

FILE CLAIM WITH:

City Clerk – City of Lodi
221 West Pine Street
(209) 333-6702

**CLAIM FOR MONEY
OR DAMAGES AGAINST THE
CITY OF LODI, CALIFORNIA**



Reserved For Filing Stamp

Claim No. _____

OR MAIL TO:

PO Box 3006
Lodi, CA 95241-1910

Attach estimates, receipts, photos, diagrams, or witness statements to support your claim. If additional space is needed, attach supplemental sheets – clearly identify the section(s) being answered.

Government Code requires claims be presented by the claimant or the claimant's representative and include the following:

Section 1. Claimant Information:

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: () _____

Section 2. Representative Information (Must be completed if claim is filed by claimant's attorney or authorized representative):

Name: _____

Check box if same as above

Mailing Address: _____

City/State/Zip Code: _____

Telephone: () _____

Section 3. Claim Information:

Date of Occurrence: _____

Time of Occurrence: _____

am/pm

Location: _____

Circumstances giving rise to this claim and why you believe the City of Lodi is responsible:

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.

Name of City department(s) or City employee(s) causing the injury, damage, or loss, if known.

The amount claimed as of the date of presentation of the claim should include 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.

Basis for computation of claim: _____

Amount Claimed: \$ _____

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 (CCP §86.)

Limited Civil Case

Unlimited Civil Case

Section 4. Additional Information:

You are required to provide the information requested on the previous page to comply with the California Government Code; however, to assist the City's investigation, please answer the following questions:

If the claim involves a minor, provide minor's date of birth. _____

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

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:

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

Does this claim relate to an automobile accident? No (sign below) Yes (complete this section and sign below)

Claimant's Auto Insurance Co.:	Claimant Drivers License No.:
Mailing Address:	_____
City/State/Zip:	License Expires: _____
Telephone: () _____	Vehicle Make/Model/Year:
Insurance Broker/Agent:	_____
Mailing Address:	License No.: _____
City/State/Zip	Insurance Policy No.:
Telephone: () _____	_____

Section 5. Medicare Medicaid and S-CHIP Extension Act

Section 111 of the Medicare Medicaid & S-CHIP Extension Act requires the City of Lodi to report certain claims to the federal government. Please indicate if the claimant is : 65 years of age or older, or received Social Security Disability Insurance Benefits for 24 or more months, or has End Stage Renal Disease. If yes, you may be required to provide additional information to process your claim. Please circle one:

YES NO

Section 6. Notice and Signature

Notice: Presentation of a false claim is a felony (Penal Code §72). Every person who, with intent to defraud, presents any false or fraudulent claim is punishable either by pmrisonment 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 such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine. Pursuent to Code of Civil Procedure §1038.

Unsigned or incomplete claims will be returned as insufficient, resulting in no action on the part of the City. Please note that this Claim Form and any attachments are a public record subject to disclosure under the California Public Records Act.

Claimant's Name (please print)	Claimant's Signature	Date Claim Submitted
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