

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 ~~read~~ **RECEIVED**

AMOUNT: \$100,000.00

APR 24 2026

CLAIMANT: Danny Lamont Hamilton #CC22MX910

COUNTY CLERK
MARTINEZ, CALIF.

ATTORNEY: Alexander "Sacha" Mount

ADDRESS: 877 Ygnacio Valley Road, Suite 220
Walnut Creek, CA 94596

BY DELIVERY TO COB ON: _____

BY MAIL TO COB POSTMARKED: 4/22/2026

I. FROM: Clerk of the Board of Supervisors

TO: County Counsel

Attached is a copy of the above-noted Claim.

Dated: April 24, 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: 4-24-26

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.

04-19-2026

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:

Reserved for Clerk's filing stamp

Danny Lamont Hamilton)
CC22MX910)
 Against the County of Contra Costa or)
County of Contra Costa District))
 (Fill in the name))
)
)



The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$ 100,000.00 and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour) 12/09/25, prior to serving of breakfast approximately 1:19am
2. Where did the damage or injury occur? (Include city and county) Martinez Detention Facility, 901 Court St, 1000 Ward St, Building/module "E" cell no. 7, County of Contra Costa
3. How did the damage or injury occur? (Give full details; use extra paper if required) My confidential legal mail postdated 12/02/2025 from office of the clerk, U.S. District Court, Northern District of California, 1301 Clay St, 400 S. Tower, Oakland, CA 94612-5212, via deputy R. or M. Smith priority opened to issuance to me
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury? Failure to follow sheriff Dept. policy no. CSB 2.17.01, section III "Procedure", subsection D, 2, and the U.S. const. 4th Amend regarding safety and security of papers against unreasonable search and seizures, where here info jeopardized, didn't receive all documents
5. What are the names of county or district officers, servants or employees causing the damage or injury? Sheriff David O. Livingston, deputy R. or M. Smith, etc.
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.) Confidential/Legal information jeopardized as well as compromised

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) **\$100,000.00 in punitive damages**

8. Names and addresses of witnesses, doctors and hospitals:

**901 Court St / 1000 Ward St., Martinez, CA 94553
deputy R. or M. Smith**

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

DATE	TIME	AMOUNT
12-09-25	45 min.	administrative grievance/appeal
12-13-25	30 min.	"
12-14-25	15 min.	"
12-17-25	15 min	"

) Gov. Code Sec. 9110.2 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

**Mount Law P.C.
Alexander "Sacha" Mount
877 Ygnacio Valley Road,
Suite 220**

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Danny T. Hamilton 04-19-2026
(Claimant's Signature)

901 Court St. Martinez, CA 94553
(Address)

1000 Ward St., Martinez, CA 94553

Telephone No. **(925) 658-5604**

Telephone No. **N/A**

*** Attachment: 3rd/final level appeal attempt (yellow receipt)**

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.



see 12-17-25 pink copy of vgt. to dep. McQuive asking for the white business copy of this 12/17/25 dated appeal to be sent to inmate file as it was re- turned w/ attach. & no responding staff sign. / ask * kept pink copy

12-17-2025: Submitted to locked MDF Bldg. module "E" grievance box approximately 9:30 am/pm

CONTRA COSTA COUNTY SHERIFF'S OFFICE

Custody Services Bureau

INMATE GRIEVANCE FORM

FACILITY: MDF WCDF MCDF

INMATE NAME: Hamilton BOOKING: CC2AMX910 HOUSING ASSIGNMENT: MDF, module "E" cell #7

TYPE OF GRIEVANCE: JAIL/HOUSING CONDITIONS CLASSIFICATION STATUS MEDICAL AND CARE OTHER

DATE OF INCIDENT: 12/09/25

DESCRIPTION OF GRIEVANCE (Be specific with employee names, dates, places, etc.): Appeal (check box):

I am now appealing to the 3rd level final captain's review since no person has been identified to claim responsibility for already opened pigeonly exempt/privileged legal mail I received from the U.S. District Ct. via C.C.C. deputy sheriff R. or M. Smith post-dated 12-02-2025 at module "E" #7, approx. 1:19am in violation of C.C.C. Sheriff Office CSB 2.17.01 III.B. 5, III.B. 2, III.D. 2; Title 15 section 1063.(c); CSB 2.17.01 II. A.; and 4th Amendment of U.S. Constitution. I need

CA P.C. sec. 148.6(a)(2) investigative name results of responsible parties) under the sheriff Livingstons watch and still want \$5,000.00 punitive damages) open mail make me fear for my safety.

Additional Pages (check box): (3) pgs. INMATE SIGNATURE: Danny T. Hamilton DATE: 12/17/25

Attached: Ducean yellow 12-10-25; Sgt. Reed yellow 12-13-25; S. Reed yellow 12-14-25

****TO BE COMPLETED BY CUSTODY STAFF ONLY ****

GRIEVANCE/APEAL RECEIVED BY: SGT REED DATE: 12/19/25
(Sergeant or Above) Print Name

GRIEVANCE / APEAL REVIEW: ACCEPTED FOR RESOLUTION DENIED BY SUPERVISOR

ROUTED FOR RESOLUTION: DEPUTY SERGEANT FACILITY COMMANDER OTHER: _____

APEAL ROUTED TO: SERGEANT FACILITY COMMANDER OTHER _____

RESPONSE TO GRIEVANCE/APEAL: THE INVESTIGATION IS COMPLETE THIS IS NOT THE METHOD TO CLAIM PUNITIVE DAMAGES. NO FURTHER INFORMATION WILL BE PROVIDED REGARDING THIS ISSUE.

RESPONDING STAFF: _____ EMPLOYEE #: _____ DATE: ____/____/____

PRINT NAME / RANK

Lt. Sears had verbally 3rd level responded in E-7 on 12/23/25 - you'll never get a captains response

* rec'd 12-25-25 via dep O. Sanchez w/ Attach as 11

County of Contra Costa
Dorothy F. Hamilton # CC22MX910
Mentoring Detention Facility
901 Court St/1000 Ward St,
Martinez, CA 94553
4-20-2026

22 APR 2026 PM 4 L
OAKLAND CA 945



Confidential Legal

RECEIVED
APR 24 2025
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Clerk of the Board of Supervisors
County Administrative Building
1025 Escobar Street, 1st Floor
Martinez, CA 94553

94553-122325



COUNTY JAIL
INMATE MAIL