



The City of Orange Township, New Jersey  
Department of Law

**T59**  
**Claim**

# **Title 59 Notice of Claim** **Against Public Entity** w/ Instructions

**Honorable Dwayne D. Warren, Esq.**  
Mayor

**Honorable Kerry Coley**  
Councilman, East Ward; Council President

**Honorable Tency Eason**  
Councilwoman, North Ward; Council Vice President

**Honorable Harold Johnson Jr.**  
Councilman, West Ward

**Honorable Jamie Summers-Johnson**  
Councilwoman, South Ward

**Honorable Adrienne Wooten**  
Councilwoman-at-Large

**Honorable Weldon Montague III**  
Councilman-at-Large

**Honorable Clifford Ross**  
Councilman-at-Large

**Gracia Robert Montilus, Esq.**  
City Attorney

**Christopher Hartwyk**  
Business Administrator

**Joyce Lanier, RMC**  
City Clerk

**MOVING**  
**ORANGE FORWARD ►►**

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MUNICIPAL BUILDING  
29 NORTH DAY STREET  
ORANGE, NEW JERSEY 07050

# Title 59 Notice of Claim Against Public Entity

## Instructions



The City of Orange Township, New Jersey  
Department of Law

This form is for filing a notice of claim against the City of Orange Township and/or its agents, officials or employees pursuant to the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq. To be deemed filed, a completed notice form and all supporting documentation must be received by the City of Orange Township within 90 days after the incident giving rise to the claim.

### Definitions

As used in the notice of claim form and these instructions:

*City or Public Entity* means the City of Orange Township and any agent, official or employee of the City of Orange Township against whom a claim is asserted by the claimant.

*Claimant* means the person or persons on whose behalf the notice of claim is filed with the City of Orange 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* means a natural person, as well as a partnership, joint venture, corporation, association, trust or any other kind of entity.

*Title 59 or Tort Claims Act* means the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.

### Instructions

In accordance with Resolution No. 274-2021, adopted by the Municipal Council of the City of Orange Township on May 18, 2021, this notice of claim form was adopted as the official form that must be used to file any claim against the City pursuant to Title 59.

This is designed as a general form for use with respect to all claims, and questions are divided into sections relating to: the claimant; his/her attorney; general claim details; alleged property damage; and, alleged personal injury. As a result, some questions may not apply to every claimant's situation—if the claim involves only property damage, the portion on personal injury need not be answered, and *vice versa*. To the extent the claimant is alleging only property damage or only personal injury claims, the appropriate option should be selected in each section header. Where an individual question does not apply, please indicate "N/A" to avoid confusion.

Applicable questions are to be answered to the extent of all information available to the claimant and/or his/her attorneys, agents, servants and employees, and shall also be answered under oath/affirmation. With respect to the level of detail required for any response, as a rule, where more information/detail is available, it should be provided so long as it is relevant. If a document is referenced in any response, a copy of the document should be submitted with the notice of claim or, if the document is not available, an explanation of how the document may be obtained.

Additionally, the following items must be submitted with this notice:

- copies of itemized bills for all medical expenses and other alleged losses and expenses;
- copies of all appraisals and repair estimates for alleged property damage;
- copies of all written reports by any expert witnesses and treating healthcare providers; and/or,
- if lost wages are alleged, a letter from the claimant's employer verifying the amount of wages lost, or if self-employed, a statement showing the calculation of alleged lost income.

If using the fillable PDF version of the notice of claim form, certain information may be filled automatically based on other entries. Nonetheless, the claimant is ultimately responsible for the information contained in the notice of claim, and therefore, in the event of an error

in any automatically-filled field, the claimant must still ensure that the final version of the notice of claim reflects the correct information prior to submission to the City. The City is not responsible for any such errors, should they occur.

If the claimant is unable to answer a question due to lack of information available to him/her, state that the information is not available and specify the reason. If a question asks for a document, it is sufficient to furnish true and legible copies.

Where a question asks the claimant to identify a person, provide the name, address and telephone number of each such person. If additional space is needed to provide a complete response, supplementary sheets, identifying the number of the applicable question and continuation of the response.

NOTE: If personal injuries are alleged, the claimant must also submit an Authorization to Disclose Protected Health Information (form provided under *Schedule A*) for each treating provider/facility.

To be considered timely-filed in accordance with Title 59, a notice of claim must be received by the City's Department of Law within 90 days after the incident giving rise to the injuries/damages alleged. No notice of claim will be accepted after the 90-day period has expired without an order from the Superior Court of New Jersey allowing the late filing. Such an order may only be granted within 1 year from the date of the incident and only where the court finds good cause to permit the late filing.

Be advised, a claim will not be considered filed until this completed form and all supporting documentation has been filed with the City. 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 filed.

### Submission

A fully completed notice of claim form and all supporting documents must be filed with the City's Department of Law, in person or by other trackable means, not later than 90 days after the incident giving rise to the claim. Notice transmittals should be sent to:

City of Orange Township, Department of Law  
ATTN: Gracia Robert Montilus, Esq., City Attorney  
29 North Day Street, Room 205  
Orange, New Jersey 07050

Each claimant is wholly responsible for the contents, accuracy and completeness of the notice of claim and supporting documents.

Submission of a signed notice of claim form will serve as acknowledgement that the claimant received, read and understood the requirements set forth in these instructions. Claims failing to meet these requirements will be deemed incomplete and may be rejected.

### Inquiries

City officials are prohibited from providing substantive assistance to claimants and may only discuss procedural matters. To that end, substantive statements by any City official regarding any claims alleged in the notice of claim will not bind the City in any respect.

Inquiries regarding these instructions or the appended forms should be directed to the Department of Law at 973.952.6095.

### Disclaimer

These instructions shall not be construed as legal or other professional advice and are not a substitute for the guidance of a qualified attorney or other appropriate professional. The City reserves all rights under applicable law. ♦♦

# Title 59 Notice of Claim Against Public Entity



The City of Orange Township, New Jersey  
Department of Law

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## Part A Claimant Information

1 Full Legal Name		2 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		3 SSN
4 Current Address		5 E-mail	6 Telephone	7 DOB
8 Alternate Name(s)			9 Notice Parties <input type="checkbox"/> Claimant <input type="checkbox"/> Attorney	
10 Identify each person currently residing with the claimant, if any, and the relationship of said person to the claimant.				( <input type="checkbox"/> additional sheets attached)

11 List each address at which the claimant resided during the last 10 years, whether temporary or permanent, as well as the corresponding dates of residence, each person residing with the claimant at each corresponding address, if any, and the relationship of said person to the claimant. ( additional sheets attached)

## Part B Attorney Information

N/A

12 Name/Firm		13 E-mail		
14 Address		15 Telephone	16 Fax	

## Part C General Claim Information

REQUIRED

17 Incident Date	Approx. Time	18 Incident Location	19 Weather Cond.
20 Set forth the claimant's complete version of the events that form the basis for the claim.			( <input type="checkbox"/> additional sheets attached)

**Part C (continued) General Claim Information**

REQUIRED

- 21 Identify each person who witnessed or has knowledge of the incident giving rise to the claim.  additional sheets attached
- 22 Identify each public entity (e.g., the City, etc.) or employee (by name and position) alleged to have caused the injury or property damage, and specify the exact act or omission by each public entity or employee alleged to have caused the injury or property damage.  additional sheets attached
- 23 If the injury or property damage was allegedly caused by a dangerous condition on property owned by or under the control of the City, specify the nature of the alleged dangerous condition, and the manner in which the condition is claimed to have caused the injury.  additional sheets attached
- 24 If a dangerous condition is alleged on property owned by or under the control of the City, state the specific basis for claiming that the City was responsible for the condition and the specific basis and date on which you claim that the City was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.  additional sheets attached
- 25 If the claimant, or any other party or witness, consumed any alcoholic beverage, narcotics, or prescribed medications within the 12 hours immediately preceding the incident forming the basis of the claim, identify each person and, for each: what was consumed; the quantity consumed; where consumed; and, the names and addresses of all other persons present.  additional sheets attached
- 26 If the claimant received or agreed to receive any money or thing of value for his/her alleged injuries or damages, from any person, state for each: the amount/thing agreed upon or received; the date received or to be received; and, the name and address of the payer. Specifically list any insurance policy, along with policy and claim numbers, from which benefits were paid or will be paid to the claimant or any person on the claimant's behalf (e.g., doctors, hospitals, mechanics, contractors, etc.).  additional sheets attached

**Part C (continued) General Claim Information** REQUIRED

**27** If any photograph, sketch, chart or map was made with respect to the subject matter of the claim, attach a copy of each and state: the date made; the name and address of the maker; and, the name and address of the person who currently has possession of the original.  additional sheets attached

**28** If the claimant, or any other party or witness, made any statement or admission, set forth for each: what was said; by whom; the date, time and place said; and, the names and addresses of all other persons present or with knowledge thereof.  additional sheets attached

**29** State the total amount of the claim and the basis on which that amount was calculated.  additional sheets attached

Claim Amount:  
Basis:

**30** If any document or report (including a police report) was made with respect to the subject matter of the claim, attach a copy of each and state: the date made; the name and address of the maker; and, the name and address of the person who currently has possession of the original.  additional sheets attached

**31** Identify each person other than the City and/or City officials/employees against whom the claimant alleges liability for alleged injuries or damages arising out of the incident forming the basis of the claim, and give the basis for the claim against each.  additional sheets attached

**Part D Property Damage Claim Information**  PROPERTY DAMAGE ONLY  N/A

**32** Describe the allegedly damaged property, including date the claimant acquired the property, the price paid for the property and the property's value at the time of the incident forming the basis of the claim.  additional sheets attached

**33** Describe the alleged damage to the property forming the basis of the claim, and state whether the alleged damage was repaired. If the alleged damage was not repaired, attach any repair estimates obtained by the claimant. If the alleged damage was repaired, identify the person who performed the repair, as well as the date and cost of the repair, providing copies of any invoices.  additional sheets attached

<b>34</b> Current Location of Damaged Property	<b>35</b> Earliest Inspection Date
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**Part E Personal Injury Claim Information**

PERSONAL INJURY ONLY  N/A

**36** State whether the claimant complained of his/her alleged injury to the City or any City official or employee, and if so, the time and place of the complaint and the person to whom the complaint was made.  additional sheets attached

**37** Describe the nature, extent and duration of all alleged injuries.  additional sheets attached

**38** Describe any alleged injury or condition claimed to be permanent.  additional sheets attached

**39** If the claimant was ever confined to any hospital, state name and address of each and the admission/discharge dates. Include all hospital admissions prior to and subsequent to the alleged injury forming the basis of the claim and give the reason for each admission.  additional sheets attached

**40** If x-rays were taken of the claimant, state for each: (a) the date it was taken; (b) the address where it was taken; (c) the name and address of the person who took it; (d) the name and address of the person who currently has possession of the original; and, (e) what it disclosed. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.  additional sheets attached

**41** If the claimant was treated by a healthcare provider prior to or subsequent to the alleged injury forming the basis of the claim, including a physician, psychiatrist or psychologist, state for each: (a) his/her name and address; (b) treatment dates and locations; and, (c) any continuing treatment schedule. Provide copies of all reports rendered to or about the claimant by any provider whom the claimant proposes will testify on his/her behalf.  additional sheets attached

**42** If the claimant alleges a physical impairment was caused by the injury forming the basis of the claim and affects his/her ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, supports or devices the claimant must use to overcome or alleviate the alleged impairment. List all impairments existing at the time of the alleged injury forming the basis of the claim, including without limitation use of eyeglasses, hearing aids or other assistive devices.  additional sheets attached

**Part E (continued) Personal Injury Claim Information**

PERSONAL INJURY ONLY  N/A

**43** If the claimant alleges a previous injury was aggravated or exacerbated by the injury forming the basis of the claim, describe each previous injury and provide for each: (a) the cause; (b) the names and addresses of all treating healthcare providers; and, (c) the treatment period.  additional sheets attached

**44** If any future treatment, procedure or surgery was recommended to the claimant in order to alleviate any alleged injury forming the basis of the claim, state for each: (a) the purpose, nature and extent; (b) the results anticipated; (c) the name and address of the indicating healthcare provider; (d) the name and address of treating healthcare provider (if different); (e) the estimated cost to the claimant; (f) the estimated duration, including hospitalization and/or convalescence; (g) and, if the claimant intends to undergo the treatment, procedure or surgery, the approximate date.  additional sheets attached

**45** Itemize all expenses incurred as a result of the alleged injury forming the basis of the claim for hospitals, doctors, nurses, x-rays, medications, care and appliances and indicate which expenses were paid or reimbursed by any insurance coverage.  additional sheets attached

**46** If the claimant was employed at the time of the alleged injury forming the basis of the claim state: (a) the name and address of the employer; (b) the position held and nature of the work performed; (c) average weekly wages during the 12 months immediately preceding the alleged injury; (d) the period of time lost from employment, if any, providing dates; and, (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including without limitation workers' compensation, disability income, social security and income continuation insurance.  additional sheets attached

**47** If the claimant alleges other loss of income, profit or earnings as a result of the injury forming the basis of the claim, state the nature, date and total amount of each such loss, and provide a detailed computation of the total amount claimed.  additional sheets attached

**48** If the claimant is alleging lost wages as a result of the injury forming the basis of the claim, state: (a) the name and address of the employer; (b) the position held and nature of the work performed; (c) the employment start date; and, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the 12 months immediately preceding the alleged injury.  additional sheets attached

**Part F Claimant Certification**

I hereby certify, under penalty of perjury, that the information provided in this notice of claim is true to the best of my knowledge. I further acknowledge that I received and read the instructions for completing this notice of claim prior to submitting same and understand the City may deem this notice of claim as not filed for a failure to comply with those instructions and/or append all required information.

Claimant Signature		Attorney/Notary		
Name	Date	Name	License State	Expiration

FOR OFFICE USE		
Date Received	By	Claim No.
Notes		

# **Form.** HIPAA

## **Authorization to Disclose Protected Health Information**



# Authorization to Disclose Protected Health Information



The City of Orange Township, New Jersey  
Department of Law

<p>This form is used to authorize a disclosure of protected health information to the City of Orange Township ("City") by a "covered entity" under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pub.L. 104-191, and the laws of the State of New Jersey.</p> <p>In accordance with HIPAA, covered entities (e.g., healthcare providers, etc.) must obtain written, signed authorization from a patient prior to disclosing his/her protected health information, electronically or otherwise. Authorization may not be required for disclosures relating to certain treatment, payment, healthcare operations, insurance functions, or as otherwise established by law.</p> <p>The authorization provided by this form permits the covered entity (provider) listed to disclose, communicate or send the patient's protected health information to the City.</p> <p>Covered entities may alternatively use any other form that complies with HIPAA and New Jersey law.</p>	1a Patient Name (Last, First, Middle)	
	1b Other Names Used	
	2 Patient DOB <input type="checkbox"/> Minor	3 Patient SSN
	4 Patient Address	
	5a Patient Representative Name <input type="checkbox"/> N/A	5b Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian/Representative
	6a Patient/Representative Telephone	6b Patient/Representative E-mail
7 Provider/Entity Disclosing Protected Health Information Name: Organization: Address:  Telephone: Fax: E-mail:	8 Authorized Recipient of Protected Health Information City of Orange Township Department of Law 29 North Day Street, Room 205 Orange, New Jersey 07050 ATTN: Gracia Robert Montilus, Esq., City Attorney Telephone: (973) 952-6095 Fax: (973) 674-2021 E-mail: gmontilus@orangenj.gov	
9 Reason for Disclosure <input type="checkbox"/> Litigation/Legal Proceeding <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Disability Determination <input type="checkbox"/> Employment <input type="checkbox"/> Other:		

10a Authorized Information			
<input type="checkbox"/> ALL Health Information	<input type="checkbox"/> ECG/Cardiology Test Reports	<input type="checkbox"/> Procedure/Surgical Reports	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Medical History	<input type="checkbox"/> Diagnostic Test Reports	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Physical Exam Reports	<input type="checkbox"/> Radiology Images/Reports	<input type="checkbox"/> Admit/Discharge Summaries	<input type="checkbox"/> Billing Information
<input type="checkbox"/> Past/Current Medications	<input type="checkbox"/> Laboratory Test Results	<input type="checkbox"/> Physician Orders	<input type="checkbox"/> Other:
10b Information Requiring Separate Authorization			
<input type="checkbox"/> Mental Health Records (excluding psychotherapy notes) INITIAL _____	<input type="checkbox"/> Genetic Information (except as per 45 CFR § 164.502) INITIAL _____	10c Record Date Range <input type="checkbox"/> N/A to	
<input type="checkbox"/> Substance Abuse Treatment Records _____	<input type="checkbox"/> HIV/AIDS Tests and Treatment _____		

**Definitions**  
The terms "treatment", "healthcare operations", "psychotherapy notes", and "protected health information" are as defined in 45 CFR § 164.501.

**Health Information to be Released**  
If "ALL Health Information" is selected in Box 10a, information to be disclosed includes, without limitation, all records and other information regarding health history, treatments, hospitalizations, tests, and outpatient care, as well as educational records that may contain health information. As indicated in Box 10b, specific authorization is required for the release of information about certain sensitive conditions, including: mental health records (excluding psychotherapy notes); substance abuse treatment records; genetic information/tests (except as may be prohibited by 45 CFR § 164.502); and, HIV/AIDS testing and treatment.

**Authorization/Acknowledgement**  
In accordance with the laws of the State of New Jersey and the privacy rules established under HIPAA, the undersigned patient/representative hereby authorizes the provider (covered entity) listed in Box 7 to disclose to the City of Orange Township (as listed in Box 8), all records selected in Box 10a and/or Box 10b for the date range listed in Box 10c, by electronic or any other means requested by the City of Orange Township.

- Furthermore, the undersigned patient/representative understands that under HIPAA regulations:
- this authorization is valid until the earlier of the patient's death, the patient reaching the age of majority (if currently a minor), the patient/representative revokes authorization, or the following specific date (optional): \_\_\_\_\_;
  - if disclosure of any information listed in Box 10b is authorized, the City is prohibited from re-disclosing such information without additional patient/representative authorization, unless otherwise permitted/required to do so by law;
  - the patient/representative has the right to request a list of parties who may receive information listed in Box 10b without additional authorization;
  - the patient/representative can revoke the authorization granted herein at any time, by giving written notice to the covered entity listed in Box 7 and the City (as listed in Box 8), however prior actions taken by entities that had permission to access the patient's protected health information will not be affected by that revocation;
  - signing this authorization will have no bearing on the patient's treatment, payment, enrollment in a health plan or eligibility for benefits;
  - information disclosed pursuant to this authorization (other than the information listed in Box 10b) may be subject to re-disclosure by the City and may no longer be protected by HIPAA or other privacy laws.

A copy of this form bearing a photocopy or electronic signature shall constitute authorization for the release of the information set forth herein.

Patient/Representative Signature		<b>DO NOT WRITE IN THIS SPACE</b>
Patient/Representative Name	Date	
<b>FOR OFFICE USE</b>		
Date Received	By	Claim No.