NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name:	Telephone:		
Address:	Date of Birth:		
·	SSN:		
ATTORNEY IN	FORMATION (if applicable)		
Name:	Telephone:		
Address	TeleFAX:		
	File No.:		
Send Notices to	Claimant Attorney		

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against this Municipality.

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 requested shall be returned to the Municipality and to:

Ms. Kathleen Kissane Qual-Lynx 100 Decadon Drive Egg Harbor Township, NJ 08234

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with the Municipality. 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 road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question 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 (Name of 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*" 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 (Name of Township) along with any agent, official or employee of the (Name of Township) 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 a public employee.

If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 17 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 16 "No property damage claimed."

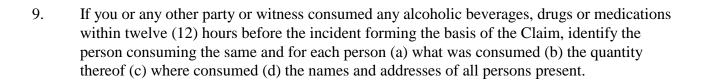
INFORMATION ON THE CLAIMANT

1.	Provide the following information with respect to the Claimant:				
	a.	Any other name by which the Claimant has been known.			
	b.	Address at the time of the incident giving rise to the claim.			
	c.	Marital Status [at the time of the incident and current]			
	d.	Identify each person residing with the claimant and the relation, 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				
	Claima Claima	ant resided at the address and the relation, if any, of the person to the ant.			

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 which 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 caused 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.



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 payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on 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 same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, 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; date and place where said; and in whose 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 calculate 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.	15. Provide the names and addresses of all persons or entities against whom claims have been r 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 CLAIMS

16.	If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".
If yo	bur claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.
	Initials

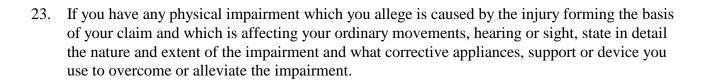
PERSONAL INJURY CLAIMS

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 hospitals, state name and address of each and the dates of admission 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 psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.



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, operation 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, operation or surgery (d) the name and address of the 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 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.

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any 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, worker's 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 the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

29. If you are claiming lost wages state (a) the date that the employment began (b) the and address of the employer (c) the position held and the nature of the work performed the average weekly wages. Attach copies of pay stubs or other complete payroll record wages received during the past year.				
DOCUMENT REQUEST:	Produce all documents identified in your answers to the above questions.			
	CERTIFICATION			
I hereby certify that the inforto the questions, to the best of my	mation provided is the truth and is the full and complete response			
to the questions, to the best of my	knowledge.			
Signature of Claim	Dated:			
Signature of Claim				

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

) :		Date:
.		
Ε:	Patient's Name	
	Address	
	Address	
	Social Security Number	Claim Number
mp		ncluding, but not limited to, my job title, assigned duties leave and to permit him or her to inspect and make
		photocopy of my signature, shall constitute your on in accordance with the request made to you.
		Authorized Signature

AUTHORIZATION FOR HEALTH INFORMATION DISCLOSURE PATIENT INFORMATION (please print)

PatientName:					
Patient Address:					
City:		Sta	te:	Zip:	
I hereby authorize(Name of physician's office/medica REQUESTOR/RECIPI				i)	
Please disclose the following protected health information to:		600 652 9400			
Qual-Lynx 100 Decadon Drive	Fax:	609-653-8400 609-601-3173			
Egg Harbor Township, NJ 08234	гах:	009-001-31/3			
Please indicate the information or types of information to be including but not limited to any and all office notes, med operative reports, psychiatric and/or psychological records, bit	dical reco				
Specify dates (or date ranges) if applicable:					
This request is for the purpose of investigation.					
I understand that I have the right to revoke this authorization writing and addressed to the privacy officer of the above nanothat the revocation does not apply to information that has also otherwise revoked, this authorization will expire in two year	ned facili eady been	ty authorized to n released in re	o make t sponse t	his disclosure. I understand of this authorization. Unles	
I understand that any disclosure of information may be subj protected by federal or state law. I understand that I need not I may inspect and/or copy the information to be disclosed. understand that if I have any questions about disclosure of m facility listed above that is authorized to disclose this informat	sign this I underst y health i	authorization to and that author nformation, I n	o assure rizing the nay cont	treatment. I understand that is disclosure is voluntary. act the privacy officer at the	
I understand that my health record may include information polillness, acquired immunodeficiency syndrome (AIDS) or hum diseases, tuberculosis or genetics.	ertaining an immur	to the treatment nodeficiency vir	of drug rus (HIV	and alcohol abuse, mental (), sexually transmitted	
IF YOU DO NOT WISH THIS INFORMATION TO BE I RELEASE	RELEAS	ED, PLEASE	INITIA	L: DO NOT	
Finally, I understand that I may revoke this authorization in we the extent that action has been taken in reliance upon this authorization.			ded that	I do so in writing, except to	
A copy of this signed form will be provided to the claiman Photocopies of this Authorization carry the same aut			l.		
Signature of Patient or Authorized Representative		Date			
Description of Representative's Authority (witness signature required)		Signa	ature of	Witness	
(withess signature required)					

File #_____