

## **CLAIMS AGAINST THE COUNTY**

(How to sue the Government)

Before you can sue a government agency you must first file a claim for the damages with that agency.

If your complaint is against any branch of County government, such as the Sheriff's Office or Public Works Department, you would file with the County of San Mateo. Claim forms can be obtained from the Clerk of the Board of Supervisors, 500 County Center, 5th Floor, Redwood City, CA 94063.

Usually a claim must be filed within six months of the incident. If it will be longer than that, contact an attorney or the small claims advisory for more information.

If your claim has been denied, you may have other options available to you through the courts. This must be done within six months after the denial. However, keep in mind that claims against the County are investigated by the division of Risk Management, and even though your claim is officially denied, you may receive a settlement. **It usually takes 6 to 8 weeks to complete the investigation. For information on what is happening, call the County's Liability Coordinator at (650) 363-4506. Wait at least three weeks before you call.**

If you do then wish to sue, you may name the County of San Mateo as defendant and may have the papers served on the Clerk of the Board of Supervisors, Redwood City.

If you wish to sue a public entity other than the County of San Mateo, you must submit a separate claim to that agency. As of 1997, the Superior Court is a separate entity from the County of San Mateo. If you wish to submit a claim against the Superior Court you may get a claim form from the Superior Court Executive Office, located on the 2nd Floor of 400 County Center.

***~PLEASE KEEP THIS PAGE FOR YOUR REFERENCE~***

# CLAIM AGAINST THE COUNTY OF SAN MATEO

*(Please print legibly or type. Please do not use pencil)*

Claimant's Name:			
Claimant's Address:			
City:	State:	ZIP Code:	Phone:

Amount of Claim:	\$ _____
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Address to which notices are to be sent (if different than above):

Date of incident:	____ / ____ / ____ <small>(Month / Day / Year)</small>	Location of Incident:
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How did it occur (describe damage or loss):

Name of Public Employee(s) causing injury, damage, or loss (if known):

1.	
2.	

Itemization of Claim: List Item(s) that total the amount above:	
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

I declare under penalty of perjury that the foregoing is true and correct:

Dated at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_

Signature of Claimant: \_\_\_\_\_

**Return to: CLAIMS, Board of Supervisors, 500 County Center, 5th FL., Redwood City, CA 94063**