

CLAIM FOR DAMAGES

Name of claimant:

Home address of claimant:

Business address of claimant:

Where notices regarding claim should be sent:

Home telephone number:

Business telephone number:

Age of claimant (if natural person):

Date of the event out of which the claim arose:

Time of the event out of which the claim arose:

Place of the event out of which the claim arose:

How the claimant's damage or injury occurred:

Indebtedness, obligation, injury, damage, or loss incurred:

Name(s) of public employee(s) causing the injury, damage, or loss:

If amount claimed totals less than \$10,000,

Amount claimed and basis of computation on account of each item of
injury, damage, or loss:

Estimated amount and basis of computation on account of each item
of prospective injury, damage, or loss:

If amount claimed exceeds \$10,000, court (municipal or superior court) in which
jurisdiction of claim would rest (Cal. Code Civ. Proc. § 86):

Date:

Signature of claimant:

Claim Against Public Entity

1 John Hobart
Hobart, Colfax & Wheeler
2 441 Bauchet Street
Los Angeles, California 90012
3 (213) 680-9600
State Bar No. 70032
4
Attorney for Petitioner
5 _____ [name] _____

6

7

8 Superior Court of the State of California

9 County of Los Angeles

10

11 _____ [name] _____,)
) Case No. _____
12 Petitioner,)
) Petitioner _____ [name] _____'s
13 v.)
) Petition for Relief from
) Claim Requirement
14 _____ [government entity] _____,)
)
15 Respondent.)
)
16 _____)

16

17 Petitioner _____ [name] _____ hereby petitions the Court for an order
18 relieving him from his obligation under Government Code section 945.4 to submit
19 a timely claim to Respondent _____ [government entity] _____ before filing suit
20 and alleges as follows:

21 1. On _____, Petitioner acquired a cause of action against Respon-
22 dent as follows:

23 [set forth facts establishing petitioner's claim against respondent]

24 2. Petitioner failed to submit a claim to Respondent within [six months for
25 claims relating to a cause of action for death or personal injury or damage to personal property or growing crops] [one
26 year for other causes of action] as required by Government Code section 911.2.

27 3. Petitioner's claim was late for the following reason:

28

1 [set forth facts establishing one of the excuses specified in Government Code sections 911.6(b) and
2 946.6(?), i.e., (1) mistake, inadvertence, surprise, or excusable neglect, or (2) minority, or (3) lack
of capacity, or (4) death.]

3 4. On _____, Petitioner applied for permission to submit a late
4 claim pursuant to Government Code section 911.4. A copy of Petitioner's appli-
5 cation is attached to this Petition as Exhibit A and is incorporated in this
6 Petition by reference. The application contains the information required to be
7 included in a claim. Petitioner submitted his application within a reasonable
8 time not exceeding one year after the accrual of his cause of action.

9 5. On _____, Respondent denied Petitioner's application for per-
10 mission to submit a late claim.

11 [or]

12 5. Respondent allowed 45 days to go by without acting on Petitioner's
13 application.

14 I declare under penalty of perjury under the laws of the State of Cali-
15 fornia that the foregoing is true and correct.

16 Date: _____

[name]
Petitioner

17
18
19
20
21
22
23
24
25
26
27
28

Notice of Intention to Commence Action Against Health Care Provider

To: _____ [name] _____

_____ [name] _____ hereby gives notice of his intention to commence an action against you for professional negligence.

The legal basis of the claim is as follows:

[set forth the negligent acts or omissions by the health care provider in the rendering of professional services, causing personal injury or wrongful death.]

_____ [name] _____ suffered the following injuries:

[describe the injuries caused by the health care provider's professional negligence.]

As a result of these injuries, _____ [name] _____ sustained these types of losses:

[e.g., physical injuries, medical expenses, lost wages, pain and suffering]

Date: _____

[attorney's name]
Attorney for Plaintiff
[plaintiff's name]

Notice of Intention to Commence Action Against Health Care Provider

1 John Hobart
Hobart, Colfax & Wheeler
2 441 Bauchet Street
Los Angeles, California 90012
3 (213) 680-9600
State Bar No. 70032

4
Attorney for Plaintiff
5 _____ [name] _____

6

7

8 Superior Court of the State of California

9 County of Los Angeles

10

11 _____ [name] _____,)
) Case No. _____
12 Plaintiff,)
) Certificate of Merit
13 v.)
)
14 _____ [name] _____,)
)
15 Defendant.)
)
16 _____)

16

17 _____ [plaintiff's attorney] _____ certifies as follows:

18 1. I am a member of the State Bar of California and am the attorney for
19 Plaintiff _____ [name] _____. I have personal knowledge of the facts set for in
20 this certificate and would be competent to testify as to those facts if called
21 and sworn as a witness.

22 2. I have reviewed the facts of this case. I have consulted with
23 _____ [an architect, professional engineer, or land surveyor] _____, who is
24 licensed to practice and practices in California [or any other state] [or who
25 teaches at an accredited college or university and is licensed to practice in
26 California or any other state] in the same discipline as
27 Defendant _____ [name] _____. I reasonably believe that _____ [consultant] _____
28 is knowledgeable concerning the relevant issues involved in this action. I

1 have concluded on the basis of such review and consultation that there is rea-
2 sonable and meritorious cause for the filing of this action.

3 _____ [consultant] _____ is not a party to this litigation.

4 [or]

5 2. I was unable to obtain the consultation required by Code of Civil
6 Procedure section 411.35(b)(1) because a statute of limitations would have
7 impaired the action. The certificate required by section 411.35(b)(1) could
8 not be obtained before the impairment of this action.

9 [or]

10 2. I was unable to obtain the consultation required by Code of Civil
11 Procedure section 411.35(b)(1) because I made three separate good faith
12 attempts with three separate [architects, professional engineers, or land surveyors] to obtain
13 such consultation and none of those contacted would agree to such a consulta-
14 tion.

15 I declare under penalty of perjury under the laws of the State of Cali-
16 fornia that the foregoing is true and correct.

17

18 Dated: _____

[name]
Attorney for Plaintiff
[name]

19

20

21

22

23

24

25

26

27

28

Notice of Rescission

To: _____ [name] _____

You are hereby notified that _____ [name] _____ rescinds the contract entered into between _____ [name] _____ and _____ [name] _____ on _____ [date] _____.

The contract is rescinded for the following reasons:

[set forth the facts establishing one of the grounds specified in Civil Code section 1689(b) (*i.e.*, (1) that the rescinding party's consent was given by mistaken or obtained through duress, fraud, or undue influence exercised by the other party. (2) that the consideration for the rescinding party's obligation failed through the fault of the other party, or failed before the consideration was rendered to the rescinding party, or became void, (3) that the contract was illegal for reasons not apparent in the terms of the contract and the parties were not equally at fault, (4) that the public interest would be prejudiced by permitting the contract to stand. or (5) that circumstances triggered some other statute providing for rescission.)

_____ [name] _____ offers to restore to you everything of value received from you on the condition that you do likewise.

Date: _____

_____ [name]

Notice of Rescission

Notice of Breach of Warranty

To: _____ [name] _____

You are hereby notified that the _____ delivered to me on
_____ [date] _____ under our contract dated _____ is defective in the fol-
lowing respects:

[set forth the facts establishing the product's defects]

The defects just described breach the contract's [express][implied] warranty
_____ [description of warranty breached] _____.

Date: _____

_____ [name]

Notice of Breach of Warranty

