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FILED BY _____ CLERK OF
THE Bd. OF SUPERVISORS
BY _____ DEPUTY

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:
Audriana Mendez - 2700 White Ln., Apt. 2., Bakersfield, CA 93304

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

Downtown LA Law Group; 540 S Santa Fe Ave, Los Angeles, 90013 - (213) 389-3765

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

at or near 901 Prosperity Way, Bakersfield, CA 93304

The Kern County Superintendent of Schools failed to supervise students, failed to provide a safe and secure environment, failed to provide adequate medical attention at a timely manner, failed to properly train employees and failed to supervise employees.

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

On or about March 17, 2026, was lawfully attending her classes at Prosperity Elementary school. While at recess she was approached by an unidentified student who began to verbally assault her. The unidentified student proceeded to physically assault her, pushing her, there was no staff, employees and/or aides around to prevent such violent behavior.

This caused Ms. Mendez to sustain injuries

Injuries include but are not limited to concussion, bruising on her face and nose bleeds.

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

Pending

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)

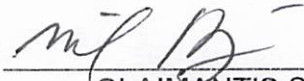
Yes

No

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

Claimant must date and sign below.

Signed this 17 day of September, 20 26.



Marisol Ramirez OBO Audriana Mendez

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

3 pages

mailed

Copies Furnished Rick Managust

Date 9-21-26

Clerk of the Board of Supervisors

Michelle Jones, Deputy

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