## Screens





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| Reqired Information         First Name:         Last Name:         Email Address:         Password Information         You must enter a password that meets the following criteria. Passwords are case-sensitive.         1. Password must be at least 12 characters in length         2. Password must be at least 12 characters in length         3. Password must contain your User Name         3. Password must contain 3 or more of the following types of characters         a. Uppercase characters         b. Lowercase characters         c. Numbers         d. Special characters such as !, @, #, \$, %, or ~  |  |
| Password: Confirm Password: Password recovery Information Vou must select and answer 5 password recovery questions. To retrieve a forgotten password, you will be requested to know the answer 5 of guestions. Question 1: Select. Question 2: Select. Question 3: Select. Question 3: Select. Question 5: Select. Question 6: Select. Question 7: Select.   |  |
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|                                 |   | <ul> <li>the area in manufactar sour or the me one runs averg can a super to the intersection of Canal Street and East Broadway, north on East Street, and east on Clinton Street to the East River; and</li> <li>any area related to or along the routes of debris removal, such as b landfill</li> </ul> | arges and Fresh Kills                    |   |
|                                 |   | SECTION 1  |  |   |
|                                 |   | Was the Claimant a Responder within the NYC Exposure Zone?   | No 💌                                     |   |
|                                 |   | Was the Claimant a Responder at the Pentagon site?   | No 💌                                     |   |
|                                 |   | Was the Claimant a Responder at the Shanksville, PA site?  | No 💌                                     |   |
|                                 |   | Does the Claimant claim presence at the site based on residence within the NYC Exposure Zone?  | No 💌                                     |   |
|                                 |   | Did the Claimant work (as a non-Responder) cleaning buildings or performing<br>maintenance work within the NYC Exposure Zone?  | No 💌                                     |   |
|                                 |   | Did the Claimant work (as a non-Responder) within the NYC Exposure Zone<br>in a capacity other than cleaning buildings or performing maintenance work?   | e No 💌                                   |   |
|                                 |   | Did the Claimant attend a school, a child care or adult care facility within the NYC Exposure Zone?  | No 💌                                     |   |
|                                 |   | Was the Claimant present within they NYC Exposure Zone in some other<br>capacity (e.g., as a visitor) from September 11, 2001 to May 30, 2002?   | r No 💌                                   |   |
|                                 |   | Was the Claimant present at the Pentagon site (as a non-Responder)?  | No 💌                                     |   |
|                                 |   | SECTION 2  |  |   |
|                                 |   | Has the Claimant received treatment for the injury under the World Trade<br>Center Health Program?   | No 💌                                     |   |
|                                 |   | Did the Claimant previously file a claim with the original September 11th<br>Victim Compensation Fund of 2001?   | No                                       |   |
|                                 |   | Is the Claimant deceased?  | No 💌                                     | a 1997 |
|                                 |   | What is your relationship to the Claimant?   | Select                                   |   |
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|                                |                              | Claimant Regi                   | stration                  |  |  |   |                                |
|                                | <b>Claimant Registration</b> | Initial<br>Questions            | Claimant<br>Information   | Legal<br>Representative                    | Attorney or Other<br>Authorized Individual |   |                                |
|                                |                              | GENERAL CLAII                   | Number                    | TION<br>Middle Name *<br>State*<br>Alabama | ▼  | SECTION STATUS<br>X Initial Questions<br>Claimant Information<br>- Last Name Missing<br>- First Name Missing<br>- Middle Name Missing<br>- Address Missing<br>- City Missing<br>- City Missing<br>- Country Missing<br>- Country Missing<br>- Date of Birth Missing<br>- Date of Birth Missing<br>- Country of Citizenship<br>Missing<br>- Telephone Number<br>Missing<br>- Email Address Missing<br>X Legal Representative<br>X Attorney or Other<br>Authorized Individual |                                |
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| Vou are here:     Claimant Registration       Claimant Registration       Claimant Registration       Initial<br>Questions       Initial<br>Questions       Information       Representative       Attorney or Other<br>Authorized Individual       SECTION STATUS       X       INFORMATION ABOUT THE CLAIMANT'S GUARDIAN OR OTHER<br>AUTHORIZED LEGAL PEOPESENTATIVE (JE ADDI ICABLE)  |          |
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If Legal Representative box checked in the above screen, following screen is expanded to include the following:



If the attorney button is selected above, the above screen expands to the following

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|   | CONTACT PERSO  | authorized individual is assi<br>fill out the information below | sting the Claimant w<br>v:<br>Middle Name  | /ith this claim, pleas | se check Authon | imant Information<br>jal Representative<br>orney or Other<br>rized Individual<br>ON STATUS<br>ID<br>tion Incomplete<br>tion Completed |                       |            |
|   | Organization         Mailing Address         Apartment/Suite         Number         Country       Un         City         Telephone         Number         Email Address         Save and Continue | n Fund   <u>DOJ Home</u>   <u>Legal P</u>                       | ▼       State         Zip/Postal       Code         Preferred       Method       o         Method       o       Contact         Dicies       Privacy       Effective | Alabama<br>f Select 💌  | Juction Act     |   |                       | E          |
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