

State of Nebraska  
AS - Risk Management  
PO Box 94974  
Lincoln NE 68509-4974  
402-471-2551

CLAIM FOR:  
UNCASHED WARRANT (CHECK)  
NEB. REV. STAT. § 81-8,294 - § 81-8,301



Please Answer All Questions

Name	Date of Birth	Social Security or Tax I.D. Number	
Street Address		Phone Number	Warrant Number
City, State, Zip Code		Are you a State Employee?	Total Amount of Claim \$
REQUIRED DOCUMENTATION FOR ALL PERSONS NAMED ON UNCASHED WARRANT (CHECK)			
<input type="checkbox"/> Uncashed warrant (check) or copy (If Available)			
<input type="checkbox"/> Photocopy of an official document with your social security number (Social Security Card, W-2, Pay Stub, etc.)			
<input type="checkbox"/> Photocopy of picture ID (Driver's License)			
<input type="checkbox"/> If the original owner is deceased, evidence of your right to represent their estate			

**YOUR SIGNATURE MUST BE NOTARIZED**

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 evidence of legal authority to do so must be attached.

**Sign Here**

\_\_\_\_\_ *Claimant's Signature*

This claim is your certified testimony and may 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. If your claim is heard by the Board you will be notified ten days prior to the hearing. Your appearance at the hearing is not required.

State of \_\_\_\_\_

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