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FILED
THE BOARD 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:

Henry Enrique III Licon

9912 Primrose Ave., Lamont, CA 93241

Please see "Attachment to Government Claim Form" attached hereto.

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

THE CAPITAL LAW FIRM

Joshua J. Zokaeem, Esq.

6420 Wilshire Blvd., 18th Floor, Los Angeles, CA 90048

Please see "Attachment to Government Claim Form" attached hereto.

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

Please see "Attachment to Government Claim Form" attached hereto.

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

Please see "Attachment to Government Claim Form" attached hereto.

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

Please see "Attachment to Government Claim Form" attached hereto.

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: $ N/A .

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:

Please see "Attachment to Government Claim Form" attached hereto.

Claimant must date and sign below.

Signed this 16th day of October, 2026.

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
10 pages
mail
Copies Furnished Risk Management
Date 10-21-26
Clerk of the Board of Supervisors
By _____, Deputy

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

(5/15)
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