



County of San Joaquin

**CLAIM FOR DAMAGE OR INJURY**

INSTRUCTIONS:

Prepare in ink or typewriter. File original and one copy with Clerk of the Board of Supervisors,  
San Joaquin County, 44 N. San Joaquin Street, Suite 627, Stockton, California 95202.

Use additional paper as necessary.

Name of Claimant:

_____	_____	_____	_____
Last	First	( )	MI

Home Address/Phone:

_____	_____	_____	_____
Name/Number/Street	City/State/Zip Code	( )	Phone

Send Correspondence To:

_____	_____	_____	_____
Name/Number/Street	City/State/Zip Code	( )	Phone

When did Injury or Damage Occur:

_____	_____	_____	_____
Month/Day/Year	Time of Day	AM	PM

WHERE DID INJURY OR DAMAGE OCCUR: \_\_\_\_\_

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

HOW DID INJURY OR DAMAGE OCCUR: \_\_\_\_\_

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

Identity of County Vehicle: (if applicable) \_\_\_\_\_

Name(s) of County Employee(s) involved: \_\_\_\_\_

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

WHAT INJURIES OR DAMAGE DID CLAIMANT SUFFER: \_\_\_\_\_

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

AMOUNT OF DAMAGE OR LOSS:

_____	_____	_____	_____
Property Damage or Cost of Repair	Medical Bills Past/Estimated Future	Loss of Income Past/Future	Other Expenses

Total Claim \_\_\_\_\_

I declare under penalty of perjury that the forgoing is true and correct.

_____	_____	_____
Signature	Relationship to Signer, if not the Claimant	Date

White - County Counsel  
Yellow - County Counsel  
Pink - Claimant          Pers.

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY**