

CLAIM AGAINST THE NORTH ORANGE COUNTY REGIONAL OCCUPATIONAL PROGRAM

As required by Government Code Section 911.2, a claim for death, injury to person or to personal property must be filed with the North Orange County ROP not later than six months from when the incident or event occurred and a claim for damages relating to any other type of occurrence must be filed not later than one year from the date of occurrence. Be sure your claim is against the North Orange County ROP not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to:

NORTH ORANGE COUNTY REGIONAL OCCUPATION PROGRAM
 C/O DIRECTOR OF BUSINESS SERVICES
 385 N. MULLER STREET
 ANAHEIM, CALIFORNIA 92801

1.	Name of Claimant:
	Mailing Address:
	Telephone: (Home) _____ (Business) _____
2.	All correspondence, information and notices concerning this claim should be sent to: Name: Mailing Address:
3.	Date, place and time of the occurrence or transaction which gave rise to the claim asserted: (a) Date: _____ (b) Time: _____ (c) Place: _____
4.	Specify the particular act or omission you claim caused the injury/damage/loss:
5.	Provide a description of the circumstances regarding the act you claim caused the injury/damages/loss (attach additional pages if necessary).

6.	Provide the names(s) and position(s) of ROP employees whom you claim caused the injury/damage/loss, if known:
7.	Specify why/how you think the North Orange County ROP is at fault:
8.	<p>Damage description (attach supporting bills, estimates, etc.):</p> <p>Amount claimed to date: \$ _____</p> <p>Estimated amount of future costs: \$ _____</p>
9.	<p>If the amount claimed exceeds \$10,000, indicate the type of civil case:</p> <p>Limited civil case _____ Unlimited civil case _____</p>
10.	List all witnesses to the event:

11.

Describe injury or damage as applicable:

Bodily injury:

Property damage (include location):

Automobile damage (include year, make, model and license):

Warning: It is a criminal offense to file a false claim. (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my knowledge, except as to those matters stated upon information or belief and as to such matters, I believe the same to be true. I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____ By: _____
(Claimant's Signature)

(Print Name)

(Parent, Owner, Claimant, Other)