



CLAIM AGAINST THE CITY OF CHULA VISTA

Claim Form Instructions

Disclaimer: The instructions that follow are to assist you in filling out the attached claim form. These instructions are in no way legal advice. Please be sure that your claim is within the City of Chula Vista, California. Claims can be filed in person during regular business hours or by mail at Office of the City Clerk, 276 Fourth Avenue Chula Vista, CA 91910.

Section A

- **Claimant's Name, Address, and Phone Number** – state the full name, mailing address, and phone number of the person or entity claiming personal injury, damage, or loss, or the party who is filing a claim on behalf of another person or entity, such as an insurance carrier filing a claim as subrogee of their named insured.
- **Date of Birth** – state claimant's date of birth including month, day, and year.
- **Social Security Number** – state the claimant's social security number.
- **Driver License Number** – state the claimant's driver license number.

Section B

- **Official Notices and Correspondence** – provide the name, mailing address, and phone number of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.

Section C

- **Date of Incident** – state the exact month, day, and year of the incident giving rise to your claim.
- **Time of Incident** – state the exact time, including AM or PM, of the incident giving rise to your claim.
- **Location of Incident or Accident** – include the city, exact street address, block number and/or cross street.
- **Basis of Claim** – state in detail all facts supporting your claim, including all facts and circumstances of the incident.

Section D

- **Description of Alleged Injury, Property Damage, or Loss** – provide detailed description of the injury, damages or loss.
- **Additional Information** – Please provide photographs, diagrams, invoices, estimates and or receipts in support of your allegations. Include name, address, and phone number of witnesses, medical providers, and or hospitals. You may also attach additional pages as needed.

Section E

- **Employee Name, if known.**

Section F

- **Amount of Loss and Method of Computation** – state the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future anticipated expenses or losses. Please attach copies of all bills, receipts, and repair estimates. If the claim involves property damage, please provide two repair estimates. The Government Code provides that if the claim is for less than \$10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds \$10,000, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under \$25,000; unlimited civil jurisdiction cases are those involving damages of \$25,000 or more.

Section G

- **Signature of Claimant or Representative** – please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant.
- To receive a date/time stamped copy of your claim, please present the original and a copy of the completed claim form along with a self-addressed stamped envelope.



CLAIM AGAINST THE CITY OF CHULA VISTA

Present claim by personal delivery or mail to the **City of Chula Vista, Office of the City Clerk, 276 Fourth Avenue, Building A, Chula Vista, CA 91910**. Claims for death, injury to person or personal property, must be filed no later than six (6) months after the occurrence (Gov. Code Section 911.2). All other claims must be filed within one (1) year of the occurrence.

Time Stamp

*** = Required** (Gov. Code Section 910)

Received Via	<input type="checkbox"/> US Mail	<input type="checkbox"/> Over the Counter	<input type="checkbox"/> Inter-Office Mail
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A.				
Claimant's Name* (First, Middle, Last)			Claimant's Date of Birth	
			Mo	Day
			Year	
Claimant's Address*			Claimant's Phone Number	
			()	
City*	State*	Zip*	Claimant's Driver License Number	
			Claimant's Social Security Number	
			—	—
Claimant's Email Address:				

B.				
Send Official Notices and Correspondence to*			Phone Number	
			()	
			Email Address	
Address*				
City* State* Zip*				

C.					
Date of Incident*	Mo	Day	Year	Time of Incident	<input type="checkbox"/> AM
					<input type="checkbox"/> PM
Location of Incident or Accident (be specific)*					

Basis of Claim* - State in detail all facts and circumstances of the incident. **Please attach additional sheets if necessary.**

State why you believe the City is responsible for the alleged injury, property damage, or loss

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D.

Description of Alleged Injury, Property Damage, or Loss*

Additional Information - Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, hospitals, proof of damages such as invoices, receipts, estimates, a diagram, and photographs. **Please attach additional sheets if necessary.**

E.

Name and City Department of City Employee who Allegedly Caused Injury or Loss (If Known)

City Vehicle Type/Description

License Plate No./Unit No.

F.

Damages Claimed*- If your claim does not exceed ten thousand dollars (\$10,000), state the basis of your computation of the amount claimed. (Attach supporting medical bills, invoices, repair estimates, etc.)

a. Amount claimed as of the date of the claim

\$

b. Estimated amount of future costs

\$

Total Amount

\$

If your claim exceeds ten thousand (\$10,000), Government Code 910(f) requires that you indicate whether or not the claim is a "limited civil case". Check one.*

Limited (up to \$25,000)

Unlimited (over \$25,000)

G.

Signature*- Claim form **must** be signed by claimant or party filing the claim. (Gov. Code Section 910.2)

Warning: It is a criminal offense to file a false claim. (California Penal Code § 72). I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters. I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Printed Name of Signatory and Relationship to Claimant

Date

Signature of Claimant or Person Acting On Behalf of Claimant*