

**COUNTY OF MARIPOSA CLAIM FORM**

CLAIM OF _____ )	
(Claimant) )	
v. )	CLAIM FOR PERSONAL INJURY
)	AND/OR PROPERTY DAMAGE
)	(Government Code § 910)
COUNTY OF MARIPOSA )	
_____ )	

**TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:**

**YOU ARE HEREBY NOTIFIED that:** (Please type or print)

Claimant: \_\_\_\_\_

Whose address is: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of \$\_\_\_\_\_.

This claim is based on: *(CHECK APPROPRIATE BOX OR BOXES)*

- Property Damage  Other *(Please List)*
- Personal Injury
- Contract

which occurred on \_\_\_\_\_, 20\_\_\_\_ in the vicinity of *(place where incident occurred)*:  
(MONTH/DAY)

\_\_\_\_\_  
(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: *(Please provide another page if more space is needed.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:

\_\_\_\_\_

\_\_\_\_\_

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of:  
(Describe generally claimant's injuries or damages.)

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

**Damages incurred to date:**

Expenses for medical and hospital care \$ \_\_\_\_\_

Loss of earnings \$ \_\_\_\_\_

Specific damages (ITEMIZE & PROVIDE 3 REPAIR ESTIMATES)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other damages (ITEMIZE)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DAMAGES INCURRED TO DATE: \$ \_\_\_\_\_**

**Estimated future damages as far as known from this incident:**

Total estimated prospective damages: \$ \_\_\_\_\_

**TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ \_\_\_\_\_**

All notices or other communications with regard to this claim should be sent to claimant at:

\_\_\_\_\_  
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

**\*\*PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.**

Dated: \_\_\_\_\_ Signed \_\_\_\_\_  
(CLAIMANT/AGENT FOR CLAIMANT)

Government Code § 911.2. Time of or presentation of claims

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.