

FORT JACKSON CLAIMS OFFICE STANDARD FORM 95 INSTRUCTIONS

Block 1. Write the organization address to which you are filing the claim.

The Fort Jackson Claims Office has jurisdiction over tort claims that occur in South Carolina. (Example: If a Soldier stationed at Fort Jackson gets into a vehicle accident in North Carolina, even though it was a Fort Jackson Soldier, Fort Bragg would handle the claim because it occurred in their jurisdiction). If the incident did not occur in South Carolina, you may contact the Fort Jackson Claims Office to ask where you should file your claim.

Block 2. Write your name and mailing address. **Only one name should be listed in this block.** If two people own a damaged item and wish to file a claim, they need to file two separate claims.

If you are filing a claim on behalf of another person, both you and that person's name and address should be listed. If you are an attorney filing for your client, please include a Letter of Representation signed by the claimant specifically giving you the authority to file a claim on their behalf. If you are not an attorney, please provide the appropriate paperwork (Examples: Power of Attorney, court appointment, authorization form).

Blocks 3-5. This information must relate to the claimant, not the representative.

Blocks 6 and 7. The date and time the incident occurred. For medical malpractice claims, the date the alleged malpractice occurred should be listed.

Block 8. Explain your reasoning for filing a claim against the U.S. Army in detail.

Blocks 9-10. Describe the property damage/injuries in detail. Do not write "see attached report."

Block 11. Please list any and all witnesses involved in the incident. This may include doctors, police, eye witnesses, other persons involved, or anyone else that may have information about the alleged incident. Please list their full name, address, and phone number

Block 12. **A sum certain amount must be listed.** If the separate amount are unknown, then please list a total amount in Block 12d. Please do not write "to be determined", "uncertain", "pending", or "approximately." **The only acceptable entry is a dollar amount.** You may change the claimed amount at any time before the payment process begins.

Block 13a. This signature should match the name in Block 2. If you are an attorney filing a claim on behalf of your client, you may sign your name as long as you attach a Letter of Representation.

Block 13b. Please list the claimant's phone number here. If the claimant is represented or if there is an agent involved, please list the attorney's/agent's phone number. Proper documentation must be provided.

Block 14. The date the claim form is signed. Please note that the true (or legal) date of the claim is the date the Army receives the form. You will be sent an acknowledgement letter which states the date received along with a copy of the date-stamped SF 95.

Blocks 15-19. Insurance information must be filled out regardless of whether or not the claimant filed a claim with their insurance company. The Claims Office will not inform the claimant's insurance company of the incident.

When your claim form is completed and you have retained all of the proper documentation, you may send your claim form and documents to:

Office of the Staff Judge Advocate
ATTN: Tort Claims
2600 Liberty Division Avenue
Fort Jackson, SC 29207