

CLAIMS AGAINST THE COUNTY

(How to sue the Government)

Before you can sue a government agency you are required to first file a claim for the damages with that agency.

If your claim is against any department in the County of San Mateo, such as the Sheriff's Office, Public Works, etc., you may file a claim with the County. Claim forms can be obtained from the Clerk of the Board of Supervisors, 400 County Center, Redwood City, CA 94063.

If your claim is against a public entity other than the County of San Mateo, you must submit a separate claim to that entity. For example, the Superior Court is a separate entity from the County of San Mateo. If you wish to submit a claim against the Superior Court you may get a claim form from the Superior Court Executive Office, located on the Second Floor of 400 County Center, Redwood City, CA 94063.

In most cases, a claim must be filed within six months of the incident. Please contact an attorney for more information and/or to determine the time frame for your claim.

After your claim is submitted, the County will investigate your claim. The investigation usually takes 6 to 8 weeks to complete. For information on the status of your claim, you can call the County's Claims Coordinator at 650-363-4506. Please wait at least three weeks following submission of your claim to inquire about the status.

If your claim is denied, subject to certain exceptions, you have only six (6) months from the date of denial to file a state court action on your claim. (See Government Code Section 945.6) You may seek the advice of an attorney of your choice in connection with this matter. If you do desire to consult an attorney, you should do so immediately after receiving a denial of your claim.

If you do then wish to sue, you may name the County of San Mateo as defendant and may have the papers served on the Clerk of the Board of Supervisors, Hall of Justice and Records, Redwood City.

~PLEASE KEEP THIS PAGE FOR YOUR REFERENCE~

CLAIM AGAINST THE COUNTY OF SAN MATEO

(Please print legibly or type. Please do not use pencil)

Claimant's Name:			
Claimant's Address:			
City:	State:	ZIP Code:	Phone:
Amount of Claim:	\$ _____		

Address to which notices are to be sent (if different than above):

Date of incident: ____/____/____	Location of Incident: _____
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WHAT particular action by the County **or** its employees caused the alleged damage or injury. How did it occur (describe damage or loss):

Name of Public Employee(s) causing injury, damage, or loss (if known):

1. _____
2. _____

Itemization of Claim: List Item(s) that total the amount above:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL	\$ _____

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

Dated at _____, California,
 on _____, 20____.

Signature of Claimant: _____

Return to: CLAIMS, Board of Supervisors, 400 County Center, Redwood City, CA 94063