

EMPLOYEE CLAIMS CHECKLIST

Filed on Form AD-382 or DI-570

In order to process a claim, the claimant must provide the following information:

- 1- A completed claim form AD-382 (FS) / DI-570 (DOI) or letter containing all the information required on the form.
- 2- In the "Amount of Claim" block on form, you must enter the total sum of your claim. Each individual item listed under "Description of Property (AD-382) or "Itemized Listing" (DI-570) must have the Date Acquired, the applicable Purchase Price or Value, and Replacement or Value When Lost block, and cost of Repair columns completed.
- 3- Each item claimed that is valued at \$50.00 or more must be supported with paid receipts, catalogue or newspaper ads showing a like item and its cost, written quotes from a business, or phone quotes which include the name of the person providing the quote, name and address of business, and the date quote was provided. Document the original purchase date (mo/yr), provide make, model, serial numbers as appropriate when substantiating replacement cost. Be as descriptive as possible. If you are unable to provide the required documentation you must provide a statement as to why the information is unavailable. Evidence for replacement of eye glasses/contacts can be secured from you local provider, including the date of purchase of the glasses and the original cost.
- 4- If an item is to be repaired, substantiate repair costs with at least two repair estimates.
- 5- Witness Statement(s), if any, if none, so state.
- 6- The name and address (if known) of the person(s) to whom you reported the loss/damage. Include date and time reported.
- 7- A statement from your supervisor on the fire. The supervisor's statement should include a narrative of the circumstances surrounding the incident, and should address whether the possession of the item was reasonable, useful or proper under the circumstances. If you are unable to obtain a statement from your supervisor, please provide his/her name and address.
- 8- Name of any law enforcement entity who may have investigated the loss/damage, ie: County Sheriff, State Police or Forest Service Law Enforcement. Include the investigator's name and the date and time reported.
- 9- Please complete the "Address of Claimant" block with a permanent address. Also include a phone number where you can be reached.

You have two years from the date of the incident in which to file your claim. Keep copies of the documents submitted for your records, in the event files are lost or destroyed in transit or at the fire camp.

Submit your claim or amended claim to your home unit.