

**RESOLUTION NO. 2009-20**

A RESOLUTION OF THE BOARD OF DIRECTORS OF  
THE PHELAN PINON HILLS COMMUNITY SERVICES DISTRICT  
ESTABLISHING REGULATIONS FOR THE  
PRESENTATION OF CLAIMS AGAINST THE DISTRICT

WHEREAS, the Phelan Pinon Hills Community Services District (“the District”) is a public agency organized and operating pursuant to the Community Services District Law, California Government Code Section 61000 et seq.;

WHEREAS, pursuant to Government Code Section 61119, all claims for money or damages against the District are governed by the California Tort Claims Act, Government Code Section 900 et seq. (“the Act”);

WHEREAS, Government Code Section 905 lists thirteen categories of claims that are exempt from the general requirement under the Act that a party with a cause of action for money or damages against the District must first present a written claim directly with the District, which must then be denied or rejected before the claimant may file a lawsuit;

WHEREAS, Government Code Section 935 nevertheless specifically empowers the District to establish its own policies and procedures for the presentation of those claims against it which are excepted by Government Code Section 905, so long as the procedures established are similar to, and not more restrictive than, those set forth in the Act with respect to claims not excepted by Government Code Section 905;

WHEREAS, Government Code Section 910.4 requires claimants to use a form provided by the District specifying the information to be contained in a claim; and

WHEREAS, Government Code Section 910.4 further provides that the District may return any claim which is not presented using the form adopted by the District’s Board of Directors.

NOW, THEREFORE, BE IT RESOLVED by the District’s Board of Directors that a standard form for claims against the District be hereby adopted and that, pursuant to the authorization granted by Government Code Section 935, the following procedures be adopted with respect to claims excepted by Government Code Section 905:

**Section 1. Presentment of Claims - Prerequisite for Bringing Suit.** There shall be presented in accordance with this Resolution, and as a prerequisite to filing suit against the District, all claims for money or damages not governed and controlled by Part 3 (commencing with Section 900) Division 3.6 of Title 1 of the California Government Code, and which are more specifically listed as exceptions in Section 905 of Chapter 1, Part 3, provided that the claims covered by this section are not governed by any other statutes or regulations expressly relating thereto.

**Section 2. Claims Presented.**

- (a) Those claims required by this Resolution shall be presented to the District's Board of Directors on a standard form, which shall be provided by the District to claimants on request, and in accordance with and in the manner provided in Part 3 (commencing with Section 900) of Division 3.6 of Title 1 of the California Government Code as contained in Article 1 of Chapter 2 entitled "Presentation and Consideration of Claims," and Article 2 of Chapter 2 entitled "Manner of Presentation and of Giving Notice."
- (b) Any claims received by the District which are not presented on the prescribed form shall be returned to the claimant along with a copy of the standard form and an explanation that the claim must be submitted on the approved form in order to be accepted for consideration.

**Section 3. Suits Prohibited Until Written Claim Acted Upon.** No suit for money or damages may be brought against the District on a cause of action for which a claim is required to be presented in accordance with this Resolution until the claim has been acted upon by the District's Board of Directors or has been deemed rejected pursuant to the applicable provisions of the Act.

**Section 4. Six Months Statute of Limitations - Exception.**

- (a) Except as provided in subdivision (b), any suit brought against the District for which a claim is required to be presented in accordance with this Resolution must be commenced within six (6) months after the date the claim is acted upon or deemed rejected by the District's Board of Directors.
- (b) If a claimant is unable to commence a suit on a cause of action described in subdivision (a) within the time prescribed in that subdivision because he or she has been sentenced to imprisonment in a state prison, such suit must be commenced within six (6) months after the date that the civil right to commence such action is restored to such person. A claimant sentenced to imprisonment in a state prison may not commence such suit unless he or she presented a claim in accordance with this Resolution within the time prescribed therein.

**Section 5. Suit Prohibited Where Full Payment or Compromise Effected.** Where a claim that is required to be presented to the District in accordance with this Resolution is so presented and action thereon is taken by the District's Board of Directors:

- (a) If the claim is allowed in full and the claimant accepts the amount allowed, no suit may be maintained on any part of the cause of action to which the claim relates.
- (b) If the claim is allowed in part and the claimant accepts the amount allowed, no suit may be maintained on any portion of the cause of action where, pursuant to a requirement of the District's Board of Directors to such effect, the claimant has accepted the amount allowed in settlement of the entire claim.



**Section 6. Authorization to Delegate the Power to Compromise Any Pending Action.**  
The District's Board of Directors may compromise any claim or pending action against the District, or may delegate such authority to its attorney or to the District's General Manager.

BE IT FURTHER RESOLVED by the District's Board of Directors that the District's General Manager is hereby authorized to create and amend in a manner consistent with the Act a standard form entitled "Claim Against the Phelan Pinon Hills Community Services District" for distribution to potential claimants upon their request for their use in presenting to the District's Board of Directors possible claims against the District.

BE IT FURTHER RESOLVED by the District's Board of Directors that this Resolution shall take effect immediately upon its adoption.

ADOPTED this 16<sup>th</sup> day of December, 2009.

AYES:           Morrissette, Johnson, Roberts, Fahlender  
NOES:  
ABSTAIN:  
ABSENT:       Anderson

  
\_\_\_\_\_  
President

ATTEST: \_\_\_\_\_  
Secretary

**CLAIM AGAINST THE PHELAN PINON HILLS COMMUNITY SERVICES DISTRICT**

Date Received:

Time Received: \_\_\_\_\_ a.m./p.m.

CLAIM NO.: \_\_\_\_\_

**SUBMIT THE COMPLETED CLAIM FORM WITH ANY ATTACHMENTS TO:**

PHELAN PINON HILLS COMMUNITY SERVICES DISTRICT

4037 Phelan Road, Suite C-1

Post Office Box 294049

Phelan, California 92329-4049

(760) 868-1212

TO THE BOARD OF DIRECTORS OF THE PHELAN PINON HILLS COMMUNITY SERVICES DISTRICT:

The undersigned respectfully submits the following claim and information relative to a claim for damages:

1. NAME OF CLAIMANT: \_\_\_\_\_

a. ADDRESS OF CLAIMANT: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

b. PHONE NUMBER: Home: \_\_\_\_\_ Business: \_\_\_\_\_

c. DATE OF BIRTH: \_\_\_\_\_

d. SOCIAL SECURITY NO.: \_\_\_\_\_

e. DRIVER'S LICENSE NO.: \_\_\_\_\_

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above: \_\_\_\_\_

3. Occurrence or event from which the claim arises:

a. DATE: \_\_\_\_\_

b. TIME: \_\_\_\_\_

c. LOCATION (be as specific as possible): \_\_\_\_\_

d. Specify the circumstances of the occurrence, event, act or omission which you claim caused the injury, damage or loss (attach additional pages if necessary):

e. State how or in what manner the Phelan Pinon Hills CSD or its employees were at fault:

4. Give a description of the injury, damage or loss incurred so far as is known at the time of this claim. If there were no injuries, state "no injuries." (If your claim involves a vehicle, include the license, year, make and model.)

5. Give the name(s) of the Phelan Pinon Hills CSD employee(s) causing injury or loss, if known:

6. Name and address of any other person(s) injured:

7. Name and address of the owner of any damaged property:

- d. Amount of damages claimed:  
G Less than \$10,000  
G More than \$10,000
9. Damages claimed (if less than \$10,000):  
a. Amount claimed as of this date \$ \_\_\_\_\_  
b. Estimated amount of any future costs \$ \_\_\_\_\_  
c. Total amount claimed \$ \_\_\_\_\_  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
\_\_\_\_\_
10. Names and addresses of all witnesses, hospitals, doctors, etc. (attach additional pages if necessary):  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_
11. Any additional information that might be helpful in considering the claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM**  
(PENAL CODE ' 72; INSURANCE CODE SECTION ' 556.1)

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 DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT OR CLAIMANT'S ATTORNEY