

<b>SMALL CLAIMS CERTIFICATE</b>					SUBMIT IN TRIPLICATE	
For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.						
ORGANIZATION OF INVESTIGATOR			FILE NUMBER		DATE	
NAME OF CLAIMANT			ADDRESS (Include ZIP Code)			
<b>SECTION I - ACTION TAKEN BY INVESTIGATOR</b>						
I have investigated the incident described in the claim as follows:						
ITEM	YES	NO	ITEM	YES	NO	
PROPERTY DAMAGE EXAMINED	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTARY EVIDENCE EXAMINED	<input type="checkbox"/>	<input type="checkbox"/>	
SCENE OF INCIDENT VISITED	<input type="checkbox"/>	<input type="checkbox"/>	CLAIMANT INTERVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
WITNESSES INTERVIEWED						
NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>		NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>		
COMMENTS OF INVESTIGATOR:						
<p>I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$                    under Chapter 3 <input type="checkbox"/>, 4 <input type="checkbox"/>, 5 <input type="checkbox"/>, 6 <input type="checkbox"/>, 7 <input type="checkbox"/>, 10 <input type="checkbox"/>, 12 <input type="checkbox"/>, AR 27-20.</p>						
TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR				SIGNATURE OF INVESTIGATOR		
<b>SECTION II - ADJUDICATION OF CLAIM</b>						
<p>After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter                   , AR 27-20; the claimant is a proper claimant; and an award of \$                    is reasonably substantiated.</p>						
TYPED NAME, GRADE AND CAPACITY OF OFFICER				SIGNATURE OF APPROVING OR SETTLEMENT AUTHORITY		