

FOR COURT USE ONLY

Postmark date if received by mail:

## GOVERNMENT CLAIM—JUDICIAL BRANCH

(Government Code section 910.4)

### CLAIMANT

Name of Claimant	Home Telephone	Work Telephone	
Mailing Address	City	State	Zip Code
Send notices regarding this claim to (if different from above):			
Name			
Mailing Address	City	State	Zip Code

### CLAIM INFORMATION

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

Location of Incident

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

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

Name of Claimant:

If the total amount of your claim is no more than \$10,000 and you wish to proceed in small claims court:

Amount of damages as of this date:  
Estimated amount of future damages:  
Total amount claimed:

If you do not wish to proceed in small claims court or your claim is more than \$10,000, indicate whether your claim would be a limited civil case or an unlimited civil case (check one):

- Limited civil (amount is \$25,000 or less)  
 Unlimited civil (amount is more than \$25,000)

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

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

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

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

Name of Authorized Representative

Telephone

Mailing Address

City

State

Zip Code

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

Signature of  Claimant or  Authorized Representative (check one)

Date

Deliver or mail this claim form to:

SIERRA SUPERIOR COURT  
ATTN: Court Executive Officer  
100 Courthouse Square, 2nd Floor  
P.O. Box 476  
Downieville, CA 95936