

[Date]

VIA FEDEX AND EMAIL

Office of the General Counsel

[Insert Office of the General Counsel mailing and email address for each relevant agency]

Re: Claims for Damages under the Federal Tort Claims Act – [client’s name], [if relevant, on behalf of himself and his minor child, [child’s name]]

Dear Counsel:

The [law firm/non-profit] represents [client’s name] and his minor child, [child’s name] (“Claimants”). Enclosed please find administrative claims we are filing on their behalf under the Federal Tort Claims Act. The claims consist of: (1) a Claim Authorization Form; (2) a Standard Form 95 for each Claimant; and (4) an Attachment to the Standard Form 95s detailing the basis of their claims.

In the attached, we detail how federal government officers’ actions and omissions harmed [client’s name] and his son by [add details of the torts committed by federal agents and the harms your client experienced]. Mr. [client’s name] and his minor child, [child’s name], were severely traumatized by [add relevant details] due to the actions of U.S. government officials, and the trauma continues to impede their daily life. Furthermore, Mr. [client’s name] and his son have suffered prolonged and ongoing emotional harm from the [add relevant harm, including length of unlawful detention, if relevant] and both continue to experience emotional suffering due to this experience.

We are submitting these claims without the benefit of formal discovery. Claimants reserve the right to amend or supplement their claims.

The identity of the Claimants is confidential, and we ask that their identity be treated accordingly. Should any U.S. government agency receive a request under the Freedom of Information Act (“FOIA”) related to the enclosed claims, or any other information that would reveal the identity of the Claimants, we ask that the government: (1) notify the undersigned before responding to the requestor; and (2) redact any information identifying the Claimants pursuant to the FOIA privacy exemption under 5 U.S.C. § 552(b)(6), or any other applicable statute or regulation protecting the privacy of the Claimants.

Please do not hesitate to contact us if you have any questions or require additional information.

Sincerely,

[Attorney signature block]

Tel: [Law firm/non-profit permanent telephone number]

Fax: [Law firm/non-profit permanent fax number]

Email: [permanent attorney contact at law firm/non-profit]

Enclosures:

1. Claim Authorization Form
2. Standard Form 95s for each Claimant
3. Attachment to Standard Form 95s