

TOWN OF WEST NEW YORK
MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093

(201) 295-5090

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name _____ Telephone _____
Address _____ Date of Birth _____
_____ SSN _____

ATTORNEY INFORMATION (If applicable)

Name _____ Telephone _____
Address _____ TeleFAX _____
_____ File No. _____

Send Notices to: _____ Claimant _____ Attorney

GENERAL INSTRUCTIONS: The Town of West New York, 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 Town of West New York.

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 or 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

Town of West New York
Municipal Building
428-60th Street - Room # 2
West New York, N.J. 07093
Attention: Town Clerk

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 Town of West New York. 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.

Notice of Claim normally must be filed within 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 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 or privilege, whether based on statute or otherwise, as a ground for not answering a 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 that 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, addressee (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 communication, 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 numbers, occupation and title, if any, of persons whose identify is sought by the question.

I. For the purposes of these questions, "Person" shall include in this 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 Town of West New York and the attorneys for the Town of West New York 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 request 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 claims 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 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 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 persons on whose behalf the Notice of Claim has been filed with the Town of West New York.

As used herein, "Town of West New York" shall refer to the Town of West New York along with any agent, official or employee of the Town of West New York 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 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, if any, of the person to the Claimant.

7. If you allege wrongdoing by any employee or official of the Town of West New York, 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 Town of West New York, 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 the property, set forth the specific basis on which you claim that the Town of West New York was responsible for the condition and the specific basis on which you claim that the Town of West New York 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 persons present.

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

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

PERSONAL INJURY CLAIMS

12. With respect to the alleged injury forming the basis of the claim, was any complaint made to the Town of West New York or to any official or employee of the Town of West New York.

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

19. If you have been treated by or have consulted with a psychologist, psychiatrist, social worker, or counselor, set forth the name and address of the 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 that a 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 hospitals, 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.
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 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.

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 earnings 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 payors.

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 to 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 as 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: _____

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: _____

Dated: _____

RE: _____
Employee's Name

Address

Social Security Number

You are hereby authorized and requested to disclose, make available and furnish to the Attorney for the **Town of West New York** whose address is:

Douglas M. Standriff, Esq.
1200 East Ridgewood Avenue
Park View Plaza Atrium-Level East
Ridgewood, NJ 07450

Or to the authorized representative of the Town of West New York 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 a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

TOWN OF WEST NEW YORK HIPAA COMPLIANT AUTHORIZATION AND
REQUEST FOR MEDICAL RECORDS

TO: TOWN OF WEST NEW YORK
428 60th Street, West New York NJ 07093
Attn: Custodian of Records

Re:

Patient Name: _____

Requestor's Name: _____

Is the patient a minor: Yes / No

Patient's Address: _____

Requestor's Address: _____

Patient's Social Security No.: _____

Patient's Date of Birth: _____

Approximate First Date of Medical Service Provided: _____

I, _____, hereby request and authorize you to
disclose, make available and furnish to _____ ("Recipient") whose name and address is:

Name:

Address:

Relationship to Patient*:

all protected information related to my treatment, including the following:

- All EMS Records
- All medical records, including inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes, and records received by other physicians.
- All autopsy, laboratory, histology, cytology, pathology, radiology, CT scan, MRI, echocardiogram and cardiac catheterization reports.
- All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
- All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.
- All billing records including all statements, itemized bills, and insurance records.

You are also authorized to send any psychiatric, drug and/or alcoholic treatment information if applicable.

I understand that I have the right to revoke this Authorization at any time. I understand that in order to revoke this Authorization, I must do so in writing and present my written revocation to your Custodian of Records with a copy to the Recipient at the address above. I understand that the revocation will not apply to information that has already been released in response to this Authorization. I understand that the revocation will not apply to my insurance company when the law provides the insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will have No Expiration Date.

POTENTIAL FOR RE-DISCLOSURE: I understand that information that is disclosed under this Authorization may be disclosed again by the person or organization to which it is sent. The privacy of his information may not be protected under the federal privacy regulations.

WAIVER: I waive all claims and rights I and the patient (if requestor and patient are not the same person) may have against the Town of West New York, under any law, related to the disclosure of information disclosed pursuant to this Authorization.

Dated: _____, 2009

(Signature of Patient or Legal Representative)*

*If patient is a minor and requestor is legal parent or guardian, proof of parentage or guardianship is required to be provided to the Custodian of Records, prior to release of requested records. If patient is a minor and requestor is an attorney, attorney must provide consent from the minor's parent or guardian in along with such parent or guardian's proof of parentage or guardianship.