

Osage Nation
NOTICE OF CLAIM

Name of Claimant: _____

Claimant's Address, _____
Phone Number, and _____
Other Contact _____
Information: _____

Name of Facility relevant to claim: _____

Type of Claim: PRIZE CLAIM _____ TORT CLAIM _____
(Check one)

Date and time relevant to claim: _____ am/pm

On a separate sheet of paper, fully describe the incident and circumstances relating to the Claim and **attach it to this form**. Please include all relevant information:

If filing a **tort claim**, fully describe the nature of injury, whether emergency services, including transport by ambulance, was required; the type of medical treatment sought; and whether treatment is ongoing.

If filing a **prize claim**, fully describe the circumstances giving rise to the claim, including the name and # of the game or promotion; the type of mistake or malfunction alleged, whether the alleged incident was reported to management at the time of occurrence; as well as copies of any relevant documentation.

List names and contact information of any persons known to have witnessed the incident, including employees (use additional pages if necessary):

List the Supervisors and/or Managers and their job titles that addressed the dispute and assisted in the claim:

Please Itemize the Nature of the	_____	\$ _____
Damages Sought	_____	\$ _____
And Provide the	_____	\$ _____
Total Amount Claimed:		
	TOTAL Amount Claimed	\$ _____

By filing this claim, I, (please print) _____, hereby consent to the jurisdiction of the Osage Nation Gaming Commission and the Osage Nation District Court, without regard to time or event; and affirm under penalty of perjury that this Claim is made in good faith. I acknowledge, pursuant to 18 U.S.C. §1167, and other provisions of the United State Criminal Code, that false Claims may be prosecuted under federal jurisdiction.

I have also been advised and understand that this Claim is subject to a ninety (90) day review and investigation period after which time, if unresolved, my Claim shall be deemed denied and I shall have the right to file my claim with the Osage Nation District Court.

This Claim is made under oath to be true and accurate to the best of my knowledge. I understand that falsification or omission of any part thereof is grounds for automatic denial.

(Signature)

(Date)

Incomplete or illegible Claims will be deemed denied upon receipt.

_____ COMMISSION USE ONLY _____

Date Received: _____ Claim Number: _____

Commissioner, Osage Nation Gaming Commission