

CLAIM FORM

TO: City Clerk
City of San Juan Capistrano
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
(949) 493-1171

Name of Claimant

Address of Claimant

Telephone Number

1. When did damage or injury occur? (Give exact date and hour)

2. Where did damage or injury occur? (State Specific location)

3. How did damage or injury occur? (Give full details; add supplemental sheets if required)

4. What particular act or omission on part of the City's officers or employees caused the injury or damage?

5. State the names of public employee(s) causing the injury and/or damage, if known.

6. What damage or injuries do you claim resulted?

7. TOTAL AMOUNT CLAIMED: \$ _____

The basis for computing the total amount claimed is as follows:

Damages incurred to date:

Expenses for medical/hospital care \$ _____

Los of earnings \$ _____

Special damages for:

_____ \$ _____

_____ \$ _____

Future expenses for
medical and hospital care \$ _____

Future loss of earnings \$ _____

Other prospective special damages \$ _____

General Damages:

Estimated prospective
damages as far as known \$ _____

8. Other details:

9. Names, addresses and phone numbers of witnesses, doctors and hospitals.

DATED: _____

Signature of Claimant or
Claimant's Representative

NOTICE

Section 72 of the California Penal Code provides in pertinent part:

“Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment an fine.”