



U.S. Department of Justice

Civil Rights Division

Office of Redress Administration

Verification Unit

P.O. Box 66740  
Washington, D.C. 20035-6740

FEB - 8 1990

Dear Recipient:

You have been identified by the Office of Redress Administration as potentially eligible for compensation of \$20,000. This preliminary determination has been made in accordance with Section 105 of the Civil Liberties Act of 1988, 50 U.S.C. app. 1989b, which authorizes compensation to eligible persons of Japanese ancestry who were evacuated, relocated or interned during World War II. This correspondence is addressed to eligible individuals only. If the recipient is deceased, information should be submitted about the death and whereabouts of the heirs.

If you wish to receive this compensation, please follow the instructions below. No payment will be issued until you have sent the materials listed below and Congress appropriates the necessary funding. The purpose of this requirement is to verify your identity for payment. *It is not to determine eligibility.*

If you do not wish to receive this payment, follow the instructions on the back of this page.

*If you wish to receive payment, follow these instructions so that your identity can be verified.*

● Send these items if the boxes are checked:

- 1. Declaration of Eligibility. (Page 1 of attachment)
- 2. A recent document with both your name and address on it. (Instructions, page 3 of attachment)
- 3. Proof of birth. (Instructions, page 3 of attachment)

● Place these documents in the enclosed envelope and drop it in the mail. You do not need to put stamps on the envelope.

■ After ORA has reviewed the materials that you send back, we will send you the following:

⇒ A letter if the review is complete.

OR

⇒ A letter if we need more information.

■ Once funding is available, we will notify you that you have been certified for payment. You will receive your payment in the form of a United States Treasury check for \$20,000. By law, acceptance of this payment will be in full satisfaction of all claims against the United States arising out of the evacuation, relocation or internment.

(over)

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6A **If you refuse payment.**

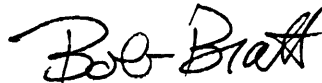
1. Write a letter stating that you do not want to receive payment.
2. Place your letter in the enclosed envelope and drop it in the mail. You do not need to put stamps on the envelope.
3. Your written refusal will be considered final, for both you and your heirs, upon receipt by ORA.
4. If we do not receive this letter within eighteen months after the date of this letter<sup>1</sup>, we will assume that you will accept payment.

**Confused and need assistance? Call the ORA Help Line at (202) 653-8360 (Voice) or (202) 786-5986 (TDD), Monday through Friday, 9:30 am to 5:30 pm east coast time. This is not a toll-free call.**

**You should know that submitting a false statement or fraudulent documents is a federal crime punishable by fine or imprisonment.**

**Lastly, in order for us to expeditiously process all of the necessary paperwork for potential recipients, please assist ORA in finalizing your verification by promptly returning your documents in the enclosed envelope.**

Sincerely,



Robert K. Bratt  
Administrator for Redress

*Birth Certificate  
Marriage License  
H.A.P. Insurance bill  
Declaration for Redress*

JC 6:01

*Send out 4/5 1990*