

Appendix "A" Forms

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Form "2"	Notice of Insufficiency
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FORM 1, SIDE 1

FILE WITH: CITY CLERK'S OFFICE [Address]	CLAIM FOR DAMAGES TO PERSON OR PROPERTY	RESERVE FOR FILING STAMP
		CLAIM NO. _____
INSTRUCTIONS		
<ol style="list-style-type: none">1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)3. Read entire claim for before filing.4. See page 2 for diagram upon which to locate place of accident.5. This claim form must be signed on page 2 at bottom.6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.		
TO: [Name of City]	Date of Birth of Claimant	
Name of Claimant	Occupation of Claimant	
Home Address of Claimant	City and State	Home Telephone Number
Business Address of Claimant	City and State	Business Telephone Number
Give address and telephone number to which you desire notices or communications to be sent regarding this claim:		Claimant's Social Security No.
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date _____	Names of any city employees involved in INJURY or DAMAGE	
Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:		
Describe in detail how the DAMAGE or INJURY occurred		
Why do you claim the city is responsible?		
Describe in detail each INJURY or DAMAGE		
SEE PAGE 2 (OVER)		THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

FORM 1, SIDE 2

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property\$ _____
 Expenses for medical and hospital care.....\$ _____
 Loss of earnings.....\$ _____
 Special damages for.....\$ _____

Estimated prospective damages as far as known:

Future expenses for medical and hospital care.....\$ _____
 Future loss of earnings.....\$ _____
 Other prospective special damages.....\$ _____
 Prospective general damages.....\$ _____
 Total estimate prospective damages.....\$ _____

General Damages.....\$ _____
 Total damages incurred to date.....\$ _____

Total amount claimed as of date of presentation of this claim: \$ _____

Was damage and/or injury investigate by police? _____ If so, what city? _____
 Were paramedics or ambulance called? _____ If so, name city or ambulance _____
 If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

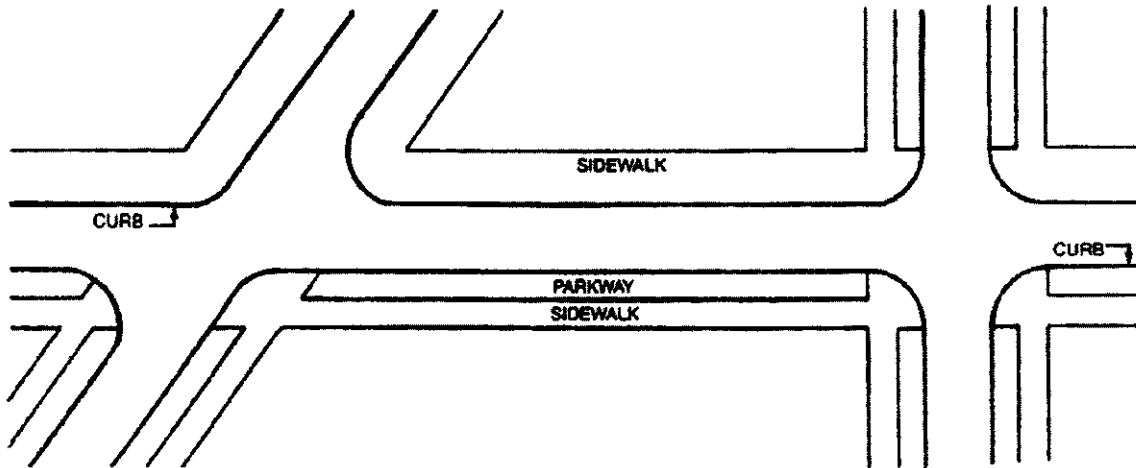
DOCTORS and HOSPITALS:

Hospital _____	Address _____	Date Hospitalized _____
Doctor _____	Address _____	Date of Treatment _____
Doctor _____	Address _____	Date of Treatment _____

READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself

or your vehicle when you first saw City Vehicle; location of City Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X." NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on his behalf giving relationship to Claimant: _____	Typed Name: _____	Date: _____
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)

[LETTERHEAD AND DATE]

[NOTICE OF INSUFFICIENCY]

Dear _____:

Your claim which was received by the _____ [insert title of board or officer] on _____ [date] failed to comply substantially with certain Government Code sections. It was insufficient for the following reasons:

[Give reasons for insufficiency]

For your information, consult sections 910, 910.2, 910.4 and 910.8, and the other sections of the Government Code pertaining to the filing of the claims against public entity. Pursuant to Government Code section 910.8, no action will be taken on this claim by [entity] for a period of 15 days after the date of this notice. Therefore, if you wish to file an amended claim correcting these deficiencies, you should do so within that time period.

[Title]

[Reference: Government Code section 910.8; Section 2 of text.]

[LETTERHEAD AND DATE]

[REJECTION OF TIMELY CLAIM]

Dear _____:
Notice is hereby given that the claim you presented to the _____ [insert
title of board or officer] on _____ [date] was rejected on
_____ [date] by _____ [title of board or officer] [or]
[operation of law].

WARNING

Subject to certain expectations, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action in a municipal or superior court of the State of California on this claim. See Government Code section 945.6.

This time limitation applies only to causes of action arising under California law for which a claim is mandated by the California Government Tort Claims Act, Government Code sections 900 et. seq. Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

[Title]

[Reference: Government Code section 913b; Section 5 of text.]

[LETTERHEAD AND DATE]

[RETURN OF UNTIMELY CLAIM]

Dear _____:

The claim which you presented to the _____ [title of board or officer] on _____ [date] is being returned because it was not presented within six (6) months after the event or occurrence as required by law. See sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

WARNING

Your only recourse at this time is to apply without delay to _____ [name of public entity] for leave to present a late claim. See actions 911.4 to 912.2, inclusive, and section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Government Code section 911.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

[Title]

[Reference: Government Code section 911.3(a); Section 6 of text.]

[LETTERHEAD AND DATE]

["HYBRID FORM"]

Dear _____:

The claim which you presented to the _____ [title of board or officer] on _____ [date] is being returned because it was not presented within six (6) months after the event or occurrence as required by law. See sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

WARNING

Government Code section 911.3 provides that when a claim is denied because it was not presented within the time allowed by law, notice to the claimant shall so state and further give notice in substantially the following form:

“Your only recourse at this time is to apply without delay to the Los Angeles County Board of Supervisors for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See section 911.5 of the Government Code.

“You make seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.”

If you dispute the [public entity]’s conclusion that your claim was untimely, the following warning may be applicable.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited into the mail to file a court action on this claim. See Government Code Section 945.6.

[Title]

[Reference: Government Code section 911.3(a); Section 6 of text.]

[CAUTION: This form has not been legislatively approved and should be reviewed by the public entity’s counsel before use. See Section 6.7 of text.]

[LETTERHEAD AND DATE]

[DENIAL OF TIMELY APPLICATION TO PRESENT A LATE CLAIM]

Dear _____:

Notice is hereby given that the application to present a late claim which you presented to the _____ [insert title of board or officer] on _____ [date] was denied on _____ [date] by _____ [title of board or officer] [or] [by operation of law].

WARNING

If you wish to file a court action in this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code section 945.4 (claim-presentation requirement). See also Government Code section 946.6. Such petition must be filed with the court six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

[Title]

[Reference: Government Code section 911.8; Section 8.4 of text.]

[LETTERHEAD AND DATE]

[DENIAL OF UNTIMELY APPLICATION TO PRESENT A LATE CLAIM]

Dear _____:

The application which you presented to _____ [title of board or officer] on _____ [date] is being returned to you herewith, without any action having been taken on it.

The application is being returned because it was not presented within one year after the accrual of the cause of action. To determine whether you have any further remedy or whether further procedures are open to you, you may wish to consult with an attorney of your choice. If you desire to consult an attorney, you should do so immediately. (See Government Code section 911.4.)

[Title]

[Reference: Government Code section 911.4; Section 8.4 of text.]

DECLARATION OF SERVICE BY MAIL

[Alternative No. 1]*

State of California
County of _____

I am employed in the County of _____, State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: _____

I served the foregoing document _____ [name of document; e.g.: "Rejection of Claim"] by depositing a true copy thereof in the United States Mails in _____, State of California, on _____, 19_____, enclosed in a sealed envelope, with the postage thereon fully prepaid, addressed as follows: _____ [name and address of claimant, or claimant's attorney].

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

Executed this _____ [day] of _____ [month], 19_____, at _____, California.

[Type or Print Name]

[Signature]

[Alternative No. 2]*

State of California
County of _____

I am employed in the County of _____, State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: _____

I am familiar with the practice of _____ [name of public entity or business] for collection and processing of correspondence for mailing with the United States Postal Service. Under that practice, correspondence is deposited with the United States Postal Service the same day it is submitted for mailing.

I served the foregoing _____ [name of document; e.g.: "Rejection of Claim"] by placing a true copy thereof for collection and mailing, in the course of ordinary business practice, with other correspondence of _____ [name of public entity or business], located at _____ [address of public entity or business], on _____ [date], enclosed in a sealed envelope, with the postage fully prepaid, addressed as follows: _____ [name and address of claimant or claimant's attorney].

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

Executed this _____ [day] of _____ [month], 19_____, at _____, California.

[Type or Print Name]

[Signature]

* Use Alternative No. 1 only if declarant personally deposits in U.S. mail