

## **Department of Administrative Services** **Guidance Document**

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

# State of Nebraska Inmate Tort & Miscellaneous Claim Form

This form is for Tort (Neb. Rev. Stat. § 81-8,209 - § 81-8,235) and Miscellaneous (Neb. Rev. Stat. § 81-8,294 - § 81-8,301) Claims against the **State of Nebraska**.

<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> TORT <input type="checkbox"/> MISCELLANEOUS
Claim Number: _____

Only **COMPLETED** and **SIGNED** Claim Forms will be accepted by the Office of Risk Management.

\* Indicates a **REQUIRED** field. If required fields are not filled out, your Claim will not be processed.

Claimant's Name*:	Claimant's Inmate Number*:	Is Claimant Medicare Eligible*? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Claimant's Mailing Address*:		Facility in Which Inmate is Housed*:
Date of Occurrence*:	Total Amount of Claim*:	Place of Occurrence*:

Name, Address, and Phone Number of Attorney representing Claimant **on this issue**, if any:

In the below space, please provide a detailed itemization of all known facts/circumstances/damages leading to your claim. Identify all property, places, and people involved. Include names, addresses, and phone numbers of witnesses, if any. The information provided below, along with the findings of the investigating agency, will form the basis of any decision.\*

**PLEASE USE LEGIBLE HANDWRITING.**

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Claimant Signature\*:

Date\*:

Under Penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete, and correct, and that I am duly authorized to sign this statement.	
Please include copies of any supporting documents that may be relevant to your claim including, but not limited to, Photos, Invoices, Receipts, Police Reports, Estimates, Medical Bills, Proof of Value, Proof of Ownership, etc.	
Make and keep copies of all documentation submitted as copies will not be provided.	

Claim form and supporting documents can be mailed to:  
Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974



