



DIVISION OF FINANCE – RISK MANAGEMENT

100 N. Broadway St, Suite 670 Wichita, KS 67202 • Phone (316) 660-9680 • Fax (316) 941-5128

RISKMANAGEMENT@SEDGWICK.GOV • SEDGWICKCOUNTY.ORG

Dear claimant,

This acknowledges your request for a Claim for Damages form, which is enclosed.

Return the **completed and signed** claim form to Sedgwick County Risk Management by email to riskmanagement@sedgwick.gov or mailed/dropped off at 100 N Broadway, Ste. 610, Wichita, KS 67202.

Your claim must include documentation to support the amount of your claim. Documentation may include invoices, paid receipts, bill or repair estimates. You may include photographs, if available. Failure to complete, sign, and include documentation will delay in the processing of your claim.

Once your claim form has been received, your claim and documentation will be reviewed by Risk Management and the Department involved for investigation. Upon completion of the investigation, you will be notified in writing of the decision. The outcome will be one of the following:

1. The claim is denied because there was no negligence by a County Employee and, therefore, there is not a legal obligation to pay the damages;
2. An offer to pay the claim; or
3. Another resolution as the facts may dictate.

Please allow 6-8 weeks for the processing of your claim.

Sincerely,

Elizabeth Wingo, ARM, MPA
Director of Risk Management

CLAIM FOR DAMAGES
SEDGWICK COUNTY, KANSAS

This form is to be completed in its entirety. If your claim is for personal injuries and is allowed by Sedgwick County, you may be asked for additional information, as required by law, including medical records.

Return to Sedgwick County Risk Management by email to riskmanagement@sedgwick.gov or mailed/dropped off at 100 N Broadway, Ste. 610, Wichita, KS 67202. In the **STATEMENT OF CIRCUMSTANCES SECTION**, give all information available that will answer the questions: **1) how the incident/accident happened, 2) names of other people involved, 3) the cause.**

Inquires regarding the status of your claim may be direct to Risk Management, 316-660-9680, or riskmanagement@sedgwick.gov. Please allow 6-8 weeks for the processing of your claim.

Name _____ Date of Birth _____
Social Security Number _____ Email address _____
Telephone number _____ Law Enforcement Case Number _____
Home Address _____

(City) (state) (zip code)
Date of Accident/Incident _____ Time of Accident/Incident _____
Location/Address of Accident/Incident _____
Witnesses/persons involved _____
Amount Claimed \$ _____ (Please itemize or attach estimate of damages or paid receipts)

STATEMENT OF CIRCUMSTANCES (If a vehicle accident, include make/model/year of all involved vehicles)

I do hereby certify that the above amount is correct, reasonable, and just, and that the amount claimed therein is due and unpaid.

Signature of Claimant

Date