

Government Claims Program Information and Claim Form

The State Bar of California
180 Howard Street
San Francisco, CA 94105

www.calbar.ca.gov



INFORMATION AND CLAIM FORM

What kind of claims can be filed? Claims can be filed for losses you believe were caused by the action, or inaction, of the State Bar of California. Claims may include:

- Damage to real or personal property
- Personal Injury
- Contract Disputes

Who can file a claim?

Anyone who believes the State Bar of California caused him or her to suffer monetary loss can file a claim.

What are the time limits for filing a claim?

Claims relating to the death or injury of a person, or damage to personal property, must be filed no later than six months after the date of the incident. Other claims must be filed no later than one year after the date of the incident. You may want to consult an attorney if you are not sure how the time limits apply to your claim.

Instructions for filling out this form:

1	Provide the full name of the person claiming damage or injury.
2	Provide a daytime telephone number.
3	Provide an email address. (<i>Optional</i>)
4	Provide a complete mailing address. This is the location that notice of action on you claim will be sent.
5	Let us know the best way to contact you if we need to call you.
6	If the claim is being filed on behalf of a minor (someone under the age of 18), please give the minor's date of birth.
7	You may wish to consult an attorney for assistance with filing a claim, however it is not required. If an attorney or other person (such as the parent or legal guardian of a minor or conservator of an adult) is representing you, please complete this section. If this section is completed, all correspondence regarding this claim will be sent to the representative.
8	Provide a daytime telephone number, including area code, for the attorney or representative.
9	Provide an email address for the attorney or representative. (<i>Optional</i>)
10	Provide a complete mailing address for the attorney or representative.

11	Describe the relationship of the attorney or representative to the claimant.
12	<p>State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, please provide the beginning date and the most recent date it occurred.</p> <p>Late Claims:</p> <ul style="list-style-type: none"> • The State Bar must receive claims relating to the death or injury of a person, or damage to personal property, no later than six months after the date of the incident. If such a claim is filed more than six months from the date of the incident, attach a written explanation for the late filing of the claim on a separate sheet of paper. In some instances leave to present a late claim may be granted. • Claims relating to any other cause of action must be received no later than one year after the date of the incident. • Claimants may wish to consult with an attorney to determine which filing deadline applies.
13	State the name of employees against whom the claim is filed, if any.
14	Enter the total dollar amount being claimed. If you believe the damages are continuing, or anticipated in the future, show a "+" after the dollar amount. If the total dollar amount exceeds \$10,000, note whether the claim is a limited civil case or a non-limited civil case. Provide an explanation of how you computed the total amount. You may declare expenses incurred as well as expenses you expect to have in the future. Attach copies of all bills, payment receipts, and cost estimates. Retain a copy of all bills, payment receipts, and cost estimates for your own records.
15	For all claims involving real property, provide the street address where you believe the damage or injury occurred. Real property includes land, buildings and other fixed structures.
16	Describe the specific damage or injury that you believe resulted from the incident. Feel free to attach additional information to explain 16 through 18.
17	Describe in full detail the circumstances that led up to the damage or injury. State all the facts that support your claim. If it applies, describe the dangerous condition of the public property.
18	Explain why you believe the State Bar of California is responsible for the damage or injury.
19	The claimant or the claimant's attorney or representative must sign this form. The State Bar of California will not accept the claim without an original signature.
20	The claimant must send or deliver three copies of the claim, along with three copies of all supporting documentation to the State Bar's Claims Officer.

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For Office Use only
Claim No.:

Is your claim complete?

<input type="checkbox"/>	Complete all sections relating to this claim and sign the form. Please print or type all information.
<input type="checkbox"/>	Attach receipts, bills, estimates or other documents that back up your claim.
<input type="checkbox"/>	Include two copies of this form and all the attached documents with the original.

Claimant Information

1	<input type="text"/>	2	Tel: () -	
	<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
		3	Email:	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
5	Best time and method to reach you:			
6	Is the claimant under 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, give date of birth: <input type="text"/> <input type="text"/> <input type="text"/>
				<i>MM DD YYYY</i>

Attorney or Representative Information

7	<input type="text"/>	8	Tel: () -	
	<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
		9	Email:	
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
11	Relationship to claimant:		State Bar Number:	

Claim Information

12	Date of Incident: / /			
	Was the incident more than six months ago?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

13	List the name of the State Bar employee(s) against whom the claim is filed, if any:
14	Dollar amount of claim: If the amount is more than \$10,000, indicate the type of civil case: <input type="checkbox"/> Limited civil case (\$25,000 or less) <input type="checkbox"/> Non-limited civil case (over \$25,000) Explain how you calculated the amount:
15	For claims involving real property, list the location or address of the incident:
16	Describe the specific damage or injury (You may attach extra pages if necessary):
17	Explain the circumstances that led to the damage or injury (You may attach extra pages if necessary):
18	Explain why you believe the State Bar of California is responsible for the damage or injury (You may attach extra pages if necessary):

Notice and Signature

19	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (California Penal Code § 72).

Signature of Claimant or Representative

Date

20	<p>Mail the original and three copies of this form, along with three copies of all supporting documents to:</p> <p>The State Bar of California 180 Howard Street San Francisco, CA 94105 Attention: CLAIMS OFFICER/OFFICE OF THE SECRETARY</p> <p>Forms can also be hand-delivered to: The State Bar of California, 180 Howard Street, San Francisco, CA, marked "Attention Claims Officer, Office of the Secretary," during regular business hours (8:45 a.m. to 5:00 p.m.), Monday through Friday.</p> <p>Electronic versions of this form can be found on the State Bar of California's website at: https://www.calbar.ca.gov/Portals/0/documents/forms/misc/Govt-Claim-Form.pdf</p>
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