



A Tradition of Stewardship
A Commitment to Service

CLAIM AGAINST THE COUNTY OF NAPA NO. _____

For Clerk's Use Only

California Government Code Section 910 describes the information which must be contained in a claim against a government entity. Section 911.2 provides that claims arising from a death, or personal injury, or damage to personal property or growing crops must be presented not later than six (6) months after the occurrence on which the claim is based. This form or any other form containing the same information may be used to present such a claim against the County of Napa. The County reserves the right to reject any claim presented to it.

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1. Name and address of Claimant	Telephone Numbers
2. Mailing address to which notices from the County are to be directed	
3. Incident Information	
Please note that space is limited. If additional space is needed, please attach the information on a separate sheet of paper.	
4. Description of incident or accident including your reason for believing the County is liable for your damages	
5. Description of all damages which you believe that you have incurred as a result of the incident	

6. The name or names of any County employees causing damages that you are claiming**7. If the amount claimed is \$10,000.00 or less, specify the amount of the claim, including, the estimated amount of any prospective injury, damage or loss insofar as it may be known at this time, together with how it was calculated.**

If the amount is for more than \$10,000, will this claim be a "limited civil case?"

8. If this claim is for indemnity, on what date were you served with the underlying lawsuit?

If a lawsuit has already been filed, please enter the date of the judgment against you:

9. State the names and address of any witnesses to this incident**10. Law Enforcement Information**

Was local law enforcement contacted?

If yes, Report # **(Attach copy of report if available)**

I declare under penalty of perjury that the foregoing is true and correct and, to the best of my knowledge, I have complied with the provisions of the Government Code.

Signature of Claimant **(Original Signature Required)**