## **CLAIM AGAINST THE COUNTY OF KERN**

(Government Code §§ 910, 910.2 & 910.4)

This claim must be filed with the Clerk of the Board of Supervisors, 1115 Truxtun Ave., 5<sup>th</sup> Floor, Bakersfield, California 93301. If it is a claim for death, injury to person, injury to personal property or injury to growing crops, it must be filed within six months after the accident or event giving rise to the claim. If it is a claim for any other cause of action, it must be filed within one year after the event(s) giving rise to the claim. You must complete both sides and sign the claim form for the claim to be valid. Complete information must be provided. If the space provided is inadequate, please use additional paper and identify information by paragraph number.

1.	State the name and mailing address of claimant:
2.	State the mailing address to which claimant desires notices from the County to be sent:
3.	State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
4.	Provide a general description of the injury, damage or loss incurred so far as it may be known:

5.	Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:	
6.	Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):	
	If less than ten thousand dollars (\$10,000), state the amount: \$	
	If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)	
	Yes No	
7.	Please state any additional information which may be helpful in considering this claim:	3
Clai	nant must date and sign below.	
8.	Signed this day of, 20	
	CLAIMANT'S SIGNATURE	

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)

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