

MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



9.6

During the oral communication section of the agenda for Tuesday, January 24, 2012, Marcus Smith spoke regarding a claim filed against the county.

**ATTACHMENTS FILED WITH
CLERK OF THE BOARD**

**AGENDA NO.
9.6**

Riverside County Board of Supervisors
Request to Speak

Oral
Comm.

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Marcus L. Smith

Address: 14634 Antilles Drive (Case)
(only if follow-up mail response requested)

City: Moreno Valley, Calif Zip: 92553 (Case)
(242-0468) (7-3-2007) RIFI 37674

Phone #: 779.3057
Dec 13-2011 Feb 8-2011 State
Criminal Cases / Insurer / Payment to
PS

Date: 1/24/2012 Agenda # Misc conduct / 911 calls
Claims Filed For
Damages
Probate Case

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:
 Support Oppose Neutral
Negligence
Filed
Dec 29
2011

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

Support Oppose Neutral

I give my 3 minutes to: Myself & I / Marcus Smith

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form must be signed.

Files 19-20 -
And today 21

OFFICE RECEIVED
CLAIM# 01-11 SUM#

DEC 21 2011

CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1147, 4080 LEMON ST., 1ST FL.
RIVERSIDE, CA, 92502-1147 (951) 955-1060

Probable Cause
Appeal Motive

All Claims for Damages

STAMP HERE

1. FULL NAME OF CLAIMANT <u>MR. Marcus Labron Smith</u>		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? <u>Review documents & Evidence</u>	
2. MAILING ADDRESS (STREET / PO BOX) <u>Because of Circumstances</u>		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE) <u>Robert Presley Delinquent</u>	
CITY <u>Undetermining</u>	STATE <u>S</u>	ZIP CODE <u>92503</u>	10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION <u>Check Hospitals</u>
HOME TELEPHONE <u>951 6834103</u>	BUSINESS TELEPHONE		11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates) <u>Photo Grabs with D.A. Office</u>
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) <u>FROM VARIOUS INCIDENTS already</u>		12. DATE OF FIRST VISIT <u>2006 to Dec 15 2011</u>	
4. WHERE DID DAMAGE OR INJURY OCCUR? <u>Filed Mayor office of your office</u>		13. PHYSICIAN'S HOSPITAL'S NAME <u>Riverside Medical Center</u>	
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: <u>Ne-gligeNCE, Disrespect</u>		14. TOTAL DAMAGES TO DATE <u>500,000</u>	
6. BREACH OF CONTRACTS AND <u>Rental Agreements 99.5%</u>		15. TOTAL ESTIMATED PROSPECTIVE DAMAGES <u>5 million</u>	
7. CONFLICT OF INTEREST / Plus <u>Violation of United States</u>		16. SIGNATURE <u>MR. Marcus Labron Smith</u>	
8. WERE POLICE OR PARAMEDICS CALLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DATE <u>12-21-2011</u>	

Direct Pattern of similar activities Miscellaneous Mandate membership

RECEIVED PER ORDER OF SUPERVISORS
DEC 1 AM 1:50

1/5/12

WARNING:

- > CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF <u>MR. Marcus Smith</u>	13. PRINT OR TYPE NAME <u>MR. Marcus Labron Smith</u>	DATE <u>12-21-2011</u>
--	--	---------------------------

01-24-2012
oral comm. 2/3

OJT WORK FOR PAY TIMESHEET

ID# 1611375		NAME MARCUS Smith	
PAY PERIOD 73		From 7-1-09 To 7-31-09	
DATE	POS. #	DATE	POS. #
Daily Hrs.	Accum. Hrs.	Daily Hrs.	Accum. Hrs.
2	2	MS	11
1	3	MS	12
1	4	MS	13
1	5	MS	14
1	6	MS	15
1	7	MS	16
1	8	MS	17
1	9	MS	18
1	10	MS	19
1	11	MS	20
1	12	MS	21
1	13	MS	22
1	14	MS	23
1	15	MS	24
1	16	MS	25
1	17	MS	26
1	18	MS	27
1	19	MS	28
1	20	MS	29
1	21	MS	30
1	22	MS	31
No. Hrs.		Rate \$	
No. Hrs.		Rate \$	
		Total Pay \$	

OFF

left to court.

(LOOK FOR EXACT)

(M.S. MISTAKE) ~~MS~~

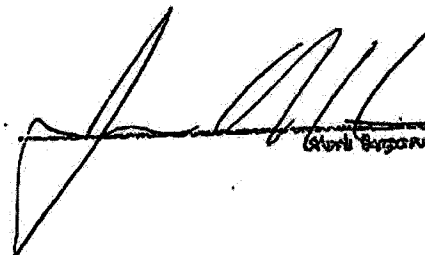
Off
Off

5 HRS

The pattern/reckoning this is a record of the hours you worked during the period shown. The "TOTAL PAY" shown is the amount which will be posted to your Trust Account.

Verify that the hours reported above are correct.

7-30-09
GSM


 Supervisor's Signature
 Called
 July 29-20

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1975	30.68	1983	.00	1991	.00	1999	.00
1976	335.00	1984	67.37	1992	.00	2000	.00
1977	632.00	1985	193.88	1993	.00	2001	.00
1978	3671.79	1986	1260.16	1994	.00	2002	.00
1979	4402.59	1987	.00	1995	.00	2003	4717.42
1980	.00	1988	.00	1996	.00	2004	4266.86
1981	75.91	1989	.00	1997	.00	2005	2779.32
1982	.00	1990	.00	1998	.00		

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR

CLAIMS ACTIVITY -- SEE SSR

NON-COVERED EARNINGS PRESENT FOR: 1986

SOCIAL SECURITY ADMIN.
1250 MISSION GROVE PKWY SOUTH
RIVERSIDE, CA 92508

SSA OFFICE 251
DEC 20 2011
RIVERSIDE, CA

County of Riverside



COPY

SUPERVISOR MARION ASHLEY
FIFTH DISTRICT

May 10, 2011

Mr. Marcus Labron Smith
14634 Anulles Drive
Moreno Valley, Ca. 92553-4912

Dear Sir:

I am in receipt of the letter and documentation you personally gave Mr. Woodin at my Moreno Valley office on April 4, 2011. I am not sure how I can help you as I found the material very confusing and difficult to understand. Apparently you have several legal issues and are asking for my opinion on several matters.

I did check with the Clerk of the Board and was informed that several of your previous claims against the County of Riverside have been rejected and closed. They confirmed to me that you were informed of the appeal process to the courts for further consideration.

As a County Supervisor; I can not, by law, interfere with or attempt to influence any court proceeding or pending legal case. Accordingly, I am referring you to the Riverside Bar Association at (951) 682-1015 or the Inland Counties Legal Services at (800) 977-4257. You may also contact a private attorney for legal advice.

Yours truly,

Marion Ashley, 5th District
Riverside County Board of Supervisors
(951) 955-1050



LIBERTY | JUSTICE | EQUALITY

December 21, 2010

Marcus Lebron Smith
14634 Antilles Drive
Moreno Valley, CA 92553

*Lisa
Criminal
Court
Building
Case on Remission
April 1-2011*

Dear Marcus Lebron Smith:

Thank you for contacting the ACLU of Southern California. We appreciate your taking the time to speak to one of our volunteer pre-screeners on the telephone.

The ACLU/SC receives over 10,000 requests for legal assistance each year. Unfortunately, due to a severe lack of resources, we are unable to take on the vast majority of cases that come to us for review. We are enclosing some referrals to other agencies that may be able to help you.

We regret we are unable to assist you with your legal issue.

Sincerely,

Lee Morgan
Lee Morgan
Intake Coordinator

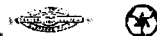
*March 30-2011
Call
Intake Coordinator*

12139775297

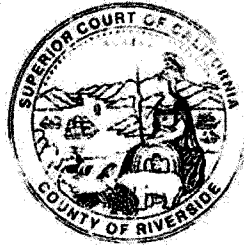
9500

LEGAL INTAKE DEPARTMENT

1313 WEST EIGHTH STREET LOS ANGELES CA 90017 t 213.977.9500 f 213.977.5297 ACLU-SC.ORG



Chambers of
Roger A. Luebs
Judge



Hall of Justice
4100 Main Street
Riverside, California 92501
(951) 955-4074

Superior Court of California
County of Riverside

May 31, 2011

Marcus Smith
14634 Antilles Dr.
Moreno Valley, CA 92553

Re: RIF137674

Dear Mr. Smith,


Sir, you are inappropriately contacting the judges of this court, most recently by sliding your letter dated May 26, 2011 under the door of one of our courtrooms.

Your criminal case known by the case number RIF137674 has been dismissed and is closed. Our criminal courts no longer have jurisdiction regarding this matter.

If you believe that you have lawful claims based on the events that gave rise to the criminal case, then those claims should be presented in the proper form to the proper court. Writing letters to judges is not the proper way to do it.

Please stop your inappropriate contacts with our court and judges.

Sincerely,


ROGER A. LUEBS
Judge of the Superior Court

Contracted
Federal Complaint
United States Attorney
MAY 27-2011 Filed
OCT 19-2011
Cheryl Justice
Mr. John Roberts
312 W Spring St
Los Angeles Calif
90012

RAL:hmw

MARCUS L. SMITH
14634 Antilles Drive
Moreno Valley, CA 92553
Phone: (951)242-0462

Summary: Seeking a Maintenance position where I can utilize my 4 years experience.

Job Objective: MAINTENANCE WORKER, 4 years experience

Experience:

Job Title: Laundry Worker

Employer: Lamp Village, LOS ANGELES, CA.

Dates: 1/03 to 8/05

Duties: Laundry attendant; recorded accounts, picked up laundry from other hotels; washed, dried, and delivered. Supervised shower areas for public, passed out Toiletries.

Job Title: General Maintenance

Employer: Golden West Hotel, LOS ANGELES

Dates: 5/02 to 2/03

Duties: Mopped, swept and cleaned area. Provided security to the facility.

Job Title: Real Estate Agent

Employer: Century 21, HAWTHORNE, CA

Dates: 2/94 to 4/97

Duties: Coordinated activities of real estate department of company and negotiated acquisition and disposition of properties . Supervised staff engaged in preparing lease agreements, recording rental receipts. Directed appraiser to inspect properties.

Skills: GENERAL MAINTENANCE, INSTALLING SINKS, REPAIR DRYWALL, LIGHT REPAIR ON EQUIPMENT, MOPPING, ~~CLEANING TOOLS~~

Education: Mt San Antonio, Sawyer Colleger, AA
Cal Poly, AA

CA Drivers License Class: C (passenger car)

Willing to relocate: Yes

Additional Comments: Dedicated individual who is prompt, courteous, and outgoing. Very eager to learn, and efficiency about my job is my number one concern.

Bill LaTour, Ph.D., J.D.

Attorney at Law

(909) 796-4560
Fax (909) 796-3402

June 7, 2011

MARCUS SMITH
14634 ANTILLES DR
MORENO VALLEY, CA 92553

Re: YOUR SOCIAL SECURITY CLAIM

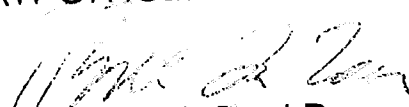
Dear Mr. Smith:

This letter will verify that this law office represents you in your appeal for Supplemental Security Income and Social Security Disability.

As of this date your claim is currently pending Hearing with the Office of Disability Adjudication and Review.

If you have any questions, please contact this office.

LAW OFFICES OF BILL LATOUR


Bill LaTour, Ph.D., J.D.
Attorney at Law

BLT

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form must be signed.

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
 ATTN: CLAIMS DIVISION
 P.O. BOX 1147, 4080 LEMON ST., 1ST FL.
 RIVERSIDE, CA. 92502-1147 (951) 955-1080

OFFICE USE ONLY
RECEIVED

CLAIM# 611-11 SUM# _____

DEC 20 2011

CLERK OF THE BOARD OF SUPERVISORS
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

TIME STAMP HERE

UN Paid (Claims) (Follow UP)
 (INCONVENIENCE)

1. FULL NAME OF CLAIMANT <u>Mr. Marcus Labron Smith</u>		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? <u>Falsis Arres / Wrongfully</u>	
2. MAILING ADDRESS (STREET / PO BOX) <u>14634 Antilles Drive</u>		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE): <u>Sherriff Dept</u>	
3. CITY STATE ZIP CODE <u>Moreno Valley Calif. 92653</u>		10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION: <u>(2005 Complaint)</u>	
4. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) <u>Court - 2-17-2006</u>		11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts for losses, if available) <u>Just only was stated</u>	
5. WHERE DID DAMAGE OR INJURY OCCUR? <u>Hall of Justice on Court Date</u>		12. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER: <u>Round Court Case EARLIER</u>	
6. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: <u>I was there as a defendant about false allegations to present evidence on my behalf and stand for and also his CORPAL against these ridiculous allegations (same Court Building same day)</u>		13. TOTAL DAMAGES TO DATE <u>100,000</u>	
7. WERE POLICE OR PARAMEDICS CALLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>Court bailif - in Court House</u>		TOTAL ESTIMATED PROSPECTIVE DAMAGES <u>5 Million</u>	
14. IS THIS TYPE HATE CRIME??		15. DATE <u>Dec 20 2011</u>	

THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING:

- > CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF <u>Mr. Marcus Smith</u>	13. PRINT OR TYPE NAME <u>Marcus Labron Smith</u>	DATE <u>Dec 20 2011</u>
SIGNATURE	RELATIONSHIP TO CLAIMANT	

ps uc

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form must be signed.

OFFICE USE ONLY

RECEIVED

CLAIM# 608-SUM#

DEC 19 2011

CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

TIME STAMP

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1147, 4080 LEMON ST, 1ST FL.
RIVERSIDE, CA 92502-1147 (951) 955-1080

1. FULL NAME OF CLAIMANT <u>Mr. Marcus Smith</u>		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? <u>Misconduct of Law Enforcement</u>	
2. MAILING ADDRESS (STREET APO BOX) <u>14634 Antillas Drive</u>		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE). <u>OF FALSE ALLEGATION</u>	
3. CITY STATE ZIP CODE <u>Moreno Valley Calif 92553</u>		10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:	
4. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) <u>Incident Dec 13-2011, Local 911</u>		NAME: _____ PHONE: _____	
5. WHERE DID DAMAGE OR INJURY OCCUR? <u>at my home Address above</u>		ADDRESS: _____	
6. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: <u>I called 911 for threat + baby sister with pocket knife and her son engaged with her to do body harm</u>		NAME: _____ PHONE: _____	
7. IF POLICE OR PARAMEDICS CALLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Yes like explain above</u>		ADDRESS: _____	
8. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER: <u>County Farm Rd</u>		NAME: _____ PHONE: _____	
9. DATE OF FIRST VISIT <u>17-3-2007</u>		ADDRESS: _____	
10. PHYSICIAN'S/HOSPITAL'S ADDRESS <u>Road R. Heretic, Riverside</u>		NAME: _____ PHONE: _____	
11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates) <u>July 3-2007 911 by me</u>		TOTAL DAMAGES TO DATE: _____	
12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF <u>Marcus habron Smith</u>		TOTAL ESTIMATED PROSPECTIVE DAMAGES: _____	
13. SIGNATURE <u>Marcus Smith</u>		DATE <u>Dec 19-2011</u>	

Doc
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Agree
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Alleg

Phys

(911)
(Case)
(RIF 37674)
17-3-2007
AND
CLAIM
Filed
Sep 13-2010

RECEIVED
CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, CALIFORNIA
DEC 19 2011 9:31 AM

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim *thoroughly*.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form *must* be signed.

CLAIM# **608-11A** SUM#

RECEIVED
DEC 19 2011

CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1147, 4080 LEMON ST., 1ST FL.
RIVERSIDE, CA. 92502-1147 (851) 955-1087

1. FULL NAME OF CLAIMANT Marcus Smith		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? All incidents have occurred	
2. MAILING ADDRESS (STREET / PO BOX) 4634 Santa Rosa Drive		From some type of physical injury	
CITY STATE ZIP CODE Moreno Valley		OR emotional distress Post Traumatic Stress Disorder	
HOME TELEPHONE BUSINESS TELEPHONE 951 634101		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE). and lack of health care	
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT)		NAME: DEPARTMENT: HAVE UNPAID CLAIMS	
4. WHERE DID DAMAGE OR INJURY OCCUR?		10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION: FROM INJURIES and Loss	
STREET CITY STATE ZIP CODE		NAME PHONE Feb 8-2011 on that date	
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: Law Enforcement Arrived		ADDRESS: Board of Supervisors Set	
Officer Madone Mills and others from Moreno Valley Police		NAME PHONE They was going to pay claims and	
Start threatening me and		ADDRESS: Police	
then Mills handcuffed me		NAME PHONE	
take others home		ADDRESS	
6. WERE POLICE OR PARAMEDICS CALLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. TOTAL DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates) Sept 25-2010 & Dec 23-2010	
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER:		Chanel Truck where I called 911	
DATE OF FIRST VISIT PHYSICIAN'S/HOSPITAL'S NAME		AT Prior Address Stated a bar	
PHYSICIAN'S/HOSPITAL'S ADDRESS PHONE:		Ringed 10 10 45 of Evidence Evidence Code 110	
		To 14000 A Ruling Agreement	
		TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES	

after
had
of Ha
me in
custody
and to
take

THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

WARNING:

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RECEIVED
 ALTERNATIVE DISPUTE RESOLUTION
 RIVERSIDE COUNTY
 BOARD OF SUPERVISORS
 2011 DEC 19 AM 9:08

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF Marcus L. Smith	13. PRINT OR TYPE NAME Marcus Smith	DATE Dec 9-2011
SIGNATURE	RELATIONSHIP TO CLAIMANT	