

# Contract Claim Form

Neb. Rev. Stat. § 81-8,302 - 81-8,306

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*

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**