

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.

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.