



**INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST  
NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY**

FORWARD TO:                      New Jersey Educational Facilities Authority  
   103 College Road East  
   Princeton, New Jersey 08540  
   PHONE: (609) 987-0880

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT.

1. CLAIMANT:

\_\_\_\_\_

LAST NAME                                      FIRST                                      MIDDLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS                                      MAILING ADDRESS IF OTHER THAN ADDRESS

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE                                      DATE OF BIRTH                                      SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

\_\_\_\_\_

LAST NAME                                      FIRST                                      MIDDLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS                                      MAILING ADDRESS IF OTHR THAN ADDRESS

\_\_\_\_\_

TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW [ ] OR \_\_\_\_\_  
EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURRENCE.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. THE AMOUNT OF THE CLAIM. \_\_\_\_\_

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENTS MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

\_\_\_\_\_  
DATE

X: \_\_\_\_\_  
CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT