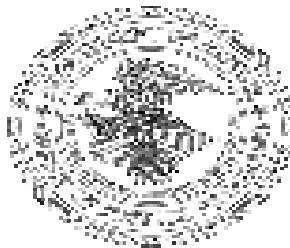


Date App. Rec'd. _____
 Date all Supporting Documentation Rec'd. _____
 ITVERP Claim Number: _____

 asdf



International Terrorism Victim Expense Reimbursement Program Application

Please type or print clearly. Attach additional paper, if necessary.

A. Application Type

Check only one. (**Reminder: All applications must include an original signature and original receipts.**)

____ Itemized Application

____ Interim Emergency Payment Application

____ Supplemental Application (If a Supplemental Application, provide Original Claim Number: ____)

B. Victim Information

To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.

Please provide the following personal information on the **victim**:

Victim's Full Name (First, Middle, Last): _____

Street Address: _____

City/State/Zip: _____ Country: _____

Telephone: _____ Fax: _____

E-mail (optional): _____

Date of Birth: _____ SSN/EIN/Other Identification Number (if applicable): _____

Gender: ____ Male ____ Female Place of Birth: _____ Country of Citizenship: _____

Employer (if applicable): _____

Employer Street Address: _____

City/State/Zip: _____ Country: _____

Contact Person (if known): _____ Telephone: _____ Fax: _____

Contact Person's E-mail (optional): _____

Victim's known children, dependents, or recipients of support (continue on Supplemental Sheet, under Section B-1):

Name: _____ DOB: _____ Relationship: _____

Do you know of anyone else who may be eligible for expense reimbursement under this program who is not party to this application? ____ Yes ____ No

If Yes, please list all (additional information may be listed on the Supplemental Sheet in Section B-2):

Name: _____ Relationship: _____

Full Address: _____

Telephone: _____ Fax: _____ E-mail (optional): _____

B. Victim Information (Continued)

Check all that apply

Victim Eligibility:

☐ United States Citizen/National
☐ United States Government Officer
☐ United States Government Employee:
 ☐ Foreign Service National
 ☐ Foreign Service Officer
 ☐ Civil Servant
☐ Other: _____

Is the Victim: ☐ Deceased ☐ Minor ☐ Incapacitated ☐ Incompetent

(If the victim is deceased, a minor, incapacitated, or incompetent, please go directly to Section C. If the victim is *none* of these, please *skip Section C* and go directly to Section D.)

C. Claimant Information

Please provide the following information on the Claimant.

(This section should be completed *only* if filing on behalf of a victim. If the victim and the claimant are the same person, applicant may proceed directly to Section D.)

Claimant's Full Name (First, Middle, Last): _____
Street Address: _____
City/State/Zip: _____ Country: _____
Telephone: _____ Fax: _____ E-mail (optional): _____
Date of Birth: _____ SSN/EIN/Other Identification Number (if applicable): _____
Gender: ☐ Male ☐ Female Country of Citizenship: _____

Relationship to Victim: () Spouse () Child () Parent () Sibling () Representative
() Other: _____

D. Crime Information

Please provide the following information about the act of international terrorism:

Date of crime: _____
Location of crime (include City and Country): _____
Description of crime: _____

Injuries to victim as a result of the crime: ☐ Physical ☐ Emotional ☐ Property
Describe injuries: _____

Lead investigative agency (if known): _____

E. Expenses

To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.

Please check all applicable expenses or losses for which you are seeking reimbursement or payment from OVC. You may include associated travel expenses for any of the following categories.

____ Medical Expenses (including Dental and Rehabilitation Costs) \$ _____
____ Mental Health Care Services \$ _____
____ Property Loss, Repair, and Replacement \$ _____
____ Funeral and Burial Expenses \$ _____
____ Misc. Expenses (e.g., temp. lodging, local transportation, telephone costs, emerg. travel) \$ _____
Total Amount Requested \$ _____

Do you anticipate incurring additional cost(s) related to this act of international terrorism which may result in a claim for additional reimbursement or payment? ____ Yes ____ No

F. Collateral Sources (Other Sources of Financial Help)

To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.

Do you currently have any other source(s) of financial help or aid that may cover any of your expenses?
____ Yes ____ No

If Yes, please acknowledge all of the potential sources of reimbursement or payment applied for or received in relation to this crime:

____ Medical/Health Insurance	____ Disability Insurance
____ Medicare/Medicaid	____ Vocational Rehabilitation Benefits
____ Property/Auto Insurance	____ Homeowners/Renters Insurance
____ Military/Veterans' Benefits	____ Restitution
____ Funeral/Burial Insurance	____ Payments/Compensation by Local, State,
____ Other (please list): _____	State VOCA, Federal, and/or Foreign
_____	Governments

Have you previously received any funds from, or have any of your expenses been paid by, the U.S. Department of Justice (such as the Office for Victims of Crime or the FBI) or its Contractor?

____ Yes ____ No ____ If Yes, how much? \$ _____ For what? _____

Please provide additional information on all of the above sources checked or received/identified (continue on Supplemental Sheet, Section F):

Source: _____ Policy No. (if applicable): _____

Company (if applicable): _____

Telephone: _____ Fax: _____ E-mail (optional): _____

Name of Individual Reimbursed: _____ SSN: _____

Status of Application:

____ Application Pending

____ Application Approved; Amount \$ _____

____ Application Denied. If declined, please indicate reason: _____

F. Collateral Sources (Other Sources of Financial Help) (Continued)

Any unsatisfied judgment against a foreign government will be considered a collateral source, and your ITVERP reimbursement will be reduced accordingly, unless you agree to **NOT** sue the United States government for satisfaction of that judgment by signing and dating the following:

I waive any right I may have to sue the United States government for satisfaction and enforcement of my unsatisfied judgment against the foreign government for the act of terrorism for which I am claiming reimbursement from ITVERP.

Name _____

Date _____

G. Service Provider Information

To help process your application more quickly, please consult the Application Instructions for information on the required documents to be included with your application.

Please supply the following information on individuals or agencies that provided services related to the act of international terrorism to the victim (continue on Supplemental Sheet, Section G).

Name of service provider: _____

Street address: _____

City/State/Zip: _____ Country: _____

Telephone: _____ Fax: _____ E-mail (optional): _____

Type of service provided: _____

Cost of service(s) rendered \$ _____ Diagnosis or Condition: _____

Are services ongoing? ____ Yes ____ No

If services are ongoing, how long will they continue? _____

Were you billed for the cost of the services? ____ Yes ____ No

Were the costs paid in full? ____ Yes ____ No If Yes, full amount paid \$ _____

Were the costs paid in part? ____ Yes ____ No If Yes, partial amount paid \$ _____

By whom were either the full or partial payments made? _____

Name/Telephone/Fax/E-mail (optional)/Claim Number (if applicable)

H. Authorization, Consents and Certifications

This release must be signed and dated for the ITVERP to consider your application for expense reimbursement.

I agree to contact and repay the ITVERP if I receive any payments from the persons or governments responsible for the act of international terrorism, a civil lawsuit, an insurance policy, or any other government or private agency to cover expenses for which I have already received payment from this program.

I hereby authorize any hospital, physician, funeral director, municipal authority, employer or union, insurance company, social service bureau, Social Security office, or any other person, firm, agency, or organization to furnish to the Office for Victims of Crime, ITVERP, or its representatives, any information requested, including medical records, diagnostic assessments, and mental health evaluations, needed to complete my claim for expense reimbursement. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby certify, subject to the penalty of fine or imprisonment or both, that I have provided all names and addresses of all other individuals who may be eligible to receive expense reimbursement in relation to the victim in this case, and I further certify that I have notified these individuals in writing, either by certified mail or hand delivery, that I have filed a claim for

expense reimbursement in relation to the victim.

I hereby certify, subject to the penalty of fine or imprisonment or both, that I am neither directly nor indirectly responsible for the terrorist act or mass violence for which I am seeking expense reimbursement.

I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in the application for terrorism victim expense reimbursement is true and correct to the best of my knowledge.

Applicant's Signature

Date

Representative's Signature (or signature of individual
who assisted in the preparation of this application)

Date

[Last Updated: 08/24/06 baw]