

**County of Bergen**  
**Office of the County Counsel**

One Bergen County Plaza, Room 580  
Hackensack, NJ 07601  
(201) 336-6950 / Fax (201) 336-6966

**CLAIMANT INFORMATION:**

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

**Telephone:** \_\_\_\_\_

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

**Fax:** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_

**ATTORNEY INFORMATION (If Applicable):**

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

**Telephone:** \_\_\_\_\_

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

**Fax:** \_\_\_\_\_

\_\_\_\_\_

**File No:** \_\_\_\_\_

\_\_\_\_\_

**Send Notices to (circle one):**

**Claimant**

**Attorney**

**GENERAL INSTRUCTIONS:-** Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form is utilized by the County of Bergen for the reporting of claims.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents required shall be returned to the:

**County Counsel  
County of Bergen  
One Bergen County Plaza, Room 580  
Hackensack, NJ 07601**

**NOTE CAREFULLY:** Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the County of Bergen. Failure to provide the information requested, including such responses as "to be provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after 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 conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

**DEFINITIONS:**

**"Claimant"** shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the County.

**"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"** shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

**"Public Entity"** shall refer to the County of Bergen along with any agent, official, or employee of the County of Bergen against whom a claim is asserted by the Claimant.

**NOTE:** That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee. If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

***INFORMATION ON THE CLAIMANT***

1. Provide the following information with respect to the Claimant:

Any other name(s) by which the claimant is known.

Address at the time of the incident giving rise to the claim.

Marital Status (at the time of the incident and current).

Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

***INFORMATION ON ALL CLAIMS***

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

4. Provide the Claimant's complete version of the events that form the basis of the claim.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition cause the injury.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. **Statements such as "should have known" and "Common knowledge" are insufficient.**

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

10. 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. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

11. 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 maps and of the persons who have present possession thereof. Attach copies of any photographs, sketched, charts or maps.

12. 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; the date and place where said; and in who presence, giving names and addresses of any persons having knowledge thereof.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

***PROPERTY DAMAGE CLAIM***

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None".

**Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to the last page of this form.**

° Initials: \_\_\_\_\_

***PERSONAL INJURY CLAIMS***

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admissions and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. 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.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor who treated or examined you, or whom you may have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, 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.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations or other form of surgery in the future has been recommended to 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 the treatments, operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the 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. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

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

29. If you are claiming lost wages 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. Attached copies of pay stubs or other complete payroll record for all wages received during the year.

**DOCUMENT REQUEST:** Provide all documents identified in your answers to the above questions. If not identified above, also provide:

- a) copies of all itemized bills for each medical expense and other losses and expenses claim;
- b) full copies of appraisals and estimates of property damage claimed;
- c) copies of all written reports of all treating or examining physicians or medical personnel (including emergency medical responders);
- d) all reports of individuals proposed to be put forth as expert witnesses; and
- e) if lost wages are claimed, a letter from your employer verifying lost wages. If self employed, provide a statement showing the calculation of lost income.

**CERTIFICATION:** I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge. I am aware that if any of the above information provided is willfully false, I may be subject to punishment in a court of law.

Signature of Claimant : \_\_\_\_\_

STATE OF NEW JERSEY :  
:  
COUNTY OF :

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires:

**HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF HOSPITAL, MEDICAL,  
INSURANCE AND PHARMACY RECORDS PURSUANT TO 45 CFR 164.508**

Plaintiff/Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Plaintiff/Patient's Current  
Address(es): \_\_\_\_\_  
\_\_\_\_\_

TO: [Name of Healthcare Provider, Physician, Facility]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the designated records custodian of the HIPAA covered individual or entity identified above to disclose all protected health information for review and evaluation in connection with a legal claim. I expressly request that you disclose, make available and furnish to **the attorneys, claims managers, investigators or agents of the County of Bergen** full and complete copies of all records and reports regarding my medical condition and/or treatment spanning the time period of [date of birth] to the present, including but not limited to all information relating to AIDS and HIV status. This information includes but is not limited to medical records, copies of films (x-rays, photographs, photographic slides or otherwise) pathology slides, diagnostic reports and laboratory testing reports. No originals will be released. No pathology material will be released but you must notify the above attorneys as to the existence of such pathology material.

IF YOUR RECORDS CONTAIN RECORDS OR REPORTS RELATING TO PSYCHIATRIC, PSYCHOLOGICAL OR ANY OTHER MENTAL HEALTH COUNSELING OR TREATMENT, YOU ARE NOT AUTHORIZED AT THIS TIME TO RELEASE THOSE MATERIALS, BUT YOU MUST PROVIDE NOTIFICATION OF THE EXISTENCE OF SUCH MATERIALS TO DEFENSE COUNSEL CHECKED ABOVE AND TO MY ATTORNEY:

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

Firm: \_\_\_\_\_

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

This protected health information is disclosed for the following purposes: My notice of tort claim filed against the County of Bergen pursuant to N.J.S.A. § 59:8-1 et seq.

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to you at the above-referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to no longer be protected under 45 CFR 164.508.



I understand that the covered entity to which this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization.

I have the right to inspect or copy the information to be disclosed as provided in 45 CFR 164.524. I have the right to inspect and amend my medical records as provided in 45 CFR 164.526. I have the right to an accounting of the use and disclosure of my health information to any third party as provided in CFR 164.528.

This will further authorize you to provide updated medical records for the undersigned to the above individuals, firms and corporations through the expiration date for this authorization without additional authorization. A facsimile, copy or photocopy of this authorization shall authorize you to release the records herein. This authorization shall be in force and effect until two years from date of execution at which time this authorization expires.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff or Personal Representative

\_\_\_\_\_  
Print or Type Name of Plaintiff or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Plaintiff (attach documents which show authority)

STATE OF NEW JERSEY       :  
                                          :  
COUNTY OF                    :

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires: