

NEBRASKA

Good Life. Great Service.

DEPT. OF ADMINISTRATIVE SERVICES



Pete Ricketts, Governor

November 6, 2018

«Claimant\_First\_Name» «Claimant\_Last\_Name»  
«Address\_Claimant\_Address\_1»  
«Address\_Claimant\_City», «Address\_Claimant\_State» «Address\_Claimant\_Postal\_Code»

RE: «Type\_of\_Claim» «Claim\_Number»

Dear «Claimant\_Last\_Name» «Claimant\_Last\_Name»:

This letter acknowledges that your claim filed against the State of Nebraska was received by the Office of Risk Management on «Report\_Date». Your claim number is: «Claim\_Number». Please be advised that it may take up to six months to receive the claim's final disposition and in some cases it may take longer.

**(NON-DCS Claimants Only)**

If you have any questions regarding your claim call (402) 471-2551. When calling, please have your claim number available.

**(DCS Claimants Only)**

If you have any questions, please send a written correspondence, referencing your claim number, to the address listed below.

Sincerely,

Shereece Dendy-Sanders, State Risk Manager  
Administrative Services – Risk Management

c: Stephanie Caldwell, Assistant Attorney General

[initials of preparer]

Shereece Dendy-Sanders, State Risk Manager

Department of Administrative Services | RISK MANAGEMENT

PO Box 94974  
Lincoln, Nebraska 68509-4974

1526 K Street, Ste. 220  
Lincoln, Nebraska 68508

OFFICE 402-471-2551  
FAX 402-471-2800

[das.nebraska.gov](http://das.nebraska.gov)



Pete Ricketts, Governor

November 6, 2018

«Claimant\_Name»

«Address\_Claimant\_Address\_1»

«Address\_Claimant\_City», «Address\_Claimant\_State» «Address\_Claimant\_Postal\_Code»

Re: «Type\_of\_Claim» «Claim\_Number»

Dear «Claimant\_Last\_Name» «Claimant\_Last\_Name»:

Please be advised that Claim Number «Claim\_Number» has been approved in the amount of «Resolution\_Amount». For payment to be processed, please verify that the information on the enclosed Release is accurate and return it to the Office of Risk Management for processing. Once the original notarized Release has been received, payment will be issued. Note: Copies will not be accepted.

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Sincerely,

Shereece Dendy-Sanders, State Risk Manager  
Administrative Services – Risk Management

Enc:

[initials of preparer]

Shereece Dendy-Sanders, State Risk Manager

Department of Administrative Services | STATE CLAIMS BOARD

Bruce Range, Board Member | John Albin, Board Member | Byron Diamond, Board Member

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«Claimant\_First\_Name» «Claimant\_Last\_Name»  
«Address\_Claimant\_Address\_1»  
«Address\_Claimant\_City», «Address\_Claimant\_State»«Address\_Claimant\_Postal\_Code»

RE: «Type\_of\_Claim» «Claim\_Number»

Dear «Claimant\_Last\_Name» «Claimant\_Last\_Name»:  
Please be advised that Claim Number «Claim\_Number» has been denied by the State Claims Board. The basis for the denial was that <Summary of Basis for Denial>.

If you are dissatisfied with the decision of the State Claims Board, you may file a lawsuit with the District Court of the county in which the act or omission complained of occurred or, if the act or omission occurred outside the boundaries of the State of Nebraska, in the District Court for Lancaster County.

**(NON-DCS Claimants Only)**

If you have any questions regarding your claim call (402) 471-2551. When calling, please have your claim number available.

**(DCS Claimants Only)**

If you have any questions, please send a written correspondence, referencing your claim number, to the address listed below.

Sincerely,

Shereece Dendy-Sanders, State Risk Manager  
Administrative Services – Risk Management

Enc:  
[initials of preparer]

Shereece Dendy-Sanders, State Risk Manager

Department of Administrative Services | STATE CLAIMS BOARD

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