

## **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.

**FOR OFFICE USE ONLY**

# Uncashed Warrant Claim

*(Be Sure to Read and Follow All Instructions)*

**PLEASE TYPE OR WRITE LEGIBLY. \* Indicates REQUIRED fields**

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

**Uncashed (or "Expired") Warrants are checks issued by a State agency that have passed their negotiable period of one year from date of issuance.**

1. Name *	2. Social Security # / EIN *	3. Email Address
4. Street Address *	5. City, State, ZIP + FOUR *	6. Phone Number *
7. Warrant Number	8. Amount of Warrant *	9. Warrant Date *

If the original warrant is unavailable, you must complete, sign, & have notarized *Affidavit Regarding Lost or Missing State Warrant*

<p>10. Please provide <b>one</b> of the following <b>IDs (with Photo)</b></p> <p style="text-align: center;"><b>FOR EACH NAME ON ORIGINAL WARRANT: *</b></p> <p><input type="checkbox"/> Copy of Driver's License</p> <p><input type="checkbox"/> Copy of Work ID</p> <p><input type="checkbox"/> Copy of Passport</p> <p><input type="checkbox"/> Copy of Non-driver ID Card</p> <p><input type="checkbox"/> Other _____</p>	<p>11. Please provide <b>one</b> of the following proofs of <b>Social Security</b></p> <p style="text-align: center;"><b>FOR EACH NAME ON ORIGINAL WARRANT: *</b></p> <p><input type="checkbox"/> Copy of Social Security card</p> <p><input type="checkbox"/> IRS form W-9</p> <hr/> <p>12. If the original owner is deceased, you must provide evidence of your right to represent the estate.</p>
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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. I further understand that only COMPLETED and SIGNED Claim Forms will be accepted. I have retained copies of all documents enclosed, including this claim form.

**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. Any implementation of my electronic signature has the same authority and significance as my handwritten signature. I will not now, nor at any time in the future, deny the validity 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](mailto:as.riskmanagement@nebraska.gov)  
 Or mail 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)



**Make and keep copies of all documentation submitted**