

SOUTH BEND CITY HALL
215 S. DR. MARTIN LUTHER KING JR., BLVD.
SUITE 600
SOUTH BEND, INDIANA 46601
PHONE: (574) 233-0311



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. You may use the enclosed form.

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.

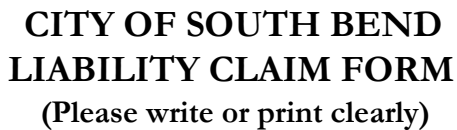
Pursuant to Ind. Code § 34-13-3-12, the claim must be received via mail or hand delivery to:

City of South Bend
Department of Law
Attn: Claims Administrator
South Bend City Hall
215 S. Dr. Martin Luther King, Jr. Blvd.
Suite 600
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, **the City has ninety (90) days to approve or deny the claim.** 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.

Please bear in mind that you have a duty to preserve any evidence which may be relevant to the claim. Should the claim proceed to litigation, failure to preserve relevant evidence may result in adverse consequences.



Zip

Extent of Loss: (Please provide two (2) written estimates for property damage): _____

City of South Bend
Department of Law
Attn: Claims Administer
South Bend City Hall
215 S. Dr. Martin Luther King Jr. Blvd
Suite 600
South Bend, Indiana 46601