

CLAIM FOR INJURY OR DEATH					
1. Submit To Appropriate Federal Agency: OFFICE OF THE JUDGE ADVOCATE GENERAL TORT CLAIMS UNIT NORFOLK 9620 MARYLAND AVENUE, SUITE 205 NORFOLK, VA 23511-2949			2. Name, Address of claimant and claimant's attorney, if any. <i>(See instructions.)</i>		
			Claimant	Attorney	
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT		7. TIME (A.M. or P.M.)
<input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN			Start	End	Estimated
8a. BASIS OF CLAIM					
Please select your status at the time of exposure to the water at Camp Lejeune. (Statuses with an asterisk (*) require additional information. For Civilian Military Dependents, provide the full name of your sponsor. For Civilian Employees Working for a Private Company on Base, provide the name of your employer. For In Utero Injuries, provide the full name of your mother, at the time of your birth.)					
Additional Information:					
8b. At the time of exposure where did you reside? (Check one) Tarawa Terrace Housing Hospital Point Housing Other On Base Housing Outside of Camp Lejeune					
8c. At the time of exposure, did you work at the Hadnot Point Industrial Area in Camp Lejeune? Yes No					
8d. Select the Nature of Your Injury.					
8e. If you selected "Other" in 8d, describe the nature of your injury.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT <i>(Number, street, city, State, and Zip Code)</i>					
N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. <i>(See instructions on reverse side.)</i>					
N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM.					
<i>(Check all that apply)</i>					
Bladder Cancer	Multiple Myeloma	Other Kidney Diseases	Other (Please explain)		
Kidney Cancer	Parkinson's Disease	Systematic Sclerosis/ Scleroderma			
Liver Cancer	Non-Hodgkin's Lymphoma	Aplastic Anemia & Other			
Adult Leukemia	Cardiac Defect	Myelodysplastic Syndromes			
Childhood Leukemia					
11. AGENTS AND OTHER REPRESENTATIVES I am filing this claim on behalf of myself. <i>(Skip to Block 12)</i>					
NAME			AGENT CAPACITY AND ADDRESS		
<i>If you are filing on behalf of an estate or another person, please list your information:</i>			Agent Capacity		
			(* If you are representing an estate provide the date of the claimant's death):		
<i>(An authorized agent must provide evidence establishing express authority to act for claimant, showing title/legal capacity of person signing with evidence of authority to present a claim. Please attach document with your claim form.)</i>			Agent Address		
			Agent Phone		Agent Email
12. (See instructions) 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.)		
N/A					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT <i>(See instructions on reverse side.)</i>			13b. Phone number of signatory		14. DATE OF CLAIM
Attorney (if applicable)			Claimant:		(MMDDYYYY)
			Attorney:		
15a. Claimant Email Address			15b. Attorney Email Address		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. <i>(See 31 U.S.C. 3729.)</i>			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. <i>(See 18 U.S.C. 287, 1001.)</i>		

If you are having trouble emailing this form using the "Email Form" Button you may manually email this form to CLclaims@us.navy.mil with the subject line "CLJA Claim Your Last Name, Your First Name and the date in MMDDYYYY format." Please do not include any punctuation in the date. Please include this form as an attachment named "Your Last Name, Your First Name and the date in MMDDYYYY in format". For additional instructions please consult the directions on the JAG website.