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FILED IN THE CLERK OF
THE CL. OF SUPERVISORS
BY _____

CLAIM AGAINST THE COUNTY OF KERN

(Government Code §§ 910, 910.2 & 910.4)

This claim must be filed with the Clerk of the Board of Supervisors, 1115 Truxtun Ave., 5th Floor, Bakersfield, California 93301. If it is a claim for death, injury to person, injury to personal property or injury to growing crops, it must be filed within **six months after the accident or event giving rise to the claim**. If it is a claim for any other cause of action, it must be filed within one year after the event(s) giving rise to the claim. You must complete both sides and sign the claim form for the claim to be valid. Complete information must be provided. If the space provided is inadequate, please use additional paper and identify information by paragraph number. Do not attach medical records or other confidential records to your claim. ANY COMPLETED CLAIM AND ALL ATTACHMENTS WILL BE TREATED AS A PUBLIC RECORD AND WILL BE AVAILABLE FOR VIEWING BY THE PUBLIC ON THE COUNTY'S WEB SITE.

1. State the name and mailing address of claimant:

Felice LaZae Martin

12439 Magnolia Blvd #130

Valley Village, CA 91607

2. State the mailing address to which claimant desires notices from the County to be sent:

Felice LaZae Martin

12439 Magnolia Blvd #130

Valley Village, CA 91607

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.

This is a continuing claim against the County of Kern arising from (1) the continuing unlawful retention of claimant's personal property, taken with claimant's home at 1621 Linden Court, Pine Mountain Club, California, by private parties whose conduct was investigated by the Kern County Sheriff's Office, (2) the conduct of Kern County Sheriff's Office personnel in responding to and classifying claimant's report of that exclusion, and (3) the County's continuing, unperformed ministerial duty to complete and disclose the disposition of citizen complaints filed against Kern County Sheriff's Office personnel.

(Continued on Attachment, Paragraph 3.)

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:

See Attachment, Paragraph 4, which is incorporated here by reference. In summary: continuing deprivation of claimant's personal property retained since January 7, 2025 without judicial process; continuing and compounding harm to claimant's health; ongoing homelessness since January 7, 2025; loss of access to victim services and victim-compensation benefits; professional and economic injury; emotional distress; and the time and resources expended seeking resolution. Each is described on the Attachment.

5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

Deputy Curiel (Badge No. 1623); Sergeant Tafoya (Badge No. 1166); Senior Deputy Detective Daniel C. Sanchez (Badge No. 1024); all of the Kern County Sheriff's Office; and such other Kern County Sheriff's Office personnel, not presently known to claimant, as participated in the conduct described in Paragraph 3.

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

If less than ten thousand dollars (\$10,000), state the amount: \$ _____.

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

Yes

No

7. Please state any additional information which may be helpful in considering this claim:

Paragraph 6: The amount claimed exceeds ten thousand dollars (\$10,000); accordingly, no dollar amount is stated, pursuant to Gov. Code § 910(f). The claim would not be a limited civil case. Paragraph 7: This claim is timely. The conduct alleged is continuing, not a single completed act: claimant's property remains unlawfully retained, claimant remains without a residential address, and the County's duty to notify claimant of the disposition of IA-2025-106 remains unperformed as of the date of this presentation.

(Continued on Attachment, Paragraph 7.)

Claimant must date and sign below.

Signed this 18th day of Sept., 2026.


CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Council
7 pgs

Copies Furnished Risk Management
United

Date 9-24-26

Clerk of the Board of Supervisors
By [Signature], Deputy

**WARNING! IT IS A CRIMINAL OFFENSE
TO FILE A FALSE CLAIM (Penal Code §72)**