

Recommendations for completing the SF-95 – Claim for Damage, Injury, or Death

**\*Please note that these recommendations do not constitute legal advice, and anyone following them accepts personal responsibility for their claim\***

The completed SF-95, attachments, and supporting documentation should be sent via USPS – First-Class, Certified Mail – Return Receipt Requested. You may also want to send your SF-95 package via Federal Express with a shipping time guaranteeing delivery before August 16, ideally overnight. It is suggested that you mail/FedEx your package(s) no later than **Monday, August 7, 2023**.

COMPLETE ALL boxes on the SF-95 – insert the word NONE where applicable. Where more detail is needed, provide a brief response on the SF-95 form, and include a “See Attachment A” in the narrative Box. See the example in Attachment A.

Deliver to:

U.S. Forest Service  
 ASC Claims Branch  
 101B Sun Avenue NE

Albuquerque, New Mexico **87109**

FedEx, you will need to include the telephone number of (877) 372-7248

**ALL BOXES MUST BE COMPLETED FOR YOUR CLAIM TO BE REVIEWED/PROCESSED.**

<b>SF-95 Claim for Damage, Injury or Death</b>	
Information Requested/Box Number	Information to Provide
1. Submit to Appropriate Federal Agency:	U.S. Forest Service 101B Sun Avenue, NE Albuquerque, New Mexico 87109 Phone: (877) 372-7248
2. Name, Address of claimant, and claimant’s personal representative, if any:	Your physical address – include mailing if separate. If you are not living at the damaged/destroyed property, you will put the address of where you are <u>currently</u> living.
3. Type of Employment:	Check the appropriate Box for your work. If you are retired, indicate you will still check either military or civilian. On your Attachment A, you can indicate that you are retired from the military, etc.
4. Date of Birth	Claimant’s date of birth (remember, each spouse can file their own claim, if you are including children in your claim, add their name and date of birth in Attachment A – any amount for

## SF-95 – Federal Tort Claim

Wednesday, August 2, 2023

	personal injury/distress would be included in box 12b. Personal Injury).
5. Marital Status:	Married, single, separated, divorced, widowed, widower.
6. Date and Day of Accident:	8/16 – 17/2021 – Mon. – Tue.
7. Time:	A.M. – P.M. (You can include * and note in Attachment A that you don't currently know the exact time your home/property was destroyed.
8. Basis of Claim:	<p>Provide a brief description and include "See Attachment A" and provide a narrative specific to your property. Also, include "See Attachment B and C". These are the documents offered to everyone which will provide detailed information regarding the fire that we currently are in possession of. In this Box, you may also want to include:</p> <p>*Note, this claim is being submitted without the benefit of formal discovery. The claimant reserves the right to amend or supplement his/her claim when more information/evidence is provided.</p>
9. Property Damage:	Name of Claimant and include the damaged/destroyed property address.
10. Personal Injury/Wrongful Death:	Provide a brief narrative of your personal injury; this may include emotional distress/harm. Put some thought into how this caused harm to you, both physical and mental, and include children, if any.
11. Witnesses:	Name and addresses of three witnesses who have been to your home prior to the fire. Provide full address with zip code.
12. Amount of Claim:	Again, put thought into the total amounts here.
12a. Property Damage:	Provide a TOTAL amount for your home and property, which includes home, trees, land, sheds, vehicles, boats, motorcycles, ATVs, animals, etc. If not residing on the property, include your roundtrip mileage to and from, how many visits, if you filed a claim with your insurance, etc.
12b. Personal Injury:	Provide a TOTAL amount for personal injury. (Medical bills, co-pays, insurance claims, prescription medication.)
12C. Wrongful Death:	None.
12d. Total:	Combine the amounts from 12a and 12b. <b>*NOTE</b> – Failure to specify an exact amount may cause forfeiture of your claim.
13a. Signature of Claimant:	Sign your name. Again, failure to sign can cause forfeiture of your claim.
13b. Phone Number of Person Signing Form:	The telephone number that is BEST to contact you at. For most, this will be your cellphone.

14. Date of Signature:	DATE the form. Failure to date the form can cause forfeiture of your claim.
15. Do you carry accident insurance:	Check yes if you carry auto/home insurance. Provide the insurance name, address, adjuster's name (if you have one), and phone number.
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible:	If you filed a claim, provide that information here.
17. If deductible, state amount:	If you paid a deductible, state the amount. It is also important to include this amount in Box. 12d. TOTAL
18. If a claim has been filed with you carrier, what action has your insurer take or proposed to take with reference to your claim?	If yes, provide documentation from your insurance carrier.
19. Do you carry public liability and property damage insurance:	If yes, provide the name and address of the insurance carrier.

A couple of things to note:

1. Spouses may file separate claims. A child's claim for injury can be included in the claim.
2. Provide any additional supporting documents, such as:
  - a. Medical bills for physical and/or mental treatment for claimant and/or dependents (includes co-pays, out-of-pocket medical issues not covered by health insurance, prescriptions, etc.). If you were able or didn't go to a doctor or any treatments, understand that there is still psychological distress caused by the fire, including PTSD, and anxiety, these things should be considered when completing your claim.
  - b. Property tax statements.
  - c. Property values/appraisals.
  - d. Pictures of property (both before and after, if available).
  - e. Itemized lists of property damage or loss (take into account all items in your household and their value).
  - f. Receipts/invoices for anything property/personal property post-fire losses.
  - g. Estimates of hours spent in post-fire recovery efforts (clean-up, meeting with contractors, remediators, water/county/federal agencies).
  - h. Mileage roundtrip to deal with issues with property post-fire.
3. "Sufficient detail and notice must be contained in the claim. It must be specific enough to make the government aware of the action, so it can prepare to defend itself. The claim is not required to provide more

## SF-95 – Federal Tort Claim

Wednesday, August 2, 2023

than the minimal details of the facts involved in the incident in order to give the government sufficient notice. A Standard Form 95 is frequently used to present claims against the United States under the Federal Tort Claims Act (FTCA). Standard Form 95 is not technically required to present a claim under the FTCA, but it is a convenient and safe format for supplying the information necessary to present an FTCA claim and is the preferred method for doing so.”

“Section 2675(a) of Title 28 and 28 C.F.R. Section 14.2(a) require two elements for sufficient presentment of a claim to an agency: (1) written notice sufficient to cause the agency to investigate, and (2) a sum certain value on the claim. The sum-certain requirement is one of substantial importance, and even courts liberally construing the presentment requirement under the FTCA require that the claim place a certain value on the claim.”

4. For further information regarding Federal Tort Claims, there are a number of websites available. Here are a few:

[Federal Tort Claims Act - Matthiesen, Wickert & Lehrer S.C. \(mwl-law.com\)](https://www.mwl-law.com/federal-tort-claims-act-matthiesen-wickert-lehrer-s.c/)

[FEDERAL STATE GOVERNMENTAL LIABILITY AND TORT CLAIMS CHART \(00218347\).DOC \(mwl-law.com\)](https://www.mwl-law.com/federal-state-governmental-liability-and-tort-claims-chart-00218347.doc)

\*\*\*When mailing the SF-95 and its supporting documentation via U.S. Post Service, the Certified Mail - Return-Receipt Request is important, and it is vital to complete the forms correctly. Make sure that your name and address are on the backside of the return card; without this, you will not have proof that the package has been received by the U.S. Forest Service.

Ideally, you will include the tracking number on your packet (you can hand-write this in just prior to sealing in the envelope), in a cover letter to the agency. Below is an example:

Wednesday, August 2, 2023

John A. Smith  
1234 First Street  
Grizzly Flats, CA 95636

August 7, 2023

**SENT VIA U.S. MAIL - Certified Return Receipt Requested No. XXXXXXXXXXXX and Federal Express Tracking No. XXXXXX)**

U.S. Forest Service  
101B Sun Avenue, NE  
Albuquerque, New Mexico 87109  
Phone: (877) 372-7248

Re: Claim for Damages under the Federal Tort Claims Act  
John A. Smith – 1234 First Street, Grizzly Flats, CA 95636

Enclosed, please find the administrative claims against the United States government, filed pursuant to the Federal Tort Claims Act on behalf of John A. Smith, Joyce A. Smith, and their minor child, Jack Smith (aged 16). The enclosed claims consist of:

1. Fully executed SF-95's for John and Joyce Smith (son, Jack, is claimed on Joyce Smith's SF-95);
2. Attachment A,
3. Attachment B,
4. Attachment C,
5. (Any other supporting documentation you may have)

I/we am/are submitting this/these claims without the benefit of formal discovery, and claimant(s) reserves the right to amend or supplement his/her/their claims.

Please be advised that this submission (including the attachments) contains information regarding the claimants that is private and confidential, including the claimant's name(s) and address. Such information is exempt from the public access provisions of the Freedom of Information Act, 5 U.S.C. §552 ("FOIA"). Should any U.S. government agency receive a request for disclosure related to these claims, we ask that the government: (1) notify the undersigned before responding to the requestor; and (2) redact any information, including, but not limited to the claimants' names and address, that is exempt from disclosure under FOIA or any other applicable statute or regulation protecting the privacy of claimants.

I may be contacted at the above address via email at: John.Smith@XXX, and/or telephone number.

Sincerely,

John A. Smith

Enclosures:

- Fully executed SF-95s (John and Joyce Smith)
- Attachment A
- Attachment B
- Attachment C
- (Any other supporting documentation you may have)

Examples:

On the green card, you must provide your name and address on the front and make sure your name and address on the back side to ensure that the card is returned to you. This is the receipt that your package was delivered to the U.S. Forest Service. Make sure that you keep a copy of the tracking number, and if at all possible, write that number on your letter or attachment.)



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="font-size: 2em; color: purple; text-align: center;">SAMPLE</p> <p>9590 9401 0000 5191 0000 12</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

USPS TRACKING #	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
<p>9590 9401 0000 5191 0000 12</p> <p>United States Postal Service</p>	<p>Sender: Please print your name, address, and ZIP+4® in this box*</p> <p style="font-size: 2em; color: purple; text-align: center;">SAMPLE</p>

On the green card, you must provide your name and address on the front and make sure your name and address are on the back side to ensure that the card is returned to you. This is the receipt that your package was delivered to the U.S. Forest Service. Make sure that you keep a copy of the tracking number, and if at all possible, write that number on your letter or attachment.)

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p style="font-size: 1.5em; color: red; text-align: center;">OFFICIAL USE SAMPLE</p>	
<p>Certified Mail Fee</p> <p>Extra Services &amp; Fees (See instructions for details)</p> <p><input type="checkbox"/> Return Receipt (hardcopy)</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Required</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p>	<p>Postmark Here</p>
<p>Total Postage and Fees</p>	
<p>Sent To</p> <p>Street and Apt. No., or PO Box No.</p> <p>City, State, ZIP+4®</p>	<p style="font-size: 1.2em; color: red; text-align: center;">SAMPLE SAMPLE SAMPLE</p>
<p>PS Form 3800, January 2021 (10) 7530-02-000-9053 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 2em; text-align: center; color: #808080;">SAMPLE</p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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