



**CITY OF STOW MORAL CLAIM PROCESS**

Created by ordinance, the moral claims process used by the City of Stow is an informal procedure designed for the evaluation and possible settling of claims against the City without the expense of litigation. Under the ordinance, all claims against the City are investigated and reviewed by the City's Board of Control. The Board of Control meets every Wednesday morning at 9:30am in City Hall. Such meetings are open to the public and may be attended by the claimant; however, attendance is not mandatory for claim consideration.

Below is information that may help answer some of your questions.

- |                |  |
|----------------|--|
| Forms:         | Complete attached form and return.<br>Be specific and detailed.<br>Include signature.                    |
| Medical Bills: | Include all copies.  |
| Estimates:     | Copies of two estimates must accompany form,<br>along with a receipt for proof of repair (if available). |
| Miscellaneous: | Any pictures, reports and other tangible evidence<br>should also be submitted.                           |
| Time:          | Moral claims are typically processed within four to six<br>weeks from the time of submission.            |

Please deliver the completed moral claim form and all attachments to:

The City of Stow Law Department  
3800 Darrow Road, Stow, Ohio 44224

**Please be advised that moral claims may only be paid for actual or compensatory damages to persons or property caused by the City of Stow, its officers, or employees.** Moral Claims for acts or omissions alleged to be caused by any independent contractor of the City, any private contractor, group or company performing work within the City of Stow, or for acts or omissions alleged to be caused by the State of Ohio, or any other political subdivision of the State of Ohio shall not be considered. No moral claim shall be considered when the damages claimed are nominal, punitive, liquidated, or special, including damages alleged to have resulted from any deprivation of the claimants civil rights. C.O.S. 173.06(h)(1).

Moral Claims under One Thousand Dollars will be considered by the Board of Control. Moral Claims in excess of One Thousand Dollars will first be reviewed by the Board of Control, and then forwarded to City Council for a final determination. If you are unhappy with the outcome, or if you would like bypass this procedure, you may submit your claim to a civil court with jurisdiction over the matter, such as the Stow Municipal Court.

If you have any questions regarding the status of your claim, please contact the City of Stow Law Department at 330-689-2869. However, please be advised the City of Stow cannot provide you with legal advice regarding your claim.

**KEEP THIS PAGE**

**CITY OF STOW  
DEPARTMENT OF LAW  
CLAIM FORM**

DIRECTOR OF LAW

CLAIM NO. \_\_\_\_\_

**OFFICE USE ONLY  
DO NOT WRITE ABOVE THE LINE**

**TYPE OF CLAIM:**

- SFD
- SPD
- ENGINEERING
- HIGHWAY
- SANITATION
- SEWER
- WATER
- CUSTOMER SERVICE
- HEALTH
- PARKS
- PLANS & PERMITS
- RECREATION
- WATER DISTRIBUTION
- OTHER (Briefly describe) \_\_\_\_\_

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**PLEASE PRINT ALL INFORMATION**

**1. GENERAL INFORMATION**

Name: (Mr. Mrs. Ms.) \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number and Street                      City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

Total Amount of Claim: \_\_\_\_\_

2. **MEDICAL INFORMATION:**

Doctor/Hospital (Name and Address)

AMOUNT

_____	_____
_____	_____
_____	_____

3. **TYPE OF COMPLAINT:** (Explain – See above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **PROPERTY DAMAGE:** (Please attached separate sheet if more than one item)

ITEM: \_\_\_\_\_

\_\_\_\_\_

AGE OF ITEM: \_\_\_\_\_

ESTIMATED AMOUNT: \_\_\_\_\_

5. **PROPERTY INFORMATION:**

DO YOU:      OWN   
                  RENT

6. **DESCRIPTION OF COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **WITNESS:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

8. **INSURANCE COVERAGE:**

Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Deductible: \_\_\_\_\_

9. Are you aware of any other party who may be responsible? If so, include the name and address of that party.

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Address	City	State	Zip
_____	_____	_____	_____	_____

10. Are you involved in any other Claim(s), lawsuit(s) or dispute(s) with the City of Stow? If so, provide details?

<u>Case/Claim</u>	<u>Date Filed</u>	<u>Court or Office</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Is this present claim currently being litigated in any other forum or has it been in the past? If so, provide details.

<u>Case/Claim</u>	<u>Date Filed</u>	<u>Court or Office</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Are you currently indebted to the City of Stow? If so, provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include receipts and two estimates of damages if applicable. Only submit repair bill for completed work.

WITNESS: X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE