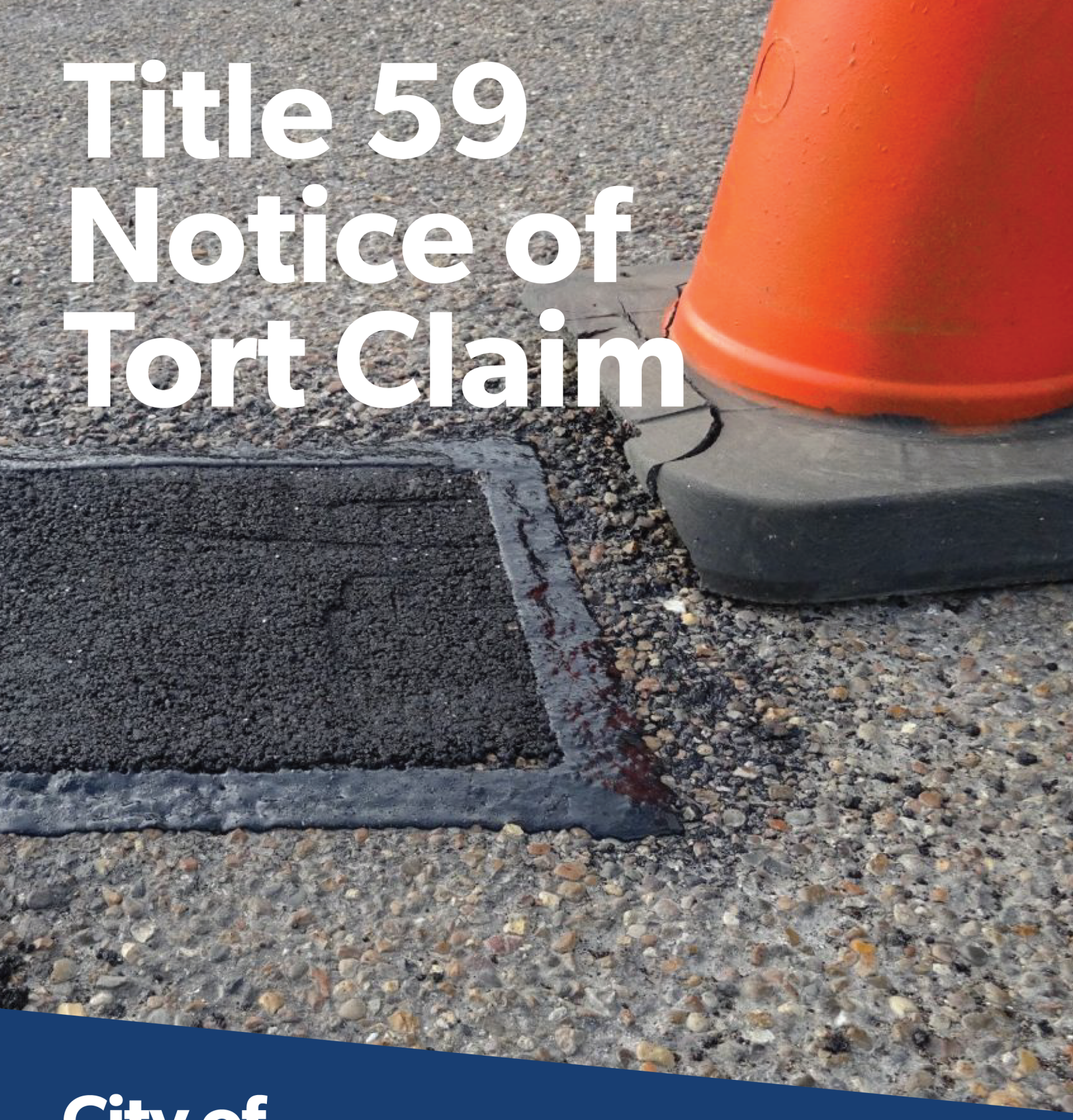
Title 59 Notice of Tort Claim



City of Orange Township
NEW JERSEY

Department of Law

Municipal Building
29 North Day Street
Orange, New Jersey 07050

effective 05/18/21
R 274-2021

Title 59 Notice of Tort Claim
Instructions

Pursuant to the New Jersey Tort Claims Act, *N.J.S.A.* 59:1-1 *et seq*., any person alleging liability against the City of Orange Township or its officials or employees for property damage or personal injury is required to provide the City with written notice prior to initiating any legal proceedings. The purpose of this requirement is to provide public entities an opportunity to investigate claims while witnesses are available and facts are fresh, as well as to correct any hazardous and/or unsafe conditions that could result in liability to others.

To comply with these statutory notice requirements, a claimant must submit a completed notice form and all available supporting records and information to the City no more than 90 days after the alleged loss occured. Following submission of a completed notice package, the claimant is prohibited from filing suit against the City for at least 6 months, without any exception, so the City can investigate the claim and potentially resolve same if deemed meritorious.

Definitions

As used in the notice of claim form and these instructions:

City or *Public Entity* means the City of Orange Township and any official or employee of the City of Orange Township against whom a claim is asserted by the claimant.

Claimant means the person or persons on whose behalf the notice of claim is filed with the City of Orange Township.

Documents shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

Person means a natural person, as well as a partnership, joint venture, corporation, association, trust or any other kind of entity.

Title 59 or *Tort Claims Act* means the New Jersey Tort Claims Act, *N.J.S.A.* 59:1-1 *et seq*.

General Instructions

In accordance with Resolution No. 274-2021, adopted by the Municipal Council of the City of Orange Township on May 18, 2021, the attached form was adopted as the official form that must be used to file any claim against the City covered by Title 59.

The form is for use with respect to all types of tort claims, and questions are divided into sections relating to the claimant, his/her attorneys, the alleged facts underlying the claim, and the alleged property damage and/or personal injury. Only the relevant sections must be completed, however. For example, if the claimant only alleges property damage, the personal injury section and any other questions relating to personal injury need not be completed, and *vice versa*. To the extent the claimant alleges either property damage or personal injury only, the appropriate box in each section header should be selected. If any individual question does not apply, please indicate "N/A" to avoid confusion.

All applicable questions must be answered under oath or affirmation, using all information available to the claimant and his/her attorneys, and failure to provide valid answers may result in rejection of the entire submission. With respect to the level of detail required for any response, as a rule, where more information or detail is available and relevant, it must be provided. If a document is referenced in any response, a copy of it must also be submitted. If the document is not available, the response must include an explanation why it is not available, as well as when and how can/will be obtained.

At minimum, every notice of claim form must be submitted with the following records to be deemed complete:

- copies of all documentation supporting the alleged damages (*e.g.*, itemized medical bills, appraisals, repair estimates, etc.);
- copies of all written reports by any expert witnesses and treating healthcare providers; and/or,
- if lost wages are alleged, a letter from the claimant's employer verifying the amount of wages lost, or if self-employed, a statement showing the calculation of alleged lost income.

If using the electronic version of the notice of claim form, certain entries may be filled automatically based on others. Nonetheless, the claimant is ultimately responsible for the information contained in the notice of claim, and therefore, must still ensure that the final version of the notice of claim reflects the correct information prior to submission to the City. The City is not responsible for any errors.

If the claimant is unable to answer a question due to lack of information available, the response must state that and specify the reason it is unavailable. If a question asks for a document, it is sufficient to furnish true and legible copies. Where a question asks the claimant to identify a person, the name, address and telephone number of each such person must be provided. If additional space is needed, supplementary sheets, identifying the number of the applicable question and continuation of the response.

NOTE: If personal injuries are alleged, the claimant must also submit an Authorization to Disclose Protected Health Information (*Schedule A*) for each treating provider/facility.

To be timely in accordance with Title 59, a notice of claim must be filed within 90 days after the incident giving rise to the alleged injuries/damages. After the 90-day period expires, a notice of claim cannot be accepted without an order from the Superior Court of New Jersey authorizing the late filing, which may be granted only upon showing good cause.

Be advised, a claim will not be considered filed until a completed notice of claim form and all supporting documents are received by the City. Failure to provide the information requested, or using such responses as "to be provided" or "under investigation", will result in the notice of claim being considered unfiled. Each claimant is wholly responsible for the contents, accuracy and completeness of the notice of claim and supporting documents he/she submits.

Filing & Inquiries

Once complete, the notice of claim and all supporting documents must be filed with the City's Department of Law, in person or by mail/courier, addressed as follows:

City of Orange Township, Department of Law
ATTN: Gracia Robert Montilus, Esq., City Attorney
29 North Day Street, Second Floor
Orange, New Jersey 07050

Submission of a signed claim form will serve as acknowledgement that the claimant received, read and understood the requirements set forth in these instructions. Claims failing to meet these requirements will be deemed incomplete and may be rejected.

City officials may not provide substantive assistance to any claimant, and may only discuss procedural matters. Substantive statements by any City official regarding any allegations in a notice of claim will not bind the City in any respect.

Inquiries regarding these instructions or appended forms should be directed to the Department of Law at (973) 952-6095.

Disclaimer

These instructions shall not be construed as legal or other professional advice and are not a substitute for the guidance of a qualified attorney or other appropriate professional. The City reserves all rights under applicable law. ◆◆

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Title 59 Notice of Tort Claim

Notice of Claim Against Public Entity

City of Orange Township NEW JERSEY

In accordance with the New Jersey Tort Claims Act, *N.J.S.A.* 59:1-1 *et seq*., and Resolution 274-2021 adopted by the Municipal Council of the City of Orange Township on May 18, 2021, this form must be used to file a notice of any claim against the City, its officials and/or employees for property damage and/or personal injury. Responses to all items are required unless otherwise specified. A completed claim form and all supporting documentation must be filed with the Department of Law within 90 days after the incident giving rise to the claim. Claims filed after the 90-day period will be rejected unless authorized by court order.

Part A Claimant Information

1 Full Legal Name	2 Marital Status ☐ Single ☐ Married/Civil Union ☐ Separated ☐ Divorced	3 SSN
4 Current Physical Address	5 E-mail	6 Telephone / 7 DOB
8 Alternate Name(s)	9 Notice Parties ☐ Claimant ☐ Attorney	

10 Identify each person currently residing with the claimant, if any, and the relationship of said person to the claimant. (☐ attachments)

11 List each address at which the claimant resided during the last 10 years, whether temporary or permanent, as well as the corresponding dates of residence, each person residing with the claimant at each corresponding address, if any, and the relationship of said person to the claimant. (☐ attachments)

Part B Attorney Information ☐ N/A

12 Name/Firm	13 E-mail	
14 Address	15 Telephone	16 Fax

Part C General Claim Details

17 Incident Date / Approx. Time	18 Incident Location	19 Weather Cond.

20 Set forth the claimant's complete version of the events that form the basis for the claim. (☐ attachments)

21 Identify each person who witnessed or has knowledge of the incident giving rise to the claim. (☐ attachments)

22 Identify each public entity (*e.g.*, the City, etc.) or employee (by name and position) alleged to have caused the property damage or personal injury, and specify the exact act or omission by each public entity or employee alleged to have caused said damage or injury. (☐ attachments)

23 If the property damage or personal injury was allegedly caused by a dangerous condition on property owned or controlled by the City, specify the nature of the alleged dangerous condition, and the manner in which the condition is claimed to have caused said damage or injury. (☐ attachments)

24 If a dangerous condition is alleged on property owned or controlled by the City, state the specific basis for claiming that the City was responsible for the condition and the specific basis and date on which you claim that the City was given notice of the alleged dangerous condition. NOTE: *Statements such as "should have known" and "common knowledge" are insufficient*. (☐ attachments)

25 If the claimant, or any other party or witness, consumed any alcoholic beverage, cannabis products, illegal narcotics, or prescribed medications within the 12 hours immediately preceding the incident forming the basis of the claim, identify each person and, for each: what was consumed; the quantity consumed; where consumed; and, the names and addresses of all other persons present. (☐ attachments)

26 If the claimant received or agreed to receive any money or thing of value for the alleged claim from anyone, state for each: the amount/thing agreed upon or received; the date received or to be received; and, the name and address of the payor/giver. Specifically list any insurance policy, along with policy and claim numbers, from which benefits were or will be paid to the claimant or any person on the claimant's behalf (*e.g.*, doctors, hospitals, mechanics, contractors, etc.). (☐ attachments)

27 If any photograph, sketch, chart or map was made with respect to the subject matter of the claim, attach a copy of each and state: the date made; the name and address of the maker; and, the name and address of the person who currently has possession of the original. (☐ attachments)

28 If the claimant, or any other party or witness, made any statement or admission, set forth for each: what was said; by whom; the date, time and place said; and, the names and addresses of all other persons present or with knowledge thereof. (☐ attachments)

29 State the total amount of the claim and the basis on which that amount was calculated. (☐ attachments)

Amount:

Basis:

30 If any document or report (including a police report) was made with respect to the subject matter of the claim, attach a copy of each and state: the date made; the name and address of the maker; and, the name and address of the person who currently has possession of the original. (☐ attachments)

31 Identify each person other than the City and/or City officials/employees against whom the claimant alleges liability for alleged injuries or damages arising out of the incident forming the basis of the claim, and give the basis for the claim against each. (☐ attachments)

Part D Property Damage Claim Details ☐ N/A

32 Describe the allegedly damaged property, including date the claimant acquired the property, the price paid for the property and the property's value at the time of the incident forming the basis of the claim. (☐ attachments)

33 Describe the alleged damage to the property forming the basis of the claim, and state whether the alleged damage was repaired. If the alleged damage was not repaired, attach any repair estimates obtained by the claimant. If the alleged damage was repaired, identify the person who performed the repair, as well as the date and cost of the repair, providing copies of any invoices. (☐ attachments)

34 Current Location of Damaged Property	**35** Earliest Inspection Date

Part E Personal Injury Claim Details

☐ N/A

36 State whether the claimant complained of his/her alleged injury to the City or any City official or employee, and if so, the time and place of the complaint and the person to whom the complaint was made. (☐ attachments)

37 Describe the nature, extent and duration of all alleged injuries. (☐ attachments)

38 Describe any alleged injury or condition claimed to be permanent. (☐ attachments)

39 If the claimant was ever confined to any hospital, state name and address of each and the admission/discharge dates. Include all hospital admissions prior to and subsequent to the alleged injury forming the basis of the claim and give the reason for each admission. (☐ attachments)

40 If x-rays were taken of the claimant, state for each: (a) the date it was taken; (b) the address where it was taken; (c) the name and address of the person who took it; (d) the name and address of the person who currently has possession of the original; and, (e) what it disclosed. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim. (☐ attachments)

41 If the claimant was treated by a healthcare provider prior to or subsequent to the alleged injury forming the basis of the claim, including a physician, psychiatrist or psychologist, state for each: (a) his/her name and address; (b) treatment dates and locations; and, (c) any continuing treatment schedule. Provide copies of all reports rendered to or about the claimant by any provider whom the claimant proposes will testify on his/her behalf. (☐ attachments)

42 If the claimant alleges a physical impairment was caused by the injury forming the basis of the claim and affects his/her ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, supports or devices the claimant must use to overcome or alleviate the alleged impairment. List all impairments existing at the time of the alleged injury forming the basis of the claim, including without limitation use of eyeglasses, hearing aids or other assistive devices. (☐ attachments)

43 If the claimant alleges a previous injury was aggravated or exacerbated by the injury forming the basis of the claim, describe each previous injury and provide for each: (a) the cause; (b) the names and addresses of all treating healthcare providers; and, (c) the treatment period. (☐ attachments)

44 If any future treatment, procedure or surgery was recommended to the claimant in order to alleviate any alleged injury forming the basis of the claim, state for each: (a) the purpose, nature and extent; (b) the results anticipated; (c) the name and address of the indicating healthcare provider; (d) the name and address of treating healthcare provider (if different); (e) the estimated cost to the claimant; (f) the estimated duration, including hospitalization and/or convalescence; (g) and, if the claimant intends to undergo the treatment, procedure or surgery, the approximate date. (☐ attachments)

45 Itemize all expenses incurred as a result of the alleged injury forming the basis of the claim for hospitals, doctors, nurses, x-rays, medications, care and appliances and indicate which expenses were paid or reimbursed by any insurance coverage. (☐ attachments)

46 If the claimant was employed at the time of the alleged injury forming the basis of the claim state: (a) the name and address of the employer; (b) the position held and nature of the work performed; (c) average weekly wages during the 12 months immediately preceding the alleged injury; (d) the period of time lost from employment, if any, providing dates; and, (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including without limitation workers' compensation, disability income, social security and income continuation insurance. (☐ attachments)

47 If the claimant alleges other loss of income, profit or earnings as a result of the injury forming the basis of the claim, state the nature, date and total amount of each such loss, and provide a detailed computation of the total amount claimed. (☐ attachments)

48 If the claimant is alleging lost wages as a result of the injury forming the basis of the claim, state: (a) the name and address of the employer; (b) the position held and nature of the work performed; (c) the employment start date; and, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the 12 months immediately preceding the alleged injury. (☐ attachments)

Part F Claimant Certification

I hereby certify, under penalty of perjury, that the information provided in this notice of claim is true to the best of my knowledge. I further acknowledge that I received and read the instructions for completing this notice of claim prior to submitting same and understand the City may deem this notice of claim as not filed for a failure to comply with those instructions and/or append all required information.

Claimant Signature		Attorney/Notary		
Name	Date	Name	License State	Expiration

FOR OFFICE USE		
Date Received	By	Claim No.
Notes		

Title 59 Notice of Tort Claim

Authorization to Disclose Protected Health Information

City of Orange Township

This form is used to authorize a disclosure of protected health information to the City of Orange Township ("City") by a "covered entity" (*e.g.*, healthcare provider, etc.) under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pub.L. 104-191, and New Jersey law.

In accordance with HIPAA, covered entities must obtain a patient's written, signed authorization prior to disclosing protected health information electronically or otherwise. Authorization may not be required for disclosures relating to certain treatment, payment, healthcare operations, insurance functions, or as otherwise established by law.

The authorization provided by this form permits the covered entity listed to disclose, communicate and send the patient's protected health information to the City. The covered entity may alternatively use any other form that complies with HIPAA and New Jersey law.

1a Patient Name (Last, First, Middle)

1b Other Names Used

2 Patient DOB ☐ Minor

3 Patient SSN

4 Patient Address

5a Representative Name ☐ N/A

5b Relationship to Patient

6a Patient/Representative Telephone

6b Patient/Representative E-mail

7 Covered Entity

Name:
Practice:
Address:

Telephone:
E-mail:

8 Authorized Recipient of Protected Information

City of Orange Township, Department of Law
29 North Day Street, Second Floor
Orange, New Jersey 07050
ATTN: Gracia Robert Montilus, Esq., City Attorney
Telephone: (973) 952-6095
E-mail: GMontilus@OrangeNJ.gov

9 Reason for Disclosure

- ☐ Legal Proceeding
- ☐ Workers Compensation
- ☐ Disability Determination
- ☐ Employment
- ☒ Other: Tort Claim Notice

10a Authorized Information

☐ ALL Health Information	☐ ECG/Cardiology Test Reports	☐ Procedure/Surgical Reports	☐ Progress Notes
☐ Medical History	☐ Diagnostic Test Reports	☐ Pathology Reports	☐ Consultation Reports
☐ Physical Exam Reports	☐ Radiology Images/Reports	☐ Admit/Discharge Summaries	☐ Billing Information
☐ Past/Current Medications	☐ Laboratory Test Results	☐ Physician Orders	☐ Other:

10b Information Requiring Separate Authorization

	INITIALS		INITIALS
☐ Mental Health (excluding psychotherapy notes)	_____	☐ Genetic Information (except as per 45 CFR § 164.502)	_____
☐ Substance Abuse Treatment	_____	☐ HIV/AIDS Tests & Treatment	_____

10c Authorized Date Range ☐ ALL

to

Definitions

The terms "covered entity", "treatment", "healthcare operations", "psychotherapy notes", and "protected health information" are as defined in 45 CFR § 164.501.

Health Information to be Released

If "ALL Health Information" is selected in Box 10a, information to be disclosed includes, without limitation, all records and other information regarding health history, treatments, hospitalizations, tests, and outpatient care, as well as educational records that may contain health information. Specific authorization is required for the release of information about certain sensitive conditions indicated in Box 10b, including mental health records (excluding psychotherapy notes), substance abuse treatment, genetic information/tests (except as may be prohibited by 45 CFR § 164.502), and HIV/AIDS testing and treatment.

Authorization/Acknowledgement

In accordance with the laws of the State of New Jersey and the privacy rules established under HIPAA, the undersigned patient/representative hereby authorizes the covered entity listed in Box 7 to disclose to the City (as listed in Box 8), all records selected in Box 10a and/or Box 10b for the date range listed in Box 10c, by electronic or any other means requested by the City.

Furthermore, the undersigned patient/representative understands that under HIPAA regulations:

- this authorization is valid until the earlier of the patient's death, the patient reaching the age of majority (if currently a minor), the patient/representative revokes authorization, or the following specific date (optional): _____;
- if disclosure of any information listed in Box 10b is authorized, the City is prohibited from re-disclosing such information without additional patient/representative authorization, unless otherwise permitted/required to do so by law;
- the patient/representative has the right to request a list of parties who may receive information listed in Box 10b without additional authorization;
- the patient/representative can revoke the authorization granted herein at any time, by giving written notice to the covered entity listed in Box 7 and the City (as listed in Box 8), however prior actions taken by entities that had permission to access the patient's protected health information will not be affected by that revocation;
- signing this authorization will have no bearing on the patient's treatment, payment, enrollment in a health plan or eligibility for benefits;
- information disclosed pursuant to this authorization (other than the information listed in Box 10b) may be subject to re-disclosure by the City and may no longer be protected by HIPAA or other privacy laws.

A copy of this form bearing a photocopy or electronic signature shall constitute authorization for the release of the information set forth herein.

Patient/Representative Signature

Patient/Representative Name

Date

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE

Date Received	By	Claim No.

Rev0521