

1200 COUNTY-CITY BUILDING
227 W. JEFFERSON BOULEVARD
SOUTH BEND, INDIANA 46601-1830



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CITY OF SOUTH BEND JAMES MUELLER, MAYOR

DEPARTMENT OF LAW

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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.

To ensure efficient handling, a notice of claim should be forwarded 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, **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.

JENNA THROW
MICHAEL SCHMIDT

THOMAS E. PANOWICZ
KYLIE CONNELL

KATHRYN HOUGH
DANIELLE WEISS

ADAM TAYLOR



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

Claimant Name: _____ Telephone: _____

Address: _____
 Number Street City State Zip

Date and Time Loss Occurred: _____

Location Loss Occurred: _____

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

Describe what happened: _____

Names of Persons Involved (If Known): _____

Amount of Damages Sought: _____

Claimant's Residence at Time of Loss: _____

Signature: _____ **Date:** _____

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