## CLAIM **COUNTY OF SANTA BARBARA**

PLEASE RETURN ORIGINAL AND ONE COPY TO:

**COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF SUPERVISORS** 105 EAST ANAPAMU STREET, SUITE 407 SANTA BARBARA, CA 93101

\* READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING \*

\* IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER \*

RECEIVED BY/DEPOTYELDO

□ Other



CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

Matthew Udkow 1864 Ringsted Drive Solvang, CA 93463

TELEPHONE: (850) 418-0727

EMAIL (optional):

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

Darren J. Campbell

Aitken Campbell Heikaus Weaver

2030 Main, Street, Suite 1300, Irvine, CA 92614

TELEPHONE: (949) 236-4626

EMAIL (optional): darren@achwlaw.com

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE:

TIME:

PLACE:

**CIRCUMSTANCES:** 

Please see the attached DFEH Right to Sue Complaint obtained by Mr. Udkow.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

Please see the attached DFEH Right to Sue Complaint obtained by Mr. Udkow.

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:

Please see the attached DFEH Right to Sue Complaint obtained by Mr. Udkow. But, the specific names of the employees that have authorized the unlawful acts against Mr. Udkow is presently unknown.

F IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES \_\_\_\_ NO X\_

IF "YES": STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION:

IF "NO": DO NOT STATE A DOLLAR AMOUNT, AND INSTEAD STATE WHETHER THE CLAIM WOULD BE A "LIMITED CIVIL CASE": This case is NOT a limited civil case, but instead would be an "Unlimited Civil Case."

> I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

SIGNATURE OF CLAIMANT OR REPRESENTATIVE