

**Claim for  
 Injury Or Damage**  
*(Please Read Instructions)*

**FOR OFFICE USE ONLY**

Only Completed And Signed Claim Forms Will Be Accepted By The Risk Management Division

Check the type of claim you are filing against the State of Nebraska:

- Tort Claims Act: Neb. Rev. Stat. § 81-8,209-§ 81-8, 235
- Miscellaneous Claims Act: Neb. Rev. Stat. § 81-8, 294-§ 81-8, 301
- Contract Claims Act: Neb. Rev. Stat. § 81-8, 302-§ 81-8, 306

1. Name	2. Social Security Number	3. E-mail Address
4. Street Address	5. City, State, Zip Code	6. Phone Number
7. Place of Occurrence – City / County	8. Date of Occurrence	9. Your Age At Occurrence
10. Are You A State Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. Is Your Claim Work Related? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. Total Amount of Claim \$
13. Check All Types of Verification Attached to Prove Actual Damages <i>(Please keep copies of all documentation submitted.)</i>		
<input type="checkbox"/> Copy of Warrant <input type="checkbox"/> Warrant # _____ <input type="checkbox"/> Paid Bills <input type="checkbox"/> Invoices <input type="checkbox"/> Cancelled Checks <input type="checkbox"/> Repair Quotations <input type="checkbox"/> Medical Reports <input type="checkbox"/> Copy of Contract for Contract Claim <input type="checkbox"/> Photographs <input type="checkbox"/> Others		
14. Do You Have Insurance Covering This Claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		15. Deductible \$
16. If Yes, Has the Insurance Company Made Payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. Amount \$
18. Name, Address and Phone Number of Your Insurance Company and Insurance Policy Number		

19. Name, Address, and Phone Number of Your Attorney, if any

20. **Description of Accident or Occurrence.**

**This is your certified testimony as to the facts of the incident for which you are filing this claim.**

**Tort & Miscellaneous Claims:** Detail all known facts and circumstances leading to your claim and identify all property, places and people involved including the names, addresses and phone numbers of witnesses, if any. Provide detailed itemization of damages. • **Expired Warrant Miscellaneous Claims:** Provide a photo ID and proof of social security number for each name on the warrant and a copy of the warrant if available. • **Contract Claims:** Indicate how the contract was breached. Please be sure to attach all relevant documentation.

Description of Accident or Occurrence *(Continued from page 1)*

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This information, an investigation conducted by the state agency involved and the Risk Management Division, will form the basis for any decision. If your claim is presented before the State Claims Board, you will be notified prior to the hearing. Your appearance at the hearing is not required.

**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.**

sign  
here ▶

\_\_\_\_\_  
*(Claimant's Signature)*

Please retain a copy of your claim form and documentation for your files and mail the original signed claim form to:

Risk Management Division  
State Claims Board  
P.O. Box 94974  
Lincoln, NE 68509-4974  
402-471-2551

## INSTRUCTIONS FOR COMPLETION OF FORM

Print legibly using black ink to complete this form. Return the original claim form along with a copy of any additional materials to the Risk Management Division. Retain copy for your files.

Each type of claim has its own statutory requirement. The State Claims Board may change the claim type designation before approving or denying the claim. The Claimant may protest any such change in writing. It is not necessary for a Claimant to be present at the hearing or to be represented by counsel. The information on this page is summary information only. Claimants should read the applicable statutory provisions and seek assistance if necessary to ensure a complete understanding of their rights and responsibilities. <http://nebraskalegislature.gov/laws/laws.php>

### Tort Claim Section 81-8,210(4)

“Tort claim means any claim against the State of Nebraska for money only on account of damage to or loss of property or on account of personal injury or death caused by the negligent or wrongful act or omission of any employee of the state, while acting within the scope of his or her office or employment...”

#### **Examples of documentation to include with claim form:**

- Police reports
- Estimates of vehicle damage
- Pictures of damage
- Witness statements

#### **Disposition/Appeal**

- A Claimant has a right to pursue a tort claim in district court if it is denied or reduced by the State Claims Board or is withdrawn by the Claimant after six months from the date the claim was file.

### Miscellaneous Claim Section 81-8,295

Miscellaneous claim shall mean any claim against the state for which there is no other specific provision of law for the resolution of such claim.

#### **Miscellaneous Claims include:**

- Unpaid judgment against the State of Nebraska
- Agency requests for cancellation of waiver of charges
- State employee personal property damages incurred during the course of employment
- Out-of-date invoices
- Expired warrant

#### **Examples of documentation to include with claim form:**

- Agency requests for cancellation of waiver of charges
- Receipts or proof of damages
- Copy of out-of-date invoice
- Copy of expired warrant
- Copy of photo ID
- Proof of Social Security Number

#### **Disposition/Appeal**

- A Claimant has a right to appeal a Miscellaneous Claim to the State Legislature if it has been denied or reduced by the State Claims Board provided that an application for review is filled out within 60 days of the date of the State Claims Board's decision of the claim.

### Contract Claim Section 81-8,303

“Contract claim shall mean a claim against the state involving a dispute regarding a contract between the State of Nebraska or a state agency and the claimant other than employment contracts covered by the State Personnel System or entered into pursuant to the State Employees Collective Bargaining Act.”

#### **Include with this Claim Form the following items:**

- Copy of the contract allegedly breached
- Information on manner of alleged breach
- Proof of resulting damages

#### **Disposition/Appeal**

- Contract Claims are processed as Miscellaneous Claims (refer to section on Miscellaneous Claims) unless either party objects in writing to the State Claims Board's jurisdiction within 90 days of mailing the notice of filing. If either party objects, a new action may be filed in district court as provided in statute.