

CLAIMS AGAINST THE DISTRICT

Any claims against the District for money or damages, which are not governed by any other statutes or regulations, shall be presented and acted upon in accordance with Sections 900 et seq. and 910 of the California Government Code. Claims must be submitted to the Director of Risk Management at 500 Court Street, Martinez, California 94553, on the attached claim form (see Exhibit A) as required by Government Code 910.4.

1. **Questions Relating to Filing Claims:** Anyone inquiring as to the proper procedure to file a claim against the District should be referred to Government Code Sections 900 et. seq. In particular, Sections 910, 910.2 and 911.2 which deal with the contents of a claim and the timeliness of presentation. The District claim form (Exhibit A) shall be made available upon request.
2. **Receipt of Claims against the District:** Any authorized representative of the District may receive a claim on behalf of the District; however, the Director of Risk Management must be immediately informed of the claim. All original documents are to be date stamped and forwarded to the Director of Risk Management by the next working day. Claim forms cannot not be filed electronically.
3. **Review of Claim:** The Director of Risk Management will review the claim for compliance with Government Codes 910, Content of Claim; 910.2, Signatures, and 911.2, Time of Submission. The Director of Risk Management will notify the District's claim representative as appropriate.
4. **Notice of Insufficiency of Claim:** If the claim presented fails to comply with Government Code 910 et. seq., the Director of Risk Management or District's claim representative shall notify the claimant of such insufficiency (see Exhibit B) within twenty (20) days of the defects or omissions therein. No further action is required by the District unless the claim is amended or resubmitted.
5. **Notice of Late Claim:** If the claim was not presented within the time limits prescribed by Government Code 911.2, the Director of Risk Management or District's claim representative shall notify the claimant of such failure (see Exhibit C) within forty-five (45) days of the date the claim was presented.

The Governing Board may either grant or deny an application to present a late claim. Instances where the Governing Board is to grant the application are detailed in Government Code 911.6. If the application is granted, the claim shall be deemed to have been presented to the Governing Board upon the day that leave to present the claim is granted per Government Code 912.2. Denial of the application requires no further action on the claim (see Exhibit D).

6. **Acceptance of Claim for Governing Board Action:** If the claim has no exceptions after review, the Director of Risk Management will prepare a Governing Board report recommending rejection of the claim or acceptance/denial of the leave to present a late claim at the next regular meeting of the Board. Rejection or acceptance of the claim must be within forty-five (45) days of the date the claim was first presented to the District.
7. **Notice of Governing Board Action:** Immediately after the Governing Board meeting, the Director of Risk Management or District's claim representative shall notify the claimant of the Governing Board's action, by sending a certified Governing Board Report along with a notice of the Governing Board's action (see Exhibit E). Notice is to be given in accordance with Government Code 915.4.

CLAIM FORM

To: Director of Risk Management
Contra Costa Community College District
500 Court Street, Martinez, CA 94553

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than one year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant _____ DOB _____ Phone No _____

Address _____ City _____ Zip _____

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) _____

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attached estimates or invoiced, if possible. (If amount claimed exceed \$10,000, no dollar amount shall be stated).

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount Claimed

If total amount claimed exceed \$10,000, is this a Limited Civil case? Yes _____ No _____

NAMES and addresses of witnesses, doctors and hospitals: _____

DATE: _____

Signature of Claimant

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

CERTIFIED MAIL

(Date)

(Claimant)

(c/o Attorney)

(Address)

(City, State Zip)

Dear (Claimant):

The claim you presented to the (Officer) on (Date) is being returned because 1) it is not presented on the claim form required by Government Code Section 910.4 or 2) the claim form is incomplete per Government Code Section 910 or 910.2.

The claim form does not show: (select any or all reasons)

- a) The name and post office address of the claimant;
- b) the post office address to which the person presenting the claim desires notices to be sent;
- c) the date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted;
- d) a general description of the indebtedness obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim;
- e) the name or names of the public employee or employees causing injury, damage, or loss, if known;
- f) the amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage of loss, insofar as it may be known at the time of presentation of the claim, together with the basis of computation known at the time of presentation of the claim, together with the basis of computation of the amount claimed;
or
- g) the signature of the claimant or of some other person authorized to sign on their behalf.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

(Name)

Director of Risk Management

cc: (Chief Administrative Services Officer)
(College President)
(Chief Financial Officer)

CERTIFIED MAIL

(Date)

(Claimant)

(c/o Attorney)

(Address)

(City, State Zip)

Dear (Claimant):

The claim you presented to the Contra Costa Community College District on _____, 20__ is being returned because it was not presented within the time limits prescribed by law. See Sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

Your only recourse at this time is to apply without delay to the Contra Costa Community College district for leave to present a late claim. See Sections 911.4 and 912.2, inclusive, and Section 946.6 of the Government code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

(Name)

Director of Risk Management

cc: (Chief Administrative Services Officer)
(College President)
(Chief Financial Officer)

CERTIFIED MAIL

(Date)

(Claimant)

(c/o Attorney)

(Address)

(City, State Zip)

Dear (Claimant):

Notice is hereby given that the application to present a late claim which you presented to the (office) on (date) was denied by the Governing Board on (date of meeting).

WARNING

If you wish to file a court action on this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code Section 945.4 (claims presentation requirement). See Government Code Section 946.6. Such petition must be filed with the court within six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

(Name)

Director of Risk Management

cc: (Chief Administrative Services Officer)
(College President)
(Chief Financial Officer)

CERTIFIED MAIL

(Date)

(Claimant)

(c/o Attorney)

(Address)

(City, State Zip)

Dear (Claimant):

Notice is hereby given that the claim which you presented to the (office) on (date) was (rejected, allowed, or other appropriate language) by the Governing Board on (date of meeting).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

(Name)

Director of Risk Management

cc: (Chief Administrative Services Officer)
(College President)
(Chief Financial Officer)