

CLAIM

BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY

BOARD ACTION: 11/14/2017

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by )  
the Board of Commissioners, Routing Endorsements, )  
and Board Action. All Section references are to )  
California Government Codes. )

The copy of this document mailed to you is your  
notice of the action taken on your claim by the  
Board of Commissioners (Paragraph IV below), given  
Pursuant to Government Code Sections 913, 915.2,  
915.4. Please note all "Warnings".

RECEIVED

OCT 30 2017

COUNTY COUNSEL  
MARTINEZ, CALIF.

AMOUNT: \$500,000.00

CLAIMANT: Marcia Kowlessar

ATTORNEY: Joseph K. Bravo

ADDRESS: 1315 7th Avenue

San Francisco CA 94122

BY DELIVERY TO COB ON:

BY MAIL TO COB POSTMARKED: 10/26/2017

I. FROM: Board of Commissioners

TO: County Counsel

Attached is a copy of the above-noted claim.

DAVID TWA, Clerk

By: Deputy

Dated: 10/30/2017

II. FROM: County Counsel

TO: Board of Commissioners

☒ This claim complies substantially with Sections 910 and 910.2.

☐ This Claim FAILS to comply substantially with Sections 910 and 910.2, and we  
are so notifying claimant. The Board cannot act for 15 days (Section 910.8).

☐ Claim is not timely filed. The Clerk should return claim on ground that it was filed late and  
send warning of claimant's right to apply for leave to present a late claim (Section 911.3).

Other:

Dated: Oct. 30, 2017

By:

, Deputy County Counsel

III. FROM: The Board of Commissioners

TO: County Counsel (1)

County Administrator (2)

( ) Claim was returned as untimely with notice to claimant (Section 911.3).

Dated: DAVID TWA, CLERK, By , Deputy Clerk

IV. BOARD ORDER: By unanimous vote of the Commissioners present:

( ) This Claim is rejected in full.

( ) Other:

I certify that this is a true and correct copy of the Board's Order entered in its minutes for this date.

Dated: David Twa, CLERK, By , Deputy Clerk

WARNING (Gov. Code section 913)

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a  
court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this  
matter. If you desire to consult an attorney, you should do so immediately. \*For Additional Warning See Reverse Side of This Notice.

AFFIDAVIT OF MAILING

I declare under penalty of perjury that I am now, and at all times herein mentioned, have been a citizen of the United States, over age 18; and  
that today I deposited in the United States Postal Service in Martinez, California, postage fully prepaid a certified copy of this Board Order and  
Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated: DAVID TWA, CLERK, By , Deputy Clerk

- A. 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 not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action.  
(Gov. Code § 911.2.)
- B. Claims must be filed with the Clerk of the Board of Supervisors at its office in Room 106, County Administration Building, 651 Pine Street, Martinez CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- D. If the claim is against more than one public entity, separate claims must be filed against each public entity.
- E. Fraud- See penalty or fraudulent claims, Penal Code Sec. 72 at the end of this form.

**RECEIVED**  
OCT 30 2017  
CLERK BOARD OF SUPERVISORS  
CONTRA COSTA CO.

Personal Injuries, Head Injury, Neck Pain, Post Traumatic Syndrome, Loss of Cognitive Ability, Head + Neck Pain

- | <u>DATE</u> | <u>TIME</u> | <u>AMOUNT</u>  |
|-------------|-------------|--|
|             |             | Medicare pays for medical expense<br>except about \$10000 paid out<br>of pocket for pain killers |

**Abstract**

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Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account voucher, or writing, is punishable either by imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.

**BRAVO LAW OFFICES**

ATTORNEYS AT LAW

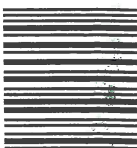
1315 - 7TH AVENUE

SAN FRANCISCO, CA 94122

7017 0530 0001 0950 6484



1000



94553

U.S. POSTAGE

SAN FRANCISCO, CA

OCT 26 17

AMOUNT

**\$0.03**

R2305K131120-39

Clerk of the Board of Supervisors  
County Administration Building, Room # 106  
651 Pine Street  
Martinez, CA 94553

**RECEIVED**

OCT 30 2017

CLERK BOARD OF SUPERVISORS  
CONTRA COSTA CO.

