

Legal Services for Prisoners with Children  
1540 Market Street, Suite 490  
San Francisco, CA 94102  
(415) 255-7036  
fax: (415) 552-3150  
info@prisonerswithchildren.org

*SUING A LOCAL PUBLIC ENTITY*

Updated edition (2004) prepared by:

CASSIE M. PIERSON  
Staff Attorney

MARISA F. GONZÁLEZ  
Legal Intern, Summer 2004  
University of California at Berkeley, Boalt Hall School of Law

1<sup>st</sup> Edition, Spring 1991  
(prepared by Carrie Kojimoto, Esq.)

2001 Update:

CASSIE M. PIERSON  
Staff Attorney

KARYN LEITZELL  
Legal Intern, Summer 1999  
Ohio State University School of Law

CARRIE ROSENBAUM  
Legal Intern, Summer 2000  
King Hall, UC Davis School of Law

# ***SUING A LOCAL PUBLIC ENTITY***

## **Table of Contents**

	<u>Page</u>
<b>INTRODUCTION</b>	1
Whom can I sue?	1
What is the difference between a claim and a complaint?	2
 <b>FILING A TORT CLAIM</b>	 3
How do I file a claim?	3
What must a claim contain?	3
How should I proceed if I cannot get the information I need to sue the county jail (for example, the sheriff's name or the chief medical officer)?	4
What is the deadline for filing a claim?	5
When can I expect to hear from the county?	5
What if I missed the deadline to file a claim?	6
What can I do if the public entity rejected my application to file a late claim?	6
What if I cannot pay the court fee?	7
 <b>FILING A LAWSUIT</b>	 7
What is the deadline for filing a complaint?	8
If I have been injured in a county jail, should I file my complaint in <u>state</u> or <u>federal</u> court?	8
How do I locate an attorney?	8
 <b>APPENDIX A</b> – Sample letter requesting tort claim form	
<b>APPENDIX B</b> – Sample Claim for Personal Injuries	
<b>APPENDIX C</b> – Sample Application to File Late Claim	
<b>APPENDIX D</b> – Instructions and Form for Application to Have Court Fees Waived	
 <b>APPENDIX E</b> – California Roster of Counties	
<b>APPENDIX F</b> - Board of Control Claim (for claims against the State)	
<b>APPENDIX G</b> - Complaint (personal injury, property damage, wrongful death)	
<b>APPENDIX H</b> - County Courts (Superior courts for each county)	
<b>APPENDIX I</b> - Sample letters to the Court Clerk and Judge	



# SUING A LOCAL PUBLIC ENTITY

## INTRODUCTION

If you want to recover damages for a personal injury that was caused by a California county or city jail official (that is, a correctional staff counselor, guard, medical person or other jail employee), you must bring an action against the local public entity and/or the local government employee(s). For example, if a sheriff's deputy deliberately injured you using unwarranted force or caused you to be injured through his or her carelessness while you were in the custody of that county jail, you would bring an action against the county and/or sheriff that caused or was responsible for causing the injury, even though you have since been transferred to a state or federal prison.

This booklet provides information on how prisoners can bring a personal injury or "tort" claim action on their own, *in propria persona (in pro per)*. Before you can file a personal injury lawsuit against a public entity in state court, you must first pursue a tort claim action. Even though tort claims brought by prisoners are often rejected, you must file a claim before you can get into court.

Representing yourself in a personal injury action is difficult, so finding a lawyer to handle your case is certainly preferable. However, locating a willing attorney will not be easy for most prisoners. Expect the local governmental entity you are suing to contest the action, which means the opposing attorney may file and serve you with various motions that you must respond to. Anticipate a burdensome exchange of paperwork. If you are pursuing this action while still incarcerated, serving legal papers on the opposing side can be a problem. None of this is intended to discourage you from seeking recovery for your injury, but rather to prepare you for the legal battle that lies ahead.

We emphasize that the scope of this booklet is only to address claims to be brought against a **county and/or its jail officials**. Most jails are run by a county sheriff, who answers to the authority of the local governmental body. A jail is distinguished from a **state prison**, which is under the power of the California Department of Corrections, a state governmental agency. If your injury was the result of the deliberate or negligent action of a state prison employee, you would sue the state prison officials responsible. Rather than filing a claim against the responsible county or county employee, you would present a formal claim to the State Board of Control. For further information on how you should proceed in that situation, we recommend that you read the Prison Law Office's excellent *Personal Injury Manual*. To receive a copy, write the Prison Law Office at General Delivery, San Quentin, CA 94964. A copy of the Board of Control claim is attached as Appendix F.

## Whom can I sue?

Under California law, a city or county entity is statutorily immune from liability (that is, the entity cannot be sued) for most injuries to prisoners. These local public entities may

be held liable only in limited circumstances. You can sue them only when your personal injury claim for money damages is based on:

1. Failure to summon medical care for a prisoner known to be in need of immediate medical care;<sup>1</sup>
2. Injuries sustained by a prisoner participating in biomedical or behavioral research;<sup>2</sup>
3. Injuries caused by a county jail employee's negligent operation of a motor vehicle, such as in transporting a prisoner from one place of custody to another;<sup>3</sup>
4. Injuries intentionally caused by a county jail employee (assault and battery) in the course of enforcing the law;
5. Damage suffered as a result of a breach of a contract;<sup>4</sup>
6. An employee's intentional and unjustifiable interference with your right to have a court review the legality of your confinement (however, the county is only liable if a court has determined that the confinement was actually illegal);<sup>5</sup>
7. Liability arising under the workers' compensation law.<sup>6</sup>

You may also sue them when your claim is for non-monetary relief.<sup>7</sup>

### **What is the difference between a claim and a complaint?**

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<sup>1</sup> Government Code § 845.6. The failure to summon medical care for a prisoner, when the employees actually knew or should have known that the prisoner was in immediate need of such care, is different from a claim that negligent medical care was provided. In the latter case, a claim can only be filed against the responsible county individuals. There are two statutory exceptions to the liability of a public entity and its employees. First, a prisoner cannot sue the county or its sheriff's deputies for failure to diagnose or prescribe treatment for a mental illness or addiction. Government Code § 855.8. Second, a prisoner cannot sue the county for an employee's decision whether or not to confine a person for mental illness or addiction. Government Code § 856.

<sup>2</sup> Penal Code § 3524.

<sup>3</sup> Government Code § 844.6(b).

<sup>4</sup> Government Code §§ 844.6(a) and 814.2.

<sup>5</sup> Government Code §§ 844.6(a) and 845.4

<sup>6</sup> Government Code §§ 844.6(a) and 814.2.

<sup>7</sup> Government Code §§ 844.6(a) and 814.

A **claim** is the “assertion of a right to money or property”. (Barron’s Law Dictionary) A claim must include an allegation of an injury and a “prayer for damages”, which is essentially a request for some sort of compensation. Before you can bring a lawsuit, you must first present a written, formal claim to the board of the local governing body.

A **complaint** is the legal document you file with the court to formally begin a lawsuit. (See Appendix G). A complaint must include the facts that you think entitle you to some relief from the court.

## **FILING A TORT CLAIM**

### **How do I file a claim?**

Contact the county clerk and/or clerk of the local governing body, usually known as the Board of Supervisors, to find out what the proper procedure is. In the back of this booklet, we have included a list of all the local government offices in California. Ask if there is a filing fee and how many copies of the claim must be filed with the original claim. Most counties do not charge for filing a claim. A sample letter is attached as Appendix A.

Some county and city governments provide a standard claim form. If you are unable to get a copy of the standard form, you can still file a claim, **as long as it contains the information required under section 910 of the Government Code.**<sup>8</sup> (See below.) Some counties, such as San Luis Obispo and Del Norte, do not provide a standard claim form. In that case, you must draft a claim that meets the statutory requirements set forth below. See the sample claim, attached as Appendix B.

The claim must be signed and presented by either you or someone acting on your behalf. The claim is considered to have been presented and received at the time you either deposit it in the mail or personally deliver it to the clerk, secretary or auditor of the local governing body.<sup>9</sup>

Ask for a conformed copy of the claim that shows that the local public entity or individual actually received the claim. You should include a stamped, self-addressed envelope and a copy of the claim form in addition to the original. You should also keep a copy of the claim for yourself. To sum up, count on making at least three copies of the claim in addition to the original.

### **What must a claim contain?**

Government Code § 910 sets forth what information your claim must include.

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<sup>8</sup> Government Code § 910.4.

<sup>9</sup> Government Code § 915.

- (a) Your name and address;
- (b) The address to which you want notices to be sent;
- (c) The date, place and other circumstances of the occurrence or event which caused your injury;
- (d) A general description of your injury;
- (e) The name of the public employee or employees who caused your injury, if known;
- (f) If you are claiming damages less than \$10,000, state the amount as of the date you sent or delivered the claim, including the estimated amount of any prospective injury, damage, or loss. You must also explain how you computed the amount claimed.
- (g) If you are claiming damages over \$10,000, your claim does not have to state an exact dollar amount. However, you must indicate whether the claim would be a **limited civil claim**. A limited civil claim is one that is less than \$25,000. If you are requesting more than \$25,000 in damages, your claim is an **unlimited civil claim**. Either way, you will file in superior court.

Include in your claim all the reasons why you think you are legally entitled to recover damages. If you decide later to file a lawsuit in court, you may not be allowed to introduce in your complaint new legal grounds for recovery.<sup>10</sup> It is important to be as complete as possible in listing all possible legal grounds and reasons why you should be granted damages for your injury.

**How should I proceed if I cannot get the information I need to sue the county jail (for example, the sheriff's name or the chief medical officer)?**

At the end of this booklet, there is a list of addresses for the county courts and legal services offices which you can write for assistance in collecting this kind of public information. You can also contact prisoner aid organizations like Friends Outside.

You can add information, that is, **amend your claim**, as long as the new material relates back to the same incident that caused your injury. You can amend the claim at any time before the six-month period ends (see below), or before the Board takes final action, whichever is later.

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<sup>10</sup> Fall River Joint Unified School Dist. V. Superior Court, 206 Cal. App. 3d 431 (1988) (complaint alleging negligent supervision of students barred because the allegation was not included in prior tort claim). But see Stevenson v. San Francisco Housing Authority, 29 Cal. App. 4th 269 (1994) (variance between claim and theories raised in complaint not fatal where the basic facts are set out in the claim).

The Board may notify you that the claim lacks necessary information within 20 days after the claim was sent. However, it is not required by law to do so.

### **What is the deadline for filing a claim?**

All personal injury claims must be **filed within six (6) months from the date of the injury.**<sup>11</sup> *It is very important that you meet this deadline.* Even if you do not have all of the information you had hoped to collect before filing your claim, file the most complete claim that you can by the six-month deadline. The six-month deadline to file a claim is not waived because a person is incarcerated.<sup>12</sup>

### **When can I expect to hear from the county?**

The deadline for the public entity to act on your claim is **45 days** from the date you mailed or delivered the claim, unless you and the Board agree in writing, before the 45<sup>th</sup> day, to extend the time.<sup>13</sup>

The public entity can act on your claim by:

A. Completely **rejecting it** in one of two ways:

(1) By sending you a notice of rejection, which must include a warning containing the six-month time limit for filing a complaint against the public entity in court;<sup>14</sup> or

(2) By refusing or failing to act within 45 days. The claim is then considered rejected as a matter of law.<sup>15</sup>

Be aware that many entities do **not** give the written notice of rejection, so it's important to keep track of when you mailed in your claim. If more than 45 days have passed since you filed your claim and you haven't heard from the county, you should conclude that the claim has been rejected as a matter of law;

B. **Totally accepting** the claim; or

C. **Partially accepting** the claim. For example, the claim may be found proper

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<sup>11</sup> Government Code § 911.2.

<sup>12</sup> Government Code § 945.6(c).

<sup>13</sup> Government Code § 911.6.

<sup>14</sup> Government Code § 913.

<sup>15</sup> Government Code § 914.4(c).

but the Board of the local public entity could decide that it believes the amount of damages you are owed is less than what you requested. In that case, the Board can either allow part of the amount and reject the rest, or completely reject the claim.

### **What if I missed the deadline to file a claim?**

If you missed the six-month deadline and no longer than one year has passed since you were injured, you can either file a late claim or ask the public entity for permission to file a late claim.

If you file a late claim, the public entity **may**, within 45 days of the date the claim was either deposited in the mail or personally delivered, give written notice stating that the claim was accepted even though it was late, or it can reject the claim because it was not filed on time. If your claim is rejected, the notice should state that your only recourse is to apply without delay to the superior court in the county where you were injured for permission to present a late claim.<sup>16</sup>

To ask permission from the county, you must present what is called an **application to file a late claim**. You follow the same procedure for writing and sending an original claim. You also write a letter explaining why you were unable to meet the filing deadline and attach it to the claim. Keep in mind that courts generally do not accept your ignorance of the six-month time limit as a sufficient excuse. The county may accept a late claim if you were physically or mentally incapacitated during the entire six-month period. The deadline to file an application for a late claim is one year from the date of the injury. See the sample application form attached as Appendix C.

### **What can I do if the public entity rejected my application to file a late claim?**

You should file a document called a **petition for relief from the claims procedure** in the superior court of the county where the injury occurred. In the petition, state that your late claim application was denied, give the reasons for the late filing of the claim, and explain the facts supporting your claim. The petition must be filed within six months of the date that the request for permission to file a late claim was denied or deemed denied.<sup>17</sup>

Obtaining a hearing date and notifying the other side of the hearing will not be easy to do from prison, but there are two mandatory steps in this process:

1. You must contact the superior court to set a date for a hearing on the

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<sup>16</sup> Government Code § 911.3

<sup>17</sup> Government Code § 946.6(b).

petition. Copies of the petition and a written notice of the time and place for a hearing must be served on an authorized representative of the public entity. The public entity must receive the notice at least 15 calendar days before the hearing if your friend or relative delivered the notice in person. If the public entity is served by mail to or from an address in California, the notice must be at least 20 days before the hearing.

2. If the court grants your petition, your next step is to file a complaint in court within 30 days of the date the order granting the petition is filed or if a local rule requires a formal order, 30 days of when the formal order is signed and filed.

If the court denies your petition, you cannot re-file the same tort claim. However, you can appeal the court's denial of the petition.

### **What if I cannot pay the court fee?**

If you are unable to pay the court fee which will be required for filing the petition for relief, you must file a form that is called an **Application for Waiver of Court Fees and Costs**, which tells the court you have no money and asks that it waive any fees you would be required to pay to file the complaint. (See copy of Application for Waiver of Court Fees and Costs attached as Appendix D.) You must also file an **Order on Application for Waiver of Court Fees and Costs**, which will be signed by the judge and will give you permission to file without a fee. If additional court fees arise, you may file an **Application for Waiver of Additional Court Fees and Costs** along with an **Order on Application for Waiver of Additional Court Fees and Costs**. (All of these forms are included in Appendix D.)

## **FILING A LAWSUIT**

If you filed your claim on time and it was rejected by the public entity or if the court grants your Petition for Relief, your next step is to file a lawsuit in court.

The legal document you submit to the court to begin the lawsuit is called a **complaint**. Check your law library for books that have standard "form complaints" for filing California tort law actions based on personal injury. If your injury was caused by that public entity or individual's failure to be careful in performing his or her job, your complaint should be specific in explaining what legal obligation or duty was owed to you by that employee. Explain what happened if your injury was intentionally caused by that public entity or individual's actions. Be sure that the facts you spell out in your complaint closely follow what you described in your earlier claim. Include the date when you presented your claim and the date your claim was rejected. If you didn't file your claim on time, explain in detail why you missed the deadline.

### **What is the deadline for filing a complaint?**

The deadline for filing a complaint depends on **how** your claim was rejected by the local governing board. If the local governing board sends a notice that your timely claim has been denied, you must file a complaint **within six months** of the date of the Board's written rejection of your claim. If there was no written notice of rejection, you have **two years** from the date the injury occurred. If the court granted your Petition for Relief from the claims procedure for filing a late claim, you must file the complaint **within 30 days** of either the date the order granting the petition is filed, or if a local rule requires a formal order, the date the formal order is signed and filed.

A prisoner should file a complaint for a state tort action within the applicable six-month or two-year period, even if he or she is still incarcerated.

**If I have been injured in a county jail, should I file my complaint in state or federal court?**

You must file in state court if you are raising only issues that are based solely on state statutory law. For example, if your claim is based on simple negligence, you would file in state court. You can file a complaint in federal court only if you raise claims that arise under the federal civil rights law, 42 U.S.C. §1983. A simple negligence claim does not constitute a federal civil rights violation. For more information on filing a federal and state law claim, please read the Prison Law Office manual that was mentioned above on page one of this booklet.

**How do I locate an attorney?**

It is difficult to find an attorney who will represent prisoners for no charge in individual personal injury lawsuits. Our office, like many other legal service offices, does not provide individual representation in personal injury or tort claim cases. Some local bar associations have a list of private attorneys who have agreed to assist poor people for little or no fee. Check with the bar association in your county to see if they have a pro bono panel of personal injury lawyers. In some cases, personal injury attorneys might take a case on a contingency fee, where you would not be required to pay the attorney up front. The attorney would take his or her fee out of the judgment that results from the resolution of a personal injury case.

# APPENDIX A

## Sample letter requesting tort form claim

[Your complete mailing address]

[Date]

County Clerk  
Board of Supervisors  
County of [            ]  
[Address]

Dear Sir/Madam:

Could you please send me your current Claim Against the County form for the purpose of filing a tort claim. Also, please send me information on the amount of the filing fee, procedures for filing the claim, and the number of copies of the claim in addition to the original required for filing.

Thank you very much for your assistance.

Sincerely,

[Your name]



# APPENDIX B

## Sample Claim for Personal Injuries

Claim of [name] ) CLAIM FOR PERSONAL INJURIES  
)  
)  
against ) (GOVERNMENT CODE § 910)  
)  
)  
[name of entity ] )  
\_\_\_\_\_ )

TO THE BOARD OF SUPERVISORS OF \_\_\_\_\_ COUNTY:

You are hereby notified that [name of claimant], whose address is \_\_\_\_\_, claims damages from the County of \_\_\_\_\_ in the amount computed as of the date of presentation of this claim of \$\_\_\_\_\_.

This claim is based on personal injuries sustained by claimant on or about \_\_\_\_\_, 20\_\_\_\_, in the vicinity of [place where injuries were sustained], under the following circumstances:

**[Describe generally the facts and circumstances of how you were injured.]**

The injuries sustained by the claimant, as far as known, as of the date of the presentation of this claim consist of:

**[Describe what injuries you suffered.]**

The name(s) of the public employee(s) causing claimant's injuries under the described circumstances (is) (are)

\_\_\_\_\_.

The employee(s) are employed in the following named County department(s)

\_\_\_\_\_.

**[If the total amount of the claim is less than \$10,000]:**

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date:

Expenses for medical and hospital care \$ \_\_\_\_\_  
Loss of earnings \$ \_\_\_\_\_  
Special damages for itemize \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
General damages \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL DAMAGES INCURRED TO DATE: \$ \_\_\_\_\_

Estimated prospective damages as far as known:

Future expenses for medical and hospital care \$ \_\_\_\_\_  
Future loss of earnings \$ \_\_\_\_\_  
Other prospective special damages \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL ESTIMATED PROSPECTIVE DAMAGES: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ \_\_\_\_\_

**[If amount of claim exceeds \$10,000]:**

Jurisdiction over the claim would rest in (municipal/superior) court. This claim (is/is not) a limited civil case. [If amount of claim is under \$25,000, it is a limited civil case and jurisdiction resides in municipal court.]

All notices or other communications with regard to this claim should be sent to claimant at [address to which notices are to be sent].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

[Print name]

# APPENDIX C

## Sample Application to File a Late Claim

Claim of \_\_\_\_\_[name]\_\_\_\_\_)  
)  
against \_\_\_\_\_) )  
)  
\_\_\_\_\_[name of entity]\_\_\_\_\_) )  
\_\_\_\_\_)

APPLICATION FOR LEAVE  
TO PRESENT LATE CLAIM  
Govt C ( §911.4)

To the Board of Supervisors (or other governing body) of \_\_\_\_\_[name of entity]\_\_\_\_\_:

1. [Your name] hereby applies to the County of \_\_\_\_\_ for leave to present a claim against the County of \_\_\_\_\_, pursuant to Section 911.4 of the California Government Code.
2. The cause of action of [your name] as set forth in his/her proposed claim attached to this application, accrued on \_\_\_\_\_, 20\_\_, a period within one year from the filing of this application.
3. [Your name]'s reason for the delay in presenting his/her claim against the County of \_\_\_\_\_ is as follows: [specify facts justifying delay in filing the claim].
4. All notices and communications concerning this claim should be sent to \_\_\_\_\_[your name & address]\_\_\_\_\_.

WHEREFORE, claimant asks that you grant this application, deem the attached claim to have been presented on your receipt of this application, and act on the claim as required by Government Code section 911.6

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature  
[Printed Name]



## **APPENDIX D**

### **Instructions and Form for Application to Have Court Fees Waived**



## **INSTRUCTIONS FOR THE COMPLETION OF FORM 982(a)(17): APPLICATION FOR WAIVER OF COURT FEES AND COSTS**

Persons who cannot afford to pay court costs and fees may be able to file their papers without having to pay if the court agrees to “waive” your fee. If you are currently receiving financial assistance under SSI and SSP (the Supplemental Security Income and State Supplemental Payments Program), or TANF (Temporary Aid to Needy Families, formerly AFDC), Food Stamps, or General Assistance, you automatically qualify for a waiver. You may also qualify for a fee waiver if your gross monthly income is less than a certain amount. File this form if you want the court to let you file your papers without having to pay for court expenses.

In the first three blocks, print your name and telephone number, the name and address of the court that has jurisdiction, the names of the plaintiff (your name) and the name of the defendant (the name of the county and/or employees listed on your claim).

Complete the rest of the form as follows:

- #1 Check box 1a if you need to court to waive all of the fees.  
Check box 1b if you can pay part of the fees, then specify how much you can pay.
- #2 Print your current mailing address.
- #3 For 3a, print your occupation, employer’s name, and employer’s address.  
For 3b, print your spouse’s occupation, employer’s name, and employer’s address.
- #4 Check the first box if you are receiving any kind of public assistance.  
Then check any of the other boxes which describes the type of assistance you are receiving:
  - Check box 4a if you receive SSI or SSP
  - Check box 4b if you receive CalWorks (TANF)
  - Check box 4c if you receive Food Stamps
  - Check box 4d if you receive County Relief, General Relief or General Assistance.
- #5 If you checked box #4, you must check and complete either box (a), box (b) or box (c). *You cannot check more than one box.*
  - Box 5a requires you to provide your Medi-Cal number.
  - Box 5b requires you to provide your social security number.
  - Box 5c requires you to attach documents to verify that you receive the benefits you checked in box #4. A chart describing the types of documents that can be used for verification is included in this appendix.

NOTE: If you checked box #4, and completed box 5a, 5b, or 5c, you are not required to fill out the rest of this form. Simply go to the bottom of the front page and print today’s date after the word “Date.” Then print your name on the dotted line provided on the left side of the page and sign your name on the line labeled “signature” on the right side of the page.

If you did not check box #4, you must complete the rest of the form.

- #6 In order to qualify to have your court fees and costs waived when you are not receiving public assistance, you must meet certain income guidelines. These guidelines take into consideration your monthly family income and the number of persons in your family. A chart of income guidelines is provided in this appendix. Check with the court clerk's office to see if you qualify under the guidelines.

If you find that you qualify under the guidelines, check box #6 and skip #7. You must complete #8 and #9 on the back of the form, and date, print and sign the form at the bottom of the first page.

- #7 Check this box if your income does not qualify under the guidelines in #6 and you are still unable to pay costs and fees because of the common necessary living expenses you must pay each month. You must now complete each item on the back of the form.
- #8 Check this box if your income fluctuates from month to month. That is, you make much more (or less) money one month than the next. Add together the income you receive for each month during the year to get a total figure. Divide the total by 12. This give you your average monthly income figure for use in item 9.
- #9a Print the figure you calculated in #8, or your gross monthly income.
- #9b On lines (1)-(4), list the type and amount of each of your payroll deductions. Add the figures together and print the amount on the "total payroll deduction" line.
- #9c Take the figure in #9a and subtract from it the amount on the "total payroll deduction" line in #9b. Print this amount here.
- #9d If you receive any other money in addition to your gross monthly income, print the source and amount of the money received. Print the total amount on the line provided.
- #9e Add the amount listed in #9c to the amount listed in #9d. Print the figure here.
- #9f Enter the total number of persons living with you that depend on your income for support, or on whose support you depend.
- #9g Print your total gross monthly income: add 9a plus 9d plus 9f.
- #10 In this item, a through e, you must list the type and value of all property that you own. The types of properties you must list are specified on the form.
- #11 In items 11a through 11m, list the dollar amount of each of your monthly living expenses.
- #11n Add together the amounts of living expenses in 11a through 11m. Print the total here.

- #12 If there are other factors that cause you to be unable to pay court costs and fees, such as “unusual medical needs, expenses for recent family emergencies, or other unusual expenses,” list them here. If you need more space, use another sheet of paper and label it “Attachment 12.”

**IMPORTANT WARNING: If during the course of your proceeding you become able to pay court fees or costs, you must inform the court that you are now able to pay.**



**INFORMATION SHEET ON WAIVER  
OF COURT FEES AND COSTS  
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

**To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.**

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.





**FINANCIAL INFORMATION**

8.  My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**

**9. MY MONTHLY INCOME**

a. My gross monthly pay is: ..... \$ \_\_\_\_\_

b. **My payroll deductions are (specify purpose and amount):**

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_

My TOTAL payroll deduction amount is: \$ \_\_\_\_\_

c. My monthly take-home pay is (a. minus b.): ..... \$ \_\_\_\_\_

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9d.)

e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): ..... \$ \_\_\_\_\_

f. Number of persons living in my home: \_\_\_\_\_  
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9f.)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** (a. plus d. plus f.): ..... \$ \_\_\_\_\_

**10. I own or have an interest in the following property:**

- a. Cash ..... \$ \_\_\_\_\_
- b. Checking, savings, and credit union accounts (list banks):
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
  - (4) \_\_\_\_\_ \$ \_\_\_\_\_

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ \_\_\_\_\_

**11. My monthly expenses not already listed in item 9b above are the following:**

- a. Rent or house payment & maintenance \$ \_\_\_\_\_
- b. Food and household supplies ..... \$ \_\_\_\_\_
- c. Utilities and telephone ..... \$ \_\_\_\_\_
- d. Clothing ..... \$ \_\_\_\_\_
- e. Laundry and cleaning ..... \$ \_\_\_\_\_
- f. Medical and dental payments ..... \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- h. School, child care ..... \$ \_\_\_\_\_
- i. Child, spousal support (prior marriage) \$ \_\_\_\_\_
- j. Transportation and auto expenses (insurance, gas, repair) ..... \$ \_\_\_\_\_
- k. Installment payments (specify **purpose and amount**):
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of monthly installment payments is: ..... \$ \_\_\_\_\_

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ \_\_\_\_\_

- m. Other expenses (specify):
- (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
  - (4) \_\_\_\_\_ \$ \_\_\_\_\_
  - (5) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other monthly expenses is: ..... \$ \_\_\_\_\_

n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): ..... \$ \_\_\_\_\_

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

**INSTRUCTIONS FOR THE COMPLETION OF FORM 982(a)(18):  
ORDER ON APPLICATION FOR WAIVER OF  
COURT FEES AND COSTS  
AND FORM 982(a)(19):  
NOTICE OF WAIVER OF COURT FEES AND COSTS**

These forms must be filed along with form 982(a)(17): Application for Waiver of Court Fees and Costs. Once the court has reviewed your application and decides to waive your fees and costs, the judge will sign the Order allowing you to proceed without paying court expenses. If the court is busy and doesn't have time to get to the Order, it might send the Notice to you and to the other party(ies) first, then sign the Order later. You need to fill out the information on both sheets, then send them to the court for the judge's signature.

**Form 982(a)(18): Order on Application of Court Fees and Costs**

Complete the caption, or first three boxes, on page one exactly the same as you did for form 982(a)(17): Application for Waiver of Court Fees and Costs.

Leave the rest of the page blank and go to page two, on the back side of the form.

In the left-hand blank boxed area below the "Clerk's Certificate of Mailing," print your full and complete name and address.

**The court will complete the rest of the form.**

**Form 982(a)(19): Notice of Waiver of Court Fees and Costs**

Complete the caption, or first three boxes, on page one exactly the same as you did for form 982(a)(17): Application for Waiver of Court Fees and Costs.

Leave the rest of the form blank. **The court will complete it.**



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER:  DEFENDANT/ RESPONDENT:	CASE NUMBER:
<b>ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS</b>	

1. The application was filed on (date): \_\_\_\_\_  A previous order was issued on (date): \_\_\_\_\_
2. The application was filed by (name): \_\_\_\_\_
3.  IT IS ORDERED that the application is **granted**  in whole  in part (complete item 4 below).
  - a.  **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
  - b.  **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
 

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

\* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
  - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:  
 (1)  Pay (specify): \_\_\_\_\_ percent. (2)  Pay: \$ \_\_\_\_\_ per month or more until the balance is paid.
  - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.  The applicant is ordered to appear in this court as follows for review of his or her financial status:  

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - e.  The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
  - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4.  IT IS ORDERED that the application is **denied**  in whole  in part for the following reasons (see Cal. Rules of Court, rule 985):
  - a.  Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
  - b.  Other (Complete line 4b on page 2).
  - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
  - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5.  IT IS ORDERED that a **hearing** be held.
  - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): \_\_\_\_\_
  - b. The applicant should appear in this court at the following hearing to help resolve the conflict:  

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - c. The address of the court is (specify):  
 Same as above
  - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.**

**WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.**

Date: \_\_\_\_\_

\_\_\_\_\_, JUDICIAL OFFICER       Clerk, by \_\_\_\_\_, Deputy

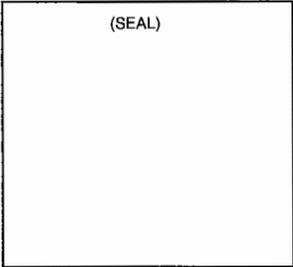
PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b  Application is denied in whole or in part (specify reasons):

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at  
 (place): \_\_\_\_\_, California,  
 on (date): \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

**CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:		
PLAINTIFF:		
DEFENDANT:		CASE NUMBER:
<b>NOTICE OF WAIVER OF COURT FEES AND COSTS</b>		

1. The application for waiver of court fees and costs was filed
  - a. on (date):
  - b. by (name):
2. The application was granted by operation of law.
3. The applicant may proceed in this action without payment of
  - a.  court fees and costs listed in rule 985(i) California Rules of Court.
  - b.  the following court fees and costs (specify):

Dated: ..... Clerk, by ..... (Deputy)

<b>CLERK'S CERTIFICATION</b>	
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.2em;">(SEAL)</span> </div>	<p>I certify that the foregoing is a true copy of the original on file in my office.</p> <p>Dated: ..... Clerk, by ..... (Deputy)</p>



**INSTRUCTIONS FOR THE COMPLETION OF FORM 982(a)(20):  
APPLICATION FOR WAIVER OF ADDITIONAL  
COURT FEES AND COSTS  
AND FORM 982(a)(18.1): ORDER ON APPLICATION  
FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS**

If the court grants your request for a waiver of fees and costs, that waiver will cover certain initial costs, such as filing fees. As the trial progresses, however, additional fees might come up. These may include witness fees for court-appointed experts, or jury fees. You will need to fill out an Application for Waiver of Additional Court Fees and Costs to cover these subsequent expenses.

Fill out the first three boxes, the caption, exactly the same as you did for the original Application for Waiver of Court Fees and Costs.

- #1 On the dotted line, write in the date the court signed the original order, waiving your fees.
- #2 Check box 2a if your financial status has not changed since you filed your original application.  
Check box 2b if your financial status has changed since you filed your original application. If your financial status has changed, you will need to fill out another Form 982(a)(17), Application for Waiver of Court Fees and Costs, to explain to the court your new economic situation and why you are still not able to pay for court fees. Attach your new application to the form (Form 982(a)(20), Application for Waiver of Additional Court Fees and Costs).
- #3 For 3a through 3e, check the box or boxes that describe the additional costs you need the waiver to cover. If none of the boxes describes the fee or cost, check box 3f, and explain what the cost is. Make sure to check as many boxes as apply.
- #4 In the blank space, explain why you need the new services. For example, if in #3 you checked the box labeled “Witness fees of peace officers whose attendance is necessary for reasons shown below,” explain that one of the witnesses to your injury is a peace officer, and you need her to come to court so that you can question her. Make sure to provide an explanation for each of the costs you have marked. If you need more room, use a blank piece of paper and attach it to the form.

At the bottom of the form, write the date on the dotted line where it says “date”, and then write the name of the city and/or county where you are residing on the dotted line where it says “place.” Finally, print your name on the dotted line that says “Type or print name,” and sign your name on the line above the word “Signature.”

You will also need to fill out form 982(a)(18.1), Order on Application for Waiver of Additional Court Fees and Costs, and file it with your Application.

Fill out the caption, or top three boxes, exactly the same as you have filled them out on each form.

Leave the rest of page one blank, and turn the form over to page two.

In the left-hand blank boxed area under “Clerk’s Certificate of Mailing,” print your full and complete name and mailing address.

**The court will complete the rest of the form.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
NAME OF COURT AND BRANCH, IF ANY:		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
PLAINTIFF:		
DEFENDANT:		
<b>APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS</b>		CASE NUMBER:

1. I was granted a waiver of court fees and costs in this case on *(date)*: . . . . .

2. a.  My financial status has **not changed** since I filed my original application.
- b.  My financial status **has changed** since I filed my original application **AND** a new application is attached.

3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:

- a.  Jury fees and expenses.
- b.  Court appointed interpreters' fees for witnesses.
- c.  Witness fees of peace officers whose attendance is necessary for reasons shown below.
- d.  Reporters' fees for attendance at hearings and trials held more than sixtydays after the date of the original application as shown above.
- e.  Witness fees for court appointed experts.
- f.  Other *(specify)*:

4. These additional services are needed because *(use additional sheet if necessary)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): . . . . . at (place): . . . . .

..... (Type or print name) \_\_\_\_\_ (Signature)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
<b>ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 985(j))</b>	CASE NUMBER:

1. The application was filed on (date): \_\_\_\_\_  A previous order was issued on (date): \_\_\_\_\_
2. The application was filed by (name): \_\_\_\_\_
3.  IT IS ORDERED that the application is **granted**  in whole  in part (complete item 4 below).
- a.  **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(j), **is waived.**
- b.  **Applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(j), EXCEPT the following:
- (1)  Jury fees and expenses. (5)  Court-appointed experts.  
 (2)  Court-appointed interpreter for witnesses. (6)  Other fees and costs (specify): \_\_\_\_\_  
 (3)  Witness fees of peace officers.  
 (4)  Reporter's fees (beyond 60 days).
- c. **Method of payment.** Applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1)  Pay (specify): \_\_\_\_\_ percent.  
 (2)  Pay: \$ \_\_\_\_\_ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.
- The applicant is ordered to appear for the court's review of the applicant's financial status as follows:
- |       |       |        |       |
|-------|-------|--------|-------|
| Date: | Time: | Dept.: | Room: |
|-------|-------|--------|-------|
- e.  The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. **All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4.  IT IS ORDERED that the application is **denied**  in whole  in part for the following reasons (see Cal. Rules of Court, rule 985):
- a.  Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
- b.  Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5.  IT IS ORDERED that a **hearing** be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify): \_\_\_\_\_
- b. **Applicant should be present** at the hearing to be held as follows:
- |       |       |        |       |
|-------|-------|--------|-------|
| Date: | Time: | Dept.: | Room: |
|-------|-------|--------|-------|
- c. The address of the court is (specify):  
 Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

Date: \_\_\_\_\_  \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy  
 JUDICIAL OFFICER  
 (Clerk may GRANT in full a nondiscretionary fee waiver, see Cal. Rules of Court, rule 985(d))

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b  Application is denied in whole or in part (specify reasons):

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): \_\_\_\_\_, California, on (date): \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy


(SEAL)

**CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by \_\_\_\_\_, Deputy

# APPENDIX E

## California Roster of Counties

### *Addresses for requesting Tort Claim forms and for filing Tort Claims*

**ALAMEDA COUNTY**

1221 Oak Street, Room 536  
Oakland, CA 94612

**ALPINE COUNTY**

County Administrative Bldg.  
PO Box 158  
Markleeville, CA 96120

**AMADOR COUNTY**

County Administrative Center  
Supervisor's Room  
500 Argonaut Lane  
Jackson, CA 95642

**BUTTE COUNTY**

25 County Center Drive  
Oroville, CA 95965

**CALAVERAS COUNTY**

Board of Supervisors  
891 Mountain Ranch Rd.  
San Andreas, CA 95249-9709

**COLUSA COUNTY**

County Clerk  
546 Jay Street  
Colusa, CA 95932

**CONTRA COSTA COUNTY**

Administration Bldg.  
651 Pine Street  
Martinez, CA 94553

**DEL NORTE COUNTY**

Administration Bldg.  
981 H Street, Ste. 210  
Crescent City, CA 95531

**EL DORADO COUNTY**

330 Fair Lane  
Placerville, CA 95667

**FRESNO COUNTY**

Clerk of the Board of Supervisors  
2281 Tulare Street  
Fresno, CA 93721

**GLENN COUNTY**

Clerk of the Board of Supervisors  
PO Box 391  
Willows, CA 95988

**HUMBOLDT COUNTY**

Board of Supervisors, Rm. 111  
825 5th Street  
Eureka, CA 95501

**IMPERIAL COUNTY**

940 West Main Street, Suite 209  
El Centro, CA 92243

**INYO COUNTY**

Board of Supervisors  
P.O. Box N  
Independence, CA 93526

**KERN COUNTY**

1115 Truxtun Avenue, Fifth Floor  
Bakersfield, CA 93301

**KINGS COUNTY**

Kings Government Center  
1400 West Lacey Blvd.  
Hanford, CA 93230

**LAKE COUNTY**

255 North Forbes Street  
Lakeport, CA 95453

**LASSEN COUNTY**

Clerk to the Board of Supervisors  
220 S. Lassen Street, Suite 5  
Susanville, CA 96130

**LOS ANGELES COUNTY**

Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

**MADERA COUNTY**

Clerk of the Board of Supervisors  
209 West Yosemite Avenue  
Madera, CA 93637

**MARIN COUNTY**

3501 Civic Center Dr., Suite 325  
San Rafael, CA 94903

**MARIPOSA COUNTY**

Board of Supervisors  
P.O. Box 784  
Mariposa, CA 95338

**MENDOCINO COUNTY**

County Administration Bldg., Rm. 1090  
501 Low Gap Road  
Ukiah, CA 95482

**MERCED COUNTY**

2222 "M" Street  
Merced, CA 95340

**MODOC COUNTY**

Courthouse  
P.O. Box 130  
Alturas, CA 96101

**MONO COUNTY**

County Administrative Officer  
PO Box 696  
Bridgeport, CA 93517

**MONTEREY COUNTY**

Clerk to the Board of Supervisors  
P.O. Box 1728  
Salinas, CA 93902

**NAPA COUNTY**

1195 Third Street, Rm. 310  
Napa, CA 94559

**NEVADA COUNTY**

Eric Rood Administration Bldg.  
950 Maidu Avenue  
Nevada City, CA 95959

**ORANGE COUNTY**

Clerk of the Board of Supervisors  
10 Civic Center Plaza, Room 465  
Santa Ana, CA 92702-0687

**PLACER COUNTY**

Clerk of the Board of Supervisors  
175 Fulweiler Ave.  
Auburn, CA 95603

**PLUMAS COUNTY**

Board of Supervisors  
520 Main St., Rm. 309  
Quincy, CA 95971

**RIVERSIDE COUNTY**

Administrative Center  
4080 Lemon Street - 12<sup>th</sup> Floor  
Riverside, CA 92501

**SACRAMENTO COUNTY**

Clerk of the Board of Supervisors  
700 H Street, Suite 2450  
Sacramento, CA 95814

**SAN BENITO COUNTY**

Board of Supervisors  
481 Fourth Street, First Floor  
Hollister, CA 95023-3840

**SAN BERNARDINO COUNTY**

County Government Center  
385 N. Arrowhead Avenue  
San Bernardino, CA 92415-0120

**SAN DIEGO COUNTY**

County Administration Center  
1600 Pacific Highway, Room 402  
San Diego, CA 92101

**SAN FRANCISCO CITY AND COUNTY**

City Hall, Board Chambers  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

**SAN JOAQUIN COUNTY**

County Administrator  
222 East Weber Ave., Rm. 701  
Stockton, CA 95202

**SAN LUIS OBISPO COUNTY**

County Government Center  
1050 Monterey Street, Room 370  
San Luis Obispo, CA 93408

**SAN MATEO COUNTY**

400 County Center  
Redwood City, CA 94063

**SANTA BARBARA COUNTY**

County Administration Building  
105 East Anapamu Street  
Santa Barbara, CA 93101

**SANTA CLARA COUNTY**

Office of the Clerk - Board of Supervisors  
70 West Hedding Street, Tenth Floor  
San Jose, CA 95110

**SANTA CRUZ COUNTY**

701 Ocean Street, Room 500  
Santa Cruz, CA 95060

**SHASTA COUNTY**

1855 Placer Street  
Redding, CA 96001

**SIERRA COUNTY**

PO Drawer D  
100 Courthouse Square, Suite 11  
Downieville, CA 95936

**SISKIYOU COUNTY**

P.O. Box 338  
Yreka, CA 96097-0338

**SOLANO COUNTY**

Clerk of the Board of Supervisors  
580 Texas Street  
Fairfield, CA 94533

**SONOMA COUNTY**

County Administrator's Office  
575 Administration Drive, Suite 104A  
Santa Rosa, CA 95403

**YUBA COUNTY**

County Administrator's Office  
915 8th Street, Suite 109  
Marysville, CA 95901

**STANISLAUS COUNTY**

Board of Supervisors  
1010 10th Street, Suite 6500  
Modesto, CA 95354

**SUTTER COUNTY**

County Administrator  
1160 Civic Center Blvd.  
Yuba City, CA 95993

**TEHAMA COUNTY**

Clerk of the Board of Supervisors  
PO Box 250  
Red Bluff, CA 96080

**TRINITY COUNTY**

County Administrative Office  
PO Box 1613  
Weaverville, CA 96093

**TULARE COUNTY**

Board of Supervisors  
2800 W. Burrel Avenue  
Visalia, CA 93291

**TUOLUMNE COUNTY**

Human Resources Manager/Risk Manager  
2 South Green Street  
Sonora, CA 95370

**VENTURA COUNTY**

Clerk of the Board of Supervisors  
Hall of Administration, Fourth Floor  
800 South Victoria Avenue  
Ventura, CA 93009

**YOLO COUNTY**

Clerk of the Board of Supervisors  
625 Court Street  
Woodland, CA 95695

# **APPENDIX F**

## **Board of Control Claim** (to be used for claims against the State)



# 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](http://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](http://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. <b>Attach a copy of the front and back of the warrant or bond.</b> 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.  <b>Late Claims:</b> 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 <b>six months</b> after the date of the incident. If such a claim is filed more than six months from the date of the incident, <b>attach a written explanation for late filing to the claim on a separate sheet.</b> 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 <b>still</b> 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 <b>original</b> 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 <a href="http://www.governmentclaims.ca.gov">www.governmentclaims.ca.gov</a> 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**

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

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

State of California

For Office Use Only  
 Claim No.:

**Is your claim complete?**

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

**Claimant Information**

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

**Attorney or Representative Information**

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

**Claim Information**

<b>12</b>	Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State agency that issued the warrant:	If NO, continue to Step <b>13</b> .	
	Dollar amount of warrant:	Date of issue:	
		MM	DD
	Proceed to Step <b>22</b> .	YYYY	
<b>13</b>	Date of Incident:		
	Was the incident more than six months ago?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, did you attach a separate sheet with an explanation for the late filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>14</b>	State agencies or employees against whom this claim is filed:		
<b>15</b>	Dollar amount of claim:		
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less)	<input type="checkbox"/> 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?  Yes  No  
 If YES, provide the vehicle license number, if known: \_\_\_\_\_

**Auto Insurance Information**

21 \_\_\_\_\_  
*Name of Insurance Carrier*

_____	_____	_____	_____
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

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).

\_\_\_\_\_  
*Signature of Claimant or Representative*

\_\_\_\_\_  
*Date*

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, 630 K Street, Sacramento.

**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*

# Government Claims Program Fee Waiver Request Packet

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

1-800-955-0045 • [www.governmentclaims.ca.gov](http://www.governmentclaims.ca.gov)



## Information and Instructions

### *Filing Fee for Government Claims Program*

Beginning August 17, 2004, anyone wishing to file a government claim for money or damages against the state must pay a \$25 filing fee unless the person qualifies for a fee waiver. (Gov. Code, § 905.2(b).)

**To request a fee waiver, you must fill out the attached Affidavit for Waiver of Government Claims Filing Fee and Financial Information Form.**

**Step** *Instructions for filling out each step on the attached form. The form begins on page 3 of this packet.*

- 1 On the attached form, provide the full name of the person requesting the fee waiver.
- 2 Provide a daytime telephone number.
- 3 If you already have a claim number and you know what it is, write it in this space.
- 4 Provide complete contact information for your employer and your spouse's employer, if applicable.
- 5 If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, provide your Inmate Identification Number, and skip to steps 23 and 24 and complete them.
- 6 Complete this section if you are receiving financial assistance under Supplemental Security Income (SSI), State Supplemental Payments Programs (SSPP), CalWORKS, food stamps, county relief, general relief (GR) or general assistance (GA).  
If you answered **yes** in this category check all types of assistance you get, then complete step 24. You are finished.  
If you checked **no**, continue to step 7.
- 7 Find the number of people in your household and check the box **only** if your total monthly household income is less than the amount shown. For instance, if there are five people in your household and the total monthly household income is less than \$2,294.79 or less check **E**. If there are more than 8 people in your household, calculate the income limit by adding \$331.25 for each additional person to the income level for an eight-person household. List the number of people in your household and total household income in I.  
If you checked any box in this step, complete steps 9 through 15 then skip to step 24.
- 8 If you cannot pay for the common items needed for daily life, such as food, shelter, medical care and personal safety for you and your household members, check yes in this category.  
  
If you check yes to this question, fill in steps 9 through 24.

- 
- 9 What is your gross monthly pay, before any payroll deductions?
- 
- 10 If your income changes each month, the amounts you report should be an average for the past twelve months.
- 
- 11 Enter the number of persons living in your home who depend on you in whole or in part for support, or on whom you depend in whole or in part for support. List their name, age, relationship to you, and their monthly income in **A** through **F**.
- 
- 12 List all other money you get each month. Specify the source and amount. Include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, workers' compensation, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings.
- 
- 13 Add 12 **A** through **F** to find your **total other income** each month.
- 
- 14 Add 9 (your gross monthly income) plus 13 (your total other income) to find your **total monthly income**.
- 
- 15 Add 9 (your gross monthly income), plus 11 **A** through **F** (other household members' income) and 13 (your total other income) to find your **total gross monthly household income**.
- 
- 16 List all your payroll deductions. Payroll deductions include items like state and federal taxes, social security (FICA), Medicare, health insurance and retirement contributions
- 
- 17 Add 16 **A** through **H** to determine your **total monthly payroll deductions**.
- 
- 18 Subtract 17 (total payroll deductions) from 9 (gross monthly pay) to find your **take home pay**.
- 
- 19 Add 18 (your take home pay) to 13 (your total other income) to find your **net monthly income**.
- 
- 20 List all the property you own or have an interest in. If you have other personal property such as jewelry, furniture, furs, stocks, or bonds, list them separately on another piece of paper.
- 
- 21 List all your monthly expenses. Use additional paper if needed. In **J** specify what your installment payments are for, such as a credit card or bank loan. In **K** specify what the wage assignment, earnings withholding, or garnishment is for.
- 
- 22 Add 21 **A** through **M** to determine your **monthly expenses**.
- 
- 23 If you answer yes to this question, make sure that your name or your claim number is on each sheet you attach.
- 
- 24 Sign and date the form in this space.

---

Mail this form 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, 630 K Street, Sacramento. Call the Government Claims Program at 1-800-955-0045 if you have any questions.

---

# AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS FILING FEE AND FINANCIAL INFORMATION FORM

(Request for Permission to Proceed In Forma Pauperis)

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

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

State of California

For Office Use Only

Claim No.:

**I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.**

## Claimant Information

<b>1</b>		<b>2</b>	Tel: <input type="text"/>
	<i>Last name</i>	<i>First Name</i>	<i>MI</i>
<b>3</b>	Claim Number (if known): <input type="text"/>		

## Employment Information

<b>4</b>	My occupation:			
	My employer:			
	<i>Employer's Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	My spouse's or partner's employer:			
	<i>Employer's Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>5</b>	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step <b>23</b> .			
	<i>Inmate Identification Number:</i> <input type="text"/>			

## Financial Information

<b>6</b>	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>If no, proceed to step 7. If yes, check all that apply, then skip to step 24.</b>			
	<input type="checkbox"/> SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs			
	<input type="checkbox"/> CalWORKS: California Work Opportunity and Responsibility to Kids Act			
	<input type="checkbox"/> Food Stamps			
	<input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA)			
<b>7</b>	Number in my household and my gross monthly household income, if it is the following amount or less:			
	Number	Monthly family income	Number	Monthly family income
	<b>A</b> <input type="checkbox"/> 1	\$969.79	<b>F</b> <input type="checkbox"/> 6	\$2,626.04
	<b>B</b> <input type="checkbox"/> 2	\$1,301.04	<b>G</b> <input type="checkbox"/> 7	\$2,957.29
	<b>C</b> <input type="checkbox"/> 3	\$1,632.29	<b>H</b> <input type="checkbox"/> 8	\$3,288.54
	<b>D</b> <input type="checkbox"/> 4	\$1,963.54	<b>I</b> <input type="checkbox"/>	There are more than 8 people in my family
	<b>E</b> <input type="checkbox"/> 5	\$2,294.79		Add \$331.25 for each additional person.
			Number: <input type="text"/>	Total Income: <input type="text"/>
	<b>If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.</b>			
<b>8</b>	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>If yes, fill in steps 9 through 24.</b>			

### Monthly Income and Expenses

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>11</b>	Number of persons living in my home:		<b>12</b>	Other money I get each month			
	Name	Age	Relationship	Monthly Income	Source:		
	<b>A</b>			\$	<b>A</b>	\$	
	<b>B</b>			\$	<b>B</b>	\$	
	<b>C</b>			\$	<b>C</b>	\$	
	<b>D</b>			\$	<b>D</b>	\$	
	<b>E</b>			\$	<b>E</b>	\$	
	<b>F</b>			\$	<b>F</b>	\$	
<b>15</b>	My total gross monthly household income:		<b>13</b>	Total other money:	\$		
<b>16</b>	My payroll deductions are:		<b>14</b>	My monthly income:	\$		
	<b>A</b>	\$	<b>E</b>	\$			
	<b>B</b>	\$	<b>F</b>	\$			
	<b>C</b>	\$	<b>G</b>	\$			
	<b>D</b>	\$	<b>H</b>	\$			
		<b>17</b>	My total payroll deduction amount is:		\$		
<b>18</b>	My monthly take home pay is \$		<b>19</b>	My net monthly income: \$			
<b>20</b>	I own or have interest in the following property:						
	<b>A</b>	Cash	\$	<b>C</b>	Cars, other vehicles, and boats (List make and year)		
	<b>B</b>	Checking and savings (List banks):		<b>D</b>	Real estate (List addresses)		
		1)	\$	1)	Property	Value	Loan Balance
		2)	\$	2)		\$	\$
		3)	\$	3)		\$	\$
		4)	\$				
				1)		\$	\$
				2)		\$	\$
<b>21</b>	My monthly expenses are:						
	<b>A</b>	Rent or house payment	\$	<b>J</b>	Installment payments (specify)		
	<b>B</b>	Food and household supplies	\$		1)	\$	
	<b>C</b>	Utilities and telephone	\$		2)	\$	
	<b>D</b>	Clothing	\$		3)	\$	
	<b>E</b>	Laundry and cleaning	\$		Total installment payments:		\$
	<b>F</b>	Medical and dental	\$	<b>K</b>	Wage assignment or withholdings		\$
	<b>G</b>	Insurance	\$	<b>L</b>	Spousal or child support		\$
	<b>H</b>	School, child care	\$	<b>M</b>	Other:		
	<b>I</b>	Transportation and auto expenses	\$		1)	\$	
					2)	\$	
					Total other expenses:		\$
<b>22</b>	Total monthly expenses:						\$
<b>23</b>	I have attached other information that supports this application on a separate sheet.					<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Signature Section

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	

Signature of Claimant

Date

# **APPENDIX G**

**Instructions for Civil Case Cover Sheet**

**Sample Civil Case Cover Sheet**

**Blank Civil Case Cover Sheet**

**Instructions for Complaint**

**Sample Complaint**

**Blank Complaint**

**Instructions for Cause of Action - General**

**Negligence (to be attached to Complaint)**

**Sample Cause of Action - General Negligence**

**Blank Cause of Action - General Negligence**



**INSTRUCTIONS FOR COMPLETING FORM 982.2(b)(1):  
CIVIL CASE COVER SHEET**

1. Fill in the first box (Attorney or Party Without Attorney) with your name and address and telephone number (if applicable). Where the form asks "ATTORNEY FOR (NAME)," write IN PRO PER.
2. In the box below that, write the name and address of the county superior court in which you are filing your complaint. This should be the county where the injury took place.
3. In the box marked CASE NAME, write YOUR FULL NAME v. THE PUBLIC ENTITY (or the employees of the public entity who you are suing) (example Susan Jones v. County of San Francisco Jail).
4. Leave the box marked CASE NUMBER blank.
5. For #1, fill in the box with the number that best describes your injury. For example, if you were wrongfully imprisoned, or were discriminated against, write 08; if you were injured, write 23, etc.
6. For #2, check (a) if you are seeking money damages, or (b) if you are not seeking money damages (for example, if you are suing for a civil rights violation).
7. For #3, decide how many actions you are suing for. For example, if you were injured by one act of the public entity or its employees, write 1. If the public entity injured you twice, such as false arrest and personal injury, write 2, and so forth. If you sue for more than one cause of action, you will need to fill out more than one Cause of Action form.
8. For #4, check the box marked No.
9. Fill in today's date where it is asked for. Then write your name on the dotted line and sign on the line where it says SIGNATURE OF PARTY OR ATTORNEY FOR PARTY.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Susan Jones Current Address City, CA Zip Code	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): <i>In Pro Per</i> INSERT NAME OF COURT, JUDICIAL DISTRICT, AND BRANCH COURT, IF ANY: Superior Court of San Francisco 400 McAllister Street San Francisco, CA 94102		
CASE NAME: Susan Jones v. County Jail of San Francisco		
<b>CIVIL CASE COVER SHEET</b> (Case Cover Sheets)		CASE NUMBER:

1. 23 Case category (Insert code from list below for the ONE case type that best describes the case):

- |   |  |
|---|--|
| 01 Abuse of Process   | 18 Insurance Coverage/Subrogation  |
| 02 Administrative Agency Review   | 19 Intellectual Property   |
| 03 Antitrust/Unfair Business Practices  | 20 Enforcement of Judgment (Sister State, Foreign, Out-of-Country Abstracts) |
| 04 Asbestos   | 21 Partnership and Corporate Governance                                      |
| 05 Asset Forfeiture   | 22 PI/PD/WD—Auto (Personal Injury/Property Damage/Wrongful Death)            |
| 06 Breach of Contract/Warranty  | 23 PI/PD/WD—Nonauto  |
| 07 Business Tort  | 24 Product Liability   |
| 08 Civil Rights (Discrimination, False Arrest)                                | 25 Professional Negligence (Medical or Legal Malpractice, etc.)              |
| 09 Collections (Money Owed, Open Book Accounts)                               | 26 Real Property (Quiet Title)   |
| 10 Construction Defect  | 27 RICO  |
| 11 Contractual Arbitration  | 28 Securities Litigation   |
| 12 Declaratory Relief   | 29 Tax Judgment  |
| 13 Defamation (Slander, Libel)  | 30 Toxic Tort/Environmental  |
| 14 Eminent Domain/Inverse Condemnation  | 31 Unlawful Detainer—Commercial  |
| 15 Employment (Labor Commissioner Appeals, EDD Actions, Wrongful Termination) | 32 Unlawful Detainer—Residential   |
| 16 Fraud  | 33 Wrongful Eviction   |
| 17 Injunctive Relief  | 34 Other: _____  |

2. Type of remedies sought (check all that apply): a.  Monetary b.  Nonmonetary c.  Punitive

3. Number of causes of action: 1

4. Is this a class action suit?  Yes  No

Date: *Today's Date*

.....  
*Susan Jones*  
 (TYPE OR PRINT NAME)

▶ *Susan Jones*  
 (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

#### NOTE TO PLAINTIFF

- This cover sheet shall accompany each civil action or proceeding, except those filed in small claims court or filed under the Probate Code, Family Law Code, or Welfare and Institutions Code.
- File this cover sheet in addition to any cover sheet required by local court rule.
- Do not serve this cover sheet with the complaint.
- This cover sheet shall be used for statistical purposes only and shall have no effect on the assignment of the case.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
INSERT NAME OF COURT, JUDICIAL DISTRICT, AND BRANCH COURT, IF ANY:	
CASE NAME:	
<b>CIVIL CASE COVER SHEET</b> <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited	<b>Complex Case Designation</b> <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 1811)
	CASE NUMBER:  ASSIGNED JUDGE:

Please complete all five (5) items below.

1. Check **one** box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) <b>Non-PI/PD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (e.g., discrimination, false arrest) (08) <input type="checkbox"/> Defamation (e.g., slander, libel) (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (e.g., legal malpractice) (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) <b>Employment</b> <input type="checkbox"/> Wrongful termination (36)	<input type="checkbox"/> Other employment (15) <b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Collections (e.g., money owed, open book accounts) (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (e.g., quiet title) (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11)	<input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39) <b>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 1800-1812)</b> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Claims involving mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Toxic tort/Environmental (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (e.g., sister state, foreign, out-of-county abstracts) (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
--	---	--

2. This case  is  is not complex under rule 1800 of the California Rules of Court. If case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve c. <input type="checkbox"/> Substantial amount of documentary evidence	d. <input type="checkbox"/> Large number of witnesses e. <input type="checkbox"/> Coordination and related actions pending in one or more courts in other counties, states or countries, or in a federal court f. <input type="checkbox"/> Substantial post-disposition judicial disposition
--	--

3. Type of remedies sought (check all that apply):  
 a.  monetary    b.  nonmonetary; declaratory or injunctive relief    c.  punitive

4. Number of causes of action (specify): \_\_\_\_\_

5. This case  is  is not a class action suit.

Date: \_\_\_\_\_

..... (TYPE OR PRINT NAME) ..... ▶ (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate, Family, or Welfare and Institutions Code). (Cal. Rules of Court, rule 982.2.)
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet shall be used for statistical purposes only.



**INSTRUCTIONS FOR COMPLETING FORM 982.1(1):  
COMPLAINT - PERSONAL INJURY, PROPERTY DAMAGE,  
WRONGFUL DEATH**

1. Fill in the first box (Attorney or Party Without Attorney) with your name and address and telephone number (if applicable). Where the form asks "ATTORNEY FOR (NAME)," write IN PRO PER.
2. In the box below that, write the name and address of the county superior court in which you are filing your complaint. This should be the county where the injury took place.
3. In the box marked PLAINTIFF, write your own name.
4. In the box marked DEFENDANT, write the name of the public entity or employees you are suing. If you do not know the employee names, check the box marked "DOES 1 TO \_\_\_\_\_" and in the blank space write the number of employees you are suing. For example, if you are suing 2 guards, write 2. ("Does" stands for "John/Jane Doe," signifying that you do not know the individuals' real names.)
5. In the box below that, check the box that best describes your complaint (probably personal injury if you are suing for an injury you sustained).
6. In the box marked "Jurisdiction," check the box that corresponds to your case: Limited or Unlimited Civil Case. See the Manual at page 4 for a description of limited and unlimited civil claims.
7. Do not write anything in the box marked CASE NUMBER. The court will assign your case a number.
8. For #1, write your name where it says PLAINTIFF and the name of the public entity and/or its employees where it says DEFENDANT.
9. For #2, count up the total number of pages (3 for the form, plus the number of any attachments you are adding, such as the Cause of Action and any other forms that evidence your complaint), and write that number on the line.
10. For #3, if you are only suing individuals (such as guards), skip ahead to #8. If you are suing a public entity, or an entity *and* individuals, check the box in 3a that says "Except plaintiff (name)," and write the name of the public entity where it says "*name*." Then check the box (3) below that says "a public entity." Write the type of public entity where it says "*describe*."
11. On the top of Page Two, in the box marked "SHORT TITLE," write Your Last Name v. The Public Entity (example: Jones v. County of San Francisco Jail). Again, leave the CASE NUMBER box blank.

12. Skip #4.

13. For #5, check 5a if you are suing a public entity, and write the name of the entity where it says “*name.*” Then check box (4) below and write the type of entity where it says “*describe.*”

14. Skip numbers 6 and 7.

15. For #8, check the box marked “injury to person or damage to personal property occurred in its jurisdictional area.”

16. For #9, check the first box. Then check 9a if you presented your claim to the county board of supervisors. If you did not present your claim, check 9b and explain. (For example, you were late in filing your claim and got permission from the court to bring the lawsuit.)

17. On the top of Page Three, you should again write Your Last Name v. The Public Entity in the box marked “SHORT TITLE,” and then leave the CASE NUMBER box blank.

18. For #14, if an employee of the public entity intentionally acted to hurt you, check “Intentional Tort.” If you weren’t hurt as the result of an employee’s intentional act, check “General Negligence.”

19. For #11, check the box that best describes the injury you suffered. If none of the boxes seem to fit, check “other damage” and then write a description of your injury.

20. Skip numbers 12 and 13.

21. For #14, check the box that says “compensatory damages,” and then check the box that says “according to proof.”

22. For #15, check the box if any of your description of the injury is based on information someone else gave you. For example, if you know that the guard intended to injure you because a witness overheard the guard talking about hurting you, but you did not hear the guard yourself, you should check the box. This part of your complaint is considered to be “alleged on information and belief.” In the space following the sentence, write the number or numbers of the paragraphs in your Cause of Action where you have included information you received from someone else. (See Instruction Number 7 under **Cause of Action**, below, and also see Sample Complaint.)

23. At the bottom of Page Three, write your name where it says TYPE OR PRINT NAME, then sign above the line that says SIGNATURE OF PLAINTIFF OR ATTORNEY.



SHORT TITLE: <div style="font-size: 1.2em; font-family: cursive;">Jones v. County Jail of San Francisco</div>	CASE NUMBER:
--	--------------

4.  Plaintiff (name):  
 is doing business under the fictitious name (specify):  
  
 and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person  
 a.  **except** defendant (name): *County Jail of SF*  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe): *county jail*  
 (5)  other (specify):

c.  **except** defendant (name):  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

b.  **except** defendant (name):  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

d.  **except** defendant (name):  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

Information about additional defendants who are not natural persons is contained in Complaint—Attachment 5.

6. The true names and capacities of defendants sued as Does are unknown to plaintiff.

7.  Defendants who are joined pursuant to Code of Civil Procedure section 382 are (names):

8. This court is the proper court because  
 a.  at least one defendant now resides in its jurisdictional area.  
 b.  the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.  
 c.  injury to person or damage to personal property occurred in its jurisdictional area.  
 d.  other (specify):

9.  Plaintiff is required to comply with a claims statute, and  
 a.  plaintiff has complied with applicable claims statutes, or  
 b.  plaintiff is excused from complying because (specify):

SHORT TITLE:

CASE NUMBER:

Jones v. County Jail of San Francisco

10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a.  Motor Vehicle
- b.  General Negligence
- c.  Intentional Tort
- d.  Products Liability
- e.  Premises Liability
- f.  Other (specify):

11. Plaintiff has suffered

- a.  wage loss
- b.  loss of use of property
- c.  hospital and medical expenses
- d.  general damage
- e.  property damage
- f.  loss of earning capacity
- g.  other damage (specify):

12.  The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a.  listed in Complaint—Attachment 12.
- b.  as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. **PLAINTIFF PRAYS** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1)  compensatory damages
- (2)  punitive damages
- b. The amount of damages is (you must check (1) in cases for personal injury or wrongful death):
  - (1)  according to proof
  - (2)  in the amount of: \$

15.  The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

Paragraph 6

Date: Today's date

Susan Jones

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 50px; margin-left: 0;"/>  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF: _____  DEFENDANT: _____  <input type="checkbox"/> DOES 1 TO _____	
<b>COMPLAINT—Personal Injury, Property Damage, Wrongful Death</b> <input type="checkbox"/> <b>AMENDED (Number): _____</b> <b>Type (check all that apply):</b> <input type="checkbox"/> <b>MOTOR VEHICLE</b> <input type="checkbox"/> <b>OTHER (specify): _____</b> <input type="checkbox"/> <b>Property Damage</b> <input type="checkbox"/> <b>Wrongful Death</b> <input type="checkbox"/> <b>Personal Injury</b> <input type="checkbox"/> <b>Other Damages (specify): _____</b>	
<b>Jurisdiction (check all that apply):</b> <input type="checkbox"/> <b>ACTION IS A LIMITED CIVIL CASE</b> Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000  <input type="checkbox"/> <b>ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)</b> <input type="checkbox"/> <b>ACTION IS RECLASSIFIED by this amended complaint</b> <input type="checkbox"/> <b>from limited to unlimited</b> <input type="checkbox"/> <b>from unlimited to limited</b>	CASE NUMBER: _____

1. Plaintiff (name or names):

alleges causes of action against defendant (name or names):

2. This pleading, including attachments and exhibits, consists of the following number of pages:

3. Each plaintiff named above is a competent adult

- a.  **except** plaintiff (name):
  - (1)  a corporation qualified to do business in California
  - (2)  an unincorporated entity (describe): \_\_\_\_\_
  - (3)  a public entity (describe): \_\_\_\_\_
  - (4)  a minor  an adult
    - (a)  for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
    - (b)  other (specify): \_\_\_\_\_
  - (5)  other (specify): \_\_\_\_\_
- b.  **except** plaintiff (name):
  - (1)  a corporation qualified to do business in California
  - (2)  an unincorporated entity (describe): \_\_\_\_\_
  - (3)  a public entity (describe): \_\_\_\_\_
  - (4)  a minor  an adult
    - (a)  for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
    - (b)  other (specify): \_\_\_\_\_
  - (5)  other (specify): \_\_\_\_\_

Information about additional plaintiffs who are not competent adults is shown in Attachment 3.

SHORT TITLE:	CASE NUMBER:
--------------	--------------

4.  Plaintiff (*name*):  
     is doing business under the fictitious name (*specify*):  
  
     and has complied with the fictitious business name laws.
5. Each defendant named above is a natural person
- a.  **except** defendant (*name*):  
     (1)  a business organization, form unknown  
     (2)  a corporation  
     (3)  an unincorporated entity (*describe*):  
  
     (4)  a public entity (*describe*):  
     (5)  other (*specify*):
- b.  **except** defendant (*name*):  
     (1)  a business organization, form unknown  
     (2)  a corporation  
     (3)  an unincorporated entity (*describe*):  
  
     (4)  a public entity (*describe*):  
     (5)  other (*specify*):
- c.  **except** defendant (*name*):  
     (1)  a business organization, form unknown  
     (2)  a corporation  
     (3)  an unincorporated entity (*describe*):  
  
     (4)  a public entity (*describe*):  
     (5)  other (*specify*):
- d.  **except** defendant (*name*):  
     (1)  a business organization, form unknown  
     (2)  a corporation  
     (3)  an unincorporated entity (*describe*):  
  
     (4)  a public entity (*describe*):  
     (5)  other (*specify*):
- Information about additional defendants who are not natural persons is contained in Attachment 5.
6. The true names of defendants sued as Does are unknown to plaintiff.
- a.  Doe defendants (*specify Doe numbers*): \_\_\_\_\_ were the agents or employees of other named defendants and acted within the scope of that agency or employment.
- b.  Doe defendants (*specify Doe numbers*): \_\_\_\_\_ are persons whose capacities are unknown to plaintiff.
7.  Defendants who are joined under Code of Civil Procedure section 382 are (*names*):
8. This court is the proper court because
- a.  at least one defendant now resides in its jurisdictional area.
- b.  the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
- c.  injury to person or damage to personal property occurred in its jurisdictional area.
- d.  other (*specify*):
9.  Plaintiff is required to comply with a claims statute, and
- a.  has complied with applicable claims statutes, or
- b.  is excused from complying because (*specify*):

SHORT TITLE:	CASE NUMBER:
--------------	--------------

10. The following causes of action are attached and the statements above apply to each (*each complaint must have one or more causes of action attached*):
- a.  Motor Vehicle
  - b.  General Negligence
  - c.  Intentional Tort
  - d.  Products Liability
  - e.  Premises Liability
  - f.  Other (*specify*):

11. Plaintiff has suffered
- a.  wage loss
  - b.  loss of use of property
  - c.  hospital and medical expenses
  - d.  general damage
  - e.  property damage
  - f.  loss of earning capacity
  - g.  other damage (*specify*):

12.  The damages claimed for wrongful death and the relationships of plaintiff to the deceased are
- a.  listed in Attachment 12.
  - b.  as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. **Plaintiff prays** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for
- a. (1)  compensatory damages
  - (2)  punitive damages
- The amount of damages is (*in cases for personal injury or wrongful death, you must check (1)*):
- (1)  according to proof
  - (2)  in the amount of: \$

15.  The paragraphs of this complaint alleged on information and belief are as follows (*specify paragraph numbers*):

Date:

---

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY)



## **INSTRUCTIONS FOR COMPLETING FORM 982.1(3): CAUSE OF ACTION - GENERAL NEGLIGENCE**

1. At the top of the page, in the box marked SHORT TITLE, write Your Last Name v. The Public Entity (see Instruction Number 11 under **Complaint**, above). Leave the CASE NUMBER blank.
2. On the line above “number,” write the number of the Cause of Action. For example, if you have just one cause of action, or injury, write “First.” If you have more than one cause of action, you must number them by putting a “First” in front of the first one, a “Second” in front of the second, etc.
3. Where it says “Page\_\_\_\_” write the page number. The Cause of Action sheet is an attachment to the Complaint, and so should be counted with the Complaint. The Complaint is usually 3 pages long, so you would usually put a “4” on this line.
4. Where it says ATTACHMENT TO, check the box marked Complaint.
5. Write your name where it says Plaintiff (name), and the name of the public entity or employees where it says “alleges that defendant (name).” If you do not know the name of the employees, you should assign each employee a number, keeping straight which number applies to which employee. For example, you might write down on a piece of paper the numbers 1-6, and next to each number write a brief description of each employee. Next to number 1, you might write “blonde goatee,” for example. Then check the box that says “Does” and on the lines, write the numbers of the employees who caused this injury. (“Does 2 to 4,” etc.)
6. Write the date on which the injury occurred where it says “on (date),” and the location where the injury occurred (example: County Jail of San Francisco) where it says “at (place).”
7. In the space below “(description of reasons for liability),” write out your description of what took place to cause you injury. Remember that your description should be the same as the description you included in your tort claim. If you need extra space, continue your writing on a blank piece of paper, write the page number on it, and attach that paper to the Cause of Action. Remember to count that paper as part of the number you write on the Complaint (See Instruction Number 7 under **Complaint**, above).  
Each statement you make should be written as a different paragraph (see Example Cause of Action). Be sure to number your paragraphs, starting with 1.
8. If there was more than one cause for your injury, or if you have more than one injury, repeat this process on another Cause of Action form.



SHORT TITLE:

Jones v. County Jail of San Francisco

CASE NUMBER:

First  
(number)

CAUSE OF ACTION—General Negligence

Page 4

ATTACHMENT TO  Complaint  Cross-Complaint

(Use a separate cause of action form for each cause of action.)

GN-1. Plaintiff (name): Susan Jones

alleges that defendant (name): County Jail of San Francisco and

Does 1 to 2

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on (date): January 3, 2004

at (place): County Jail of San Francisco

(description of reasons for liability):

1. I, Susan Jones, was detained in the County Jail of San Francisco from December 20, 2003 until January 5, 2004.
2. On the morning of January 3, 2004, my nose began to bleed severely and did not stop for several minutes.
3. I called to the guards, Does 1 and 2, and they came to see what the problem was.
4. Does 1 and 2 saw my nose bleeding and saw that it did not stop, but they ignored the problem and did not get me any medical care.
5. I was released on bail on January 5, 2004 and went to see a doctor, Dr. Patricia Smith.
6. Dr. Smith told me that because I did not

receive medical attention immediately, there were lots of complications, and I would have to be hospitalized. If Docs 1 and 2 had gotten medical care for me on January 3, the hospitalization would not have been necessary.

7. I was hospitalized for 3 days and had many tests.

8. I do not have insurance and have to pay for everything myself. This is more than I can afford to pay.

SHORT TITLE:

CASE NUMBER:

\_\_\_\_\_ (number)

**CAUSE OF ACTION—General Negligence**

Page \_\_\_\_\_

ATTACHMENT TO  Complaint  Cross-Complaint

*(Use a separate cause of action form for each cause of action.)*

GN-1. Plaintiff *(name)*:

alleges that defendant *(name)*:

Does \_\_\_\_\_ to \_\_\_\_\_

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on *(date)*:

at *(place)*:

*(description of reasons for liability):*



# APPENDIX H

## County Courts

### *Addresses for Filing Complaints (lawsuits)*

#### **ALAMEDA COUNTY**

1225 Fallon Street  
Oakland, CA 94612

#### **ALPINE COUNTY**

14777 State Rte. 89  
PO Box 518  
Markleeville, CA 96120

#### **AMADOR COUNTY**

108 Court Street  
Jackson, CA 95642

#### **BUTTE COUNTY**

County Courthouse  
One Court Street  
Oroville, CA 95965

#### **CALAVERAS COUNTY**

Government Center  
891 Mountain Ranch Road  
San Andreas, CA 95249

#### **COLUSA COUNTY**

547 Market Street  
Colusa, CA 95932

#### **CONTRA COSTA COUNTY**

Courthouse  
725 Court Street  
Martinez, CA 94553

#### **DEL NORTE COUNTY**

Courthouse  
450 H Street, Room 182  
Crescent City, CA 95531

#### **EL DORADO COUNTY**

495 Main Street  
Placerville, CA 95667

#### **FRESNO COUNTY**

1110 Van Ness, Rm. 401  
Fresno, CA 93721

#### **GLENN COUNTY**

526 West Sycamore Street  
Willows, CA 95988

#### **HUMBOLDT COUNTY**

825 Fifth Street  
Eureka, CA 95501

#### **IMPERIAL COUNTY**

County Courthouse  
939 West Main  
El Centro, CA 92243

#### **INYO COUNTY**

County Courthouse  
168 N. Edwards St.  
Independence, CA 93526

**KERN COUNTY**

County Civic Center  
1415 Truxtun Avenue  
Bakersfield, CA 93301

**KINGS COUNTY**

County Government Center  
1400 West Lacey Road  
Hanford, CA 93230-5997

**LAKE COUNTY**

255 North Forbes Street  
Lakeport, CA 95453

**LASSEN COUNTY**

Courthouse  
220 South Lassen St., Ste. 6  
Susanville, CA 96130

**LOS ANGELES COUNTY**

111 N. Hill Street  
Los Angeles, CA 90012

**MADERA COUNTY**

Government Center  
209 West Yosemite Avenue  
Madera, CA 93637

**MARIN COUNTY**

Hall of Justice  
3501 Civic Center Drive, Ste. 113  
PO Box 4988  
San Rafael, CA 94913-4988

**MARIPOSA COUNTY**

Courthouse  
5088 Bullion St.  
PO Box 28  
Mariposa, CA 95338

**MENDOCINO COUNTY**

Courthouse  
100 North State Street, Rm. 202  
Ukiah, CA 95482

**MERCED COUNTY**

2222 AM@ Street  
Merced, CA 95340

**MODOC COUNTY**

Courthouse  
205 South East St.  
Alturas, CA 96101

**MONO COUNTY**

Courthouse  
PO Box 537  
Bridgeport, CA 93517

**MONTEREY COUNTY**

Courthouse  
240 Church Street  
PO Box 1819  
Salinas, CA 93902

**NAPA COUNTY**

Courthouse  
825 Brown Street  
PO Box 880  
Napa, CA 94559

**NEVADA COUNTY**

201 Church Street, Ste. 5  
Nevada City, CA 95959

**ORANGE COUNTY**

700 Civic Center Drive, West  
Box 1994  
Santa Ana, CA 92702-1994

**PLACER COUNTY**

101 Maple Street  
Auburn CA 95603

**PLUMAS COUNTY**

520 W. Main St., Rm. 104  
Quincy, CA 95971

**RIVERSIDE COUNTY**

Administrative Center  
4075 Main Street  
Riverside, CA 92501

**SACRAMENTO COUNTY**

720 9th Street  
Sacramento, CA 95814-1398

**SAN BENITO COUNTY**

Courthouse  
440 5th Street, Rm. 205  
Hollister, CA 95023

**SAN BERNARDINO COUNTY**

351 N. Arrowhead Avenue  
San Bernardino, CA 92415-0240

**SAN DIEGO COUNTY**

County Courthouse  
220 West Broadway  
PO Box 122724  
San Diego, CA 92112

**SAN FRANCISCO COUNTY**

Civic Center Courthouse  
400 McAllister Street  
San Francisco, CA 94102

**SAN JOAQUIN COUNTY**

222 E. Weber Avenue, Rm. 303  
Stockton, CA 95202

**SAN LUIS OBISPO COUNTY**

1035 Palm St., Rm. 385  
San Luis Obispo, CA 93408

**SAN MATEO COUNTY**

400 County Center  
Redwood City, CA 94063

**SANTA BARBARA COUNTY**

1100 Anacapa St.  
PO Box 21107  
Santa Barbara, CA 93121-1107

**SANTA CLARA COUNTY**

12425 Monterey Rd.  
San Martin, CA 95046

**SANTA CRUZ COUNTY**

701 Ocean Street  
Santa Cruz, CA 95060

**SHASTA COUNTY**

1500 Court Street  
Redding, CA 96001

**SIERRA COUNTY**

100 Courthouse Square  
Box 476  
Downieville, CA 95936

**SISKIYOU COUNTY**

Courthouse  
311 Fourth Street  
Yreka, CA 96097

**SOLANO COUNTY**

Hall of Justice  
600 Union Avenue  
Fairfield, CA 94533

**SONOMA COUNTY**

600 Administration Drive  
Hall of Justice  
Santa Rosa, CA 95403

**STANISLAUS COUNTY**

1100 AI@ Street  
PO Box 1098  
Modesto, CA 95353

**SUTTER COUNTY**

466 Second Street  
Yuba City, CA 95991

**TEHAMA COUNTY**

633 Washington Street  
PO Box 310  
Red Bluff, CA 96080

**TRINITY COUNTY**

101 Court Street  
PO Box 1258  
Weaverville, CA 96093

**TULARE COUNTY**

County Civic Center  
Room 303  
Visalia, CA 93291

**TUOLUMNE COUNTY**

41 W. Yaney Avenue  
Sonora, CA 95370

**VENTURA COUNTY**

800 S. Victoria Avenue  
PO Box 6489  
Ventura, CA 93006-6489

**YOLO COUNTY**

725 Court Street  
Woodland, CA 95695

**YUBA COUNTY**

Courthouse  
215 Fifth Street  
Marysville, CA 95901

# **APPENDIX I**

## **SAMPLE LETTERS TO: COURT CLERK JUDGE**

**(to be used when you do not have an attorney)**

## SAMPLE LETTER TO THE JUDGE

(Your name)  
(Your address)

Honorable (name of judge)  
Superior Court of California  
County of (\_\_\_\_\_) )  
(address of court)

Dear Judge (name):

I am writing this letter to introduce myself and to request that the court issue an order allowing me to attend court hearings concerning my civil complaint against the county.

I will be proceeding *In pro per* in these proceedings because I am an indigent prisoner and cannot afford to retain an attorney.

Thank you for your attention to this matter.

Sincerely,

(Your signature)  
(Your printed name)

**SAMPLE LETTER TO THE COURT CLERK**  
(this is to use when you don't have a lawyer representing you)

Date

Clerk of the Court  
Superior Court of California  
County of \_\_\_\_\_  
(address)  
(city, CA zip code)

Re: Civil Complaint

Dear Clerk:

I am incarcerated and do not have an attorney to assist me with this paperwork. I am asking for your assistance with these documents.

Enclosed please find:

- (1) One original and two (2) copies of the following documents:  
LIST THE DOCUMENTS YOU ARE SENDING; USE ALL UPPER CASE  
LETTERS
- (2) A self-addressed, stamped envelope

Please file and stamp these documents for me and return a copy to me in the envelope enclosed with this letter. I am also requesting that you provide me with a hearing date on this matter at least six (6) weeks after the date of this letter.

Thank you for your attention to this matter.

Sincerely,

(Name)  
(Address)