The City of
OKLAHOMA CITY
OFFICE OF THE MUNICIPAL COUNSELOR
Kenneth Jordan
Municipal Counselor

Dear Claimant:

Enclosed please find the claim form you requested for filing a claim against The City of Oklahoma City. **Please read the instructions carefully before filling out the form. Return your claim to the City Clerk's Office, 200 N. Walker, 2nd Floor, Oklahoma City, Oklahoma 73102, for proper receipt of filing.**

The claimant is required to provide all the documents to support their claim. Failure to provide complete information and/or supporting documents may delay investigation of your claim.

State law provides that claims against a political subdivision shall be in writing and filed with the office of the clerk of the governing body. (51 O.S. § 156 (D).) It is the claimant's responsibility to file his or her claim with the City Clerk's Office. The City Clerk's Office will then forward your claim to our office. You will be notified by letter when your claim is received by the City Clerk's Office and the name of the attorney or legal intern reviewing your claim.

All Tort Claims are governed by the provisions of the Governmental Tort Claims Act (51 O.S. § 151 et seq.). This act allows the City 90 days to investigate your claim before you can file suit against the City. State law also provides a claim is deemed denied if a political subdivision fails to approve the claim within ninety (90) days. Although the claimant and the City may continue attempts to settle a claim, settlement negotiations do not extend the date of denial unless agreed to in **writing** by the claimant and the City.

You may need to read the state statutes and/or consult your own private attorney to determine your legal rights and remedies. The Municipal Counselor's Office does not represent the claimant. This office is the legal advisor to the City Council.

Our office will make every effort to review your claim as expeditiously as possible.

Sincerely,

Chris Hall
Assistant Municipal Counselor

CH:br

Attachments

The City of
Oklahoma City

Purchase Order No._____
(for City use only)

CLAIM FORM

FAXED CLAIM FORMS WILL NOT BE ACCEPTED

City Clerk's Office - Claims
200 North Walker, 2nd Floor
Oklahoma City, OK 73102

PLEASE TYPE OR PRINT IN INK.

CLAIMANT'S INFORMATION: (*Each person making a claim must file a separate claim*)

Last Name _____ **First Name** _____ **MI** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Daytime Phone** _____ **Email** _____

Date and time of damage _____ **at** _____ **am/pm**
month day year time

Address where damage occurred _____

If Claimant is not the owner of the damaged property, provide owner's name, address and daytime phone number.

_____

CLAIMANT IS REQUIRED TO PROVIDE ALL DOCUMENTS TO SUPPORT HIS/HER CLAIM. FAILURE TO PROVIDE COMPLETE INFORMATION AND/OR SUPPORTING DOCUMENTS MAY DELAY INVESTIGATION OF YOUR CLAIM.

Give a brief description of what happened. Include the name of the City Department and/or employee involved, and a complete description of the City vehicle or property alleged to be involved in the incident. Provide any evidence that will prove the City or a City employee was responsible. If additional space is required, attach additional sheets. You must provide photographs of the damage(s) to support your claim. Furthermore, if you are alleging damages because of a pothole or other street defect you MUST provide pictures of the alleged pothole/defect. We cannot return documentation or photographs or make copies for you. Please keep copies of any documents you send.

_____

_____

_____

_____

INSURANCE INFORMATION:

Are you currently receiving Medicare? ☐ **Yes** ☐ **No.** ***If yes, list Medicare/Medicaid insurance information on page 2***

Have you filed a claim with your insurance company for these damages? ☐ **Yes** ☐ **No. If yes, submit a copy of your claim.**

Have you been, or do you expect to be, compensated for your damages by your insurance company? ☐ **Yes** ☐ **No.**

What was or will be the amount of compensation from your insurance company? $ _____

List the name of your insurance company, the policy number, and the agent's name, address and phone number.

_____

_____

Office Of the Municipal Counselor - 200 N. Walker, Oklahoma City, OK 73102-2297 - 297-2451 - FAX 297-3851

(IF ADDITIONAL SPACE IS REQUIRED TO DESCRIBE DAMAGES, ATTACH ADDITIONAL SHEET(S) TO FORM)

PERSONAL PROPERTY DAMAGE (other than vehicle):

List items damaged. List each item damaged, age of item and original cost. Also list costs to repair or replace the items. If damage is to your home, attach copy of deed. Attach receipts or estimates to verify the amounts claimed and photographs of damaged property.

	Amount Claimed
1. _____	$ _____
2. _____	$ _____
3. _____	$ _____
4. _____	$ _____
TOTAL AMOUNT CLAIMED	$ _____

PERSONAL INJURY:

List bodily injuries, cost of medical treatment to date, and anticipated medical cost. Provide documentation to support all damages claimed. Were you on the job at the time of the injury? ☐ Yes ☐ No. If so, what is the name of your employer?

_____

	Amount Claimed
1. _____	$ _____
2. _____	$ _____
3. _____	$ _____
TOTAL AMOUNT CLAIMED	$ _____

Has any medical bill been paid or will be paid by Medicare/Medicaid? ☐ Yes ☐ No. If so, list Medicare/Medicaid number.

Medicare/Medicaid Number _____

SSN# _____ **Date of Birth** _____ **Gender** _____

If the City is responsible for such bills, the City must report any settlement to Medicare/Medicaid.

I understand that the information requested is to assist the requesting insurance information arrangement to accurately coordinate benefits with Medicare/Medicaid and to meet its mandatory reporting obligation under Medicare Secondary Payer Act 42 U.S.C§1395y

_____ _____

Medicare/Medicaid Beneficiary Name (please print) **Medicare/Medicaid Beneficiary Name Signature**

VEHICLE DAMAGE: (A copy of your vehicle title, front and back, is required)

List vehicle damage. ACTUAL REPAIR BILLS OR AT LEAST TWO ESTIMATES OF THE COST FOR ALL REPAIRS MUST BE SUBMITTED. List other damages claimed (tires, wrecker, vehicle rental, storage, etc.) List each item damaged, age of item, and original cost. Attach receipts or estimates to verify the amounts claimed and provide photographs of vehicle damage.

	Amount Claimed
1. _____	$ _____
2. _____	$ _____
3. _____	$ _____
4. _____	$ _____
TOTAL AMOUNT CLAIMED	$ _____

Claimant must sign form

The above information is true and correct to the best of my knowledge. I further state that I have made no payment, given or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of the City of Oklahoma City, money or any other thing of value to obtain payment.

_____ _____

Signature of Claimant **Date**