

CLAIM

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY

May 19, 2026

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by)
the Board of Supervisors, 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 Supervisors
(Paragraph IV below), given Pursuant to Government Code
Sections 913, 915.2, 915.4. Please note

RECEIVED

APR 15 2026

AMOUNT: \$200.00

CLAIMANT: Victoria Gutierrez

ATTORNEY:

ADDRESS: No address given

COUNTY COUNSEL
MARTINEZ, CALIF.

BY DELIVERY TO COB ON:

BY MAIL TO COB POSTMARKED: 4/13/2026

I. FROM: Clerk of the Board of Supervisors

TO: County Counsel

Attached is a copy of the above-noted Claim.

Dated: April 15, 2026

By: [Signature], Deputy

II. FROM: County Counsel

TO: Clerk of the Board of Supervisors

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 the claim on the 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: 4-15-26

By: [Signature] Deputy County Counsel

III. FROM: Clerk of the Board

TO: County Counsel (1)

County Administrator (2)

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

Dated: _____

By: _____, Deputy

IV. STAFF REPORT: By unanimous vote of the Supervisors 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: 05/19/26 MONICA NINO, Clerk, By [Signature]

Deputy Clerk

WARNING (Gov. Code section 913)

Subject to certain exceptions, you have only six (6) months from the date of 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 with 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: 05/19/26 MONICA NINO, Clerk, By [Signature]

Deputy Clerk

This warning does not apply to claims which are not subject to the California Tort Claims Act, such as actions in inverse condemnation, actions for specific relief such as mandamus or injunction, or Federal Civil Rights claims. The above list is not exhaustive and legal consultation is essential to understand all the separate limitations periods that may apply. The limitations period within which suit must be filed may be shorter or longer depending on the nature of the claim. Consult the specific statutes and cases applicable to your particular claim.

The County of Contra Costa does not waive any of its rights under California Tort Claims Act nor does it waive its rights under the statutes of limitations applicable to actions not subject to the California Tort Claims Act.

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY
INSTRUCTIONS TO CLAIMANT

- 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 located at: County Administration Building, 1025 Escobar Street, 1st Floor, 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.

RE: Claim By:

Victoria Gutierrez)

Against the County of Contra Costa or)

Contra Costa County District)

(Fill in the name))

Reserved for Clerk's filing stamp



The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$ 200⁰⁰ and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)
December 2025
2. Where did the damage or injury occur? (Include city and county)
Concord Health Center Concord CA 3052 Willow Park
3. How did the damage or injury occur? (Give full details; use extra paper if required)
Handed to provider but provider refused gift card 94520
Eventually provider took card & patient left
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?
When patient came to another appt
provider shared upable to keep gift & gave to
clinic but did not know what occurred
5. What are the names of county or district officers, servants or employees causing the damage or injury?
The provider (Fernandez) directed patient
to talk to Manager Kelley Taylor & police to patient.
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.)
The amount of gift was \$200.00
Manager Kelley Taylor did not know where
gift came from. No dent for alert to auditors for a

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) \$200 -

8. Names and addresses of witnesses, doctors and hospitals: 3052 Willow Park
Concord CA 94520

9. List the expenditures you made on account of the accident or injury:

<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
12/2005	Unknown Time	Unknown exact date

) Gov. Code Sec. 910.2 provides "The claim shall be)
signed by the claimant or by some person on his
behalf.)

SEND NOTICES TO: (Attorney) _____)
Name and address of Attorney _____)

) )
(Claimant's Signature)

) _____)
(Address)

Telephone No. _____) Telephone No. (925) 849-2504

PUBLIC RECORDS NOTICE:

Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical records, are also subject to public disclosure.

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 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.

CONTRA COSTA
HEALTH SERVICES



CONCORD
HEALTH CENTER

3052 Willow Pass Road
Concord, California
94519-2567

FIRST-CLASS



ZIP 94520 \$000.74⁰
02 7M
0008026951 APR 13 2026

Country Admiral Blvd
10055 Escobedo St #104
Martinez Ca
94553

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