



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

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.



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