

TORT CLAIM INFORMATION & FORM INSTRUCTIONS

In order to assist the Citizens of Norman in the filing of a claim against the City, the following information is supplied. Please read this information carefully before filling out the form below.

1. All claims must be filed with the Clerk of the City of Norman located in the Municipal Building at 201 West Gray. A claim against the City is considered barred forever if not filed within one (1) year from the date of the loss.
2. Claimants should take care to note that the City of Norman, Oklahoma, is not the same legal entity as Norman Regional Hospital Authority (NRHA) nor Embark (Central Oklahoma Transportation and Parking Authority). Claims relating to incidents with these entities should **not** be filed with the City, but according to the respective entity's claims process. The City **cannot** accept claims on behalf of other entities and is **not** responsible for the acts and/or omissions of its independent contractors or other governmental entities.
3. Receipts or estimates for requested payments must be included with your claim. The City requires **two** (2) estimates to be submitted with your claim. If your claim is ultimately approved, the City will only pay the **lowest estimate**.
4. If your claim involves a vehicle belonging to you, a copy of your valid title **must** accompany the claim.
5. After submission of your claim, it will be investigated as to liability and amount of damage on the part of the City.
6. The City of Norman, by law, has ninety (90) days to act upon your claim. If no action is taken by the end of the ninetieth (90th) day, your claim is considered constructively denied. No notice is made to the individual filing the claim if it is constructively denied.
7. It could take six to eight (6-8) weeks before a claim is processed. All claims are evaluated and reviewed by the City Attorney's Office. Claims require official approval prior to payment being issued. For those claims under \$10,000, the City Manager is authorized to approve the claim. For claims \$10,000 and above, the City Council must approve the claim at a regularly scheduled meeting, which occurs on the second and fourth Tuesdays of each month.
8. **NO CITY EMPLOYEE** can commit the City nor promise you that payment of your claim will be made. **ONLY** the Norman City Council or the City Manager may approve payment of your claim against the City.
9. If your claim is approved, the City Attorney's Office will contact you when your check is ready to be picked up. Before you can pick up your check, it will be necessary for you to provide adequate identification and sign a release.
10. If your claim is not approved or is constructively denied at the end of ninety (90) days, you then have 180 days to file a formal lawsuit against the City of Norman for payment of your claim. Suits filed after the 180 days are subject to dismissal by the Court.

Further information may be obtained from reading the Governmental Tort Claims Act found in Title 51 Oklahoma Statutes, Section 152. The City Attorney's Office does not represent the Claimant. This office is the legal advisor to the City Council.

If you have any questions or need assistance in the filing process, please do not hesitate to contact the Norman City Attorney's Office at (405) 217-7700 or the Norman City Clerk's Office at (405) 366-5386.



The City of
NORMAN

NOTICE OF TORT CLAIM

Return Completed Forms to:

**City Clerk's Office – Tort Claims
CITY OF NORMAN, P.O. BOX 370
NORMAN, OKLAHOMA 73070**

Please complete *ALL* pages of this form. Please print or type the responses. ***Failure to provide information required in this form can invalidate your claim.***

CLAIMANT(S) INFORMATION

CLAIMANT(S): _____ Date of Birth: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (H) _____ (W) _____

EMAIL ADDRESS: _____ SSN/Tax ID#: _____

Claimants that are joint owners of property (such as co-owners of a vehicle or home) **must both** be included on the tort claim.

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

CLAIM INFORMATION

DATE OF INCIDENT: _____ TIME: _____ a.m. p.m.

LOCATION OF INCIDENT: _____

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Include the name of the City department and/or employee involved. Provide any evidence that will prove City or a City employee was responsible, including any photographs of the alleged damages to support your claim.

(Use additional pages if necessary.)

INSURANCE INFORMATION

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

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? \$ _____

COMPENSATION REQUESTED

PROPERTY DAMAGE:

Please list items damaged, the age and original cost of each item, the amount of property loss claimed, and include any required supporting documentation referenced below.

PROPERTY DAMAGE DESCRIPTION:	AMOUNT CLAIMED:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED FOR PROPERTY DAMAGE:	\$ _____

Required Supporting Documentation for Property Damage:

1. If you are alleging damage to your vehicle:
 - a. Copy of the vehicle title, front and back;
 - b. Photographs of the vehicle showing the damage, including photographs of the VIN and License Plate;
 - c. Copy of either actual repair bill OR two estimates for cost of repair; AND
 - d. Copy of receipts or estimates showing associated expenses such as: towing, vehicle rental, etc.
2. If you are alleging damage to your home or to real property:
 - a. Copy of the current deed.

OTHER DAMAGE (Is the claim seeking compensation other than for loss or damage to property?):

Please describe the type of injury or damage you sustained. You **must** state the compensation requested (do not include amounts already requested in previous sections) and include any required supporting documentation referenced below.

OTHER DAMAGE DESCRIPTION:	AMOUNT CLAIMED:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Were you on the job at the time of the injury? Yes No

If so, what is the name of your employer? _____

Has any medical bill been paid or will be paid by Medicare/Medicaid? Yes No

If so, list: 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

TOTAL AMOUNT OF OTHER DAMAGE CLAIMED: \$ _____

Required Supporting Documentation for Other Damage:

- 1. If you are alleging personal injury:
 - a. Name and address of all health care providers who provided treatment since the time of the incident, AND
 - b. A HIPPA compliant authorization for release of health information from all providers.

TOTAL AMOUNT REQUESTED TO FULLY SETTLE THE ABOVE CLAIM(S): \$ _____
(required)

THIS FORM MUST BE SIGNED AND RETURNED TO THE CITY CLERK'S OFFICE WITH ALL REQUESTED INFORMATION IN ORDER TO BE PROCESSED.

I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

CLAIMANT'S SIGNATURE

CLAIMANT'S SIGNATURE (if applicable)