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CLAIM AGAINST THE COUNTY OF KERN

FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
BY _____ DEPUTY

(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:

Andra and Paula Davis

3728 Mount Whitney Avenue

Rosamond, California 93560

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

Andra and Paula Davis

3728 Mount Whitney Avenue

Rosamond, California 93560

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

Date: July 13, 2026

Place: 3728 Mount Whitney Avenue, Rosamond, California 93560

Gloria Morquecho, a foster child with the Department of Children and

Family Services, left our home aggressively after being told not to leave.

She opened the front door and forced the security door open by pushing

it with such force that it became completely detached from its mounting.

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

The front security door was completely detached from its mounting

as a result of being pushed open with great force.

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

None

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:

$350.00

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:

BY ORDER OF THE BD/SUPV
Referred To County Counsel
4 pages
Copies Furnished Risk Management
Mailed
Date 11-5-25
Clerk of the Board of Supervisors
By _____, Deputy

Claimant must date and sign below.

Signed this 29th day of October, 2026.

CLAIMANT'S SIGNATURE

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