

DEPARTMENT:

BY:

PHONE:

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

Adopt this Resolution authorizing Chairman to sign order of the Board to reject Claim No. C93-3 which was filed with this Board on March 19, 1993 in the amount of \$11,457.31 in addition to alleged damages for emotional suffering. Counsel recommends that this entire claim be denied based on the following:

1) Counsel does not believe the County has any liability in this matter, and

2) Pursuant to Government Code § 911.2, a claim involving damages for emotional suffering must be filed no later than six months after the accrual of the cause of action. In this particular case, the Board's decision on this matter was rendered on June 9, 1992, therefore, the claim is filed in excess from June 9, 1992.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board usually follows Counsel's recommendation in matters of this nature.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Claim would automatically be denied if no action is taken.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_

B. Total anticipated costs \$ \_\_\_\_\_

C. Required additional funding \$ \_\_\_\_\_

D. Internal transfers \$ \_\_\_\_\_

SOURCE: ( ) 4/5ths Vote Required

A. Unanticipated revenues \$ \_\_\_\_\_

B. Reserve for contingencies \$ \_\_\_\_\_

C. Source description: \_\_\_\_\_

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
List the attachments and number the pages consecutively:  
  
Claim No. C93-3  
Notice of Rejection  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLERK'S USE ONLY:  
Res. No.: 93-237 Ord. No. \_\_\_\_\_  
Vote - Ayes: 4 Noes: None  
Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_  
Approved ( ) Denied ( )  
( ) Minute Order Attached ( ) No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:  
This item on agenda as:  
\_\_\_\_ Recommended  
\_\_\_\_ Not Recommended  
\_\_\_\_ For Policy Determination  
\_\_\_\_ Submitted with Comment  
\_\_\_\_ Returned for Further Action  
  
Comment: \_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: \_\_\_\_\_

The foregoing instrument is a correct copy of the original on file in this office.  
Date: \_\_\_\_\_  
ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By: \_\_\_\_\_  
Deputy

1 JEFFREY G. GREEN  
2 County Counsel  
3 P. O. Box 189  
4 5100 Bullion St.  
5 Mariposa, CA 95338

6 BEFORE THE BOARD OF SUPERVISORS

7 OF

8 MARIPOSA COUNTY, STATE OF CALIFORNIA

9 In the Matter of: )  
10 CLAIM FOR DAMAGES PURSUANT )  
11 TO GOVERNMENT CODE § 911.6 )  
12 \_\_\_\_\_ )

13 \_\_\_\_\_  
14 Charles and Carol Jones

15 \_\_\_\_\_  
16 329 N. Peg St.

17 \_\_\_\_\_  
18 Ridgecrest, CA 93555

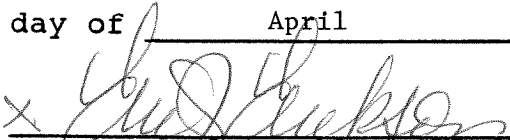
19 having filed with this Board on March 19, 1993 a claim for  
20 damages in the amount of \$ 11,457.31 and ;  
21 emotional suffering

22 NOW, THEREFORE, it is ordered by the Board of Supervisors  
23 that the claim is hereby REJECTED.

24 The foregoing order was passed by the following vote of  
25 the Board:

26 AYES: Baggett, Balmain, Erickson, Parker  
27 NOES: Taber  
28 ABSENT: None  
ABSTAINED: None


Dated this 20th day of April, 1993.

29   
30 \_\_\_\_\_  
31 ERIC J. ERICKSON, Chairman  
32 Board of Supervisors

33 ATTEST:

34 MARGIE WILLIAMS, CLERK OF THE BOARD

35 \_\_\_\_\_  
36 MARGIE WILLIAMS, Clerk of the Board

37   
38 DEPUTY CLERK OF THE BOARD

TO: Charles and Carol Jones  
329 N. Peg St.  
Ridgecrest, CA 93555

RE: CLAIM FOR DAMAGES AMOUNT OF CLAIM \$ 11,457.31 and  
NOTICE OF REJECTION emotional suffering

NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of Supervisors of Mariposa County on March 19, 1993 was rejected by action of the Board on April 6, 1993.

**WARNING**

"Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." (See Government Code Section 945.6)

"You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately."

JEFFREY G. GREEN  
Mariposa County Counsel

PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)

STATE OF CALIFORNIA, COUNTY OF MARIPOSA


I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is:

5100 Bullion Street (P. O. Box 189, Mariposa, California 95338  
On April 28, 1993, I served the within Notice of Rejection of  
Claim No. C93-3 on the Claimants in said  
action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Mariposa, California addressed as follows:

Charles and Carol Jones  
329 N. Peg St.  
Ridgecrest, CA 93555

I declare under penalty of perjury, that the foregoing is true and correct.

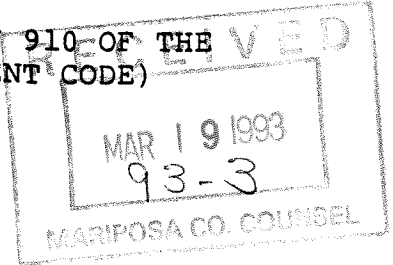
Executed on April 28, 1993, at Mariposa California.

  
Sandra V. Adams

County of Mariposa Claim Form

Claim of CHARLES and CAROL JONES )  
(Claimant) )  
v. )  
COUNTY OF MARIPOSA )  
\_\_\_\_\_ )

CLAIM FOR PERSONAL  
INJURIES AND/OR PROPERTY  
DAMAGES  
(SECTION 910 OF THE  
GOVERNMENT CODE)



To the BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

You are hereby notified that: (Please print)

Claimant: Charles and Carol Jones

Whose address is: 329 N. Peg St.

City and State: Ridgecrest, CA

Zip: 93555

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ \_\_\_\_\_

This claim is based on (check appropriate box or boxes)

Property Damage

Other (list) \_\_\_\_\_

Personal Injury

Contract

which occurred on February 1, 1991, 19\_\_\_\_, in the vicinity of:  
(month) (day)

Mariposa, California

\_\_\_\_\_  
(place where incident occurred)

Describe generally the facts and circumstances that give rise to the claim: (Please use back of this page if more space is needed.)

Building permit #10863 illegally issued in violation

of Mariposa Specific Plan Section XI-D

Note that Count did no officially respond to our

queries until 4 January 1993.

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

Mariposa County Planning and Building Departments

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of: (describe generally claimant's injuries or damages:)

1. Legal fees to remove illegally - approved fence

2. Emotional suffering

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

Specific damages (itemize)

Legal and related expenses \$ 11,457.31

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

Other damages (itemize)

Emotional suffering \$ TBD

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

Total damages incurred to date: \$ \_\_\_\_\_

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ \_\_\_\_\_

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

All notices or other communications with regard to this claim should be sent to claimant at: address above

(address to which notices are to be sent)

Dated: 3/14/93

Signed: Carol L. Jones, Charles A. Jones  
(claimant/agent for claimant)

GOVERNMENT CODE §911.2. Time of or presentation of claims

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than the 100th day after the accrual of the cause of action. a claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.