

## 1386 - CLAIMS (PUBLIC)

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.01 Purpose. This Section explains how to handle claims against the Bureau.

.02 Objectives. The objectives of this program are to provide guidelines for processing claims.

.03 Authority. The general authority for paying claims is in Title IV of the GAO Manual for Guidance of Federal Agencies. The authority for paying Tort Claims is in the Federal Tort Claims Act 28 U.S.C. 2672.

.04 Responsibility. The head of each office is responsible for the timely processing of claims against the Bureau.

.05 Definitions. Following are definitions of some terms as they are used in this Section.

A. Claim: a request for the payment of an amount believed due the claimant.

B. Doubtful Claim: a claim is doubtful when the person in the Bureau having final responsibility cannot determine positively if the claim should be paid.

C. Allowed Claim: a claim that is certified for payment by the General Accounting Office (GAO).

D. Disallowed Claim: a claim that is disallowed by GAO.

E. Current Check: unnegotiated and/or undeliverable check drawn on the Treasurer of the United States and still current as to issue date. (See "F" below.)

F. Noncurrent Check: nonnegotiable and/or undeliverable check drawn on the Treasurer of the United States and not paid prior to the close of the fiscal year in which the check was issued.

G. Tort Claim: a claim payable under the Federal Tort Claims Act. This includes claims involving incidents resulting in personal injury or death, damage to real or personal property, or loss of property.

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.1 Claims Which Must Be Submitted to the General Accounting Office. Forward the following kinds of claims to the Director (820) for review and forwarding to the Claims Division of the General Accounting Office (GAO).

- Claims over \$100 which have not been sent to the Comptroller General (CG) for an advance decision, when you cannot determine whether to pay the claims or not.
- Claims required by status, regulation, or decision of the CG to be settled by the GAO before payment is made or denied.
- Reclaims, unless the action taken by the Bureau was clearly in error and can be corrected.
- Claims which appear to be barred by the applicable statute of limitation at the time of receipt.

.11 Filing Requirements. Claims must be presented to the Bureau in writing over the signature and address of the claimant or the claimant's authorized agent or attorney. No particular form is required. If the claim is filed by an agent or attorney, it must be supported by a duly executed power of attorney or other documentary evidence of the agent's or attorney's right to act for the claimant.

.12 Statutory Limitations. All claims against the Bureau must be received by GAO within 6 years after the date such claim first accrued.

A. If the Statutory Limitation Soon expires. If the statutory period of limitations will soon expire, advise the claimant to make claim directly to the GAO Claims Division.

B. If the Claim Is Received After 4 Years. If a claim is received by the Bureau more than 4 years after the claim first occurred, forward it immediately to the GAO Claims Division unless it can be approved and paid promptly by the Bureau. GAO will record the claim and return it to the Bureau for administrative action.

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.13 Administrative Reports. Submit to GAO the original claim, original copy of any supporting documents, and the original administrative report containing:

- The claimant's agency and social security number for identification if available. In the case of business firms, include the employer's identification number if available.
- A statement of the facts concerning the claim.
- A statement of the reason for forwarding the claim.
- A recommendation for disposition.
- Copies of pertinent supporting documents such as contracts or vouchers, if any.
- A statement that the claim has not been paid and will not be paid unless certified in the name of the CG.
- The account number from which the claim would be paid.

.14 Notice to Claimant. Inform the claimants that their claim have been submitted to GAO for settlement. Do not inform them of the administrative recommendation. The claimants will be notified by GAO concerning settlement.

.15 Allowed Claims. The Claims Division certifies claims for payment either by use of a Certificate of Settlement, GAO Form 39, or by a certificate of allowance placed on the voucher when a voucher is submitted. The certificate is forwarded to the BLM Director (820) for payment.

.16 Disallowed Claims. When part of a claim is allowed and part disallowed, a statement relating to the disallowed portion is included on the Certificate of Settlement or the voucher. When the full amount of a claim is disallowed, the claimant is advised by issuance of Settlement Certificate, GAO Form 44, by the GAO Claims Division.

.17 Review of Settlement. Settlements are reviewed at the discretion of the CG upon written application of a claimant or the BLM Deputy Director for Management Services. Applications for review must state the errors which the applicant believes have been made in settlement.

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.2 Deceased Employees. Claims for compensation due deceased employees may be processed for payment unless doubt exists as to the amount or validity of the claim, or the person(s) properly entitled to payment. If either of these doubts is present, the claims are forwarded to GAO Claims Division for settlement.

.21 Unpaid Compensation. Unpaid compensation is the pay and allowances due to the decedent for services to the Bureau. These include, but may not be limited to, the following:

A. Pay

- 1. Amounts due for payment of cash awards for employee suggestions;
- 2. Amounts due as a refund of pay deductions for United States bonds;
- 3. Amounts accumulated and current for annual leave;
- 4. Amounts of checks drawn for pay and allowances which were not delivered to the employee during their lifetime;
- 5. Amounts of unnegotiated checks returned to the Bureau because of the death of the employee; and
- 6. Retroactive pay, overtime, or premium pay.

B. Allowances.

- 1. Per diem in lieu of subsistence, mileage, and amounts due in reimbursement of travel expenses;
- 2. Allowances for change of official duty station moves; and
- 3. Quarters and cost-of-living allowances.

.22 Claim Beneficiaries.

A. Security Claim. If unpaid compensation is due the decedent, as soon practicable after the death of an employees' request each designated beneficiary to complete the SF-1153, Claim for Unpaid Compensation. (See Illustration 1.)

B. If there Is No Designated Beneficiary. In this case request the surviving spouse, or person next in order of precedence as listed below, to complete the SF-1153. The order of precedence is as follows:

- 1. The child or children of the employee and descendants of deceased children;
- 2. The parents of the employee or their survivors;
- 3. The duly appointed legal representative of the estate of the employee;

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4. If none of the above apply, then the person(s) entitled under the local laws where the employee lived at the time of death.

.23 Unnegotiated Government Checks. Instruct claimants to return all unnegotiated Government checks payable to the decedent to the agency from which the check was received. Checks issued to creditors should be returned to the Designated Agent (D-515 or WO-820 as appropriate) for cancellation and later inclusion in the voucher to pay the claimant. Payroll checks issued by BLM should be returned to D-515 for cancellation and later inclusion in the SF-1154, Public Voucher for Unpaid Compensation Due a Deceased Civilian Employee. (See Illustration 2.)

A. Disposition of Check The Designated Agent returns the check to Treasury with the SF-1185, Schedule of Undeliverable Checks for Credit to Government Accounts, and credits the funds to the suspense account pending settlement of the claim. (See Illustration 3.)

B. Payment of Claims. Upon receipt of all necessary documents (including the final Time and Attendance Report, final salary clearance, and SF-50), a payroll clerk in the Personal Services Accounting Section (D-517) prepares the SF-11-54, Public Voucher for Unpaid Compensation Due a Deceased Civilian Employee.

1. Current Checks. Claims for the proceeds of an unnegotiated and/or undeliverable check which is current as to issue date may be processed on the SF-1154.

2. Noncurrent Checks. Claims for the proceeds of unnegotiated and/or undeliverable checks which are noncurrent must be submitted to the GAO Claims Division for settlement.

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.3 Deceased or Incompetent Public Creditors. All procedures outlined in .23 and .23A are followed in disposing of undeliverable Government checks. Specific procedures for handling deceased or incompetent public creditors claims are as follows:

.31 Deceased Public Creditors. SF-1055, Claim Against the United States for Amounts Due in the Case of a Deceased Creditor, is used to file a claim for unpaid amounts due the creditor. (See Illustration 4.) The Bureau lends whatever assistance is deemed necessary to the guardian or legal representative of the deceased creditor to file the claim. These claims are settled by the agency unless there is doubt as to the amount or validity of the claim, or to the person(s) entitled to payment under the laws of the domicile of the decedent. Where doubts exist, the case is referred to the Claims Division of the GAO for final determination.

.32 Incompetent Public Creditors. The term "incompetent" refers to a person who has been adjudged by court to be incompetent to handle their own affairs. Claims for these public creditors will be handled by the Claims Division of GAO only when doubt exists as to the validity of the claim or to the person(s) designated to receive payment in the name of the incompetent creditor. Administrative agencies may make payments unless these doubts exist. No special form is prescribed for use in making these claims. Such claims must be filed in writing over the signature and full address of the person claiming on behalf of the incompetent creditor with the United States Government, giving the name of the department, bureau, establishment, or agency involved.

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.4 Claims Relating to Loss or Damage to Shipments. Claims by carriers for all or part of amounts deducted for loss or damage, which are not barred by a statute of limitations or which do not involved a doubtful question of law or fact, may be paid by the Bureau. Claims that are barred by the statute of limitations, or involve a doubtful question of law or fact, must be submitted to the GAO Claims Division unpaid.

.41 Statutory Limitations. 46 U.S.C. 745 imposes a 2-year limitation on court actions against the United States on maritime claims; 49 U.S.C. 16, 304, 908, and 1096 impose a 3-year limitation on court actions against the United States on claims of carriers subject to the Interstate Commerce Act; and 28 U.S.C. 2401 and 1501 impose a 6-year limitation on court actions against the United States on other claims.

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.5 False Claims Against the United States. Under 31 U.S.C. 231-233, any person who makes or presents a claim against the United States, knowing such claim to be false, fictitious, or fraudulent, will forfeit and pay to the United States the sum of \$2,000 and, in addition, double the amount of damage which the Government may have sustained, together with the costs of suit.

.51 Statutory Period for Suit. Suit under the false claims statute must commence within 6 years after submission of the claim.

.52 Handling False Claims. Refer false claims to the Department of Justice for possible criminal prosecution upon advice of the Solicitor's Office. Do not try to collect the claim. Defer all action on other claims submitted by the claimant, even though they may appear unrelated to the false claim. Retain any amounts voluntarily remitted by the debtor and any amounts otherwise due the claimant, but do not apply them against the claim pending receipt of advice from the Department of Justice.

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.6 Tort Claims. The Federal Tort Claims Act provides a means whereby damages may be awarded as a result of claims against the United States for “injury or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.”

.61 Responsibilities.

A. Office of the Solicitor: The Solicitor and Regional and Field Solicitors are responsible for providing legal advice and taking necessary legal action on matters pertaining to accidents and tort claims.

B. Assistant Director, Administration is responsible for the designation of tort claim officers and the issuance of Bureau procedures to handle tort claims.

C. Tort Claims Officers: Employee designated as tort claims officers are responsible for:

1. Investigating accidents or occurrences which may result in tort claims.

2. Processing tort claims received by the bureau, and forwarding claims and reports to the Solicitor’s Office.

D. Field Office Heads are responsible for developing programs to prevent accidents and tort claims through training and supervision of employees and initiating follow up action to reduce accidents and claims through corrective and disciplinary measures.

E. Safety Officers and Supervisors are responsible for notifying the Tort Claims Officer immediately of all accidents which might result in Tort Claims, coordinating accident investigations with the Tort Claims office to assure adequate documentation for tax purposes, and furnishing copies of investigative reports to the Tort Claims Officer.

.62 Designations. The following employees are designated as Tort Claim Officers. This designation may be redelegated in writing with copies to the Chief, Division of Finance.

- Chief, Division of Finance is designated as the Bureau Tort Claims Officer
- Service Center Director
- Chief Administrative Officer in all field offices.

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.63 Accident Reports and Investigations. All accidents involving personal injury, death, or property damage involving an employee of the Bureau while acting within the scope of office or employment must be reported and investigated as soon as possible after occurrence. Investigative requirements and report requirements are detailed in BLM Manual Section 1112, Safety.

.64 Filing Tort Claims. A claim is considered presented when an executed SF 95, Claim for Damage or Injury, or other written notification of an incident, accompanied by a claim for money damages for loss or damage to property, personal injury or death is received by the Bureau.

A. Who May File. (See Appendix 1.)

B. Where to File. File claims with the local field office of the Bureau out of whose activities the accident or incident occurred.

C. Time Limitations. A tort claim against the United States is forever barred unless it is presented in writing to the appropriate Federal agency within 2 years after the claim accrues, or unless action is begun within 6 months after the date of mailing (by certified or registered mail) of notice of denial of the claim by the agency to which it was presented. An agency is allowed 6 months to make an administrative determination on a claim. After that the claimant may treat the claim as denied and commence court action to recover damages.

.65 Processing Tort Claims.

A. Receiving Employee. When a tort claim is received by any office of the Bureau, the receiving employee must:

1. Retain the envelope in which the claim was mailed
2. Establish an office record of the receipt showing time, date, and name of receiving employee.
3. Record time, date, and their initials on the claim form.
4. Forward the claim to the appropriate tort claims officer.

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B. Tort Claims Officer. The Tort Claims Officer must:

1. Check claims received with BLM records to assure that accident and investigation reports are in process or have been submitted.

2. Send the original claim form with all original papers to the appropriate Solicitor's Office within 24 hours. If the claim is not forwarded within 24 hours, submit a memorandum explaining the reasons for the delay. Normally, claims are submitted to the Solicitor's Office nearest the geographical area in which the accident occurred. (See 111 DM 2.)

3. Furnish a copy of the claim with a status report to the Bureau Tort Claims Officer.

.66 Solicitor's Office. The Solicitor may either deny, compromise, or pay a claim in full. Written notices of any award, compromise, denial, or settlement must be sent to the claimant, their attorney, or their legal representative by certified or registered mail, return receipt requested.

A. Denial. Notices of denial must include a statement advising the claimant that appeal may be made to the Solicitor's Office within 30 days or suit may be instituted in the appropriate District Court within 6 months.

1. If an appeal is presented, final determination is made by the Office of the Solicitor in Washington, D. C. A copy of the appeal and final decision is furnished the Bureau.

2. If litigation is started, the Solicitor's Office notifies the Bureau of the filing and final disposition.

B. Award, Compromise, or Settlement - \$2,500 or Less. When the Solicitor's Office makes an award, compromise, or settlement for \$2,500 or less, it obtains a signed Voucher for Payment under Federal Tort Claims Act, SF-1145, from the claimant. The signed voucher constitutes the claimant's full release of the claim. The original voucher with two copies, the original determination, and the complete claim file is forwarded to the Bureau for payment out of available appropriations. If the claimant is represented by an attorney, the voucher for payment is furnished both the claimant and their attorney as payees. The check is delivered to the attorney whose address appears on the voucher.

C. Award, Compromise, or Settlement - \$2,500 to \$100,000. Payment of an award, compromise, or settlement in excess of \$2,500 and not more than \$100,000 is obtained by the Department by forwarding a signed SF-1145, Voucher for Payment under Federal Tort Claims Act, to the Claims Division, GAO. Claims are paid from funds made available to GAO for the payment of judgments and compromises. (31 U.S.C. 724a, as amended.) when an award exceeds \$25,000, SF-1145 must be approved by the Attorney General or a designee.

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D. Award, Compromise, or Settlement in Excess of \$100,000. Payment of an award, compromise, or settlement in excess of \$100,000 must be obtained by the Department by forwarding a signed SF-1145, Voucher for Payment Under Federal Tort Claims Act, to the Bureau of Accounts, Department of Treasury. The Treasury Department forwards the award to the Office of Management and Budget for inclusion in a deficiency appropriation bill.

E. Acceptance. Acceptance by the claimant, their agent, or legal representative, of any award, compromise, or settlement made is final and conclusive on the claimant and any other person on whose behalf, or for whose benefit, the claim has been presented. It constitutes a complete release of any claim against the United States and any employee of the Government whose act or omission gave rise to the claim. The Solicitor's Office holds the file until either the claimant's appeal time has run out or a release is obtained . The file is then returned to the Bureau.

.67 Exclusiveness of Remedy. Tort remedies against the United States resulting from a Government employee's operation of any motor vehicle while acting within the scope of their employment is exclusive of any other civil action or proceeding against the employee or the employee's estate. Prior to Public Law 87-258, approved 9/21/61, an employee could have been sued in their own capacity if the plaintiff elected not to proceed against the Government. By virtue of the 1961 amendment, civil suits against employees in their individual capacities are now excluded, since all injuries, damages, and losses become the basis for tort actions against the United States.



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Claim for Unpaid Compensation of Deceased Civilian Employee

**Part D**

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed \_\_\_\_\_ of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of \_\_\_\_\_

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

**NOTE**—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? \_\_\_\_\_

(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.**

**Part E**

Have the funeral expenses been paid? \_\_\_\_\_ (If paid, receipted bill of the undertaker must be attached hereto.) Whose money was used to pay the funeral expenses? \_\_\_\_\_

**FINES, PENALTIES, and FORFEITURES** are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

_____ Signature of claimant	_____ Date	_____ Signature of claimant	_____ Dues
_____ Street address		_____ Street address	
_____ City, State, and ZIP code		_____ City, State, and ZIP code	

**TWO WITNESSES ARE REQUIRED**

We certify that we are well acquainted with the above \_\_\_\_\_ and that the signature(s) of the claimant(s) was (were) affixed in our presence.

(Name of claimant)

_____ Signature of witness	_____ Signature of witness
_____ Street address	_____ Street address
_____ City, State, and ZIP code	_____ City, State, and ZIP code

All Government checks in the possession of the claimant, drawn to the order of the decedent in payment of "unpaid compensation," should accompany this claim. All Government checks drawn to the order of the decedent for other purposes (such as veterans' benefits, social security benefits, or Federal tax refunds) should be returned to the agency from which received.

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Public Voucher for Unpaid Compensation Due a  
Deceased Civilian Employee

Standard Form 1154 September 1967 Title 4, GAO Manual 1154-109		<b>PUBLIC VOUCHER FOR UNPAID COMPENSATION DUE A DECEASED CIVILIAN EMPLOYEE</b>		Voucher No. _____  Schedule No. _____
DOI-Bureau of Land Management <small>(Department and bureau, agency, or establishment)</small> 18th and C St. N.W. Washington D.C. 20240 <small>(Location)</small>		<b>PAID BY</b>		
<b>NAMES AND ADDRESSES (INCLUDING ZIP CODES) OF PAYEES</b>			<b>AMOUNT</b>	
John H. James, Jr.			\$675.00	
1231 J St. N.W.				
Washington D.C. 20232				
Net amount due as per summary on reverse hereof			\$675.00	
Amount of unpaid compensation due John H. James, Sr., a civilian employee of the United States or the District of Columbia, who died on the 10 day of March, 1982				
Gross amount chargeable to appropriations and funds, as distributed below			\$ 675.00	
Pursuant to authority vested in me, I certify that the items listed herein are correct and proper for payment from the appropriation(s) and/or fund(s) indicated below.				
Date _____			Title _____ <small>(Authorized certifying officer)</small>	
<b>ACCOUNTING CLASSIFICATION</b>				
Paid to the payee(s) named hereon by check No. _____ through _____ drawn on Treasurer, U.S., or on _____; or by cash in the amount of \$ _____ <small>(Name of bank)</small>				
*Payee				
<small>*If payment is made in cash, signature of the payee in acknowledgment of receipt of payment is required. If more than one payee, a receipt should be obtained for the amount paid to each and attached to the voucher.</small>				

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Public Voucher for Unpaid Compensation Due a  
 Deceased Civilian Employee

**Summary of "UNPAID COMPENSATION" of the deceased civilian employee named on the face of this Public Voucher:**

	<i>Amount</i>	
Lump sum payment for annual leave..... 45 Hrs	\$675.00	
Salary or pay for which checks have not been issued.....		
Reimbursement for travel expenses.....		
Allowances.....		
Cash awards for employees' suggestions.....		
Unnegotiated checks drawn in payment of such compensation and deposited:		
<i>Check No.</i>	<i>Date</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Unapplied balances on U.S. Savings Bond purchases.....	\$675.00	
<b>TOTAL CHARGEABLE TO APPROPRIATIONS, SPECIAL FUNDS, ETC.....</b>	<b>_____</b>	
Less amounts deducted or withheld:		
Outstanding travel advances.....		
Civil service retirement.....		
Employee life insurance.....		
Health benefits.....		
Other.....		
<b>NET AMOUNT DUE.....</b>	<b>_____</b>	

**PREVIOUS PARTIAL PAYMENTS OF "UNPAID COMPENSATION"**

_____	_____	_____
_____	_____	_____
<small>(Voucher number)</small>	<small>(Date paid)</small>	<small>(D.O. symbol)</small>

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Schedule of Undeliverable Checks  
 for Credit to Government Accounts

Standard Form No. 1155 7 GAO 696 1185-904		SCHEDULE OF UNDELIVERABLE CHECKS FOR CREDIT TO GOVERNMENT ACCOUNTS			SCHEDULE NO. _____
					SHEET NO. _____
Department of the Interior <small>(Department or Establishment)</small>		Bureau of Land Management <small>(Branch or Office)</small>			
LOCATION 18th and C St. N.W. Washington D.C. 20240					
ACCOUNTING PERIOD June, 1982				D. O. SYMBOL No. 313	
MONTH AND YEAR OF ISSUE	CHECK NO.	PAYEE	AMOUNT	SYMBOL OF APPROPRIATION OR FUND TO BE CREDITED	
3/21/82	180,226,411	John Doe Box 11 Springfield, Va. 22306 BLM Ref.SF1166,WO-65-2,3/11/82	\$15.00	142881	
Total			\$15.00		
DATE June 28, 19 82		John Johnson <small>(Certifying officer)</small>			

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Claim Against the United States for  
Amounts Due in the Case of a Deceased Creditor

Standard Form 1055  
September 1987  
Title 4, GAO Manual  
1055-105

**CLAIM AGAINST THE UNITED STATES  
FOR  
AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR**

1. I/we, the undersigned, hereby make claim as wife for amounts due from the United States in the case of John H. Jacobs who died on the 15 day of April, 1982, while domiciled in the State of Virginia.

2. The basis of this claim is as follows: A tort claim made on March 31, 1982 for property damage in a motor vehicle accident.

3. Has there been or will there be appointed an executor or administrator of the decedent's estate? No ("Yes" or "No.") If the answer is "Yes," the following statement should be completed:

I/we have been duly appointed \_\_\_\_\_ of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of:

\_\_\_\_\_ and such appointment is still in full force and effect.

(If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a short certificate of letters testamentary or of administration must be submitted.)  
(If you are the executor or administrator of the estate of the deceased, disregard paragraphs 4, 5, and 6.)

4. If an executor or administrator has not been or will not be appointed, the following information should be furnished: The deceased is survived by—

Widow or widower (if none, so state): Sara M. Jacobs

Children (if none, so state):

Name	Age (if under 21)	Street Address, City, State, and ZIP Code

Grandchildren (list only the children of deceased children—if none, so state):

Name	Age (if under 21)	Street Address, City, State, and ZIP Code	Name of deceased parent of grandchild

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Claim Against the United States for  
Amounts Due in the Case of a Deceased Creditor

If no child or grandchild survives, enter below the following:

Name \_\_\_\_\_ Street Address, City, State, and ZIP Code \_\_\_\_\_

Father (if deceased, so state): \_\_\_\_\_

Mother (if deceased, so state): \_\_\_\_\_

Brothers and sisters (if none, so state): \_\_\_\_\_

Name \_\_\_\_\_ Age (if under 21) \_\_\_\_\_ Street Address, City, State, and ZIP Code \_\_\_\_\_

\_\_\_\_\_

Nephews and nieces (list only the children of deceased brothers or sisters—if none, so state): \_\_\_\_\_

Name \_\_\_\_\_ Age (if under 21) \_\_\_\_\_ Street Address, City, State, and ZIP Code \_\_\_\_\_ Name of deceased parent of nephew or niece \_\_\_\_\_

\_\_\_\_\_

5. Have the funeral expenses been paid? No \_\_\_\_\_ ("Yes" or "No.") (If paid, receipted bill of the undertaker must be attached hereto.)

6. Whose money was used to pay the funeral expenses? \_\_\_\_\_

(If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy. \_\_\_\_\_)

*FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.*

Sara M. Jacobs \_\_\_\_\_ 6/5/82 \_\_\_\_\_

(Signature of claimant) (Date) (Signature of claimant) (Date)

3025 Mt. Pleasant Rd. \_\_\_\_\_

(Street address) (Street address)

Arlington, Va. 33605 \_\_\_\_\_

(City, State, and ZIP Code) (City, State, and ZIP Code)

**TWO WITNESSES ARE REQUIRED**

We certify that we are well acquainted with the above Sara M. Jacobs \_\_\_\_\_

(Name of claimant(s))

and that the signature(s) of the claimant(s) was (were) affixed in our presence.

Glenna Johnson \_\_\_\_\_ Charles A. Johnson \_\_\_\_\_

(Signature of witness) (Signature of witness)

3027 Mt. Pleasant Rd. \_\_\_\_\_ 3027 Mt. Pleasant Rd. \_\_\_\_\_

(Street address) (Street address)

Arlington, Va. 33605 \_\_\_\_\_ Arlington, Va. 33605 \_\_\_\_\_

(City, State, and ZIP Code) (City, State, and ZIP Code)

All unnegotiated Government checks in possession of the claimant, drawn to the order of the decedent and involved in the claim, shall accompany the claim application.

1386 - CLAIMS

Tort Claim Filing Chart

Who May File	Loss or Damage to Property	Personal Injury	Death
<p>1. Owner of property. 2. Owner's authorized agent or legal representative. 3. Insurer, to extent his rights are substituted for those of owner's.</p>	<p>1. Proof of ownership. 2. Detailed statement of amount claimed for each item. 3. Itemized receipt of payment for repairs or itemized estimate of cost of repairs. 4. Statement showing date of purchase, purchase price and salvage value if repair is not economical. 5. Other evidence or information which may have a bearing on either responsibility of the U.S. or damages claimed.</p>	<p>1. Injured person. 2. His/her duly authorized agent or legal representative. 3. Insurer, to extent his/her rights are substituted for those of owner's.</p>	<p>1. Executor or administrator of decedent's estate. 2. Any other person legally entitled to assert such a claim. 3. Insurer, to extent his/her rights are substituted for those of owner's.</p>
<p>Information Submitted</p>	<p>1. Written report by an attending physician or dentist showing the nature and extent of injury and treatment; temporary or permanent disability, prognosis, period of hospitalization, and diminished earning capacity. May be required to have a physical or mental examination by a physician employed by a Federal agency. 2. Itemized bills or receipts of payment for medical, dental, and hospital expenses. 3. A statement of expected expenses for future treatment. 4. If a claim is made for loss of time from work, a written statement from employer showing actual time lost, whether employee is full or part-time, and wages or salary actually lost. 5. If a claim is made for loss of income and the claimant is self-employed, documentary evidence showing the amount of earnings actually lost. 6. Any other evidence or information which may have a bearing on either the responsibility of the U.S. or the damages claimed.</p>	<p>1. Authenticated death certificate or other competent evidence showing cause and date of death and age of decedent. 2. Record of employment or occupation at time of death, including salary or earnings and duration of last employment. 3. List of survivors, showing names, addresses, birth dates, kinship, marital status, and survivors who were dependent upon decedent at time of his/her death. 4. Evidence concerning the degree of support afforded by the decedent to each dependent survivor. 5. A report on the decedent's general physical and mental condition before death. 6. Itemized bills or receipts of payment for medical and burial expenses incurred by reason of the incident causing death. 7. If damages for pain and suffering are claimed, a physician's detailed statement specifying injuries, duration of pain, drugs administered, and physical condition between injury and death. 8. Any other evidence or information which may have a bearing on the responsibility of the U.S. or the damages claimed.</p>	<p>1. Authenticated death certificate or other competent evidence showing cause and date of death and age of decedent. 2. Record of employment or occupation at time of death, including salary or earnings and duration of last employment. 3. List of survivors, showing names, addresses, birth dates, kinship, marital status, and survivors who were dependent upon decedent at time of his/her death. 4. Evidence concerning the degree of support afforded by the decedent to each dependent survivor. 5. A report on the decedent's general physical and mental condition before death. 6. Itemized bills or receipts of payment for medical and burial expenses incurred by reason of the incident causing death. 7. If damages for pain and suffering are claimed, a physician's detailed statement specifying injuries, duration of pain, drugs administered, and physical condition between injury and death. 8. Any other evidence or information which may have a bearing on the responsibility of the U.S. or the damages claimed.</p>
Other:	<p>A claim presented by an agent or legal representative must be presented in the name of the claimant. It must: - Be signed by the agent or legal representative; - Show the title or legal capacity of the person signing; and - Be accompanied by evidence of his/her authority to present a claim on behalf of the claimant.</p>		