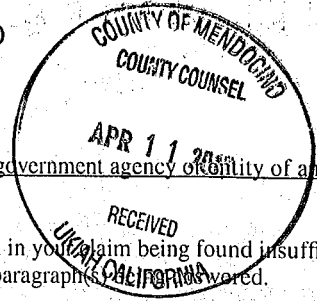


NOTICE OF CLAIM  
AGAINST THE COUNTY OF MENDOCINO  
(Government Code Section 910 et seq.)



INSTRUCTIONS (Please read carefully):

- \* Claims related to injury to person, damage to personal property, or employee claims, by any person, government agency or entity of any type, must be presented to the County within (6) months from the date of loss.
- \* Claims related to any other loss must be presented not later than (1) year from the date of loss.
- \* Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- \* If more space is needed to provide requested information, please attach additional pages identifying paragraphs of information not covered.
- \* Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors  
Attn: Clear of the Board  
501 Low Gap Road, Room 1090  
Ukiah, CA 95482

Date Received by BOS

1. Claimant's Name: Marion Audrey Phillips Daytime Phone: [REDACTED]
2. Claimant's Mailing Address: [REDACTED]
3. Home Phone: [REDACTED] Date of Loss: 11/16/16 Time of Loss: 4-6 AM
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):  
501 Low Gap Rd  
UKIAH CA 95482
5. Description of incident/accident which caused you to make this claim: I was booked on 11/16/16 with a journal & 2 hair ties which I have but when I was housed my clothes were lost when I was transferred to Solano County on 1/25/17 this was discovered. My new miss me jeans sz 25 were lost with my victorias secrets bra, underwear, nike socks, white tank top, and long sleeve cardigan.
6. What specific injury, damages or other losses did you incur? Just loss of my clothing
7. What amount of money are you seeking to recover? (check one of the boxes below)  
☒ The amount claimed is less than \$2,000. Enter the amount claimed here: \$ 200.00  
☐ The amount claimed is more than \$2,000. Enter the amount claimed here: \$ \_\_\_\_\_  
Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? Sickinger
9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

M. Audrey Phillips  
Claimant Printed Name

M. Audrey Phillips  
Claimant Signature

4/2/17  
Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

no. 1000-118 Analysis