



DEPARTMENT OF THE ARMY  
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK  
OFFICE OF THE STAFF JUDGE ADVOCATE  
7090 ALABAMA AVENUE, BUILDING 1454  
FORT POLK, LOUISIANA 71459

## TORT CLAIMS CHECKLIST AND INSTRUCTIONS

Re: Claim of (your name) \_\_\_\_\_.

1. General. The following instructions are for claims against the United States where you allege that the Negligence of a U.S. Army Soldier or Department of Defense civilian employee was the cause of your personal injury and/or property damage.

2. Standard Form (SF) 95, Claim for Damages, Injury, or Death. You must read the entire claim form including the instructions on the reverse side, before attempting to fill out the form. Either type the form or print legibly. An original signature in ink on the form, Block 13a, must be submitted.

- Block 1: Enter OFFICE OF THE STAFF JUDGE ADVOCATE, CLAIMS DIVISION, 7090 Alabama Avenue, Building 1454, Fort Polk, Louisiana 71459.
- Block 2: Enter the full name of the person filing the claim, including the Social Security number. If more than one person was injured, then each person must submit his/her separate claim form. A parent or legal guardian of any injured minor must also include his/her name. Proof of representative capacity, such as a Power of Attorney, must accompany the claim form if a person is filing a claim on behalf of another person.
- Blocks 3 through 7: Self-explanatory. Do not leave any blocks blank.
- Block 8: Enter a detailed description of the incident, including the city and state where it occurred. You must in your own words state the "who, what, where, when and how" you believe the negligent or other wrongful act or omission of government personnel caused your personal injury and/or property damage. Failure to provide a detailed description may result in a request for further information to support the claim.
- Block 9: This block refers to property damage. Please specifically describe, in detail, the property, nature and extent of damages, as well as the location of where the property may be inspected.
- Block 10: State the nature and extent of each injury, and the name(s) of all treating physicians and hospitals. Please specifically describe, in detail, the injury(ies) which form(s) the basis of the claim.
- Block 11: State the name, address, and telephone numbers of any witnesses to the incident. Do not leave blank. If none, then state same.
- Block 12: You must state an actual dollar amount, broken down by property damage (Block 12a), personal injury (Block 12b), and wrongful death (Block 12c). If you are claiming property damage in Block 12a, then add Blocks 12a and 12b and list a total sum in Block 12d. An actual dollar amount, a sum certain, must be stated in Block 12d. Claims Office personnel may not assist you in completing this block.

AFZX-JAC

SUBJECT: Tort Claims Checklist and Instructions

- Block 13: You, as the claimant, must sign your name in Block 13a, and put your telephone number in Block 13b. If a parent or legal guardian is filing for a minor, then that adult must sign in Block 13a.
- Block 14: The date you signed the form goes in block 14. Do not leave blank.
- Blocks 15 through 19, Reverse side (page 2): All insurance information must be provided, whether or not you have filed an insurance claim. If you have not filed any claim with your own insurance company, then so state. Do not leave blank.

3. How to File: You may file the completed SF 95 by either mailing it (recommend certified, return receipt) to the address listed above under the instructions for completing block no. 1 of the SF 95, or you may file it in person at the Office of the Staff Judge Advocate, Claims Office, 7090 Alabama Avenue, Building 1454, Fort Polk, Louisiana, during the hours from 8:30 a.m. to 4:30 p.m. (closed 11:30 a.m. to 12:30 p.m.), Monday thru Friday (except for federal holidays). If you hire a lawyer to file your claim, an Attorney-Client Representation Agreement and Power of Attorney documenting your representation by the lawyer is required to acknowledge the proper filing of your claim.

NOTE: A copy of the Fort Polk Military Police report is required if the accident occurred on post. A copy of the civilian police report is required if the accident occurred off post.

4. Further Documentation. After you have properly filed your SF 95 claim, you will receive a letter from the Claims Office acknowledging receipt of the claim. The acknowledgment letter will ask you then for further documentation, if not already provided, in support of the claim. This further documentation will normally consist of:

a. For Personal Injury: Provide all medical reports, records and bills, including a report by the attending physician showing the nature and extent of the injury, all treatment, and permanent disability (if any). This request extends to all doctors who have treated the claimant and all facilities where he/she has been hospitalized. If you treated at Bayne-Jones Army Community Hospital, the Claims Office will assist in obtaining those records.

b. For Lost Wages: Provide documentation as to wage loss, if claiming same. This may include copies of all pay stubs from your employer, tax returns for the past three (3) years, and a statement from your supervisor and/or attending physician stating the amount of time you missed from work because of the incident. The Claims Office may also require the claimant to submit his/her own calculation of the wage loss with a specific demand and your basis therefore.

AFZX-JAC

SUBJECT: Tort Claims Checklist and Instructions

c. For Property Damage: Provide documentation consisting of:

- 1) Copy of Vehicle Title or Registration. The person(s) who is(are) the registered owner(s) must file the claim. If two persons own the vehicle (e.g., husband & wife), then both names must appear in Block 2 and both must sign the form in Block 13.
- 2) Proof of Automobile Liability Insurance effective at the time of the accident.
- 3) Repair estimates. Typically, two written repair estimates from reputable dealers are required in all cases and regardless of the amount of the claim. Exceptions may be allowed by the Claims Office in special circumstances. The repair estimates must state the number of working days to repair the vehicle. The Claims Office must be given the opportunity to inspect your vehicle and take photographs before any work is begun. Photographs may also be submitted as supporting documentation of property damages. Detailed paid receipts for repairs made may also be submitted.
- 4) Grass Cutting claims. In addition to the above items, for grass cutting claims, we require the name and phone number of the Soldier or DA Civilian employee who you allege caused the damage. Please provide a statement from Department of Public Works, Land and Grounds Maintenance, Building 4202 by the Air Field (phone: 337-531-4744) or from the Military Unit Point of Contact. Assistance will be provided if a contractor was cutting grass. The burden of proof is on the claimant.

5. The Statute of Limitations. A claim must be filed within two (2) years from the date the claim accrues; otherwise, the claim is not properly filed.

6. The United States has six months from the date of filing to make final disposition of a claim. If final disposition is not made within six months, you may continue with the administrative processing of the claim or file suit in United States District Court to recover damages. Filing suit is not required, particularly if satisfactory progress is being made in the administrative claims process.

NOTE: Typically, once a claim is determined to be payable and there is an agreed upon settlement, payment takes approximately six to eight weeks to process.