

**CLAIM AGAINST THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF SHAWNEE, KANSAS**

Received Via:

Time Stamp

- US Mail
- Inter-Office Mail
- Over the Counter
- Fax
- Internet

Completed claim forms must be submitted to the **Shawnee County Clerks Office, Shawnee County Courthouse, 200 E. 7th, Room 107, Topeka, Kansas 66603**. Where space is insufficient, please use additional paper.

WARNING: It is a criminal offense to file a false claim. (K.S.A. 21-3904)

The undersigned respectfully submits the following claim and information relative to damage to persons and/or property:

1. Name of claimant: _____
 - a. Address of Claimant: _____
(Street address)

(City) (State) (Zip)
 - b. Phone Number: Home _____
Work _____
Cell _____
2. Name, telephone and address to which claimant desires notices to be sent if different than above:

3. Occurrence or event from which the claim arises:
 - a. Date: ____/____/20____
 - b. Time: _____ AM / PM (circle one)
 - c. Location: _____
 - d. Specify the circumstances of the occurrence; event, act or omission that you claim caused the injury, damage or loss. (Use additional paper if necessary)

e. State how or in what manner Shawnee County or its employees were at fault:

f. State the names of any county employee(s) causing the injury, damage or loss (if known):

4. Give a description of the injury, property damage or loss incurred as far as is known at the time of this claim. (If your claim involves a vehicle, include make, model, year and license number.)

5. Damages Claimed:

- a. Amount claimed as of this date: \$ _____
- b. Estimated amount of any future costs: \$ _____
- c. Total amount claimed: \$ _____

ATTACH ALL AVAILABLE DOCUMENTATION EVIDENCING AMOUNTS CLAIMED (Include copies of all bills, invoices, estimates, ect.)

6. Names and addresses of all witnesses to the incident

Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____

7. If this claim relates to damage to your vehicle or other property and you have insurance coverage on the property, please answer the following:
- a. Name of insurance carrier: _____
 - b. Address of insurance carrier: _____
 - c. Insurance policy number: _____
 - d. Insurance agent's name: _____
 - e. Agent's telephone: _____
 - f. Do you have collision insurance? Yes _____ No _____
 - g. Have you reported this damage to your insurance carrier: Yes _____ No _____
 - h. Have you been paid anything by your insurance company related to this claim: Yes _____ (if yes, state the amount \$ _____) No _____
 - i. Amount of your insurance deductible: \$ _____

8. Please provide or attach any additional information that might be helpful in considering your claim:

9. Please attach copies of the following documents if available:
- Itemized statements of estimates of damages. Three repair estimates are preferred.
 - Itemized paid bills, cancelled checks, etc. as proof of payment for the repair of the damage.
 - Photographs of the damage done to the property, if available.

Please be advised, Kansas Statutes Annotated 12-105b provides that a claim shall be deemed denied if the County fails to approve it in its entirety within one hundred twenty (120) days of the filing date.

NOTICE: W-9 Form Requirement – if the event this claim is approved in whole or in part, the County will require Claimant to submit an I.R.S. Form W-9 certifying their Tax ID prior to any payment.

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I have read the statements made in the above claim and I know the same to be true and correct. I certify under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____ 20____

Claimant's Signature