



# Standard Operating Procedures: How to File a Contract Claim Against the State of Nebraska

Department of Administrative Services  
Risk Management

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[State Contract Claims Act, Nebraska Revised Statutes §§ 81-8,302 to 81-8,306](#)

When a dispute regarding a contract between the State of Nebraska (a State Agency, Board, and/or Commission) and a Contractor has ensued a Contract Claim may be filed. Contract claims are heard and decided by the State Claims Board

A Contract Claim is a claim describing a dispute over a contract between the State of Nebraska (a State Agency, Board and/or Commission) and the Claimant. The Contract Claim Act does not cover employment contracts under the State Personnel System or the contracts written under State Employees Collective Bargaining Act.

Contract claims shall be filed on [forms](#) provided by Risk Management. Each Claimant shall submit a completed Contract Claim form with, at a minimum, the following documentation:

1. A copy of the contract allegedly breached.
2. An explanation of the manner in which the contract was allegedly breached.
3. An explanation of damages incurred as a result of the alleged breach.

Upon receipt of a contract claim, Risk Management shall immediately notify the Claimant and the Contracting Agency, in writing.

Both the Claimant and the Contracting Agency have the right to object to the submission of the Claim to the State Claims Board. In order to object to the submission, the Claimant or the Contracting Agency must notify Risk Management, in writing, within ninety days of the mailing notification that the claim was filed.

If either the Claimant or the Contracting Agency object to the submission of the Claim to the State Claims Board, the Board shall have no further jurisdiction over the Claim, and the Claimant may initiate an action in the District Court of Lancaster County. Any action initiated in the District Court of Lancaster County must be filed within two years of the date that Risk Management receives the written notification of objection, or the claim shall be forever barred.

Every contract claim permitted under the State Contract Claims Act shall be forever barred unless the claim is filed with the Risk Manager within two years of the time at which the claim accrued.

**TO FILE A CONTACT CLAIM:**

[Download the Contract Claim Form Here](#)

Only fully completed and signed Contact Claim Forms will be accepted by the Office of Risk Management.

| <b>Contract Claim Form</b>  |   | <b>FOR OFFICE USE ONLY</b> |
|---|---|----------------------------|
| <i>Neb. Rev. Stat. § 81-8,302 - 81-8,306</i><br>PLEASE TYPE OR WRITE LEGIBLY.   |   |                            |
| * Indicates REQUIRED fields<br><i>Only COMPLETED and SIGNED Claim Forms will be accepted by the Office of Risk Management</i> |   |                            |
| 1. Claimant's Name *  | 2. Daytime Phone Number *                                 | 3. Email Address           |
| 4. Street Address *   | 5. Name of State of Nebraska Agency Contracted *          |                            |
| 6. City, State *  | 7. Date of Occurrence *                                   | 8. Damages Incurred *      |
| 9. ZIP + FOUR *   | 10. Name and Contact Information of Your Attorney, if any |                            |
| A copy of the contract allegedly breached must accompany this Claim Form  |   |                            |
| 11. Provide detailed itemization of all known facts and/or circumstances that support your allegation of breach.              |   |                            |
| The information provided herein, along with the findings of the investigating agency, will form the basis of any decision.    |   |                            |

sign here \_\_\_\_\_ (Claimant's Signature) \_\_\_\_\_ (Date)

Under penalties of law, I declare I have examined this statement. It is, to the best of my knowledge & belief, true, complete, & correct, & 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](mailto: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)



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

The following pages explain the various sections of the Contract Claim Form. The title of each section is provided, followed by a description and an explanation of the information requested.

Please note that when a field contains an asterisk (\*), it is a **REQUIRED FIELD** and cannot be left blank. Please fill out the fields with the asterisks completely. This will help the investigation.

**1. Claimant's Name\*:**

This is the name of the person/company making the claim. This name should match the Claimant's signature.

**2. Daytime Phone Number\*:**

This is the phone number of the Claimant, the number where the Claimant can be reached during the day.

**3. Email Address:**

Does the Claimant have an email address? If so, please list it here. This is not a required field. This space may be left blank if the Claimant does not have an email address.

**4. Street Address\*:**

This is the mailing address of the Claimant. The Office of Risk Management will send correspondence to this address.

**5. Name of State of Nebraska Agency Contracted\*:**

This is the Agency of the State of Nebraska with which the contract has been made.

**6. City, State\*:**

This is the city and state for the mailing address of the Claimant.

**7. Date of Occurrence\*:**

This is the date that the disagreement over the contract arose. When did the alleged breach of contract occur? When did this incident happen?

**8. Damages Incurred\*:**

This is the amount of money that the alleged breach of contract has caused to be lost. What is the total amount of damages caused by this alleged breach of contract?

**9. Zip + Four\*:**

This is the zip code for the mailing address of the Claimant; the zip code assigned to the mailing address.

**10. Please list the name and contact information of the claimant's attorney, if any:**

Please list the attorney's name. Provide the contact information of the attorney, the attorney's phone number and mailing address. You may also provide a copy of the retainer or letter of engagement that was received when the attorney was hired.

**11. Please provide detailed itemization of all know facts and/or circumstances that supports your allegation of breach\*:**

In the space please provide detailed itemization of all known facts and/or circumstances that support the Claimant's allegation of breach. Claimant must include at least the following:

1. A copy of the contract allegedly breached.
2. The manner in which the contract was allegedly breached.
3. The damages incurred as a result of the alleged breach.

***The information provided herein, along with the findings of the investigating agency, will form the basis of any decision. By statute, investigation of this claim can take up to six months, but in some instances may take longer. Only completed and signed Claim Forms will be accepted. Please retain copies of all documents enclosed, including this claim form.***

**Sign Here\*:**

Sign and date this claim in the spaces provided. This is the Claimant's signature or the person submitting the claim. Claims cannot be processed without the Claimant's signature and date of signature.

**A copy of the contract allegedly breached must accompany this Claim Form\*.**

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Once the Claim Form has been completed it needs to be submitted to the Office of Risk Management. It is recommended that the form be submitted electronically, however it can also be submitted by mail, fax, or in-person.

**To Submit Your Claim Electronically:**

Please email the completed, signed, and dated form as well as any supporting documents to:

[as.riskmanagement@nebraska.gov](mailto:as.riskmanagement@nebraska.gov)

If submitting electronically, keep in mind that a typed signature is legally binding and equivalent to a handwritten signature.

**To Submit Your Claim by Mail:**

Please mail the completed, signed, and dated form as well as any supporting documents to:

**Office of Risk Management  
PO Box 94974  
Lincoln, NE 68509-4974**

**To Submit Your Claim by Fax:**

Please fax the completed, signed, and dated form as well as any supporting documents to:

**402-471-2800**

**To Submit Your Claim in Person:**

Please bring the completed, signed, and dated form as well as any supporting documents to:

**Office of Risk Management  
1526 K Street, Suite 220  
Lincoln, NE 68508**

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**What Happens Next?**

Claims must be approved or denied by the State Claims Board. Claimants will be notified by mail of the hearing date and time. The hearing dates are posted in the Office of Risk Management and also under the [State Claims Board](#) tab at the [Office of Risk Management](#) website. Claimants may attend the hearing, but it is not required. If a Claimant wishes to attend, they must notify the Office of Risk Management, in writing, at least one week prior to the hearing. Once the claim has been heard by the State Claims Board, the Claimant will be notified of the action taken on the claim within ten days of the hearing.

**State Claims Board Hearings:**

The State Claims Board shall have the power and authority to receive, investigate, and otherwise carry out its duties with regard to:

- All claims under the [State Tort Claims Act, Nebraska Revised Statutes §§ 81-8,209 to 81-8,235](#).
  - All claims under the [State Miscellaneous Claims Act, Nebraska Revised Statutes §§ 81-8,294 to 81-8,301](#).
  - All claims under [Nebraska Revised Statutes §§ 25-1802 to 25-1807](#),
  - All claims under the [State Contract Claims Act, Nebraska Revised Statutes §§ 81-8,302 to 81-8,306](#),
  - All requests on behalf of any Agency, Board, or Commission of the State for waiver or cancellation of money or charges when necessary for fiscal or accounting procedures, and
  - All claims filed under section [66-1531](#). (See [Nebraska Revised Statute §§ 81-8,297](#)).
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The Director of Insurance, Commissioner of Labor, and Director of Administrative Services shall constitute the State Claims Board which shall be part of the Risk Management Program created by section [Nebraska Revised Statute § 81-8,239.01](#). The Attorney General shall be its legal advisor. (See [Nebraska Revised Statute § 81-8,220](#))

The State Claims Board meets quarterly. The dates of the hearings are posted in Office of Risk Management and also under the [State Claims Board](#) tab at the [Office of Risk Management](#) website. The hearings are informal pursuant to the [Open Meetings Act, Nebraska Revised Statutes §§ 84-1407 to 84-1414](#). The Claimant does not need to be present for the claim to be heard. Claims will be heard before the Nebraska Legislature once per year.

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Please call the Office of Risk Management at (402) 471-2551, Monday – Friday, 8 AM to 5 PM, if there are any questions.

**It is important to keep copies of all documentation submitted to the Office of Risk Management, State of Nebraska.**