CLAIMS AND ACTIONS AGAINST FRESNO COUNTY BOARD OF EDUCATION AND FRSENO COUNTY SUPERINTENDENT OF SCHOOLS

Any claim against the County Board or County Superintendent for money or damages shall be filed and acted upon in accordance with the Government Claims Act (Government Code 810-996.6) or other applicable law. Claims that are specifically excepted from the Government Claims Act by Government Code 905 and are not governed by any other statute or regulation may be filed and acted upon in accordance with established procedures pursuant to Government Code 935.

Unless otherwise provided by law, a written claim shall be presented to and acted upon by the County Board or County Superintendent in accordance with such procedures prior to filing a lawsuit against the County Board or County Superintendent for money or damages.

A. Time Limitations to Present Claim

The following time limitations apply to claims against County Board or County Superintendent:

1. Claims for money or damages relating to a cause of action for death or for injury to person, personal property, or growing crops shall be presented no later than six months after the accrual of the cause of action. (Government Code 905, 911.2.)

2. Claims for money or damages as authorized in Government Code section 905 and not included in Paragraph A.1 above, including claims for damages to real property, shall be presented not later than one year after the accrual of the cause of action. (Government Code 905, 911.2.)

3. Claims relating to childhood sexual assault and other causes of action which are specifically excepted from the Government Claims Act by Government Code 905 but are subject to a claims presentation procedure in another statute or regulation shall be presented to the County Board or County Superintendent in accordance with the applicable governing statute or regulation. (Government Code 905)

4. Claims relating to any cause of action which is specifically excepted from the Government Claims Act by Government Code 905 but is not governed by any other claim presentation statute or regulation shall be presented to the County Board or County Superintendent within the time limits specified in Paragraphs A.1 and A.2 above, depending on the applicable cause of action. (Government Code 911.2, 935)

Claims against County Board or County Superintendent shall further be subject to the provisions of Government Code 945.4 relating to the prohibition of suits in the absence of the presentation of claims to and action thereon by County Board or County Superintendent, as applicable.
FRESNO COUNTY SUPERINTENDENT OF SCHOOLS

B. Late Claims

Any person presenting a claim against County Board or County Superintendent under Paragraph A.1 above later than six months after the accrual of the cause of action shall present, along with the claim, an application to County Board or County Superintendent, as applicable, to file a late claim. Such claim and application to file a late claim shall be filed not later than one year after the accrual of the cause of action. (Government Code 911.4.)

If a claim against County Board or County Superintendent under Paragraph A.1 is filed late and is not accompanied by an application to file a late claim, County Superintendent or designee shall, within 45 days, give written notice that the claim was not filed timely and that it is being returned without further action.

County Board or County Superintendent, as applicable, shall grant or deny the application to file a late claim within 45 days after it is presented. County Superintendent or designee, on behalf of County Superintendent or County Board, may agree with the claimant in writing to extend the 45-day period, provided that such agreement is made before the expiration of the 45-day period. (Government Code 911.6.)

County Board or County Superintendent, as applicable, shall grant the application to file a late claim under any one of the following circumstances (Government Code 911.6):

1. The failure to present the claim was through mistake, inadvertence, surprise or excusable neglect and County Board or County Superintendent, as applicable, was not prejudiced in its defense of the claim by the failure to present the claim within the time limit.

2. The person who sustained the alleged injury, damage, or loss was a minor during all of the time specified for presentation of the claim.

3. The person who sustained the alleged injury, damage or loss was physically or mentally incapacitated during all of the time specified for presentation of the claim and the disability was the reason he/she failed to present the claim.

4. The person who sustained the alleged injury, damage or loss died before the expiration of the time specified for the presentation of the claim.

If the application to present a late claim is denied, the claimant shall be given notice in substantially the form as set forth in Government Code 911.3. (Government Code 911.3.)

If County Board or County Superintendent, as applicable, does not take action on the application to file a late claim within 45 days, the application shall be deemed to have been denied on the 45th day unless such time period has been extended by County Superintendent or designee, in which case it shall be denied on the last day of the period specified in the extension agreement. (Government Code 911.6.)
C. Delivery and Form of Claim

A claim or amendment thereto or an application for leave to present a late claim, whether to be filed against County Superintendent or County Board, shall be deemed presented and received when delivered to the office of the County Superintendent or deposited in a post office, sub-post office, substation, or mail chute or other like facility maintained by the U.S. Government in a sealed envelope properly addressed to County Superintendent or County Board, as applicable, with postage paid or when otherwise actually received in the office of the County Superintendent. (Government Code 915, 915.2.)

Claims shall be submitted on the Government Claim Form for County Board or the Government Claim Form for County Superintendent, as applicable. County Superintendent or designee may return a claim against County Superintendent or County Board that does not use the applicable Government Claim Form. (Government Code 910.4). The required Government Claim Form for County Board and the Government Claim Form for County Superintendent are attached to this administrative regulation.

D. Review of Claim

County Superintendent or designee shall review each claim received by County Superintendent or County Board to ensure that it contains all of the following information as specified in Government Code section 910 and 910.2:

1. Name and post office address of the claimant.

2. Post office address to which the person presenting the claim desires notices to be sent.

3. Date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

4. General description of the indebtedness, obligation, injury, damage, or loss incurred insofar as it may be known at the time of presentation of the claim.

5. Name of each public employee causing the injury, damage, or loss, if known.

6. Amount claimed if it totals less than $10,000 as of the date of the presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds $10,000, the dollar amount shall not be included in the claim and the claimant shall indicate whether the claim is a limited civil case.

7. Signature of the claimant or the person acting on his/her behalf.

E. Notice of Claim Insufficiency

If a claim against County Superintendent or County Board is determined by County Superintendent or designee to be insufficient or not to comply substantially with the requirements
of Government Code sections 910 and 910.2 or with the form requirements of Government Code section 910.4, County Superintendent or designee may, at any time within 20 days after a claim is presented against County Board or County Superintendent, personally deliver a notice to the person presenting the claim or mailing the notice to the address, if any, stated in the claim as the address to which the person presenting the claim desires notice to be sent or, if no such address is stated in the claim, by mailing the notice to the address, if any, of the claimant as stated in the claim; said notice shall state with particularity the defects or omission in the claim. (Government Code 910.8, 915.4.)

If such a notice is delivered or sent to the claimant, County Superintendent or County Board, as applicable, shall not act upon the claim until at least 15 days after such notice is given. (Government Code 910.8.)

F. Amendments to Claim

Claims may be amended within the time limits provided under Paragraph A above or prior to final action, as applicable, by County Superintendent or County Board, whichever is later, if the claim, as amended, relates to the same transaction or occurrence which gave rise to the original claim. (Government Code 910.6.)

G. Action on Claim

Within 45 days after the presentation or amendment of a claim, County Board or County Superintendent, as applicable, may take action on a claim. County Superintendent or designee, on behalf of County Superintendent or County Board, may agree in writing with a claimant to extend this time limit before the expiration of the 45-day period. If the 45-day period has expired, the time limit may be extended by County Superintendent or designee and the claimant in a written agreement if legal action has not been commenced or been barred by legal limitations. (Government Code 912.4.)

County Board or County Superintendent, as applicable, may act on a claim in one of the following ways (Government Code 912.4, 912.6):

1. If County Board or County Superintendent, as applicable, finds that the claim is not a proper claim against it, it shall reject the claim.

2. If County Board or County Superintendent, as applicable, finds that the claim is a proper claim against it and is for an amount justly due, it shall allow the claim.

3. If County Board or County Superintendent, as applicable, finds that the claim is a proper claim against it but is for an amount greater than is justly due, it shall either reject the claim or allow it in the amount justly due and reject it as to the balance.

4. If legal liability of County Board or County Superintendent, as applicable, or the amount justly due is disputed, County Board or County Superintendent, as applicable, may reject or compromise the claim.
If County Board or County Superintendent, as applicable, allows a claim in whole or in part or compromises the claim and the claimant accepts the amount allowed or offered to settle the claim, it may require the claimant to accept it in settlement of the entire claim. (Government Code 912.6.)

County Superintendent or designee shall transmit to the claimant written notice of action taken by County Superintendent or County Board or of inaction that is deemed rejection. The notice shall be in the form set forth in Government Code section 913 and shall either be personally delivered or mailed to the address stated in the claim form. (Government Code 913, 915.4.)

If County Board or County Superintendent, as applicable, takes no action on a claim within the prescribed time limits, the claim shall be deemed to have been rejected. (Government Code 912.4, 945.6.)

Adopted: 09/20/2018
Amended: 05/18/2023

3320, 03/2021; Doc# 102535
FRESNO COUNTY BOARD OF EDUCATION
GOVERNMENT CLAIM FORM
(Govt. Code §§ 910, 910.2, and 910.4)

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Deliver or mail completed form to: Ex-Officio Secretary to the Fresno County Board of Education, 1111 Van Ness Avenue, Fresno, CA 93721-2000. Please keep one copy for your records. Attach all supporting receipts or estimates.

Print or Type Only:
1. Name of Claimant ____________________________________________________
   Last                                                      First                                                           Middle Initial

2. Mailing Address (to which Claimant desires notices to be sent):
   Street Address (or P.O. Box)                          City                                           State                 Zip Code

3. Email Address of Claimant (optional): _____________________________________________

4. Date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted (Attach a Separate Sheet of Paper, if Necessary):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. General Description of Indebtedness/Obligation/Damages/Injuries/Losses, including Prospective Injuries, Damages or Losses, to the Extent Known or Anticipated:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Name(s) of Public Employee(s) Involved (if known):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Does the amount claimed total less than $10,000 (including the estimated amount of any prospective injury, damage, or loss, insofar as it is known at this time)? _____ YES _____ NO If “yes,” please provide dollar amount claimed: $___________. If “No,” please indicate whether: ______ Claim would be an Unlimited Civil Case (Exceeds $25,000.00)
   ______ Claim would be a Limited Civil Case (Does Not Exceed $25,000.00)

"Every person who, with the intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars ($1,000.00) or by both such imprisonment and fine, or by imprisonment in the state prison, or by a fine not exceeding ten thousand dollars ($10,000.00), or by both such imprisonment and fine.” (Penal Code § 72.)

8. Signature of Claimant/Representative:   _____________________________________________ Date: __________________

YOUR CLAIM MUST BE PRESENTED WITHIN THE TIME SET FORTH IN GOVERNMENT CODE SECTION 911.2 OR IT WILL BE REJECTED
FRESNO COUNTY SUPERINTENDENT OF SCHOOLS
GOVERNMENT CLAIM FORM
(Govt. Code §§ 910, 910.2, and 910.4)

Deliver or mail completed form to: Fresno County Superintendent of Schools, 1111 Van Ness Avenue, Fresno, CA 93721-2000. Please keep one copy for your records. Attach all supporting receipts or estimates.

Print or Type Only:
1. Name of Claimant ____________________________________________________
   Last                                                      First                                                           Middle Initial
2. Mailing Address (to which Claimant desires notices to be sent):
   Street Address (or P.O. Box)                          City                                           State                 Zip Code
3. Email Address of Claimant (optional): _____________________________________________
4. Date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted (Attach a Separate Sheet of Paper, if Necessary):
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
5. General Description of Indebtedness/Obligation/Damages/Injuries/Losses, including Prospective Injuries, Damages or Losses, to the Extent Known or Anticipated:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
6. Name(s) of Public Employee(s) Involved (if known):
   ___________________________________________________________________________
   ___________________________________________________________________________
7. Does the amount claimed total less than $10,000 (including the estimated amount of any prospective injury, damage, or loss, insofar as it is known at this time)? _____ YES _____ NO If “yes,” please provide dollar amount claimed: $ ______. If “No,” please indicate whether: ______ Claim would be a Limited Civil Case (Does Not Exceed $25,000.00) or whether ______ Claim would be an Unlimited Civil Case (Exceeds $25,000.00)

“Every person who, with the intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars ($1,000.00) or by both such imprisonment and fine, or by imprisonment in the state prison, or by a fine not exceeding ten thousand dollars ($10,000.00), or by both such imprisonment and fine.” (Penal Code § 72.)

8. Signature of Claimant/Representative: _____________________________________________ Date: ____________________

YOUR CLAIM MUST BE PRESENTED WITHIN THE TIME SET FORTH IN GOVERNMENT CODE SECTION 911.2 OR IT WILL BE REJECTED