

State of Nebraska Contract Claim Form

This form is for Contract Claims (Neb. Rev. Stat. § 81-8,302 - § 81-8,306) 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

Claim Number:

Claimant's Name*:

Claimant's Phone Number*:

Alternate Phone Number:

Claimant's Mailing Address*:

Claimant's Email Address:

Name of State of Nebraska Agency Contracted*:

Date of Occurrence*:

Total Amount of Claim*:

Contract Number:

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

A copy of the contract allegedly breached must accompany this Claim Form.

In the below space, please provide a detailed itemization of all known facts/circumstances/damages leading to your allegation of breach. 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.

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.

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

Or mailed to: Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974

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

NEBRASKA

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DEPT. OF ADMINISTRATIVE SERVICES
Risk Management