



LEGAL CLAIM INFORMATION

502d Air Base Wing

The 502d Force Support Group (FSG), 502d Installation Support Group (ISG), and 502d Security Forces Group (SFG) Legal Offices will assist in processing claims resulting from mold in the dormitory. In addition to the information below, this packet contains a step-by-step checklist for filing a claim online.

There are three ways to process a claim with the USAF:

- 1- File online at <https://claims.jag.af.mil> (available 24-hours a day)
 - a. Username: **LACK2744**
 - b. Password: **gg9g!R87**
- 2- Mail your claim to AFCSC, 11940 Allbrook Drive, Suite 500, Wright-Patterson AFB, OH 45433
- 3- Allow local legal office to assist with filing

Claims may be filed in person at any legal office, where claims personnel will be available to help file your claim. Locations and legal assistance hours for the JBSA legal offices are as follows:

502 FSG/JA (2422 Stanley Rd, Bldg. 134, JBSA-Fort Sam Houston, TX)
Monday – Friday 0730-1630

502 ISG/JA (1701 Kenly Ave, Acker Bldg. 2484, Ste. 134, JBSA-Lackland, TX)
Monday – Friday 0800-1500

502 SFG/JA (1 Washington Circle, Ste. 6, JBSA-Randolph, TX)
Tuesdays and Thursdays 0900-1000 or by appointment

You should have the following documents when filing your claim:

- 1- A copy of your orders assigning you to JBSA, and forms assigning you to the dorms
- 2- Photos
- 3- Replacement Cost/Cleaning Cost/Repair Cost (save receipts)
- 4- DD Form 1842 and DD Form 1844
- 5- Claim Service Center Memorandum

Once you have provided a photo, you are **not required to keep any items for the Air Force claims process.

For issued military uniform items; please fill out the AF IMT 659, *Personal Clothing Claim*, which can be found on the Air Force E-Publishing site, and submit to your Military Training Leader or First Sergeant for processing.

Contact Information

If you have questions contact:

Fort Sam Houston Legal Office at (210) 808-0169 or DSN 470-0169

Lackland Legal Office at (210) 671-3365 or DSN 473-3365

Randolph Legal Office at (210) 652-6781 or DSN 487-6781

**AF Claims Service Center at (937) 656-8044, DSN 986-8044, toll free 1-877-754-1212,
or AFCSC.JA@us.af.mil**

For Assistance on filing a claim with our Sister Services:

Coast Guard: USCG Finance Center <https://www.fincen.uscg.mil/hhg.htm>

Army: Center for Personnel Claims Support (CPCS) www.JAGCNet.army.mil/Pclaims

Navy: Claims forms on <http://www.jag.navy.mil> can be filed with OJAG Personnel Claims Unit

Norfolk (PCUN), Email: norfolkclaims@navy.mil; fax: (757) 440-6316 and (757) 444-3337

Marines: HQMC MFP-2 Claims Office; Email: HQMC.CLAIMS@USMC.MIL FAX: (703) 432-2591

Mold Claims Checklist

This checklist will assist you in filing your claim against the Air Force for mold damage in the dormitories.

1. Gather any documentation you may have assigning you to your current duty station (PCS orders) and the dorms assignment paperwork.
2. If you're able to, take photos of the damaged property for upload to your claim.
3. Go to <https://claims.jag.af.mil> to start your claim.
 - Select "File Non Household Goods Claim"
 - Select "I Already Have A Username and Password"
 - Type in the following. Do not copy and paste as it will error out:

Username: **LACK2744**

Password: **gg9g!R87**

(Username and passwords are good for 60 days)

-Once you've built your profile and answered some preliminary questions, go to the "Upload" tab and upload your photos under the "Photograph" folder. Any docs assigning you to your current duty station and the dorms should be uploaded. Any other information you believe might be relevant to your claim should also be uploaded.

4. Any items which can be cleaned (e.g., clothing, sheets, electronics, items with a hard surface that can be wiped down such as jewelry or sunglasses), must be cleaned. If cleaning efforts aren't successful, then the item can be replaced. If you cannot see inside the item and it is cloth or porous (e.g., a pillow), you do NOT need to attempt to clean the item before requesting replacement – BUT, take a photo of the item before disposal. If you purchase special/more expensive detergent when attempting to clean moldy clothing, save the receipt – this can be part of your claim. For electronics, take the item to an electronics store for cleaning/repair and save the receipt – this can be part of your claim.

5. Any single item which costs more than \$100 to replace must be substantiated. Substantiation can be in the form of a website screen shot or a scanned page of a catalog or sale paper. Please upload your substantiation to our website. Like items can be grouped together and even if the replacement cost for the grouped items exceeds \$100, no substantiation is required. For example, if you have 5 pair of jeans and the replacement cost for all 5 together is \$110, no substantiation is required. However, if you have 1 pair of jeans which costs more than \$100, then substantiation is required.

6. For those who may have private insurance which covers some or all of their loss in the dorms must file with their private insurance carrier before filing with the Air Force.

7. If you have any questions, please contact the Air Force Claims Service Center (CSC) at DSN 986-8044 or 1-877-754-1212 or 937-656-8044 Monday thru Friday from 0730-1630 Eastern Time. Alternatively, we can be reached at AFSCS.JA@us.af.mil.

PERSONAL PROPERTY CLAIMS OTHER TYPE OF CLAIMS

AIR FORCE CLAIMS SERVICE CENTER

In an effort to provide the very best claims service to help you recover from damages you recently suffered, we provide you with these instructions. Please take a moment to read these instructions before filing your claim.

TURNING IN YOUR CLAIM DOCUMENTS

CLAIM FILING TIME LIMIT: You have **2-years from the date of incident to file your claim.** A claim is not filed until it is received by the Air Force Claims Service Center. This time limit, established by Congress, cannot be waived. If you mail the claim, make sure you allow plenty of time.

FILING YOUR CLAIM:

1. **Electronically:** Log onto <https://claims.jag.af.mil>, to get a user name, you must first log onto a government computer, or contact us DSN 986-8044 or 1-877-754-1212, to be authenticated.
2. **Mailing your claim:** Send all required documents to AFCSC/JAD, 1940 Allbrook Drive, Suite 500, Wright-Patterson AFB OH 45433 Notice mailing your claim
3. **At the Legal Office:** Bring all required documentation to the legal office for assistance with filing your claim.

PRIVATE INSURANCE

If you have private insurance, you will need to file with your private insurance prior to filing with the Air Force.

DOCUMENTS NEEDED PER CLAIM TYPE

PROPERTY DAMAGE

- | | |
|-----------------|-----------------------------------|
| 1. PCS Orders | 4. Repair Cost |
| 2. DD Form 1842 | 5. Replacement Cost |
| 3. DD Form 1844 | 6. Claims Service Center Memo |
| | 7. Electronic Funds Transfer Form |

MORE DOCUMENTATION NEEDED FOR PROPERTY CLAIMS

If available, you may submit receipts, or other evidence to substantiate the value of the items being claimed.

REPAIR ESTIMATES

◆ **Must be from a reputable firm in writing on business form or letterhead.** You may also use the Yellow Pages (headings such as Furniture Repair & Refinishing or Appliance Service & Repair). If an estimate appears excessive in relation to estimates we normally receive for similar repairs, you may be required to get a second estimate.

◆ **Electronic items and computers.** You must submit a *detailed repair estimate*. (You may include an estimate fee in a separate entry if it is not included in the total cost of repairs or deducted when the work is accomplished.)

◆ **Electronic Repair Forms can be found at:**
<https://claims.jag.af.mil/legalassistance/index.php> to assist you with obtaining useful repair estimates.

SELF HELP REPAIR - If you paid for dry cleaning, you may claim the cost of dry cleaning. There is currently no provision for payment for the cost of your labor.

◆ Only **one** estimate is required (it may contain multiple items).

◆ Shipping and Handling, Pickup and Delivery, and Sales Taxes, can be claimed. Receipt of actual payment must be presented with claim.

REPLACEMENT COST SUBSTANTIATION

Before replacement cost is allowed we must have documentation indicating that the item cannot be repaired. If the value is **\$100.00** or more, we need written substantiation for the current replacement cost of an identical or comparable item. Substantiation may be:

◆ Price quotes from the Base Exchange (BX), Navy Exchange (NEX), or other reputable firm or source. *Quotes from auction sites are not accepted.* You should first check the BX (local, Exchange catalog, or AAFES' Home Page at www.aafes.com).

◆ Clipping/photocopy of a page from a current catalog for an identical or substantially similar item.

◆ Clipping/photocopy of an advertisement from a newspaper or magazine. Provide the name and date of the newspaper or magazine with the clipping or page submitted.

↳ **Electronics, Cameras and Computers.** If your model is no longer made, look for one with similar/comparable features. Even top models of a few years ago can be replaced with today's "entry-level" models that have better features.

INSPECTIONS

The claims office may need to inspect the damaged items in order to properly adjudicate your claim. Please be available for your scheduled appointment and have the damaged goods ready for inspection. **DO NOT** dispose of or repair any items without prior approval by the Claims Service Center. If you do not keep an item or you have an item repaired before inspection, you may not be paid for it. **Exceptions:** Items that pose a safety or health hazard, i.e. broken glass, or repairs to essential items that otherwise could not be used (a refrigerator). **Check with the Air Force Claims Service Center, for permission to dispose or repair any property without an inspection.**

****Mold items – Once you have provided a photo, you are not required to keep any items for the Air Force claims process.**

Photos

To assist with the processing of your claim you may also take photographs of the items and their damages. Please take a picture of the damaged area and the item as a whole. Photos of the items prior to the damage may also be submitted, if available. Digital photos may be submitted at the time you upload your documents, by email to AFCSC.JA@wpafb.af.mil or mailed U.S. Postal Service to

AFCSC/JAD
Attn: Claims Processing
1940 Allbrook Drive, Suite 500
Wright-Patterson AFB OH 45433

Please include your claim number, the item name, and line number for each item.

DEPRECIATION

Under the claims statute, you are paid the *actual value of an item at the time of its loss, or the actual value of your used item.* Congress has mandated that items be depreciated based on their type and age. We have a joint "Depreciation Guide" which lists standard depreciation rates for virtually all categories of property. Let us know if you believe a particular item should not depreciate at a normal level (e.g., antique or collector's item).

Depreciation is really not unfair. The reality is that "actual value" is a fair measure of what a claimant should be paid. The "actual value" rule in effect **does** pay you "replacement cost" — it's just the replacement cost of a **used** item.

FRAUDULENT CLAIMS

Fraudulent Claims. The Air Force Claims Program is designed to put the claimant back as close as possible to his or her pre-move condition. We cannot provide a betterment to the claimant. If it appears that all or even a portion of a claim may be fraudulent, it may be denied in whole. Suspected fraudulent claims are normally referred for investigation to the appropriate agency. Any knowingly false statement made as part of a claim makes it a fraudulent claim, and a potential violation of federal law and the Uniform Code of Military Justice.

PAYMENT INFORMATION

Our goal is to process and settle your claim within 10-days from the date you submit your claim to our office. After your claim has been processed, a payment voucher will be sent to the Defense Finance and Accounting Service (DFAS) and the amount awarded will be electronically deposited in your account. Everyone who does not have a direct deposit account will need to fill out an Electronic Funds Transaction form, which can be found <https://claims.jag.af.mil/legalassistance/index.php>.

Required information on the Electronic Funds Transfer Worksheet: “Financial Institution Information” can be located at the bottom of your check or on your bank website.

QUESTIONS OR CONCERNS

If at anytime during your claim you are in need of assistance, we are here to help. Please feel free to contact the Air Force Claims Service Center at **DSN 986-8044 or 1-877-754-1212**

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		\$	
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

DD FORM 1842, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

Reset

1. NAME OF CLAIMANT (Last, First, Middle initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)													
2. CLAIMANT'S INSURANCE COMPANY (if applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR							
a. NAME			b. POLICY NO.															
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS			13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	\$		

ELECTRONIC REPAIR FORM

The Claims Service Center must determine whether internal damage to an electronic item was caused by shipment. Please complete this form to the best of your ability.

1. Repair Firm Name & Address: _____

2. Repair Firm Telephone Number: _____

3. Owner's Name: _____

4. Item Examined: _____
(Make)

_____ (Model) _____ (Year Manufactured)

5. There (was) (was not) external damage to this item.

Description and location of new external damage is: _____

Description and location of old external damage is: _____

6. I (was) (was not) able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by:

7. There (was) (was not) internal damage to this item. Detailed description of internal damage is:

8. I (was) (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

9. Was the internal damage caused by shipment: (Circle one)

- a. Definitely b. Probably c. Possibly d. No e. Can't tell

10. The specific reasons for my conclusions regarding the internal damage are: _____

11. My experience as a repair technician is (state years experience and area of experience):

12. I estimate the cost of repairing the internal damage is:

(parts) _____ \$ _____

(parts) _____ \$ _____

(parts) _____ \$ _____

Cleaning, adjustments, or other services: \$ _____

Tax: \$ _____

Labor: \$ _____

Total: \$ _____

13. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance).

Servicing charges not necessary: \$ _____

14. If there is new external damage to this item that your firm can repair, what are those charges:

Exact nature of repairs: _____

Total cost of external repairs: \$ _____

Tax: \$ _____

Labor: \$ _____

Total: \$ _____

15. If your repair firm is assigned the repair of this appliance, will you deduct your estimate fee from the total bill?

- a. Yes b. No c. Estimate fee not charged

16. Please Print Name: _____

17. Signature: _____

18. Date: _____

MEMORANDUM FOR CLAIMS SERVICE CENTER

FROM: _____

I, _____, having submitted a claim to the United States Air Force under the Military Personnel and Civilian Employees' Claims Act (MPCECA) (31 U.S.C. 3701, 3721) for loss or damage to personal property, understand that my claim is subject to any and all recovery or compensation received from any other source. This means that I may not receive full compensation from both the Air Force (under the MPCECA) and another person or organization for the same loss or damage. I am aware of the following:

- If I have received, sought or otherwise made a claim for compensation from another source for any item or items contained in my PCA claim, I must disclose that fact, in writing, to the claims office upon the filing of my claim. Another source of recovery includes, but is not limited to: the contractor who moved my goods, a negligent third party (tortfeasor), an insurance company, or any other individual or entity that has or will compensate me for my loss.
- If, after filing my claim, I receive compensation from another source for items that I have already received compensation for under the PCA, I must notify the Air Force. I shall immediately give such notice, in writing, to the claims office with which I initially filed my claim. I understand that any sum collected from the source may be deducted from any award I received from the Air Force.
- If I fail to notify the claims office of any payment or compensation consistent with the above, I am subject to criminal investigation and prosecution. Further, I understand that any such sum unlawfully retained will be involuntarily collected by the Air Force.

I, the undersigned, have read the above and am aware of both my obligations and the consequences of failing to meet them.

Claimant

ELECTRONIC FUNDS TRANSFER WORKSHEET

Complete the following information for payment via direct deposit.

PAYEE INFORMATION

Name (Last, First, Middle Initial): _____

Physical Address: _____

Social Security Number: _____

Telephone Number (DSN or Comm): _____

FINANCIAL INSTITUTION INFORMATION

Name: _____

Street/P.O. Box: _____

City, State, Zip: _____

9-Digit Routing Number: _____
(bottom of check or bank website)

Depositor Account Number: _____
_____ (bottom of check or bank website)

Type of Account: **Checking** **Savings**

Claimant Signature: _____

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or the individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.