

<b>File With:</b>	<b>ARTESIA CEMETERY DISTRICT TORT CLAIM FORM</b>	<b>RECEIVED DATE STAMP</b>  <hr/> <b>Method of delivery office use only:</b> <input type="checkbox"/> US Mail (postmark date: _____) <input type="checkbox"/> Hand –delivered (date: _____) <input type="checkbox"/> Delivery service (please list: _____) <input type="checkbox"/> Other (please list: _____)
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**If additional space is needed to provide your information, please attach separate sheets which identify the paragraph(s) being answered. Sign, date and number all attachments to the claim form.**

1. Name and Post Office address of the Claimant:

Name of Claimant:

Post Office Address:

Telephone:

Email:

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

Name of Addressee:

Relationship to Claimant:

Post Office Address:

Telephone:

Email:

3. Claimant date of birth: \_\_\_\_\_

4. 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 giving rise to this claim:

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

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6. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

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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 Claimed and basis for computation:

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

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10. 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:

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

11. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.:

Telephone:

Address:

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Insurance Policy No.:

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Insurance Broker/Agent:

Telephone:

Address:

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Claimant's Veh. Lic. No.:

Vehicle Make/Year:

Claimant's Drivers Lic. No.:

Expiration:

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***If applicable, please attach any repair bills, estimates or similar documents supporting your claim.***

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**Civil Penalty for Presenting Fraudulent Claim:**

***Pursuant to Government Code §12651, a civil penalty of not less than (\$5,500) and not more than (\$11,000) may be imposed on a claimant for each fraudulent claim a claimant presents against the District.***

**Criminal Penalty for Presenting Fraudulent Claim:**

***Pursuant to Penal Code §72, a claimant who presents a fraudulent claim against the District may be subject to 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 imprisonment and a fine.***

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

\_\_\_\_\_  
Date