Send Claim Forms To:
CITY CLERK
450 Civic Center Plaza, 3rd Floor
Richmond, CA 94804
(510) 620-6513 Option 9

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF RICHMOND

Information on your claim:

1. To ensure proper processing of your claim, complete each item on the liability claim form. Failure to do so may result in the rejection of your claim.
2. Once your claim is received, it will be forwarded to the City's Risk Manager for review and then referred to the City's contract Claims Administrator for the purpose of investigating the claim.
3. You will be sent a letter acknowledging receipt of your claim from the Claims Administrator within two weeks from receipt of your claim.
4. Once the investigation into your claim has been completed, you will be notified in writing whether the claim has been accepted or rejected along with further instructions.
5. If you have any questions about completing this form or the claims process please contact the Human Resources Department at (510) 620-6810.
6. Presentation for allowance or payment of a false or fraudulent claim, with intent to defraud, is a crime punishable as a felony under California Penal Code, Section 72, and the Insurance Code, Section 1871.1.

Completing the form:

Please type or print clearly with a ball-point pen all of the information requested on the claim form. The following provides specific instructions for completing each section of the claim form.

1. **Name, Mailing Address, Telephone Numbers-** State the full name, mailing address, and telephone numbers claiming damage or injury. If there is a different address to which notices from the City are to be directed, please also note that address.
2. **Where Did the Damage or Injury Occur?** Include the street address, intersection or other location where the damage/injury allegedly occurred.
3. **When Did the Damage or Injury Occur?** State the exact month, day, year, and approximate time of the incident, which caused the alleged damage/injury.
   Under State Law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City Clerk no later than six months after the incident date. Please note that evidence of "presentation" includes a clear postmark date on an envelope or a certification of personal service.
   When filing a claim beyond a six month period, you must explain the reason why the claim was not filed within the six month period. The explanation is called an "application for leave to present a late claim." In considering your claim, the City will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons a claim may be filed late). Only if the late claim application is granted will the City then consider the merits of the claim. Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident date.
4. **Circumstances that led to claim-** Provide in full detail a description of the damage/injury that allegedly resulted from the incident. State all of the facts which support your claim against the City of Richmond. If applicable, please also include employee(s) names that allegedly caused the damage or injury.
5. **What Damage Occurred?** - Provide in full detail a description of the damage/injury that allegedly resulted from the incident.
6. **Dollar Amount of Claim-** State the total amount you are claiming as a result of the alleged damage/injury. If damage/injury is continuing or anticipated in the future, indicate with a "+" following the dollar figure. Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If available, please attach copies of all bills, payment receipts, and cost estimates.
7. **Names and Addresses of Any Witnesses to the Occurrence-** Provide names of witnesses to the actual occurrence of the claim.
8. **Date of Birth-** Provide the date of birth of the person asserting the claim.
9. **Names, Addresses, and Telephone Numbers of Doctors or Hospitals-** Please provide names of doctors or hospitals having knowledge relevant to the claim.
10. **Signature-** The claim shall be signed by the claimant or by attorney/representative of the claimant. The City Clerk will not accept the claim without proper signature. Government Code Section 910.2 provides: "The claim shall be signed by the claimant or by some person on his or her behalf."

Stamp of receipt:

City Clerk/Deputy Clerk

Before completing this form, please read the instructions on the back. You may make copies for your records, and submit all original copies to the City Clerk. Claimants are responsible for making their own copies. City Clerk's Office will not provide photocopies. You must complete each section of this form or your claim may be returned to you as insufficient. A claim must be presented, as prescribed by Government Code Section 910, by the claimant or a person acting on his/her behalf and shall show the following:

1. Name and mailing address of claimant(s)

_____ _____

Name Phone Number(s)

_____ _____ _____ _____

Mailing Address City State Zip

Address to which notices from the City are to be directed (if different than above):

Name:_____

Address:_____

2. Where did the damage or injury occur? (Please include street address and intersection if applicable)

_____

3. When did the damage or injury occur?

_____

Month Day Year Time

4. Please explain the circumstances that led to the alleged damage or injury, state all the facts which support your claim against the City of Richmond. If known, identify the name of the employee(s) that allegedly caused the damage or injury. _____

_____

_____

_____

_____

5. What specific damage or injury do you claim resulted from the alleged action?_____

_____

_____

_____

6. If amount claimed totals less than $10,000: The amount claimed, if less than ten thousand dollars ($10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. Amount Claimed and basis for computation: _____

_____

_____

If amount claimed exceeds $10,000: If the amount claimed exceeds ten thousand ($10,000), a dollar amount is not required to be stated. However, please indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs do not exceed $35,000. An unlimited civil case is one in which the recovery sought is more than $35,000. (See CCP Section 85.)

_____ Limited Civil Case $_____ _____ Unlimited Civil Case $_____

You are required to provide the information requested above in order to comply with Government Code Section 910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City of Richmond requests that you answer the following questions:

7. Name, address, and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

_____

_____

8. Claimants(s) Date of Birth: _____

9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment. _____

_____

_____

10. Signature of Claimant: _____ Date: _____

I declare under penalty of perjury that the foregoing is true and correct, and I understand that presentation of a false or fraudulent claim, with intent to defraud, is a crime punishable as a felony under California Penal Code, Section 72, and Insurance Code, Section 1871.1.

Before completing this form, please refer to the instructions on the back.