

CLAIM FORM:  
\_\_\_\_\_ OF SANTA CRUZ,  
STATE OF CALIFORNIA

Pursuant to the provisions of California Government Code Section 910 et seq., the undersigned submits the following information and claim:

Name of claimant: \_\_\_\_\_

Address to which notices are to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE, PLACE AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR INCIDENT WHICH GIVE RISE TO THE CLAIM ASSERTED:

On \_\_\_\_\_ OFFICER/ DEPUTY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

NAMES OR NAMES OF PUBLIC EMPLOYEE(S) CAUSING INJURY, DAMAGE OR LOSS: \_\_\_\_\_

\_\_\_\_\_ and others not known at this time.

AMOUNT CLAIMED AS OF THIS DATE: Claimant requests an amount as yet unascertained but in excess of the jurisdictional limit of the superior court of the state of California for general damages, special damages, punitive, exemplary or deterrent damages, and attorneys fees.

Dated: \_\_\_\_\_

\_\_\_\_\_, IN PRO PER