



5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

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6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

If less than ten thousand dollars (\$10,000), state the amount: \$\_\_\_\_\_.

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

Yes

No

7. Please state any additional information which may be helpful in considering this claim:

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Claimant must date and sign below.

8. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

**WARNING! IT IS A CRIMINAL OFFENSE  
TO FILE A FALSE CLAIM (Penal Code §72)**