

# CLAIM FOR MONEY OR DAMAGES

Please send to: CITY CLERK, CITY OF MODESTO, P.O. Box 642, Modesto, CA, 95353

## Acknowledgement

I understand that the claim must be filed with the City Clerk no later than Six (6) months after date of incident. Be sure your claim is filed with the City Clerk no later than 6 months after date of the incident. (see Government Code Section 910 et seq)

Name of Claimant: \_\_\_\_\_

Address (Street): \_\_\_\_\_ (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Claimant's Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other): \_\_\_\_\_

Notices to be sent to: (if other than to above address)

a. Name: \_\_\_\_\_ Relation to Claimant: \_\_\_\_\_

b. Address (Street): \_\_\_\_\_  
(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

c. Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other): \_\_\_\_\_

Provide information in detail regarding the claim:

a. What damages and/or injury did you suffer – describe in detail:

\_\_\_\_\_

b. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

c. How did damage and/or injury occur: \_\_\_\_\_

d. State why you believe city is responsible or involved: \_\_\_\_\_

e. Identify city employee(s) causing damage or injury: \_\_\_\_\_

f. Amounts claimed (personal injury): \$ \_\_\_\_\_ (property damage) \$ \_\_\_\_\_  
(Attach supporting medical bills, invoices, repair estimates, etc.)

1. If your claim does not exceed \$10,000 indicate whether your claim would be a limited civil case (if the amount claimed does not exceed \$25,000 it is treated as a limited civil case):

\_\_\_\_\_ The total claim does not exceed \$25,000

\_\_\_\_\_ The total claim exceeds \$25,000

List names, addresses, phone numbers of any witnesses: \_\_\_\_\_

\_\_\_\_\_

List names, addresses, phone numbers of hospital, clinics, physicians: \_\_\_\_\_

\_\_\_\_\_

List your insurance company, name, address and payments made if any: \_\_\_\_\_

\_\_\_\_\_

*In accordance with the requirements of Title II of the Americans with Disabilities Act ("ADA") of 1990, the Fair Employment & Housing Act ("FEHA"), the Rehabilitation Act of 1973 (as amended), Government Code section 11135 and other applicable codes, the City of Modesto ("City") will not discriminate against individuals on the basis of disability in the City's services, programs, or activities. For more information, please visit the City of Modesto website at <https://www.modestogov.com/865/Americans-with-Disabilities-Act-ADA>*

**NOTE: Presentation of a false claim is unlawful (Cal Penal Code Sec 72)**

\_\_\_\_\_  
Signature