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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 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.

DANIELLE WEISS MICHAEL SCHMIDT KYLIE CONNELL THOMAS E. PANOWICZ

JESSICA MCLAIN ADAM E. TAYLOR JOHN DORBIN



CITY OF SOUTH BEND LIABILITY CLAIM FORM

(Please write or print clearly)

Claimant Name:			Telephone:	
Address:				
	Street	City	State	Zip
Date and Time Loss Occurr				
Location Loss Occurred: _				
Extent of Loss: (Please prov	vide two (2) writt	ten estimates for prope	erty damage):	
Describe what happened:				
Describe what happened.				
Names of Persons Involved	(If Known):			
Amount of Damages Sough				
Amount of Damages sough	l l.			
Claimant's Residence at Tim	ne of Loss:			
Similarit o ricordono de rin	<u></u>			
Signature:			Date:	
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Please mail or deliver to:		Bend Department of	Law	

Attn: Claims Administrator 1200 County-City Building 227 W. Jefferson Blvd.

South Bend, Indiana 46601