



Standard Operating Procedures: How to File an Uncashed Warrant Claim with the State of Nebraska

Department of Administrative Services
Risk Management

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[State Miscellaneous Claims Act, Nebraska Revised Statutes §§ 81-8,294 to 81-8,301](#)

An uncashed warrant is a check, written by the State of Nebraska, which has not been presented for payment within one year of the date of issue. An uncashed warrant claim requests that the uncashed check be reissued to the payee. There is no time limit barring the recovery of an uncashed warrant.

There are three important factors to note:

- If a copy of the warrant is not available, an [Affidavit Regarding the Lost or Missing Warrant](#) must accompany the claim form.
- If the Claimant does not have a social security card, an [IRS Form W-9](#) must be provided with the claim to prove ownership of a social security number.
- If the original owner of the warrant is deceased, evidence must be provided to illustrate the right of the Claimant to represent the estate: a death certificate along with a will naming the executor of the estate, or any legal document provided by the court that designates the Claimant as representative of the estate.
- If the original owner of the warrant is a business who has changed names or has been purchased by a new company, evidence must be provided to support such changes.

An uncashed warrant that is not issued by the State of Nebraska is not covered by this Uncashed Warrant Claim.

TO FILE AN UNCASHED WARRANT CLAIM:

[Download the Uncashed Warrant Claim Form Here](#)

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

State of Nebraska Uncashed Warrant Claim Form

This form is for Uncashed Warrants that fall under the Miscellaneous Claims Act (Neb. Rev. Stat. § 81-8,294 - § 81-8,301).

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.

Please include the required* information for each name on the original warrant.

FOR OFFICE USE ONLY
Claim Number:

Claimant's Name*:		Claimant's Social Security # / EIN*:	
Claimant's Mailing Address*:		Claimant's Phone Number*:	
		Claimant's Email Address:	
Warrant Number*:	Amount of Warrant*:	Warrant Date*:	

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

Please provide one of the following IDs (with Photo) for EACH NAME ON THE ORIGINAL WARRANT* :	Please provide one of the following proofs of Social Security for EACH NAME ON THE ORIGINAL WARRANT* :
<input type="checkbox"/> Copy of Driver's License <input type="checkbox"/> Copy of Non-Driver ID Card <input type="checkbox"/> Copy of Work ID <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Passport	<input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> IRS Form W-9 (Available at https://www.irs.gov/pub/irs-pdf/fw9.pdf)

If the original owner is deceased, you must provide evidence of your right to represent the estate.
 If the original owner of the warrant has changed names (marriage, divorce, business name change, etc.), evidence must be provided to support such changes.

Name, Address, and Phone Number of Attorney, if any:

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.

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

Claim form and supporting documents can be emailed to:
 as.riskmanagement@nebraska.gov

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

Questions? Call the Office of Risk Management at (402) 471-2551.



The following pages explain the various sections of the Uncashed Warrant 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.

Claimant's Name*:

This is the name of the person making the claim. This name matches the Claimant's signature.

Claimant's Social Security # / EIN*:

A Social Security Number is for people, and an EIN is for businesses. The Social Security Number is found on the Claimant's social security card. The EIN number is the Federal Employer Identification Number or the Federal Tax Identification Number. This number is assigned by the Internal Revenue Service to business entities operating in the United States for the purposes of identification.

Claimant's Mailing Address*:

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

Claimant's Phone Number*:

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

Claimant's 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 has no email address.

Warrant Number*:

This is the number of the Warrant you are seeking to reissue.

Amount of Warrant*:

This is a required field. This claim cannot be processed without the exact amount of the warrant. This is the amount for which the uncashed warrant (or check) was written.

Warrant Date*:

This is also a required field. The date of the uncashed warrant (or check) must be included here. The claim cannot be processed if this field is blank.

If the original warrant is unavailable, you must complete, sign, & have notarized the [Affidavit Regarding Lost or Missing State Warrant](#). See page seven for a sample affidavit.

Please provide a copy of one of the following IDs (with a photo)*:

The Uncashed Warrant Claim cannot be processed without a copy of a photo ID. The following forms of photo ID may be used:

- **Driver's License:**

This is a copy of the Claimant's driver's license, issued by a government entity.

- **Work ID:**
This is a copy of the Claimant's ID from their place of work. If the Claimant is a State of Nebraska employee, this would be a copy of the Nebraska State Employee ID.
- **Passport:**
This is a copy of the Claimant's passport issued by the United States Department of State.
- **Non-Driver ID Card:**
If you do not drive, the State of Nebraska issues an ID card with a photo for verification of identity.
- **Other:**
This would be any other form of photo ID. List the type of ID in the space provided.

Please provide one of the following proofs of Social Security*:

- **Social Security Card:**
Please keep the original social security card and send a copy. This is the social security card assigned by the United States Social Security Administration.
- **IRS Form W-9:**
If a Social Security Card is not available, fill out an [IRS W-9 Form](#), exactly as instructed, and include it with the claim.

If the original owner is deceased, you must provide evidence of your right to represent the estate:

If you have been designated to represent the owner of the uncashed warrant, please provide evidence of your right to represent the estate of the person who was issued the original warrant. Documentation could include legal letters of administration or testamentary paperwork, or any papers that the court has provided to designate the Claimant as an administrator or executor of the estate.

If the original owner of the warrant has changed names (marriage, divorce, business name change, etc.), evidence must be provided to support such changes.

Name, Address, and Phone Number of Attorney, if any:

If the Claimant is represented by an attorney, list the name and mailing address of the attorney.

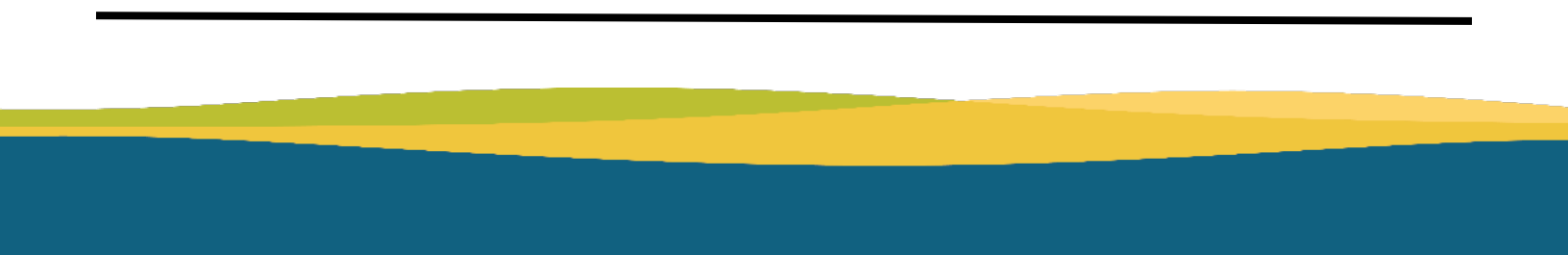
The information provided herein, along with the findings of the investigating agency, will form the basis of any decision. Investigation of this claim can take up to six months, and longer in some instances. Only completed and signed Claim Forms will be accepted. Please retain copies of all documents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

Claimant Signature*:

Sign the claim in the space provided. Claims cannot be processed without the Claimant's signature.

Date:

This is the date that the Claimant is signing the form. Claims cannot be processed without the date of signature.



Once the Claim Form has been completed, it and all supporting documentation, 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

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**


What Happens Next?

Claims under \$5,000.00:

Once filed, a letter of acknowledgement confirming that the claim has been received will be mailed to the Claimant and the appropriate agency will be notified. After the investigation is complete, the Risk Manager will then approve or deny the claim, based upon the available information.

If approved, a release will be sent to the Claimant. The original release needs to be signed, in the presence of a public notary, and returned to the Office of Risk Management exactly as instructed in the accompanying letter. Once the signed and notarized release has been received, the claim will be processed for payment.

The acceptance by the Claimant of award shall be final and conclusive on the Claimant's part. Acceptance shall constitute a complete release by the Claimant of any claim against the state or against the employee of the state whose act or omission gave rise to the claim.



If denied, a denial letter will be sent to the Claimant and the claim will be closed.

If a Claimant is dissatisfied with the decision of the Risk Manager, they may file an application for review by the Legislature. The application for review must be filed with Risk Management within sixty days after the date of the Risk Manager decision.

Claims \$5,000.00 to \$50,000.00 (State Claims Board):

Claims ranging from \$5,000.00 to \$50,000.00 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. If a Claimant is dissatisfied with the decision of the Board, they may file an application for review by the Legislature. The application for review must be filed with Risk Management within sixty days after the date of the State Claims Board decision.

Claims above \$50,000.00:

Claims recommended for approval that are above \$50,000.00 must be approved by the Nebraska State Legislature. The Legislature meets once per year, beginning in January. If approved by the Nebraska State Legislature, the signature of the Governor of Nebraska is required in order to process the claim for payment.

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 department, 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](#)).

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.

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.