

ARTICLE 139 CLAIM

For use of this form, see AR 27-20, Chap. 9, and DA Pam 27-162, Chap. 9

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC §939; 5 USC §552a.
PRINCIPLE PURPOSE: To provide commanders, US Army Claims Service, and finance officials with means by which parties may be accurately identified.
ROUTINE USES: Investigation and processing claims.
DISCLOSURE: Voluntary. Failure to provide social security number may result in delay or error in processing.

SECTION I – CLAIMANT

1. NAME (<i>Last, First, Middle</i>)	2. SSN	3. RANK/GRADE	4. BRANCH OF SERVICE
5. ORGANIZATION, STATION, PHONE NO., & EMAIL ADDRESS		6. HOME ADDRESS (<i>Street, City, State, ZIP Code and Phone No. (Home & Cell)</i>)	

SECTION II – RESPONDENT (*TO BE COMPLETED BY CLAIMANT*)

7. NAME (<i>Last, First, Middle</i>)	8. SSN (<i>If Known</i>)	9. RANK/GRADE	10. BRANCH OF SERVICE
11. ORGANIZATION, STATION, AND PHONE NO.		12. HOME ADDRESS (<i>Street, City, State, ZIP Code and Phone No.</i>)	

SECTION III – CLAIM INFORMATION

13. DOLLAR VALUE CLAIMED	14. DATE OF INCIDENT (<i>YYYYMMDD</i>)	15. TYPE OF CLAIM (<i>Claimant's Property</i>) <input type="checkbox"/> Wrongfully Taken <input type="checkbox"/> Willfully Damaged
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16. I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

My signature attests the above-named respondent either wrongfully took or willfully damaged personal property I owned. In Block 19 of this form, I have listed in detail the facts and circumstances supporting this claim, including a description of the incident, the property, and other relevant information, to wit, name(s)/address(es) of witnesses, location of incident, whether partial/full restitution has been made, date of property purchase, purchase price, cost to replace/repair, etc.

All information contained herein is true to the best of my knowledge.

17. SIGNATURE OF CLAIMANT	18. DATE SIGNED (<i>YYYYMMDD</i>)
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SECTION IV – CLAIM DETAILS

19. FACTS AND CIRCUMSTANCES OF INCIDENT(S) GIVING RISE TO THE CLAIM *(Use Additional Sheets if Necessary)*

20. CLAIMANT'S NAME *(Last, First, Middle)*