

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

RECEIVED AT MENDOCINO
COUNTY BOARD OF SUPERVISORS
DEC 30 PM 2:35

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 paragraph(s) being answered.
- * Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors
Attn: Clerk of the Board
501 Low Gap Road, Room 1010
Ukiah, CA 95482

Date Received by BOS

1. Claimant's Name: DEAN GIESE Daytime Phone: [REDACTED]
2. Claimant's Mailing Address: [REDACTED]
3. Home Phone: [REDACTED] Date of Loss: 7/1/15 Time of Loss: 5pm
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):
Loss of employment as employee of Sheriff's Department.
5. Description of incident/accident which caused you to make this claim:
Sheriff terminated employment, claiming a abandonment of job / AWOL. County failed to provide a pre-termination hearing pursuant to Govt Code 3304(d).
6. What specific injury, damages or other losses did you incur? Loss of constitutional right to Due Process, loss of employment, benefits, retirement
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: \$ _____
 The amount claimed is more than \$2,000. Enter the amount claimed here: \$ \$25,000+
 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? Thomas Allman, Randy Johnson, Richard Spurling
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.

Dean Giese
Claimant Printed Name

Dean Giese
Claimant Signature

12/29/2015
Date Signed