

TORT CLAIMS

**TOWNSHIP OF FRANKLIN
475 DeMOTT LANE
SOMERSET NEW JERSEY 08873**

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: _____ Telephone No: _____
Address: _____ Date of Birth: _____
_____ SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: _____ Telephone No: _____
Address: _____ TeleFax: _____
_____ File No: _____

Send Notices to: _____ **Claimant** _____ **Attorney**

GENERAL INSTRUCTIONS: The Township of Franklin, Somerset County pursuant to the provisions of the New Jersey Tort Claims Act, has adopted this Notice of Tort Claim form including these written questions and requests for the production of documents as the official form for the filing of claims against the Township of Franklin.

The written questions in this Notice of Tort Claim form are to be answered by the Claimant to the extent of all information available to the Claimant or to his/her attorneys, agents, servants and employees under oath. The fully completed Notice of Tort Claim Form and the documents requested shall be returned to the

**Township Clerk
Township of Franklin
475 DeMott Lane
Somerset NJ 08873**

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until completed form has been filed with the Township of Franklin. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" or similar non-responsive answers, will result in the claim being treated as not being filed in accordance with the Notice requirements of the New Jersey Tort Claims Act.

Notices of Claim normally must be filed within ninety (90) days after the incident, giving rise to the claim. Upon a proper application, the New Jersey Superior Court may, for good cause, allow a claim to be filed not later than one (1) year after the date of the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, you should so specify in the space where an answer is to be provided to that question.

- A. When, after a reasonable and thorough investigation using due diligence, you are unable to answer any question, or any part thereof, because of lack of information available to you, specify in full and complete detail the reason the information is not available to you and what has been done to locate the information. In addition, specify what knowledge or belief you have concerning the unanswered portion of the question and set forth the facts upon which the knowledge or belief is based.
- B. When a question asks that you identify writings, it shall be deemed a sufficient answer, where appropriate and possible, to furnish true and legible copies thereof, together with your answers to these questions.
- C. Where a question does not specifically request a particular fact, but where the facts are necessary in order to make the answer to the question either comprehensible, complete or not misleading, you are requested to include the fact or facts as part of the answer and the question shall be deemed specifically to request the fact or facts.
- D. If you claim any form of privilege, whether based on statute or otherwise, as a ground for not answering an question or any part thereof, set forth in complete detail each and every fact upon which the privilege is based, including sufficient facts for the court to make a full determination whether the claim of privilege is valid.
- E. Where a question asks for a date or an amount or any other specific information, it will not be adequate to state the precise date, amount or other specific information is unknown to you, where you are capable of approximating the information requested.
- F. Where a question requests that you "identify all writings," you should state with specificity the date, author, description, address (if any), nature, custodian, and location of the writings referred to by the question, as well as the substance of the writing.
- G. Where a question asks that you "identify all oral communications," you should state, with respect to every oral communications, the description of which is required by the question, (I) the date and place thereof, (II) who initiated the communication, (III) whether the communication was in person or by telephone or other form of transmission and specify which, (IV) the name, home address and telephone number, business address and telephone number, employer (present or last known), job title, occupation of each and every person who participated in or heard any part of the communication, and (V) the substance of what was said by each person who participated in the communication.
- H. Where a question asks that you "identify all persons," state the name and present or last known business and residence address and telephone number, occupation and title, if any, of person whose identity is sought by the questions.
- I. For the purposes of these questions, "Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

- J. If any document to be produced in response to these questions contains information which must be treated as confidential in nature, identify that document and state the reason for the confidentiality in sufficient detail to allow for a determination on the issue of confidentiality. The Township of Franklin and the Attorneys for the Township of Franklin hereby warrant to the Claimant that the confidentiality of any document so identified will be respected, guarded and maintained until such time as a court having jurisdiction over the issue may rule on any disputed issue of confidentiality.
- K. These questions requires documents which are relevant to the subject matter of the claims and allegations of the Claimant. To the extent that any document does not relate, in its entirety, to the subject matter of the Claimant's claims or allegations, the document may be withheld. All other documents which deal directly with the subject matter of the Claimant's claim or allegations must be produced in response to these requests.
- L. All responses to questions or objections thereto shall be prefaced by the particular question or subsection thereof.
- M. An attempt has been made to provide adequate space for the answers. If you need more space to provide a fully responsive answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.
- N. All documents produced shall be labeled and referenced to a particular document request or question. If the documents are produced in response to more than one question, this fact should be noted as well.
- O. The questions and document requests shall be deemed continuing, so as to require supplemental answers from time to time up to the date of a trial, in the event that the claim results in litigation.

DEFINITIONS: As used herein "**Documents**" shall refer to any written, recorded or graphic representation either produced or reproduced and any copy thereof, including, but not limited to, letters, memoranda, notes, minutes, summaries, forecasts, appraisals, surveys, calculations, inter-office communications, diaries, work sheets, telegrams, cables, telex messages, written agreements, invoices, press releases, books, records, financial statements, tapes, computer print-outs, computer tapes and/or disks, computer programs, drafts of any of the foregoing, magazines and other publications and any other material underlying, supporting or used in the preparation of any documents, now or formerly in the actual or constructive possession, custody or control of the deponent, and all copies thereof where the copy is not an identical copy of the original, such as where the copy contains written notations.

As used herein, "**Claimant**" shall refer to the person or person on whose behalf the Notice of Claim has been filed with the Township of Franklin.

As used herein, "**Township of Franklin**" shall refer to the Township of Franklin along with any agent, official or employee of the Township of Franklin against whom a claim is asserted by the Claimant.

INFORMATION ON THE CLAIMANT

1. Set forth the following information with respect to the Claimant:
 - a. Name
 - b. Any other name by which the Claimant has been known
 - c. Current Address
 - d. Current telephone number(s)
 - e. Address at the time of the incident giving rise to the claim
 - f. Date of Birth
 - g. Social Security Number
 - h. Marital Status [at the time of the incident and current]
 - i. Identify each person residing with the Claimant and the relation, if any, of the person to the Claimant
2. Set forth all addresses of the Claimant for the last ten (10) years, the date of the residence, the person residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.
3. Set forth the exact date, time and place of the incident, forming the basis of the claim and the weather conditions prevailing at the time.
4. Set forth in complete detail in narrative form, the Claimant's version of the events that form the basis of the claim, specifically setting forth the names and addresses of all participants and the nature and extent of the participation of any individual so identified.

INFORMATION ON CLAIMANT

5. Set forth any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and all data as required by the instructions preceding these questions.

6. Identify all public entities or public employees alleged to have caused the injury and specify as to each public entity or employee the act or omission alleged to have caused the injury.

7. If you allege wrongdoing by any employee or official of the Township of Franklin, set forth the name and position of the employee or official and the exact nature of the alleged wrongdoing.

8. If you claim that the injury was caused by a dangerous condition of property under the control of the Township of Franklin, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

9. If you allege a dangerous condition of property, set forth the specific basis on which you claim that the Township of Franklin was responsible for the condition and the specific basis on which you claim that the Township of Franklin was given notice of the alleged dangerous condition. General allegations such as "should have known" and "common knowledge" are insufficient.

10. If you or any other party or witness you propose to produce consumed any alcoholic beverages or any drugs or medications within six (6) hours before the incident forming the basis of the Claim, state (a) the person consuming the same and for each person (b) what was consumed (c) the quantity thereof (d) where consumed (e) the names and addresses of all person present.

PROPERTY DAMAGE CLAIM

11. If your claim is for property damage only, attach a description of the property damage and an estimate of the cost of repair.

[If your claim is for property only, skip Questions 12-28 and go to Question 29]

PERSONAL INJURY CLAIM

12. With respect to the alleged injury forming the basis of the claim, was any complaint made to the Township of Franklin or to any official or employee of the Township of Franklin.
13. If the answer to the question above is in the affirmative, state the time and place of the complaint and the person or persons to whom the complaint was made.
14. Described in detail the nature, extent and duration of any and all injuries.
15. Describe in detail any injury or condition claimed to be permanent or residual, together with all present complaints.
16. If confined to any hospitals, state name and address of each and the dates of admission and discharge therefrom. Include all hospital admissions prior to and subsequent to the alleged injury forming the basis of the claim and set forth the reason for each admission.
17. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.
18. If treated by doctors, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the date of last treatment. Annex true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

PERSONAL INJURY CLAIM

19. If you have been treated by or have consulted with a psychologist, psychiatrist, social worker or counselor; the dates of the consultation or treatment, the reasons for the consultation or treatment and the date of discharge from the treatment, and true copies of all written reports rendered to you or about you by any of the psychologists, psychiatrists, social workers or counselors.

20. If you are still being treated, state (a) the name and address of each professional rendering treatment (b) the nature thereof and (c) where and how often the treatment is received.

21. If you claim the previous injury, disease or illness has been aggravated, accelerated or exacerbated, state in detail the nature of each and the name and present address of each doctor who rendered treatment for the condition, the period during which treatment was received and the cause of the previous injury, disease or illness which is alleged to have been aggravated, accelerated or exacerbated.

22. If you have any physical impairment affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

23. If any treatments, operation or other form of surgery in the future has been recommended, suggested or advised to cure, correct, remedy or alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended or suggested or advised the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses and disbursements to be incurred thereby (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

24. Itemize any and all amounts expended or expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and state the name and address of each payee and the amount paid or owed each payee.

PERSONAL INJURY CLAIM

25. Itemize any and all future medical or other expenses to be incurred, not otherwise set forth herein.

26. If employed at the time of alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any.

27. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and source of loss of the income, profit and earning and dates of deprivation thereof.

28. If you are presently employed, state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

29. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers.

30. If any photographs, sketches, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps upon which you intend to rely.

31. State the names and addresses of all persons who have knowledge of any relevant facts relating the case, identify each person whom you intend to call as a witness, and set forth as to each person the nature of the testimony that you expect them to present.

32. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

33. With respect to all expert witnesses, including treating physicians who are expected to support the claim of the Claimant, and with respect to any person who has conducted an examination of the Claimant or of the property alleged to be damaged and who may be called upon to testify in any proceeding with respect to the claim, state the witnesses' name, address and area of expertise, and annex a true copy of all written reports rendered to or about you. If a report is not written, supply a summary of any oral report.

34. Set forth the amount of your claim and the basis on which you calculate the amount claimed.

35. Identify and provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

The undersigned, identified as the Claimant for the purpose of the above claim, hereby certifies that the information provided is the truth and is the full and complete response to the questions, to the best of the knowledge, information and belief of the undersigned.

Dated: _____

Signature of Claimant

TORT CLAIM

**AUTHORIZATION FOR RELEASE OF
MEDICAL AND HOSPITAL RECORDS**

TO: _____

DATE:

RE:

Patient Name

Address

You are hereby authorized and requested to disclose, make available and furnish to the Attorney for the Township of Franklin whose address is:

or to the authorized representative of the Township of Franklin all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstract thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature

TORT CLAIM

**AUTHORIZATION FOR RELEASE OF
EMPLOYMENT RECORDS**

TO: _____

DATE:

RE:

Employee's Name

Address

SS Number

You are hereby authorized and requested to disclose, make available and furnish to the Attorney for the Township of Franklin whose address is:

or to the authorized representative of the Township of Franklin all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature