case be a limited civil case ($25,000 or less)?
Yes _____ No _____

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): _____

_____

_____

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## WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

**Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a find of not exceeding one thousand dollars ($1,000), or by both such imprisonment or fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars ($10,000), or by both such imprisonment and fine."**

**I declare under penalty of perjury that the foregoing is true and correct.**

**Signed this _____ day of _____ 20___ at _____**

_____

**Signature of Claimant or Claimant's Representative**

**You Must Present Your Claim Within The Time Prescribed By Govt. Code Section 911.2**