

DEPARTMENT OF JUSTICE  
Washington 25, D. C.

CLAIM FOR DAMAGE TO OR LOSS OF REAL OR PERSONAL PROPERTY BY A PERSON  
OF JAPANESE ANCESTRY

(Act of July 2, 1948, P. L. 886, 80th Congress, 2nd Session)

The Attorney General  
Department of Justice  
Washington, D. C.

I, Alfred K. Hani, also known as \_\_\_\_\_  
(Name of Claimant)

now residing at \_\_\_\_\_, in \_\_\_\_\_,  
(Street Address) (City or Town)

in the County of \_\_\_\_\_ and State or Territory of \_\_\_\_\_,

request the adjudication of a claim resulting from my evacuation, exclusion or voluntary  
departure from a military area on or after December 7, 1941 in the State or Territory of \_\_\_\_\_

The following information is true to the best of my knowledge and belief and is sub-  
mitted with the knowledge and understanding that it will be relied upon in considering  
my claim.

- (a) Date of birth \_\_\_\_\_ (b) Place of birth \_\_\_\_\_  
Month Day Year
- (a) Present Citizenship \_\_\_\_\_ (b) Citizenship acquired by (check  
appropriate square) Birth , Naturalization , Otherwise .

If you check "Otherwise" explain \_\_\_\_\_

(c) If naturalized state place and date \_\_\_\_\_  
(Place)

Month Day Year

- (a) Father's name \_\_\_\_\_  
(b) Father's place of birth \_\_\_\_\_  
(c) Mother's name \_\_\_\_\_  
(d) Mother's place of birth \_\_\_\_\_
- If you are an alien give Alien Registration Card No. \_\_\_\_\_

NOTE: If space provided in this form is insufficient additional pages may be attached.

5. (a) Were you detained or interned as an enemy alien? \_\_\_\_\_ Yes or No

(b) If answer is yes state \_\_\_\_\_ (Place) \_\_\_\_\_ Month Day Year

(other details) \_\_\_\_\_

6. Were you, after December 7, 1941, voluntarily or involuntarily deported from the United States to Japan \_\_\_\_\_

Yes or No

7. Residence on December 7, 1941 \_\_\_\_\_ Street Address \_\_\_\_\_ City or Town \_\_\_\_\_

County \_\_\_\_\_ State or Territory \_\_\_\_\_

8. Were you (check appropriate square) evacuated , excluded , or did you voluntarily depart from a military area ?

9. (a) From which military area? \_\_\_\_\_

(b) Date \_\_\_\_\_

(c) Residence on date of evacuation, exclusion, or voluntary departure

Street Address \_\_\_\_\_

City or Town \_\_\_\_\_

County \_\_\_\_\_

State or Territory \_\_\_\_\_

10. If voluntary departure from a military area was followed by later voluntary departure, evacuation, or exclusion from a military area answer the following:

(a) From which military area? \_\_\_\_\_

(b) Were you (check appropriate square) evacuated , excluded , or did you depart voluntarily ?

(c) Date \_\_\_\_\_  
Month Day Year

(d) Residence on date of this later evacuation, exclusion or voluntary departure

Street Address \_\_\_\_\_

City or Town \_\_\_\_\_

County \_\_\_\_\_

State or Territory \_\_\_\_\_

11. If your first or subsequent departure from a military area was voluntary state in detail your reason or reasons therefor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. (a) What were your addresses after departure from a military area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) What was your War Relocation Authority or Wartime Civil Control Authority identification number? \_\_\_\_\_

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Form Approved

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FORM NO.



15. (a) Does any other person or persons own or claim any interest in the property involved in this claim? \_\_\_\_\_

Yes or No

(b) If "yes" give the name and address of all such persons and the extent of their ownership or interest \_\_\_\_\_

(c) Has any claim been filed by the person or persons mentioned in (b) above? \_\_\_\_\_

Yes or No

(Joint claimants should execute separate claims and submit them attached together at the same time.)

16. Describe, but do not file with this claim, any documents you have which may prove your ownership of the property involved in this claim, its value, or the extent of damage or loss now claimed \_\_\_\_\_

17. If you have authorized someone to act for you in all matters pertaining to this claim, give his name and address. \_\_\_\_\_

All statements made herein (including any accompanying schedules and statements) are hereby declared to be true to the best of my knowledge and belief.

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date

Use this space for statement of your claim. Your claim should contain a description of loss and all other information that may be helpful in determining your claim amount from a military area. Dates and costs of acquisitions, dates of loss and values at time that the damage or loss resulted from your evacuation, exclusion or voluntarily departure from the property involved and a statement of all circumstances which you believe show