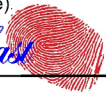


CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: FEDERAL AGENCY NAME 1234 THEIR ADDRESS ST. CITY / TOWN, ST 12345				2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. First Middle Last c/o 1234 Your Address Street City / Town, State [12345]		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH BIRTH DATE	5. MARITAL STATUS SINGLE MARRIED WIDOWED		6. DATE AND DAY OF ACCIDENT Monday, xx / xx / year	7. TIME (A.M. OR P.M.) 12:00 P.M.
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). **THIS IS NOT A TEMPLATE. DO YOUR DUE DILIGENCE.** Claimant was deprived of his/her natural rights by way of fraud and unlawfully detained without his/her consent on the date of Month xx, Year around the time of 12:00 P.M. until the date of Month xx, Year. Claimant was denied due process of law and applicable rights and remedies. See attached statement of facts and Affidavit of Truth.						
9. PROPERTY DAMAGE						
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). ** LEAVE BLANK **						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). ** Provide if property was damaged. **						
10. PERSONAL INJURY/WRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Claimant suffered unlawful arrest and detention resulting in damages including but not limited to loss of income and total deprivation of civil rights. See attached statement of facts and Affidavit of Truth.						
11. WITNESSES						
NAME			ADDRESS (Number, Street, City, State, and Zip Code)			
Witness Name One			1234 Witness Address Street City / Town, State [12345]			
Witness Name Two			1234 Witness Address Street City / Town, State [12345]			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)						
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
		100,000			100,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side) BY: <i>First Middle Last</i> 				13b. PHONE NUMBER OF PERSON SIGNING FORM (xxx) xxx-xxxx		14. DATE OF SIGNATURE TODAY'S DATE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		