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.

Tort & Miscellaneous Claim Form

(Be Sure to Read and Follow All Instructions)

PLEASE TYPE OR WRITE LEGIBLY.

FOR OFFICE USE ONLY

*** Indicates REQUIRED fields**

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

☐ **TORT CLAIM** Neb. Rev. Stat. § 81-8,209-§ 81-8,235 ☐ **MISCELLANEOUS CLAIM** Neb. Rev. Stat. § 81-8, 294-§ 81-8, 301

1. Claimant's Name *	2. Daytime Phone Number * (with area code)	3. Alternate Phone Number
4. Street Address *	5. Place of Occurrence (Address/Roadway)	6. Date of Occurrence *
7. City, State *	8. Email Address	9. Total Amount of Claim *
10. ZIP + FOUR * _ _ _ _ _ - _ _ _ _	11. State Employee? * ☐ YES ☐ NO	12. Is Claim Work Related * ☐ YES ☐ NO / 13. If Yes, What Is Agency Name? *

14. *Check All Types of Verification Attached to Prove Actual Damages (**Please keep copies of all documentation submitted** .)*

☐ Photos	☐ Invoices	☐ Receipts	☐ Paid Bills	☐ Cancelled Checks
☐ Police Report	☐ Notice of Reimbursement		☐ Estimates	☐ Medical Bills
☐ Expense Report	☐ Other _____			

15. Do You Have Insurance Covering This Claim? ☐ YES ☐ NO — 16. Deductible $_____

If Yes, Has the Insurance Company Made Payments? ☐ YES ☐ NO — Amount $_____

17. Name and Address of Insurance Company & Insurance Policy Number

18. Name and Address of Attorney, if any

Provide 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 herein, along with the findings of the investigating agency, will form the basis of any decision. I understand that, by statute, investigation of my claim can take up to six months.

sign here _____ (Claimant's 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.

If submitted electronically: I agree that my typed signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Claim form and supporting documents can be emailed to: **as.riskmanagement@nebraska.gov**

Or mailed to: Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974

Questions? Call us at (402) 471-2551 Monday-Friday 8:00 AM - 5:00 PM (Central Time)

NEBRASKA Administrative Services

Risk Management Division

Make and keep copies of all documentation submitted

Submit Form Save Form