

STATE OF CALIFORNIA
VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
GOVERNMENT CLAIMS PROGRAM REGULATIONS

Title 2, §§ 630, 631, 631.5, 632, 632.5, 632.11, 632.5, 632.6,
632.7, 632.8, 632.9, 632.10, 632.11

PROPOSED TEXT

§ 630. Definitions.

(a) As used in this article:

(1) "Board" means Victim Compensation and Government Claims Board.

(2) "Claimant" means a person submitting a claim against a State agency pursuant to Government Code Section 900 et seq.

(3) "May" means that the action or conduct is permissive.

(4) "Shall" means the action or conduct is mandatory.

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 900- 965.9, Government Code.

§ ~~630~~631. Presentation of Claims.

There shall be presented to the ~~Board of Control~~ Board all claims for money or damages against the State:

(a) For which an appropriation has been made or for which a State fund is available and which have been rejected by the Controller.

(b) For which the appropriation made or fund designated is exhausted.

(c) For which no appropriation has been made or for which no fund is available but the settlement of which has been provided for by statute or constitutional provision.

(d) For which settlement is not otherwise provided for by statute or constitutional provision.

(e) On express contract.

(f) For the taking or damaging of private property for public use within the meaning of Section 19 of Article I of the Constitution.

(g) Based upon the negligent act or omission of a state officer, servant or employee or for the dangerous condition of state property.

(h) For any other injury for which the State is liable.

~~NOTE: Authority cited: Sections 13920 and 13921, Government Code.~~

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 900- 965.9, Government Code.

§ 631.5. Contents of Claims.

All claims or amendments thereto ~~shall be filed in triplicate, shall be~~ shall include the name and post office address of the claimant, shall include the post office address where the claimant wants notices to be sent, shall be signed by the claimant or by a person acting on his behalf, shall be verified, and shall state the facts constituting the claim in simple concise language without resort to legal phraseology.

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 910, 910.2, 910.4, Government Code.

§ 632. Form of Claims.

All claims or amendments filed with the ~~State Board of Control~~ Board based upon subsections (a) through (f) of Section 630~~1~~ shall only be in substantially submitted on the form incorporated by reference with the title "Government Claim Form" and a revision date of January 2014. ~~the following form:~~

**Reserve for
Filing Stamp
Claim No.**

In the Matter of the Claim of _____
against the State of California. _____

~~The undersigned claimant hereby makes claim against the State of California in the sum of _____ dollars, and in support of said claim represents as follows:~~

- ~~1. (State the class ("a" through "f") mentioned in Section 630 in which the claim belongs.)~~
- ~~2. (State the date, place and other circumstances of the occurrences or transactions which gave rise to the claim.)~~
- ~~3. (Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as known.)~~
- ~~4. (Show how the amount claimed above was computed, including the estimated amount of any prospective injury or damage.)~~
- ~~5. (Cite the status, if any, making the appropriation or providing for the settlement of the claim or designating the fund involved.)~~

Claimant

Address

Dated: _____

Send notices to:

(Claim to be filed in triplicate)

STATE OF CALIFORNIA,
_____) ss.
County of _____)

_____, being by me first duly sworn, deposes and says: That he is the claimant above named, that he has read the foregoing claim and knows the contents thereof, that the same is true of his own knowledge except as to those matters therein stated on information and belief, and as to those matters that he believes it to be true.

Claimant's Signature

Subscribed and sworn to before me
this

_____ day of _____, 19____.

Notary Public in and for the County
of _____, State of California.

**FOLLOWING FORM OF VERIFICATION TO BE USED
IF CLAIMANT IS A CORPORATION**

STATE OF CALIFORNIA, ss.
County of _____)

_____, being by me first duly sworn, deposes and says: That he is the _____ of _____, a corporation, the claimant herein, that he has read the foregoing claim and knows the contents thereof, that the same is true of his own knowledge except as to those matters therein stated on information and belief, and as to those matters that he believes it to be true.

Claimant's Signature

Subscribed and sworn to before me
this

_____ day of _____, 19____.

Notary Public in and for the County
of _____, State of California.

NOTICE

Section 72 of the Penal Code provides:
"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any country, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."

Note: Authority cited: Section 13920, Government Code.
Reference: Sections 910, 910.2, 910.4, 935.6, Government Code.

§ 632.5 Form of Claims Involving Negligence, or the Dangerous Condition of State Property, or Other Injuries for Which the State Is Liable

All claims or amendments filed with the State Board of Control based upon subsections (g) or (h) of Section 630 shall be in substantially the following form:

**Reserve for
Filing Stamp**
Claim No. _____

In the Matter of the Claim of _____
against the State of California. _____

The undersigned claimant hereby makes claim against the State of California in the sum of \$ _____ and in support of said claim represents as follows:

- 1. When did damage or injury occur? (Give exact date and hour.)
- 2. Where did the damage or injury occur?
- 3. How did the damage or injury occur? (Give full details.)
- 4. What particular act or omission on the part of state officers, servants or employees caused the injury or damage?
- 5. What are the names of the state officers, servants or employees causing the damage or injury?
- 6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed.)
- 7. How was the amount claimed above computed? (Include estimated amount of any prospective injury or damage.)

Name and address of witnesses, doctors and hospitals:
Expenditures made on account of accident or injury:

Date:	Item:	Amount
_____	_____	\$ _____
_____	_____	\$ _____

Claimant

Address

Send Notices to:

(Claim to be filed in triplicate)

STATE OF CALIFORNIA,

County of _____ ss.

_____, being by me first duly sworn, deposes and says: That he is the claimant above named, that he has read the foregoing claim and knows the contents thereof, that the same is true of his own knowledge except as to those matters therein stated on information and belief, and as to those matters that he believes it to be true.

Claimant's Signature
Subscribed and sworn to before me
this _____ day of _____, 19____.

Government Claims Program Fee Waiver Request Packet

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov



Information

Filing Fee for Government Claims Program

Beginning August 17, 2004, anyone wishing to file a government claim for money or damages against the state must pay a \$25 filing fee unless the person qualifies for a fee waiver. (Gov. Code, § 905.2(b).)

To request a fee waiver, you must fill out this Affidavit for Waiver of Government Claims Filing Fee and Financial Information Form.

Instructions for filling out this form:

1	Provide the full name of the person requesting the fee waiver.
2	Provide a daytime telephone number.
3	If you already have a claim number and you know what it is, provide it here.
4	Provide complete contact information for your employer and your spouse's employer, if applicable.
5	Check yes if you are receiving financial assistance under Supplemental Security Income (SSI), State Supplemental Payments Programs (SSPP), Calworks, food stamps, county relief, general relief or general assistance. If you answered yes in this category check all types of assistance you get, then complete step 24 . If you checked no , continue to step 6 .
6	Check the box that matches the number of people in your household and your total household monthly income. For instance, if you live alone and your gross income is \$969.79 or less, check A . If there are five people in your household and the total household income is \$2,294.79 or less check E . If there are more than 8 people in your household, calculate the income limit by adding \$331.25 for each person to the income level for an eight person household, \$3,288.54. List the number in your household and total household income in I . If you checked any box in this step, complete steps 9 through 15 then skip to step 24.
7	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, provide your Inmate Identification Number, and skip to steps 23 and 24 and complete them.
8	If you cannot pay for the common items needed for daily life, such as food, shelter, medical bills, clothing and transportation for you and your household members, check yes in this category. You do not need to check this category if you have already answered yes to 5 or 7 or if you checked one of the boxes in 6 . If you check yes to this question, fill in steps 9 through 24.

9	What is your gross monthly income, before any payroll deductions?
10	If your income changes each month, the amounts you report should be an average for the past twelve months.
11	Enter the number of persons living in your home who depend on you in whole or in part for your support, or on whom you depend in whole or in part for support. List their name, age, relationship to you, and their monthly income in A through F .
12	List all other money you get each month. Specify the source and amount. Include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings.
13	Add 12 A through F to find your total other income each month.
14	Add 9 (your gross monthly income) plus 13 (your total other income) to find your total monthly income .
15	Add 9 (your gross monthly income), plus 11 A through F (other household members' income) and 13 (your total other income) to find your total gross monthly household income .
16	List all your payroll deductions. Payroll deductions include items like state and federal taxes, social security (FICA), Medicare, health insurance and retirement contributions
17	Add 16 A through H to determine your total monthly payroll deductions .
18	Subtract 17 (total payroll deductions) from 9 (gross monthly pay) to find your take home pay .
19	Add 18 (your take home pay) to 13 (your total other income) to find your net monthly income .
20	List all the property you own or have an interest in. If you have other personal property such as jewelry, furniture, furs, stocks, or bonds, list them separately on another piece of paper.
21	List all your monthly expenses. Use additional paper if needed. In J specify what your installment payments are for, such as a credit card or bank loan. In K specify what the wage assignment, earnings withholding, or garnishment is for.
22	Add 21 A through M to determine your monthly expenses .
23	If you answer yes to this question, make sure that your name or your claim number is on each sheet you attach.
24	Sign and date this form.
	Mail this form to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Ste. 400, Sacramento, CA 95812-3530. Call the Government Claims Program at 1-800-955-0045 if you have any questions.

AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS FILING FEE AND FINANCIAL INFORMATION FORM

In Forma Pauperis

California Victim Compensation and Government Claims Board
 P.O. Box 3035
 Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

Claimant Information

1		2	Tel: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	<i>Last name</i>	<i>First Name</i>	<i>MI</i>

3	Claim Number (if known): <input type="text"/>
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Employment Information

4	My occupation:			
	My employer:			
	<i>Employer's Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	My spouse's or partner's employer:			
	<i>Employer's Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Financial Information

5	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, proceed to step 6. If yes, check all that apply, then skip to step 23.

- SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
- Calworks: California Work Opportunity and Responsibility to Kids Act
- Food Stamps
- County Relief, General Relief, or General Assistance

6	Number in my household and my gross monthly household income, if it is the following amount or less:
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	Number	Monthly family income		Number	Monthly family income
A	<input type="checkbox"/> 1	\$969.79	F	<input type="checkbox"/> 6	\$2,626.04
B	<input type="checkbox"/> 2	\$1,301.04	G	<input type="checkbox"/> 7	\$2,957.29
C	<input type="checkbox"/> 3	\$1,632.29	H	<input type="checkbox"/> 8	\$3,288.54
D	<input type="checkbox"/> 4	\$1,963.54	I	<input type="checkbox"/>	There are more than 8 people in my family
E	<input type="checkbox"/> 5	\$2,294.79			Add \$331.25 for each person.
					Number: <input type="text"/> Total Income: <input type="text"/>

If you checked a box in step 6 A through I, skip to step 9.

7	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.
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Inmate Identification Number:

8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, fill in steps 9 through 24.

Monthly Income and Expenses

9	My gross monthly pay is: \$	10	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No				
11	Number of persons living in my home:		12	Other money I get each month			
	Name	Age	Relationship	Monthly Income	Source:		
	A			\$	A	\$	
	B			\$	B	\$	
	C			\$	C	\$	
	D			\$	D	\$	
	E			\$	E	\$	
	F			\$	F	\$	
15	My total gross monthly household income:		13	Total other money:	\$		
16	My payroll deductions are:		14	My monthly income:	\$		
	A	\$	E	\$			
	B	\$	F	\$			
	C	\$	G	\$			
	D	\$	H	\$			
	17	My total payroll deduction amount is:		\$			
18	My monthly take home pay is \$		19	My net monthly income:	\$		
20	I own or have interest in the following property:						
	A	Cash	\$	C	Cars, other vehicles, and boats (List make and year)		
	B	Checking and savings (List banks):			Property	Value	Loan Balance
		1)	\$	1)		\$	\$
		2)	\$	2)		\$	\$
		3)	\$	3)		\$	\$
		4)	\$	D	Real estate (List addresses)		
		1)				\$	\$
		2)				\$	\$
21	My monthly expenses are:						
	A	Rent or house payment	\$	J	Installment payments (specify)		
	B	Food and household supplies	\$		1)		\$
	C	Utilities and telephone	\$		2)		\$
	D	Clothing	\$		3)		\$
	E	Laundry and cleaning	\$		Total installment payments:		\$
	F	Medical and dental	\$	K	Wage assignment or withholdings		\$
	G	Insurance	\$	L	Spousal or child support		\$
	H	School, child care	\$	M	Other:		
	I	Transportation and auto expenses	\$		1)		\$
					2)		\$
					Total other expenses:		\$
22	Total monthly expenses:						\$
23	I have attached other information that supports this application on a separate sheet.					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature Section

I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.

Signature of Claimant

Date

*Note: Authority cited: Section 13920, Government Code.
Reference: Sections 905.2, Government Code.*

§ 632.6. Notice of Insufficiency.

The Attorney General or other attorney authorized to represent the State is designated to give written notice of insufficiency of any claim within the time and manner prescribed by Government Code Section 910.8. A copy of such notice shall be forwarded to the State Board of Control and no action will be taken by the Board on the claim for a period of 15 days after such notice is given.

The Board may give written notice of the insufficiency of a claim within the time and in the manner prescribed by Government Code Section 910.8. The written notice of insufficiency shall state with particularity the defects ~~of~~ or omissions therein and shall be given in the manner prescribed by Government Code Section 915.4.

*Note: Authority cited: Section 13920, Government Code.
Reference: Sections 910, 910.2, 910.4, 915.4, Government Code.*

§ 632.7. Time for Presenting Claim.

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented to the ~~Board of Control~~ Board not later than ~~the 100th day~~ six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented to the ~~Board of Control~~ Board not later than one year after the accrual of the cause of action.

(a) For the purpose of calculating the time for presenting a claim to the Board pursuant to this section, "any other cause of action" shall be defined as claims related to an alleged breach of a contract with the State of California, claims for damage to real property, or claims for purely economic damages.

(1) For the purpose of calculating the time for presenting a claim for an alleged breach of a contract with the State of California pursuant to this section, the date of the accrual of the cause of action is the date of each individual alleged breach occurred, or the date each individual alleged breach was, or reasonably should have been, discovered.

(2) The Board shall not consider claims alleging breach of contract after one year from the date of accrual of each individual breach.

NOTE: Additional authority cited: ~~Section 911.2, Government Code.~~

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 911.2, 911.3, 911.4, 911.6, 915, 915.2, Government Code.

§ 632.8. Presenting Application to Present Late Claim.

(a) When due to mistake, inadvertence, surprise or excusable neglect, a claim required under Section 6332.7 to be filed within ~~400 days~~ six months after the accrual of a cause of action is not filed within ~~such 400-day period~~ six months, the claimant may present a written application to the Board for leave to present such claim. Such application must be presented within a reasonable time not to exceed one year after the accrual of the cause of action and shall state fully the reason for the delay in presenting the claim. The proposed claim shall be attached to the application and shall in form comply with these rules.

(b) Such application shall be granted or denied by the ~~Board of Control~~ Board within 45 days after its presentation to the Board.

(c) ~~Automatic Rejection-Denial.~~ If the application is not acted on by the Board within the time prescribed in this section, the application will be deemed ~~rejected~~ denied by the Board on the last day of the period within which the Board is required to act on the application.

(d) Extension of Time. By written agreement, the applicant and the ~~Attorney General or other attorney authorized to represent the State~~ Board may extend the period within which the ~~State Board of Control~~ Board is required to act on the application.

(e) When an application for leave to file a late claim is presented to the State Board of Control pursuant to Government Code Section 911.4, the Secretary of the Board shall may furnish the Attorney General or other attorney authorized to represent the State with a copy of such application and the Attorney General or other attorney authorized to represent the State may present affidavits of other evidence in opposition to the application.

(f) In reviewing the application, the Board shall consider whether the State has been prejudiced by the failure to present the claim within the time required by these rules. If the application is granted, the claim shall be deemed to have been presented to the Board upon the day that leave to present the claim was granted.

NOTE: Authority cited: ~~Sections 911.4 and 911.6, Government Code.~~

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 911.2, 911.3, 911.4, 911.6, 911.8, 912.2, 912.4, 915, 915.2, Government Code.

§ 632.9. Notice and Hearing.

(a) At least 10 days prior to the date set for final action by the ~~State Board of Control Board~~, written notice of the time and place of hearing by the ~~State Board of Control Board~~ of the claim, amendment or application to file a late claim, unless waived by claimant, shall be mailed by the Board to the address, if any, stated in the claim as the address to which the person presenting the claim desires notice to be sent. If no such address is stated in the claim, the notice may be mailed to the address, if any, of the claimant as stated in the claim. No notice will be given when the claim fails to state either an address to which the person presenting the claim desires notices to be sent or an address of the claimant.

(b) At the hearing, and in the discretion of the Board, oral testimony and written instruments may be introduced without regard to the legal rules of evidence.

(c) In reaching their decision, and when reporting to the Legislature concerning the claim, the members of the Board may state and use any official or personal knowledge they may have touching the claim.

(d) If the Board approves or recommends a claim, and no sufficient appropriation for payment thereof is available, the Board, with the approval of the Governor, shall report to the Legislature such facts and recommendations concerning the claim as it deems proper.

(e) Upon the allowance by the Board of all or part of a claim for which a sufficient appropriation exists, and the execution and presentation of such documents as the Board may require which discharge the State, its officers, agents, servants and employees, of all liability under the claim, the Board shall designate the fund from which the claim is to be paid and the State agency concerned shall pay the claim from such fund.

~~NOTE: Additional authority cited: Section 915.4, Government Code.~~

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 905.5, 911.8, 912.8, 913, 920, 920.2, 925.4, 925.8, Government Code.

§ 632.10. Board Action on Claims.

(a) The ~~Board of Control~~ Board shall act on a claim presented in accordance with the rules within 45 days after the claim has been presented or, if the claim is amended, within 45 days after the amended claim is presented.

(b) Automatic Rejection. If the claim is not acted on by the Board within the time prescribed in this Section, the claim will be deemed rejected by the Board on the last day of the period within which the Board is required to act on the claim.

(c) Extension of Time. By written agreement, the claimant and ~~Attorney General or other attorney authorized to represent the State~~ the Board may extend the period within which the ~~State Board of Control~~ Board is required to act on the claim. ~~A copy of such written agreement shall be forwarded to the State board of Control by the Attorney General or other attorney authorized to represent the State~~

(d) The Board may reject any claim which, due to its complexity, the Board determines is beyond its ability to investigate. Notice of the Board's action shall be given in accordance with Government Code Section ~~912.4(e)~~ 915.4.

(e) All claims submitted by inmates of a State adult correctional facility, juvenile correctional facility, or county jail which are compliant with ~~Section~~ Government Code Section 911.2 may be presumed to be complex and may be rejected by the Board.

(f) The Board may, within the time prescribed by Section 945.6 for commencing an action ~~in on~~ a claim, reconsider for purposes of settlement an allowed or partially allowed claim if the claimant rejects the amount allowed by the Board.

NOTE: Additional authority cited: ~~Sections 911.6, Government Code.~~

Note: Authority cited: Section 13920, Government Code.

Reference: Sections 910.6, 911.6, ~~912.4~~ 915.4, 913.2, Government Code.

§ 632.11. Settlement of Claims

~~Where the claim is not covered by insurance the Attorney General on behalf of all state agencies, except the Department of Transportation, and the Director of the Department of Transportation on behalf of the Department of Transportation are authorized, subject to any instructions which may be issued by the Board from time to time, to investigate and recommend to the Board the disposition of all claims involving personal injury, wrongful death, and property damage.~~

~~The Attorney General on behalf of all state agencies except the Department of Transportation and the Director of the Department of Transportation are also authorized to adjust and pay all such claims where the settlement does not exceed one thousand dollars (1,000) and where a sufficient appropriation exists, providing the Board is~~

~~presented with a statement of the basis of the claim, the amount of the settlement, and the claimant's agreement therewith, and the Board approves such settlement.~~

~~Nothing contained herein shall preclude the Board from investigating a claim by assignment to the hearing officer or otherwise or from receiving recommendations from any other governmental agency.~~

§ 632.11. Litigation Against the Victim Compensation and Government Claims Board.

The Board shall not be named as a defendant in court actions filed by claimants whose claim has been rejected unless the Board was listed as the agency against which the original claim was filed.

Note: Authority cited: Section 13920, Government Code.