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City Clerk's Office  
City of Santa Clara



**City of Santa Clara**  
The Center of What's Possible

**CLAIM AGAINST THE CITY OF SANTA CLARA**

(For Damages to Persons or Personal Property)

City Clerk's Office Date Stamp

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(Please do not write above this line – for City use only)

A claim must be filed with the City Clerk of the City of Santa Clara within six months\* after which the incident or event occurred. Be sure your claim is against the City of Santa Clara not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Your completed claim (original) must be mailed or delivered to: **City Clerk, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050.**

**TO THE HONORABLE MAYOR AND CITY COUNCIL OF THE CITY OF SANTA CLARA:**

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                 |                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|
| 1 | NAME OF CLAIMANT<br>Dominic Joseph Caserta                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | DATE OF BIRTH<br>April 24, 1975 |                                                          |
|   | ADDRESS OF CLAIMANT<br>936 Fremont Street                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Santa Clara<br>CITY             | CA<br>STATE                                              |
|   | ZIP CODE<br>95050                                                                                                                                                                                                                                                                                                                                                                                                                  | HOME PHONE<br>Please respond as below                                                                             | WORK PHONE                      | DRIVER'S LICENSE<br>Available if STATE AND NUMBER needed |
| 2 | SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as name and address listed above.)<br>Andrew M. Phillips, The Mlnarik Law Group, 2930 Bowers Ave.,<br>Santa Clara, CA 95051, Phone 408-919-0088, Fax 408-919-1188                                                                                                                                                               |                                                                                                                   |                                 |                                                          |
| 3 | DATE AND TIME OF INCIDENT<br>From approximately May 7, 2018 & continuing                                                                                                                                                                                                                                                                                                                                                           | SPECIFIC ADDRESS OF INCIDENT (Address and other city & personal addresses)<br>1500 Warburton Ave. Santa Clara, CA |                                 |                                                          |
| 4 | BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.)<br>Derogatory comments, memos, and other communications made with malicious intent and without substantiation designed to degrade, demoralize, and embarrass claimant. Public redistribution of personal and confidential information known to have been released illegally. |                                                                                                                   |                                 |                                                          |
| 5 | CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)<br>Redistribution of confidential information and comments designed to create a hostile work environment, degrade the claimant, and force claimant to resign his position on the City Council.                                                                                                                                      |                                                                                                                   |                                 |                                                          |

\*"One year for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|--|----------|-------------------------------------|--|----------|------------------------------------------|--|----------|--------------------------------------|--|-------------------------|
| 6                                          | NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS identified who contributed to the harm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| 7                                          | DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".) Claimant was forced to resign from the City Council, has been publicly and purposefully humiliated, has been suspended from work at SCUSD, suffered severe damage to reputation, and has suffered extreme emotional distress and depression.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| 8                                          | OTHER INJURED PERSONS (List names and addresses.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| 9                                          | <p>DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than \$10,000, you need not fill in an amount but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.</p> <p style="text-align:center;">ITEMS</p> <table style="width:100%; border:none;"> <tr> <td style="width:70%;"><u>Loss of income, public humiliation,</u></td> <td style="width:5%;"></td> <td style="width:25%; text-align:right;">\$ _____</td> </tr> <tr> <td><u>damage to reputation, severe</u></td> <td></td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td><u>emotional distress and depression</u></td> <td></td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>and other claims.      TOTAL AMOUNT:</td> <td></td> <td style="text-align:right;">\$ <u>over \$10,000</u></td> </tr> </table> <p>Court Jurisdiction: (Check one)</p> <p style="text-align:center;">         Limited Civil:    <input type="checkbox"/>                      Unlimited Civil:    <input checked="" type="checkbox"/> </p> |                         | <u>Loss of income, public humiliation,</u> |  | \$ _____ | <u>damage to reputation, severe</u> |  | \$ _____ | <u>emotional distress and depression</u> |  | \$ _____ | and other claims.      TOTAL AMOUNT: |  | \$ <u>over \$10,000</u> |
| <u>Loss of income, public humiliation,</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ _____                |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| <u>damage to reputation, severe</u>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ _____                |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| <u>emotional distress and depression</u>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ _____                |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| and other claims.      TOTAL AMOUNT:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ <u>over \$10,000</u> |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |
| 10                                         | WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.)<br><u>Will be provided as necessary subject to assurance of control of documents.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                            |  |          |                                     |  |          |                                          |  |          |                                      |  |                         |

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

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 2nd day of November, 20 18 at Santa Clara, CA

  
\_\_\_\_\_  
Claimant's Signature



# City of Santa Clara

The Center of What's Possible

Office of the City Clerk

January 2, 2019

The Mlnarik Law Group  
Attn: Andrew Phillips  
2930 Bowers Ave.  
Santa Clara, CA 95051

Dear Claimant:

Notice is hereby given that the claim, which you presented, to the City of Santa Clara dated **November 2, 2018** was rejected by operation of law 45 days thereafter.

### WARNING

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

Please also be advised that, pursuant to Sections 128.7 and 1038 of the California Code of Civil Procedure, the City will seek to recover all costs of defense in the event an action is filed in the matter and it is determined that the action was not brought in good faith and with reasonable cause.

If you have any questions about this letter, call George Hills Company, Inc., Claims Administrator for the City of Santa Clara, at (408) 260-2030.

Very truly yours,

Nora Pimentel  
Assistant City Clerk  
City of Santa Clara

cc: City Attorney's Office  
George Hills Company

CITY OF SANTA CLARA  
1500 Warburton Avenue  
Santa Clara, CA 95050  
Attn: City Clerk's Office

Email: Tina Ngo ([tngo@santaclaraca.gov](mailto:tngo@santaclaraca.gov))  
CC: Sophia Smith ([SSmith1@SantaClaraCA.gov](mailto:SSmith1@SantaClaraCA.gov))  
Simrat Dhadli ([SDhadli@santaclaraca.gov](mailto:SDhadli@santaclaraca.gov))

## REQUEST FOR REJECTION OF CLAIM

Claimant: Caserta, Dominic Joseph

Date of Loss: 5/7/18

Date of Claim: 11/2/18

Claim filed within 6 months of date of loss:  yes  no

Claim rejected within 45 days of date claim filed:  yes  no

Please send notice of rejection by Operation of Law.

Please request City Council's rejection of claim.

Send to (Claimant):

**The Mlnarik Law Group**  
**Attn: Andrew Phillips**  
**2930 Bowers Ave.**  
**Santa Clara, CA 95051**

Date: December 27, 2018

Our File: GHC0023105-26

CITY OF SANTA CLARA

Office of the City Clerk

DECLARATION OF SERVICE BY MAIL OF NOTICE OF REJECTION  
OF CLAIM BY OPERATION OF LAW

I, **Stephanie Aquino**, an employee of the City of Santa Clara, declare as follows:

I am readily familiar with the City of Santa Clara's practices for collection and processing of correspondence for mailing with the United States Post Office. On **January 2, 2019**, I served an original copy of attached Notice and Rejection of Claim by Operation of Law on the claimant and/or his or her duly authorized representative by:

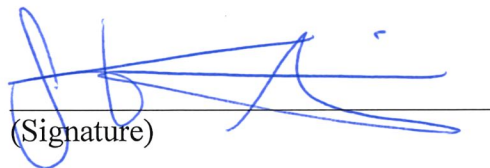
  X   Following ordinary business practices and placing for collection and mailing at 1500 Warburton Avenue, Santa Clara, CA 95050 on **January 2, 2019** a sealed envelope; in the ordinary course of business, the above documents would have been deposited for first-class delivery with the United States Postal Service the same day they were placed for deposit, with postage thereon fully prepaid.

       Placing a true copy of the above referenced document enclosed in a sealed envelope, with postage fully prepaid, in the United States mail at Santa Clara, California, addressed as follows.

The Mlnarik Law Group  
Attn: Andrew Philips  
2930 Bowers Ave.  
Santa Clara, CA 95051

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on **January 2, 2019**.

Stephanie Aquino

  
(Signature)