



## **CLAIM FOR MONEY OR DAMAGES AGAINST THE TOWN OF PARADISE INSTRUCTIONS FOR FILING A CLAIM**

**File With:** Town of Paradise Town Clerk's Office

**Hand Delivery:** 5555 Skyway, Paradise

**Mailing Address:** 5555 Skyway, Paradise, CA 95969

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Please read all instructions before completing the claim form. Please complete all application sections of this form for your claim as this information will assist us in processing your claim.

Note: This information is not legal advice. If you have legal questions, please seek the advice of an attorney.

### **CLAIM FILING GUIDELINES**

The State Legislature enacted Government Code §810, et seq. to provide legal procedures and guidelines for resolving claims for damages/injuries involving public property and public employees (usually referred to as "tort claims"). These guidelines exist for both the benefit of the public and for the public agency. Some of these legal guidelines are:

1. Before a public agency can be sued for tort claim damages, this claims filing process must be followed, and action on the claim taken by the agency.
2. Claims for death, injury to a person, or damage to personal property must be filed not later than six months after the event or occurrence. See Government Code §911.2.
3. Claims for damages to real property (a building or land, typically) must be filed not later than one year after the occurrence. See Government Code §911.2.
4. When a claim that is required by §911.2 to be presented not later than six months is not presented within that time, it still may be filed, but it must be accompanied by a written Application for Leave to Present a Late Claim explaining the reason for the delay in filing. Please refer to Government Code §911.4 for more specific information.
5. The Town has 45 days to either accept or reject the claim. If the Town does not act on the claim within that time, the claim is deemed to be rejected.

### **GENERAL INSTRUCTIONS AND PROCEDURES**

1. To ensure that your claim can be timely processed, please complete each item on the claim form.
2. After your claim is received by the Town Clerk, it will be forwarded to the Town's Risk Manager and to the Town's contracted claims administrator, York Risk Services, for review.
3. Once the investigation of your claim has been completed, you will either be contacted to settle the claim, if it is determined that the Town is liable, or you may receive a letter rejecting your claim, if it is determined that the Town is not liable. In order for the Town to use public funds to pay a claim, a determination first must be made regarding the Town's liability in the matter.

### **COMPLETING THE CLAIM FORM**

*Please type or print clearly with blue or black ink all sections of the claim form. The following provides specific instructions for completing each section of the form.*

#### **SECTION 1: CLAIMANT INFORMATION**

Provide the full name, mailing address, and telephone number of the person(s) claiming damages/ injury. All official notices and other correspondence will be sent to the person(s) listed in this section unless a representative's name and address is provided. If the claim is for personal injury, the date of birth, social security number, and gender of the claimant(s) are required.

## SECTION 2: CLAIM INFORMATION

- Check the box for the appropriate type of claim.
- Enter the total dollar amount being claimed as a result of the alleged damage/injury. If the damage or injury continued or anticipated in the future, indicate with a "+" following the dollar amount. If the amount being claimed is more than \$10,000, do not list an amount, but designate the appropriate type of civil case it is anticipated to be ("Limited" or "Unlimited" - see definitions on form).
- Provide a breakdown of how the total amount being claimed was computed. You should declare expenses incurred and/or future, anticipated expenses. Attach a legible copy of all bills, payment receipts, and cost estimates for your claim.
- State the exact month, day, year and approximate time of the incident or occurrence which allegedly caused the damage or injury.
- State exact location of where the incident occurred, including street address.
- Provide the name of the employee(s) involved in the incident, if known, and the departments(s) that allegedly caused the damage or injury.
- If applicable, provide Police Department Report Number.
- Describe in full detail the damage/injury that allegedly resulted from this incident.
- Describe in full detail the circumstance that led up to the alleged damage/injury. State all facts that support your claim and why you believe the Town of Paradise is responsible.

## SECTION 3: WITNESS INFORMATION

Provide the full name, mailing address, and telephone number of the person(s) witnessing the alleged damages/ injury.

## SECTION 4: AUTO INSURANCE INFORMATION

If the claim involves damage to a vehicle, indicate if a claim for the alleged damage/injury has been filed with your insurance carrier. Provide complete information regarding your insurance policy, including name, mailing address, phone number, policy number, and policy limits. Include vehicle make, model, year, and registered owner.

## SECTION 5: MEDICAL CARE INFORMATION

If the claim involves injury, indicate if you have sought medical treatment for the alleged injury. Provide complete information regarding your treating physician, including name, mailing address, phone number, and treatment date(s).

## SECTION 6: NOTICE AND SIGNATURE

The claim form must be signed by the claimant or the claimant's authorized representative. The Town will not accept the claim without a proper original signature and date of signature. The claim will be returned to you without action if it is not signed. Government Code Section 910.2.

## CLAIM SUBMITTAL INSTRUCTIONS

**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 not be considered valid formal claims, and will not be responded to.

Completed claim forms can be submitted by either of the following methods:

1. Mail. Town of Paradise  
Town Clerk's Office  
5555 Skyway  
Paradise, CA 95969
2. In person. In person submittals can be delivered to the Town Clerk's Office, located at 5555 Skyway, during regular business hours (8:00 a.m. – 5:00 p.m.), Monday through Thursday, except holidays.