

GOVERNMENT CLAIM-JUDICIAL BRANCH

(Government Code section 910.4)

Postmark date if received by mail: _____

CLAIMANT

Name of Claimant Home Telephone Work Telephone

Mailing Address City State Zip Code

Send notices regarding this claim to *(if different from above)*:

Name

Mailing Address City State Zip Code

CLAIM INFORMATION

Date of Incident (Month/Day/Year) Time of Incident

Location of Incident

Describe the indebtedness, obligation, injury, damage, or loss incurred as a result of the incident.

State the circumstances that gave rise to this claim. (State the facts that support your claim and why you believe the court or another judicial branch entity is responsible for the alleged damage or injury.) If known, provide the name of the official or employee who allegedly caused the injury, damage, or loss (if there is more than one official or employee, name each). If you need more space, please attach additional sheets of paper.

If the total amount of your claim is up to \$10,000:

Amount of damage as of this date: _____

Estimated amount of future damages: _____

Total amount claimed: _____

If the amount of your claim is more than \$10,000, indicate whether your claim would be a limited civil case or an unlimited civil case (*check one*):

Limited civil (amount is \$25,000 or less)

Unlimited civil (amount is more than \$25,000)

State how the amount of your claim was computed (include copies of supporting documentation such as billing statements, invoices, receipts, and estimates).

List the names, addresses, and telephone numbers of all witnesses to the incident.

Provide any additional information that might be helpful in considering this claim.

REPRESENTATIVE (*Complete only if claim is presented by someone acting on claimant's behalf*)

Name of Authorized Representative _____

Telephone _____

Mailing Address _____

City _____

State _____

Zip Code _____

PLEASE NOTE: Presentation of a false claim with intent to defraud is a criminal offense (Penal Code Section 72).

Signature of Claimant or Authorized Representative (*check one*) _____

Date _____

Deliver or mail this claim form to:

Attention: Office of Court Counsel
Superior Court of California, County of Los Angeles
Stanley Mosk Courthouse
111 North Hill Street, Room 546
Los Angeles, CA 90012