

## FILING A CLAIM AGAINST THE STADIUM AUTHORITY PROCEDURE

1. Claims, pursuant to Government Code §810, and following, for money or damage to persons and/or property (real and personal) must be filed with the Secretary of the Santa Clara Stadium Authority, c/o Secretary's Office, 1500 Warburton Avenue, Santa Clara, California 95050. The Secretary is the Santa Clara Stadium's Authority's agent for service of process. Claims must be mailed or hand delivered. Claims will not be accepted electronically. The Secretary's Office is open from 8:00 AM to 12 PM and 1:00 PM to 5:00 PM Monday through Friday. Claims will not be accepted for filing during the noon hour.
2. The attached claim form is provided for your convenience. Please read it carefully. The Government Code requires certain information be submitted in a claim against a public entity. The attached form is intended to assist you in complying with those requirements.
3. The form must be signed by the Claimant (injured party), or a duly authorized representative of the Claimant who submits proof of such representation. Use of digital signatures must comply with Government Code Section 16.5.
4. Upon receipt, a copy of the claim is forwarded to the Santa Clara Stadium Authority (Stadium Authority) Claims Administrator, Carl Warren & Company. **Carl Warren & Company may be contacted directly at (408)216-5860, for questions regarding status of a claim.** Claimants are usually contacted within two weeks after the date of filing a claim. The original claim form is filed in the City Clerk's Office and is a public record available for public inspection.
5. Acceptance of a claim by the Stadium Authority does not constitute an admission of fault or responsibility by the Stadium Authority. Submission of the attached claim form (or any other claim form) is intended only to start the Stadium Authority's claim evaluation process. The claim evaluation process takes time to gather the facts about the incident and evaluate the legal issues. There is a multiple step analytical process which follows submission of a claim. The Stadium Authority's claims administrator may contact you to discuss the claim or obtain additional information. Insufficient or incorrect information may constitute the basis for claim denial.



**CLAIM AGAINST THE SANTA CLARA STADIUM AUTHORITY**

(For Damages to Persons or Personal Property)

Stadium Authority's Office Date Stamp

Received By: \_\_\_\_\_  
 Via: U.S. Mail \_\_\_\_\_  
 Interoffice Mail \_\_\_\_\_  
 Over the Counter \_\_\_\_\_  
 Other \_\_\_\_\_

(Please do not write above this line – for Stadium Authority use only)

A claim must be filed with the Secretary of the Santa Clara Stadium Authority's within six months\* after the incident or event occurred. Be sure your claim is against the Santa Clara Stadium Authority and not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Your completed claim (original) must be mailed or delivered to: **Santa Clara Stadium Authority, Attn: Secretary's Office, 1500 Warburton Avenue, Santa Clara, California 95050.**

**TO THE HONORABLE CHAIR AND BOARD OF THE SANTA CLARA STADIUM AUTHORITY:**

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1	NAME OF CLAIMANT		DATE OF BIRTH	
	ADDRESS OF CLAIMANT		CITY	STATE ZIP CODE
	HOME PHONE	WORK PHONE	DRIVER'S LICENSE STATE AND NUMBER	
2	SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as name and address listed above.)			
3	DATE AND TIME OF INCIDENT		SPECIFIC LOCATION OF INCIDENT (Address)	
4	BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.)			
5	AUTHORITY'S ACTION (Specify action by Authority or its employees which caused alleged damage or injury.)			

\*"One year for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

6	NAME OF AUTHORITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS																
7	DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".) _____ _____																
8	OTHER INJURED PERSONS (List names and addresses.) _____ _____																
9	<p>DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than \$10,000, you need not fill in an amount, but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">ITEMS</td> <td style="width: 100px;"></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">TOTAL AMOUNT:</td> <td></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> </table> <p>Court Jurisdiction: (Check one)</p> <p style="text-align: center;">           Limited Civil:    <input type="checkbox"/>                      Unlimited Civil:    <input type="checkbox"/> </p>		ITEMS		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	TOTAL AMOUNT:		\$ _____
ITEMS		\$ _____															
_____		\$ _____															
_____		\$ _____															
_____		\$ _____															
TOTAL AMOUNT:		\$ _____															
10	WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.) _____ _____																

**WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72).**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Claimant's Signature