



## INSTRUCTIONS FOR FILLING A TORT CLAIM NOTICE

In order to submit a liability claim with the City of Rio Rancho for damages or compensation, pursuant to the New Mexico Tort Claims Act NMSA 1978 §§ 41-4-1 through 41-4-30 (the “TCA”). TCA section 41-4-16 requires that a TORT CLAIM NOTICE be submitted to the City.

Attached is a TORT CLAIM NOTICE form which may be used for that purpose. You must complete and mail it to the following:

**City of Rio Rancho  
c/o Office of the City Attorney  
3200 Civic Center Circle, Ste. 400  
Rio Rancho, NM 87144**

You can also send it via facsimile to (505) 891-5200 or, by email: [legal@rrnm.gov](mailto:legal@rrnm.gov)

Claims will be investigated and compensation or reimbursement may be awarded if, pursuant to the New Mexico Tort Claims Act, the City of Rio Rancho has any liability in the matter. Please include any damage estimates, medical information or additional items you wish to have considered and which may support your claim.

**Note: Submitting a TORT CLAIM NOTICE does not guarantee payment of any kind.**

Please note, under New Mexico Law (NMSA 1978 § 59A-16c-8), the CITY IS REQUIRED TO PROVIDE THE FOLLOWING WARNING:

*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.*



**NOTICE OF TORT CLAIM**

In order to submit your claim, you must complete this form and submit it to the Mayor of the Municipality within NINETY (90) days of the occurrence. The Municipality will then forward your claim to the New Mexico Self-Insurers' Fund ("NMSI") for investigation. You may expect to be contacted by a NMSI representative regarding your claim.

To Municipality (or Public Entity) of \_\_\_\_\_

**PART 1:**

Claimant: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ \* SSN: \_\_\_ - \_\_\_ - \_\_\_ \* Gender: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_ - \_\_\_ Cell: (\_\_\_\_) \_\_\_ - \_\_\_ Work: (\_\_\_\_) \_\_\_ - \_\_\_

Date of Occurrence: \_\_\_/\_\_\_/\_\_\_ Time of Occurrence: \_\_\_\_\_ AM PM (CIRCLE ONE)

Address or Detailed 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:** \$ \_\_\_\_\_



**PART 2:**

Please indicate below the documents you have enclosed with the claim form. For property damage claims, you must provide a **MINIMUM OF TWO (2) REPAIR ESTIMATES FROM TWO (2) SEPARATE BUSINESSES**. Please note that the below list of documents or evidence is not exhaustive. Other documents may be requested if necessary.

- Police Report
- Quotation(s) for repair/replacement
- Medical Bills
- Photographs of Damage
- Invoices/ Purchase receipts of items
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**PART 3:**

**I do hereby attest under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE CITY OF RIO RANCHO.**

**IF MY CLAIM IS APPROVED AND I AM AWARDED ANY SUM OF MONEY, I FULLY UNDERSTAND AND ACCEPT THAT I WILL HAVE TO SUBMIT A SIGNED AND NOTARIZED GENERAL RELEASE AND WAIVER OF ALL CLAIMS BEFORE ANY PAYMENT MAY BE ISSUED. I FURTHER UNDERSTAND AND ACCEPT THAT THE CITY MAY NEED TO REPORT ANY AND ALL INFORMATION ABOUT ANY PAYMENT TO ME TO STATE AND/OR FEDERAL AGENCIES, INCLUDING BUT NOT LIMITED TO THE IRS, MEDICAID, NEW MEXICO TAX AND REV, ETC.**

Incomplete or unsigned claim forms will not be accepted and may result in a denial of all claims. **REMEMBER** to respond to all applicable questions and attach supporting evidence and information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** It is unlawful for any person to intentionally make a report to a law enforcement agency or official, which that person knows to be false at the time of making it, alleging a violation by another person of the provisions of the Criminal Code, NMSA 1978 § 30-39-1. Any person violating the provisions of this section is guilty of a misdemeanor