

Township of Burlington  
851 Old York Road  
Burlington Township, New Jersey 08016

**NOTICE OF CLAIM / QUESTIONNAIRE**

**CLAIMANT INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ SSN: \_\_\_\_\_  
Email: \_\_\_\_\_

**ATTORNEY INFORMATION (if applicable)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ File No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Send Notice to:         Claimant         Attorney**

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

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Notice of Claim/Questionnaire and all of the requested documents shall be returned to:

Township of Burlington  
851 Old York Road  
Burlington Township, New Jersey 08016

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Notice of Claim/Questionnaire has been filed with Qual-Lynx. Qual-Lynx has been designated as the authorized agent for the Township of Burlington.

Your failure to provide all of the information requested in the Notice of Claim/Questionnaire, and including responses such as "To Be Provided" or

"Under Investigation," will result in the claim being treated as not being properly filed.

In accordance with New Jersey Tort Claims Act, a timely Notice of Claim/Questionnaire must be filed within ninety (90) days after the incident giving rise to the claim.

This Notice of Claim/Questionnaire 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, state to the best of your knowledge the reason the information is not available to you. If a question asks you to identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete 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/Questionnaire has been filed with the Township of Burlington.

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

**PLEASE 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 Township or a public employee.**

**If the claim involves only property damage, then the portion of the Notice of Claim/Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Questions 18-31 "No personal injuries are being claimed."**

**If the claim involves no property damage, then the portion of the Notice of Claim/Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 17 "No property damage is being claimed."**

### **INFORMATION REGARDING THE CLAIMANT**

1. Provide the following information with respect to the Claimant:
  - a. Any other name by which the Claimant has been known.
  - b. Residence and mailing addresses at the time of the incident giving rise to the claim. Also provide current email address(es).
  - c. Marital status at the time of the incident and currently.
  - d. Identify each person residing with the Claimant and the relationship of that person, if any, to the Claimant.
2. Provide all addresses of the Claimant for the last 10 years, including the dates Claimant resided at each residence; the name of each person who resided with the Claimant at each address, and the relationship of each person to the Claimant.

### **INFORMATION REGARDING 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 your complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide photographs of the area where the incident occurred, and indicate on the photographs the exact location where the incident occurred.
5. List the full name, address, email address and telephone number of each individual who was a witness to, or who has knowledge of, the facts of the incident which give rise to the claim.
6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage which give rise to the claim, 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. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.
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 facts upon which you claim that the public entity was responsible for the condition, and the specific facts and date upon which you claim that the public entity was provided with notice of the

alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

9. if you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to 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 from any person, firm or corporation, any money or thing of value for your injuries or damages related to the incident forming the basis of the claim, state the name of each payor, and the date and amount received. Specifically list any policies of insurance, including the policy number and claim number, from which benefits have been paid to you or to any person acting on your behalf, including doctors, hospitals or any person repairing damage to property.
  
11. If any photographs, drawings, 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 who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.
  
12. If you, any of the parties to this incident, or any of the witnesses to this incident, made any statement or admission, set forth in detail: each statement or admission that was made; the name of the person who made the statement or admission; the date and place where the statement or admission was made; and in whose presence the statement or admission was made. Provide the names and addresses of any persons having knowledge of any of the aforementioned statements or admissions.

13. State the total amount of your claim and the basis upon which you have calculated the amount being claimed.
14. Provide copies of all documents, memoranda, correspondence, reports, etc. which discuss, mention or pertain to the subject matter of your claim.
15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.
16. Were any criminal and/or traffic complaints or tickets issued as a result of this incident? If so, please provide copies of each complaint and/or tickets and advise as to the disposition of each.

### **PROPERTY DAMAGE CLAIMS**

17. If your claim is for property damage, attached a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

## **PERSONAL INJURY CLAIMS**

18. Was any complaint regarding the incident, or the condition which allegedly caused the incident, made to the public entity or to any official or employee of the Township? If so, state the date, place where, and to whom, the complaint was made.
  
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of the incident.
  
20. Describe in detail any and all injuries or conditions sustained in the incident which are claimed to be permanent. State the name and address of each person who has determined that any injury or condition is permanent.
  
21. If you have been confined to any hospital(s) as a result of any injury sustained in the incident, state the name and address of each hospital and the dates of both admission and discharge. Also provide the name and address of each hospital where you were admitted to both prior and subsequent to the alleged incident and provide the reason for each admission.
  
22. If X-Rays, MRIs, CAT Scans or any other diagnostic test was performed with respect to the injury sustained in the incident state: (a) the address of the place where the test was performed; (b) the name and address of each person who performed the test; (c) the date when the test was performed; (d) the results of the test; (e) where and in whose possession the test results and films are now located.
  
23. Provide a copy of all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to the alleged injury forming the basis for the claim, with the date and where each test was performed; the name and address of each person who performed the

test, and why the test was performed. Also attach the results of each test.

24. If you were treated by doctors, including psychiatrists or psychologists, state with respect to the injury sustained in the incident: (a) the name and present address of each doctor; (b) the date and place where any treatment was administered; (c) the nature of the treatment; (d) the date of the last treatment; (e) and, if treatments are continuing, the schedule of future 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.
25. If you have any physical impairment which you allege is caused by any injury sustained in the incident and which is 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 have been prescribed to overcome or alleviate the impairment.
26. If you claim that a previous injury has been aggravated or exacerbated as a result of the incident describe the previous injury and provide 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 the use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.
27. 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 treatment, 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 treatment, operation



or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatment, operation or surgery, and (h) whether it is your intention to undergo the treatment, operation or surgery and the approximate date.

28. Itemize any and all expenses incurred for hospitals, doctors, nurses, X-Rays or other diagnostic testing, prescriptions, care and appliances, as a result of the injury which forms the basis of the claim and indicate, with supporting documentation, which expenses were paid by insurance.
  
29. If you were employed at the time of the alleged injury forming the basis of the claim state: (a) the name and address of your employer; (b) salary, position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates, and (e) the 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.
  
30. If other loss of income, profit or earnings is claimed, state: (a) total amount of the loss; (b) computation of the loss, and (c) the nature and dates of the loss.
  
31. If you are claiming lost wages state: (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed, and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the year prior to the injury and during the past year.

**DOCUMENT REQUEST**

You are required to produce any and all documents identified in your answers to the questions set forth above.

**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.

Dated: \_\_\_\_\_

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

**HIPAA-COMPLIANT AUTHORIZATION  
 AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS PURSUANT  
 TO 45 C.F.R. § 164.508 (HIPAA)**

Patient Name	Date of Birth	Social Security Number
Patient Address		

I hereby authorize \_\_\_\_\_ to release all existing medical records regarding the above-named person's medical care, treatment, physical condition, and/or medical expenses to Qual-Lynx on behalf of the Township of Burlington, for review by Qual-Lynx and counsel for the Township of Burlington ("Receiving Parties"). These records shall be used or disclosed solely in connection with the Notice of Claim/Questionnaire filed by \_\_\_\_\_ naming the Township of Burlington. This authorization shall cease to be effective as of the date on which the above-named person's tort claim is resolved. The Receiving Parties shall return or destroy the protected health information (including all copies made) upon the resolution of the claim.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization also may include x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctors' and nurses' notes (excluding psychotherapy notes maintained separately from the individual's medical record that document or analyze the contents of conversation during a private counseling session or a group, joint, or family counseling session by referring to something other than medication prescription and monitoring, counseling sessions start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress), prescriptions, medical bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records

provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive. This will further authorize you to provide updated medical records, x-rays, reports or copies thereof to the Receiving Parties until the conclusion of the litigation.

I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the Receiving Parties to others deemed necessary by the Receiving Parties to assist in investigating the claim. I further reserve the right to request the return or redaction of sensitive or embarrassing information, not germane to the investigation of the claim, that is disclosed to the Receiving Parties.

You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition.

Any photostatic copy of this document shall have the same authority as the original, and may be substituted in its place.

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

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Signature of Claimant or person authorized by law to act on behalf of Claimant

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

RE: \_\_\_\_\_  
Patient's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

**Burlington Township**  
851 Old York Road  
Burlington Township, NJ 08016

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.

\_\_\_\_\_  
Signature of Claimant or Person  
Authorized by law to act on behalf  
of Claimant

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