

FP, F-1: Resource Family Parent Liability Program Claim Form Notice of Claim Instructions

This form (**FP, F-1: Resource Family Parent Liability Program Claim Form**) is to be completed by Resource Parents and third parties who suffer property damage. If you are a third party who suffered bodily injuries due to the actions of a foster child, please complete a standard tort notice of claim (Long Form), which is available on the Division of Risk Management website: www.state.nj.us/treasury/riskmgmt/

Section A. #1 is to be completed by the Resource Parent.

Section A. #2 is to be completed by the third party.

The claim must be submitted within 90 days from the date of the incident. **Resource Parents must submit the completed claim form to their DCP&P Resource Family Unit Supervisor**, who will sign off on the claim and forward it to the Division of Risk Management.

Please submit the following documents with your claim form:

1. Estimates for repairs/replacement.
2. Copies of original receipts for damaged items, i.e. clothing, furniture, appliances, etc.
3. Declaration page of homeowner's/renter's insurance policy if your claim is for \$350.00 or more. (Should you have no insurance, please sign the attached Affidavit in front of a notary public.)
4. Witness statements.
5. Letters and copies of checks issued by your insurance company, including letters accepting and/or denying coverage.

Please note that **our office does not entertain claims for \$75.00 and under**. Please keep a copy of the completed claim form and all supporting documentation for your records and future reference.

**State of New Jersey
Department of the Treasury
Division of Risk Management
P.O. Box 620
Trenton, New Jersey 08625
Attn: Tort Section
(609) 292-4347**

**STATE OF NEW JERSEY RESOURCE FAMILY PARENT LIABILITY PROGRAM
NOTICE OF CLAIM (FP, F-1)**

IDENTIFYING INFORMATION

A. RESOURCE PARENT:

CLAIMANT: (IF OTHER THAN RESOURCE PARENT)

1. _____
Resource Parent's Name

Address

City, State _____ Zip Code

(____) _____

Daytime Phone

Child in Placement (CIP) NJS (NJ SPIRIT #) Age

2. _____
Name and Relationship to Resource Parent

Address

City, State _____ Zip Code

(____) _____

Daytime Phone

B. DESCRIPTION OF OCCURRENCE:

1. _____
Date & Time of Occurrence

Location of Occurrence (Address, City, State, Zip Code)

2. Description of Incident (how/why occurred): _____

3. Damages: (list below) _____ Replacement/Repair Cost: (list below)

Proof Attached? (Yes/No) _____ Total Amount Claimed: _____

4. Insurance Company: _____ Policy #: _____

5. Police Dept. where reported: _____ Charges Filed? (Yes/No) _____

C. SOURCES OF CONFIRMATION:

NEW JERSEY PUBLIC LAW CHAPTER 320, 1983 REQUIRES THE FOLLOWING STATEMENT ON ALL CLAIM FORMS: "Any person who knowingly and with intent to defraud an insurance company or any other persons, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties."

Signature of Resource Parent or Claimant Date

Signature of DCF/DCP&P Representative Date

Print Name & Title

Phone #: _____

Date Incident Reported: _____

AFFIDAVIT

I _____ residing at _____
(NAME) (ADDRESS)

in the county of _____, certify that I had no homeowner's/renter's insurance
coverage in effect on _____ at my residence.
(DATE)

I certify the above statement is true to the best of my knowledge and realize any false statements may result
in punishment under the law.

SIGNATURE (SIGNED IN FRONT OF NOTARY PUBLIC)

DATE

NOTARY ACKNOWLEDGMENT

State of New Jersey }

County of _____ }

On _____, in the year 20 ____ before me,

_____, Notary Public in and for said county, personally

appeared _____, who has satisfactorily identified him/her
as the signer to the above affidavit.

Notary Public

Print

My commission expires: _____

(Seal)