



## **CLAIMS AGAINST THE CITY OF YUBA CITY**

### **INSTRUCTIONS:**

Complete the attached form in its entirety. Incomplete forms will delay the processing and could be returned to you.

This form and attachments are to be filed with the City Clerk's Office by mail, or in person:

Office of the City Clerk  
City of Yuba City  
1201 Civic Center Blvd.  
Yuba City CA 95993

### **PROCESS:**

Once the Claim is received by the City of Yuba City it is reviewed for completeness. Complete forms along with attachments will be forwarded to the Risk Management Coordinator. All claimants are then notified that of what action will be taken within 45 days.

Providing of Claim Forms by the City is not an admission by the City of any liability on the part of the City or any officer, agent or employee thereof.

*Note: All Claims are considered a public record.*

### **\*Warning\***

Should you file a lawsuit in this matter, which is determined to be in bad faith and without reasonable cause, please be advised that the City of Yuba City will attempt to recover all of its defense costs from you as allowed by California Code of Civil Procedure 128.7 and 1038.



# City of Yuba City

## Claim Form

For Official Use Only

Claim No. \_\_\_\_\_

**Please read the instructions at the end of this document  
before completing the Claim Form**

Section 1: Claimant Information	
Name	
Phone	
Address	
Email	
If related to Auto Accident	
Insurance Policy #	
Insurance Company	
Agent/Broker	
Contact Information	

Section 2: Representative/Attorney Information	
Name	
Phone	
Email	
Address	

Section 3: Loss Information			
Total Claim Amount	Under \$10,000	<input type="text"/>	Over \$10,000 <input type="text"/>
Type of Loss:	<b>Personal Injury</b>		<b>Property Damage</b>
	\$ <input type="text"/>		\$ <input type="text"/>
Court Jurisdiction	Limited Civil	<input type="text"/>	Unlimited Civil <input type="text"/>

Section 4: Incident Information			
Date:		Time:	
Location:			
Description of Incident			
Circumstances leading up to Incident			

Section 5: Witnesses	
Name	
Phone	
Address	
Email	
Name of any City Employee(s) involved:	

Section 6: Notice and Signature	
I have read the foregoing claim and know the contents thereof; and certify that the same is true of my Own knowledge except as to those matters which are herein stated upon my information and belief; and as to those matters I believe them to be true.	
I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
Date	
Signature of Claimant or Representative	
Type or Print Name	
Relationship to Claimant if signed by Representative	
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)	

# INSTRUCTIONS FOR FILING A CLAIM

Note: This information is not legal advice. If there are any legal questions, please seek the advice of an attorney.

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2)

## Section 1 – Claimant Information

Provide the full name, mailing address, and telephone number of the person(s) claiming damage/injury. All Official notices and other correspondence will be sent to the person(s) listed in this section unless a representative's name is provided in Section 2. If the claim is being filed on behalf of a minor, specify your relationship to the minor.

## Section 2 – Representative Information

If an attorney or authorized representative is filing your claim, provide the name, telephone number and mailing address of the attorney/representative. If representative information is provided, all official notices or other correspondence will be sent to the person listed in this section.

## Section 3 – Loss Information

Provide the total dollar amount being claimed as a result of the alleged damage/injury. Pursuant to Gov. Code §910(f), your claim must show the amount claimed if it totals less than \$10,000 as of the date of the presentation of the claim, including the estimated amount of any prospective injury, damage or loss as it may be known at the time of presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds \$10,000 no dollar amount shall be included in the claim. Provide copies of receipts and estimates.

## Section 4 – Incident Information

- State the exact date and time of the incident that caused the alleged damage/injury
- Provide the location of the incident. Be specific.
- Describe in full detail the damage/injury that allegedly resulted from the incident.
- Describe in full detail the circumstances that led up to the alleged damage/injury. State all facts that support your claim and why you believe the City of Yuba City is responsible.

## Section 5 – Witnesses

- Provide any names and contact information of any witnesses to the incident.
- Provide the name(s) of any City employee(s) who allegedly caused damage /injury or loss.

## Section 6 – Notice and Signature

The claim form must be signed by the claimant or the claimant's attorney or authorized representative. The City will not accept the claim without a proper original signature and date.