

DEPARTMENT: County Counsel BY: Jeffrey G. Green PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Pass and adopt this Resolution authorizing the Chairman to sign an order of the Board to reject Claim No. C94-24 for an undetermined amount. Counsel does not believe that the County has any liability in this matter.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board usually follows Counsel's recommendation in matters of this nature.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Claim would automatically be denied if no action is taken.

COSTS: (X) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required additional funding \$ _____

D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve for Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

Claim No. C94-24
Notice of Rejection

CLERK'S USE ONLY:

Res. No.: 95-2 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

() Approved () Denied

() Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

A.O. Initials: CP

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5100 Bullion St.
5 Mariposa, CA 95338

6 BEFORE THE BOARD OF SUPERVISORS

7 OF

8 MARIPOSA COUNTY, STATE OF CALIFORNIA

9 In the Matter of:)
10 CLAIM FOR DAMAGES PURSUANT)
11 TO GOVERNMENT CODE § 911.6)
12 Claim No. C94-24)

13 Martha Lyons
14 c/o David L. Axelrod, Esq.

15 45 So. Shepherd Street, Suite 5

16 Sonora, CA 95370

17 having filed with this Board on December 15, 1994 a claim for damages in the amount of
18 \$ Undetermined ;

19 **NOW, THEREFORE**, it is ordered by the Board of Supervisors that the claim is
20 hereby **REJECTED**.

21 The foregoing order was passed by the following vote of the Board:

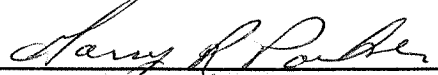
22 **AYES:** REILLY, BALMAIN, STEWART, PARKER, TABER

23 **NOES:** NONE

24 **ABSENT:** NONE

25 **ABSTAINED:** NONE

26 Dated this 3rd day of January, 1995.

27 
28 GARRY R. PARKER, Chairman
Board of Supervisors

29 ATTEST:

30 
31 MARGIE WILLIAMS, Clerk of the Board

TO: Martha Lyons
c/o David L. Axelrod, Esq.
45 So. Shepherd Street, Suite 5
Sonora, CA 95370

RE: CLAIM FOR DAMAGES AMOUNT OF CLAIM \$ Undetermined
NOTICE OF REJECTION

NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of Supervisors of Mariposa County on December 15, 1994 was rejected by action of the Board on January 3, 1995.

WARNING

"Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." (See Government Code Section 945.6)

"NOTE: This six-month filing period applies only to State Court actions. If your action is based on federal law and/or you intend to file it in Federal Court, a shorter or longer period within which to file the action may apply."

"You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately."

JEFFREY G. GREEN
Mariposa County Counsel

PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)

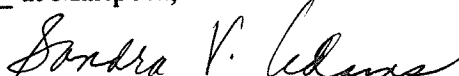
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

I am a citizen of the United States and a resident of the County aforesaid. I am over the age of eighteen years and not a party to the within entitled action; my business address is 5100 Bullion Street (P. O. Box 189), Mariposa, CA 95338. On January 13, 1995 I served the within Notice of Rejection of Claim No. C94-24 on the claimant in said action by placing a true copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the U.S. Mail, or by placing a copy into an inter-office delivery receptacle located in Counsel's office:

Martha Lyons
c/o David L. Axelrod, Esq.
45 So. Shepherd Street, Suite 5
Sonora, CA 95370

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on January 13, 1995 at Mariposa, California


Sandra V. Adams

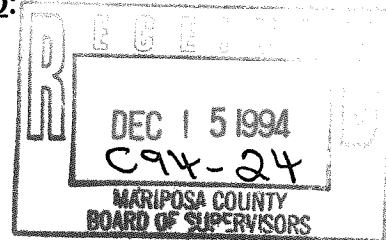


Sierra Law Office of
DAVID L. AXELROD, Attorney at Law
 45 South Shepherd Street, Suite 5, Sonora, CA 95370
 (209) 533-4270



CLAIM FORM, REGARDING CLAIM AGAINST PUBLIC ENTITY, PURSUANT TO GOVERNMENT CODE §910 *et seq.*, **SUBMITTED TO:**

**COUNTY OF MARIPOSA
 CLERK OF THE BOARD OF SUPERVISORS
 P.O. Box 784
 Mariposa, California 95338**



1. **DATE AND MAILING ADDRESS OF CLAIMANT:**

December 12, 1992

**MARTHA LYONS
 5954 Frio Court
 La Grange, CA 95329**

Please address response and other correspondence in care of:

**DAVID L. AXELROD, Attorney at Law
 45 So. Shepherd Street, Suite 5
 Sonora, CA 95370**

2. **DOLLAR AMOUNT OF CLAIM AS A DIRECT RESULT OF INCIDENT:**

In excess of \$ 9,000 to date, including but not limited to loss of wages, loss of benefits, loss of economic opportunity and status, loss of self-esteem, damage to reputation, attorney fees, legal costs, emotional distress, and psychological damages.

3. **HOW WAS THE AMOUNT CLAIMED ABOVE COMPUTED?**

The amount claimed includes, without limitation, back wages in full from June 16, 1994, to the present date, with respect to Claimant's employment at the Chamber of Commerce, from which she was wrongfully terminated. Increments to pay and benefits to which she would have been entitled as a result of step increases, raises and promotions, can only be estimated at this time. Compensation for other forms of damages must be evaluated according to proof. The exact and full amount of the claim, therefore, cannot be definitively specified until the extent of non-wage damages and final costs are fully ascertained.

4. **WHEN DID THE DAMAGE OR INJURY OCCUR?**

On or about June 16, 1994.

5. **WHERE DID THE DAMAGE OR INJURY OCCUR?**

Mariposa, Mariposa County, California, at or near the office of Yosemite Mariposa County Chamber of Commerce, P.O. Box 425, Mariposa, CA 95338.

6. **CIRCUMSTANCE AND FACTS SUPPORTING THE CLAIM:**

On or about June 16, 1994, Claimant was wrongfully and unlawfully terminated, without just cause, by the COUNTY OF MARIPOSA, and its agents, officers, employees and contractors, acting by and through, in aid and support of, and in concert with ROBERT H. KELLEY and with YOSEMITE MARIPOSA COUNTY CHAMBER OF COMMERCE, its agents, officers, employees and contractors (including ROBERT H. KELLEY), hereinafter referred to collectively as "the County." In addition, the County denied Claimant her rightful wages, benefits and career opportunities, breached her employment contract, violated her civil rights, defamed her character, spread false and malicious rumors about her, besmirched her good name and reputation, inflicted emotional distress upon her, and caused her to experience extreme mental anguish, stress, loss of self-esteem, and other psychological damages.

7. **SPECIFIC DAMAGE OR INJURY:**

Among other damages and injuries, Claimant sustained loss of steady employment, loss of wages, loss of benefits, loss of economic opportunity and status, damage to her good name and reputation, humiliation and mortification, attorney fees and other legal costs, inconvenience, and psychological damages, including loss of self-esteem, emotional distress, mental anguish, anxiety, depression, pain and suffering.

8. **SEND OFFICIAL NOTICES AND OTHER CORRESPONDENCE TO:**

David L. Axelrod, Attorney at Law
45 So. Shepherd Street, Suite 5
Sonora, CA 95370

9. **SIGNATURE OF CLAIMANT'S ATTORNEY/ REPRESENTATIVE:**


DAVID L. AXELROD, Attorney for Claimant

Daytime Telephone Numbers:

CLAIMANT (209) 852-9860

ATTORNEY (209) 533-4270