

Camp Lejeune Claims Packet

1. GENERAL.

If you feel that you have a medical condition/disease that may be related to the water contamination at Marine Corps Base Camp Lejeune, please complete this claims packet. These instructions are designed to answer your questions regarding where to file and how to file a claim with the government. Keep copies of all documents submitted.

2. WHAT FORMS WILL I NEED TO FILE?

The following documents are included in this packet:

- (1) SF-95 and form-filling instructions (Enclosure 1)
- (2) Substantiating Information/Documents (Enclosure 2)
- (3) Questionnaire (Enclosure 3)

A completed SF-95 (Enclosure 1), or a document with equivalent information, is required in order to adjudicate your claim. You may file the Substantiating Information/Documents and Questionnaire (Enclosures 2 and 3) at some later date; however, to facilitate the processing of your claim, it is requested that you fill out Enclosures 2 and 3.

The SF-95, or a document with equivalent information, must meet the following requirements:

- (1) Must be in writing;
- (2) Must be signed by a proper claimant. The claim must be sign by the injured party, who must be over 18 and of sound mind, or signed by an authorized agent (attorney, guardian, executrix) with written proof of authorization;
- (3) Must contain a specific dollar amount being claimed;
- (4) Must describe the basis for claim and the nature and extent of the injuries alleged; and
- (5) Only **ONE** claim can be submitted for each injured party. If you are filling out claims on behalf of several people, make sure to fill out a different claim form for each person.

3. WHERE DO I FILE MY CLAIM?

Once you have completed the SF-95 (Enclosure 1), to begin the claims process, please mail it to:

Department of the Navy
Office of the Judge Advocate General
ATTN: Code 15
Washington Navy Yard, Bldg. 33
1322 Patterson Ave SE Suite 3000
Washington DC, 20374-5066

4. WHO WILL ANSWER QUESTIONS ABOUT MY CLAIM?

Beyond informing you of the regulations involved and how to file a claim, it would be inappropriate for any federal employee to provide legal advice concerning a particular claim you might have. To the extent you feel you may need additional advice to help you file a claim, you may want to talk with a private attorney.

5. AFTER I FILE A CLAIM, HOW CAN I CHECK ON THE STATUS OF MY CLAIM?

The claims are still being investigated and no determination has been made regarding government liability for injuries. When that determination is made, this website will be updated to inform you of any decision.

After your claim is filed with all the required information, should you choose to do so, suit may be filed in the appropriate United States District Court six months after our office received your claim. Should you need additional advice to help you, you may want to talk with a private attorney.

| | | | | | | |
|--|--|--|---|---|--|-----------------------|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. | | | FORM APPROVED OMB NO. 1105-0008 | |
| 1. Submit to Appropriate Federal Agency: Department of the Navy Office of the Judge Advocate General (Code 15) 1322 Patterson Ave SE; Bldg. 33; Suite 3000 Washington Navy Yard, D.C. 20374-5066 | | | | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN | | 4. DATE OF BIRTH | 5. MARITAL STATUS | 6. DATE AND DAY OF ACCIDENT | 7. TIME (A.M. OR P.M.) | |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Please include e-mail address in this section. | | | | | | |
| 9. PROPERTY DAMAGE | | | | | | |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). | | | | | | |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). | | | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH | | | | | | |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. | | | | | | |
| 11. WITNESSES | | | | | | |
| NAME | | | ADDRESS (Number, Street, City, State, and Zip Code) | | | |
| | | | | | | |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars) | | | | | | |
| 12a. PROPERTY DAMAGE | | 12b. PERSONAL INJURY | | 12c. WRONGFUL DEATH | 12d. TOTAL (Failure to specify may cause forfeiture of your rights). | |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. | | | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). | | | | 13b. PHONE NUMBER OF PERSON SIGNING FORM | | 14. DATE OF SIGNATURE |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM | | | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS | | |
| The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). | | | | Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.) | | |

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



DEPARTMENT OF THE NAVY

OFFICE OF THE JUDGE ADVOCATE GENERAL
CLAIMS AND TORT LITIGATION
1322 PATTERSON AVE SE, SUITE 3000
WASHINGTON NAVY YARD, DC 20374

FEDERAL TORT CLAIMS ACT CLAIMS PROCEDURES

Claims for property damage and/or personal injury or wrongful death caused by the negligence of a government employee acting within the scope of employment are payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA). A claim must be presented to the appropriate federal agency within **2 years** of accrual. For a claim against the Navy, your claim should be submitted to the address listed below in Block 1. A claim may be filed using a completed Standard Form 95 (SF-95). A blank SF-95 is attached for your use. The law allows the cognizant federal agency **six months** from the date the claim is properly presented to take action on the claim before you can file suit against the United States in Federal District Court. In order for us to adjudicate your claim fairly and quickly, please fill out the SF-95 according to the following directions, and attach all requested documents:

1. **Block 1** - Office of the Judge Advocate General
Claims and Tort Litigation
1322 Patterson Ave Se, Suite 3000
Washington Navy Yard, D.C. 20374
2. **Block 2** - Name and current mailing address of claimant (or authorized agent, or legal representative). If you are an authorized agent signing on behalf of a claimant, you must provide evidence establishing express authority to act for claimant, showing title/legal capacity of the person signing with evidence of authority to present a claim.
3. **Block 3** - Check the appropriate block if claimant was a member of the armed forces or a civilian employee of the United States government at the time of the incident
4. **Block 4** - Claimant's date of birth
5. **Block 5** - Claimant's marital status
6. **Block 6** - Fill in day and date of accident/incident
7. **Block 7** - Fill in approximate time of accident/incident

8. **Block 8** - Provide detailed facts that form the basis of your claim. Identify all people involved to the best of your ability, and city and state of occurrence. Attach the police report/incident complaint report or accident information exchange sheet, if you have one. The law requires that the Department of the Navy independently investigate each claim presented. All claims filed are thoroughly investigated. The more information you can provide to us regarding the government employee involved (name, duty station, phone number, etc.) the faster we can complete our investigation. Without sufficient information to investigate, we cannot adjudicate your claim.

9. **Block 9** - If you are not claiming property damage, please fill in "not applicable" or "N/A." If you are claiming property damage, please provide ownership information and describe the damage to the property and the current location of the property. Also attach the following required information:

a. Proof of ownership of property involved (copy of title or registration, or copy of insurance coverage for insurance company claimants). Please note that only the registered owner of a vehicle may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident;

b. Copies of **two** separate itemized estimates for repair, or a copy of an itemized paid receipt. If the property is not economically repairable (i.e., the cost to repair exceeds the fair market value of the item), or the item is lost or destroyed, you must provide a written statement by a dealer/mechanic/appraiser as to value of property, date of purchase, and original cost; and

c. Any other paid receipts for expenses related to damage (i.e. towing fee, reasonable rental car receipts, etc.).

10. **Block 10** - If you are not claiming personal injury or wrongful death, please fill in "N/A." If you are claiming personal injury or wrongful death, please state the nature and extent of each injury or cause of death. Also, attach the following required information:

a. Copies of claimant's complete medical records, both inpatient and outpatient related to this accident;

b. Written report(s) by claimant's attending physician(s) or other medical professional setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, any diminished earning capacity, and a statement of expected expenses for any future treatment required;

c. Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payments for such expenses;

d. If claiming lost wages, provide a written statement from claimant's employer showing job description, actual time lost from employment, and wages/salary actually lost. If claiming loss of self-employed income, provide documentary evidence showing amount of earnings actually lost, including tax returns.

11. **Block 11** - List names and addresses of any witnesses. If none, fill in "N/A" or "unknown" if the identification of any witnesses is unknown.
12. **Block 12** - 12a. Total property damage claimed. If none, fill in "N/A."
12b. Total personal injury claimed. If none, fill in "N/A."
12c. Total amount for wrongful death claimed. If none, fill in "N/A."
12d. Total amount claimed (12a + 12b + 12c). **You must demand a sum certain dollar figure.** Failure to specify a sum certain may prevent the cognizant agency from adjudicating your claim.
13. **Blocks 13a and 13b** - Signature of **claimant** (or authorized representative) is required. Faxed or photocopies are acceptable. Provide the telephone number or email address where claimant (or authorized representative) can be reached.
14. **Block 14** - Fill in date claim is **signed** by claimant (or authorized representative).
15. **Blocks 15 -19** - Complete requested insurance information.

If you have any questions concerning your claim, please contact the Claims and Tort Litigation Office at (202) 685-4600, DSN 325-4600, or by fax at (202) 685-5484. Please understand that filing a claim is **not** a guarantee of payment. You will be notified when your claim is settled or denied. Send your completed SF-95 and all attached documentation to:

Office of the Judge Advocate General
Claims and Tort Litigation
1322 Patterson Ave Se, Suite 3000
Washington Navy Yard, D.C. 20374

Substantiating Information/Documents

In order to properly adjudicate your administrative claim, the following information is requested pursuant to the Federal Tort Claims Act, 28 U.S.C. § 2671 et seq., and the Navy's implementing regulations, 28 C.F.R. § 14.4 and 32 C.F.R. § 750.27. Please answer all questions applicable to the claim. Failure to provide the requested information may result in the denial of the claim.

- (1) Complete and return the enclosed questionnaire. This questionnaire will provide additional important information needed to properly adjudicate the claim.
- (2) The location of the claimant's home at Camp Lejeune, and the period of time the claimant and their family lived on base.
- (3) The location or locations of the claimant's work at Camp Lejeune the nature of their duties, the identity of their employer(s), and the specific period(s) of time they worked on the base.
- (4) A copy of the claimant's military outpatient records, the cumulative record of all care provided by military treatment facilities (MTF). The original should be maintained at the MTF where the claimant last received medical care. If it has been more than three years since the claimant received medical care at an MTF, the record will be archived. You may request these records from the following address:

National Personnel Records Center
9700 Page Boulevard
St. Louis, MO 93132

Please provide the Records Center with the name and location of the last MTF in which the claimant received medical care, the approximate date of the care, and the social security number of the military members in the family. You will also want to request all inpatient records related to any hospital admissions while the claimant was a military member or dependent. These records may be obtained by providing the Records Center with the location of the military facility in which they were an inpatient and the dates of admissions.

- (5) A copy of all inpatient medical records. If the claimant was admitted to a military hospital, you will need to provide the name and location of the facility in which the

claimant received treatment and the dates of treatment.

(6) A copy of all civilian medical records related to medical care the claimant received, both for treatment as an inpatient and outpatient.

(7) Itemized bills for medical and hospital expenses incurred or itemized receipts of payment of such expenses.

(8) Whether the claimant received any federal benefits as a result of your medical problems. The cost of any federal monies received may be considered in determining the extent of damages.

(9) Any medical opinions stating a connection between each of the claimant's medical problems and the exposure to specific chemicals. The opinion should also set forth the nature and extent of the claimant's injury, the cause of the injury, the nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, and any diminished earning capacity.

(10) A statement of expected expenses for any necessary future treatment.

(11) Any other evidence or information that may have a bearing on either the responsibility of the United States for the claimant's illness or the damages claimed.

QUESTIONNAIRE FOR CAMP LEJEUNE CLAIMANTS

Name: _____

1. Are you represented by legal counsel (circle one)? Yes No
2. **If the answer to question 1 is yes, please forward this questionnaire to your attorney. If you are represented by an attorney, **ONLY** your attorney may return the questionnaire to our office. The attorney should also include a letter of representation for our file. If you are not represented by an attorney, please complete the questionnaire and return it to our office.**
3. What is your current state of residence? (State)_____
4. Are you asserting a wrongful death claim on behalf of another person (circle one)?
Yes No
5. **If the answer to question 4 is yes**, please provide the name of the person who died and the date of death. Additionally, to the best of your ability, **answer questions 7-35 on behalf of the deceased person.**

(Name of Person Who Died) (Date of Death)

If the answer to question 4 is no, please answer the following questions on behalf of yourself.

[for the questions below, "you" or "your" refers to the person bringing claim, or, in the case of a wrongful death claim, the person who died who is the subject of the claim]

6. What is your date of birth? (Date) _____
7. Please identify as specifically as you can (by year, and, if possible, by month) the date that you **first** drank water from Camp Lejeune's water supply? (Date)_____
8. Please identify as specifically as you can (by year, and, if possible, by month) the date that you **last** drank water from Camp Lejeune's water supply? (Date)_____
9. Have you suffered any of the following injuries that you believe resulted from exposure to contaminated water from Camp Lejeune: (1) childhood leukemia (2) spinal bifida, (3) anencephaly, (4) cleft lip, or (5) cleft palate (circle yes or no)?
Yes No

10. If the answer to question 9 is yes, which injury have you suffered and what was the date of diagnosis (including the year, and, if possible, the month)?

_____ (injury) _____ (date of diagnosis)

11. Have you suffered cancer that you believe resulted from your exposure to contaminated water from Camp Lejeune (circle one)?

Yes No

12. If the answer to question 11 is yes, what type of cancer have you suffered and what was the date of diagnosis (including the year, and, if possible, the month)?

_____ (cancer) _____ (date of diagnosis)

13. Have you suffered a congenital heart defect that you believe resulted from your exposure to contaminated water from Camp Lejeune (circle one)?

Yes No

14. If the answer to question 13 is yes, what type of congenital heart defect do you have and what was the date of diagnosis?

_____ (heart defect) _____ (date of diagnosis)

15. Have you suffered any other injuries (other than those identified in answers to questions 9-14) that you believe resulted from your exposure to contaminated water from Camp Lejeune

(circle one)? Yes No

16. If your answer to questions 15 is yes, state the injury and the date that your injury was diagnosed or first discovered by you (including the year, and, if possible, the month)?

| Injury | Date of Diagnosis or Discovery |
|--------|--------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

17. What is the date that you first discovered that you may have been exposed to contaminated water at Camp Lejeune (including the year, and, if possible, the month)?

(Date) _____

18. During the time that you believe that you were exposed to contaminated water at Camp Lejeune, were you serving in the armed forces (circle one)?

Yes No

19. During the time that you believe that you were exposed to contaminated water at Camp Lejeune, were you the spouse or child of a person serving in the armed forces (circle one)?

Yes No

20. Do you believe that you were exposed to contaminated water from Camp Lejeune while you were in your mother's womb?

Yes No

21. If the answer to question 20 is yes, what are the approximate dates of your exposure to contaminated water while in your mother's womb (including the year, and, if possible the months)?

(Dates of exposure) _____

22. Are you asserting a claim for loss of consortium (companionship, care, comfort) or emotional distress based on an injury to a person you believe was exposed to contaminated water while serving in the armed forces at Camp Lejeune (circle one) ?

Yes No

23. If the answer to question 22 is yes, what is the name of the person who was exposed to contaminated water while serving in the armed forces at Camp Lejeune?

(Name) _____

24. During the time that you believe you were exposed to contaminated water at Camp Lejeune, were you a civilian employee working for the federal government (circle one)?

Yes No

25. During the time that you believe you were exposed to contaminated water at Camp Lejeune, were you a civilian employee working for a private company (circle one)?

Yes No

26. If the answer to question 25 is yes, what is the name of the company or companies for which you were working?

(Name of Company or Companies)

27. Did you live at the Tarawa Terrace housing development at Camp Lejeune (circle one)?

Yes No

28. If the answer to question 27 is yes, please identify as specifically as you can (by year, and, if possible, by month) the approximate dates of your residence at the Tarawa Terrace housing development at Camp Lejeune?

(dates of residence)

29. Did you live at the Hospital Point housing area at Camp Lejeune (circle one)?

Yes No

30. If the answer to question 29 is yes, please identify as specifically as you can (by year, and, if possible, by month) the approximate dates of your residence at the Hospital Point housing area at Camp Lejeune?

(dates of residence)

31. Did you live outside of Camp Lejeune during the time that you believe you were exposed to contaminated water at Camp Lejeune (circle one)?

Yes No

32. If the answer to question 31 is yes, please identify the address or addresses of your residences and please identify as specifically as you can (by year, and, if possible, by month) the approximate dates at each residence?

Address of Residence

Dates at Residence

33. Did you work at the Hadnot Point industrial area at Camp Lejeune (circle one)?

Yes No

34. If the answer to question 33 is yes, please identify as specifically as you can (by year, and, if possible, by month) the approximate dates of your employment at the Hadnot Point industrial area at Camp Lejeune?

(dates of employment) _____

35. On the following page, please provide any additional information you believe is necessary to completely answer any of the above questions. Also, please feel free to attach any documents such as medical or employment records that you believe are necessary to evaluate your claim.

| Question Number | Additional Answer |
|-----------------|-------------------|
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