



CLAIM FOR MONEY OR DAMAGES AGAINST THE TOWN OF PARADISE

Before completing this form, please read the "Instructions for Filing A Claim."

File With: Town of Paradise Clerk's Office
Hand Delivery: 5555 Skyway, Paradise
Mailing Address: 5555 Skyway, Paradise, CA 95969

Official Use Only
Claim #: _____

SECTION 1: CLAIMANT INFORMATION

Name of Claimant		Telephone Number (including area code)	
Mailing Address			
City		State	Zip
Claimant(s) Date(s) of Birth	Social Security Number	Driver License Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name Of Person/Insurance Company/Attorney To Which Notices Should Be Sent, If Different Than Claimant			
Address To Which Notices Should Be Sent, If Different		Town	State Zip

SECTION 2: CLAIM INFORMATION

Type of Claim <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other. Explain:		
Dollar Amount of Claim*		*If your claim amount exceeds \$10,000, no dollar amount is to be listed. However, you must indicate whether the claim would be limited or unlimited civil case. <input type="checkbox"/> Limited Civil Claim (\$10,000 - \$24,999) <input type="checkbox"/> Unlimited Civil Claim (\$25,000 or more)
How Was The Claim Amount Computed? (Attach All Supporting Documentation)		
Date of Incident	Time of Incident AM / PM	If you are filing this claim more than six months beyond the date of incident, please see instructions for filing a Late Claim Application.
Location of Incident		
Name of Employee(S) and/or Town Department Believed to Be Involved		Police Department Report No.
Describe the specific damage or injury incurred as a result of the incident. (Attach additional sheets as necessary)		
Describe the circumstance that led to the alleged damage or injury. State all the facts that support your claim against the Town of Paradise, and why you believe the Town is responsible for the alleged damage or injury. (Attach additional sheets as necessary)		

SECTION 3: WITNESS INFORMATION			
1. Name of Witness	Address		Telephone Number
2. Name of Witness	Address		Telephone Number
3. Name of Witness	Address		Telephone Number
SECTION 4: AUTO INSURANCE INFORMATION			
Has a Claim for Alleged Damage/Injury Been Filed or Will be Filed With your Insurance Company? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name of Insurance Company			Broker/Agent Name
Insurance Company Mailing Address		Town	State Zip
Type of Insurance	Policy Number	Limits of Insurance and Deductible	
Vehicle Make	Model	Year	
Vehicle Registered Owner			
SECTION 5: MEDICAL CARE INFORMATION			
Have You Sought Medical Treatment Related to Your Claim? <input type="checkbox"/> No <input type="checkbox"/> Yes		Was Any Part of the Treatment Costs Covered by Medicare or SSDI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Doctor/Hospital Providing Treatment			Attending Physician
Address		Town	State Zip
Telephone Number (including area code)	Treatment Date(s)		
SECTION 6: NOTICE AND SIGNATURE			
<p>If applicable, please attach any repair bills, estimates or similar documents supporting your claim.</p> <p>The complete claim form along with one copy of all related documents must be filed by personal delivery or First Class mail with the Town of Paradise Town Clerk's Office. The Town Clerk's Office is the ONLY office to which claims may be submitted. Claims sent to any other department will be not considered valid formal claims, and will not be responded to. You may not receive any further notice.</p> <p>A claim for money or damages against the Town of Paradise pursuant to the California Tort Claims Act (Gov. Code §810 et seq.) shall be filed by the claimant or a person acting on his or her behalf using this form only (G.C. §910.4) and shall include the information requested below. (If additional space is needed, please attach a separate sheet, identifying the paragraph being answered.)</p> <p>Warning: Presentation of a false claim is a felony (Penal Code §72). 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, Town, 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 fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine." Pursuant to Code of Civil Procedure §1038, the Town may seek to recover from you all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.</p> <p>You or your representative are required to sign this form (G.C. §910.2).</p>			
Signature			Date