

PO Box 94974  
 Lincoln NE 68509-4974

**CLAIM FOR  
 INJURY OR DAMAGE**

**FOR OFFICE USE ONLY**

PLEASE READ INSTRUCTIONS AND INFORMATION ON BACK OF PAGE 2 BEFORE COMPLETING THIS FORM.  
 ALL QUESTIONS MUST BE ANSWERED OR THIS FORM WILL BE RETURNED AS INCOMPLETE.

File this form if you are making a claim against the State of Nebraska subject to the following statutes:

CHECK THE TYPE OF CLAIM YOU ARE FILING. (Carefully read the back of this form for further information.)

- Tort Claims (Section 81-8,209 to 81-8,235)
- Miscellaneous Claims (Section 81-8,294 to 81-8,301)
- Contract Claims (Section 81-8,302 to 81-8,306)

NAME		AGE at occurrence	SOCIAL SECURITY OR TAX I.D. NUMBER
STREET ADDRESS		PHONE NUMBER	DATE OF OCCURRENCE
CITY, STATE, ZIP CODE		COUNTY OF OCCURRENCE	TIME OF OCCURRENCE A.M./P.M.
PLACE OF OCCURRENCE	ARE YOU A STATE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS YOUR CLAIM WORK RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT OF CLAIM \$
CHECK ALL TYPES OF VERIFICATION ATTACHED TO PROVE ACTUAL DAMAGES			
<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 (Required by statute) <input type="checkbox"/> Other			
DO YOU HAVE INSURANCE COVERING THIS CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, HAS THE INSURANCE COMPANY MADE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT IS THE DEDUCTIBLE ON YOUR POLICY THAT YOU MUST PERSONALLY PAY?      \$			
NAME, ADDRESS AND PHONE NUMBER OF YOUR INSURANCE COMPANY			
INSURANCE POLICY NUMBER			

**DESCRIPTION OF ACCIDENT OR OCCURRENCE.** This is your certified testimony as to the facts of the incident for which you are filing this claim. 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. If you are filing a claim for an expired State of Nebraska warrant, provide a copy of the warrant and indicate why the warrant was not cashed prior to expiration. If you are filing a contract claim, indicate how the contract was breached.

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DESCRIPTION OF ACCIDENT OR OCCURRENCE (Continued from page 1)

Your signature is required. By signing you certify that what you have stated above is true to the best of your knowledge. This signature may be of the claimant's legal representative if the claimant is deceased or incapacitated. For representatives and individuals signing on behalf of corporate entities must attach evidence of legal authority

**Sign Here** 

*Claimant's Signature*

NAME OF CLAIMANT'S ATTORNEY, IF ANY

ATTORNEY'S TELEPHONE NUMBER

ATTORNEY'S ADDRESS

This claim is your certified testimony and will be presented to the State Claims Board. This information and an investigation by the state agency involved and/or the Division of Risk Management will form the basis for any decision unless you choose to appear and provide additional information at the Board hearing. You will be notified ten days prior to the hearing. Appearance at the hearing is not required.

State of Nebraska

s.s.

County of \_\_\_\_\_)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_,  
(month)

by \_\_\_\_\_  
(printed name of person acknowledged)

↑ Affix Official Notary seal here ↑

\_\_\_\_\_  
Notary Public

Return all white copies of this form to the State Claims Board.  
**Retain** goldenrod copy for your file.

## INSTRUCTIONS FOR COMPLETION OF FORM

Type or use ink to complete this form. Return the three white copies and three copies of any additional materials to the State Claims Board. Retain the goldenrod copy for your files.

### DEFINITIONS OF CLAIMS

Read carefully before completing this form.

EACH TYPE OF CLAIM HAS ITS OWN STATUTORY REQUIREMENTS. 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 ENTIRE STATUTORY PROVISIONS AND SEEK ASSISTANCE IF NECESSARY TO ENSURE A COMPLETE UNDERSTANDING OF THEIR RIGHTS AND RESPONSIBILITIES.

#### 1. TORT CLAIM Section 81-8,210(4)

"Tort Claim shall mean any claim against the State of Nebraska for money only on account of damages 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..."

##### INCLUDE WITH THE CLAIM FORM

Documentation to support claim. For example, police reports, estimates of vehicle damage, pictures of damage, witness statements, etc.

##### 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 date the claim was filed.

#### 2. 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 judgments against the state, agency requests for cancellation or waiver of charges, state employee personal property damages incurred during the course of employment, out-of-date warrants, out-of-date invoices, employee or official indemnification.

##### INCLUDE WITH THE CLAIM FORM

Documentation to support agency requests for cancellation or wavier of charges, receipts or proof of damages, copy of out-of-date warrant or invoice.

##### 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 filed within 60 days of the date of the State Claims Board's decision on the claim.

#### 3. 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 THE CLAIM FORM

(1) a copy of the contract allegedly breached; (2) information on manner of alleged breach; and (3) 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 Board's jurisdiction within 90 days of the mailing notice of filing. If either party objects, claim must be filed in district court as provided in statute.