

**INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST
THE CITY OF CAMDEN**

FORWARD TO:

City of Camden, Office of City Attorney
City Hall, 4th Floor- Suite 419
P.O. Box 95120
Camden, NJ 08101-95120

This form must be filed within 90 days of this accident or you may forfeit your rights.

1. _____
Name of Claimant
_____ Date of Birth
Street Address Medicare/Medicaid Recipient: () Yes () No
If yes, provide Medicare Health Ins. Claim # (HICN):

_____ Social Security Number
City State Zip
_____ Home Telephone Business Telephone

2. If it is requested that notices be sent to a person other than the claimant, such as your attorney, please send notices to:

_____ Mailing Address
Name of Person
_____ City State Zip
Attorney at Law () or Other: _____
Relationship to Claimant

3. Circumstances regarding the occurrence or accident:

_____ Location
Date and Time
_____ State
City

4. Describe the accident or occurrence:

5. State the names and addresses of all witnesses to the above occurrence:

6. State the names and addresses of the public entity, or entities, that you claim caused your damage:

7. State the names and addresses of all other persons, companies, or governmental agencies whom you claim are responsible for your injuries or damages:

8. Briefly describe the injury, damages, and losses incurred by you:

9. Give the amount that you claim in damages: \$ _____

Give the basis for calculation of the above damages:

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

Dated: _____

Claimant or person filing claim on behalf of
Claimant

ALL INFORMATION REQUESTED IN THIS FORM MUST BE PROVIDED SO THAT FAIR AND FULL DISCLOSURE OF INFORMATION NECESSARY TO THE ORDERLY AND EXPEDIENT ADMINISTRATIVE DISPOSITION OF THE CLAIM MAY BE HAD. UNDER THE SCHEME OF THE NEW JERSEY TORT CLAIMS ACT, A GOVERNMENTAL ENTITY IS AFFORDED AT LEAST SIX MONTHS FROM THE DATE OF THE RECEIPT OF A COMPLETED CLAIM FORM TO REVIEW AND SETTLE MERITORIOUS CLAIMS. FAILURE TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS AND/OR THE WITHHOLDING OF INFORMATION MAY RESULT IN FORFEITURE OF THE CLAIMANT'S RIGHTS. (N.J.S. 59:8-1, ET SEQ.)

THIS FORM HAS BEEN ADOPTED BY THE CITY COUNCIL FOR THE CITY OF CAMDEN AS THEIR ACCEPTED FORM PER THE AUTHORIZATION OF N.J.S. 59:8-6 AND MUST BE COMPLETED IN ORDER TO PROCESS A CLAIM.

Revised 01/27/2023