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BM 11/15/10

Government Claims Form

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California
Government Claims Program

NOV 15 2010

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For Office Use Only

Claim No.: G593050

Is your claim complete?

#225

- New! Include a check or money order for \$25 payable to the State of California.
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach receipts, bills, estimates or other documents that back up your claim.
- Include two copies of this form and all the attached documents with the original.

Claimant Information

1	Cedillo	Gilbert*	2	Tel: 916 651 4022		
	Last name	First Name	MI	3	Email:	
4	State Capitol, Room 5100	Sacramento	CA	95814		
	Mailing Address	City	State	Zip		
5	Best time and way to reach you: Through my attorney, Robin Johansen, below.					
6	Is the claimant under 18?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, give date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
				MM	DD	YYYY

Attorney or Representative Information

7	Johansen	Robin	B.	8	Tel: 510 346 6200
	Last name	First Name	MI	9	Email: rjohansen@rjp.com
10	201 Dolores Avenue	San Leandro	CA	94577	
	Mailing Address	City	State	Zip	
11	Relationship to claimant: Attorney				

Claim Information

12	Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	State agency that issued the warrant:	If NO, continue to Step 13
	Dollar amount of warrant:	Date of issue: <input type="text"/> <input type="text"/> <input type="text"/>
	Proceed to Step 22	MM DD YYYY
13	Date of Incident: December 2009 to present	
	Was the incident more than six months ago?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, did you attach a separate sheet with an explanation for the late filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14	State agencies or employees against whom this claim is filed:	
	State Controller John Chiang California Citizens Compensation Commission	
15	Dollar amount of claim: See Attachment A.	
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less) <input checked="" type="checkbox"/> Non-limited civil case (over \$25,000)
	Explain how you calculated the amount:	
	<input type="text"/>	

* On behalf of himself and all other state elected officers whose salary and benefits were illegally reduced by the California Citizens Compensation Commission

16	Location of the incident: Sacramento, California
17	Describe the specific damage or injury: See Attachment A.
18	Explain the circumstances that led to the damage or injury: See Attachment A.
19	Explain why you believe the state is responsible for the damage or injury: See Attachment A.
20	Does the claim involve a state vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, provide the vehicle license number, if known:

Auto Insurance Information

21	Name of Insurance Carrier			
	Mailing Address		City	State Zip
	Policy Number:	Tel:		
	Are you the registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you received any payment for this damage or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, what amount did you receive?			
	Amount of deductible, if any:			
	Claimant's Drivers License Number:	Vehicle License Number:		
	Make of Vehicle:	Model:	Year:	
	Vehicle ID Number:			

Notice and Signature

22	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).	
	<i>Silbert Cejillo</i> Signature of Claimant or Representative	11/4/2010 Date

23	Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R St., 5th flr, Sacramento.
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For State Agency Use Only

24	Name of State Agency	Fund or Budget Act Appropriation No.
	Name of Agency Budget Officer or Representative	Title
	Signature	Date

ATTACHMENT A

Question No. 13: The incident upon which this claim is based began in December 2009, when claimant and the members of the class he represents first received paychecks from the State reflecting adjustments to their salaries, benefits, per diem and automobile allowances (“salaries and benefits”) ordered by the California Citizens Compensation Commission. The filing involves a claim that is not based on a cause of action for death or for injury to person or to personal property or growing crops within the meaning of Government Code section 911.2(a) and is made within one year of the date that the claimants and class members first received paychecks from the State reflecting adjustments to their salaries and benefits ordered by the California Citizens Compensation Commission.

Question No. 15: Because this claim is made on behalf of a class consisting of all state elected officers whose salary and benefits were reduced by the California Citizens Compensation Commission, claimant is unable to calculate the amount of the claim at this time. At a minimum, claimant and the class seek restoration of their previous salaries and benefits without regard to the 18% reductions that the Commission ordered were to become effective on December 1, 2009.

Question No. 17: The specific damage or injury that claimants and the class suffered was loss of salary and benefits as a result of the California Citizens Compensation Commission’s decision to reduce their salary and benefits by 18%.

Question No. 18: On May 20, 2009, the California Citizens Compensation Commission voted to reduce the salaries of statewide elected officers – the constitutional officers identified in article V of the California Constitution, the members of the State Legislature, and the Members of the

Board of Equalization – by 18% effective December 1, 2009. On June 30, 2009, the Commission voted to reduce state contributions for medical and other benefits for these elected officials by the same percentage and to reduce the automobile allowance and per diem for members of the Legislature by 18% as well. The Controller implemented the Commission’s resolutions beginning with the elected officials’ first paychecks following December 1, 2009.

Question No. 19: The California Citizens Compensation Commission is a state entity created by article III, section 8 of the California Constitution. Subdivision (a) of section 8 provides that the Commission “shall establish the annual salary and the medical dental, insurance, and other similar benefits of state officers.” The Commission’s authority, however, is limited by article III, section 4 of the California Constitution, which provides that except with respect to judges’ salaries, “salaries of elected state officers may not be reduced during their term of office.” Because each of the class members whose salaries the Commission voted to reduce was already serving his or her term in office, the Commission’s salary reduction violated article III, section 4.

The Commission also violated the terms of article III, section 8 when it reduced salary and benefits for members of the class, because it failed to give proper consideration to the factors contained in subdivision (h) of article III, section 8.

Finally, the Commission had no authority to reduce per diem, automobile and other allowances for members of the Legislature because, that authority is vested either in the Legislature itself or in other agencies.