# CITY OF HESPERIA CLAIM PROCEDURE

Submit a completed claim form in person or by mail as follows:

City of Hesperia
City Clerk's Office
9700 Seventh Avenue
Hesperia, CA 92345

The claim is then submitted to the Human Resources/Risk Management Division for processing.

A written response will be mailed to the claimant within a forty-five (45) day period, via U.S. Postal Service.

For additional information regarding claims, refer to Government Code Section 900.

Should you have any additional questions or concerns please contact Human Resources/Risk Management at 760-947-1100.

Attachment: Claim for Damages

# CLAIM FOR DAMAGES

To Person Or Property

1. Claims for death, injury to person, or to personal property must be filed no later than six (6) months from date of occurrence (Gov.Code, Sec.911.2).
2. Claims for damages to real property must be filed no later than one (1) year from date of occurrence (Gov.Code,) Sec.911.2).
3. Attach separate sheets, if necessary, to give full details. Sign, date and number each sheet.
4. **Please return: City Clerk's Office, City of Hesperia, 9700 Seventh Avenue, Hesperia, CA 92345.**

RESERVE FOR FILING STAMP

1. Name and mailing address of the Claimant:

Name of Claimant:

Mailing Address:

Telephone:

2. Mailing address to which the person presenting the claim desires notices to be sent:

☐ Same as above (Claimant)

Name of Addressee: Relationship to Claimant:

Post Office Address:

Telephone:

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: Time of Occurrence:

Location:

Circumstances of Occurrence:

4. General description of the obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.

5. The name(s) of the public employee(s) causing the injury, damage, or loss, if known.

6. Name, address and telephone number of any witness(es) to the occurrence or transaction which gave rise to the claim asserted:

7. **If amount claimed totals less than $10,000:** If the amount claimed totals 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 and detailed cost breakdown for amount claimed:

8. **If amount claimed exceeds $10,000:** If the amount claimed exceeds ten thousand dollars ($10,000), no dollar amount shall be included in the claim. However, it shall 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, does not exceed $25,000. An unlimited civil case is one in which the recovery sought is more than $25,000. See California Code of Civil Procedure §86.

☐ Limited Civil Case ☐ Unlimited Civil Case

9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctor(s) or hospital(s) providing treatment*:

*If applicable, please attach any medical records or reports, medical bills or similar documents supporting your claim.

10. Claimant date of birth, Social Security Number and gender* (Required upon payment of claim):

Date of Birth:

Social Security Number:

Gender:

*Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds mandatory reporting requirements for liability insurance (including self-insurance). See 42 U.S.C. 1395y(b)(8). The City/Agency is requesting this information in order to comply with the requirements of MMSEA and will not disseminate this information, except for reporting purposes as required by the Act referenced above. You understand that if you are a Medicare beneficiary and you do not provide the requested information, you may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay your claims correctly and promptly.

11. If the claim relates to an automobile accident*:

| Claimant(s) Auto Ins. Co.: | Insurance Policy No.: |
|---|---|
| Address: | |
| Telephone: | |

| Claimant's Veh. Lic. No.: | Vehicle Make/Year: |
|---|---|
| Claimant's Drivers Lic. No.: | Expiration: |

*If applicable, please attach any repair bills, estimates or similar documents supporting your claim. Proof of registration and insurance required upon payment of claim.

**<u>Warning</u>: Presentation of a false claim is a felony. See California Penal Code §72. In the event a legal action is filed and it is determined that the the action was not filed in good faith and with reasonable cause, the City/Agency may seek to recover all costs of defense. See California Code of Civil Procedure §1038.**

Signature of the Claimant or Person acting on the Claimant's behalf

Date