1200 County-City Building 227 W. Jefferson Boulevard South Bend, Indiana 46601-1830



PHONE 574/235-9241 Fax 574/235-7670 TTY 574/235-5567

CITY OF SOUTH BEND

JAMES MUELLER, MAYOR

DEPARTMENT OF LAW

SANDRA KENNEDY CORPORATION COUNSEL JENNA K. THROW CITY ATTORNEY

REQUIREMENTS FOR FILING A LIABILITY CLAIM WITH THE CITY OF SOUTH BEND

Under Indiana law, a notice of claim against the City must describe in a short and plain statement the facts on which the claim is based, including:

- 1) Circumstances which brought about the loss;
- 2) Extent of the loss please provide two (2) written estimates for property damage;
- 3) Time and place the loss occurred;
- 4) Names of all persons involved, if known;
- 5) Amount of the damages sought; and
- 6) Claimant's residence at the time of loss and the time of filing the notice. Ind. Code § 34-13-3-10.

If you desire to pursue a claim against the City, please forward the information required by the statute set forth above. <u>You may use the enclosed form</u>.

Providing this required information to the City does not mean that the City will pay the claim. Instead, this information must be provided before the City may begin to process the claim.

Pursuant to Ind. Code § 34-13-3-12, the claim must be received via mail or hand delivery to:

City of South Bend Department of Law Attn: Claims Administrator 1200 County-City Building 227 W. Jefferson Blvd. South Bend, Indiana 46601

A notice of claim must be filed with the City within 180 days after the loss occurred. Ind. Code § 34-13-3-8.

After a claim is filed, <u>the City has ninety (90) days to approve or deny the claim</u>. Ind. Code § 34-13-3-11. You will receive a written response from the City once a determination is made. Frequent or repeated contact to the City will not result in the expedited handling of a claim.

ADAM E. TAYLOR

JOHN DORBIN, JR.



CITY OF SOUTH BEND LIABILITY CLAIM FORM (Please write or print clearly)

Claimant Name:			Telephone:	
Address:			-	
Number S		City	State	Zip
Date and Time Loss Occur				
Location Loss Occurred: _				
Extent of Loss: (Please prov	vide two (2) writte	en estimates for prop	erty damage):	
Describe what happened:				
Describe what happened.				
Names of Persons Involved	l (If Known):			
Amount of Damages Sough	nt:			
Claimant's Residence at Tin	ne of Loss:			
0.			D	
Signature:			Date:	
Please mail or deliver to:	City of South	Bend Department of	fLaw	
	Attn: Claims A		LLaw	
		City Building 227 W.	Jefferson Blvd.	
	South Bend, I		J	