

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted red in the digital claim form.

False Arrest, Malicious Prosecution, and/or Wrongful Imprisonment – Claimant Information

State of New Jersey, Department of the Treasury - Division of Risk Management

NOTICE OF TORT AND CONTRACT CLAIM

Notice of Tort and Contract Claim against the State of New Jersey, its Departments, Agencies, and Employees.

Claimant Information

Contact Information

Claim & Incident Categories

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

Preview Claim & Incident Categories

Notice of tort and contract claim

Claimant Information

Party Completing Form

OTHER Person(s), Business/Organization, or Government/Public Entity filing a claim, on a pro-se basis, with no lawyer/attorney representation

Total Number of Claimants

1

Note: Please refer to the four (4) scenarios below for guidance on when listing multiple claimants on one claim form is permissible.

1. All parties that have an ownership interest in the damaged property, asset or vehicle.
2. Married Couples claiming property damage, bodily injury, and/or loss of consortium (the services or fellowship of the other partner).
3. Immediate family members that are claiming damages stemming from the death of their loved one (deceased claimant).
4. **Representatives** (Guardian, Parent, Administrator/Executor of an Estate, Party holding Power of Attorney, etc.) that **suffered damage or injury** stemming from the **same incident** or accident as the main claimant they "represent" (disabled, minor, incapacitated, or deceased person).

Claimant #1

Please Add Claimant(s)

Person(s)

Claimant's Last Name

Jordan

M.I.

Claimant's First Name

Michael

SS # (Last 4 digits)

9998

DOB

05/19/1975

Street Address 1

123 Main Street

Street Address 2

City

Trenton

County

Mercer

State

NJ

Zip Code

08625

Main Phone No

(123) 444-5555

Alternate Phone No

Email

michaeljordan@gmail.com

Confirm Email

michaeljordan@gmail.com

BACK

SAVE

NEXT

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Claim & Incident Categories

<p>Claimant Information</p> <p>Power of Attorney</p> <p>Minor/Disabled Claimant(s) Information</p> <p>Dead/Deceased Claimant(s) Information</p> <p>Contact Information</p> <p>Claim & Incident Categories</p> <p>Incident Details & Location</p> <p>State Agency Information</p> <p>Police/Investigative Agency Information</p> <p>Insurance</p> <p>Damages</p> <p>Document Upload</p> <p>Preview</p> <p>Signature</p> <p>WITHDRAW CLAIM</p>	<p>Please check all that apply to your claim, incident, collision or occurrence:</p> <p>Note: The system may prompt you to select a corresponding claim & incident category if you did not choose a proper companion one. If that is the case, you will be presented with a number of choices that are deemed applicable to your claim and case. However, you are not required to select a companion Claim Category for "Contract Claim" or "Vehicle Registration or License Suspension-MVC" Claim Categories, unless you want to or need to include certain information. These are the only two (2) stand-alone claim categories.</p> <ul style="list-style-type: none">> Guidance on how to select the appropriate incident categories for your claim (with select few sample case scenarios)> <input type="checkbox"/> Property Damage> <input type="checkbox"/> Bodily Injury> <input type="checkbox"/> Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)> <input type="checkbox"/> Accident due to State Highway Maintenance or Construction (Pothole, etc.)> <input type="checkbox"/> Slip and fall> <input type="checkbox"/> Vandalism or Criminal Mischief> <input type="checkbox"/> Assault/Abuse> <input type="checkbox"/> Medical Malpractice> <input type="checkbox"/> Foster Parent Liability Claim> <input checked="" type="checkbox"/> Civil Rights> <input type="checkbox"/> Due Process> <input checked="" type="checkbox"/> False Arrest, Malicious Prosecution, and/or Wrongful Imprisonment> <input type="checkbox"/> State Government Employment Claim> <input type="checkbox"/> Contract Claim> <input type="checkbox"/> Vehicle Registration or License Suspension-MVC> <input type="checkbox"/> State Helicopter Incident> <input type="checkbox"/> Other (Specify) <p>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."</p> <p>I acknowledge that I have selected all of the Claim Categories from the checklist above that apply to my case and claim.</p> <p>Initials MJ</p> <p>▼ Notice of tort and contract claim</p> <p>BACK SAVE NEXT</p>
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Civil Rights Section

Claimant Information

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Dead/Deceased Claimant(s) Information

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False Arrest, Malicious Prosecution, And/Or Wrongful Imprisonment

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WITHDRAW CLAIM

▼ **Preview Claim & Incident Categories**

▼ **Notice of tort and contract claim**

Civil Rights

Some basic examples of civil rights include, but are not limited to, the right to a fair trial, the right to government services, the right to a public education, the right to gainful employment, the right to housing, the right to use public facilities, the right to vote, and freedom of religion. It may also include discrimination, harassment, or retaliation because of your race, color, national origin, disability, age, sex, or religion.

Please note that filing this civil claim form with our office is separate and distinct from filing a civil complaint with the New Jersey Division on Civil Rights, Department of Law & Public Safety. You may contact the New Jersey Division on Civil Rights at 1-833-NJDCR4U (833-653-2748).

Claimant Jordan Michael

Please select all that apply to your Civil Rights Claim:

Denial of right to a fair trial Denial of right to State Government Services

Discrimination

Denial of right to gainful employment with a State Government Agency

Harassment

Retaliation

Other (Specify)

Have you filed a complaint with the N.J. Division on Civil Rights ("DCR")?

Have you filed a complaint "Lawsuit" in State or Federal Court?

BACK **SAVE** **NEXT**

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False Arrest, Malicious Prosecution Section

Claimant Information

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WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

False Arrest, Malicious Prosecution, And/Or Wrongful Imprisonment

If you are filing a claim for false arrest, malicious prosecution, wrongful imprisonment (MIA- Mistaken Imprisonment Act), and/or any other similar related legal claim, please use one the four (4) choices listed below as the date of incident or occurrence:

- (1) Date on the Order of dismissal.
- (2) Date on the court opinion overturning the conviction or plea.
- (3) Date the prosecutor dismissed the case.
- (4) Date released from prison after dismissal or exoneration, whichever is later.

Claimant Jordan Michael

Please check all that apply

False Arrest Malicious Prosecution

False Arrest

Malicious Prosecution

Wrongful Imprisonment

BAG **NEXT**

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Incident Details Section

Claimant Information	▼ Preview Claim & Incident Categories
Power of Attorney	
Minor/Disabled Claimant(s) Information	
Dead/Deceased Claimant(s) Information	▼ Notice of tort and contract claim
Contact Information	
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WITHDRAW CLAIM	

Incident Details and Location

Date Of Occurrence 05/07/2024	Tuesday	Time 08:30 AM
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Location of accident, incident or exposure:

Street Address 230 Main Street		
Municipality Trenton	County Mercer	
State New Jersey	Zip Code 08625	Name of Facility MVC Office

Please access the link below, which has an interactive map, to assist you in determining State DOT jurisdiction, the milepost, and the exact location of the accident or incident. Furthermore, **if your claim involves an alleged state highway maintenance defect or construction issue, the use of this map may help facilitate and/or expedite the handling of your case. The link may also prompt you to answer 3 simple questions, which will be submitted to the DOT so they can repair the roadway conditions that contributed to your accident.**

After you are done viewing the interactive map, **please fill in the correct Milepost, Landmark, Cross street, and/or Municipality.**

[Interactive Map Link](#)

Route/Highway/Road	
Cross Street	Milepost
Landmark	Lane Direction ▼
Environmental Conditions ▼	
Description of Incident (how/why occurred) I was falsely arrested, charged, and sent to jail for allegedly falsifying records related to registration of vehicle. The officer that arrested me has a history of harassing me, after I filed a valid internal affairs complaint against him. This was pure retaliation.	
Number of Witnesses	

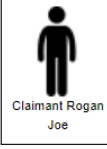
Yellow Highlighted Fields = Required Fields

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Incident Details Section (Continued)

Note: The diagram at the bottom of the page is NOT required.


General Accident Diagram



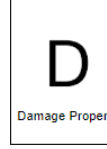
Claimant Rogan
Joe




Alleged Hazard




Area Of Fall




Damage Property



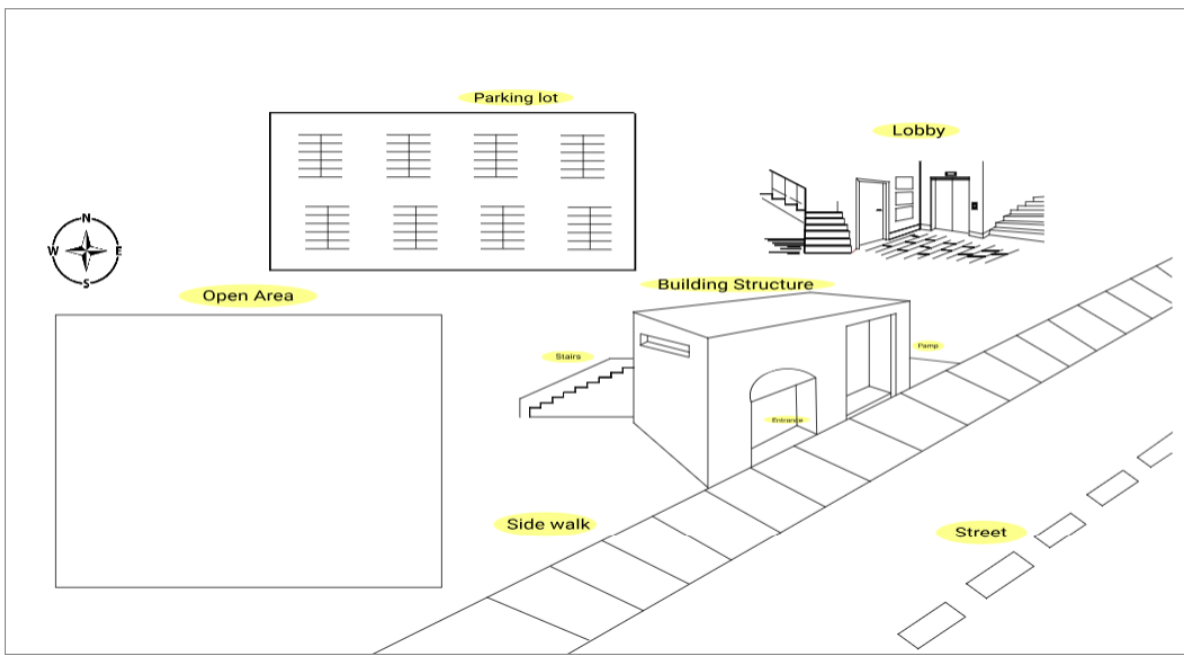
Sidewalk Closed



Watch Your Step



Wheel Chair Ramp



The diagram illustrates a 3D perspective view of an accident scene. It includes a building with a lobby, stairs, and a ramp. A parking lot is located behind the building. A side walk runs along the side of the building, and a street is in the foreground. A compass rose is positioned on the left side of the diagram. The labels 'Parking lot', 'Lobby', 'Building Structure', 'Stairs', 'Ramp', 'Side walk', and 'Street' are highlighted in yellow.

RESET SAVE

BACK SAVE NEXT

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State Agency Information Section

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WITHDRAW CLAIM

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State Agency Information

Please select the State Department or Agency you claim caused or contributed to your damages.
(If you allege more than one agency is responsible, please select only the main or primary one from selection below.)

State Department or Agency
State Police, New Jersey

List State employee(s) whom you claim were at fault, including any information that will assist in identifying them.

State Employee #1 **REMOVE STATE EMPLOYEE** **CLEAR DATA**

Last Name **Jackson** M.I. First Name **Michael**

State Department or Agency employed by **State Police, New Jersey** Phone No **(111) 222-3333**

Email Confirm Email

Comments

ADD STATE EMPLOYEE

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Police/Investigative Agency Information Section

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WITHDRAW CLAIM

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Police/Investigative Agency Information

Was a Police report or any Agency Investigative/Incident Report filed?

Yes

Comments

Police/Investigative Agency #1

REMOVE POLICE/INVESTIGATIVE AGENCY **CLEAR DATA**

Name of Police Department that investigated the accident	Case No	
New Jersey State Police	1111	
Street Address	City	
123 River Road	Trenton	
County	State	Zip Code
Mercer	NJ	08625

ADD POLICE/INVESTIGATIVE AGENCY

Were criminal charges or summonses (tickets) issued or filed against you personally or anyone else involved in the underlying incident?

Yes

Person charges filed against #1

REMOVE PERSON CHARGED **CLEAR DATA**

Last Name	First Name
Jordan	Michael
Nature of Charges, violation, or Summonses issued or filed (if known)	Citation/Summons No
Forgery	1234

ADD PERSON CHARGED

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Police/Investigative Agency Information Section (Continued)

Date of Arrest 05/07/2024	Nature of offense you were charged with and/or convicted of Forgery
Please select one or more of the following choices: Dismissal of charges/case	
Date of Dismissal or Reversal 05/29/2024	Did you spend any time in jail or prison? Yes
How much time did you serve in jail or prison?	Years 0
	Months 0
Are you still incarcerated in jail or prison? No	Date you were released from jail or prison 05/09/2024

Prosecutor's Office Involved
County

Prosecutor's Office #1 REMOVE PROSECUTOR'S OFFICE CLEAR DATA

Name of Prosecutor's Office
Mercer County Prosecutors Office

County Municipal

ADD PROSECUTOR'S OFFICE

General Comments on Police/Investigative Agency Information

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Insurance Section

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- Insurance**
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WITHDRAW CLAIM

▼ **Preview Claim & Incident Categories**

▼ **Notice of tort and contract claim**

Insurance Information

Claimant **Jordan Michael**

Please select the insurance policy (ies) that were in effect at the time of the incident that may apply to this claim and may provide coverage:

ADD INSURANCE POLICY

Have you made a claim against anyone else (other than Insurance Company(ies) listed above) for any of the losses or expenses claimed in this form?

No

General Comments on Insurance information provided

Insurance is not applicable to this case.

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Damages Section

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- Dead/Deceased Claimant(s) Information
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WITHDRAW CLAIM

▼ **Preview Claim & Incident Categories**

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Damages

Claimant Jordan Michael

Briefly describe the injuries, damages, and/or losses you incurred

I spent three days in jail, and was humiliated in front of my friends and colleagues after being falsely arrested. In addition, I lost time from work.

ADD PROPERTY OR VEHICLE

False Arrest, Malicious Prosecution, And/Or Wrongful Imprisonment

Are you seeking reimbursement of fees, court costs, restitution and/or any surcharges assessed relative to the charge or conviction that was overturned, dismissed or dropped?

No

Are you claiming loss of wage or income as a result of the injuries sustained in this accident?

Yes

Name of Employer or Business

ABC Enterprises

Street Address

230 main Street

City

Trenton

State

NJ

Zip Code

08625

Phone No

(555) 111-1111

H.R. Representative:

Last Name

Jones

First Name

Jackie

Email

jackiejones@gmail.com

Phone No

(111) 222-3333

Your Occupation or title

Sales Rep

Rate of Pay \$

\$50.00

Dates absent from work

3

Total Loss Wages to date \$

\$1,200.00

If still out, expected date of return

05/09/2024



Total Combined Amount you Claim in Damages: \$

\$150,000.00

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Document Upload Section

Claimant Information

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WITHDRAW CLAIM

DOCUMENT UPLOAD

Note: Uploading Videos and Medical Records: Please do not upload any videos or Voluminous Medical records at this time. You may mention that you have a video and provide a brief description of its content. The Division of Risk Management Staff will notify you if they need the video or additional medical records to evaluate the case. **Maximum size per file document is 2GB.**

Document #1

REMOVE DOCUMENT CLEAR DATA

Select document type

UPLOAD DOCUMENT

Max File size: 2GB

ADD DOCUMENT

BACK SAVE NEXT

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Preview Section

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s)
Information

Dead/Deceased Claimant(s)
Information

Contact Information

Claim & Incident Categories

Property Damage

Automobile (Motorized
Equipment, Motorcycle/Pedal
Cyclist)

Accident due to State
Highway Maintenance or
Construction (Pothole, etc.)

Incident Details & Location

State Agency Information

Police/Investigative Agency
Information

Insurance

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Document Upload

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WITHDRAW CLAIM

If you want to review the completed form, or make any changes you deem necessary prior to final submission, please click here to return to the claim form

BACK TO CLAIM FORM

Note: While you may make changes to information entered in any of the fields, you will not be able to add or delete a specific Claim and Incident Category. However, you may edit information entered in a given Claim & Incident Category that was already selected at the beginning of this process.

Adding or deleting a Claim & Incident Category can only be done after the final submission of this claim form. You may use the "Log-in" feature on our website, enter your "Username" —email and Password you entered to begin this claim process, and click on "Claim Amendment". This will allow you to change, add or delete a claim category, as well as add, delete or change an attorney-law firm. You will also be able to track the progress and status of your case.

PROCEED TO FINAL SUBMISSION

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Signature Section

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s) Information

Dead/Deceased Claimant(s) Information

Contact Information

Claim & Incident Categories

Property Damage

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)

Accident due to State Highway Maintenance or Construction (Pothole, etc.)

Incident Details & Location

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WITHDRAW CLAIM

Claimant Smith John

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

Please click on "Save" to activate the "Submit" button.

Date: 6/20/2024 IP: 52.61.135.34 Smith John

CLEAR **SAVE**

BACK **SAVE** **SUBMIT**

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Submission and Confirmation Section



State of New Jersey,
Department of the Treasury - Division of Risk Management

NOTICE OF TORT AND CONTRACT CLAIM

Notice of Tort and Contract Claim against the State of New Jersey, its Departments, Agencies, and Employees.

Confirmation on Screen

The submission of your claim form is now complete. An email will follow confirming that your claim form has been submitted to the State of New Jersey, Division of Risk Management. You may check the status of your case by visiting our website, clicking on the " Claim Log-In" tab, and entering the username and password you selected when you filed this claim form. Please check your email in a few minutes for confirmation that your claim has been filed.