

Government Claims Program Information and Claim Form

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov



Information and Claim Form

Note: New statute requires \$25 filing fee!

What kind of claims can be filed? Claims can be filed for losses you believe were caused by the action, or inaction, of any state agency. Claims may include:

- Damage to real or personal property
- Reimbursement for state employee property loss, benefits, salary, or travel expenses
- Refund of a tax, fee, or penalty
- Contract disputes

Claims for damages caused by a local government agency must be filed directly with the local agency that is involved. Do not file your claim with the state. If your claim is with an institution in the University of California (UC) system, contact the UC Regents directly. Call the Government Claims Program at 1-800-955-0045 to find out more.

Who can file a claim?

Anyone who believes a state agency caused him or her to suffer monetary loss can file a claim.

What are the time limits for filing a claim?

Claims relating to the death or injury of a person, or damage to personal property or growing crops, must be filed no later than six months after the date of the incident. Other claims must be filed no later than one year after the date of the incident. You can request permission to file a late claim. Some claims have no filing deadline. You may want to consult an attorney if you are not sure how the time limits apply to your claim.

Is your claim against the California Department of Transportation (Caltrans)?

If your claim is against Caltrans and the damages are \$5,000 or less, you can file your claim directly with Caltrans. Contact your local Caltrans office or visit www.dot.ca.gov to locate a Caltrans office near you. No fee is required for Caltrans claims under \$5,000.

Instructions for filling out this form:

1	Provide the full name of the person claiming damage or injury.
2	Provide a daytime telephone number.
3	Provide an email address. <i>(Optional)</i>
4	Provide a complete mailing address.
5	Let us know the best way to contact you if we need to call you.
6	If the claim is being filed on behalf of a minor (someone under the age of 18), please give the minor's date of birth.
7	You may wish to consult an attorney for assistance with filing a claim, however it is not required. If an attorney or other person (such as the parent or legal guardian of a minor or conservator of an adult) is representing you, please complete this section. If this section is completed, all correspondence regarding this claim will be sent to the representative.

8	Provide a daytime telephone number, including area code, for the attorney or representative.
9	Provide an email address for the attorney or representative. <i>(Optional)</i>
10	Provide a complete mailing address for the attorney or representative.
11	Describe the relationship of the attorney or representative to the claimant.
12	If this claim is regarding a stale-dated warrant (an uncashed check) more than three years old, or for an unredeemed bond, provide the date of issue, amount, and the name of the agency that issued it. Attach a copy of the front and back of the warrant or bond. For warrants that are less than three years old, contact the agency that issued the warrant directly to obtain payment.
13	State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, please provide the beginning date and the most recent date it occurred. Late Claims: The Board must receive claims relating to the death or injury of a person, or damage to personal property or growing crops, no later than six months after the date of the incident. If such a claim is filed more than six months from the date of the incident, attach a written explanation for late filing to the claim on a separate sheet. Other claims that have deadlines must be received no later than one year after the incident date. Other claims have no filing deadline. Claimants may wish to consult with an attorney to determine which filing deadline applies.
14	Provide the name of the state agency that you believe caused the damage or injury. "State of California" alone is not sufficient. Please spell out the name of the agency and include the names of any state employees that were involved.
15	Enter the total dollar amount being claimed. If you believe the damages are continuing, or anticipated in the future, show a "+" after the dollar amount. If the total dollar amount exceeds \$10,000, note whether the claim is a limited civil case or a non-limited civil case. Provide an explanation of how you computed the total amount. You may declare expenses incurred as well as expenses you expect to have in the future. Attach copies of all bills, payment receipts, and cost estimates.
16	For all claims involving real property, state-owned buildings or parking lots, and roadway- or vehicle-related claims, provide the street address, city, county, state highway number, road numbers, and/or post mile markers where you believe the damage or injury occurred. Real property includes land, buildings and other fixed structures. Roadway- or vehicle-related claims occurred on a state road or involved a state vehicle.
17	Describe the specific damage or injury that you believe resulted from the incident. Feel free to attach additional information to explain 17 through 19.
18	Describe in full detail the circumstances that led up to the damage or injury. State all the facts that support your claim. If it applies, describe the dangerous condition of the public property. If a law enforcement or insurance Collision/Incident Report is submitted with the claim, this section must still be completed in your own words.
19	Explain why you believe the state agency is responsible for the damage or injury.
20	Provide the vehicle license number and any other identifying information if the claim involves a state vehicle.
21	This section must be completed if the claim involves a motor vehicle. Indicate whether a claim has been filed with your insurance carrier. If a claim has been filed with your insurance carrier, provide the name, telephone number, and mailing address of the insurance carrier. Also include your policy number and the amount of the deductible. If you have received payment, please indicate when and the dollar amount.
22	The claimant or the claimant's attorney or representative must sign this form. The Board will not accept the claim without an original signature.
23	Be sure to attach the \$25 filing fee. Please make your check or money order payable to the State of California. If you cannot afford the filing fee, you can fill out a "Filing Fee Waiver Request", and attach it to this form. You obtain the filing fee waiver request form at www.governmentclaims.ca.gov or by calling 1-800-955-0045.
24	State agencies must submit the agency name, contact information for the agency budget officer, and the name of the fund or budget act appropriation item number. Submit the appropriate schedule if applicable (Example: 0000-000-0000, Budget Act 2004).

Government Claims Form

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 P.O. Box 3035
 Sacramento, CA 95812-3035

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State of California

For Office Use Only
 Claim No.:

Is your claim complete?

1	New! Include a check or money order for \$25 payable to the State of California.
2	Complete all sections relating to this claim and sign the form. Please print or type all information.
3	Attach receipts, bills, estimates or other documents that back up your claim.
4	Include two copies of this form and all the attached documents with the original.

Claimant Information

1	Last name		First Name		MI	2	Tel:	
						3	Email:	
4	Mailing Address			City		State		Zip
5	Best time and way to reach you:							
6	Is the claimant under 18?		Yes	No	If YES, give date of birth:			
					MM	DD	YYYY	

Attorney or Representative Information

7	Last name		First Name		MI	8	Tel:	
						9	Email:	
10	Mailing Address			City		State		Zip
11	Relationship to claimant:							

Claim Information

12	Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond?		Yes	No
	State agency that issued the warrant:		If NO, continue to Step 13 .	
	Dollar amount of warrant:		Date of issue:	
	Proceed to Step 22 .		MM	DD YYYY
13	Date of Incident:			
	Was the incident more than six months ago?		Yes	No
	If YES, did you attach a separate sheet with an explanation for the late filing?		Yes	No
14	State agencies or employees against whom this claim is filed:			
15	Dollar amount of claim:			
	If the amount is more than \$10,000, indicate the type of civil case:		Limited civil case (\$25,000 or less) Non-limited civil case (over \$25,000)	
	Explain how you calculated the amount:			

16	Location of the incident:
17	Describe the specific damage or injury:
18	Explain the circumstances that led to the damage or injury:
19	Explain why you believe the state is responsible for the damage or injury:
20	Does the claim involve a state vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide the vehicle license number, if known:

Auto Insurance Information

21	Name of Insurance Carrier		
	Mailing Address	City	State
		Zip	Tel:
	Policy Number:	Tel:	
	Are you the registered owner of the vehicle?	Yes	No
	If NO, state name of owner:		
	Has a claim been filed with your insurance carrier, or will it be filed?	Yes	No
	Have you received any payment for this damage or injury?	Yes	No
	If yes, what amount did you receive?		
	Amount of deductible, if any:		
	Claimant's Drivers License Number:	Vehicle License Number:	
	Make of Vehicle:	Model:	Year:
	Vehicle ID Number:		

Notice and Signature

22	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).		
	<table style="width:100%; border:none;"> <tr> <td style="width:70%; border:none;"><i>Signature of Claimant or Representative</i></td> <td style="width:30%; border:none;"><i>Date</i></td> </tr> </table>	<i>Signature of Claimant or Representative</i>	<i>Date</i>
<i>Signature of Claimant or Representative</i>	<i>Date</i>		

23	Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R St., 5th flr, Sacramento.
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For State Agency Use Only

24	Name of State Agency	Fund or Budget Act Appropriation No.
	Name of Agency Budget Officer or Representative	Title
	Signature	Date