

If the total amount of your claim is up to \$10,000:

Amount of damages as of this date: _____

Estimated amount of future damages: _____

Total amount claimed: _____

If the amount of your claim is more than \$10,000, indicate whether your claim would be a limited civil case or 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, estimates, etc.).

Names, addresses, and telephone numbers of all witnesses to the incident:

Any additional information that might be helpful in considering this claim:

REPRESENTATIVE INFORMATION (Complete if claim is presented by a person 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:

Attention: Court Executive Officer (Claims)
Superior Court of California, County of Fresno
1100 Van Ness Avenue
Fresno, CA 93724-0002