



**CLAIM FOR DAMAGES
FRESNO COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION**

**THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY
Presentation of a false claim is a felony (CA Penal Code Section 72)**

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six (6) months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one (1) year after the occurrence out of which the claim/claims arose. (CA Government Code Section 911.2).

DIRECTIONS: File the original and one (1) copy of this form with Fresno County Employees' Retirement Association, Retirement Administrator, 1111 H Street (Broadway and Mariposa), Fresno, CA 93721

Name of Claimant (Injured or damaged party)	<input type="checkbox"/> Mr.	Last, First, Middle		
	<input type="checkbox"/> Mrs.			
	<input type="checkbox"/> Ms.	Date of Birth	Social Security Number	CA Driver License

Home Address and Telephone Number	Number/Street/City/State/Zip Code
	Telephone Number

Business Address and Telephone Number	Number/Street/City/State/Zip Code
	Telephone Number

Where would you like notices sent?	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Attorney
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Attorney Name, Address and Telephone Number	Attorney Name
	Attorney Address/City/State/Zip Code

When did the injury or damage occur?	Month/Day/Year	Day of Week	Time of Day	<input type="checkbox"/> AM
				<input type="checkbox"/> PM

Where did the injury or damage occur?	Street address, intersection or other location
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How did the injury or damage occur?	
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Attach additional sheets if necessary.

PLEASE CONTINUE AND COMPLETE SECOND PAGE OF THIS CLAIM FORM



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Names and telephone numbers of witnesses	<i>Attach additional sheets if necessary.</i>
Names of FCERA Employees involved	<i>Attach additional sheets if necessary.</i>
Police Agency and Police Report Number	
What action or inaction of FCERA or its employee(s) caused your injury or damages?	<i>Attach additional sheets if necessary.</i>
What injuries or damages did you suffer?	<i>Attach additional sheets if necessary.</i>
Total amount claimed:	\$
DIRECTIONS: Sign and date this Claim for Damages below. NOTE: If the signer is <u>not</u> the claimant, please indicate relationship of signer to the claimant (e.g., parent, attorney, etc.) and include full address.	
Signature:	Month/Day/Year
Print Name	Number/Street/City/State/Zip Code
Relationship to Claimant	Telephone Number
DIRECTIONS: Attach to this completed and signed form any bills for medical treatment and expenses, and any estimates or bills for repair/replacement of damaged personal property.	