



CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

- Mail
- In Person

CLAIM NO.: _____

Please return the completed claim form to:

CITY CLERK
City of Escondido
201 North Broadway
Escondido, CA 92025-2798

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

PLEASE PRINT OR TYPE

1. Claimant Information:

Name _____ Date of Birth _____

Address _____ Home Phone _____

City/State _____ Zip _____ Other Phone _____

Claimant's Social Security No. _____ Driver's License No. _____

2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

_____ City _____ Zip _____

3. Date, location and time of the events which gave rise to this claim:

(a) Date: _____ (b) Time of day: _____

(c) Location: _____

4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

The amount claimed totals less than \$10,000. State the amount: \$ _____

Please state the basis for computation of the amount and the total amount of the claim:

The amount claimed is more than \$10,000.

Please indicate the type of civil case:

Limited Civil Case (not to exceed \$25,000) Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

7. Describe any property damage:

Property Owner (if different): _____

8. Describe any personal injury sustained:

9. Please supply additional information that might be helpful in considering this claim:

WARNING: *It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).*

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date:	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant):	Print Name:
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Only an original signature of the claimant is acceptable for submittal of this claim.