



LOS ALAMOS COUNTY

TORT CLAIMS FILING

Procedures:

The following procedures are to be adhered to in filing a Tort Claim against Los Alamos County.

1. Notice of a Tort Claim must be filed within (90) days of incident.
2. Notice of Tort Claim form must be completed and signed, if amount of claim or damages is not known, N/A may be entered in amount of claim line.
3. The Tort Claim form must be turned into the Los Alamos County Clerk's office for registration; the County Clerks' office is located at the Municipal Building, 1000 Central Avenue, Second Floor, Suite 240, Los Alamos, New Mexico, 87544. The County Clerk will register the form and file it with the Risk Management Division (662-8192). Safety Officer can be reached at 662-8378.
4. The Risk Management Division will file the claim with the New Mexico Self Insurer's Fund, in Santa Fe, where an adjuster will be assigned to handle the claim. The New Mexico Self Insurer's Fund may be reached at 982-5573.

NOTICE:

The completion and filing of the Notice of Tort Claim Form, with Los Alamos County is not an acceptance by Los Alamos County of any liability in your claim. The New Mexico Self Insurer's Fund, the County's insurance will investigate and do the adjustment on your claim.

NOTICE OF TORT CLAIM

In order to submit your claim, you must complete this form and submit it to the County Clerk within **NINETY (90)** days of the occurrence. The County Clerk will then forward your claim to the New Mexico Self-Insurers' Fund for investigation and adjustment. You may expect to be contacted by a Fund representative regarding your claim. Please call (800) 432-2036 or (505)982-5573 if you have questions.

To Municipality of _____

Claimant: _____ DOB: ____/____/____ * SSN: ____ - ____ - ____ *

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Date of Occurrence: ____/____/____ Time of Occurrence: _____ AM or PM (Circle One)

Location of Occurrence: _____

Please describe what happened: (continue on blank sheet if necessary) _____

Witness Name: _____

Contact #: (____) ____ - ____

Witness Name: _____

Contact #: (____) ____ - ____

Please list all persons and/or property for which you are claiming damages:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL AMOUNT OF CLAIM \$ _____

Please attach all estimates, bills, or other information to support the amount of your claim.

Signature

Printed Name

____/____/____
Date

***This information is required by the Federal Government. No payment can be made without this information.**

THIS SIDE FOR MUNICIPAL OFFICIAL USE ONLY.

Notice of Tort Received By _____
Name Title

Date: ____/____/____ Time: _____ AM/PM (Circle One)

Persons having knowledge of the circumstances surrounding this claim:

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Attached are the following reports, statements or other documentation which support our understanding of the facts relating to this claim:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please describe any other information which you feel is pertinent to this claim: _____

Submitted by: _____
Signature Print Name

Title: _____ Phone: (____) ____ - _____

Upon receipt of this claim, please provide the above information and *immediately* send to:

New Mexico Self-Insurers' Fund
P.O. Box 846
Santa Fe, NM 87504
(800) 432-2036 or (505) 982-5573
Fax (505) 820-0670