

State of Nebraska Inmate Tort & Miscellaneous Claim Form

This form is for Tort (Neb. Rev. Stat. § 81-8,209 - § 81-8,235) and Miscellaneous (Neb. Rev. Stat. § 81-8,294 - § 81-8,301) Claims against the **State of Nebraska**.

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

* Indicates a **REQUIRED** field. If required fields are not filled out, your Claim will not be processed.

FOR OFFICE USE ONLY

TORT MISCELLANEOUS

Claim Number:

Claimant's Name*: _____ Claimant's Inmate Number*: _____ Is Claimant Medicare Eligible*?
 Yes NO

Claimant's Mailing Address*: _____ Facility in Which Inmate is Housed*: _____

Date of Occurrence*: _____ Total Amount of Claim*: _____ Place of Occurrence*: _____

Name, Address, and Phone Number of Attorney representing Claimant **on this issue**, if any:

In the below space, please provide a 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 below, along with the findings of the investigating agency, will form the basis of any decision.*

PLEASE USE LEGIBLE HANDWRITING.

Claimant 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.

Please include copies of any supporting documents that may be relevant to your claim including, but not limited to, Photos, Invoices, Receipts, Police Reports, Estimates, Medical Bills, Proof of Value, Proof of Ownership, etc.

Make and keep copies of all documentation submitted as copies will not be provided.

Claim form and supporting documents can be mailed to:
Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974

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Risk Management

