

EXHIBIT 17

Exhibit A



**CLAIM FOR MONEY OR DAMAGES
AGAINST THE COUNTY OF ORANGE**
(Pursuant to Govt. Code section 910 et seq.)

Received by _____ via:

☐ Mail

☐ Over the Counter

☐ Pony Mail

☐ Other

*** COB USE ONLY ***

Completed and signed forms must be mailed or delivered to: Clerk of the Board of Supervisors
(Unsigned claim forms cannot be processed) 333 W. Santa Ana Blvd., Suite 465
Santa Ana, CA 92701

CLAIMANT INFORMATION

1. Claimant's Name: _____ 2. Date of Birth: _____
3. Claimant's Address: _____
Street (or P.O. Box) City State Zip Code
4. Phone Number: _____
Home Work 714-423-6923
Other attorney
5. Name and address where correspondence should be sent (if different from above):
Gust D. Hughes 620 Newport Ct Dr, Ste 1100 Newport Beach CA 92660
Name Street (or P.O. Box) City State Zip Code

CLAIM INFORMATION

6. Exact date (including year) of the occurrence or transaction which gave rise to the claim asserted: September 4, 2013
7. Exact location of the occurrence or transaction which gave rise to the claim asserted:
in patrol vehicle during arrest, at jail, at residence
8. Describe the circumstances of the occurrence or transaction which you claim caused the damage/injury/loss: During ms. Ernest; Deputy Carapaz uncuffed
and forced her to touch his penis through his uniform, intimidated her, coerced her
sexually harassed her, called and text harassed her when she was released and went
to her residence on duty and had sex with her in violation of her 4th 5th 14th rights.
9. Jail Booking Number: _____ Police Agency/Report Number: OCSD 13-173849
10. Provide a description of the damage/injury/loss incurred so far as is known as of the time of this claim: physical trauma, psychological trauma, fear,
intimidation, pain and suffering.

11. Name(s) of County employee(s) causing damage/injury/loss, if known: N. Carapina #1113
12. License number of County vehicle (if applicable): _____
13. Name, address and phone number of any and all witnesses known: _____
14. Any additional information that may assist us in evaluating your claim: _____

DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:
Amount claimed to present: \$ _____
Estimated amount of any prospective damage/injury/loss: \$ _____
TOTAL AMOUNT CLAIMED: \$ 1 million
- b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?
Yes _____ No X
- c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): similar verdicts and settlements

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment or fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

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

Signed this 27th day of February 2014 at Santa Ana
[Signature]
Signature of Claimant or Claimant's Representative

You Must Present Your Claim Within The Time Prescribed By Govt. Code Section 911.2