



Michael W. Brown  
SENIOR DIRECTOR

## **INSTRUCTIONS FOR FILLING A TORT CLAIM NOTICE**

In order to submit a liability claim with the Albuquerque Public Schools for damages or compensation, the Tort Claims Act [§ 41-4-4-1 et. al, NMSA (1978)] requires that a TORT CLAIM NOTICE be filed with the district.

Attached is the TORT CLAIM NOTICE form that can be used for that purpose. It must be completed and mailed to:

**Albuquerque Public Schools  
Superintendent of Schools  
c/o Risk Management Department  
P.O. Box 25704  
Albuquerque, NM 87125-0704**

It can also be sent via facsimile to (505) 884-4502.

Claims will be investigated and compensation may be awarded based on legal liability. Albuquerque Public Schools may have in relation to the incident as a governed by the Tort Claims Act. Please include any damage estimates, medical information or additional items you wish to have considered which may support your claim.

Note: Submitting a TORT CLAIM NOTICE does not guarantee payment.

Please note, state law [§59-a-16c-8, NMSA (1978)] also states: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

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**TORT CLAIM NOTICE**  
41-4-16. Notice of Claims.

A. Every person who claims damages from the state of any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or to the administrative head of any other local public body for claims such local public body, within ninety days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice starting with the date, time, place and circumstances of the loss or injury.

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

What are you making a claim for – please check one:

\_\_\_\_\_ Bodily Injury \_\_\_\_\_ Property Damage

Please describe the injury or property damage:

\_\_\_\_\_  
\_\_\_\_\_

Please describe how the accident occurred and why you feel APS is at fault:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Claimant or Lawful Representative: Date Submitted:

\_\_\_\_\_

**Mail Claim To:**  
**Albuquerque Public Schools**  
**Superintendent of Schools**  
**c/o Risk Management Department**  
**PO Box 25704**  
**Albuquerque, NM 87125**  
**FAX: 505-884-4502**