



**Kaiserslautern Legal Services Center
Claims Information**

**Filing A Household Goods
or Unaccompanied
Baggage Claim: DD Form
1842 Instructions**



This information paper provides basic information only, and is not intended to serve as a substitute for a personal consultation with a Claims Examiner or Claims Attorney. For an appointment to see a Claims Examiner or Claims Attorney, dial DSN 483-8414/8862 or Civilian 0631-411-8414/8862.

**INSTRUCTIONS ON COMPLETING DD FORM 1842
FOR CLAIMS INVOLVING LOSS OF OR DAMAGE TO
HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE**

You must make a demand against the Government for a specific sum of money on the DD Form 1842. On this form you should provide details as to why and how the damage or loss occurred. You need to submit one original version of the form that is typed or printed in ink.

1-8. **IDENTIFYING DATA:** Self-explanatory. Note that #5 should be your quarters address. #6 should be your mailing address, which in most cases means your duty address. If you want your settlement letter to be sent through the German mail, then list your street address.

9. **AMOUNT OF CLAIM:** You must list a *dollar amount* in this block. If you are claiming some amounts in Euros on your DD Form 1844, we will convert them to dollars for purposes of a total. For a paid bill, the exchange rate on the date of the transaction will be used. For an estimate, the rate on the day you submit the claim will be used. If you have problems, someone from the claims office will help you do the conversions, but you will be asked to enter the final number on the form yourself.

10. **DATE, PLACE, FACTS, AND CIRCUMSTANCES OF INCIDENT:** For a household goods or unaccompanied baggage claim, your form should be pre-printed and all you need to do is fill in the blanks. If this block is empty, use the format on this sample to complete it.

11. **QUESTIONS:** Answer questions 11-15 by marking the appropriate box with an "X". If your answer to question 11 is "no", mark 12 "N/A".

12. **SIGNATURE:** *Do not sign and date the form until you are in the presence of claims personnel. You are making an official statement.*

If you have any questions concerning the completion of this form, call the Kaiserslautern Legal Services Center's Claims Office at DSN 483-8414/8862 or Civilian 0631-411-8414/8862.